



**DEVELOPMENTAL
DISABILITIES
OF CLARK COUNTY**

**COMPREHENSIVE PLAN
2016 – 2020**

Department of Community Services

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Introduction

This is the fifth Developmental Disabilities Comprehensive Five-Year Plan developed by Clark County. It provides an overview of programs and initiatives that can be of significant benefit to Clark County citizens with developmental disabilities. Emphasis in this plan is placed on efforts that will enable people with Intellectual and Developmental Disabilities (IDD) to be productive, active and vital members of the community throughout their lives.

The responsiveness of our community is contingent upon an accurate understanding of the strengths, needs, issues and trends related to individuals with IDD and their families. This plan summarizes pertinent information and explains the increasing demand for services and supports that better enable individuals to live as independently as possible and participate actively in their community.

Specifically targeted are the estimated 8,088 children and adults with developmental disabilities currently residing in Clark County. The plan is comprehensive in the sense that reference is made to a wide variety of support needs and program initiatives. Particular attention has been placed on those aspects of the service system regarded as the primary responsibility of the public sector to develop, stimulate or grow.

The plan also places a strong emphasis on community education/information, infrastructure development, advocacy, and technical assistance/training efforts. These efforts are increasingly important as more creativity and skills are needed to effectively provide services, while resources have been consistently limited due to the recent economy.

This plan has been developed by:

- The oversight, advice and support of the Clark County Developmental Disabilities Advisory Board (DDAB).
- Soliciting and engaging public opinion and feedback from our clientele, families, stakeholders, advocates and the community at large
- Aligning our planning efforts with State and Federal governments

To OUR STAKEHOLDERS AND PARTNERS:

To accommodate revisions within the Clark County Department of Community Services (CCDC) and to ultimately improve clarity and outcomes, we have adopted a Theory of Change (TOC) Model in our approach to this Plan.

What is Theory of Change (TOC)?

- TOC is a casual framework of how and why a change process will happen within a particular structure.
- Rather than projecting outcomes that result from our activities, we will reverse this process by first focusing the community based assumptions we believe are necessary to attain our goals and outcomes. Next, we will thoroughly consider all preconditions necessary to meet our long-term outcomes. So, we will begin by stating our specific assumptions that move thoughtfully toward long-term outcomes.
- We will list Strategies & Activities as required, based on the framework of our outcomes.
- We will build in Indicators so we know whether or not we are on track over time.
- We plan on both a robust process and outcome(s).

So as a reader, you will see:

- A roadmap of our assumptions, expected outcomes we expect to achieve, and how we will attain them
- The basis of the agreement(s) and buy-in we will need from all of our stakeholders about what needs to happen and who does it
- The impact of our work in a real way
- The framework for implementation
- The basis of monitoring and evaluation

All in all, the Theory of Change is not a program or application. It is a way of thinking and being.

CLARK COUNTY DEVELOPMENTAL DISABILITIES ADVISORY BOARD:

- Ted Engelbrecht, Chair
Parent/Professor, Concordia University
- Le Ann Larson
Parent/Deputy Prosecuting Attorney, Clark County
- Susan Cassady
Autism Specialist, Special Services
Camas School District
- Del Meliza
Parent
- Maradee Potter
Vancouver School District (retired)
- Walt Gordon
Manager, C-Van
- Scott Milam
Parent/Employer
- Trista Zugel-Bensel
Community Member
- Roni Stephens
Educational Opportunities for Children and Families
- Patrick Canfield
Self-Advocate

CLARK COUNTY COUNCIL:

- Marc Boldt, Chair
- David Madore, Councilor
- Tom Mielke, Councilor
- Julie Olson, Councilor
- Jeanne Stewart, Councilor

Our Legal Mandate RCW71A

- To coordinate and provide services to people with developmental disabilities and their families and provide the following indirect services to our community;
- Serve as an information and referral agency within our community for persons with developmental disabilities and their families;
- Coordinate all local services for persons with developmental disabilities and their families to insure the maximum utilization of all available services; and
- Prepare comprehensive plans for present and future development of services and for reasonable progress toward the coordination of all local services to persons with developmental disabilities.

Our Vision

People with Intellectual and Developmental Disabilities (IDD) are fully participating community members. This will occur in a community where each person is recognized for their gifts and contributions to that community without regard to their heritage, gender, orientation, age, disability, history, religion or nationality.

Our Mission

Clark County will assist all people with developmental disabilities to achieve full, active and productive lives.

Our Ultimate Outcome

People with Intellectual and Developmental Disabilities (IDD) are fully participating community members with opportunities for robust health, employment, self-sufficiency and contribution.

Our Key Outcome(s)

Our services and supports are designed to:

- Improve self-directed, informed choice
- Build independence and self-sufficiency
- Nurture people with IDD and their families as they make their way through the life process of planning, education, discovery and development
- Contribute to full community participation by planning, developing and providing robust employment supports resulting in satisfying and successful careers for people with IDD
- Foster improved community development that welcomes and recognizes each participant for their gifts and contributions

Our Values

- **Choice**
Services and supports will be individualized and customer driven. Individuals and families will have the power, authority, and ability to personalize and direct supports to achieve a life typical of all community members.
- **Inclusion**
Individuals with disabilities and their families should have opportunities for natural interactions and participation in all aspects of community life.
- **Partnerships**
Clark County promotes active partnerships including but not limited to, business, education, service providers, and neighborhoods in order to ensure that all individuals with developmental disabilities and their families have the opportunity for formal and informal supports. Formal supports and services should foster independence and personal growth, while informal supports should encourage friendships and community membership.
- **Access**
Individuals with disabilities and their families in Clark County should have access to the supports needed to live, work and fully participate in local community life.

Our Long-Term Priorities

Community Information & Advocacy

Expand information/education efforts throughout the community in order to better inform individuals with IDD and their families of opportunities, choices and issues, as well as increasing public awareness of the community at large. Continue strong advocacy in the areas of employment, early intervention, education, transportation, recreation and family support.

Employment

Expand the development of job opportunities for all working age adults which encourage career progression and are responsive to an individual's personal interests, strengths, and support needs. Jobs should promote inclusion, foster natural supports, and work towards full employment.

Transitioning High School Students

Insure that all students with developmental disabilities graduating from high school have access to a job, appropriate formal or informal job supports, or additional educational opportunities as well as other needed community supports or linkages.

Transportation

Increase access to quality public transportation in all areas of Clark County.

Housing

Expand access to safe, affordable, and accessible housing throughout Clark County, including opportunities for home ownership.

Recreation/Leisure

Expand opportunities for individuals to be included in recreation, leisure, and neighborhood activities. Leisure opportunities should emphasize personal interests and connections with other community members.

Early Intervention

Ensure that families are aware of and can access early intervention services for infants and toddlers age birth to three.

Aging Issues

Encourage participation in community opportunities for individuals with disabilities who are now seniors.

Healthcare

Improve access to appropriate, quality healthcare for individuals with developmental disabilities.

Our Service Commitments

Self-Determination

The right and responsibility of each individual with Intellectual and Developmental Disabilities (IDD) to first choose and then determine their own life path.

Informed Choice

Each individual and their family has the right to be fully informed and educated about their service choices as a participant.

Diversity

We fully embrace and will champion diversity in the planning, development and implementation of services and supports for individuals with Intellectual and Developmental Disabilities (IDD) and their families.

Open Communication

We are pledged to prioritize healthy and open communication, reduce conflict, enhance individual contribution and respect personal boundaries.

Growth and Change

We are committed to new and progressive service revisions, required or desired, and firmly believe that change will foster an authentic path to real growth.

Evaluation

We will be in a consistent state of evaluation and measure the effectiveness of services and supports through the application of adequate data, feedback and preparation and maintenance of a database.

Plan**Legend:**

- CCDD: Clark County Developmental Disabilities
- DCS: Clark County Department of Community Services
- IDD: Intellectual and Developmental Disabilities
- DDA: Developmental Disabilities Administration
- DDAB: Developmental Disabilities Advisory Board
- DVR: Division of Vocational Rehabilitation
- CCPC: Clark County Parent Coalition
- T/TA: Training and Technical Assistance
- TA: Technical Assistance
- ESD: Educational Service Districts
- Community Education: Community Information, Advocacy and Legislation
- Customer: Also “Participant”, “Individual”, “Child” – Person with Intellectual and Developmental Disabilities.
- Employment Agencies: Also “Vendor” or “Vendors”, Service Provider, Employment Organization – A provider of services to the customer and families.
- Written Performance Plan (WPP): Also “Provider Plan” – Essentially a written plan authored by the service provider, approved by Clark County, and intended to improve services to individuals served.

Assumption 1:

Adults with IDD have the right and responsibility to experience a full and satisfying career. It is the way out of poverty and includes contribution and belonging – becoming full community members.

Strategies:

- 1.1: Plan for corporate job development efforts
- 1.2: Expand public sector employment opportunities
- 1.3: Expand marketing efforts to increase employment outcomes
- 1.4: Expand working hours of people in employment
- 1.5: Increase the numbers of individuals in jobs with benefits
- 1.6: Ensure a focus on “choice” in career planning
- 1.7: Revise and refine the database as appropriate and needed

Activities:

- 1.1:
 - Expand Healthcare Projects (i.e., Project Search, reasonable facsimiles)
 - Expand public sector employment
 - Use local, state and federal initiatives as appropriate
 - Use consultants as necessary
- 1.2:
 - Expand, strengthen, and improve local partnerships with businesses, and business associations
 - Connect with Columbia River Economic Development Council (CREDC), WorkSource, Chambers, Employer Associations, Workforce Innovation and Opportunity Act (WIOA), etc. – track progress
- 1.3:
 - Use DDAB as a referral and center of influence base - revisit the business cards
- 1.4:
 - Create employer to employer marketing efforts – work with consultant and WiSe
 - Work with associations – include Rotary
 - Use technical assistance as necessary
- 1.5:
 - Include goal planning in the Written Performance Plan (WPP)
 - Establish annual goal percentages with each provider – integrate with database
- 1.6:
 - Provide ongoing job development and marketing training to providers
- 1.7:
 - Encourage Discovery or career planning for those individuals on a Pathway or for those who request it
- 1.8:
 - Gather, refine and disseminate relevant data to customers, families, providers, case managers, rehabilitation counselors, DDAB, stakeholders, etc.
 - Share relevant information on the website
- 1.9:
 - Review outcomes and progress with individual providers and DDAB at regular intervals
 - Gather relevant information from customers, families and the provider base regarding what is working in job development and what is needed – adjust approach as required
- 1.10:
 - Integrate employment approach and activities with other DCS programs when and where appropriate

- 1.11:• Disseminate information through existing networks (i.e., School Districts, CCPC, employment agencies, etc.) – track progress
- 1.12:• Review database at twice annual work plan meetings and disseminate identified information to publics – use the website as necessary

Resources:

Funding, Training/Technical Assistance (T/TA), professional development and supports for providers, mentoring, peer mentoring, improved technology, collaborations and partnerships, improved database, leadership and training innovations, improved resource development and the Clark County website presence at <https://www.clark.wa.gov/community-services/developmental-disabilities>

Goal 1.1: Increase the number of individuals in paid employment by a minimum of 5% annually

Goal 1.2: Expand marketing efforts to increase employment outcomes – track progress

Goal 1.3: Expand working hours of people in employment – track progress

Goal 1.4: Increase benefits to those individuals with jobs – track progress

Outcome 1.1: Individuals with IDD experience improved job obtainment, retention, benefits and job satisfaction

Outcome 1.2: Six Individuals per year with IDD are earning a living wage and work independently with minimal supports

Long-term Outcome:

- Individuals make a living wage – track progress

Indicators:

(Revise wage, hour and benefit database, as necessary.)

- Review data on a quarterly basis – report to DDAB every six months
- Review and monitor the providers
- Consumer and family satisfaction surveys
- Adjust contracts, contract language, etc. as necessary

Assumption 2:

Adults with significant IDD (referred to as “high acuity”) can be employed in successful, satisfying careers and contribute fully to their communities.

Strategies:

2.1: Offer career development for all individuals on a Pathway to Employment

2.2: Prioritize person centered planning or Discovery for individuals with high acuity on a pathway

2.3: Use individual T/TA at point-of-service

2.4: Include families and stakeholders in planning and implementation

- 2.5:** Provide increased T/TA to providers focusing on individuals with the most significant disabilities
- 2.6:** Integrate employment approach and activities with other DCS programs when and where appropriate

Activities:

- 2.1:**
 - Consultants, support staff and systems will be available to individuals and their families upon request – including benefits analysis
 - Work with WiSe, David Mank, Griffin/Hammis & Associates, Gold and Associates and other technical assistance providers to refine and adjust the system of service provision
 - Provide continued marketing and job development technical assistance to employment agencies
- 2.2:**
 - Work with consultants, on additional fund development to focus supplemental resources on technical assistance and community education and training towards building successful careers and job placements for individuals with high acuity
- 2.3:**
 - Continue to refine the database – focus on what is working regarding successful placement for individuals with high acuity
- 2.4:**
 - Pilot new technologies with system partners
- 2.5:**
 - Meet consistently with DDA and DVR to update, educate and inform regarding new technology and progress towards improved placements for individuals with high acuity
- 2.6:**
 - Create a T/TA plan considering the strategies and activities – include estimated dates and frequencies of T/TA engagement
 - Track T/TA engagement with individuals and providers on an annual basis and report with recommendations to DDAB
- 2.7:**
 - Draft a business to business marketing plan
- 2.8:**
 - Review the entire database – report to DDAB at six-month intervals

Resources:

Funding, T/TA, specific job development and planned T/TA for employment agencies, mentoring, peer mentoring, collaborations and partnerships, renewed focus on data, leadership and training innovations and increased resource development.

Goal 2.1: Increase numbers of individuals in employment with high acuity by 6% annually

Goal 2.2: Develop a countywide marketing approach and business-to-business marketing efforts, considering people with high acuity – work with WiSe and consultants

Outcome 2.1: Individuals with IDD and high acuity will experience increased jobs, increased job retention, and improved careers

Outcome 2.2: Individuals with high acuity obtain and retain a job at 20 hours per week and minimum wage or above with nominal supports

Long-Term Outcome:

- Individuals with high acuity make a living wage and have a satisfying career – track progress

Indicators:

- 2.1:** • Include goal numbers in dashboard data reviews – staff review on a quarterly basis

Assumption 3:

Individuals with IDD (and those who support them) experience improved and satisfying careers when there is a quality improvement process in place. Further, support systems and programs experience improved success in services when they integrate and share activities and goals and make communication a priority.

Strategies:

- 3.1:** Continue to clearly identify training needs with families, case managers, vocational rehabilitation counselors, providers, advocates and stakeholders – focus on quality improvements
- 3.2:** Continue to refine, define and revise the contacting and monitoring process
- 3.3:** Continue to involve the DDAB, stakeholders and participants in both the quality and feedback process
- 3.4:** Continue to update the database – focus on clear quality improvements
- 3.5:** Continue to consider additional resource development to support quality improvements
- 3.6:** Work towards services that address the individual's life sufficiently to foster expectations of reductions in supports and a graduation into a self-directed life where possible

Activities

- 3.1:** • Staff: Monitor and refine communication methods with stakeholders
- Staff: When monitoring or adjusting contracts, focus on quality improvements
 - Staff: Conduct an annual risk analysis and contract monitoring as needed – ensure contract compliance
 - Staff: Work with consultants to develop additional resources
- 3.2:** • Continue to offer on-going employment consultant training course through Highline Community College (HCC)
- 3.3:** • Use the database to focus on data regarding quality improvements
- 3.4:** • Annually involve the DDAB in the quality discussion and feedback process
- 3.5:** • Adjust County policies and procedures as necessary

Resources

Funding, additional resource development, DDAB involvement in the quality process, supports from advocacy, individual and stakeholder involvement, greater Clark County, DCS partner programs and improved technology/data.

Goal 3.1: Establish a specific section in the database that identifies key quality factors

Goal 3.2: Establish clear criteria to gauge quality improvements and report annually to the DDAB – include recommendations

Goal 3.3: Increase hours and wages in employment by 2% annually

Goal 3.4: Complete annual risk analysis, monitoring and evaluation processes

Outcome 3.1: Individuals with IDD will experience improved quality in their services

Outcome 3.2: Data will depict a reduction in the number of service contacts for individuals with IDD over time

Outcome 3.3: All monitoring, evaluation and public feedback and input will be completed in a timely fashion

Long-term Outcomes:

- Customers will report 95% satisfaction in services
- Data will depict consistent increases in outcomes regarding wages and hours in employment

Indicators:

- Engage in community focus groups to discuss direction and priorities in services and supports – solicit feedback
- Present information in report formats annually to customers, families, and the community

Assumption 4:

Individuals with IDD experience improvements in service delivery and ultimate independence when they and their families are fully informed as to resources available to them.

Strategies:

4.1: Maintain adequate capacity for Benefits Analysis (BA) and Benefits Planning (BP)

4.2: Facilitate the coordination of the different BA and BP entities

Activities:

- 4.1:** • Benefits Analysis and Benefits Planning will be made available upon request or as part of a Discovery process
- 4.2:** • Benefits Analysts and Benefits Planners will provide training for case managers and other interested parties
- CCDD will promote Benefit Analysis and Benefits Planning with individuals, families, case managers, providers, DVR, etc.
- 4.3:** • Benefit Analysts and Benefits Planners will explore the use of Social Security Work Incentives for individuals and families

Resources:

Funding, Benefits Analysis consultants and Benefits Planner, systems partners, DVR, Social Security and communication opportunities with stakeholders.

Goal 4.1: Provide individual Benefits Analysis and Benefits Planning as required or requested

Goal 4.2: Expand and promote Benefits Analysis

Outcome 4.1: Individuals with IDD and their families will access Benefits Analysis and Benefits Planning as needed - track progress

Long-Term Outcome:

- Employment outcomes will improve, costs of long-term services per person will decrease – track progress

Indicators:

- Include Benefits Analysis and Benefits Planning in the database
- Review twice annually
- Track customer satisfaction – report to DDAB annually
- Disseminate to DDAB twice annually and public as requested

Assumption 5:

High school students with IDD experience full careers when School-to-Work Transition services and supports are robust:

- Community participation and partnerships are increased
- Costs of services and supports are reduced
- Waiting lists for services are substantially reduced over time

Strategies:

5.1: Prioritize students graduating with paid employment for adult services

5.2: Provide information to families of transition age students and others still in school

- Expand training and technical assistance to the greater Transition community

5.3: Include families of younger students in current training and technical assistance efforts

5.4: Enhance and expand Continuing Education for those who request it, e.g. Clark College, WSU, WorkSource and other institutions of higher education and training

5.5: Continue to prioritize technical assistance on Transition services

5.6: Increase awareness of the use of Social Security Work Incentives for students in local school districts (PASS, IRWE, etc.)

Activities:

5.1: Work directly with Clark County school districts, WiSe, and the ESD. Review Training Series curriculum and update as needed

5.2: Develop one new Transition Project during 2016

5.3: • Continue on-going Family Training Series

- Continue to work with case management and DVR to plan for waiver students who are graduating
- Work closely with the CCPC to ensure outreach and appropriate messaging to families
- Work with DDA, DVR, families and school districts to ensure that students wanting adult services, receive them
- Continue to work with the Community Advocacy Coalition (CAC) and Washington State Association of Counties (WSAC) to advocate for resources on behalf of transitioning young adults
- Develop new/upgrade existing information packets for families focusing on ages 11-24
- Increase focus on families of younger children

5.4: Continue to analyze the database and other relevant dashboard data

5.5: Monitor legislative and local funding for Transition Services

5.6: Provide training and technical assistance for teachers, families, et al, in Benefits Analysis

5.8: Work with Clark College – expand opportunities for transitioning youth

Resources:

State/Local Funding, school districts, additional resource development, WiSe, webinars, additional T/TA, collaborations with school districts and the ESD, mentorships, Training Series and Legislative support.

Goal 5.1: Provide the Family Training series annually

Goal 5.2: Develop capacity to identify data related to Transition

Goal 5.3: Meet regularly with relevant individuals and groups to educate, inform and learn – record frequency, attendees, purpose and content of meetings

- Provide for issue specific Transition meetings with DDA and DVR
- Continue to provide Transition T/TA to the employment agencies

Goal 5.4: Work with consultants to secure additional resources for Transition services and support – especially focus on those transitioning students with the most significant disabilities

Long-term Outcome:

- All students with IDD graduate with the opportunity for employment or continuing education

Indicators:

- Review database and specific data on a quarterly basis; reporting to the DDAB twice yearly – adjust strategies as necessary
- Review outcomes twice annually – Report to the DDAB
- Review T/TA provided annually – adjust schedules as needed
- Review placement and outcome data
- Consumer and family satisfaction surveys
- Provider feedback annually
- School district feedback annually

Assumption 6:

Children birth to three and their families benefit significantly from robust early intervention services:

- A family’s ability to navigate the system improves
- Children with IDD and their families are better connected to their communities and schools
- The benefit of advocacy, parental education and leadership becomes evident
- Service delivery improves markedly when education and family expectations are made clear
- Potential for successful long-term service and career planning improves
- Quality of life improves
- Costs of services are reduced over time

Strategies:

6.1: Support children with IDD and their families in Clark County to learn about, access and receive early intervention services

Activities:

6.1: Participate in the local Interagency Coordinating Council (ICC)

6.2: Provide T/TA to the local ICC as needed

6.3: Collaborate with school districts and others to fund services for children birth to three

- Continue collaborative funding
- Monitor access to screening for developmental delays and choices given to families

6.4: Research additional resource development for birth to three

Resources:

State/Local funding, additional resource development opportunities, school and ESD collaborations, Community Education, and Information funds.

Outcome 6.1: All eligible children will receive early intervention services as needed

Outcome 6.2: Children with IDD in Clark County school districts have access to and engage in Early Intervention services

Outcome 6.3: The lives of children with IDD and their families will be improved, costs of services and supports as adults will be reduced – progress will be tracked

Long-term Outcome:

- Families will receive robust services. Children with IDD will be integrated into their schools, communities and other natural environments and will ultimately become fully participating community members.

Indicators:

- Review database on a quarterly basis; revise formats and relevance as necessary – disseminate as decided upon
- Family/Customer satisfaction reports

- ICC reports and feedback – track and record meetings and discussions

Assumption 7:

The lives of adult individuals with IDD are improved by securing adequate housing. Secure, long-term housing enhances the satisfaction of living and contributes to improved employment and social opportunities. Furthermore, it enhances the general safety and security of the individual and their family.

Strategies:

- 7.1: Continue to identify the status of available, affordable and accessible housing for individuals with IDD
- 7.2: Continue to explore resources for roommate matching services connected with housing
- 7.3: Work to develop local opportunities for individual choices in housing and home ownership
- 7.4: Increase information and options for housing – collaborate with housing partners as opportunities present themselves
- 7.5: Ensure that low income families who have children with IDD have access to energy, weatherization and rehabilitation information

Activities:

- 7.1: Twice annually provide and update information to DDAB on housing options and availability.
- 7.2: Work with the family housing group with DDAB membership involvement
 - Disseminate relevant information
 - Recommend new strategies to DDA and other funders
 - Annually review reports and local information regarding homelessness in Clark County; adjust policy and procedure as required – report to DDAB
 - Continue to explore local housing ownership laws and standards – report to the DDAB
- 7.3: Respond to calls and requests for information
- 7.4: Collaborate with local housing groups, The Arc of Southwest Washington and the CCPC
- 7.5: Continue to disseminate and/or present flyers, brochures and other relevant information on public events to case managers, families, DDAB members active in the housing community, The Arc of Southwest Washington, CCPC, etc.
- 7.6: Continue to coordinate and share information with the Clark County Housing Unit

Resources:

Funding, partnerships with DCS Programs, support of advocacy groups, DDAB involvement, potential additional resource development, and partnerships with The Arc and CCPC.

Goal 7.1: Increase housing opportunities for individuals with IDD and their families

Long-term Outcome:

- More individuals with IDD and their families will have safe, secure and affordable housing.

Indicators:

- Data sharing and information – reports to the DDAB, reports from the DDAB
- Numbers of individuals obtaining permanent, secure housing
- Customer and family satisfaction comments – public feedback
- Annual housing and homelessness reports
- Review the database twice annually
- Reports to the DDAB
- Increase/decrease in housing units as reported by staff

Assumption 8:

Systems services are improved significantly when customers, supporters, stakeholders, system partners, providers and the community have access to robust community information, advocacy and legislation.

Strategies:

- 8.1:** Maintain and strengthen presence with the Washington State Legislature
- Maintain and strengthen relationships with local Clark County government
- 8.2:** Improve supports to families who have children with disabilities
- 8.3:** Support CCPC
- 8.4:** Increase community awareness by expanding availability of information to the community – consistently update the website
- 8.5:** Work towards organizing a robust cadre of professionals and consultants to share information, educate and inform
- 8.6:** Secure funding (DDA, etc.) for training of a Spanish speaking group

Activities:

- 8.1:**
- Continue to develop, refine and implement a strong legislative agenda
 - Build strong relationships with local, state and public officials
 - Conduct an annual meeting with local legislators
- 8.2:**
- The DDAB will lead in educating the Legislature, County Council, etc., so as to improve services for individuals with IDD
- 8.3:**
- Coordinate with Parent Coalitions statewide, community participants and stakeholders, parents and self-advocates
 - Provide information to the Parent Coalition regarding DDAB activities and solicit regular feedback
 - Continue to support Parent Leadership Training related to IDD

Resources:

State/Local Funding, DDAB support(s), DDA supports, Advocacy Coalition, and local & statewide Parent Coalitions.

- Goal 8.1:**
- Strengthen Community Information, Advocacy and Legislation
 - Improve services for individuals with IDD

- Goal 8.2:**
 - Provide annual statewide Leadership training for Parent Coalition staff & leaders
 - Work with CCPC on legislative forums
 - Work with CCPC on candidate forums as needed
 - Access regular reports from the CCPC coordinator
- Goal 8.3:**
 - Continue to strengthen and clarify website presence
 - Produce new videos, video clips, media shorts, etc., as funds and opportunity allow
- Goal 8.4:**
 - Provide consistent information, training and technical assistance to community members

Long-Term Outcome:

- Community members will have consistent and complete access to information and knowledge related to services and support for and with people with IDD.

Indicators:

- Track numbers of Community Education events and meetings – report to DDAB annually
- Track numbers of legislative forums and meetings – report to DDAB annually
- Regular reports from the CCPC – report to the DDAB annually
- Report quality improvements, increase in Community Education events and meetings to the DDAB annually - adjust process as needed

Assumption 9:

Supports for individuals with IDD are improved markedly when strong advocacy and infrastructure supports are in place and thriving. These include but are not limited to:

- Transportation – critical to community access and living, as well as employment
- Recreation and leisure
- Healthcare
- Aging supports and services
- Customer service

Strategies:

- 9.1:** Participate in transit planning – ensure quality options and continuous service
- 9.2:** Support opportunities for individuals, students and children with IDD to be included in recreation, leisure and neighborhood activities
- 9.3:** Identify health care barriers for individuals with IDD. Provide technical assistance whenever possible
- 9.4:** Explore and develop retirement options for individuals with IDD
- 9.5:** Conduct quality reviews and monitor services and programs to honor customer service (please also see Assumption 3)

Activities:

- 9.1:** Advocate for progressive and comprehensive Transit:
- Partner with senior groups, rural groups, disability organizations, residential contractors, employment providers, etc., to maintain and enhance service
 - Share Comprehensive Plan with C-Tran annually
 - Provide regular updates to the DDAB
 - Participate on the C-Tran Advisory Committee as needed
 - Participate in the Accessible Transportation Coalition
- 9.2:**
- Provide training and technical assistance for Vancouver Parks and Recreation staff
 - Disseminate information on leisure opportunities
 - Use DDAB board members as advisors and connections to the community
 - Provide training for city staff as needed
 - Provide training and information as needed to case managers, families and the CCPC
 - Expand relationships with other Clark County Parks and Recreation departments
- 9.3:**
- Work with Clark County Public Health Department to increase understanding of health needs and approaches for individuals with IDD
 - Work with the healthcare authority and others to highlight the health needs and care of children and adults with IDD
 - Collect narratives of issues where individuals with disabilities have limited access to healthcare
 - Reinforce in Clark County publics that community services are not healthcare and should not be managed through healthcare organizations – monitor managed care and IDD issues
 - Continue conversations with policy makers
 - Monitor integration activities related to mental health and substance abuse – work with other DCS Programs related to behavioral health
 - As appropriate, provide training to physicians and Clark County Public Health
 - Participate in Regional Health Authority work groups as appropriate
- 9.4:**
- Continue to identify senior options for individuals with IDD – track progress. Consider inclusion in the database
 - Increase awareness of generic senior community associations and activities. Consistently evaluate
 - Present to DDAB on an annual basis and discuss viable senior options, make recommendations, disseminate information to appropriate partners
 - Include the CCPC in the planning element
- 9.5:**
- Evaluate Clark County employment organizations annually; use desk analysis; conduct onsite visits once every two years or as required by the state contract
 - Refer to DDAB for feedback regarding customer service, definition of quality and system capacity
 - Compare Clark County outcome data to both statewide and national data – report to DDAB annually with recommendations
 - Release RFQ, RFP's as required by state contracts
 - Continue to work with TA providers and national foundations for best practices demonstrations

- As stated, refine and publish database twice annually – share with DDAB, partners, providers and stakeholders
- Use interns as appropriate

Resources:

State/Local Funding, DDAB members, consultants and TA providers, City of Vancouver and Cities of Battleground and Camas.

- Goal 9.1:**
- Continue to focus on the importance of transit
 - Continue to work with C-Tran staff
 - Continue to participate in C-Tran public meetings
- Goal 9.2:**
- Expand opportunities for individuals with IDD to be included and participate in recreation and leisure activities – track progress
 - Organize focus groups with case managers, families and interested stakeholders in identifying useful data they would like to see related to recreation and leisure
- Goal 9.3:**
- Improve access to quality healthcare for individuals with IDD in Clark County
 - Continue to identify and track community needs
- Goal 9.4:**
- Increase retirement options for people with IDD – track progress annually
 - Include a retirement planning element, as requested, in the service delivery process
- Goal 9.5:**
- Develop, gather and disseminate updated data with publics
 - Update, share and implement the 5-Year Comprehensive Plan on an annual basis
 - Work with DDAB to consistently improve customer service

Outcome 9.1: Infrastructure and supports for individuals with IDD are consistently strengthened and improved through the provision of robust information and advocacy.

Long-term Outcomes:

- Service outcomes in employment, independent living and customer and family satisfaction are improved annually – track progress
- Stories of full community participation from individuals with IDD are disseminated to all CCDD stakeholders

Indicators

- The database, Comprehensive 5-year Plan, Customer and Family Satisfaction surveys, DDAB feedback, stories
- Revised and completed database, revised and completed dashboard, records of customer feedback, success stories in employment and independent living, community navigation and full community participation

APPENDIX

Summary of Plan Development Process

The Clark County Developmental Disabilities Advisory Board (DDAB) began the development of this fifth comprehensive long-range plan in late 2014. Technical consultants continued working with the advisory board to facilitate the plan design and development process. Numerous meetings of the board were conducted to review the mission, goal areas, values, and general plan content. During this time demographic and program information was also gathered.

Public input was sought in a variety of ways. During 2015, public meetings were conducted by the DDAB to receive community input regarding services and future directions of services for people with developmental disabilities. In the fall of 2015 an electronic survey went out to a variety of listservs asking the same questions about priorities, needs, and actions that the DDAB should consider.

Several clear priorities emerged from this community input process and they were incorporated into the goals of this comprehensive plan. Priorities that were developed should be considered in light of the following:

- There was strong support for the goals and goal areas that have been developed by the Developmental Disabilities Advisory Board.
- There was strong support for the underlying values of choice, inclusion, partnership, and access as these issues pertain to the lives of people with developmental disabilities and their families.
- There continues to be remarkable consistency in the priorities developed in response to public meetings and the online survey. Employment rated far above any other goal listed followed by Transition.

Final plan development followed the community input and a draft plan was written for advisory board review. The DDAB held a work session with the Board of County Councilors. The comprehensive plan was reviewed at that time. This plan is reviewed annually with both the Board of County Councilors and the community.

In Washington State a Developmental Disability is:

The state of Washington defines developmental disability in RCW 71A.0.020(5).

"Developmental disability" means a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, which disability originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual.

Washington Administrative Code (WAC) 388-823-0015 further states:

(1) To qualify for Developmental Disabilities Administration (DDA) you must have a diagnosed condition of intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition found by DDA to be closely related to intellectual disability or requiring treatment similar to that required for individuals with intellectual disability which:

- (a) Originates prior to age eighteen;
- (b) Is expected to continue indefinitely; and
- (c) Results in substantial limitations.

(2) In addition to the requirements listed in subsection (1) of this section, you must meet the other requirements contained in this chapter.

If you have an eligible condition of intellectual disability, in order to meet the definition of substantial limitations you must have:

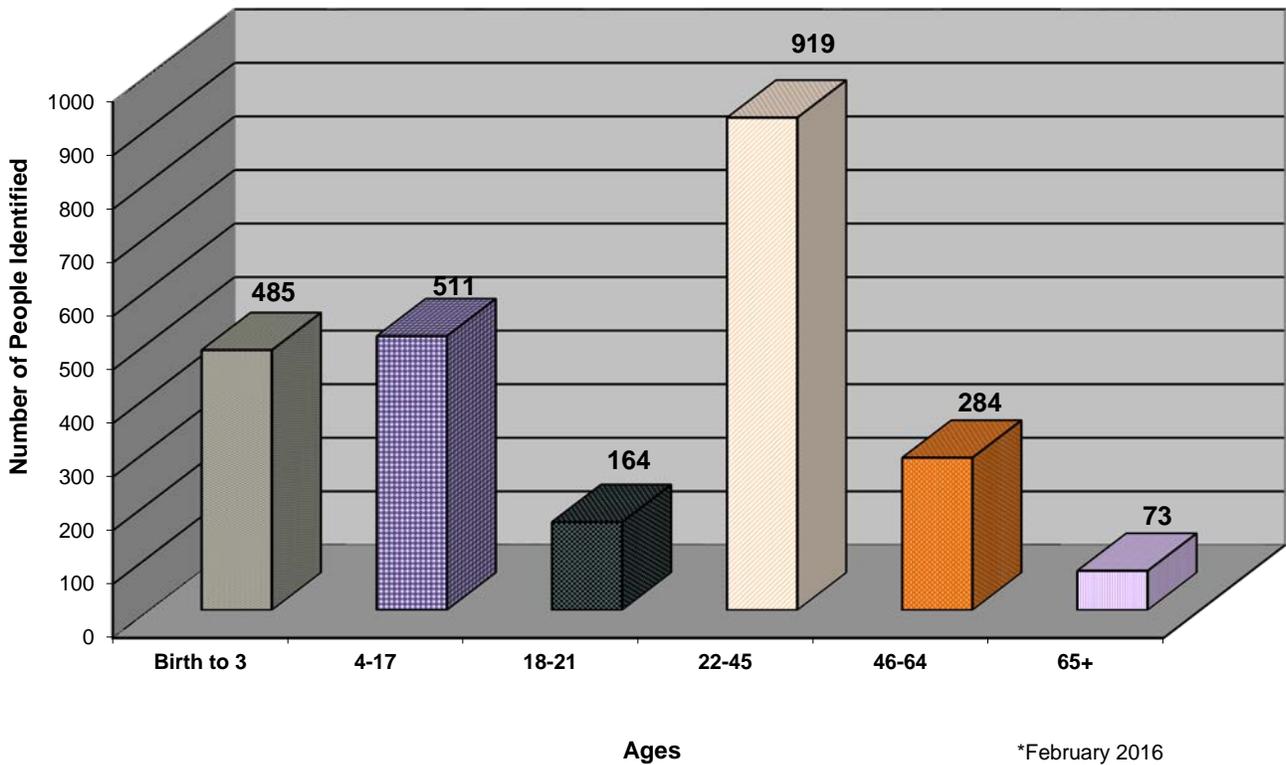
(1) Documentation of a full-scale intelligence quotient (FSIQ) score of more than two standard deviations below the mean per WAC 388-823-0720, and subject to all of WAC 388-823-0720 and 388-823-0730, and

(2) Documentation of an adaptive skills test score of more than two standard deviations below the mean as described in WAC ((388-823-0710)) 388-823-0740 and subject to all of WAC 388-823-0740 and 388-823-0750.

* DSHS website

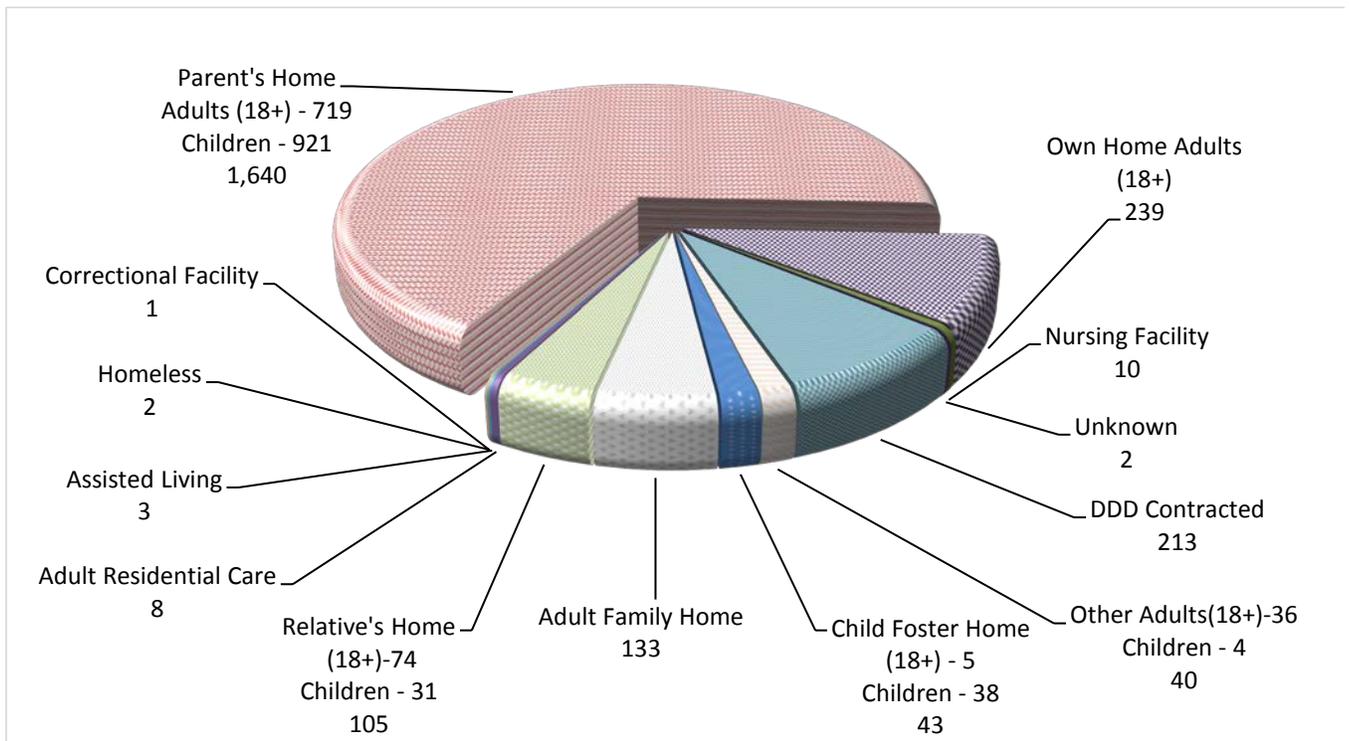
Based on population and prevalence formulas, there are approximately 8,088 children and adults with developmental disabilities who live in Clark County. Currently 2,436 individuals are known to the State Developmental Disabilities Administration and are eligible to receive state funded services.

Ages of People Identified by Case Services in Clark County Total = 2,436



People with developmental disabilities live in a variety of settings throughout the county. Although most children live with their families, 43 children with developmental disabilities live in foster care in the county. The following data is based on those individuals known to state case services. There are 239 adults who live in their own homes with no formal support services. The remaining adults live in either residences with supports that are designed for people with developmental disabilities or in homes with generic formal support programs sponsored by the Washington State Department of Social and Health Services that provide long-term care.

Persons in Clark County Identified By Type of Residence Total 2,436



February 2016

Services

Current Service System

The developmental disabilities system represents a system shared by both the state and the county. Washington's State Department of Social and Health Services, Developmental Disabilities Administration is mandated to provide or fund services for eligible children and adults with developmental disabilities. Services are provided to the degree that funding is available through state legislative appropriations and local designated dollars.

Case management services and state institution services are provided directly by state employees. Family support services such as respite care and community based residential programs are contracted from the state to local service providers. Other services funded by both the state and the county include early intervention, employment, and community connections. Recreation and leisure programs have been supported through local efforts, nominal fees paid to the specific programs, and volunteers. Access to all programs, which have state funding, is through the state case management system.

In addition to funding direct services, counties are mandated to provide information and referral, plan for the development of future services, and coordinate all local services for persons with developmental disabilities and their families. Clark County, at the request of the community, also has a heavy emphasis on training, technical assistance, and infrastructure development for both services and the community.

For many decades services to people with developmental disabilities have been underfunded. Waiting lists have turned into lists of people receiving "no paid services." The legislature has recently tried to make some strides through the reinvestment of funds as well as changes to the Medicaid State Plan and the implementation of new Medicaid Waivers. While this has not completely solved the chronic underfunding of the system, it has gone a long way to increase the availability of services and supports to children and adults living in the communities across Washington. During the course of this Plan, the current system will have to retool and adjust as the state and county adjust to altered revenues, new waivers, and new ways of doing business.

More than specialized services, individuals with developmental disabilities need the ordinary, everyday things that all people need (i.e. employment, a place in the community, and friends). Beyond that there are a variety of specialized services in Clark County designed for children and adults with developmental disabilities. While individuals and their families may need supports from a variety of formal and informal systems, the listings here primarily represent formal specialized supports found in this community.

Services for Children

There are a number of programs and services available to children birth to three years of age who experience developmental delays and their families within Clark County. Some programs are designed specifically for children who have significant developmental delays. These early intervention programs provide support and training for families as well as needed therapeutic services to children. Currently there is an emphasis on providing services and supports to children in typical places and supporting families to carry out much of the teaching and therapy within a child's daily routine.

Training and education for parents, support groups for families, adaptive equipment, and specific individualized therapies are all services currently available. Since the fall of 1989 local school districts and Educational Service District (ESD) #112 have been collaborating with Clark County to fund the services for children birth to three. The involvement of school districts became a statewide mandate in 2009. Clark County Early Support for Infants and Toddlers (ESIT) and the local Interagency Coordinating Council have enhanced community outreach efforts. Currently they are maximizing the resources and options available to infants and toddlers with developmental delays and their families.

Information/Education

The availability of information and opportunities for training are very important to most families of children and adults with developmental disabilities. Throughout Clark County there are generic parent education programs and classes. Clark College for example offers parent education classes for families of children with and without disabilities. Parents enroll as students of the college and participate with their children in a variety of developmental experiences.

In addition, some specialized information opportunities have developed to better support the needs of families whose children experience a substantial delay or an intellectual/developmental disability.

Family Resource Coordination

The Clark County Early Support for Infants and Toddlers (ESIT) offers information and referrals to assist families in accessing services for young children with possible developmental delays. This service is designed to assist families and non-specialized service providers. The information, assistance, and support are primarily used when families are making decisions about services or connecting to community resources shortly after a delay has been identified.

Parent to Parent

The Parent to Parent Program connects families to local support groups, provides information, and shares resource ideas. This program also facilitates connecting parents of children with disabilities and delays with other parents in natural ways.

Parent Coalition

The Clark County Developmental Disabilities Parent Coalition is sponsored by the Clark County Developmental Disabilities Program. Its purpose is to provide people with disabilities and their families with a support system that:

- Links them with their natural support system, the community, and helps them to better understand and access various systems.
- Involves them in decision making at the state and local levels.
- Provides current, accurate information and networking opportunities.
- Forms a power base to advocate for the needs of people with disabilities in our community.
- Helps new parent groups get established and serves as a resource for leadership and leadership development in new and existing groups.

Parent Coalition plays a major role in furnishing information to families of children and adults with developmental disabilities who live in this community. They provide regular Leadership Training and have a staff that supports the second largest Spanish speaking parent group in the state.

Family Support

Currently, the Developmental Disabilities Administration provides funding to families both directly and indirectly to assist them in maintaining individuals at home with parents or relatives. Funds are used for a variety of goods and services such as respite care, planning, and specialized therapies.

Services for Adults

The major focus of services for adults with developmental disabilities is employment and community participation and inclusion that will lead to employment. Employment offers all individuals, with or without disabilities, access to other citizens in the community, a way out of poverty, and independence from any service system. In some situations where employment is not possible right away, services are available that assist individuals on a path to employment by supporting individuals to participate in their communities and strengthening relationships with other community members.

Planning

Independent third party planning services called “person centered planning” is available to individuals upon request. It is an approach that creates a team of people to assist individuals to plan for their future and specifically focus on the individual’s vision of what they would like. Person Centered Planning is a structured way of organizing planning that focuses on the unique values, strengths, preferences, capacities, needs, and desired outcomes of the individual.

Benefits Analysis/Benefits Planning

As personal income for people with developmental disabilities has increased, the complexity of managing finances and benefits has also increased. Benefits analysis is the review of and planning for the use and coordination of an individual's benefits. A trained professional who is experienced in Social Security and SSI regulations as well as other resources that may be available to assist people with disabilities.

Employment

There are two broad categories of employment services available to adults with developmental disabilities in Clark County. These are Competitive Employment and Supported Employment which includes Customized Employment.

Competitive Employment

The Division of Vocational Rehabilitation (DVR) has primary responsibility for competitive employment programs. DVR can provide short-term vocational assessment, placement, and training. Since people are seldom followed once they are placed on a job, individuals must rely on their own skills to maintain themselves in the job. This alternative offers individuals a wide range of work choices and possibilities, but no long-term support.

Supported Employment

Supported employment is paid, competitive employment for people who have severe disabilities and a demonstrated inability to gain and maintain traditional employment. Supported employment occurs in a variety of typical, integrated business environments (WIOA 2014). Further, supported employment includes pay at minimum wage or better, support provided to obtain and maintain jobs, and promotion of career development and workplace diversity. Support is provided to individuals, employers, and/or coworkers through activities such as on-the-job training, support to maintain the job, and long-term assistance. Supported Employment is conducted in a variety of settings and work sites in which persons without disabilities are employed, as well as self-employment.

Supported Employment is different from traditional rehabilitation services. Traditional services focus on short-term assistance and training in order to produce long-term employment. For many people with disabilities, initial training and assistance of short duration will result in meaningful and lasting competitive employment. For other people who have more severe disabilities, short-term support will be insufficient for obtaining and maintaining employment. It is for these individuals that Supported Employment is designed.

There are two approaches to Supported Employment depending primarily on the support needs of the individual.

Individual Supported Employment

Individual Employment establishes employment opportunities for individuals with severe disabilities in local business or industry on a one-person/one job basis. These jobs are at or above minimum wage. A support organization develops the job based on an individual's interests, assists with training the individual and then provides ongoing support and retraining to the individual, the employer, and/or co-workers. Self-employment has emerged as an option for some individuals. The support organization assists the individual with the mutually agreed upon details of the business.

Customized Employment is now included in the definition of supported employment. It is competitive, integrated employment for an individual with a significant disability that is based on an individualized determination of strengths, needs, and interests of the individual. It is designed to meet the specific needs of both the individual with significant disabilities and the employer. (Rehabilitation Act)

Individual employment continues to be the preferred employment option for the county and the state. It is the most requested service and the priority for county funding. Wages tend to be higher and opportunities for inclusion greatest in this type of employment service.

As individuals who are employed proceed on their employment path, career advancement & asset building become the focus of services and supports.

Group Supported Employment

Group Supported Employment is an approach in which a group of individuals perform work tasks within a host company in the community or as part of a crew that travels site to site. An agency provides supports to the individuals and works with the company. A trained supervisor is always at the work site. Payment for work performed may be above or below minimum wage but is always commensurate with pay to others within the host company or the general local job market. Workers with disabilities receive the same benefits with respect to working hours, lunch and break time. This approach can be considered to be a part of an individual's path to employment. It is increasingly considered to be short term and is being phased out over time.

Recreation and Leisure

Recreation and leisure opportunities for children and adults with disabilities are important contributors to quality of life. Currently, there is a wide variety of opportunities with varying degrees of support available.

Community Connections

Community Connections services are individualized services provided in typical integrated community settings mainly for individuals in retirement. Services will promote individualized connection and participation for people to actively and independently engage in their local

community. Activities will provide opportunity to develop relationships and to learn, practice and apply skills that result in greater independence and community inclusion. These services may be available for working age individuals who have received nine months of employment support, have not found a job and decide not to continue looking for work.

Parks and Recreation Programs

Parks and Recreation activities provide the opportunity for people of all abilities and backgrounds to meet and share time with each other in ways that encourage friendship to take root and flourish. The City of Vancouver Parks and Recreation Department offers both specialized opportunities for children and adults with disabilities and they also welcome and support all individuals into their general programming. Classes might include: individual sports programs (such as swimming, jogging, weight lifting, and skiing), craft classes (such as pottery, woodcrafts, or macramé), or outdoor activities (such as hikes, day trips to different events or areas of interest). Usually a fee is required. The City of Vancouver Parks and Recreation Department sponsors most of the programs offered in Clark County. In addition, there are summer day camps, which are popular with families of children with disabilities.

People First

People First is a self-advocacy group where people with disabilities join together to learn their rights and responsibilities as citizens in our community. The group meets weekly and is open to anyone over the age of eighteen (18). This is an active group that sponsors candidate nights and other political activity as well as recreation and learning opportunities for members.

Education

Clark College and Washington State University offer education classes. Individuals enroll in generic higher education classes when they meet the needs of an individual student. Some individuals have worked out modifications to classes and accommodations that have enabled their participation in general higher education classes. There is increased interest in higher education options for young adults with developmental disabilities. Discussions are beginning with both Clark College and Washington State University to encourage the inclusion of students with developmental disabilities.

Residential Services

Residential programs provide supports for eligible adults within a variety of different living alternatives. They are operated under contract with the State of Washington, and the Developmental Disabilities Administration provides oversight. Upon request, case management makes the referral to a community residential provider. The options available currently in Clark County are all non-facility based. The following are residential program options in Clark County:

Independent Living

This is not actually a service or a program. More people with developmental disabilities, than ever before, live in their own homes or apartments without formal or paid supports. Occasionally, this option incorporates low-income, section eight housing as well as informal supports, such as assistance from family, friends and companions or roommates.

Supported Living

Supported Living is a non-facility based residential service. Supports are provided to individuals who live in their own homes or apartments in the community. Support organizations are certified by the state to provide support and training from a few hours per month, up to twenty-four hours per day. Individuals pay their own rent, utilities, food, and personal expenses while the state pays for the staff that provides support and training.

Adult Family Homes

Adult Family Homes are not funded by the State Developmental Disabilities Administration, but have become a primary option during the last twenty years because they are one of the most available residential choices for people with developmental disabilities. These homes are licensed and regulated by Residential Care Services under the Department of Social & Health Services. Providers are paid a service fee, often funded by an individual's SSI check and Medicaid Personal Care, for room, board and supervision or care. These homes are not required to provide training or habilitation services but may receive additional monies for doing so. They vary greatly in the quality of care and training provided to residents.

Companion Homes

The Companion Home is a model of 24-hour support and care. Providers must be willing to make a commitment to the individual to share their home, including him/her as a fully participating member of the household. Other services include supervision, personal care, transportation, providing activities and all other necessary support. This option can work particularly well for individuals with greater support needs and those who experience autism. This is an option that should be further explored and developed.

Living with Family

Living at home may be an option for some families with adult children who have disabilities. Since families who select this option may not always be able to care for their children, long range planning is critical for all persons in the areas of housing, guardianship, day program needs such as employment and recreation. At the present time, most transitioning students must live at home unless crisis or other unusual situations exist. Other families may be exercising this option due to lack of alternatives and lack of access to suitable alternatives. The Developmental Disabilities Administration case manager can assist families with some service options if the individual chooses to remain at home.

The mere presence of any of these living alternatives does not ensure that adults with severe disabilities will have access. Waiting lists are long and may exclude some individuals.

Clark County has made substantial progress in the development of housing for people with developmental disabilities. Specialized non-profits have been able to access local, state and federal funds to support infrastructure development. This has increased the availability of affordable, accessible housing. Home ownership is also an option, which will allow individuals to build equity and stabilize their housing costs. Currently, housing in Clark County is difficult for all individuals, particularly those who are low income.

There continues to be a lack of residential support and training services. This is particularly true for young adults graduating from special education programs. Some families have become creative in developing their own informal supports, but not all families are able to arrange this, especially if an individual has higher support needs. More creative housing options are a growing issue in the county and a housing group has successfully advocated having a housing coordinator who can further explore housing options.

Specialized Service Needs

Children and adults with developmental disabilities have consistently demonstrated abilities beyond the expectations of professionals, families, and service providers. This, plus the fact that education, training, and technology continue to advance at rapid rates results in a service system and community that are faced with constantly changing support needs of people with disabilities. In addition, more and more young adults with developmental disabilities have had the benefit of special education and early intervention. The expectations and abilities of these young adults and their families reflect the effort and advancements of both the special education system and early intervention services. Technological advances, increased abilities, and expectations continue to change what is requested and needed from all systems that provide services to children and adults with developmental disabilities.

Although the use of generic, natural supports is encouraged and growing, it is anticipated that there will continue to be a need for services specifically designed to support individuals with intellectual/developmental disabilities and their families.

Generally, supports and services to people with intellectual/developmental disabilities are not based on individual or family income. Eligibility is contingent upon level of disability or delay. While children with developmental disabilities are born into families at all income levels in the county, over 90 percent of adults with developmental disabilities have incomes below the poverty level. As adults with disabilities continue to progress with better jobs and career advancement, this situation is changing slightly.

Local Service Needs

For many years, throughout Washington the capacity of the formal service system has not kept pace with the need and request for services. Clark County has also experienced this lack of system capacity. In recent budget years, the Washington State Legislature and the Governor's Office have taken steps to improve the waiting list situation for children and adults with

developmental disabilities. Creativity is necessary in order to be as efficient and effective with resources as possible.

Clark County's system for people with developmental disabilities has been developing many strategies to cope with the resource situation. One method is to continue developing collaborative relationships with other systems which reduces duplication and maximizes the use of available resources. Collaboration with the local public school systems in the areas of early intervention and Transition are examples of this effort. There is increased interest to exit young people from special education systems with jobs and at a minimum with work experience is another effort that is jointly embraced. Developing creative ways to work with businesses that employ people with developmental disabilities continues to be important in order to expand the capacity of the current formal services system.

The number of children and adults who experience autism or who are on the autism spectrum continues to grow. Sometimes these individuals and others who present challenging behavior require increased collaboration between systems and services. Efforts to provide training and information to healthcare, mental health, and others will continue to be a priority.

Partnerships with Vocational Rehabilitation and public transportation are critical for individuals with developmental disabilities and their families. These partnerships have been strong in Clark County and they are expected to continue.

Employment & Day Program Services

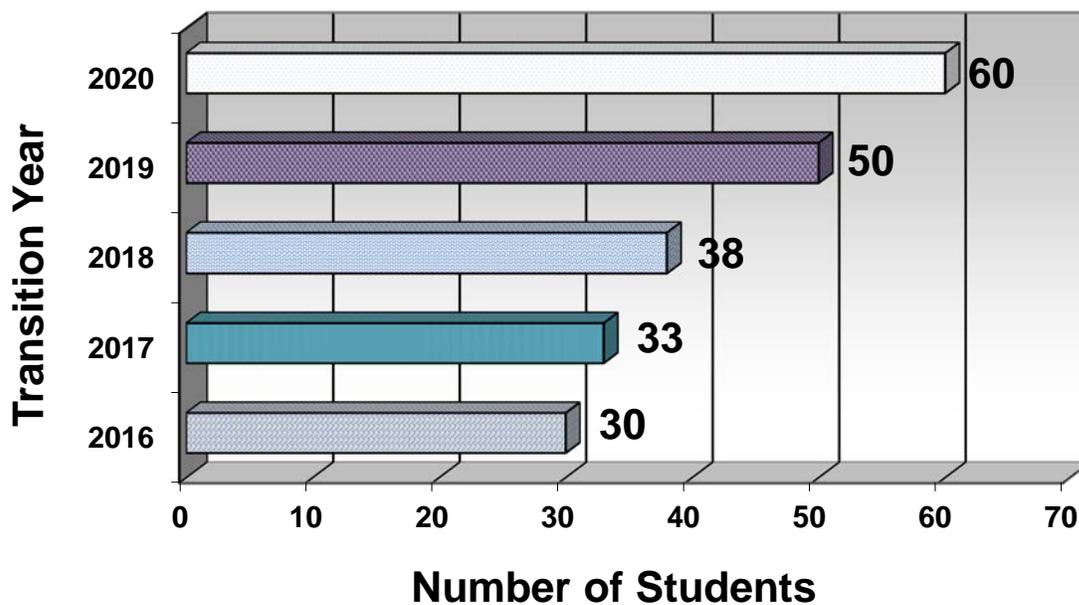
As of October 2015, there are up to 809 individuals who could be on a waiting list for supported employment. Actual waiting list data is no longer maintained by the state in a way that provides clear information about service needs. The unserved number is expected to grow as young adults exiting special education during this plan leave school without access to services. It also grows as individuals move into Clark County without funding for services and as others become aware of services and families have not as yet connected with the state. During 2015 and 2016, funding is available for those exiting school systems, but continued opportunity is uncertain.

Transition

During the previous five-year plan, services to students transitioning from special education continued to be a priority. In the spring of 2013, the Washington State Legislature appropriated funding for 734 young adults exiting the special education system (statewide) in 2013 and 2014. Funding was again identified for the purpose of employment services in 2015 and 2016. It is imperative that the county, the state, and public education work closely with families to take advantage of this opportunity.

Services to young adults are again a high priority of both the Clark County Developmental Disabilities Advisory Board and the community. During the course of this plan a minimum of **274** students are expected to graduate from local school district programs, and the requests for employment and other services are expected to be similar to previous years.

Minimum Number of Transition Students Expected for 2016-2020



System Capacity

The capacity of the service system has not kept pace with the need and demand for services. This is demonstrated by growing waiting lists for services all across Washington State. In some cases during this difficult economic time, people have lost some or all service. Clark County has also experienced this lack of adequate resources. As long as federal, state, and local resources for social services continue to decline, the problem is expected to grow. Creativity is necessary in order to be as efficient as possible with the scarce resources available.

Clark County’s service system for people with developmental disabilities has been developing many strategies to cope with this situation. One method is to continue developing collaborative relationships with other systems which reduce duplication and maximize the use of all available resources. Collaboration with the public schools to adequately meet the needs of children birth to three and their families and the Clark County Schools Project for Transition are examples of this effort. Developing creative ways to work with businesses that employ people with developmental disabilities continues to be important in order to expand the capacity of the current formal service system. One essential way to maximize resources is for individuals to more effectively utilize Social Security Benefits and Ticket to Work. Vocational Rehabilitation and public transportation are also critical partners in supporting individuals with intellectual/developmental disabilities.

As the number of individuals who experience autism and other disabilities which sometimes can be associated with challenging behavior increase, collaborative efforts are necessary in the areas of training healthcare and mental health services. Never before has it been so

important to work in partnership and to eliminate duplication of effort whenever possible. Well trained, competent providers of services in all systems in Clark County are important in order to provide the most effective and efficient services possible.

Informal Supports

People assist each other at work every day; neighbors support each other informally in a variety of activities, churches come to the aid of their members and others by providing transportation, emotional support, and sometimes meals. Not all assistance in life comes from a formal service system or organization. This is true for people with and without disabilities.

Many of these informal community supports have been systematically eliminated from the lives of people with developmental disabilities. With the advent of formal services, often willing informal supporters are overlooked and excluded. While neighbors, friends, and extended family cannot be expected to replace the formal services, neither can formal support services replace the informal sharing between friends or assistance given and received without a service plan.

During the course of this five-year plan, Clark County will endeavor to partner with individuals with developmental disabilities, families, formal service providers, and the community to explore and expand reciprocity and time banking, as well as the role of informal supports. Formal services should augment rather than replace informal supports in the lives of people with developmental disabilities and their families.

Future Directions

The percent of people who experience developmental disabilities in Washington State continues to remain fairly constant. Some of the children with delays will need services and supports as adults. The availability and quality of early intervention services, however, often reduces or even eliminates the need for future services.

For many years the major growth areas have been 18-21 year old young adults. This trend is expected to continue and considerable effort will remain with young adults transitioning from local school districts. Research demonstrates that if opportunities are not provided for these young adults, the gains of the special education system begin to be lost after a very short time of sitting at home. A challenge will be to reach these young people early in order to capitalize on the continued efforts made by the local special education systems.

The number of individuals reaching retirement age has doubled in the last 10 years. While the actual number remains small, it continues to grow much like the general population. New ways of providing service and connecting people to the activities of seniors around our community need to be stressed even more during the next five years.

Across the country the astounding increase in the number of individuals who experience autism has garnered national attention. For many years it was cited that autism occurred in 4.5 out of every 10,000 live births. The Center for Disease Control and Prevention now

estimates that autism spectrum disorders affect 1 in every 68 live births. Communities, schools, employers, service providers and healthcare providers are all in need of increased training and information in order to appropriately serve and include individuals on the autism spectrum.

Clark County is also experiencing a significant increase in the number of children and young adults who experience autism or autism spectrum disorder. Information/education, training, and technical assistance continue to be needed throughout the community to understand the unique needs of these individuals and families. While some local expertise has been developed, it is not sufficient to adequately meet the growing demand. Efforts to collaborate with others such as education agencies, technical assistance organizations and the community at large will all be important priorities in the years to come. The complexities of supporting children and adults who experience autism must be understood by all parts of the service system. In many cases the strategies used to support children and adults on the autism spectrum are best practice for all individuals and we no longer have the resources or luxury to waste time or effort on ineffective practices.

Most children and many adults with developmental disabilities live with their families. There is no expectation that this will change dramatically in the future. The majority of individuals who are considered medically fragile and adults whose parents are becoming elderly themselves are also living with their families. This has made support to families more important than ever before.

During the last 10 years, there was a significant increase in the number of individuals and couples who live independently. Many require small amounts of support from a service system or family, but the support they need looks very different from the long term care of days past. Housing groups are exploring different ways to support young people who want housing options. In addition, more couples continue to marry and some become parents. Support to couples and families are also a need which should be explored.

As people with developmental disabilities continue to live regular lives, their issues should be brought to the attention of generic associations, organizations, and educational institutions. Their needs are not unique, but may require some accommodations.

Service Changes

Over the last 30 years the focus of the service system has been to move away from looking at the deficiencies and inability of people with intellectual/developmental disabilities. It has moved beyond the forced segregation of the early years of institutional downsizing. The focus now and into the future is on individual abilities, personal choice, independence, and inclusion into all aspects of the local community.

The State of Washington identifies four trends that are driving the growing demand for services. They are: continuing increases in life expectancy, growth in the number of parents becoming too elderly to care for their adult children, medical advances that continue to save the lives of premature infants, and the general population growth that Washington has experienced

Because of the lack of available services for individuals and families there continues to be some risk of returning to congregated and segregated services. While these are not actually less expensive, they are less complicated to manage. It will take vision, vigilance, and creativity on the part of everyone in order to keep the service system moving forward, serve the increasing numbers of people, and avoid a return to the past. More recent federal actions and lawsuits view segregated services as discriminatory and frequently exploitive.

The movement of self-determination and person centered services as well as changes in federal policy and continue the momentum toward system change. There is opportunity at this time to create systems that are more equitable, more effective, and more efficient in supporting people with developmental disabilities and their families.

With the signing of the Affordable Care Act (ACA) in March of 2010, Washington State was positioned to implement Healthcare Reform. The healthcare delivery system has been managing significant changes throughout our country in response to passage of the Affordable Care Act. Washington State and Clark County are also participating in the implementation of the Act. Clark County has become the first Early Adopter of complete integration of primary care and behavioral health in Washington. This will be completed by April 1, 2016.

Since November of 2010, Washington has sought public comment related to changes in the healthcare delivery system in the state. The disability community has consistently responded that healthcare for people with developmental disabilities should be managed in ways typical of the general population. Additionally, employment and residential supports are not healthcare and should not be managed by healthcare. There is little confidence in a medically run model of supports for people with developmental disabilities as evidenced by a long history of institutionalization, forced sterilization and overmedication.

State and county services continue to emphasize that working age adults work or are on a path to employment. This is a renewed emphasis on the importance of employment in all people's lives including adults with developmental disabilities. State policy has both prioritized employment and reinforced the value of employment in the lives of people with developmental disabilities. This policy does not, however, eliminate community connections services for individuals who have not been successful in employment at this time. Within this value, services and supports that are developed in the next five years will continue to be individualized and self-directed.

Support for the Residential and State/County Guidelines continues. In 2015 a work group was formed to review and reaffirm both the Residential and County Guideline. The Developmental Disabilities Administration's Guiding Values combine the previous documents and are the over-arching values regarding how services should be thought of and delivered. These documents reaffirm the following values for people with developmental disabilities and their families:

- Power and choice
- Inclusion
- Relationships
- Status and contribution
- Competence
- Health and safety

The governing principle in the provision of services in Clark County is that people with developmental disabilities and their families should have as much control as possible over resources. Supports that are developed will be individualized and opportunities should promote people's ability to live as independently as possible. The purpose of supports is to enhance individual abilities by assisting each person to grow in personal relationships, to have choices, to have a valued social role, and to be participating members of the community with ordinary living experiences. County services will continue to emphasize individualized, flexible services that promote inclusion and community connection.

For the duration of this plan, there will be an increased emphasis on individualized supports, the evolving use of technology, and the use of best practices in the delivery of services. The amount of support will continue to relate to need and be coordinated with the continued increase in the use of Medicaid Waivers by the state of Washington. Efforts will be made to further refine the methods of control that individuals and families have over decision making. There is also a critical need to maximize the use of Social Security Work Incentives and other federal incentive programs such as Ticket to Work. Use of these benefits is sometimes a way to expand or enhance supports that are available to people with developmental disabilities that work.

Since 1989 there has been a constant decrease in requests for segregated services. At this time there are no publicly funded segregated services in Clark County. As Medicaid, the Department of Labor, and the Department of Justice continue to issue new policies, the processing of civil rights complaints, and litigation, segregation as an option in Washington is expected to sunset during the course of this plan. The value and priority of inclusion is firmly imbedded in Clark County and is expected to continue as an increasing number of students graduating from local high schools have community based work experiences. An increasing number of young people are even exiting public education with jobs. One of the priorities for service in the future will be those young people who graduate from local schools with paid employment.

As technology becomes more and more a part of our daily lives, families and system partners have to find ways to include children and adults with developmental disabilities. Many advances in technology can support and assist individuals with disabilities to have lives that are increasingly typical. Recently the county has been experimenting with a few of them. The challenge over the next five years will be to provide opportunities for more individuals to meaningfully participate in the technology advances being developed around us daily.

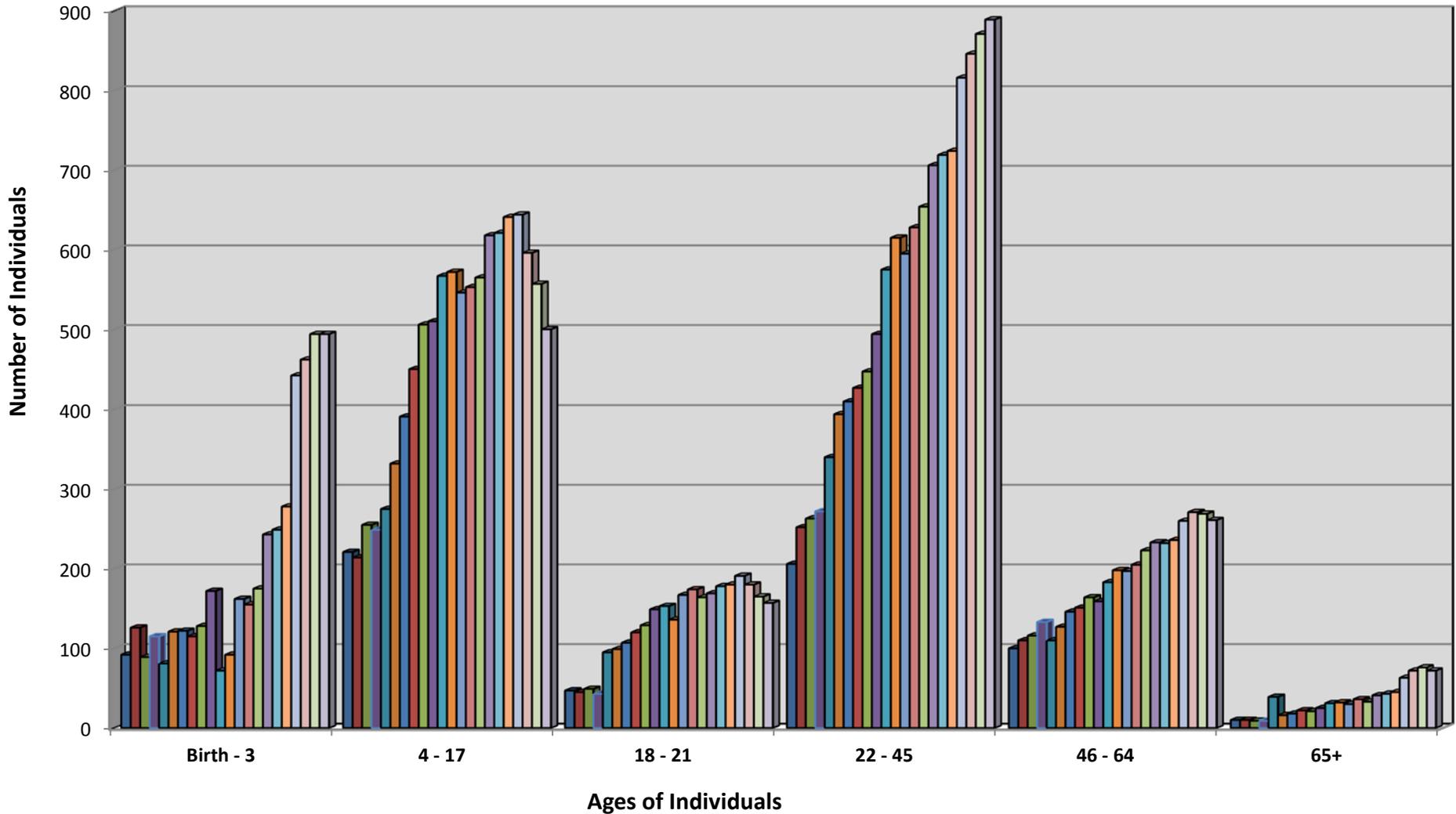
Building the capacity of a community to welcome and include all members ultimately reduces costs to formal service systems. It also enhances the quality of life for all community members including those with disabilities.

Efforts undertaken during this plan will be directed toward improving Clark County's capacity to understand, include, and welcome citizens with disabilities into all parts of community life. Clark County associations, institutions, and businesses should all be reviewed as potential partners in building our community. These groups have already demonstrated some willingness to include, support, and welcome citizens with intellectual/developmental disabilities.

As funding remains strained, new and more effective business practices and partnerships will need to be forged throughout the community. The county, specialized service providers, other services systems, local generic services, school districts, C-Tran, and others can no longer operate in isolation. It is essential that resources are maximized and coordinated to eliminate costly duplications and wasted resources.

Ages of Individuals Known to Case Services & Clark County 1990 thru 2014

■ 1990 ■ 1991 ■ 1992 ■ 1993 ■ 1996 ■ 1997 ■ 1998 ■ 1999 ■ 2000 ■ 2001 ■ 2002 ■ 2003 ■ 2004 ■ 2005 ■ 2006 ■ 2007 ■ 2008 ■ 2010 ■ 2011 ■ 2012 ■ 2013 ■ 2014



*Note: Data for 1994, 1995, 2002 and 2009 is not available

County Description

Clark County Demographics

Clark County is located in Southwestern Washington State, across the Columbia River from Portland, Oregon. Due to its location, the county is considered part of the greater Portland metropolitan area and therefore shares the economic and population growth of the region. It also competes with other counties in the region for economic development opportunities.

During the growth boom of the 1990's, the county was rapidly re-shaped from a largely suburban-rural community to one with a sizable urban population. By the 2000 census, major high tech manufacturing and other industries had located in Clark County and the nature of the community had changed dramatically. Most of the population growth since the 2000 census has been migration from outside the county. Growth that slowed slightly during the recession has resumed. Clark County is now the third fastest growing county in Washington State.

Both established communities and the even more aggressive development of large suburbs have replaced much of the rural land that once existed within the county. Business development is now dispersed throughout the county, with particularly dynamic development in East County and North County.

By the 2010 Census, Clark County had grown to 425,363 people. Washington State Office of Financial Management estimates that the population in 2015 has reached 451,820 people. Clark County continues to be the 5th largest county in terms of population and 35th out of the 39 counties in Washington State in terms of land area, making this county a densely populated community.

Employment

The unemployment rate for Clark County in 2000 was 4.2 percent. This was considerably less than the state unemployment rate of 5.2% for the same year. Since that time there has been a volatile shift in unemployment in both the county and the state. In March of 2010, the state unemployment rate had grown to 10.5% (unadjusted) while Clark County's unemployment rate was one of the highest in the state at 15.6%. By December of 2015 the unemployment rate had dropped to 6%.

Clark County's reliance on the technology and manufacturing sectors for employment resulted in this community being particularly hard hit by the last recession. Employment has now been up 4 percent for the second year in a row. Most sectors added jobs and this kind of broad-based growth will likely characterize 2016 and perhaps beyond that year as well.

Over the last 25 years, people with developmental disabilities have steadily moved into the community workforce. By 2004, almost 100% of the working age adults were either employed or looking for work in community businesses located throughout Clark County. Both private and public sector employers have responded positively to hiring people not previously part of their workforce. This trend continues in spite of the economic changes as more and more employers become aware of the contributions that people with developmental disabilities can make to their companies.

Housing

Population growth and low interest rates make the housing market in Clark County strong. The median price of a home is now \$275,000. The median family income in 2015, based on federal data in the Portland Metropolitan area, was \$73,900. Washington State Office of Financial Management estimates for Clark County alone that the median income was \$59,341. Rents have continued to rise and now average \$851.50 per month for a 1-2 bedroom unit. A national publication expressed concern that people with disabilities are now being priced out of the housing market.

Vacancy rates in apartments were reported in the fall of 2014 to be at 2.3% among one of the lowest in the state. Vacancy rates below 5% tend to drive prices up and affordability down.

Affordability has been an issue for all county residents for many years, particularly those who have low (50% of median income) or very low (30% of median income) incomes. Most adults with developmental disabilities have stable, low or very low incomes, making affordable, safe, and sometimes accessible housing a significant issue.

During previous Comprehensive Plans, there was consistent effort to increase the affordable and accessible housing stock available to people with developmental disabilities. In the fall of 1997, this housing stock was increased with the opening of Teammates Condominiums. These eight units are both affordable and accessible. They represented a unique public/private partnership between families, young adults with disabilities, and housing financiers. Since that time several additional projects, including Teammates II, Condo E, and others have been developed. Cascadia Village opened January 2004 and includes more opportunities for home ownership. In spite of the progress that has been made, affordable, safe housing continues to be an increasing concern for people with disabilities.

Transportation

Public transportation in a variety of forms is critical to individuals with developmental disabilities and their families. Most adults with developmental disabilities do not drive and are therefore dependent on public transportation to get to work, to school, to reach recreation/leisure opportunities, to shop, and carry on any activity in the community. While many individuals use the fixed route buses very successfully, others need a more specialized and supportive service to get from place to place. The Clark County Public

Transportation Benefit Area, otherwise known as C-Tran, began countywide service in 1981. Boundaries of this area were changed in 2005 to exclude some unincorporated areas of the county.

Fixed route service is provided in urban areas, and some rural areas, as well as a commuter service to Portland, Oregon. The commuter service connects directly to Portland's fixed route and light rail systems.

C-Tran buses are bicycle rack-equipped and lift-equipped on all Clark County routes. The use of lift activations for wheelchairs and scooters, as well as the bicycle rack usage increased substantially as soon as these features became available. The use of fixed route service should be encouraged as much as possible.

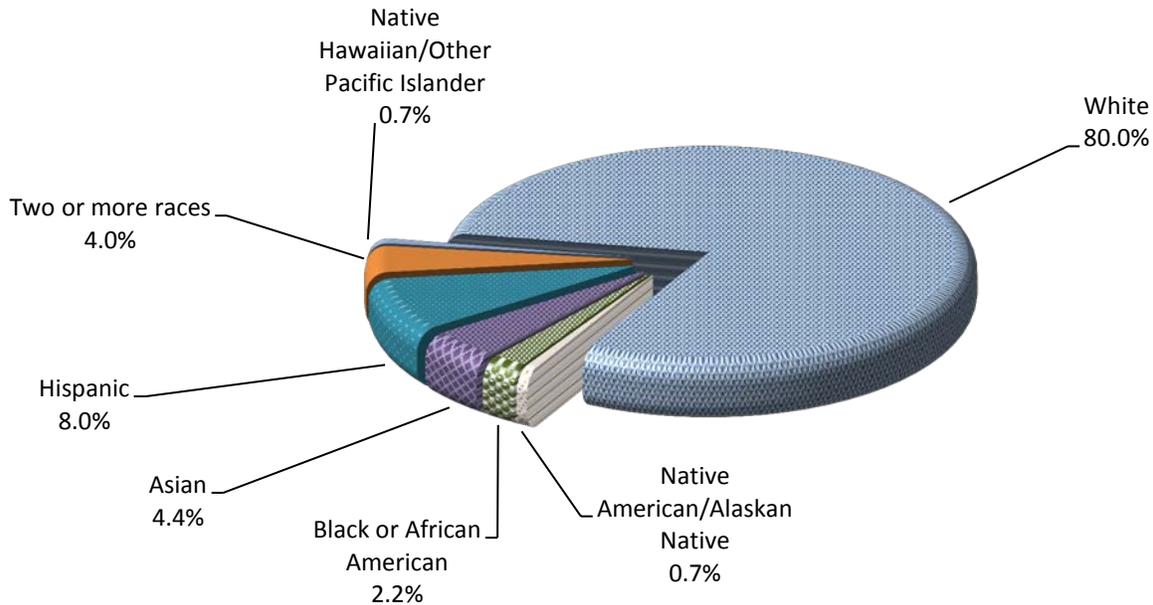
Demand Response is a combination of ADA complimentary service (C-Van) Dial-A-Ride, Connector and Amtrak service. Specialized service has been operating since 1983 and is in part a door to door or curb to curb service that parallels C-Tran. The ADA portion is designed for individuals who are elderly or have a disability and who are unable to ride the fixed route buses. In 2015, Demand Response provided 247,762 passenger rides and traveled over 1,541,042 million miles. This service grew 5.68% in 2015 and at this rate is unsustainable over time. Even so, the need and requests for this service is expected to continue to grow as the economy improves, the county's population ages and people with disabilities continue to be increasingly employed in community businesses and active in community events.

C-Tran has redesigned its mobility training service. As a means of increasing efficiency, this service has evolved to a "train the trainer" model. Caregivers, families and others are all encouraged to learn how to train individuals to use the public transit system.

C-Tran's growth has flattened mainly due to falling gas prices. During 2014, C-Tran provided 6,061,350 rides. Lack of current service to some areas in the county has been a consistent problem both for individuals with disabilities living in the rural areas of the county and for businesses that would otherwise hire individuals with disabilities. In the fall of 1999 Initiative I-695 passed and this reduced C-Tran's revenue by 40%. Continued budget short falls and cuts have further stretched the transit budget. The agency with significant community input has tried to minimize the impact of the cuts. Some service reduction has taken place in several waves of service redesign and restructuring. New service models are being tried in areas where fixed route service has been reduced. C-Tran passed a local tax in 2006 & 2011 which helped significantly.

Ethnic Diversity

After steady increases in ethnic diversity, Clark County has remained fairly flat in terms of ethnic diversity. The chart below reflects ethnic diversity in 2015.



*OFM 2015

Disabilities

Three out of every one-hundred people or 3 percent of the population (i.e. 13,555 Clark County residents in 2015) have some kind of disability according to national prevalence formulas.

Approximately 8,088 people (1.7 percent of the total county population in 2015) have a severe disability and would be eligible for developmental disabilities services.

Community Strengths

Clark County has a rich variety of strengths and resources. A major asset is its location. The county offers a smaller, quieter lifestyle while being in close proximity to the major city of Portland, Oregon. Being a geographically small county, most areas whether urban, suburban, or rural are within a short distance of each other and people are fairly familiar with all of the areas in the county.

There continues to be a growing awareness of community in Clark County. There are active Neighborhood Associations in Clark County. These groups have access to government officials, recognized places to bring concerns, and opportunities to solve

their own problems. Even in this time of limited resources, neighborhood associations continue to be an active force in this community.

There are numerous other associations throughout Clark County that mobilize the capacities of individuals. Leadership Clark County is an example of an association created to identify and empower people to participate in the community. It provides an opportunity to identify and mentor community leadership. There are a variety of other service organizations, churches, youth sports groups, clubs, and political associations that are also active. These associations, together with the efforts of local individuals, are the basic community building resources in the county.

Along with individuals and local citizen associations, Clark County has a vast array of public, private, and non-profit institutions. Institutions such as Clark College, Washington State University, Peace Health Southwest, Legacy Salmon Creek, Fort Vancouver Regional Library, police and fire departments, school districts, Chambers of Commerce and local governments represent a significant concentration of resources. Many of the leaders of these institutions locally lead their organizations to contribute to the social, physical, and economic health of this community.

During the next five years some of the focus of this plan will be to find ways for people with developmental disabilities to increase participation in the local associations and institutions. Whether through their jobs, education, joining clubs or churches, or through youth activities people with disabilities have the desire and ability to make unique contributions to their local community.

Community Partnerships

The ability of groups in Clark County to work together for local solutions to local problems is one of the community's greatest assets. Some examples of broad community partnerships can be found in all segments of the community.

Community partnerships have become critical to children and adults with developmental disabilities. Clark County's tremendous population growth, increased demand for services, and the reality of reduced public funding make the need for expanding these partnerships essential.

Collaboration between the county and schools has insured the opportunity for access to early intervention services for all children birth to three and their families. It has also expanded service options for these children and eased the transition for families to school district programs while maximizing the resources available to both systems.

For the last ten years, the county and most local school districts have partnered to improve the outcomes for students with developmental disabilities transitioning from special education. As school districts became increasingly aware of the adult system and strategies for employment, better plans and outcomes have been developed for

these young adults. Future partnerships will need to include an expanded access to higher education for some individuals with developmental disabilities.

Partnerships with the local business community have expanded the availability of community based jobs for adults with developmental disabilities. Employers are increasingly aware of the positive contributions that people with disabilities can make to their businesses. These employers in turn often promote further hiring with other businesses. Major companies, small business, and government agencies are all involved and this is expected to continue.

Public Policy

External During the last 50 years major policy shifts have occurred. There have been significant changes in the way services and supports are provided to people with developmental disabilities and their families. Few other human service fields have experienced as great a rate of social, educational, and technological change. The following represent the external policy changes that have had the most impact on local services and the local service system:

1959 **Epton Act**

This act was sponsored by Kay Epton and established Epton Centers for community educational training and group living options in the State of Washington. It was the beginning of community services in Washington State. Funding began in 1961 for educational centers and group homes.

1967 **Washington State System for Developmental Disabilities**

Washington State adopts a system of state and county services. State services are associated with institutions and county services with community based supports

1974 **Division of Developmental Disabilities Established**

Washington State established a separate division of the Department of Social and Health Services to carry out the intent of legislation for people with developmental disabilities. This included the development of community services, which was a major change from the service delivery system that had been offered in institutions.

1975 **Education for All Act - Public Law 94-142**

The federal law mandating public education for everyone has perhaps had more impact than any other single policy change. Individuals with developmental disabilities no longer had to be institutionalized in order to receive formal training or educational opportunities. The trend quickly moved toward maintaining children with their families in their communities and developing services for adults so that they might also be able to live in local communities. Washington State's mandatory education law preceded this federal law.

1982 **Employment Instead Of Activities**

In 1982, Washington State took the position that most people with developmental disabilities could work and could earn wages. It was required that services funded through the state be work oriented. Activity centers and living skills training which were to prepare people to enter sheltered workshops were no longer eligible for funding. Sheltered workshops that provided people with contract work were expanded and developed throughout the state.

1983 **Habilitation Rights Act**

Washington State legislature in 1983 passed a law requiring that to the extent funds are available, every eligible individual with developmental disabilities be provided adequate habilitative services. Habilitative services include employment, education, vocational habilitation, therapy and related services. This law made vocational/day program services available to all to the extent that funds were available.

Title XIX Waiver

Federal policy shifts toward community based services allowed states to use Title XIX dollars for community services. Previously these dollars could only be used in institutions. Waivers are limited to an approved number and must be agreed upon by the federal funding agency.

1985 **U.S. Department of Education, Office of Special Education and Rehabilitative Services and the Department of Health and Human Services**

Funding was appropriated at that time to assist 27 states in converting large portions of their service systems to supported employment. Washington State received one of the first grants to stimulate employment in normal work settings.

The Developmental Disabilities Act

This legislation augmented the funding for the 27 states to convert to supported employment. Grants to the states were for demonstration projects and business development.

1986 **Rehabilitation Act Amendments**

Amendments to this act provided Title 6-C funds for all states to participate in supported employment. A major outcome of this funding has been to elevate the expectations for people with developmental disabilities across the nation.

Amendments to Social Security Act

By 1986 it was consistently demonstrated through a program called Supported Employment that people with developmental disabilities could work in regular jobs in the community when the appropriate supports were provided. They could be successful as well as more economically independent. National policy made a dramatic shift at this time with the passage of amendments to the Social Security Act that provided incentives for working to individuals receiving Supplemental Security Income (SSI). In addition, individuals who became employed in the community were no longer at risk of losing Medicaid coverage.

Washington State System Change

Following the federal change in policy, the state notified counties, in the fall of 1986, that the state of Washington was making a systems change by converting 34 percent of its existing system to Supported Employment. This was to be done during the 1987-1989 biennium and counties were also expected to make that change. Not only did this represent a policy change to Supported Employment, but it also represented a change for people with developmental disabilities toward an opportunity for more individualized supports and more consumer choice. The goal of 34 percent was exceeded by both Washington State and Clark County.

Amendments to the Education for All Act 99-457

This legislation provided substantial incentives for states to provide comprehensive, coordinated services to children birth to six and their families. Although Washington State has had mandated services for 3-5 year olds since 1984, children birth to three have traditionally been served by developmental disabilities services alone. The focus of this legislation shifts the emphasis of services to supporting and empowering families while encouraging collaboration at the community level.

1989

Institutional Downsizing

The Washington State legislature in 1989 also made a major policy shift when it decided to implement a plan for downsizing Washington's institutions for people with developmental disabilities. This plan was in response to the federal decertification of one institution and probable future certification problems in others. Persons leaving state institutions are to be funded for the supports they need in the community for successful integration. The decision to not increase the resources in the institutions represents a change in Washington's service delivery system.

State Run Community Residential Services

The Department of Social and Health Services, Division of Developmental Disabilities, embarked on a plan to develop community based residential services run by state employees. This policy change has the potential to collapse the current system of private providers that has contracted with the state for many years. Although there is tremendous community opposition to this decision, the department proceeded to make this policy change. Legislation set limits on the number of state operated services that could be developed during 1990.

1990**Americans with Disabilities Act**

This legislation addressed civil rights issues of all persons with disabilities. It focuses mainly on employment, public accommodations, transportation, and communication. Under this act if a person with disabilities is qualified to do a job, an employer cannot refuse the person due to disability. Employers are required to make certain job modifications and possibly communication services are to be required of employers. All public accommodations have to be accessible. Publicly funded transportation is required by a certain date to have all bus purchases be accessible.

IDEA

Congress amended the Education of the Handicapped Act while reauthorizing its discretionary programs for five years. Renamed the Individuals with Disabilities Education Act (IDEA), the special education law puts new emphasis on meeting the needs of minorities with disabilities, improving personnel recruitment and retention, and advancing early intervention services. IDEA now mandates that schools help students with disabilities plan for when they leave school, and authorizes a one-time grants program aimed at improving transition services. Individuals with Disabilities Education Act, P.L. 101-476.

1992**Rehabilitation Act Amendments**

In 1920 the federal-state vocational rehabilitation program was established. On many occasions this act has been revised to improve the range of vocationally related services available to people with disabilities. The Rehabilitation Act of 1973 had its most recent reauthorization and amendments in 1986.

Congress in 1992 again reauthorized and revised the programs established by the Rehabilitation Act of 1973. Some of the intended outcomes of the revisions are:

1. To improve the functioning of the vocational rehabilitation system by streamlining access, expanding services to those people with the most severe disabilities, improve interagency relationships and increase the involvement of the business community.
2. To promote the independent living philosophy.
3. To increase the choice and involvement of people with disabilities.
4. To increase the accountability and quality of services at all levels.

County Guidelines

The combined efforts of the state, counties, vendors, and citizen groups produced guidelines for counties that provide a vision for promoting the inclusion of people with disabilities into community life. They provide a foundation for the planning each county is required to do and finally provide strategies for using state and local funds as well as personal influence to achieve the desired benefits. All activities being evaluated are based on the benefits of: Power & Choice, Relationships, Status/Contribution, Integration, Competence, and Health & Safety.

The Legislative Budget Committee (LBC)

The Legislative Budget Committee (LBC) was authorized to do a three-part study of the Division of Developmental Disabilities, with its final recommendations being offered in January 1993. The study focused primarily on the residential needs of people living in institutions (RHCs). The study concluded that many people could move out of the RHCs and that they would have better lives. They also found it was much more cost effective for people to live in the community.

1993

School-To-Work Opportunities Act

This legislation is a vision for what will be available to all students. It lays out the components that programs must include in order to receive funding: Work-based learning, school-based learning, and connecting activities. Programs including these basic components are funded through state implementation grants, federal implementation grants to partnerships, and federal grants to programs in high poverty areas. These components must be coordinated, with work and school-based learning integrated.

Washington Education Reform

The Washington State Legislature passed legislation that encourages schools within local school districts to apply for funding that changes how education is delivered in that building. It encourages innovation and reform for better educational outcomes for all students.

Closure of Interlake School

The budget for the State of Washington during 1993-1995 required the closure of this state institution. Families were allowed to choose movement into the community or another state institution. This was the first of Washington's RHC's (institutions) to close. Parts of other RHC's were converted to nursing homes to reduce costs. Closure of this RHC began a direction already taken by many states toward services in the community for all persons with developmental disabilities.

1994**Initiative 601**

This Initiative passed at the 1994 General Election, sets spending limits on General Fund State dollars in Washington State. The limit is calculated using a set of factors including population, personal income, previous spending, etc. Annual budgeting is required so that the Office of Financial Management can adjust the limit for each fiscal year as directed by the law. Funds that are not expended during the fiscal year revert to the General Fund and reduce the state spending limit for the next fiscal year.

1995**SB 5800**

This legislation passed in the State of Washington during the 1995 Legislative Session. It became effective July, 1995. It shifts funds as available from state institutions to services in the community. The entire budget has to be in balance for this to happen, but it again sets some policy direction and potentially some future fiscal directions.

Managed Care Feasibility Study

The State of Washington budget for 1995-1997 required the Division of Developmental Disabilities to conduct a study of how a managed care environment might impact services for people with developmental disabilities. The study is underway and small projects are being implemented in many parts of Washington State.

1996**Family Support 96**

Beginning July of 1996 significant changes are to take place in the current Family Support Program. The program will be changing from a long-term to a short-term method of service delivery. There will be movement away from a system driven by out of home placement requests and there will be more use of community and natural supports. The intent is to increase access and flexibility while building on the support systems that many families already have. Over time all Family Support will be converted to this new system.

1997 **IDEA Reauthorization**

(See Appendix) IDEA, also known as Individuals with Disabilities Education Act (1991), is the amended version of the Education of the Handicapped Act (1975). It was reauthorized in May of 1997. Several assaults had been made on this law by a variety of groups prior to its final reauthorization.

The law currently requires local school systems to provide a free appropriate education for children with disabilities. Federal funds are available to states for elementary and high school education only after a state has a federally approved plan for educating children with disabilities. In addition, IDEA requires participating states to establish specific administrative procedures by which parents or legal guardians may challenge the identification, evaluation, or educational placement of the children. Requirements of the law are conditions of federal assistance or duties arising from participation in this voluntary federal program.

IDEA has provided millions of students with disabilities access to a free and appropriate education, but the law imposes significant costs and administrative burdens. Although IDEA currently includes a provision authorizing the federal government to pay up to 40 percent of services to be provided under the law, only about 8 percent is currently appropriated. The law also limits the flexibility of states and local governments to combine IDEA funds with other funding streams to meet the unique needs of their children.

The resolution of disputes under the Act also has become overly litigious and has added to implementation costs. Currently, local agency decisions may be challenged in either state or federal court. Changes that have actually been made to IDEA for the most part reinforce the commitment to educate all children. Federal funding for schools and special education will actually increase to more approach the original commitment made in the law. After a certain level school districts will be allowed to shift up to 20 percent of their state funding as long as all children with disabilities are served.

Students in special education who have challenging behavior or who could be a safety risk to themselves or others can now be served in an alternative way for up to forty-five days. This section can be a problem if it is misused or the nature of a students' disability is not clearly taken into consideration by staff.

The Arc, as well as the Consortium for Citizens with Disabilities Education Task Force, have examined the reauthorization and found it to be "fair and balanced," and that it will "maintain the right to a free, appropriate public

education for all children with disabilities.” The bill strengthens parental participation in all aspects of IDEA and it provides essential supports to parents and school personnel through training, technical assistance and research activities. The bill also reduces the paperwork burdens for schools, and will reduce the need for litigation because of a new focus on alternative dispute resolutions.

1998**SSB 6751:** Highlights from the bill include:**Section 1:**

The intent of the law is to provide individuals with developmental disabilities, in partnership with their families and guardians, a complete range of choices as to where people with disabilities live...allowing to the maximum extent possible, that they not have to leave their home or community.

This intent affirms the policy of a complete array of options, including community services and residential habilitation centers. It also continues the policy to support individuals with developmental disabilities to live in their own communities whenever possible. It is the first time in state policy that the concept of "choice" by the individual and guardian is recognized and there is an expectation that publicly funded services be responsive and of reasonable quality.

Section 3:

Eligible people with developmental disabilities, whether they live in the community or RHC's, should have the opportunity to choose where they live. The RHC's are maintained at current level until June 30, 2003. To fill any vacancies under that limit, an adult must have an assessed need that requires the funded level of resources provided by RHC's. *This allows the restricted choice of admittance to RHCs for only those who have severe needs.*

RHC admittance may not be offered unless an appropriate community support service is also offered.

Community support services must be paid by funds specifically designated in the budget. When these funds are exhausted, the department may not offer admittance to an RHC.

Section 4:

From now until June 30, 2003, DDD will develop an outreach program to make all eligible clients and applicants aware of all service options.

Section 7:

DDD was to identify all persons with developmental disabilities who are eligible for services and whether they are served, unserved, or

underserved. DDD gathered data on services and supports required by people with developmental disabilities and their families and the cost of providing those services.

The information gathered will be used by DDD, with the participation of a DDD Stakeholders work group to develop a long-term strategic plan in three phases beginning December 1, 1998, December 1, 2000, and December 1, 2002. The plan must include budget and statutory recommendations intended to secure for all persons with developmental disabilities the opportunity to choose where they live and the supports they need.

Section 8:

The DDD Stakeholders group was established to develop recommendations on future directions and strategies for service delivery improvement, including an agreement on the respective roles of the RHCs and community support services, focusing on resources for people in need of services.

1999

Work Incentives Improvement Act of 1999

The Work Incentives Improvement Act allows people with disabilities to keep their healthcare buy-in into Medicaid. People with disabilities no longer have to choose care when they return to work. WIAA will also modernize the employment services system by creating a “ticket” that will enable Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) beneficiaries to go to any of a number of public or private providers for vocational rehabilitation.

Reaffirmation of County Guidelines

The state of Washington counties re-issued the County Guidelines. This reinforced the commitment of both the state and county values and quality indicators depicted in this document.

The Olmstead Decision

The Olmstead decision is a landmark case for people with disabilities that upheld the right of people to live in the least restrictive setting appropriate to their needs. Two Georgia women whose disabilities include intellectual disability and mental illness brought the Olmstead case against the state of Georgia. At the time the suit was filed, both plaintiffs lived in state-run institutions, despite the fact that their treatment professionals had determined that they could be appropriately served in a community setting. The plaintiffs asserted that continued institutionalization was a violation of their right under the ADA to live in the most integrated setting

appropriate. The State of Georgia continued to appeal the decision at each level. In 1999, the Supreme Court upheld the lower court finding that states must administer their services, programs, and activities “in the most integrated setting appropriate to the needs of qualified individuals with disabilities.”

The court stated directly that “Unjustified isolation...is properly regarded as discrimination based on disability.” It observed that “institutional placement of persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life.”

Washington: The Arc of Washington State et al. v. Lyle Quasim et al.

Filed in November 1999, this class action complaint alleges that Washington is in violation of federal Medicaid law and the ADA by failing to provide Medicaid long-term services with reasonable promptness to otherwise eligible individuals with developmental disabilities. The complaint alleges that there are several thousand individuals with developmental disabilities in need of Medicaid funded services or current Medicaid recipients who would benefit from additional services.

In rulings thus far in this litigation, the District Court has determined that: (a) eligibility for ICF/MR services does not suffice to establish an entitlement to HCB waiver services and (b) Medicaid law in fact does require services to be furnished with reasonable promptness. In December 2000, the Court granted the state’s motion for a summary judgment to deny the plaintiff’s ADA claims. The plaintiffs had claimed that the ADA requires that, if a state makes MCB waiver services available to some individuals with disabilities, it must furnish such services to all similarly situated individuals. The Court ruled that the ADA is not a basis for ordering a state to increase its limit on the number of individuals who may receive HCB waiver services because such an order would require the state to make a “fundamental alteration” in its services. The Court also ruled on three other motions.

The plaintiffs have indicated that they intend to raise two additional issues: (a) that current HCBS waiver participants are not receiving all services to which they are entitled and (b) persons who are eligible for ICF/MR services have not received them with reasonable promptness.

At present, the court has ruled that the agreed upon settlement should not stand. Litigation is expected to continue in the fall of 2003.

2002 Engrossed Substitute Senate Bill (ESSB) 6387

The Social Security Administration (SSA) administers the state's Mandatory State Supplementary program. The payment amount is determined by the Minimum Income Level (MIL) established at the time of the conversion in December 1973.

Beginning July 2002, pursuant to Engrossed Substitute Senate Bill (ESSB) 6387, the state administered its Optional State Supplementary Payments (SSP) for Blind, Aged or Disabled individuals eligible for services from the Division of Developmental Disabilities (DDD). SSA continues to administer the Optional State Supplementary Payments for Blind, Aged or Disabled individuals with an ineligible spouse. This plan applies only to those Blind, Aged or Disabled individuals eligible for services from the Division of Developmental Disabilities. The plan for individuals with an ineligible spouse is separate and is managed by the Economic Services Administration of the Department of Social and Health Services.

As of June 25, 2002, the eligibility criteria for the Developmental Disabilities State Supplementary Payment program are as follows:

- Be a client of DDD AND
- Be eligible to receive a Supplemental Security Income (SSI) payment, AND
- Must have received a state-only funded DDD service (Residential, Voluntary Placement, Family Support or High School Transition (employment or other day program) in the prior year and still be in need of this service.

The amount of money available in each client's SSP will vary according to the service or support need of the individual. The exact amount will be determined by DDD, but it will be based on the prior year's expenditures for the state service needed by the SSP recipient.

For persons receiving Residential, Voluntary Placement, or High School Transition Programs, SSP payments will be based on the amount of state dollars paid for the service(s) in the prior year, as adjusted for rate increase or decreases in the current year. A client will be required to demonstrate his or her continued purchase of needed residential, voluntary placement or employment or day program services in order to continue to receive SSP. Funds for employment or day program services must be spent on county contracted services.

The federal government did not support part of this method of payment. Funds for employment and day program services were removed from SSP and now fall under state regulations.

2004 Fircrest Downsizing and RHC Consolidation Alternative – Closure Plan**Background:**

In the last 30 years, the focus of services addressing the needs of individuals with developmental disabilities has shifted from institutional settings to community based settings. The change in focus is reflected by the growth of the community segment of the program serving individuals with developmental disabilities from 1994 to 2003. Fircrest and Region 4 have pursued a community discharge process both before and after the 1999 U.S. Supreme Court decision known as Olmstead. The trend since 1994 has resulted in a declining census at Fircrest. This biennium, the Washington State Legislature directed DSHS to downsize Fircrest further and to consolidate vacancies across all Residential Habilitation Centers (RHC).

Closure Plan

A closure option has been developed for Fircrest residents. The plan for implementing this option, if it is selected by the Legislature, has four phases:

- 1) Planning activities from July 2005 to December 2005;
- 2) Close cottages at the rate of 3 every 4 months beginning in January 2006 and ending in March 2007;
- 3) Facility closure activities from April 2007 to June 2007; and,
- 4) Property caretaking from July 2007 until property is put to an alternative use.

Clients would be transferred to one of the other RHCs or to a community placement option.

Supports would be provided to clients, parents/guardians, and employees during the transition to closure.

Placement of Fircrest Residents

Under this option, the estimated 204 residents of Fircrest, 96 ICF/MR and 108 Nursing, would be moved into either:

- Cottages at Lakeland Village, Rainier, or Yakima Valley,
- DDD Supported Living Programs, or
- Programs that can meet the nursing needs of residents, e.g. Adult Family Homes and/or Nursing Homes.

**DDD Clients
Changes from 1994 to 2003**

	1994	2003	% Change
Total	20,163	32,360	60%
Community	18,834	31,354	66%
RHC	1,329	1,006	(24%)
Fircrest	390	256	(34.4%)

NOTE: As a result of Legislative downsizing in The current biennium, Fircrest should reach a Census of around 190 residents.

Division of Developmental Disabilities Waiver Plan

Background and Status of Previous Waiver (CAP)

The centers for Medicare and Medicaid Services (CMS) 2002 review of the Division’s Community Alternatives Program (CAP) waiver raised a variety of issues concerning management and operation of the waiver. CMS was concerned that:

- Waiver recipients were being denied access to needed services based on funding limitations; and
- People were placed on the waiver to obtain state plan services. This concerns waiver enrollees who are at 300 percent of the Federal Poverty Level (FPL) and who require state plan Medicaid Personal Care services, but use no waiver service.

The CAP waiver ended March 31, 2004. Effective April 1, 2004, the Department began offering services under the four new waivers described below.

Four New Home and Community Based (HCBS) Waivers

To address the issues cited by CMS, the Department will offer services under four targeted waivers – *Basic, Basic Plus, Core and Community Protection* – each with specific limits on benefits, services and enrollees.

- Personal care will be offered as a waiver service to enrollees in lieu of state plan Medicaid Personal Care
- Current enrollees were initially placed on one of the four waivers based on their level of service use in the prior CAP waiver.
- All of the waivers are at capacity enrollment.

County Services for Working Age Adults Policy

Washington has had much success in providing supported employment services to assist individuals with developmental disabilities in becoming gainfully employed. Gainful employment results in individuals with

developmental disabilities earning typical wages and becoming less dependent on service systems. In addition, employment provides the rest of the community with the opportunity to experience the capabilities and contributions made by individuals with developmental disabilities.

In December 2000, the Division of Developmental Disabilities (DDD) submitted the *Strategies for the Future Long-Range Plan Phase II Report* to the Washington State Legislature. This report includes the recommendations of the Stakeholder Workgroup regarding adult employment and day program services. The Stakeholder Workgroup recommended persons of working age should be gainfully employed, participating and contributing to community life, using a variety of strategies to reach this status in the community. Specifically, the report states:

“Pathways to Employment: Each individual will be supported to pursue his or her own unique path to work, a career, or his or her contribution to /participation in community life. All individuals, regardless of the challenge of their disability, will be afforded an opportunity to pursue competitive employment.”

This policy establishes employment supports as the primary use of employment/day program funds for working age adults. The policy establishes guidelines for Case Resource Managers (CRM) and Counties to follow when authorizing and offering services to working age adults, ages 21 to 62.

Policy:

- A. Supports to pursue and maintain gainful employment in integrated settings in the community shall be the primary service option for working age adults. CRMs, in conjunction with county staff, will provide each DDD enrolled individual with information about the policy and be available to answer questions to assist individuals to understand the policy.
- B. Counties will develop and make available services that offer support for individuals to pursue or maintain gainful employment, including support and technical assistance to achieve integrated employment outcomes.

DDD Field Services staff shall authorize services to working age adults that support the individual to pursue and maintain integrated, gainful employment. Services for persons under the age of 62 that do not emphasize the pursuit or maintenance of employment in integrated

settings can be authorized only by exception to policy. Adults approaching retirement age, or over the age of 62, will continue to have the option of receiving support to pursue and maintain gainful employment

2005**Caring for Washington Individuals with Autism Task Force**

The Caring for Washington Individuals with Autism Task Force was created by Senate Bill 5311 during the 2005 Legislative Session to study and make recommendations to the legislature regarding the growing incidence of autism and ways to improve the delivery and coordination of autism services in the state. The Department of Health is the lead agency in providing staff for the work of the task force. The final report and recommendations on how to best prevent, identify, treat, and accommodate the needs of individuals with autism and their families has been completed and submitted to the Governor and the 2007 State Legislature.

Money Follows the Person

Money Follows the Person passed as part of the Deficit Reduction Act (DRA) of 2005, the Money Follows the Person Rebalancing Demonstration Grant assists states in their efforts to reduce their reliance on institutional care while developing community-based long-term care opportunities, enabling people with disabilities and senior citizens to fully participate in their communities. The Congressional Budget Office estimates that the \$1.75 Billion in funding for MFP may assist as many as 100,000 people to return to the community!

Under MFP, to be implemented on January 1, 2007, the federal government will pay for 75% to 88% of the associated long-term cost of transitioning individuals out of nursing homes and into community settings. Although Washington State was awarded one of the first grants, it will be primarily used for people who are in the Aging and Adult Services System.

2006**IDEA Regulations Announced**

New IDEA regulations were announced-Part B of the Individuals with Disabilities Education Act. The final regulations further the president's goal that no child including each and every one of America's many students with disabilities is left behind, by aligning the regulations with the No Child Left Behind Act, there is a new focus on ensuring that students with disabilities are held to high expectations.

2007 Autism Task Force 2007 Report to Governor and Legislature

The Autism Task Force has completed its' report detailing development of implementation plans, including cost estimates for its' top priority recommendations. From the time the legislature brought the task force together in mid- July, they had 3 ½ months to choose and detail several issues. Included in the legislative proviso was the creation of a Washington State Guidebook on Autism, which is in process at the present time and is to be completed by June 30, 2008.

2009 Children's Intensive In-Home Behavior Supports Program

This bill passed by the 2009 Legislature creates a program for 100 children with intense behavior needs. It provides supports and services with the goal of avoiding disruption to families and the need for out of home placement.

2011 Consolidation of Residential Habilitation Centers

As the request for services in Residential Habilitation Centers (RHC) has continued to decline, there has been continued pressure to consolidate the five institutions that remain in Washington State. In the last 10 years there have been 37 studies of RHC's, the last one completed in 2009 recommending consolidation and closure and a schedule to accomplish that. The 2011 Legislature did change the number of RHCs in Washington State. One will close by December 31, 2011. People currently living there will be given the choice of moving to a community residential placement, a state operated residential placement, or one of three remaining institutions. The second facility impacted will no longer be taking admissions except for respite care. When that facility reaches a census of 16, it will be converted into two state operated living alternatives on the current property. The 2011 Legislature also stops the admission of children under the age of 16 into state Residential Habilitation Centers. Young people 16-21 may be placed there for short term crisis stays, but no permanent admission.

Employment and Day Program Change

Three major changes were made to the Employment and Day Program system, which in Washington State is administered jointly by counties and the state. They are as follows: 1) Adult Day Health will become a COPEs waiver option. This would mean that many families would have to choose whether to be on a Developmental Disabilities Waiver or an Aging and Disability Services Waiver. About 60% of the individuals who have developmental disabilities and who are receiving Adult Day Health are unserved by county programs. It is not clear whether they would like to

have county employment and day program services or not since waiting lists for employment services are long and young people exiting the public school system have been the priority for over 10 years. 2) For people with developmental disabilities, after nine months of participation in employment supports, individuals will be offered the option of continuing employment or receiving community access services. This is a dramatic departure from the Working Age Adult Policy which has been in effect since 2004. A statewide work group has been appointed to develop enhancements to the current Community Access program. Individuals will always have the opportunity to return to employment services if they desire.

3) An additional workgroup was mandated to explore the development of an adult day care option. This policy decision explores setting up programs that have not been supported in Washington State since before 1982. It would allow for the congregating and segregating of individuals much like the RHCs. These potential changes come at a time when funding for employment and day programs is further reduced.

2012

Employment First

Senate Bill 6384 is a measure that reinforces Washington's employment first policy for people with developmental disabilities. It stipulates the following:

- ◆ Directs the state to work with counties and stakeholders to strengthen and expand existing community-access programs that integrate disabled people into their communities, as well as support independent living and skills.
- ◆ Requires that individuals 21 years of age and older be enrolled in supported employment for nine months, at which point they would be offered the choice of transitioning to community access programs.

Employment programs in Washington help people with developmental disabilities earn over \$40 million in wages each year. For every dollar invested there is a return to taxpayers of \$1.46. To maintain federal matching dollars for these programs Washington must continue in the same direction as the federal government, which is employment-focused.

Employment – Federal Agencies Sign Agreement to Promote Employment First

The U.S. Department of Labor's Office of Disability Employment Policy and the U.S. Department of Health and Human Services, Administration on Intellectual and Developmental Disabilities (AIDD) have announced a new memorandum of agreement (MOA). Under the MOA, the agencies will collaborate to expand and promote integrated employment as the first

employment option for individuals with significant disabilities, including intellectual and developmental disabilities.

National Association of Governor's 2012/2013 Initiative: A Better bottom Line: Employing People with Disabilities

This initiative aims to increase employment among people with disabilities, specifically those with intellectual and other significant disabilities. It focuses on the role that both state government and business can play in facilitating and advancing opportunities for individuals to be gainfully employed in the competitive labor market.

Government, business, the general public, individuals with disabilities, and families all stand to benefit from increased employment of people with disabilities and have shared responsibility in reaching the goal. Governors and other policy makers will be provided better policy options to assess the impact on the environment in their state. Business leaders, governors, disability leaders and others will be brought together to share ideas and strategies to move forward with this initiative.

Executive Order 13548 -- Increasing Federal Employment of Individuals with Disabilities

As the Nation's largest employer, the Federal Government must become a model for the employment of individuals with disabilities. Executive departments and agencies must improve their efforts to employ workers with disabilities through increased recruitment, hiring, and retention of these individuals. My Administration is committed to increasing the number of individuals with disabilities in the Federal workforce through compliance with Executive Order 13163 and achievement of the goals set forth therein over five years, including specific goals for hiring individuals with targeted disabilities. – President Obama

National Disability Rights Network

Beyond Segregated and Exploited-an update on employment of people with disabilities. This report by the National Disability Rights Network examines the ability of sheltered workshops and other segregated employment settings to meet the needs of workers with disabilities. It found that those systems prepare workers for nothing and often leave people impoverished. This resulted in a call to action by the National Disability Rights Network and the Protection and Advocacy Systems they represent in Washington D.C.. They are now taking action to “end segregated work and sub-minimum wage, as well as further exploitation of workers with disabilities.”

2013 **Department of Justice and the State of Oregon**

In March of 2013, the United States moved to intervene in the class action lawsuit, *Lane v. Kitzhaber*, No. 12-cv-138 (D. Or.). The complaint in intervention alleges that the State has violated Title II of the ADA and Section 504 of the Rehabilitation Act by unnecessarily segregating thousands of individuals with intellectual and developmental disabilities (IDD) in sheltered workshops, and by placing them at risk of such segregation, when they could be served in integrated employment settings. Individuals who are at risk of unnecessary segregation include youth with IDD who are referred for admission to sheltered workshops after graduating from or exiting Oregon secondary schools.

The Department opened an investigation in October 2011 into whether Oregon is violating Title II of the ADA by placing persons with IDD in segregated sheltered workshops when such persons are capable of working in integrated workplaces with appropriate supports and services, i.e., supported employment. The Center for Public Representation (CPR) and Disability Rights Oregon (DRO), along with two private law firms, filed *Lane v. Kitzhaber* to challenge segregated workshop placements under *Olmstead*. On August 6, 2012, the court certified a class defined as “all individuals in Oregon with intellectual or developmental disabilities who are in, or who have been referred to, sheltered workshops” and “who are qualified for supported employment services.” In June 2012, the Division filed a Statement of Interest in support of class certification and issued a Letter of Findings concluding that Oregon’s sheltered workshop system violated Title II of the ADA and *Olmstead*.

TASH Position

TASH-Longtime advocacy organization TASH pushes for administrative actions to reduce reliance on sheltered work. These recommendations were sent to the Health Education Labor and Pensions Committee (HELP), the Department of Education, the Assistant Secretary of Special Education and Rehabilitation, and the Centers for Medicare and Medicaid Services.

Rhode Island Settlement with Department of Justice

In June of 2013, the Justice Department announced that it has entered into an interim settlement agreement with the State of Rhode Island and the City of Providence that will resolve violations of the Americans with Disabilities Act (ADA) for approximately 200 Rhode Islanders with intellectual and developmental disabilities. This first-of-its-kind agreement addresses the rights of people with disabilities to receive state- and city-funded employment and daytime services in the broader community,

rather than in segregated sheltered workshops and facility-based day programs with only other people with disabilities. This agreement was accompanied by an expose on Goodwill that aired on PBS and other conventional news outlets.

State of Washington Executive Order 13-02

Governor Jay Inslee signed an Executive Order “Improving Employment Opportunities and Outcomes for People with Disabilities in State Employment.” This order established a task force to look at assisting state agencies in the recruitment and retention of people with disabilities in state government jobs. It also set a goal of working toward 5% of the state workforce being comprised of persons with disabilities by June 30, 2017.

2014

Workforce Innovation and Opportunities Act (WIOA)

The Workforce Innovation and Opportunities Act (WIOA) reauthorizes the Workforce Investment Act of 1998 (WIA) including the Rehabilitation Act through 2020. Highlights of the Bill include:

- A much larger role for public Vocational Rehabilitation (VR) in transition from school to adult life.
- Efforts intended to limit the use of sub-minimum wage and significantly limit young people with disabilities from entering sheltered work.
- Required agreements between state VR systems and state Medicaid systems, and state intellectual and developmental disability agencies.
- A definition of Customized Employment in federal statute and an updated definition of Supported Employment that includes Customized Employment.
- A definition for “competitive integrated employment” as an optimal outcome.
- A number of disability agencies moving from the Department of Education (DOE) to Health and Human Services, including the Independent Living Program (RSA however, is staying within DOE).
- Enhanced roles and requirements for the general workforce system and One-Stop Career Centers in meeting the needs of people with disabilities.

The implications and impact of WIOA are still being examined, but in general WIOA has the potential for significant advancement in employment for citizens with disabilities.

Congressional Record: Washington State Allies for Advocacy

Entered into the Congressional Record was a Proclamation for the Rights of All Human Beings. Self-advocates in Washington State developed a statement of rights that include housing, community participation, schools, and employment. It also states that in all cases “we always start by presuming competence and the right to grow.”

U.S. v. Rhode Island

On April 8, 2014, the United States entered into the nation’s first statewide settlement agreement vindicating the civil rights of individuals with disabilities who are unnecessarily segregated in sheltered workshops and facility-based day programs. The settlement agreement with the State of Rhode Island resolves the Civil Rights Division’s January 6, 2014 findings, as part of an ADA Olmstead investigation that the State’s day activity service system over-relies on segregated settings, including sheltered workshops and facility-based day programs, to the exclusion of integrated alternatives, such as supported employment and integrated day services.

Presidential Executive Order Raising the Minimum Wage for Federal Contract Workers

Through Executive Order, the minimum wage was raised for workers on new and replacement Federal service, construction or concessions contracts to \$10.10 an hour. The Executive Order covers individuals with disabilities.

Home and Community Based Services Settings Final Rules; The Centers for Medicare and Medicaid Services (CMS)

This final rule establishes requirements for the qualities of settings that are eligible for reimbursement for the Medicaid Home and Community-Based Services (HCBS) provided under sections 1915(c), 1915(i) and 1915(k) of the Medicaid statute. In this final rule, CMS is moving away from defining home and community-based settings by “what they are not,” and toward defining them by the nature and quality of individuals’ experiences. The home and community-based setting provisions in this final rule establish a more outcome-oriented definition of home and community-based settings, rather than one based solely on a setting’s location, geography, or physical characteristics. The changes related to clarification of home and community-based settings will maximize the opportunities for participants in HCBS programs to have access to the benefits of community living and to receive services in the most integrated setting and will effectuate the law’s intention for Medicaid HCBS to provide alternatives to services provided in institutions.

SSB 6387 Community First Choice Option

This bill creates a new Medicaid Individual & Family Services program, adds people to Basic Plus waiver and changes respite provider training requirements to intermittent providers working 300 hours per year instead of 20 hours per month, minimizing the training requirements for certain respite providers. It offers a new Medicaid State Plan option established by the Affordable Care Act (ACA) that allows states to receive an additional 6% on their current federal match for approved services. Effective July 1, 2015 and includes personal care and other enhanced services such as assistive technology, additional skills acquisition, and community transition services.

Achieving A Better Life Experience (ABLE) Act

Federal Legislation passed in December of 2014 which permits states to create programs to benefit individuals with disabilities. These programs are similar to college savings plans and allow individuals to hold up to \$100,000 of their own money in a tax-advantaged savings account with contributions up to \$14,000 per year. This would not affect their eligibility for federal SSI, Medicaid, and other means-tested public benefits.

2015**Individual and Family Services (IFS) Waiver**

The Individual and Family Services Waiver began May 1, 2015. It both converted the old IFS program to a Medicaid Waiver program and expanded the number of people receiving this service. Services include respite, behavior support person centered planning, therapies, specialized medical equipment, transportation, nurse delegation and more. The intent is to support children and adults living in their family home.

New Hampshire Becomes First State to Eliminate Sub-Minimum Wage

In April, New Hampshire became the first state to repeal laws allowing employers to pay workers with disabilities at a rate lower than the minimum wage. This is becoming a national effort to eliminate sub-minimum wage.

Olmstead vs L.C (Oregon Lawsuit).

On December 29, 2015, the United States approved settlement agreement with the State of Oregon to vindicate the civil rights of individuals with intellectual and developmental disabilities (IDD) who are unnecessarily segregated in sheltered workshops, or at risk of such unnecessary segregation. The settlement agreement with Oregon

resolves a class action lawsuit by private plaintiffs in which the Department of Justice moved to intervene in May 2013. The lawsuit alleged that the State's employment service system over-relied on segregated sheltered workshops to the exclusion of integrated alternatives, such as supported employment services, and placed individuals, including youth, at risk of entering sheltered workshops.

As a result of the proposed settlement, over the next seven years, 1,115 working-age individuals with IDD who are currently being served in segregated sheltered workshops will have opportunities to work in real jobs at competitive wages. Additionally, at least 4,900 youth ages 14 - 24 years old will receive supported employment services designed to assist them to choose, prepare for, get, and keep work in a typical work setting. Correspondingly, the State will reduce its reliance on sheltered workshops and implement policies and capacity-building strategies to improve the employment system.

Every Student Succeeds Act

The Every Student Succeeds Act (ESSA) reauthorizes the Elementary and Secondary Education Act (ESEA), also known as the No Child Left Behind Act. The bill was approved with strong bipartisan support. The bill addresses issues such as accountability and testing requirements, distribution and requirements for grants, fiscal accountability requirements, and the evaluation of teachers.

It provides states with increased flexibility and responsibility for developing accountability systems, deciding how federally required tests should be weighed, selecting additional measures of student and school performance, and implementing teacher evaluation systems. The bill requires school districts to consult stakeholders in planning and implementing programs to improve student safety, health, well-being, and academic achievement. ESEA dollars may be used to improve early childhood education programs and specifies requirements to ensure that homeless youth have access to all services provided by the states and school districts.

Disability Integration Act of 2015 Introduced

The Disability Integration Act (DIA) of 2015 was introduced to the Senate Health, Education, Labor, and Pensions (HELP) Committee. This is a civil rights bill intended to address long-term services and supports and to reduce the institutional bias that still exists in Medicaid. The legislation if enacted would require states and insurance providers that pay for long-term services and supports to change policies, provide community-based

services as a primary option and offer home and community-based services to people in institutions.

National Disability Rights Network and the US Department of Labor Sign MOU

The agreement concerns Section 14(c) of the Fair Labor Standards Act which permits employers to pay wages less than the federal minimum wage, after receipt of a certificate from the Department of Labor, to individuals whose earning or productive capacity is impacted by a physical or mental disability for the work that is to be performed. NDRN, made up of the nationwide network of Protection and Advocacy agencies, has for years investigated instances of abuse and exploitation of workers with disabilities by employers, including employers who hold 14(c) certificates. Ensuring proper implementation, oversight, and enforcement of the section 14(c) subminimum wage program is a key component to protecting the rights and preventing the exploitation of workers with disabilities.

The agreement:

- Improves the sharing of information between NDRN, the P&As and the Wage and Hour Division on potential violations of subminimum wage certificates by employers.
- Utilizes the resources, knowledge, and expertise of the P&As on disability issues in each particular jurisdiction, such as locations of suspected wage and hour violations.
- Supports exchanging information about the laws and regulations of common concern to NDRN, the P&As, and the Wage and Hour Division.

2016

Disability Rights Ohio, National Federation of the Blind, and Autistic Self Advocacy Network Celebrate Landmark Decision Ordering Fair Pay from Sheltered Workshop

In a precedent-setting opinion issued by an administrative law judge from the U.S. Department of Labor (USDOL), three clients have been awarded minimum wage going forward and back pay from Seneca Re-Ad, a sheltered workshop run by the Seneca County Board of Developmental Disabilities. The original petition was filed by Disability Rights Ohio (DRO), the National Federation of the Blind, the Autistic Self Advocacy Network, and the Baltimore law firm of Brown, Goldstein & Levy, LLP.

Washington State Developmental Disabilities Administration Guiding Values

In 2015 a work group was formed to review and reaffirm both the Residential and County Guideline. The Developmental Disabilities Administration's Guiding Values combine the previous documents and are the over-arching values regarding how services should be thought of and delivered. These documents reaffirm the following values for people with developmental disabilities and their families: power and choice, inclusion, relationships, status and contribution, competence, and health and safety. These values are how people will be assisted in creating their meaningful life and how services will be measured.