

Strategic Plan
(2012-2014 Version 1)

Virginia Board for People with Disabilities (606)

Agency Plan

Mission Statement

To create a Commonwealth that advances opportunities for independence, personal decision-making, and full participation in community life for individuals with developmental and other disabilities.

Vision Statement

Virginians with developmental and other disabilities direct their own lives and choose how they live, learn, work, and play.

Information Technology

Current Operational IT Investments

Factors Impacting the Current Agency IT

Proposed IT Solutions

Financial Overview

The Board's primary source of funding is its federal grant award from the Administration for Children and Families, an agency under the Department of Health & Human Services. The grant award represents 88% or \$1,498,451 of the agency's total budget. The Board's state general fund appropriation is \$177,927 and is used as the match for the federal award.

The agency also receives annual donations from the Department of Education (\$14,700) to the Youth Leadership Forum, an in-house leadership program for rising junior and senior high school students. This donation is used in direct support of the Youth Leadership Delegates to attend the one week leadership training held at Virginia Commonwealth University.

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	162,964	1,811,765	162,964	1,811,765
Changes to Base	14,963	9,893	16,530	9,893
Total	177,927	1,821,658	179,494	1,821,658

Agency Goals

- Strengthen the role of the Board as a policy leader and advisor to the Governor, Secretary of Health and Human Resources (HHR), General Assembly and executive branch agencies on issues affecting persons with developmental and other disabilities in the Commonwealth.

Goal Summary and Alignment

Policymakers in all branches of government need objective, reliable information and guidance in order to make funding, policy, and program decisions which affect the lives of its citizens with disabilities. The Virginia Board for People with Disabilities is designated by state and federal statute to serve as a policy advisor to the Governor, General Assembly, and other state and federal policymakers. As a non-service providing agency, the Board is able to provide an educated and independent voice regarding the needs of people with developmental and other disabilities in the areas such as early intervention, employment, housing, transportation, and community living. As an advocacy and policy entity whose members are predominantly persons with disabilities and their family members, the Board is uniquely able to collaborate within and outside of state government and to provide valuable input into policy decisions. This goal is directly aligned with the Board's mission and the goals included in its 2012-2016 state plan submitted to the federal Administration on Developmental Disabilities. It is critical for Virginia to identify the most pressing needs of people with developmental and other disabilities and to develop innovative and cost effective ways to meet those needs in a manner that upholds their human and civil rights. Ongoing assessment of the service delivery system and identification of the unmet needs of citizens with disabilities is vital to facilitating system redesign, coalition development, citizen participation and the development of new approaches to services and supports. The Board has a statutory requirement to engage in this initiative and considers it a critical component of its current and future direction. The most recent Assessment (released in July 2011) will guide Board activities for several years. Since the Board's 2006 Assessment of the Disability Services System, it has recommended elimination of the dual system of services. Progress has been made but service fragmentation remains problematic. Services to persons with disabilities continue to be administered in highly compartmentalized systems at both the state and local levels. The establishment of a developmental disabilities (DD) agency in 2009 was a positive step but financial resources did not accompany the policy/structural change and there remains no local mandate to serve individuals who have DD but not intellectual disabilities (ID). Service "silos" exist, in part, because many state agencies have a specific disability constituency determined by diagnosis. Some agencies serve the entire spectrum of disability diagnoses, but have narrow service mandates, e.g., provision of vocational rehabilitation services. In addition, state agencies that do not have a disability focus often lack information, knowledge, and experience with regard to the needs of persons with disabilities. Policymakers recognize that Virginia's historical definitions of disability and provision of services within specific service silos based on disability or type of service contributes to service and planning fragmentation. The 2011 Department of Justice (DOJ) findings with respect to Virginia's institution and community-systems will help move the Commonwealth forward in this area. The Board's policy work is also consistent with areas being worked on in the Health and Human Resources (HHR) Secretariat related to: providing services in a efficient and effective manner; delivering services that support families, seniors and individuals with disabilities; promotion of integrated delivery of services across the Secretariats and agencies; and improving the health and well being of Virginia's citizens.

Long Term Goal

Be recognized as the best-managed state in the nation.

Societal Indicator: Civic Engagement

- Promote independence, choice, productivity, self determination, employment, and community integration of persons with developmental and other disabilities.

Goal Summary and Alignment

Virginia has the opportunity and obligation to ensure that all citizens have the opportunity to exercise choice and participate fully in community life. Individuals with developmental disabilities are capable of self-determination, independence, productivity, and integration and inclusion in all facets of community life, but often require the provision of individualized, person-centered services and supports. The Board supports this goal through policy, advocacy, training, and investment activities. The Board has been actively engaged in collaborative work with stakeholders regarding community integration issues. It has invested in over 230 demonstration and systems change grants, provided feedback on key issues that address the goal areas, and conducted research and evaluative work. As Virginia's Developmental Disabilities Council, creating public awareness and influencing public perception and attitudes regarding individuals with developmental and other disabilities is a key role. The Board develops and distributes a variety of outreach and communication messaging to promote and support its policy positions, interagency collaborative work and other activities. Components include electronic outreach, conference and meetings, media relations, and print/web materials. Recent products have been a brochure (Benchmarks for Evaluating Public Policy in Virginia), the 2011 Assessment of the Disability Services System, a redesigned quarterly newsletter, and timely e-news updates. Entry into social media is planned for the 2012-2014 biennium. The Board also sponsors and supports numerous educational initiatives designed to build capacity. Individuals with developmental disabilities and their families should be the primary decision-makers regarding the services and supports that they receive. With education and support, communities can be accessible to and responsive to the needs of our citizens with disabilities and be enriched by their full and active participation in community activities through accessible, affordable housing and transportation, and equal access to education, employment, civic, and other activities. Opportunities must continue to be created for people with disabilities and family members to interact directly with policymakers and to learn and practice the skills necessary for effective interaction and influence. This goal is also aligned with Secretariat level goals to improve efficiency and effectiveness of service delivery and to deliver services that strengthen the family and that support individuals with disabilities.

Long Term Goal

Inspire and support Virginians toward healthy lives and strong and resilient families.

Societal Indicator: Civic Engagement

Be recognized as the best-managed state in the nation.

Societal Indicator: Civic Engagement

Ensure that Virginia has a transportation system that is safe, enables easy movement of people and goods, enhances the economy and improves our quality of life.

Societal Indicator: Civic Engagement

- Increase public awareness and educate policymakers that full inclusion of individuals with disabilities in education, employment, health and civic/community activities is a civil right and an investment in Virginia's future.

Goal Summary and Alignment

It is critical for Virginia to identify the most pressing needs of people with developmental and other disabilities and to develop innovative and cost effective ways to meet these needs. Ongoing assessment of the service delivery system and identification of the unmet needs of citizens with disabilities is vital to facilitating system redesign, coalition development, citizen participation and the development of new approaches to services and supports. The Board has a statutory requirement to engage in this initiative and considers it a critical component of its current and future direction. As Virginia's Developmental Disabilities Council, creating public awareness and influencing public perception and attitudes regarding individuals with developmental and other disabilities is a key role. As noted above, the Board provides ongoing communications to support policies that promote inclusion of individuals with disabilities in all facets of community life as well as programs and practices designed to effectively meet support needs. This includes print (Benchmarks brochure) and electronic (quarterly newsletter, e-news, and website). The Board will utilize social media to broaden its reach to new audiences. Balancing the cost-effectiveness and wide reach of technology with the need to ensure that audiences without access to technology (the digital divide) are able to receive the Board's communications, the Board remains flexible in how it educates stakeholders. The Board also sponsors and supports numerous educational initiatives designed to build capacity and deliver the message that individuals with developmental disabilities and their families should be the primary decision-makers regarding the services and supports they receive. With education and support, communities can be accessible to and responsive to the needs of citizens with disabilities and be enriched by their full and active participation in community activities. Opportunities must continue to be created for people with disabilities and family members to interact directly with policymakers and to learn and practice the skills necessary for effective interaction and influence. This goal is directly aligned with the Board's mission and also contributes to Secretariat goals of efficient and effective service delivery and delivering services that strengthen families and ensure that individuals with disabilities receive the supports they need.

Long Term Goal

Elevate the levels of educational preparedness and attainment of our citizens.

Societal Indicator: Lifelong Learning

Inspire and support Virginians toward healthy lives and strong and resilient families.

Societal Indicator: Lifelong Learning

- Increase use of electronic formats to reduce administrative cost and increase operational efficiency.

Goal Summary and Alignment

The Board has had level funding for more than a decade while administrative, personnel, and operational costs continue to rise. In order to meet the Board's mission and programmatic goals, it will reduce its hard copy production of the quarterly board packets, disseminated to 40 board members four times a year, by providing an electronic format as an alternative to those members where applicable. This approach, combined with overall increasing electronic vs. paper communication with Board members and constituents will usher in a more efficient way of communicating information and reduce some costs associated with board meetings. This goal is aligned with Secretariat and state level goals regarding efficiency and effectiveness of services.

Long Term Goal

Be recognized as the best-managed state in the nation.

Societal Indicator: Government Operations

Programs and Service Areas for Agency

- 45002: Research, Planning, Outreach, Advocacy, and Systems Improvement
- 45005: Consumer, Interpreter, and Community Support Services
- 45006: Administrative Services
- 49001: Financial Assistance to Localities for Individual and Family Services

Customers

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Developmentally-Disabled	Virginians w/ DD served (based on min. 60% req. that persons served through Board grants have DD)	1,454	145,739	Increase
Resident	All Virginians served (based on VBPD Program Perf. Rpt; potential based on 2010 U.S. Census)	1,900,000	8,096,604	Increase
Consumer	Virginians w/ Disabilities served (based on perf. rpts; # of individuals w/ any disability)	11,806	1,410,000	Increase
Governor	Governor and Virginia state Agencies	60	100	Stable
Federal Agency	Federal Administration on Developmental Disabilities and Other DD Councils	56	56	Stable
General Assembly	General Assembly Members and legislative agencies	143	143	Stable
Consumer	Consumer & Advocacy Orgs (based on VBPD contact list)	193	300	Stable
Health Care	State/regional/local service providers, agencies, colleges/universities (based on VBPD contact list)	297	1,000	Increase

Key Risk Factors

Over the next six years, 40% of the staff will be eligible for retirement with full benefits. Retaining existing staff in a small (10 FTE) agency is challenging as there is little opportunity for advancement. Options for addressing staffing issues include reorganization, re-writing job descriptions (and appropriate training), and contracting out specific services due to staff constraints. In order to do the work of the Board in an efficient, effective manner, it is critical to evaluate processes regularly and implement some of the limited options.

Graduates of Board training programs self-report their activities via webforms and surveys. Typically, graduates are most active in the initial year or two after program participation. Tracking accomplishments and impact of these individuals remains challenging. Some graduates move out of state and use their skills elsewhere; others prefer to not maintain contact and move on, especially students. The Board should constantly find touchpoints and refine its data collection systems so as to build a stronger connection with those who are familiar with its mission and vision.

Systems change, one of the key purposes of Federal developmental disabilities (DD) councils, does not happen quickly nor easily. Tracking broad brush work in policy impact, and the resulting change within the disability service system, requires institutional knowledge, good data collection systems, and continued involvement in state initiatives. Maintaining positive and collaborative relationships with diverse stakeholders is critical.

Products and Services

Developmental Disabilities (DD) councils, such as VBPD, work with and for people with DD and their families to identify needs and develop or improve policies, programs and services that will meet these needs. The VBPD accomplishes this by promoting change and helping to build community capacity through investments, policy work, and training.

During SFY13, investments in 6 contract and grant projects of more than \$420,000 impacted more than 2600 people, programs, and policies. Investments have focused on critical need areas including employment, education, health care, housing, and transportation. The Board leveraged an additional \$42,991 from grantees.

The Board's efforts—policy recommendations, its triennial *Assessment of the Disability Services System*, work on state level workgroups or taskforces, collaboration with other agencies and organizations, and investments in grants and contracts—has led to changes in services, systems, policies, procedures, laws and regulations affecting citizens throughout Virginia.

Board training programs have produced a cadre of advocates able to work on behalf of change in their community, region, or state. These programs have also increased public awareness of the needs and abilities of individuals with disabilities and their valuable role in the community.

Flat federal funding for a decade has impacted Board activities. Advocacy training programs have increased in cost. Researching and tracking policy impact continues to be a complex task, yet is critical to the Board's purpose. In some years, the Board has not issued competitive grants due to insufficient funding or staff resources needed for other key obligations such as developing the triennial *Assessment*.

Trends

Rankings & Customer Trends

Ongoing assessment of the service delivery system and identification of the unmet needs of citizens with disabilities is vital to facilitating system change and redesign.

The Board has a statutory requirement to engage in this initiative and considers it a critical component of its current and future direction.

By working with the Board's customers (state agencies, legislators, consumer and advocacy organizations, state/regional/local service providers, and citizens with and without developmental disabilities), the Board can show how the lives of individuals with DD are improved. Raising awareness via communications and outreach activities is one way that consumer and advocacy organizations benefit. These groups need information about legislation, programs, and policies across Virginia.

Influencing public perception and attitudes regarding people with developmental and other disabilities is part of the Board's public awareness role. The Board remains flexible in how it educates and informs stakeholders. One of the Board's broad state plan goals focuses on full inclusion of people with disabilities in all areas as a civil right. The Board has utilized video and other forms of communication to reach legislators and citizens about this topic.

Serving Virginians with disabilities (without direct services) occurs through Board grants as well as Board communications. The Board's work to impact policy and invest in projects and programs that improve the lives of Virginians with disabilities will continue as the population ages and more individuals experience disabilities.

Trend Name	Trend Area
Aging of people w/disabilities	Increase
Federal funding	Steady
Number of grants	Steady

Performance Highlights: Service Performance & Productivity Initiatives

Key metrics for the Board include policy recommendations and dollars awarded via grants and contracts. In its publication the *2011 Assessment of the Disability Service System of Virginia*, the Board made 43 recommendations impacting services in the Commonwealth. Areas include transportation, housing, community services, employment, education, health, Medicaid, and early intervention. Produced triennially, the *Assessment* serves as a resource for policymakers, service providers, and people with disabilities and their families. The Board's standard of engagement on impacting state policy is a long-term outcome of the *Assessment*.

Additionally, distribution of Federal monies through grants and contracts that impact people with disabilities (and the systems that deliver those services) is a measure of the Board's performance. There are some years in which the Board does not issue Requests for Proposals for competitive grants. This is due to federal funds availability (based in part on the 3 year funding cycle and in part in how much money has been allotted to investment initiatives in a particular year) combined with the need at times to redirect staff resources to other priorities such as development of the triennial *Assessment* or the Five Year State plan.

Management Discussion & Analysis

Future Direction, Expectations, and Priorities

The Board's focus is full inclusion of individuals with disabilities in community life. By impacting systems, change will occur, albeit over decades. For example, Virginia is changing the way people with significant disabilities are supported as state training centers reduce their census in anticipation of closure. In its first *Assessment* in 2006, the Board recommended that funds be redirected toward community living instead of funding institutions. By 2020, that shift will be near completion as a result of the Commonwealth's commitment to developing a community-based system, the DOJ settlement, and the work of state and local officials and advocates.

Creativity in providing consumer-directed and person-centered supports is necessary as existing systems are transformed. The Board will continue to fund projects and activities to support community capacity and help broaden understanding by the public of the rights of individuals with developmental and other disabilities to full inclusion in society.

Demand for accessible, affordable housing and transportation in both rural and urban areas will increase. Providers will be needed to meet the growing demands in employment, education and healthcare. Access to assistive technology will be critical as will support to families and aging caregivers.

Tracking and engagement of alumni of Board training programs should be strengthened. New communication and other technological tools will allow staff to keep abreast of advocates in action. Collecting data is one metric; the impact of advocacy is harder to quantify. Initiatives that showcase alumni success stories and raise awareness of people with disabilities and their families will assist in this effort.

45002: Research, Planning, Outreach, Advocacy, and Systems Improvement

Description

This service area implements the principles of the federal Developmental Disabilities and Bill of Rights Act of 2000 and Section 51.5-31-33 of the Virginians with Disabilities Act which establishes the Virginia Board for People with Disabilities as the Commonwealth's Developmental Disabilities Planning Council. Activities include outreach, training, technical assistance, supporting and educating communities, barrier elimination, system redesign, coalition development, citizen participation, and informing and guiding policymakers.

Mission Alignment and Authority

This service area aligns directly with the Board's mission and vision:

Mission: To create a Commonwealth that advances opportunities for independence, personal decision-making and full participation in community life for individuals with developmental and other disabilities.

Vision: Virginians with developmental and other disabilities direct their own lives and choose how they live, learn, work, and play.

Customers for this Service Area

Anticipated Changes to Customers Base

The numbers of people with disabilities by the U.S. Census is likely underestimated. These data depend largely on self-reporting and are affected by educational, economic, cultural, social, and privacy factors. As public awareness of disability issues rises, the reportable number of potential customers can also be expected to rise. The number of self-reported people with disabilities has risen significantly in the last two decades—as has media coverage of people with disabilities and legal decisions such as *Olmstead v. L.C.*

Public awareness of services and supports in community settings for people with disabilities has led to:

- Greater general understanding about developmental and other disabilities
- Early intervention by parents
- More self-advocacy by people with disabilities
- Wider inclusion by society at large for people with disabilities
- Opportunities to be productive and generate income via employment
- Strains on the community system, including home and community-based waivers (and associated waiting lists)

- Demand for affordable, accessible housing, transportation, and health services which can be even more difficult in rural communities

A growing population coupled with increasing awareness of independent living opportunities and community inclusion rights, and higher demand for related community-based services and supports will result in greater numbers of people with disabilities and their family members seeking individualized, person-centered assistance.

Virginia faces massive change in its institutional systems due to a multi-year investigation (and February 2011 report) by the U.S. Department of Justice (DOJ) and the subsequent settlement agreement with DOJ. The settlement involves a 10 year plan to move individuals out of state training centers into the community and to strengthen and build community infrastructure and supports both for those transitioning from the training centers and for those on waiting lists in the community. These actions follow a national trend towards small community-based, non-state-operated residential services for individuals with Intellectual (ID) and Developmental (DD) disabilities. This effort will cost over \$2 billion over the course of the settlement. In 2011 and 2012, the General Assembly committed \$60 million to the settlement and the Commonwealth is actively addressing implementation activities.

In the next 20 years, rising medical costs, coupled with a growing elderly population, federal health care reform legislation (passed in 2010), and broadened eligibility criteria will result in substantial increases in both Medicaid enrollment and costs for Virginia. In March 2010, the U.S. Congress approved major health care reform legislation, the Patient Protection and Affordable Care Act (42 USC 18001). With the recent Supreme Court decision allowing states to opt out of Medicaid Expansion and not lose federal funding for current Medicaid recipients, it is unclear the path that health care reform will take in Virginia. Should Virginia opt to expand Medicaid to all adults under age 65 with incomes at or below 133 percent of the federal poverty level, this will significantly increase costs in that program. In Virginia, this change is expected add 270,000 to 425,000 new Medicaid enrollees at an additional cost of \$1.5 billion between 2017 and 2022.

Key actions of the 2012 General Assembly included funding of \$4.8 million to preserve the health care safety net; \$6.0 million to continue long-term care Medicaid eligibility for 1,500 individuals who are elderly and/or have disabilities; \$69.0 million for Medicaid payments to nursing homes and hospitals to help offset inflation cost; \$10.8 million to increase Medicaid personal care and congregate care rates; \$549,000 to increase rate for Medicaid Part C Early Intervention Targeted case management; \$2 million to maintain the cap on Medicaid personal care hours at 56 hours per week for certain waiver programs, rather than reducing hours to 48 per week; \$175,506 to partially restore funding to Centers for Independent Living; \$466,632 to partially restore funding for community-based brain injury services to the Dept. for Aging and Rehab. Services (DARS); \$140,000 to partially restore funding for personal assistance services provided for individuals with physical disabilities through DARS; \$800,000 to restore long-term and extended employment support services for individuals with physical disabilities (DARS); \$3.3 million to expand children's mental health services; and \$2.5 million to Area Agencies on Aging to offset the loss of federal resources for services to elderly Virginians.

The General Assembly also funded 11.6 million to add 225 Medicaid ID waiver slots and \$1.6 million to add 80 DD waiver slots; however the wait lists for these 2 waivers is over 9,000. Eliminating the waiting lists has been a long-term goal of the General Assembly; in 2010 legislature directed DMAS and the Virginia Department of Behavioral Health and Developmental Services (DBHDS) to produce a plan with cost estimates for eliminating the ID and DD waiting lists by SFY 2020. Their analysis indicated that it would require funding of 1,100 new ID Waiver and 220 new DD Waiver slots per year for SFYs 2011 through 2020. The DOJ Settlement calls for 4,000 waiver slots over the next 10 years. The ID and DD waivers are under review for modifications that provide services based on need vs. diagnosis and meet the needs of individuals with complex medical or other challenges..

As funding for ID and DD waivers has remained flat, and the waiting lists expand, individuals with ID and DD have turned to the Elderly or Disabled with Consumer Direction (EDCD) Waiver as a means of receiving needed services when they are eligible for that waiver which has not wait list. Policymakers have expressed concern over the growth

of this waiver. The Commonwealth will be. The EDCD waiver does not provide the comprehensive services needed by many individuals with ID or DD but it does provide access to Medicaid State Plan services.

Inclusion for people with disabilities in society at large will broaden the definition and number of service providers. Growing participation in integrated opportunities by people with disabilities living in community-based settings will require improved awareness and understanding by service providers and by the public in general regarding inclusion, accessibility, and assistive technologies.

Demand for opportunities to be productive and generate income will grow as more people with disabilities live independently in community-based settings. To meet the growing demand for productive and satisfying employment, there will have to be an increase in providers of assistive technology, supported employment, and other related service and supports which long term will result in decreased costs to the Commonwealth vs. institutionalization.

People with disabilities (ages 16-64) have an employment rate of 29.7% (nationally) vs. 77.8% for persons without a disability in 2009. In Virginia, 38.3% of individuals with disabilities were employed compared to 76.7% of persons without a disability. The gap between the employment rate for Virginians with and without disabilities gives Virginia a rank of 25th among the states.

Increasing ethnic and cultural diversity in Virginia and efforts by state and local service providers to help those at the lower socioeconomic levels improve their situations while limiting the needs for tax increases and unnecessary expenditures will make it ever more important that all those with disabilities who wish to work have the information, services, and supports needed to do so.

Requirements to expand the reach and accessibility of transportation and the numbers and awareness of transportation providers will increase as people with disabilities migrate from institutions to community-based settings, become more integrated into traditional child-care, education, employment, and health-care opportunities, and seek to participate in a wider range of recreational, leisure, and spiritual options. Continued urban and suburban "sprawl" and growing numbers of people with disabilities living in rural areas will add to this demand for wider transportation availability and accessibility. Greater demand will also be driven by the needs of growing numbers of personal care attendants and other service providers who are themselves often dependent on public transportation.

Virginia continues to experience significant increases in the number of children with autism being served by public schools. The number of children with an educational classification of autism more than doubled between 2005 and 2010 (from 5,674 to 11,703). This disproportionate growth in autism classification is having a significant impact on the finances and programs of local school divisions and on the number and interests of advocacy and service provider organizations as well. A significant impact on Part C Early Intervention systems has also been reported. The trend has had an impact on how the state organizes and provides services for individuals with autism and other developmental disabilities.

The number of children receiving Part C services is trending upward. The overall increase in the Annualized Count from 2006 to 2010 was 30 percent (up 14 percent from 2009 to 2010, following a relatively stable 3.5 percent increase from 2008 to 2009). However, between 2010 and 2011, the number of infants and toddlers served increased by 15%. It is reasonable to assume that some of the increase was due to the implementation of the new Medicaid Early Intervention Program. The temporary infusion of federal American Recovery and Reinvestment Act (ARRA) stimulus funds may also have been a factor. With the end of stimulus funds, many local systems are having financial challenges with respect to their ability to serve all eligible children in this entitlement program.

The Virginia School Report Card for 2009-2010 and 2010-2011 shows that performance for students with disabilities still lags significantly (eight to ten percentage points) behind the rate for all students. Performance among those with limited English proficiency, performance of students with disabilities had improved over the last four years. In the most recent state report card, published in June 2012, however proficiency rates in English/reading dropped from 72% in 2009-2010 to 62% in 2010-2011 and in math dropped from 71% in 2009-2010 to 49% in 2010-2011, significantly below the targets of 85% and 85% respectively.

Demand for critical early intervention services, access to the general curriculum, and inclusion of students with disabilities in regular education classrooms, rather than in specialized schools or segregated classrooms within a traditional school, will rise as well as the numbers of educators, administrators, and educational support personnel trained to provide person-centered services.

Need for more and better transition services to assist young people with disabilities in moving from secondary schools to higher education and the workplace will grow to facilitate more inclusive education and higher employment rates for students with disabilities. Despite this need, there continues to be a significant disparity in graduation rates between students with and without disabilities. The 2010-11 Report Card shows that 52.76% of students with disabilities graduated high school with a regular diploma (for the 2010-2011 school year), exceeding the target of 44.4% but still very low. The drop out rate decreased slightly from 1.63% in 2009-2010 to 1.53% in 2010-2011.

The percentage of students with disabilities who graduated high school with a regular (standard or advanced) diploma within four years has remained stable (44%) which lags the performance for all students (with and without disabilities) at 77% based on 2008 data. Students in Virginia are able to continue in secondary school throughout the year in which they turn 22 (and federal IDEA Part B eligibility ends). Transition planning begins at age 14 in Virginia instead of age 16 which is the federal minimum requirement. Supports to students with disabilities must improve and increase in order to ensure successful transition of students with disabilities into the adult world of post-secondary and employment opportunities.

Continued growth in single parent households and those in which both parents work will require additional child and respite care options and opportunities for children with disabilities and their families. Parents of children with disabilities who wish to work but cannot due to child care concerns put a greater strain on public services, especially health care, and are unable to contribute to the tax base which must fund those services.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Resident	All Virginians (served based on 2010 VBPD Program Performance Report; potential based on 2010 U.S. C	1,900,000	8,096,604	Increase
Consumer	Virginians w/ Disabilities (served based on 2010 VBPD performance reports; # of individuals any disa	11,806	1,410,000	Increase
Developmentally-Disabled	Virginians w/ DD (served--based on minimum 60% requirement that persons served through Board grants	8,855	145,739	Increase
Governor	Governor and Virginia state Agencies	60	100	Stable
Federal Agency	Federal Administration on Developmental Disabilities and Other DD Councils	56	56	Stable
General Assembly	General Assembly Members and legislative agencies	143	143	Stable
Consumer	Consumer and Advocacy Organizations (based on VBPD contact list)--potential is unknown due to lack o	193	300	Stable
Health Care	State, Regional, and local service providers/agencies (based on VBPD	297	1,000	Increase

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Congressional reauthorization of the federal Developmental Disabilities and Bill of Rights (DD) Act, which was to have occurred in 2007, is still pending. Continuation of federally-funded activity by the Board is dependent upon Continuing Resolutions.

- The activities of the Board, particularly the size and number of its grant awards, depend on federal and state funding levels. Continued level federal funding and recent state budget reductions combined with increased operational costs will result in future net reduction in funds available to implement grant and other programmatic and policy initiatives.
- Activities of the Board are governed by a federally-mandated Five Year State Plan. The plan, subject to requirements of federal statutes, determines the Board's areas of emphasis, programmatic and operational goals, and specific objectives and strategies for reaching those goals. A state plan covering federal fiscal years 2012-16 is underway.
- Board activities are strongly influenced by the background, knowledge, expertise and interests of individual Board members, appointed by the Governor, which can lead to significant changes in activities as there is an approximately 25 percent turnover of Board members each year.
- The Board's staff is small, highly specialized, and positions are multi-dimensional. Continuity of current activity is dependent upon low turnover, diverse staff member expertise, and efficient operations and administrative support.
- As a part of its required assessment of Virginia's disability services system, the Board actively collects public feedback through public comment forums, surveys, and other means. This public input strongly influences future activities by the Board.
- Current activities by partner state and legislative agencies and subsequent actions by those agencies, the General Assembly, and the administration will result in significant changes to Virginia's system of services and supports for people with disabilities in the near future. This includes (but is not limited to) the type, availability and effectiveness of various home and community-based waiver programs, implementation of the Commonwealth's Settlement Agreement with the Department of Justice, and the establishment of DBHDS as the lead agency developmental disabilities services. Activities of the Board will be strongly influenced by related decisions and actions.
- Court actions regarding the rights of individuals with disabilities and their guarantees of equal opportunity, accessibility, and inclusion in education, employment, housing, transportation, healthcare, and all other aspects of community life strongly influence the systems of public and private services and supports for people with disabilities. This includes continuing influences and outcomes of the Supreme Court's "Olmstead" decision and the recent Department of Justice settlement with the Commonwealth regarding residents in training centers and the adequacy of community-based services and supports.
- Growth in the number and diversity of consumer/advocacy organizations and state/local providers of services and supports, will increase demands on the Board for information, outreach, and coordination.
- Emerging technologies, especially information technologies including social media, and the growing access to and use of technology by people with disabilities, will impact the processes and products of the Board. The need to ensure accessible web content and new media distribution channels will require investments of people, duties, and technological tools to deliver timely communication and raise public awareness.
- Growing interactions through national associations with fellow DD Councils in other states and territories can frequently lead to new initiatives and to improvements in existing strategies based on the successes and challenges encountered by other DD Council activities. Attendance at national conferences, which offer important training and networking opportunities, has been limited due to resource constraints.

Anticipated Changes to the Products and/or Services

The focus of the Board's activities has changed somewhat with implementation of its federally-mandated 2012-2016 State Plan. An emphasis on policy work remains core to the Board's purpose; however, the policy area priorities alter based on current and emerging issues. Of particular note is Board work in support of the Commonwealth's settlement agreement with the Dept. of Justice. The Board has also added a new emphasis on health care reform and its effect on individuals with developmental and other disabilities, particularly any inclusion of long-term care services into a managed care framework. Other new focus areas include emergency preparedness and prevention of domestic/sexual abuse of individuals with disabilities.

- Relatively smaller amounts of federal and state funds and increased operational costs will combine to result in fewer total dollars available for grant awards. Continued achievement of the Board's mission and goals will be facilitated through the Board's increasing emphasis on critical policy and evaluative work, as well as research, monitoring, evaluation, analysis, reporting, outreach, and public information activities. Flat funding will result in fewer resources being available for these activities as well and the need for greater prioritization of goals.
- Shifts in the relative focus of Board activities require the Board to continue increasing its visibility among its constituents and partners and forge additional collaborative relationships with public and private entities. Board messaging, both internal and external, will require continual strengthening.
- The Board's focus on service system monitoring will be significantly affected by community integration initiatives, DBHDS restructuring initiatives, and the transition of people with developmental and other disabilities from institutional living environments to community-based living. The Board will continue to support collaborative state initiatives such as the Money Follows the Person Demonstration Project, the Blueprint for Livable Communities, development of the DOJ Housing plan, and other person centered planning initiatives, thereby enhancing cross agency opportunities.
- Activities that recruit, train, and support self- and family advocates and that maintain and strengthen long term relationships with them will increase as public awareness of and involvement with disability issues increases. The Board will expand its efforts to mobilize and leverage the participation of these individuals and their organizations in their own policy and advocacy efforts, and is now funding a statewide cross disability advocacy organization led by individuals with developmental disabilities.
- By investing in technology tools to communicate with a wider audience of disability stakeholders, and as access to technology by its constituents grows, the Board will be

able to increase the amount and precision of information it gathers and shares. The format and immediacy of its messaging will also change, particularly the availability and widespread use of social media and new communication channels.

- Strategic decisions regarding methods, content, and process, will be ongoing with staff and Board members.

Listing of Products and / or Services

Triennial Assessment of the Disability Services System in Virginia identifies and delineates the needs of people with disabilities, the services and supports available to them through state programs and other mechanisms, the cost and effectiveness of those programs, areas of concern facing the service system, and Board recommendations for addressing those concerns.

Five Year State Plan provides a foundation for Board activities based on the Triennial Assessment and other constituent feedback, available resources, and priorities determined by the Board.

Program Performance Report annually evaluates the success of the Board's investment initiatives and other activities delineated in the federal Five Year State Plan.

Agency Strategic Plan provides background information on the Board and its work as well as specific goals, objectives, strategies, and performance measures beyond those required by the federal Five Year State Plan.

Legislative and Regulatory Tracking informs Board members, partners, and constituents regarding General Assembly and agency actions affecting disability services and supports.

Policy Papers, Public Comments, and Liaison activities provide research, analysis, and guidance on relevant disability policy issues.

Two training programs, Partners in Policymaking and Youth Leadership Forum, are managed by the Board and train individuals with disabilities and family members in self- and systems-advocacy, personal development, and leadership.

Mobilization, support, and encouragement of self-advocates and other constituents to participate in educational and policymaking activities that expand and improve the disability services system.

Public forums, interagency workgroups and collaborations, surveys, and other in-person, printed, and electronic means solicit feedback on disability services and issues from people with disabilities, their family members, advocates, service-providers, policymakers, and other concerned citizens.

Print and electronic publications, social media postings, websites, conference and workshop presentations and information packets, and other appropriate tools disseminate timely and accurate information on disability services, issues, and related activities by the Board and its partners.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	-147,452	846,957	-147,452	846,957
Changes to Base	0	4,284	0	4,284
Total	-147,452	851,241	-147,452	851,241

Objectives for this Service Area

Objectives for this Service Area

Objective
Influencing policy

Description

As the Commonwealth's Developmental Disabilities (DD) Council, the Board represents an independent voice and a source of knowledge and expertise on many issues affecting its constituents. For the Board to fulfill its federal and state statutory purposes and its mission, it needs to continue to strengthen and enhance its role as a systems change agent including but not limited to its visibility in the legislative and policy arena, its national relationships, and its role as policy advisor to the Governor, the Secretary of Health and Human Resources, executive branch agencies, the General Assembly and the disability community on the needs of persons with developmental disabilities. The Board's goal is to be seen as a source of objective, credible information and advice.

Objective Strategies

- Provide useful, timely advice and guidance on policy and legislative issues for the population of persons with developmental disabilities in order to affect policy and programmatic decisions in a proactive manner.
- Require that Board funded grant and contracts address systemic issues and include policy recommendations and next steps in their final reports, wherever applicable.
- Through agency publications, website, e-news, social media, and other channels of distribution, inform consumers, family members, advocates, and professionals of current federal and state legislation or policy related initiatives and provide regular analyses of proposed or existing initiatives that can assist stakeholders in developing and dissemination positions on such legislation.
- Through formal and informal feedback, public comment, reporting and other means, routinely advise the Governor, the Secretary of Health and Human Resources, General Assembly members, and other policymakers of emerging stakeholder concerns and policy issues.
- Track disability related legislation and prepare/present legislative testimony on issues of concern to Board constituents.
- Within resources and priorities, participate in at least one new significant policy initiative each year.

Alignment to Agency Goals

- Strengthen the role of the Board as a policy leader and advisor to the Governor, Secretary of Health and Human Resources (HHR), General Assembly and executive branch agencies on issues affecting persons with developmental and other disabilities in the Commonwealth.

- Promote independence, choice, productivity, self determination, employment, and community integration of persons with developmental and other disabilities.
- Increase public awareness and educate policymakers that full inclusion of individuals with disabilities in education, employment, health and civic/community activities is a civil right and an investment in Virginia's future.

Measures

- Number of formal policy recommendations presented to state officials

Measure Class **Other Agency** Measure Type **Output** Preferred Trend **Stable** Frequency **Annually**

Data Source and Calculation

Data will be calculated by documenting and tracking formal memos, positions papers, and correspondence addressing specific policy issues sent by the Board to the Governor's office, Secretary of Health and Human Resources, legislators/staff, and/or executive branch agencies.

- Number of programs or policies created or improved

Measure Class **Agency Key** Measure Type **Outcome** Preferred Trend **Stable** Frequency **Annually**

Data Source and Calculation

The Board tracks in its database outcomes of all of the policy recommendations it makes. The Board also tracks the number of programs developed or improved as a result of its grants/contracts activities. The Board is also required to track and report this information to its federal funding agency.

Objective

Increasing availability of accurate information

Description

Acquisition of relevant, up-to-date outcomes and other evaluative information regarding effective policies, practices, and programs is essential to informing public policy and effecting service delivery changes and program/funding decisions related to persons with developmental disabilities. This is particularly true in Virginia, where until July 2009, there was no agency with specific responsibility for providing services to people with developmental disabilities who do not have a diagnosis of intellectual disabilities. Even with the designation of the Dept. of Behavioral Health and Developmental Services (DBHDS) as the state agency home for individuals with developmental disabilities, it will likely take many years until the agency is fully staffed and trained to undertake its new responsibilities. The designation of DBHDS as the DD agency did not include additional funds to serve the population and did not designate local entities responsible for delivery of direct services to individuals with DD other than ID. This important change to the system will take many years to come to fruition; however significant progress is underway as a result of the recent settlement between the Commonwealth and the Dept. of Justice. The Board will continue to strengthen its capacity to assess the service system and provide relevant information to stakeholders and policymakers. Since 2006, the Board has published three comprehensive assessments of the Disability Services System in Virginia as required under §51.5-33 of the Code of Virginia and by federal statute. The next update of the Assessment will be published in the summer of 2014. The Board must also continue to provide ongoing, up-to-date information and recommendations regarding emerging policy and programmatic issues and use updated delivery mechanisms, including improved web and social media communications.

Objective Strategies

- Create a high quality quarterly newsletter that provides substantive information on disability issues as well as updates on Board activities and priorities.
- Develop and implement communications plan that includes outreach to new constituencies
- Develop and implement evaluation instruments that measure effectiveness of Board outreach and communication
- Expand outreach using social media, investing in appropriate resources
- Follow up with policymakers regarding policy recommendations issues in the Assessment as well as through other means of communication.
- Publicize results of Board programs and activities, including grant projects and system improvement projects developed by Board program participants.
- Widely disseminate the 2011 and 2014 Assessment of the Disability Services System

Alignment to Agency Goals

- Increase public awareness and educate policymakers that full inclusion of individuals with disabilities in education, employment, health and civic/community activities is a civil right and an investment in Virginia's future.

Measures

- Number of unique informational products disseminated related to policy and the disability services system.

Measure Class **Other Agency** Measure Type **Output** Preferred Trend **Increase** Frequency **Annually**

Data Source and Calculation

The Board will track the number of unique informational products/materials/reports, etc. disseminated to constituents including print documents, electronic releases, web postings, and social media postings that feature specific factual information related to disability policies, services and supports. This measure does not include position papers or recommendations.

Objective

Training of future leaders in advocacy community

Description

To create changes in policies, practices, and services, it is important to create a pool of knowledgeable future leaders to effect meaningful change for people with developmental disabilities. These advocates can transfer the information and skills they have learned to others in the Commonwealth. Individuals with disabilities and their families face many challenges on a daily basis. As a result of these demands, they are often unaware they represent a potent voice for change and/or may lack the skills to effectively advocate for systems improvement that could result in increased independence, inclusion and self-determination. Board investment in training and education programs are critical to building advocacy capacity. Graduates of the Board's programs are encouraged and expected to use the knowledge and skills

they gain to facilitate positive change in their communities and in the Commonwealth.

Objective Strategies

- As resources permit, provide opportunities for post training development of leadership, advocacy skills, personal growth, and networking.
- Continue to operate and refine, as appropriate, the Partners in Policymaking program and Youth Leadership Forum.
- Create realistic opportunities for advocacy and leadership program participants to interact directly with policymakers and learn and practice the skills necessary for effective interaction and influence.
- Provide direct support to a statewide self advocacy organizations led by individuals with developmental disabilities that is focused on policy and systems change issues.
- Provide ongoing information to and encourage individuals who have participated in the Partners in Policymaking and the Youth Leadership Forum to participate in public policy/legislative process by using the skills learned through Board sponsored training.
- Track and publicize achievements of Partners and Youth Leadership Forum Delegates to encourage reporting back to the Board.

Alignment to Agency Goals

- Promote independence, choice, productivity, self determination, employment, and community integration of persons with developmental and other disabilities.

Measures

- Number of graduates of Board training program who are engaged in advocacy activities

Measure Class Measure Type Preferred Trend Frequency

Data Source and Calculation

An annual survey is conducted every October of graduates of the Board's advocacy and leadership training programs. The survey inquires as to whether the graduate has been involved in advocacy, systems change, or capacity building activities during the previous federal fiscal year (October 1 - September 30). The survey is sent to all program graduates for whom contact information is available. The survey is administered each October and the results will be available for December reporting. The results will be a non-duplicative count of individuals.

45005: Consumer, Interpreter, and Community Support Services

Description

This is not one of the Board's Service Area plans.

Mission Alignment and Authority

Customers for this Service Area

Anticipated Changes to Customers Base

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Anticipated Changes to the Products and/or Services

Listing of Products and / or Services

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	2,546,830	2,732,364	2,546,830	2,732,364
Changes to Base	0	0	0	0
Total	2,546,830	2,732,364	2,546,830	2,732,364

Objectives for this Service Area

45006: Administrative Services

Description

This service area provides administrative and financial support to the agency's research, planning, outreach, advocacy, systems improvement and investment (grants & contract) activities and in support of the 39 member Board which guides program activities.

Mission Alignment and Authority

This service area provides the administrative, operational and financial support necessary for the Board to achieve its mission.

Customers for this Service Area

Anticipated Changes to Customers Base

The numbers of people with disabilities by the U.S. Census is likely underestimated. These data depend largely on self-reporting and are affected by educational, economic, cultural, social, and privacy factors. As public awareness of disability issues rises, the reportable number of potential customers can also be expected to rise. The number of self-reported people with disabilities has risen significantly in the last two decades—as has media coverage of people with disabilities and legal decisions such as *Olmstead v. L.C.*

Public awareness of services and supports in community settings for people with disabilities has led to:

- Greater general understanding about developmental and other disabilities
- Early intervention by parents
- More self-advocacy by people with disabilities
- Wider inclusion by society at large for people with disabilities
- Opportunities to be productive and generate income via employment
- Strains on the community system, including home and community-based waivers (and associated waiting lists)

- Demand for affordable, accessible housing, transportation, and health services which can be even more difficult in rural communities

A growing population coupled with increasing awareness of independent living opportunities and community inclusion rights, and higher demand for related community-based services and supports will result in greater numbers of people with disabilities and their family members seeking individualized, person-centered assistance.

Virginia faces massive change in its institutional systems due to a multi-year investigation (and February 2011 report) by the U.S. Department of Justice (DOJ) and the subsequent settlement agreement with DOJ. The settlement involves a 10 year plan to move individuals out of state training centers into the community and to strengthen and build community infrastructure and supports both for those transitioning from the training centers and for those on waiting lists in the community. These actions follow a national trend towards small community-based, non-state-operated residential services for individuals with Intellectual (ID) and Developmental (DD) disabilities. This effort will cost over \$2 billion over the course of the settlement. In 2011 and 2012, the General Assembly committed \$60 million to the settlement and the Commonwealth is actively addressing implementation activities.

In the next 20 years, rising medical costs, coupled with a growing elderly population, federal health care reform legislation (passed in 2010), and broadened eligibility criteria will result in substantial increases in both Medicaid enrollment and costs for Virginia. In March 2010, the U.S. Congress approved major health care reform legislation, the Patient Protection and Affordable Care Act (42 USC 18001). With the recent Supreme Court decision allowing states to opt out of Medicaid Expansion and not lose federal funding for current Medicaid recipients, it is unclear the path that health care reform will take in Virginia. Should Virginia opt to expand Medicaid to all adults under age 65 with incomes at or below 133 percent of the federal poverty level, this will significantly increase costs in that program. In Virginia, this change is expected add 270,000 to 425,000 new Medicaid enrollees at an additional cost of \$1.5 billion between 2017 and 2022.

Key actions of the 2012 General Assembly included funding of \$4.8 million to preserve the health care safety net; \$6.0 million to continue long-term care Medicaid eligibility for 1,500 individuals who are elderly and/or have disabilities; \$69.0 million for Medicaid payments to nursing homes and hospitals to help offset inflation cost; \$10.8 million to increase Medicaid personal care and congregate care rates; \$549,000 to increase rate for Medicaid Part C Early Intervention Targeted case management; \$2 million to maintain the cap on Medicaid personal care hours at 56 hours per week for certain waiver programs, rather than reducing hours to 48 per week; \$175,506 to partially restore funding to Centers for Independent Living; \$466,632 to partially restore funding for community-based brain injury services to the Dept. for Aging and Rehab. Services (DARS); \$140,000 to partially restore funding for personal assistance services provided for individuals with physical disabilities through DARS; \$800,000 to restore long-term and extended employment support services for individuals with physical disabilities (DARS); \$3.3 million to expand children's mental health services; and \$2.5 million to Area Agencies on Aging to offset the loss of federal resources for services to elderly Virginians.

The General Assembly also funded 11.6 million to add 225 Medicaid ID waiver slots and \$1.6 million to add 80 DD waiver slots; however the wait lists for these 2 waivers is over 9,000. Eliminating the waiting lists has been a long-term goal of the General Assembly; in 2010 legislature directed DMAS and the Virginia Department of Behavioral Health and Developmental Services (DBHDS) to produce a plan with cost estimates for eliminating the ID and DD waiting lists by SFY 2020. Their analysis indicated that it would require funding of 1,100 new ID Waiver and 220 new DD Waiver slots per year for SFYs 2011 through 2020. The DOJ Settlement calls for 4,000 waiver slots over the next 10 years. The ID and DD waivers are under review for modifications that provide services based on need vs. diagnosis and meet the needs of individuals with complex medical or other challenges..

As funding for ID and DD waivers has remained flat, and the waiting lists expand, individuals with ID and DD have turned to the Elderly or Disabled with Consumer Direction (EDCD) Waiver as a means of receiving needed services when they are eligible for that waiver which has not wait list. Policymakers have expressed concern over the growth of this waiver. The Commonwealth will be. The EDCD waiver does not provide the comprehensive services needed by many individuals with ID or DD but it does provide access to Medicaid State Plan services.

Inclusion for people with disabilities in society at large will broaden the definition and number of service providers. Growing participation in integrated opportunities by people with disabilities living in community-based settings will require improved awareness and understanding by service providers and by the public in general regarding inclusion, accessibility, and assistive technologies.

Demand for opportunities to be productive and generate income will grow as more people with disabilities live independently in community-based settings. To meet the

growing demand for productive and satisfying employment, there will have to be an increase in providers of assistive technology, supported employment, and other related service and supports which long term will result in decreased costs to the Commonwealth vs. institutionalization.

People with disabilities (ages 16-64) have an employment rate of 29.7% (nationally) vs. 77.8% for persons without a disability in 2009. In Virginia, 38.3% of individuals with disabilities were employed compared to 76.7% of persons without a disability. The gap between the employment rate for Virginians with and without disabilities gives Virginia a rank of 25th among the states.

Increasing ethnic and cultural diversity in Virginia and efforts by state and local service providers to help those at the lower socioeconomic levels improve their situations while limiting the needs for tax increases and unnecessary expenditures will make it ever more important that all those with disabilities who wish to work have the information, services, and supports needed to do so.

Requirements to expand the reach and accessibility of transportation and the numbers and awareness of transportation providers will increase as people with disabilities migrate from institutions to community-based settings, become more integrated into traditional child-care, education, employment, and health-care opportunities, and seek to participate in a wider range of recreational, leisure, and spiritual options. Continued urban and suburban "sprawl" and growing numbers of people with disabilities living in rural areas will add to this demand for wider transportation availability and accessibility. Greater demand will also be driven by the needs of growing numbers of personal care attendants and other service providers who are themselves often dependent on public transportation.

Virginia continues to experience significant increases in the number of children with autism being served by public schools. The number of children with an educational classification of autism more than doubled between 2005 and 2010 (from 5,674 to 11,703. This disproportionate growth in autism classification is having a significant impact on the finances and programs of local school divisions and on the number and interests of advocacy and service provider organizations as well. A significant impact on Part C Early Intervention systems has also been reported. The trend has had an impact on how the state organizes and provides services for individuals with autism and other developmental disabilities.

The number of children receiving Part C services is trending upward. The overall increase in the Annualized Count from 2006 to 2010 was 30 percent (up 14 percent from 2009 to 2010, following a relatively stable 3.5 percent increase from 2008 to 2009). However, between 2010 and 2011, the number of infants and toddlers served increased by 15%. It is reasonable to assume that some of the increase was due to the implementation of the new Medicaid Early Intervention Program. The temporary infusion of federal American Recovery and Reinvestment Act (ARRA) stimulus funds may also have been a factor. With the end of stimulus funds, many local systems are having financial challenges with respect to their ability to serve all eligible children in this entitlement program.

The Virginia School Report Card for 2009-2010 and 2010-2011 shows that performance for students with disabilities still lags significantly (eight to ten percentage points) behind the rate for all students. Performance among those with limited English proficiency, performance of students with disabilities had improved over the last four years. In the most recent state report card, published in June 2012, however proficiency rates in English/reading dropped from 72% in 2009-2010 to 62% in 2010-2011 and in math dropped from 71% in 2009-2010 to 49% in 2010-2011, significantly below the targets of 85% and 85% respectively.

Demand for critical early intervention services, access to the general curriculum, and inclusion of students with disabilities in regular education classrooms, rather than in specialized schools or segregated classrooms within a traditional school, will rise as well as the numbers of educators, administrators, and educational support personnel trained to provide person-centered services.

Need for more and better transition services to assist young people with disabilities in moving from secondary schools to higher education and the workplace will grow to facilitate more inclusive education and higher employment rates for students with disabilities. Despite this need, there continues to be a significant disparity in graduation rates between students with and without disabilities. The 2010-11 Report Card shows that 52.76% of students with disabilities graduated high school with a regular diploma (for the 2010-2011 school year), exceeding the target of 44.4% but still very low. The drop out rate decreased slightly from 1.63% in 2009-2010 to 1.53% in 2010-2011.

The percentage of students with disabilities who graduated high school with a regular (standard or advanced) diploma within four years has remained stable (44%) which lags the performance for all students (with and without disabilities) at 77% based on 2008 data. Students in Virginia are able to continue in secondary school throughout the year in which they turn 22 (and federal IDEA Part B eligibility ends). Transition planning begins at age 14 in Virginia instead of age 16 which is the federal minimum requirement. Supports to students with disabilities must improve and increase in order to ensure successful transition of students with disabilities into the adult world of post-secondary and employment opportunities.

Continued growth in single parent households and those in which both parents work will require additional child and respite care options and opportunities for children with disabilities and their families. Parents of children with disabilities who wish to work but cannot due to child care

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Resident	All Virginians (served based on 2010 VBPD Program Performance Report; potential based on 2010 U.S. C	1,900,000	8,096,604	Increase
Consumer	Virginians with Disabilities (served based on 2010 VBPD performance reports; # of ind. with any disa	11,806	1,410,000	Increase
Developmentally-Disabled	Virginians w/ DD (served--based on minimum 60% requirement that persons served through Board grants	8,855	145,739	Increase
Governor	Governor and Virginia state agencies	60	100	Stable
Federal Agency	Federal Administration on Developmental Disabilities and Other DD Councils	56	56	Stable
General Assembly	General Assembly Members and legislative agencies	143	143	Stable
Consumer	Consumer and Advocacy Organizations (based on VBPD contact list); potential is unknown due to lack o	193	300	Stable
Non-Profit Agency (Boards/Foundation),	State, Regional, and local service providers/agencies (based on VBPD contact list); potential is unk	297	1,000	Stable

Partners for this Service Area

Partner	Description
Department of Rehabilitative	The Board has a Memorandum of Understanding with the Department of Rehabilitative Services for support in the areas of human resource management,

Products and Services

Factors Impacting the Products and/or Services

Congressional reauthorization of the federal Development Disabilities and Bill of Rights (DD) Act, which was to have occurred in 2007, is still pending. Continuation of federally-funded activity by the Board is dependent upon Continuing Resolutions.

- The activities of the Board, particularly the size and number of its grant awards, are dependent on federal and state funding levels. Continued level federal funding and recent cuts in state funding combined with increased operational costs will result in future net reduction in funds available to implement grant and other programmatic initiatives.
- Emerging technologies, especially information technologies including social media, and the growing access to and use of technology by people with disabilities, will affect the practices, products, and services of the Board, including the demand for accessible products and materials.

Anticipated Changes to the Products and/or Services

Relatively smaller amounts of federal and state funds and increased operational costs will result in fewer total dollars available to be awarded as grants. Continued achievement of the Board's mission and goals will be facilitated through the Board's increasing emphasis on critical policy and evaluative work, as well as research, monitoring, evaluation, analysis, reporting, outreach, and public information activities. Flat or reduced funding will result in fewer resources being available for these activities as well as the need for greater prioritization of goals.

- By investing in technology tools to communicate with a wider audience of disability stakeholders, and as access to technology by its constituents grows, the Board will be able to increase the amount and precision of information it gathers and shares. The format and immediacy of its messaging will also change, particularly the availability and widespread use of social media and new communication channels.

Listing of Products and / or Services

Administrative support to agency programmatic activity encompasses Research, Planning, Outreach, Advocacy, and Systems Improvement. Relevant products include: • Assessment of the Disability Services System in Virginia identifies and delineates the needs of people with disabilities, the services and supports available to them through state programs and other publicly-funded mechanisms, the cost and effectiveness of those programs, areas of concern for the service system, and Board recommendations for addressing those concerns. • Five Year State Plan provides a foundation for Board activities based on the Disability Assessment and other constituent feedback, available resources, and priorities determined by the Board. • Agency Strategic Plan provides background information on the Board and its work as well as specific goals, objectives, strategies, and performance measures beyond those required by the federal Five Year State Plan. • Print and electronic publications, websites, conference and workshop presentations and information packets, and other appropriate tools disseminate timely and accurate information on disability services, issues, and related activities by the Board and its partners.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	310,416	463,988	310,416	463,988
Changes to Base	-132,489	183,536	-131,508	183,536
Total	177,927	647,524	178,908	647,524

Objectives for this Service Area

Objectives for this Service Area

Objective
Electronic Communication

Description

This service area provides the administrative and financial support to board members and staff in achieving the overall mission of the Board. As technology improves, the Board seeks to increase its use of electronic formats in order to reduce administrative costs in appropriate areas while increasing operational efficiency.

Objective Strategies

- At each Board meeting, remind members about electronic access to Board materials and encourage them to choose electronic formats if they are able to save paper, postage and staff time.
- Begin posting Board packet materials on the web to make access easier for Board members.
- Increase the overall use of electronic vs. print communications in administrative and outreach activities.

Alignment to Agency Goals

- Increase use of electronic formats to reduce administrative cost and increase operational efficiency.

Measures

- Percent of board packets distributed electronically to board members

Measure Class Measure Type Preferred Trend Frequency

Data Source and Calculation

Data is calculated by tracking the number of board packets distributed to Board members. Based on these data, the resulting percentage is calculated by dividing the number of electronic packages by the total number of packages provided.

49001: Financial Assistance to Localities for Individual and Family Services

Description

This service area implements the principles of the federal Developmental Disabilities and Bill of Rights Act of 2000 and Section 51.5-1-33 of the Virginians with Disabilities Act which establish the Virginia Board for People with Disabilities as the Commonwealth's Developmental Disabilities Planning Council. Activities include funding of grant and contracts to public and private agencies and organizations. These projects include but are not limited to: demonstration of new approaches, services and supports, training, coalition development, and outreach and education designed to result in development of a coordinated consumer and family centered, consumer and family directed, comprehensive system of services, individualized supports, and other forms of assistance that enable individuals with developmental disabilities to exercise self-determination, be independent, be productive, and be integrated and included in all facets of community life.

Mission Alignment and Authority

This service area aligns directly with the Board's mission and vision:

Mission: To create a Commonwealth that advances opportunities for independence, personal decision-making and full participation in community life for individuals with developmental and other disabilities.

Vision: Virginians with developmental and other disabilities direct their own lives and choose how they live, learn, work, and play.

Customers for this Service Area

Anticipated Changes to Customers Base

The numbers of people with disabilities by the U.S. Census is likely underestimated. These data depend largely on self-reporting and are affected by educational, economic, cultural, social, and privacy factors. As public awareness of disability issues rises, the reportable number of potential customers can also be expected to rise. The number of self-reported people with disabilities has risen significantly in the last two decades—as has media coverage of people with disabilities and legal decisions such as *Olmstead v. L.C.*

Public awareness of services and supports in community settings for people with disabilities has led to:

- Greater general understanding about developmental and other disabilities
- Early intervention by parents
- More self-advocacy by people with disabilities
- Wider inclusion by society at large for people with disabilities
- Opportunities to be productive and generate income via employment
- Strains on the waiver system (and waiting lists for waivers) in Virginia
- Demand for housing, transportation, and health services which can be more difficult in rural communities

A growing population coupled with increasing awareness of independent living opportunities and community inclusion rights, and higher demand for related community-based services and supports will result in greater numbers of people with disabilities and their family members seeking individualized, person-centered assistance.

Virginia faces massive change in its institutional systems due to a multi-year investigation (and February 2011 report) by the U.S. Department of Justice (DOJ); VA was found in violation of residents' civil rights. Although the Board had advocated for not rebuilding training centers and partnered with other organizations in a formal alliance, dollars were allocated to rebuild a 75-bed facility at Southeastern Virginia Training Center (SEVTC) in 2009.

The population of state training centers has declined more than 23 percent from state fiscal year (SFY) 2005 to SFY2010. DOJ settlement talks are underway to discuss how Virginia will meet the requirements of the Americans with Disabilities Act to serve individuals with disabilities in the most integrated setting. This will include moving individuals residing in the training centers to the community with proper services and supports and providing adequate supports to individuals currently in the community on waiting lists or otherwise underserved.

These actions follow a national trend towards small community-based, non-state-operated residential services for individuals with intellectual and developmental disabilities (ID/DD).

In the next 20 years, rising medical costs, coupled with a growing elderly population, federal health care reform legislation (passed in 2010), and broadened eligibility criteria will result in substantial increases in both Medicaid enrollment and costs for Virginia.

In March 2010, the U.S. Congress approved major health care reform legislation, the Patient Protection and Affordable Care Act (42 USC 18001). Although it will not be fully implemented until 2014, its expansion of Medicaid eligibility to all adults under age 65 with incomes at or below 133 percent of the federal poverty level is expected to have a significant impact on costs. In Virginia, this change is expected add 270,000 to 425,000 new Medicaid enrollees at an additional cost of \$1.5 billion between 2017 and 2022.

Virginia and other states have challenged the constitutionality of the federal legislation; the lawsuit continues. Virginia announced a statewide Virginia Health Reform Initiative to not only prepare for potential implementation of federal health care reform, but also develop innovative health care practices that could improve access to services, disease prevention, workforce availability, service quality, and cost effectiveness.

The 2011 Virginia General Assembly approved a number of budget items that addressed Health Reform Initiative recommendations and affected Medicaid funding or services relevant to individuals with disabilities. To improve health systems, the legislature approved a Medicaid program that uses 100 percent federal funds to make incentive payments to eligible professionals and hospitals that adopt electronic health records technology beginning in SFY 2012. Another \$30 million was approved for the Behavioral Health and Developmental Services Trust Fund to provide community-based services, including new Medicaid waivers for individuals transitioning from the state's training centers.

Individuals with ID/DD often receive services via Medicaid Home-and Community-Based waivers. For youth and adults with intellectual or other developmental disabilities seeking services under the Intellectual Disability (ID) or Developmental Disability (DD) Waivers, state funding has not kept pace with need, resulting in large, growing waiting lists.

Despite an increase in the number of slots by 6.7 percent from 2005 by 16.4 percent from 2007 to 2010, the total number on waiting lists increased by 39.4 percent from 2007 to 2010.

Eliminating the waiting lists has been a long-term goal of the General Assembly; in 2010 legislature directed DMAS and the Virginia Department of Behavioral Health and Developmental Services (DBHDS) to produce a plan with cost estimates for eliminating the ID and DD waiting lists by SFY 2020. Their analysis indicated that it would require funding of 1,100 new ID Waiver and 220 new DD Waiver slots per year for SFYs 2011 through 2020.

The actual number of new slots funded annually for the past eight fiscal years has been well below this level, averaging just 360 per year for the ID Waiver and 38 per year for the DD Waiver.

Potential long-term savings could be obtained through avoidance of expenditures for emergency care and institutional services.

As funding for ID and DD waivers has remained flat, and the waiting lists expand, individuals with ID and DD have turned to the Elderly or Disabled with Consumer Direction (EDCD) Waiver as a means of receiving needed services when they are eligible for that waiver. The unduplicated number of individuals served under the EDCD Waiver grew by 9,698 from SFY 2005 to 2010, a dramatic 81.5 percent increase with most of that growth occurring toward the end of that period. From SFY 2007 to 2010, the number grew by 7,634 individuals, 64.1 percent. The EDCD waiver does not provide the comprehensive services needed by many individuals with ID or DD but it does provide access to Medicaid State Plan services.

Inclusion for people with disabilities in society at large will broaden the definition and number of service providers. Growing participation in integrated opportunities by people with disabilities living in community-based settings will require improved awareness and understanding by service providers and by the public in general regarding inclusion, accessibility, and assistive technologies.

Demand for opportunities to be productive and generate income will grow as more people with disabilities live independently in community-based settings. To meet the growing demand for productive and satisfying employment, there will have to be an increase in providers of assistive technology, supported employment, and other related service and supports which long term will result in decreased costs to the Commonwealth vs. institutionalization.

People with disabilities (ages 16-64) have an employment rate of 29.7% (nationally) vs. 77.8% for persons without a disability in 2009. In Virginia, 38.3% of individuals with disabilities were employed compared to 76.7% of persons without a disability. The gap between the employment rate for Virginians with and without disabilities gives Virginia a rank of 25th among the states.

Increasing ethnic and cultural diversity in Virginia and efforts by state and local service providers to help those at the lower socioeconomic levels improve their situations while limiting the needs for tax increases and unnecessary expenditures will make it ever more important that all those with disabilities who wish to work have the information, services, and supports needed to do so.

Requirements to expand the reach and accessibility of transportation and the numbers and awareness of transportation providers will increase as people with disabilities migrate from institutions to community-based settings, become more integrated into traditional child-care, education, employment, and health-care opportunities, and seek to participate in a wider range of recreational, leisure, and spiritual options. Continued urban and suburban "sprawl" and growing numbers of people with disabilities living in rural areas will add to this demand for wider transportation availability and accessibility. Greater demand will also be driven by the needs of growing numbers of personal care attendants and other service providers who are themselves often dependent on public transportation.

Virginia continues to experience significant increases in the number of children with autism being served by public schools. The number of children with an educational classification of autism has increased by 150% from 2003 to 2009. Widespread national media coverage has contributed to raising awareness of autism characteristics.

This disproportionate growth in autism prevalence is having a significant impact on the finances and programs of local school divisions and on the number and interests of advocacy and service provider organizations as well. A significant impact on Part C Early Intervention systems has also been reported; however, Part C systems do not report data by disability diagnosis and many children with autism are likely being served who have not yet been specifically identified. The trend has had an impact on how the state organizes and provides services for individuals with autism and other developmental disabilities.

The number of children receiving Part C services is trending upward. The overall increase in the Annualized Count from 2006 to 2010 was 30 percent (up 14 percent from 2009 to 2010, following a relatively stable 3.5 percent increase from 2008 to 2009). From 2006 to 2010, the December 1 Child Count increased by nearly 60 percent, with a 17 percent increase over just the last year. While these data have not yet been analyzed by the lead agency, it is reasonable to assume that some of the increase was due to the implementation of the new Medicaid Early Intervention Program. The temporary infusion of federal American Recovery and Reinvestment Act (ARRA) stimulus funds may also have been a factor. Virginia continues to lag behind other states in its identification of infants between birth and one in need of services.

The Virginia School Report Card for 2009-2010 shows that performance for students with disabilities still lags significantly (eight to ten percentage points) behind the rate for all students. Although performance of students with disabilities is among the lowest of the data subgroups, including those who are economically disadvantaged or have limited English proficiency, performance of students with disabilities has improved over the last four years. Demand for critical early intervention services, access to the general curriculum, and inclusion of students with disabilities in regular education classrooms, rather than in specialized schools or segregated classrooms within a traditional school, will rise as well as the numbers of educators, administrators, and educational support personnel trained to provide person-centered services.

Need for more and better transition services to assist young people with disabilities in moving from secondary schools to higher education and the workplace will grow to facilitate more inclusive education and higher employment rates for students with disabilities. Despite this need, there continues to be a significant disparity in graduation rates between students with and without disabilities.

The percentage of students with disabilities who graduated high school with a regular (standard or advanced) diploma within four years has remained stable (44%) which lags the performance for all students (with and without disabilities) at 77% based on 2008 data.

Students in Virginia are able to continue in secondary school throughout the year in which they turn 22 (and federal IDEA Part B eligibility ends). Transition planning begins at age 14 in Virginia instead of age 16 as federally mandated. Supports to students with disabilities must improve and increase in order to ensure successful transition of students with disabilities into the adult world of post-secondary and employment opportunities.

Continued growth in single parent households and those in which both parents work will require additional child and respite care options and opportunities for children with disabilities and their families. Parents of children with disabilities who wish to work but cannot due to child care concerns put a greater strain on public services, especially health care, and are unable to contribute to the tax base which must fund those services.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Resident	All Virginians (served based on 2010 VBPD Program Performance Report; potential based on 2010 U.S. C	1,900,000	8,096,604	Increase

Consumer	Virginians with Disabilities (served based on 2010 VBPD performance reports; # of ind. with any disa	11,806	1,410,000	Increase
Developmentally-Disabled	Virginians with DD (served--based on minimum 60% requirement that persons served through Board grant	8,855	145,739	Increase
Governor	Governor and Virginia state agencies	60	100	Stable
General Assembly	Federal Administration on Developmental Disabilities and Other DD Councils	56	56	Stable
General Assembly	General Assembly Members and legislative agencies	143	143	Stable
Consumer	Consumer and Advocacy Organizations (based on VBPD contact list; potential is unknown due to lack of	193	300	Stable
Non-Profit Agency (Boards/Foundations),	State, Regional, and local service providers, agencies, colleges and universities (based on VBPD con	297	1,000	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Congressional reauthorization of the DD Act, which was to have occurred in 2007, is still pending. Continuation of federally-funded activity by the Board is dependent upon Continuing Resolutions.

- The activities of the Board, particularly the size and number of its grant awards, depend on federal and state funding levels. Continued level federal funding and recent state budget reductions combined with increased operational costs will result in future net reduction in funds available to implement grant and other programmatic and policy initiatives.
- Activities of the Board are governed by a federally-mandated Five Year State Plan. The plan, subject to requirements of federal statutes, determines the Board's areas of emphasis, programmatic and operational goals, and specific objectives and strategies for reaching those goals. A state plan covering federal fiscal years 2012-16 (which began on October 1, 2011) was approved by the Administration on Developmental Disabilities. Required updates are submitted annually.
- Board activities are strongly influenced by the background, knowledge, expertise and interests of individual Board members, appointed by the Governor, which can lead to significant changes in activities as there is an approximately 25 percent turnover of Board members each year.
- The Board's staff is small, highly specialized, and positions are multi-dimensional. Continuity of current activity is dependent upon low turnover, diverse staff member expertise, and efficient operations and administrative support.
- As a part of its required assessment of Virginia's disability services system, the Board actively collects public feedback through public comment forums, surveys, and other means. This public input strongly influences future activities by the Board.
- Current activities by partner state and legislative agencies and subsequent actions by those agencies, the General Assembly, and the administration will result in significant changes to Virginia's system of services and supports for people with disabilities in the near future. This includes (but is not limited to) the type, availability and effectiveness of various home and community based waiver programs and the establishment of DBHDS as the lead agency developmental disabilities services. Activities of the Board will be strongly influenced by related decisions and actions.
- Court actions regarding the rights of individuals with disabilities and their guarantees of equal opportunity, accessibility, and inclusion in education, employment, housing, transportation, healthcare, and all other aspects of community life strongly influence the systems of public and private services and supports for people with disabilities. This includes continuing influences and outcomes of the Supreme Court's "Olmstead" decision and the recent Department of Justice settlement with the Commonwealth regarding residents in training centers and the adequacy of community based services and supports.
- Growth in the number and diversity of consumer/ advocacy organizations and state/local providers of services and supports will increase demands on the Board for information, outreach, and coordination.
- Emerging technologies, especially information technologies including social media, and the growing access to and use of technology by people with disabilities and Virginians in general, are anticipated to strongly affect the practices, products, and services of the Board, including the demand for accessible products and materials.
- Growing interactions through national associations with fellow DD Councils in other states and territories can frequently lead to new initiatives and to improvements in existing strategies based on the successes and challenges encountered by other DD Council activities.

Anticipated Changes to the Products and/or Services

- Relatively smaller amounts of federal and state funds and increased operational costs will combine to result in fewer total dollars available for grant awards. Continued achievement of the Board's mission and goals will be facilitated through the Board's increasing emphasis on critical policy and evaluative work, as well as research, monitoring, evaluation, analysis, reporting, outreach, and public information activities. Flat funding will result in fewer resources being available for these activities as well and the need for greater prioritization of goals.
- Shifts in the relative focus of Board activities require the Board to continue increasing its visibility among its constituents and partners and forge additional collaborative relationships with public and private entities. Board messaging, both internal and external, will require continual strengthening.
- Activities that recruit, train, and support self- and family advocates and that maintain and strengthen long term relationships with them will increase as public awareness of and involvement with disability issues increases. The Board will expand its efforts to mobilize and leverage the participation of these individuals and their organizations in their own policy and advocacy efforts, and is now funding a statewide cross disability advocacy organization led by individuals with developmental disabilities.

- By investing in technology tools to communicate with a wider audience of disability stakeholders, and as access to technology by its constituents grows, the Board will be able to increase the amount and precision of information it gathers and shares. The format and immediacy of its messaging will also change, particularly the availability and widespread use of social media and new communication channels.
- Strategic decisions regarding grants, contracts, and other products will be ongoing with staff and Board members.

Listing of Products and / or Services

Competitive and Solicited Grants to public and private agencies and organizations addressing specific areas of emphasis are awarded, monitored, and evaluated to implement goals of the Board's federally mandated Five Year State Plan.

Contributions to other state agency or organizational efforts through in-kind staff participation, service on advisory councils, or monetary contributions are made following evaluation of requests in light of relevance to the Board's goals and priorities.

Contracts with public and private agencies addressing specific Board goals and objectives are awarded.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	500,820	0	500,820
Changes to Base	0	0	0	0
Total	0	500,820	0	500,820

Objectives for this Service Area

Objectives for this Service Area

Objective

Advancing systems change through grants and other investments

Description

In order to ensure that individuals with developmental and other disabilities are provided the services and supports needed for self determination, independence, productivity, and inclusion in all facets of community life, the Commonwealth must implement and embrace creative alternatives to the current service delivery mechanisms. The Board facilitates this through funding of model demonstration, research, training, and other projects that facilitate systems changes and offer strong replication potential. The Board continues to strengthen its evaluation process for grant projects to be sure that projects funded result in sustainable change and that appropriate next steps to systems change are taken after completion of a project. Systematic evaluation of outcomes can provide valuable information to policymakers and other stakeholders regarding successful models, programs, and strategies for improving the service system as well as opportunities for employment, education, housing and effective community inclusion for people with developmental and other disabilities. The identification of challenges encountered through grant programs can also provide important information regarding targeting of future funds.

Objective Strategies

- Closely monitor funding and refine activities to assure adequate funding for grants and contracts on an annual to biannual basis.
- Disseminate information about Board funding opportunities via web, e-news, social media postings, agency publications, and other avenues.
- Encourage recipients of Board funding to obtain funding and in-kind contributions from other partners, including public and private organizations, agencies and foundations.
- Increase outreach to non-traditional partners to increase the number of quality applications received for Requests for Proposals.
- Within available resources, solicit, review, and fund grants designed to effect systems change and improve service delivery in the areas of education, early intervention, community inclusion, transportation, employment, housing and any other areas the Board determines appropriate.

Alignment to Agency Goals

- Promote independence, choice, productivity, self determination, employment, and community integration of persons with developmental and other disabilities.

Measures

- Number of grants and/or contracts funded each year

Measure Class Measure Type Preferred Trend Frequency

Data Source and Calculation

The Board tracks the number of actual grants and contracts funded each state fiscal year. Data source is grant agreements and signed contracts. The number will vary by year.

- Amount of non-state dollars leveraged per Virginian with developmental disabilities served.

Measure Class Preferred Trend Frequency

Data Source and Calculation

The calculation represents the total expenditures minus the Board's State General Fund Expenditures plus Matching Funds (from Grantees) equals Total Non-State (VBPD) Dollars Leveraged. Non-State (Board) Dollars Leveraged divided by Virginians with Developmental Disabilities Served (from Agency Strategic Plan Customer Description Table) equals Non-State (Board) Dollars Leveraged per Virginian with Developmental Disabilities Served.

Objective

Increasing availability of accurate information

Description

Acquisition of relevant, up-to-date outcomes and other evaluative information regarding effective policies, practices, and programs is essential to informing public policy and effecting service delivery changes and program/funding decisions related to persons with developmental disabilities. This is particularly true in Virginia, where until July 2009, there was no agency with specific responsibility for providing services to people with developmental disabilities who do not have a diagnosis of intellectual disabilities. Even with the designation of the Dept. of Behavioral Health and Developmental Services (DBHDS) as the state agency home for individuals with developmental disabilities, it will likely take many years until the agency is fully staffed and trained to undertake its new responsibilities. The designation of DBHDS as the DD agency did not include additional funds to serve the population and did not designate local entities responsible for delivery of direct services to individuals with DD other than ID. This important change to the system will take many years to come to fruition; however significant progress is underway as a result of the recent settlement btw. the Commonwealth and the Dept. of Justice. The Board will continue to strengthen its capacity to assess the service system and provide relevant information to stakeholders and policymakers. Since 2006, the Board has published three comprehensive assessments of the Disability Services System in Virginia as required under §51.5-33 of the Code of Virginia and by federal statute. The next update of the Assessment will be published in the summer of 2014. The Board must also continue to provide ongoing, up-to-date information and recommendations regarding emerging policy and programmatic issues and use updated delivery mechanisms, including improved web and social media communications.

Objective Strategies

- Create a high quality quarterly newsletter that provides substantive information on disability issues as well as updates on Board activities and priorities.
- Develop and implement communications plan that includes outreach to new constituencies
- Develop and implement evaluation instruments that measure effectiveness of Board outreach and communication
- Expand outreach using social media, investing in appropriate resources
- Follow up with policymakers regarding policy recommendations issues in the Assessment as well as through other means of communication.
- Publicize results of Board programs and activities, including grant projects and system improvement projects developed by Board program participants.
- Widely disseminate the 2011 and 2014 Assessment of the Disability Services System

Alignment to Agency Goals

- Increase public awareness and educate policymakers that full inclusion of individuals with disabilities in education, employment, health and civic/community activities is a civil right and an investment in Virginia's future.