

# Policy Flash

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*The latest news, views & information on policy issues and program developments regarding Virginia's service system for people with developmental and other disabilities*

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## In Virginia. . .

### **The Twentieth Anniversary of the Virginians with Disabilities Act (VDA)...**

... was celebrated in Virginia on June 28<sup>th</sup> by advocates and other disability stakeholders from throughout the Commonwealth. Festivities marked the passage of the landmark civil rights legislation. The introduction to the VDA, which was passed by the Virginia General Assembly on March 21, 1985 and became effective July 1, 1985, stated, "It is the policy of this Commonwealth to encourage and enable persons with disabilities to participate fully and equally in the social and economic life of the Commonwealth and to engage in remunerative employment." The VDA directed key disability agencies in the State "to provide, in a comprehensive and coordinated manner, ... those services necessary to assure equal opportunity to persons with disabilities in the Commonwealth."

Organizers of the celebration recalled that the VDA, which predated the federal Americans with Disabilities Act by five years, resulted from the committed work of a coalition of 64 disability organizations known as INVEST (**Insure Virginians Equal Status Today**). Today, twenty years later, organizers said it is necessary to continue working on the challenges that still face Virginians with disabilities in the Commonwealth as they seek to be fully involved in communities that are accessible and welcoming. Now, they noted, is the time to "Re INVEST" [in the initial goals of the VDA] and work on an action plan to fully implement the tenets of the VDA in the future. To achieve that goal, the Virginia Department of Rehabilitative Services (DRS) is preparing a briefing document that will be based on solicited feedback regarding implementation of the VDA over the past twenty years. The document will summarize important issues still facing Virginians with disabilities in 2005 as identified by Virginia's disability advocacy organizations. It will be posted on the DRS website and serve as the basis for an "action plan" for fully implementing the VDA in the future. Comment forms are available via an e-mail request to [jane.lively@drs.virginia.gov](mailto:jane.lively@drs.virginia.gov) or by calling 804-726-1904. (Source: DRS Web Site, July 15, 2005)

### **Disability Commission Examined Housing & Budget Issues...**

... at its July 7, 2005 meeting. Commission members were briefed about the needs of people with disabilities for accessible and affordable housing. Visit-ability, accessibility, application of universal design concepts and incorporating assistive technology were key discussion points. Important housing needs were identified including increasing the availability of subsidized housing services for people with disabilities and expanding existing and potential resources to meet future housing needs. Commission members were also briefed on budget highlights from the 2005 General Assembly session regarding programs under the Health and Human Resources Secretariat. The 2005 General Assembly approved a net general fund increase of \$276.8 million for health and human resources which was \$18 million more than introduced in the budget originally. The increases in funding will bring the revised total for HHR expenditures in Virginia in the 2004-2006 biennium to \$6.3 billion in General Fund monies and \$10.1 billion in Non General fund monies. More than two-thirds of the new funding was directed toward Medicaid for projected increases in enrollment and in service costs. Disability Commission members also learned that current law commits as much as three-quarters of the projected \$500-600 million surplus to the Rainy Day Fund and the Water Quality Improvement Fund and, so, will not be available for significant HHR needs. (Source: Disability Commission Meeting Notes, General Assembly Web Site, July, 2005)

### **AARP Survey Yields Info About Living Preferences ...**

... of seniors as well as people with disabilities. For example, the survey showed that living a home as long as possible was an "extremely or very important" issue to almost 90 percent of people > 50 (including people with disabilities) and that most would support helping nursing home residents move back home... and increasing consumer choice for long-term care services. The survey also showed that AARP members support more funding for public transportation, particularly services for people who are older and people who are disabled. (Source: Virginian-Pilot, July 14, 2005)

### **Task Force Promotes Health Awareness to Improve Health Care....**

... for Virginians with Disabilities. The Virginia Department of Health's (VDH) Health Promotion for People with Disabilities Task Force has developed a state plan that involves mobilizing individuals with disabilities, health providers, caregivers and others to ensure that people with disabilities have equal access to health promotion opportunities as other citizens. The Task Force is conducting town hall meetings in Portsmouth, Warsaw, St. Paul, Lynchburg and Petersburg in July-August to solicit feedback on goals and strategies in the state plan as it relates to local communities; identify and prioritize local community needs; and request information on needs for expanded services in local communities. The State Plan, which focuses on five areas including interacting with existing initiatives, access to health care, nutrition and physical activity, health promotion and outreach, and data and surveillance, is available for review online at the VDH website: [www.vahealth.org/cdpc](http://www.vahealth.org/cdpc). (Source: News Release, VDH Health Promotion for People with Disabilities)


### **Virginia's Second Annual Olmstead Implementation Report Issued...**

... on July 15, 2005. Pursuant to Executive Order 61 (2004) and Executive Order 84 (2005), the report on "The Olmstead Initiative" in Virginia summarizes the State's progress in implementing the *Olmstead v. L.C.* decision (Supreme Court, 1999), recommendations of the *Olmstead* Task Force (2003), and recommendations of the Oversight Advisory Committee (2004). According to the Executive Summary, as of June 2005, 32 recommendations in the Olmstead Report have been fully implemented and substantive progress has been made in implementing others including the addition of 860 MR Waiver slots and 105 DD Waiver slots; creation of a new Alzheimer's and Dementia day support waivers; increasing provider rates; providing new discharge assistance, PACT and crisis stabilization services for people with mental illness; developing two new MR regional community support centers; strengthening protections for assisted living facility residents; and customization of WorkWorld® decision support. The 41-page report provides a comprehensive overview of the activities of the Community Integration Implementation Team to the Community Integration Oversight Advisory Committee. Under Executive Order 84, the Team is collaborating with the Committee and, using a strategic planning process, has been working on prioritizing and "costing out" the Task Force Report recommendations. (Source: Second Annual Report of the CI Implementation Team to the CI Oversight Advisory Committee available on the Dept. of Mental Health, Mental Retardation and Substance Services website <http://www.olmstead.va.com/>. (Source: Olmstead One Community Web Page)

## **In the Nation. . .**

### **Lifespan Respite Care Act Introduced...**

...to provide funding for development of programs at the state and local levels that would provide "coordinated systems of accessible, community-based respite care services for family caregivers of children and adults with special needs." The Act (S. 1283), introduced by Senators John Warner (R-VA) and Hillary Clinton (D-NY), provides for program evaluation, development of planned or emergency respite services, recruitment and training of respite workers and caregivers. Under the Act, funds would be provided to state agencies, other public or private nonprofit entities capable of operating on a statewide basis and political subdivisions of states with populations > 3million. The Bill requires cooperation and collaboration of several key federal agencies involved with providing services across the lifespan including the Secretary of HHS, the Maternal and Child Health Bureau in HRSA, the National Family Caregiver Support Program in AoA, the Administration for Children, Youth and Families, the Administration on Developmental Disabilities and the Substance Abuse and Mental Health Services Administration. The Act would also establish a National Resource Center on Lifespan Respite Care. The Bill does not authorize funding for its initiatives. (Source: DAC News, V6, No.8, July 18, 2005).

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