

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

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



## **2009 Updated Plan**

**Adopted June 23, 2009  
Pursuant to Executive Directive 6 (2007)  
By the Community Integration Implementation Team and the  
Community Integration Advisory Commission  
and  
Submitted to The Honorable Timothy Kaine, Governor of Virginia  
August 10, 2009**

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## **I. INTRODUCTION**

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

Executive Directive 6 charges the Team to prepare annual Plan updates by August 31 of each year. The original Plan was first updated in 2008. The Team respectfully submits this 2009 Updated Plan.

### **How the Updated Plan Was Prepared**

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

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

The three groups met from March through June 2009 to develop proposed updates to the Plan. The updates included the work of four Team Task Groups that developed recommendations on portability of the auxiliary grant, family members as providers, housing barriers, and proposed amendments to the Nurse and Medical Practices and Drug Control acts. The updates were presented to and acted on by the Team and Commission on June 23, 2009.

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

### **A. Our Mission**

The Team shall continue its "collaborative efforts to complete and annually update a comprehensive, cross-governmental strategic plan designed to assure continued community integration of Virginians with disabilities....The plan shall be submitted to (the Governor) for (his) approval no later than August 31, 2007, and shall be updated and submitted annually by August 31 of each succeeding year....The Plan shall be accompanied by a report on statewide progress in addressing these issues."<sup>1</sup>

*Executive Directive 6 (2007)*

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<sup>1</sup> At the request of the Commission, the 2009 Progress Report was developed as a stand-alone document and will be available at [www.olmsteadva.com](http://www.olmsteadva.com) by August 31, 2009.

## **B. Our Vision**

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

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

—*One Community: Final Report of the Task Force to Develop an Olmstead Plan for Virginia (August 28, 2003)*, as adopted in 2004/2005 by the EO 61 and EO 84 Oversight Advisory Committee, in 2006 by the EO 2 Oversight Advisory Board, and in 2007, 2008 and 2009 by the Team and Commission.

## **C. Our Goals**

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

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

## **D. Our Critical Success Factors**

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

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

- Provide services and supports that are appropriate to and respectful of the individual, affordable, accessible, available, diverse, reliable, safe and accountable;
- Allow self-determination and consumer direction<sup>2</sup> of services and supports to the extent possible;
- Provide maximum opportunities for individuals with disabilities and their families to participate in planning and developing services and supports as well as policy planning;
- Assure that individuals with disabilities and their families know about these services and supports and the choices that are available to them;
- Encourage independence and community involvement through livable/walkable communities<sup>3</sup>, beginning with local comprehensive plans and continuing through implementation that provides transportation, housing, employment and access to services; and
- Address the institutional bias in the State Medicaid Plan by balancing community and institutional services.

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<sup>2</sup> In this Plan, the term “consumer direction” and the term “self direction” are synonymous.

<sup>3</sup> A “livable/walkable community” is one that has affordable and appropriate housing, supportive community features and services, adequate mobility options and encourages employment opportunities for all who want to work, which together facilitate the public sense of safety, personal independence and engagement of residents in civic and social life.

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

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

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

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

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

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

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

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

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

Most individuals with disabilities are fully capable of making choices and decisions for themselves, just as individuals without disabilities are. We acknowledge that some individuals with disabilities lack the capacity to make some or all decisions and choices for

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

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

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

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

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

#### Action Plan #1.1

<b>Expectation</b>	Individuals with disabilities will plan, fully understand, choose and direct their own services.			
<b>Strategy</b>	Identify individuals with disabilities or their families who have had successful experiences with directing their services and supports and include them in state and local initiatives (for example, training and mentor programs) to assure that service providers and disability communities share a commitment to maximize principles of self-direction and choice.			
<b>Measurable outcomes</b>	1) The number of individuals with disabilities who plan, fully understand, choose and direct their own services will increase. 2) The number of individuals with disabilities living in the most integrated setting will increase. 3) Education and training of community service providers, individuals with disabilities and families is well coordinated and consistently provided. 4) The media is educated.			
<b>Implementation Actions</b>		<b>Date/s</b>	<b>Responsible agency/cies</b>	<b>Cost/s</b>
1. Incorporate self-direction language and promotion of person-centered practices (PCP) in policies and documents of state and local agencies, including training materials. Follow progress of Systems Transformation Grant (STG) implementation.		Ongoing	IT	\$0
2. Develop strategies to identify and address the disparity among communities with regard to knowledge about self-direction and PCP. Follow progress of STG implementation, including major outreach and training initiatives; development of a technical assistance cadre; development and disbursement of PCP Toolkits, training materials, and conference events related to self-direction, etc.		2011	Agencies collaborating on STG	\$0
3. Identify responsible entities to coordinate statewide education and training efforts. Follow progress of STG implementation, including major outreach and training initiatives; development of a technical assistance cadre; and development and disbursement of PCP Toolkits, training materials, and so forth.		2011	Agencies collaborating on STG	\$0
4. Encourage IHEs to include a curriculum that places priority on concepts of self direction and PCP in all appropriate fields. Support requests for technical assistance and training on curriculum development.		Ongoing	SCHEV	\$0
5. Explore the possibility of developing formal linkages between the VBPD Partners in Policy-Making, Youth Leadership Forum, and Consumer Empowerment Leadership Training (CELT) graduates and membership on state level planning groups.		7/09	OCI, VBPD, DBHDS	\$0

## Action Plan #1.2

<b>Expectation</b>	Individuals with disabilities will have a variety of choices to support their selected community integration option.				
<b>Strategy #1.2.1</b>	Expand self-direction options in all service environments to increase utilization.				
<b>Measurable outcome</b>	The number of individuals using self-direction options will increase.				
<b>Implementation Actions</b>			<b>Date/s</b>	<b>Responsible agency/cies</b>	<b>Cost/s</b>
1. Develop new self-direction community integration options for Virginians, including, where applicable, adding self-direction to home and community-based waivers. <ul style="list-style-type: none"> <li>• Support current efforts to address Goal 2 within the STG.</li> <li>• Use recommendations from the DBHDS<sup>4</sup> PCP Leadership Team to support this strategy.</li> <li>• Promote awareness of the “best practice” models identified in 2008.</li> </ul>			2011  Current Current Ongoing	Agencies collaborating on the STG	TBD
2. Promote increased usage of self-direction options through education and outreach.			Ongoing	Agencies collaborating on the STG	TBD
3. Involve the SILC, the CILs, AAAs, CSBs, and private case management organizations in creating implementation plans for new targeted community integration best practices referenced above including transitional start-up costs. <ul style="list-style-type: none"> <li>• Compile a summary of new services and changes to be made through adoption of best practice models.</li> <li>• Collaborate on establishing priorities based on populations in need, funding, and implementation plans.</li> <li>• Work with identified agencies to determine options for funding the models.</li> <li>• Implement the models.</li> <li>• Assure that Virginia policy reflects the expanded options and funding mechanisms.</li> </ul>			Ongoing	Agencies collaborating on the STG	TBD
<b>Strategy #1.2.2</b>	Develop an infrastructure to support individuals with disabilities to choose how their allocated funding is spent, with appropriate accountability.				
<b>Measurable outcome</b>	The number of individuals using individualized budgeting will increase.				
<b>Implementation Actions</b>			<b>Date/s</b>	<b>Responsible agency/cies</b>	<b>Cost/s</b>
1. Adopt Money Follows the Person(MFP) initiatives. Follow progress of Systems Transformation Grant (STG) implementation: <ul style="list-style-type: none"> <li>• Determine budget authority and methodology; amend waivers.</li> <li>• Design and field test pilots by waiver.</li> <li>• Define roles of fiscal employer/agent and broker.</li> <li>• System change complete.</li> </ul>			2011	Agencies collaborating on the STG	TBD

<sup>4</sup> Department of Behavioral Health and Developmental Services, formerly the Department of Mental Health, Mental Retardation and Substance Abuse Services.

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

### Action Plan #2.1

<b>Expectation</b>	An environment conducive to attracting and maintaining an adequate network of quality community providers and direct support professionals will be created.				
<b>Strategy #2.1.1</b>	Publish/communicate complete career ladder of certifications and licensure for individuals serving individuals with disabilities.				
<b>Measurable outcome</b>	The number of quality community providers and direct support professionals in Virginia will increase.				
<b>Implementation Actions</b>			<b>Date/s</b>	<b>Responsible agency/cies</b>	<b>Cost/s</b>
1. Continue to support existing career pathways for direct support professionals: <ul style="list-style-type: none"> <li>• As funding for the College of Direct Support was recently cut, continue to advocate for funding restoration. Inquire whether ARRA funding could be used for this purpose.</li> <li>• Support DBVI's two- year succession plan effort, "Investing in Our Workforce," designed to ensure an educated and full workforce at DBVI.</li> </ul>			Ongoing	IT, DBVI, DRS, DBHDS, DMAS	TBD
2. Track the implementation of recommendations from the Health Reform Commission. Work with OSHHR regarding disability-related recommendations and any implementation progress.			Ongoing	IT, DBVI, DRS, DBHDS, DMAS	TBD
<b>Strategy #2.1.2</b>	Adequately reimburse quality community providers and direct support professionals so that they can afford to do business.				
<b>Measurable outcome</b>	Reimbursement of quality community providers and direct support professionals in Virginia will increase.				
<b>Implementation Actions</b>			<b>Date/s</b>	<b>Responsible agency/cies</b>	<b>Cost/s</b>
1. Continue to monitor compensation and pay rate for direct support professionals. Ensure that all Personal Care, Respite, and Companion Services through DRS, DMAS, and DSS are allotted new funds for comparable increases.			Ongoing	DRS, DMAS, DSS	TBD
2. Advocate and educate the Governor's Office and the General Assembly (GA) about the need. Support advocacy groups, who will continue to advocate with the Governor and the GA for additional rate increases.			Ongoing	OCI, IT	\$0
3. Facilitate activity between public and private entities to encourage collaboration and create a cohesive effort to increase rates. Convene a meeting with all agencies/groups supporting direct support providers to ensure that requests for increases are made collaboratively during the 2010 GA session to ensure parity of increases.			Summer 2009	DMAS, DRS, DBHDS	TBD
4. Convene a short-term Team task group to determine how to <b>implement</b> a 25% differential in ID and IFDDS Medicaid Waiver reimbursement rates for providers of residential services who serve four or fewer people per home to make smaller settings more financially feasible and promote the Money Follows the Person initiative.			Fall 2009	DBHDS, DMAS	TBD

<b>Strategy #2.1.3</b>	Identify methods of encouraging exemptions of publicly-funded skilled services where appropriate so that individuals who direct their own services have sufficient flexibility to choose to have a direct support professional to perform the duties.			
<b>Measurable outcome</b>	The number of quality community providers and direct support professionals in Virginia will increase.			
<b>Implementation Actions</b>			<b>Date/s</b>	<b>Responsible agency/cies</b>
1. Request Governor to consider introducing a legislative proposal in the 2010 GA Session amending Code § 54.1-2901(A) and Code § 54.1-3001 to increase the flexibility of individuals to direct their own publicly-funded skilled care that would not counter current nurse and medical practices delegation regulations.			2009	IT, DRS, DMAS, OCI, DHP
2. Include in the above legislative proposal amendments to Section 54.1-3408 (P) of the Drug Control Act to say "normally self-administered drugs" and not limit the route of administration.			2009	OCI, IT, DHP
3. Implement stakeholder legislative education activities planned by Task Group.			07/09 to 01/10	IT
4. Work with the GA to provide tax incentives for private care providers for employee training and certification. Talk with private providers to ask what kinds of incentives they envision.			2009	OCI
5. Continue to explore paid family members serving as personal assistants in publicly funded programs. Recommend specific regulatory, policy and procedural changes (with safeguards) to the DRS PAS program and Consumer Directed services in the DMAS Waivers that would allow family members over age 18 to be employed as personal assistants. The same standard currently used in the MR/ID Waiver should be considered for use in the other waivers.			Fall 2009	DRS, DMAS, DBHDS

**Critical Success Factor #3: Obtain Housing**

**Action Plan #3.1**

<b>Expectation</b>	Housing will be accessible for individuals leaving institutions or at risk of becoming institutionalized.			
<b>Strategy</b>	Eliminate physical, social and other barriers that impede an individual's ability to live in the most integrated environment possible. (Accessibility means different things for different individuals. For an individual with a mobility limitation the elimination of structural barriers might result in accessibility. For an individual with a developmental disability, accessibility might be a system of supports that mitigate limitations and perhaps include a congregate living model.)			
<b>Measurable outcomes</b>	1) The number of individuals getting accessible housing will increase. 2) The number of individuals in supportive housing will increase.			
<b>Implementation Actions</b>			<b>Date/s</b>	<b>Responsible agency/cies</b>
1. Continue to identify the barriers to accessible housing and determine how best to address them.			Ongoing	DPOR, VHDA, DHCD
<ul style="list-style-type: none"> <li>Work with building code officials who are responsible for ensuring that buildings are in compliance to develop recommendations on addressing barriers through programmatic responses.</li> <li>Promote acceptance of Universal and EasyLiving Home Design as the standard for development of new housing;</li> </ul>				TBD

offer training courses related to universal design, EasyLiving Homes and accessibility requirements on a continuing basis.			
<ul style="list-style-type: none"> <li>Determine the need to address attitudes, beliefs, and misconceptions of housing providers related to the disability community.</li> <li>Support the work of the SILC and CILs to educate the housing community on the accessibility needs of people with disabilities.</li> </ul>			
2. Create an IT Task Group to develop recommendations for increasing awareness of how to comply with Section 504 of the Rehabilitation Act.	August 2009	IT	\$0
3. Evaluate the need for additional program resources to assist the development of accessible units in appropriate locations, and recommend the allocation of additional resources as needed.	Ongoing	VBPD, DHCD, VHDA, DBHDS, DRS, OCI, DSS, DMAS	\$35,000
<ul style="list-style-type: none"> <li>Recommend that the General Assembly Housing Commission participate.</li> <li>Explore funding sources for the fund expansion.</li> <li>Identify appropriate agencies to submit grant applications or to take the lead on state budget initiatives.</li> <li>Encourage Universal and EasyLiving Home Design features for all new construction.</li> </ul>			
4. Foster implementation of the accessibility recommendations in the MFP Annual Housing and Transportation Action Plan, which are hereby incorporated by reference into this Plan, and the report of the Housing Study work group convened by DBHDS, due by October 2009.	Ongoing	DHCD, VHDA, DMAS, DBHDS, DRS, VBPD	\$0
5. Assist the disability and aging communities to work together to educate decision-makers on the need for accessible housing options for older adults and individuals with disabilities.	Ongoing	DHCD, VHDA, DMAS, DBHDS, DRS, VBPD, DBVI, VDDHH, VDA, DVS	\$0

### Action Plan #3.2

<b>Expectation</b>	Housing will be affordable for individuals leaving institutions or at risk of becoming institutionalized.			
<b>Strategy 3.2.1</b>	Produce more units for individuals above 60% of the area median income that can be occupied using no more than 30% of their available income.			
<b>Strategy 3.2.2</b>	Provide income supplements to individuals below 60% of the area median income such that no more than 30% of their available income is spent for housing.			
<b>Measurable outcomes</b>	1) The number of units to house individuals at or below 60% of the area median income will increase. 2) The number of individuals receiving subsidies sufficient to meet their housing needs will increase.			
<b>Implementation Actions</b>		<b>Date/s</b>	<b>Responsible agency/cies</b>	<b>Cost/s</b>
1. Work with VBPD, VHDA, DHCD, the SILC and the Disability Commission to develop and fund a mechanism for collecting statewide annual data on:		By 1/1/10	OCI, VBPD, DRS, DSS, DMAS, DBHDS, DBVI, VDA	TBD
<ul style="list-style-type: none"> <li>The number of individuals currently in nursing homes, state mental health facilities, ICFs/MR and ALFs who need affordable housing units or rental vouchers in order to move to the community.</li> <li>The number of individuals at risk of admission to one of these facilities if they cannot find affordable housing in the community.</li> </ul>				

<ul style="list-style-type: none"> <li>• The type of affordable housing needed by these individuals by income level and geographic region.</li> <li>• The number of affordable housing units needed by these individuals by geographic region.</li> </ul>			
<p>2. Evaluate the need for additional program subsidies to increase affordability.</p> <ul style="list-style-type: none"> <li>• Research current fair market rents throughout Virginia.</li> <li>• Develop program structures to make housing more affordable.</li> <li>• Project costs for such programs.</li> <li>• Maximize opportunities for leveraging funds through investment in community housing.</li> </ul>	Ongoing	DHCD, VHDA, VBPD, DBHDS, DRS	\$35,000
<p>3. Preserve affordable, accessible housing where it exists.</p> <ul style="list-style-type: none"> <li>• Identify the funding stream that maintains the affordability of these units.</li> <li>• Develop strategies that consider geography and funding sources.</li> <li>• Provide resources for rental assistance to help maintain affordability.</li> </ul>	Ongoing	VHDA, DHCD	TBD
<p>4. Encourage development of affordable housing where it does not exist.</p> <ul style="list-style-type: none"> <li>• Stay abreast of potential federal programs and educate decision-makers on the need for options for people with disabilities with very low incomes through such mechanisms as the federal housing trust fund, the former Virginia Housing Partnership Fund or similar funds.<sup>5</sup></li> <li>• Develop a press release for the Governor's consideration to educate the public on the opportunities provided by the Community Development Block Grant ARRA funding (going beyond Section 504 compliance), HUD's non-elderly disability vouchers and new vouchers; EasyLiving Homes; the Livable Homes Tax Credit; and the possibility of combining Neighborhood Stabilization Program funding with voucher funding.</li> <li>• Encourage use of the Greenhouse Project Model.</li> </ul>	Ongoing	IT	TBD
<p>5. Foster implementation of the housing affordability recommendations in the MFP Annual Housing and Transportation Action Plan, which are hereby incorporated by reference into this Plan, and the report of the Housing Study work group convened by DBHDS, due by October 2009.</p>	Ongoing	DHCD, VHDA, DMAS, DBHDS, DRS, VBPD	\$0

**Action Plan #3.3**

<b>Expectation</b>	Housing will be available and appropriately located.
<b>Strategy 3.3.1</b>	Make specific financing resources available.
<b>Strategy 3.3.2</b>	Increase local capacity to undertake development.
<b>Strategy 3.3.3</b>	Insure appropriate enforcement of laws and regulations.

<sup>5</sup> The Team recognizes that the economy may preclude funding of state initiatives in the upcoming year and will update the plan next year based on changes on the federal level and state of the economy at that time.

<b>Measurable outcomes</b>	1) The number of new units will increase. 2) The number of developers and design professionals capable of building new units, built to Universal and EasyLiving Home Design standards, in appropriate regions will increase. 3) The number of Fair Housing Complaints, including failure to make reasonable modifications, will decrease. 4) The number of local communities' comprehensive plans that reflect the needs of individuals with disabilities and address issues of safe, livable/walkable communities including accessibility, affordability and availability will increase.			
<b>Implementation Actions</b>		<b>Date/s</b>	<b>Responsible agency/cies</b>	<b>Cost/s</b>
1. Support the work of the CILs to review comprehensive plans to evaluate data that addresses issues of accessibility, affordability, and availability. Consult VACO and VML to assess data availability.		Ongoing	DHCD, VHDA, DMAS, DBHDS, DRS, VBPD	\$0
2. Foster implementation of the housing availability recommendations in the MFP Annual Housing and Transportation Action Plan, which are hereby incorporated by reference into this Plan, and the report of the Housing Study work group convened by DBHDS, due by October 2009.		Ongoing	DHCD, VHDA, DMAS, DBHDS, DRS, VBPD	\$0
3. Develop a plan to expand outreach and promote awareness of existing financial and capacity building resources available to the general public, local governments, PHA's, housing providers, developers, and builders. <ul style="list-style-type: none"> <li>• Develop additional informational publications as needed and distribute them.</li> <li>• Conduct information sessions as needed for the general public, local governments, PHA's, housing providers, developers, and builders.</li> <li>• Support expansion of the Accessible Housing Registry, <a href="http://www.accessva.org">www.accessva.org</a>, as a marketing and outreach tool through Socialserve.com. Investigate and recommend incentive opportunities to ensure that accessible housing is included and updated on <a href="http://www.accessva.org">www.accessva.org</a>.</li> <li>• Incorporate a comment and rating option on, <a href="http://www.accessva.org">www.accessva.org</a>.</li> <li>• Ensure that accessible housing developed with the Community Development Block Grant, HOME, Low Income Housing Tax Credit, and other public resources, is included and updated on <a href="http://www.accessva.org">www.accessva.org</a>.</li> </ul>		Ongoing	VHDA, DHCD	\$10,000
4. Develop methods of enhancing compliance with laws and regulations. <ul style="list-style-type: none"> <li>• Continue to work with private fair housing organizations and advocacy groups to enhance enforcement efforts related to the design and construction requirements of the Virginia Fair Housing Law. Assess fair housing violation trends and target training based on the most frequent violations.</li> <li>• Educate builders, developers, and state and local housing officials about their obligations under federally financed housing programs.</li> <li>• Work with the SILC and CILs to educate individuals with disabilities and disability advocates about the obligations of builders and developers.</li> </ul>		Ongoing	DHCD, DPOR	\$40,000

### Critical Success Factor #4: Locate and Obtain a Job

#### Action Plan #4.1

<b>Expectation</b>	Individuals with significant disabilities transitioning out of institutions will have the option to become employed.			
<b>Strategy</b>	Make available information and resources to pursue and obtain employment.			
<b>Measurable outcome</b>	The number of referrals to organizations that provide services to assist individuals with disabilities to become employed will increase.			
<b>Implementation Actions</b>			<b>Date/s</b>	<b>Responsible agency/cies</b>
1. Ensure that all information about job location, availability and training/education needed is up to date and available to those who are transitioning into the community. Work with DMAS to ensure that this information is being captured on MFP transition plans, and if it is not, add it to transition plans.			Ongoing	IT, VEC, Workforce Office, DRS, DBVI, DMAS, DBHDS
2. Request update from DMAS to ensure that availability of employment information is consistent with the MFP Protocol.			Summer 2009	OCI, DMAS, DBHDS
			<b>Cost/s</b>	
				TBD
				\$0

#### Action Plan #4.2

<b>Expectation</b>	Individuals with disabilities will have informed choice in their employment options, including self-employment.			
<b>Strategy</b>	Develop knowledge of available employment options and the means to attain them.			
<b>Measurable outcome</b>	At least 100 individuals in nursing homes, 100 individuals in institutions, and 100 other individuals transitioning to the community under the Money Follows the Person Demonstration will receive employment services options packages and will understand the various options.			
<b>Implementation Actions</b>			<b>Date/s</b>	<b>Responsible agency/cies</b>
1. Working with advocates, disseminate the employment services options package to appropriate bodies, including those assisting individuals who are transitioning, in hard copy and through websites.			Ongoing	DRS, DBVI, DBHDS, DMAS
2. Working with CILs and ESOs, train staff, including staff involved in institutional discharge planning, on employment services options and informed choice so that they can support individuals with disabilities to obtain desired employment. Ensure that there is a process and tracking in place for this to happen. At a minimum, request DMAS to ensure that this is happening with individuals transitioning under MFP.			Ongoing	DRS, DBVI, DMAS, DBHDS
3. Request that DMAS write a memorandum to individuals currently using waiver services informing them of the current Supported Employment option within waivers and other employment-related options.			Fall 2009	DRS, DBVI, DMAS, DBHDS
				TBD



## Critical Success Factor #5: Access Transportation

### Action Plan #5.1

<b>Expectation</b>	Individuals with disabilities leaving institutions or at risk will be aware of available transportation options.			
<b>Strategy</b>	Educate and publicize available transportation options to individuals with disabilities.			
<b>Measurable outcome</b>	The number of individuals utilizing transportation services will increase.			
<b>Implementation Actions</b>		<b>Date/s</b>	<b>Responsible agency/cies</b>	<b>Cost/s</b>
1. Collect and use data that FTA will require DRPT to collect for SAFETLU programs on the following performance measures: <ul style="list-style-type: none"> <li>• Increase # of people who get rides</li> <li>• Increase one-way rides</li> <li>• Increase geographic locations served</li> <li>• Expand the number of hours that service is provided</li> <li>• Improve system capacity</li> <li>• Improve access connections between systems</li> </ul> For non-SAFETLU programs, determine what data is readily available from agencies and assess whether that data is useful.		12/09	OCI, DMAS, DBVI, VDA, DBHDS, DRS	\$0
2. Support DRPT in coordinating local plans. <ul style="list-style-type: none"> <li>• DRPT will finalize the statewide plan and submit it to the Governor.</li> <li>• Reinforce and strengthen the regional mobility teams.</li> </ul>		12/09 and ongoing	IT, DRPT	TBD
3. Develop a mechanism to educate individuals with disabilities and other stakeholders about transportation access and opportunities, including the benefits of collaboration/cooperation between local jurisdictions through VirginiaNavigator and disability services.		10/09	DRPT	\$0
4. Develop concrete recommendations for implementing a voucher system. <ul style="list-style-type: none"> <li>• Research other states' mileage reimbursement, volunteer driver, and voucher programs.</li> <li>• Research other states' incentive programs for individuals with disabilities.</li> </ul>		10/09	VBPD, DRPT, DMAS	TBD
5. Foster implementation of the transportation awareness recommendations in the MFP Annual Housing and Transportation Action Plan, which are hereby incorporated by reference into this Plan.		Ongoing	IT	\$0

## Action Plan #5.2

<b>Expectation</b>	Individuals with disabilities leaving institutions or at risk will know how to take advantage of available transportation services and the process to file an appropriate complaint.			
<b>Strategy</b>	Train CILs, CSBs, AAAs, ESOs, case managers and other key personnel to train end users.			
<b>Measurable outcome</b>	The number of individuals trained to take advantage of their transportation choices will increase.			
<b>Implementation Actions</b>			<b>Date/s</b>	<b>Responsible agency/cies</b>
1. Identify training needs and create a training model.			10/09	DMAS, VDA, DRS, DBHDS, DSS, DRPT, VDDHH, DBVI
<ul style="list-style-type: none"> <li>Request agencies to submit existing training activities; compile existing training activities.</li> <li>Identify processes to redress violations of the transportation provisions of the Americans with Disabilities Act.</li> <li>Develop training tools to share existing training activities. Identify key audiences.</li> </ul>				
2. Provide training.			10/09	DMAS, DRPT, VDA, DRS, DBVI, DBHDS, DSS, DRPT, VDDHH
<ul style="list-style-type: none"> <li>Insure that all available transportation resources are listed with 2-1-1 VIRGINIA so that referrals can be made as needed.</li> <li>Provide CILs, CSBs, AAAs, ESOs, case managers and other key personnel training materials. Groups identified will begin sharing information and/or developing a training curriculum.</li> </ul>				\$0.5 million
3. Foster implementation of the travel training recommendations in the MFP Annual Housing and Transportation Action Plan, which are hereby incorporated by reference into this Plan.			Ongoing	IT
				\$0

## Action Plan #5.3

<b>Expectation</b>	The State will leverage funding to support current and increased transportation services.			
<b>Strategy</b>	Coordinate transportation services to maximize efficiencies to support additional transportation services.			
<b>Measurable outcome</b>	1) A plan will be submitted to the Governor by October 2008. 2) The current level of transportation services will increase as measured by the number of trips, miles, and riders.			
<b>Implementation Actions</b>			<b>Date/s</b>	<b>Responsible agency/cies</b>
1. Review comprehensive plans to determine whether the transportation needs of people with disabilities are addressed. Educate the Team on the Transportation and Housing Alliance (THA) Toolkit and reinforce its use as a method of gathering data.			10/09	DRPT, Human Services Transportation Council
2. Local Coordination plans will identify coordination/improved efficiency opportunities. Include coordination with housing, medical, and employment transportation.			10/09	DRPT, VHDA, DHCD, DRS
3. Seek reinvestment of the appropriate secretaries in the MOU prior to the end of the current administration.			12/09	DRPT, Human Services Transportation Council
				\$0

4. Establish mobility long range goals with performance measures in cooperation with other modal agencies during development of the next Statewide Transportation Plan.	12/09	VDOT, DBVI	\$0
5. Explore options to develop a strategy to hold transportation services accountable to individuals with disabilities for failure to provide agreed services.	TBD	IT	\$0
6. Foster implementation of the transportation coordination recommendations in the MFP Annual Housing and Transportation Action Plan, which are hereby incorporated by reference into this Plan.	Ongoing	DRPT	\$0
7. Support DMAS's efforts to implement a pilot with Logisticare and other transportation providers using the new Logisticare web-based software, which has both billing and routing capabilities.	Ongoing	DMAS, DRPT	\$0

**Critical Success Factor #6: Surrogate/Supportive Decision-Making**

**Action Plan #6.1**

<b>Expectation</b>	A qualified surrogate or supportive decision-maker will be available to each individual statewide who needs one; if an individual cannot afford one, one will be provided.			
<b>Strategy</b>	Identify appropriate human and financial resources needed and develop mechanisms to make the resources accessible.			
<b>Measurable outcome</b>	There will be no unmet surrogate or supportive decision-making needs.			
<b>Implementation Actions</b>		<b>Date/s</b>	<b>Responsible agency/cies</b>	<b>Cost/s</b>
1. Conduct a statewide assessment of individuals who have unmet surrogate/supportive decision-making service needs. Determine the need based on current data available and identify gaps where data are not available.		3/10	DBHDS, DSS, DRS, DMAS, VDA	\$0
2. Develop an estimate of the cost for the appropriate level of service based on the data available regarding unmet need.		7/10	DBHDS, VDA, DSS, DRS, DMAS	\$0
3. Develop a budget amendment to implement the action steps.		8/10	DBHDS, VDA DSS, DRS, DMAS	\$0

**Action Plan #6.2**

<b>Expectation</b>	For those who have a surrogate or supportive decision-maker, the decision-maker will represent the best interests of the individual without exceeding the level of services required in accordance with applicable law and regulations.			
<b>Strategy</b>	Provide training for surrogate or supportive decision-makers on respect for individual values, person-centered practices, self direction, appropriate standards, and consistency with the needs of the individual.			
<b>Measurable outcome</b>	All surrogate or supportive decision makers will receive training prior to serving as decision-makers.			
<b>Implementation Actions</b>		<b>Date/s</b>	<b>Responsible agency/cies</b>	<b>Cost/s</b>
1. Form a short-term Task Group of the IT to develop implementation actions in collaboration with the Virginia Guardianship Association.		10/09	IT	\$0

## Critical Success Factor #7: Access Ongoing Supports

### Action Plan #7.1

<b>Expectation</b>	All individuals with disabilities will have accessible, quality medical, dental, vision and hearing care in their communities.			
<b>Strategy</b>	Increase the number of accessible (including physically accessible) medical, dental, vision and hearing providers in communities that offer services to individuals with disabilities.			
<b>Measurable outcome</b>	The number of accessible medical, dental, vision and hearing providers offering services to individuals with disabilities will increase by 20%.			
<b>Implementation Actions</b>		<b>Date/s</b>	<b>Responsible agency/cies</b>	<b>Cost/s</b>
1. Follow implementation of recommendations of the Governor’s Health Reform Commission in “Roadmap for Virginia’s Health.” Follow implementation of the VCU Health Promotion Grant.		Ongoing	IT	TBD
2. Add dental care as a covered service by Medicaid for adults.		TBD	DMAS	TBD

### Action Plan #7.2

<b>Expectation</b>	Waiver services will be available for all who want them.			
<b>Strategy</b>	Expand existing waivers.			
<b>Measurable outcome</b>	100% of individuals eligible for existing waivers will receive desired waiver services.			
<b>Implementation Actions</b>		<b>Date/s</b>	<b>Responsible agency/cies</b>	<b>Cost/s</b>
1. Monitor the waiting list phase out plan adopted by the 2009 General Assembly.		Ongoing	IT	\$0
2. Identify additional needed services. Utilize the MR/ID System Study as a model for how to identify additional needed services. Identify additional needed services for other waivers.		Ongoing	OSHR, DMAS, DBHDS	TBD
3. Obtain appropriation for additional services.		Ongoing	OSHR, DMAS, DBHDS	TBD
4. Monitor the development of outreach and information dissemination information about Medicaid Waiver for students with disabilities and their families through the Virginia Navigator initiative and any other organizations working on outreach and education of students and families.		Ongoing	DBHDS, VDOE, DMAS	TBD
5. Work with all local agencies to assure that all waiver slots allocated to the MFP Demonstration are being filled in a timely manner by individuals wishing to transition to the community.		Ongoing	OCI, DBHDS, DMAS, VDA, DRS	\$0

### Action Plan #7.3

<b>Expectation</b>	Virginia will cover all needed services for individuals with mental illness.			
<b>Strategy</b>	Expand funded wellness management, peer supports, and supported employment services.			
<b>Measurable outcome</b>	At least three new services will be expanded.			
<b>Implementation Actions</b>			<b>Date/s</b>	<b>Responsible agency/cies</b>
1. Seek additional SGF in Governor's budget to collaborate with statewide partners and individuals with mental health issues to design, create and support a Virginia Mental Health Recovery Institute to provide comprehensive training/recovery education/ongoing consultation to state and local mental health agency staff and consumers in the transformation of the mental health system to one that truly embraces a culture of recovery and promotes wellness management, Peer Supports and supported employment.			2009	DBHDS
2. In conjunction with CSBs, promote recovery supports and wellness management practices. <ul style="list-style-type: none"> <li>Continue Peer Training Programs in Wellness Recovery Action Plan (WRAP) development and facilitation.</li> <li>Continue trainings in recovery and support consumer-run programs in each planning region.</li> </ul>			2009	DBHDS
3. In conjunction with CSBs and DRS, promote peer support practices. DBHDS, DRS, and CSBs will continue providing support to the Virginia Human Services Training program and other training opportunities for mental health consumers to become peer support specialists.			Ongoing	DBHDS, DRS
4. In conjunction with CSBs and DRS, promote supported employment practices. DBHDS, DRS, and DMAS will coordinate operational guidance to providers.			Ongoing	DBHDS, DRS, DMAS
				<b>Cost/s</b>
				\$700,000
				\$600,000
				\$70,000
				\$0

### Action Plan #7.4

<b>Expectation</b>	Specialized services and supports will be available to permit individuals to continue to live in their homes, through such supports as the Older Blind Program, the Companion Program, and the Caregivers Grant.
<b>Strategy 7.4.1</b>	Provide increased community-based adjustment to blindness training and specialized adaptive equipment distribution to older individuals experiencing vision loss.
<b>Strategy 7.4.2</b>	Provide increases to the companion program.
<b>Strategy 7.4.3</b>	Provide grants to caregivers of older individuals.
<b>Strategy 7.4.4</b>	Support individuals with all types of disabilities who do not qualify for Medicaid or Medicaid waivers to obtain community services and supports through state general funds or Medicaid State Plan Option.
<b>Measurable outcomes</b>	<ol style="list-style-type: none"> <li>1) The frequency of rehabilitation teacher contacts with older blind customers will increase.</li> <li>2) The percentage of eligible individuals receiving services will increase.</li> <li>3) Caregiver grants will be available statewide.</li> <li>4) The number of individuals with disabilities receiving community services and supports will increase.</li> </ol>

Implementation Actions	Date/s	Responsible agency/cies	Cost/s
1. Request budget increases to make sufficient older blind services available to all eligible individuals.	Ongoing	DBVI	\$ 300,000
2. Identify unmet needs related to the Caregivers Grant program to close the current service gap.	Ongoing	DSS	TBD
3. Request a budget increase for home-based services for older adults and adults with disabilities who are on the waiting list.	Ongoing	DSS	\$2 million
4. Form a Team Task Group to examine ways in which community services and supports can best be made available to individuals who do not currently qualify for Medicaid or Medicaid waivers.	Fall 2009	DBHDS, DRS, DMAS, VDA, VDDHH, DBVI, DSS	\$0

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

#### Critical Success Factor #7: Access Ongoing Supports

##### Action Plan #7.1-F: Assisted Living Facilities

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

##### Action Plan #7.2-F: Assisted Living Facilities

*Please note that the ability to implement the following actions is dependent upon resolution of risks, recently identified by the Social Security Administration, to the state Maintenance of Effort and Virginia's Medicaid program if a third AG category is created. If the pilot cannot proceed, the Team Task Group will instead explore recommendations for 1) educating the Social Security Administration on the impact of these risks on the ability of individuals with disabilities to choose to live in settings other than ALFs, and 2) alternatives to AG portability that will enable individuals to choose to live in settings other than ALFs.*

Expectation	Money will follow the person.
Strategy	Use auxiliary grants for other community living options.
Measurable outcome	The auxiliary grant will fund 250 individuals living in other community options.

Implementation Actions	Date/s	Responsible agency/cies	Cost/s
1. Implement the pilot to test a portable auxiliary grant option.	7/09 or after	DSS, DBHDS, DHCD	\$160,000
2. Evaluate for program outcomes and costs; identify needed policy changes.	12/10	OSHHR, DSS, DBHDS, DHCD	TBD
3. If pilot is successful, seek approval and appropriation for statewide implementation.	5/10	OSHHR, DSS, DBHDS, DHCD	TBD
4. Revise regulations.	7/10	OSHHR, DSS, DBHDS, DHCD	TBD
5. Through an IT Task Group, monitor all phases of pilot implementation and evaluation to develop strategies for expansion to all disability populations.	Ongoing	IT	\$0

## Definition of Planning Terms

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

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

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

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

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

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

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

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

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

**A Guide to Acronyms Used in this Plan**

AAAs	Area Agencies on Aging
ALF	Assisted Living Facility
ARRA	American Recovery and Reinvestment Act
CILs	Centers for Independent Living
CSBs	Community Services Boards
DBHDS	Department of Behavioral Health and Developmental Services
DBVI	Department for the Blind and Vision Impaired
DHCD	Department of Housing and Community Development
DHP	Department of Health Professions
DMAS	Department of Medical Assistance Services
DPOR	Department of Professional and Occupational Regulation
DRPT	Department of Rail and Public Transportation
DRS	Department of Rehabilitative Services
DSS	Department of Social Services
DVS	Department of Veterans Services
ESO	Employment Services Organization
FTA	Federal Transit Administration
GA	General Assembly
HUD	U.S. Department of Housing and Urban Development
IHE	Institutions of Higher Education
ID	Intellectual Disability
ICF/MR	Intermediate Care Facility for Individuals with Mental Retardation/Intellectual Disabilities
IT	Implementation Team
MFP	Money Follows the Person
MH	Mental Health
MHSS	Mental Health Support Services
MOU	Memorandum of Understanding
MR	Mental Retardation
OCI	Office of Community Integration
OSHHR	Office of the Secretary of Health and Human Resources
PAS	Personal Assistance Services
PCP	Person-Centered Practices
PHA	Public Housing Agency

RFP	Request for Proposals
SCHEV	State Council of Higher Education for Virginia
SGF	State General Funds
SILC	Statewide Independent Living Council
STG	Systems Transformation Grant
TBD	To Be Determined
VACIL	Virginia Association of Centers for Independent Living
VACO	Virginia Association of Counties
VBPD	Virginia Board for People with Disabilities
VCCS	Virginia Community Colleges System
VDA	Virginia Department for the Aging
VDDHH	Virginia Department for the Deaf and Hard of Hearing
VDH	Virginia Department of Health
VDOE	Virginia Department of Education
VDOT	Virginia Department of Transportation
VEC	Virginia Employment Commission
VHDA	Virginia Housing Development Authority
VML	Virginia Municipal League
WRAP	Wellness Recovery Action Plan



## Executive Directive 6 (2007)

### COMMUNITY INTEGRATION TEAM

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

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

#### **Secretary of Commerce and Trade**

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

#### **Secretary of Education**

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

#### **Secretary of Health and Human Resources**

Department for the Blind and Vision Impaired

Department of Health Professions  
Department of Medical Assistance Services  
Department of Mental Health, Mental Retardation and Substance Abuse Services  
Department of Rehabilitative Services  
Department of Social Services  
Mental Health Planning Council  
Office of Comprehensive Services for At-Risk Youth and Families  
Statewide Independent Living Council  
Virginia Board for People with Disabilities  
Virginia Department for the Aging  
Virginia Department for the Deaf and Hard of Hearing  
Virginia Department of Health

### **Secretary of Public Safety**

Department of Veterans' Services

### **Secretary of Transportation**

Department of Rail and Public Transportation  
Virginia Department of Transportation

### **Special Advisor to the Governor for Workforce Development**

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

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

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

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

\_\_\_\_\_ Timothy M. Kaine, Governor