



NEWS ON DISABILITY ISSUES IN ALASKA

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GOVERNOR'S COUNCIL ON DISABILITIES & SPECIAL EDUCATION NEWSLETTER

Welcome to the first edition of the Council newsletter.

We look forward to keeping all of you updated on Council activities and encourage everyone to get involved in our advocacy efforts. Specifically, the Council advocates for change that improves the lives of Alaskans with disabilities.

1. As the State Council on Developmental Disabilities, the Council plans, builds capacity and creates systems change on behalf of, and with individuals with developmental and other substantial disabilities and their families.
2. As the Interagency Coordinating Council for Infants and Toddlers with Disabilities, the Council plans, monitors, and advocates for early intervention services and programs.
3. As the Special Education Advisory Panel (SEAP) to the State Department of Education and Early Development, the Council plans, evaluates, and advocates for students receiving special education services.
4. As one of the four beneficiary boards to the Alaska Mental Health Trust Authority, the Council reports on the status and needs of beneficiaries with developmental disabilities.
5. The Council serves as the governing board for the Special Education Service Agency (SESA).

The Council has 28 members appointed by the governor. At least 60 percent of the members must be people who experience a disability, or are members of their families, or guardians. The remaining members represent state agencies, special educators or other groups specified by law.

COUNCIL LEGISLATIVE PRIORITIES

The GCDSE board met in Juneau, Alaska during the week of January 28–30, 2009. During this time, the Council worked to finalize their Legislative Priorities for FY 2010. During this board meeting, Council members met with Alaska Representatives and Senators at the Capital to advocate for these legislative priorities which are listed below. Please take the time to read these priorities and if you are supportive of one or all of them, contact your local Representative and/or Senator and express your support.

Autism Initiative

The Governor's Council on Disabilities and Special Education recommends implementation of the three priority recommendations of the Council's Ad Hoc Committee on Autism. These include: 1) funding for an expanded autism diagnostic clinic, 2) an autism resource center in Alaska, and 3) autism workforce development (\$125,000 GF/MH). This is relevant to provide sufficient services for Alaskans with autism and their families.

Overview

Autism is a complex developmental disability that is the result of a neurological disorder affecting the functioning of the brain (Autism Society of America). Autism Spectrum Disorders (ASD) cover a range of symptoms which affect social skills, communication, and cognitive development. Many individuals with ASD have difficulty processing sensory stimuli and verbal input, affecting their understanding of the world.

- Studies have shown 1 in 150 children are thought to have an ASD (Centers for Disease Control and Prevention, need data of source). This suggests that out of the 10,000 babies born in Alaska each year, 66 will be identified as having an ASD.
- The State Department of Education statistics reveal that autism has been increasing each year for the past thirteen years.
- Early identification and diagnosis is critical to early intervention for autism, which is reliably diagnosable by age three. Early intervention for individuals with ASD leads to significant improvements in language, cognitive, social, and motor skills, as well as educational achievement in the future.

- Forty-eight percent of children enrolled in the Wisconsin Early Autism Project achieved average functioning by age seven. Without early intervention, the cost of caring for individuals with ASD can exert a substantial burden on society. It can cost as much as \$3.2 million to care for an individual with autism over his or her lifetime (Ganx, 2006).

The State of Alaska has a severe shortage of services for individuals with ASD and their families. Intensive behavioral intervention, the main research-based therapy for autism, is not available in Alaska. Although incremental changes have occurred for individuals with ASD in Alaska, the state has not developed the capacity to provide intensive interventions for individuals with autism. As a result, families must try to find \$30,000-\$80,000 for out-of-state intervention. This results in most families not accessing needed services, and for those who can, spending their dollars out of state.

Recommendations

- Increased funding for the Alaska Autism Resource Center, increase provider, educator and parent knowledge and skills in ASD interventions, and increase the number of providers able to conduct screenings and provide services for individuals with ASD.
- Fund the autism workforce development capacity building initiative to train professionals and paraprofessionals to deliver intensive autism intervention soon after a child is diagnosed, and early in a child's life.
- Fund the expanded autism diagnostic clinic, which provides a multidisciplinary team to



diagnose ASD and provide comprehensive information and referral services.

Early Intervention/Infant Learning Program

Overview

The Governor's Council on Disabilities and Special Education urges the inclusion of the Alaska Mental Health Trust's recommended \$2 million increment to the State Early Intervention/Infant Learning Program (EI/ILP) budget to allow Infant Learning Programs to cover operating expenses and to implement a professional development plan which will enable ILP providers to meet the highly qualified requirements of the IDEA.

- The Individuals with Disabilities Education Act (IDEA) mandates early intervention services for children birth to three who have a diagnosed condition or a significant developmental delay.
- Research has shown that for every dollar invested in early intervention services, a future savings of \$3 to \$17 can be expected.
- Infant Learning Programs are struggling to provide services with funding that has not kept pace with

inflation and increased operating costs. Due to flat funding over the past 5 years, ILP programs are having difficulty matching the market's competitive wages making it increasingly difficult to recruit and retain qualified personnel.

- Since 2005, Infant Learning Programs are serving more children but with flat funding, programs have not been able to hire and retain needed staff. As a result there has been a 15% decrease in therapy services, affecting the quality and the effectiveness of ILP services for Alaska's children.
- In 2003, an unfunded federal mandate of the Child Abuse Prevention Treatment Act required all children (birth to 3) involved in substantiated cases of child abuse and neglect be referred to ILP for developmental evaluation. This has resulted in over 200% increase in screenings for Infant Learning Programs.
- Infant Learning Program staff must be highly qualified under the IDEA. Currently 35% of ILP staff have a waiver enabling them to provide services as they do not meet the highly qualified requirements.

Recommendation

The Governor's Council on Disabilities and Special Education recommends that the legislature supports the Alaska Mental Health Trust Authority's recommendation of a \$2 million increment to state ILP programs. This would:

- Fund an increase to ILP programs to offset growing operating costs and inflation rates.
- Fund an increase to expand staffing capacities to meet the demands of increased referrals, evaluations and therapy services for young children.
- Fund an increase to meet the significant needs of the children and families referred from Child Protective Services due to the Child Abuse Prevention and Treatment Act (CAPTA).

- Fund increase to implement the ILPs professional development plan which will enable ILP providers to meet highly qualified requirements of IDEA and the proposed Medicaid billing requirements allowing for access to increased revenue.

Crisis Response Consultation

The Governor's Council on Disabilities and Special Education recommends funding for crisis response consultation. This project would employ national experts to aid in crisis situations involving individuals with developmental disabilities and difficult behaviors who may otherwise end up in an out-of-state institution.

Overview

Individuals with developmental disabilities and difficult behaviors present complex and unique challenges to family members and support staff. This is also true with some individuals with Alzheimer's and related dementia. In some individuals, these behaviors are persistent and present threats to themselves and others (i.e. fire starting, predatory behaviors, and assaultive or self-abusive behaviors). In others, behaviors appear sporadically or irregularly. Both situations, however, stretch the limits and capacities of even the most capable providers and families. By nature, individuals with developmental disabilities face some limitations in communication, whether they are nonverbal, or experience difficulties in expressing themselves through language. Caregivers don't always know what underlies the behaviors, or the most effective means of supporting individuals through these difficult times.

As of 2003, advocacy efforts had rendered Alaska first in the country in terms of the percent of people with developmental disabilities (99%) residing in publicly funded out-of-home settings for six or fewer people. Without services such as those recommended above, some people with developmental disabilities

will not be able to maintain quality of life in these out-of-home settings. They will instead end up in out-of-state institutions, cycling through the Alaska Psychiatric Institute or in jail. Not only are these services needed to ensure the State's compliance with the Olmstead decision, which held that institutional placement of people who, with the right supports, can handle and benefit from community based on disability, they also reduce overall costs to the state.

The project:

- Establishes a team of experts to provide consultation.
- Establishes a Coordinator position to be located at the State Division of Senior and Disability Services.
- Will result in fewer out of state and out of home placements.
- Provides a better alternative to institutionalization, either in-state or out-of-state.
- Enhances the skills of families and caregivers, and improves the chance that an individual can remain in their natural home and/or community.
- No such services are currently available, but are needed.
- Complements the Bring The Kids Home initiative.
- Develops in-state capacity.

Recommendation:

Fund \$500,000 for a crisis response consultation network. This would comprise national leaders with highly specialized skills in assessment and treatment of challenging behaviors, who will then develop a team of Alaska clinicians and provide training, clinical oversight, leadership, and on-going consultation to this group. The state team will provide on-site consultation to caregivers working with the individual with challenging behaviors.

COUNCIL LEGISLATIVE PRIORITIES

Rural Transition Program

The Governor's Council on Disabilities and Special Education recommends funding for the Rural Transition program, which blends and adapts two highly successful programs, transition camps and resource mapping, to meet the needs of students who live in rural, remote communities in Alaska and helps community transition teams discover or re-discover what resources are available locally to help students transition from school to adult life

Overview

Since their inception in 2003, transition camps have provided community teams (comprising students with and without disabilities, special education staff, parents, and community members) with the tools to help students successfully transition from school to adult life. Reports from students, parents, and teachers who have participated in transition camps indicate that this experience is the single most helpful instruction that students may have received during the school year since the activities are practical and student-driven.

This project has two components. The first component is two hands-on, one-week residential camps held in Juneau to provide team members exposure and experience in all aspects of transition planning and training on how to help students make connections with agencies, employers, vocational training programs and community partners to support their dreams and goals after high school.

The second component of this project brings transition camps and resource mapping to rural communities. Mapping the skills of local community members results in identifying those residents with skills to offer youth (i.e. hunting, gathering, carving, doll making, etc). Mapping the needs of local residents (i.e. elder care, personal care assistance, welding, baking, etc) results in identifying areas of study – whether it is provided by the school, local

residents, regional vocational training programs and/or post-secondary education programs. Bringing transition camps to local communities also allows larger teams of people with long-standing ties to the community to map the local resources and assist students in supporting their dreams after high school. Rural transition camps will be expanded from 2 to 4 communities.

The program:

- Develops employment opportunities for young adults in rural and remote areas of the state
- Promotes a sustainable economy
- Graduating students can continue to be part of their community
- Meets community needs

Recommendation:

Continue funding (\$150,000 GF/MH) for rural transition camps.

Deferred Maintenance and Americans with Disabilities Act

The Governor's Council on Disabilities and Special Education recommends funding deferred maintenance improvement grants for service providers and for trust beneficiaries. These grants would be made available on a competitive basis for deferred maintenance, including facility renovation, repair or upgrade and accessibility improvements to program facilities. The funding of deferred maintenance projects in rural areas will be a priority, with the balance of the request awarded to agencies in any part of the state.

Overview

The ongoing need for deferred maintenance funding has been well documented by the Alaska Mental Health Trust Authority (AMHTA), the beneficiary boards and the Comprehensive Integrated Mental

Health Plan. Maintenance of buildings, housing, treatment offices, residential services, and administrative offices is a continual problem for providers serving Mental Health Trust beneficiaries. Some agencies have staff working in buildings that are in serious states of deterioration and disrepair. Consumers are sometimes housed in residential programs in which maintenances and repair needs are extensive. While some larger agencies are able to set aside funds for maintenances, many small, primarily rural, Trust beneficiary service agencies must place all available resources in the day to day operations of providing services to consumers, and are not able to set aside repair and replacement funds for their buildings. There is usually no other option for these agencies, and their buildings continue to deteriorate. Grants of \$10,000 or more will require a 50% match.

The funds will:

- Keep program facilities operational and accessible.
- Provide overdue maintenance of buildings housing treatment offices, residential services and offices for providers serving Mental Health Trust beneficiaries.
- Provide funds for facility renovation, repairs or upgrades needed for accessibility.
- Reduce the deferred maintenance and accessibility needs among Mental Health Trust provider agencies throughout Alaska.

Recommendation

Provide funding (\$1,500,000 GF/MH) for statewide deferred maintenance funding to keep program facilities operational accessible.

JOINT ADVOCACY PRIORITIES

On November 18, 2009 the GCDSE joined the other Beneficiary boards of the Alaska Mental Health Trust Authority, their Trustees and Trust staff to collectively develop legislative priorities for FY 2010. Listed below are the four joint priorities. Please take the time to review them and if you are supportive of one or all four of these legislative priorities, please contact your local Representative and/or Senator to express your support.

Support the Line Items in the Governor's Budget for AHFC's Homeless Services

The Governor's Council on Disabilities and Special Education, Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, and the Alaska Commission on Aging, in collaboration with the Alaska Mental Health Trust Authority, have identified affordable supported housing as one of their four legislative priorities for 2009. Supported housing is the key to continued and sustained recovery for many Mental Health Trust beneficiaries. Current economic trends have made this priority increasingly important for action during this legislative session.

Supported and Affordable Housing Need

Community need:

- 3,500 Alaskans are homeless on any given night
- 1,600 are in families with children
- the average age of the homeless in Alaska is 9 years old
- 4,000 + (and growing) are waiting for rental assistance
- wait time on the list can be 2 years or longer
- lack of housing disproportionately affects Trust beneficiaries
- challenges associated with disabling conditions
- lack of opportunities for economic advancement
- need for supportive living situations
- physical accommodations required to meet special needs
- need assistance locating and maintaining independent apartment units.

Opportune time to change our system:

Alaska is positioned to receive federal funding this year:

- Neighborhood stabilization program funds (17 million)
- Possible \$3 million or more from the federal economic stimulus package in the form of a national housing trust
- \$10 million dollars in the Governor's budget focusing on homeless programs (\$6 million of this is new funding)

Background

There has been a great deal of policy work and services coordination in the past few years on the needs of homeless Alaskans. And yet, even with this increased focus, economic and social factors continue to drive up the numbers of homeless individuals and families. Trust beneficiaries with the highest needs are frequently represented in the lowest income bracket due to challenges with mental illness, addiction and, often times, multiple diagnoses.

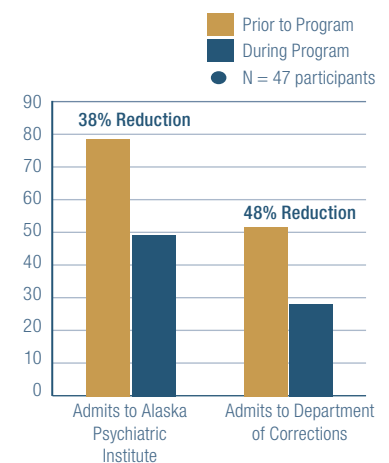
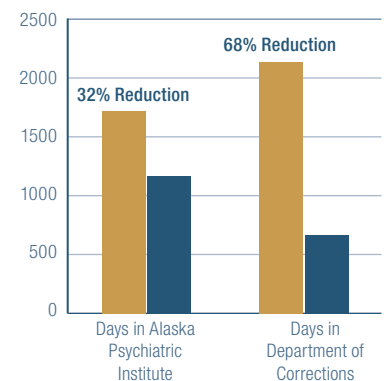
Many state and federal funding streams currently focus on subsidizing housing for individuals in the upper income brackets of the federal poverty limit guidelines (50%-80% of the poverty limits for area median income). These programs are often comprised of housing construction subsidies or limited assistance to residents in the form of rental subsidies.

The funding to provide the necessary subsidy on the building and the supportive services for people in the lower income brackets (30% of area median income



Patrick Reinhart, Carrie Predeger and Anna Attla, meet with Senator Kevin Meyer, all constituents of the Senator's district.

A successful demonstration of the model. Alaska's Bridge Home Pilot Program



and below) and who need more support services is very difficult to pull together and maintain.

State resources for non-Medicaid eligible activities such as social support and skill development in the home have dwindled over the past 10 years to the point of virtually not existing. This void leaves landlords and housing providers with a larger

JOINT ADVOCACY PRIORITIES

share of the costs to house people in these income brackets.

A targeted supported housing fund will provide supplemental funding to the housing projects to allow for supportive services and adequate rental subsidies. With an approach of maintaining affordability while offering outreach and support services, Trust beneficiaries can afford housing that provides a safe healthy environment for recovery and stability.

Source: 2004-2008 Alaska Mental Health Trust and DHSS Division of Behavioral Health pilot program: Bridge Home, Anchorage Community Mental Health Services, grantee

Establish a Regular and Periodic Schedule of Rate Reviews for Home and Community-Based Services

The Governor's Council on Disabilities and Special Education, Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse and the Alaska Commission on Aging, in collaboration with the Alaska Mental Health Trust Authority, the Alaska Brain Injury Network and the Alaska Suicide Council, have identified the establishment of a regular and periodic schedule of rate reviews for home and community based services are one of their four legislative priorities for 2009. Regular and periodic rate reviews, for both Medicaid and grant-



Julie Broyles and Lucy Odden at the Council Board meeting in Juneau, Alaska, January 28-30, 2008.



Early Intervention Committee met to establish Legislative priorities for FY 2010.

funded services, are imperative to maintaining the systems of care that serve Alaska's most vulnerable populations. The provisions for this legislation are in SB 32, sponsored by Senator Ellis.

- Before last year's rate rebasing for FY09, most home and community-based services providers had been over a decade without a rate review or increase. This resulted in an erosion of the system, as frozen rates resulted in a diminishing pool of resources – reducing the quality and availability of services.
- In FY07, home and community based services were provided to nearly 57,000 people who would have otherwise been served by costly institutional or nursing home care.
- In order for the Department of Health and Social Services (DHSS) and the State of Alaska to create and maintain a 10-year fiscal plan that adequately budgets for the costs of home and community-based services, a schedule of rate reviews is necessary.
- Our system of care for Alaskans with special needs is based on a network of non-profit providers. Without adequate funding, our providers cannot continue to provide quality services. Without our providers, we have no system of care.

Overview

Home and community-based services include a wide range of Medicaid and grant-funded services for Trust beneficiaries and other vulnerable Alaskans. Mental health care, infant learning, personal care

attendant services, assisted living services, senior care, substance abuse counseling, and services for Alaskans with developmental disabilities are all examples of services provided at home or in our communities. These services maintain an individuals' quality of life and reduce the need for more costly institutional, emergency and nursing home care.

For more than 10 years, providers have struggled to meet the demand for services while maintaining an acceptable quality of service due to lack of structure for reviewing the rates paid for those services. Not only does the lack of periodic reviews prevent adequate fiscal planning by providers, it prevents adequate fiscal planning by the State. By establishing a regular schedule (e.g. every 2 or 4 years), providers and DHSS can plan and allocate resources so that rate reviews create a minimal administrative burden. This in turn will permit the Legislature to engage in more effective management of our state's budget and the responsibility to care for our most vulnerable neighbors.

Our network of non-profit providers touch the lives of thousands of Alaskan families. In FY 2007, over 30,000 Alaskans received behavioral health services from non-profit providers. Provider associations report that almost 20,000 Alaskan seniors received home and community based services; 3,807 Alaskans received personal care attendant services; 2,636 Alaskans with developmental disabilities received services; 1,500 Alaskans received care through assisted living

homes; and an estimated 1,400 children were enrolled in early intervention/infant learning programs. There are nearly 60,000 Alaskans who receive care at home and in their communities, so that they do not require nursing home or other institutional care.

This is why we advocate for a schedule of home and community based rate reviews, inclusive of Medicaid and grant-funded services, to be established in Alaska statute.

Supporters:

Alaska Mental Health Trust Authority

Governor's Council on Disabilities and Special Education

Alaska Mental Health Board

Advisory Board on Alcoholism and Drug Abuse

Alaska Commission on Aging

Alaska Association on Developmental Disabilities, serving 2,636 Alaskans

AgeNet, serving 18,953 Alaskans

Personal Care Attendant Provider's Association, serving 3,807 Alaskans

Assisted Living Association – Alaska, serving 1,500 Alaskans

Alaska Behavioral Health Association, serving 26,285 Alaskans.

Reauthorize Preventative and Restorative Dental Services for Adult Medicaid Recipients

The Governor's Council on Disabilities and Special Education, Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, and Alaska Commission on Aging, in collaboration with the Alaska Mental Health Trust Authority, jointly support the reauthorization of preventive and restorative dental services for adult Medicaid recipients. Medicaid coverage for these services will sunset June 30, 2009 without legislative reauthorization. The provisions for this reauthorization are in HB 26 sponsored by Representative Hawker.

- The Department of Health and Social Services reports that approximately 7,600 adult Medicaid

recipients received these dental services in FY08 with 252 participating dental providers.

- The American Dental Association recommends adult preventive and restorative dental services be included in all state Medicaid programs, and as former U.S. Surgeon General C. Everett Koop stated, "You're not healthy without good oral health."
- Trust beneficiaries continue to list dental services as a priority unmet health need.
- Dental pain, missing and decayed teeth and infection can affect employment and job advancement, contribute to missed work, dietary choices for seniors, and complicate management of other chronic diseases.
- Individuals on public assistance who receive rehabilitative dental treatment (including fillings, extractions, and dentures) were ". . . twice as likely to receive favorable or neutral employment outcomes as they were to receive unfavorable outcomes."
- Dental infections due to periodontal disease have been associated with adverse pregnancy outcomes (e.g. pre-term births), management problems for individuals with diabetes, risks for pneumonia in nursing homes, and other chronic diseases including cardiovascular disease.
- The bacteria involved with the dental decay process are typically passed from parent to child. Part of the efforts to reduce dental decay in young children relates to reducing the level of dental infection in the caregiver. Additionally, parents with dental coverage are more likely to access dental services for their children.
- The coverage of preventive and restorative dental care for adult Medicaid recipients along with necessary behavioral changes, over the long



Duane Mayes from the Governor's Council on Disabilities & Special Education and Marcy Rein of Senior & Disabilities Services attended public testimony in Juneau, Alaska, January 29, 2009.

term, offer the potential for reduced utilization of emergent dental services (e.g. accessing the hospital emergency room for management of a dental infection).

Supporters: AARP-Alaska, Alaska Public Health Association, Alaska Dental Society All-Alaska Pediatric Partnership, ANTHC and Alaska Primary Care Association.

i Oral Health America, <http://www.oralhealthamerica.org/whoware.html>, noting quote from C. Everett Koop, former U.S. Surgeon General.

ii Association of State and Territorial Health Officials (ASTHO), "The oral health and chronic disease connection", available at www.astho.org/templates/display_public.php?pub_id=327, May 2002.

iii "Dental Treatment Highly Effective in Helping Welfare Recipients Gain Employment", University of California – San Francisco School of Dentistry", press release, March 10, 2004.

*iv Lief S, Hared H, McKaig R, et al., "Periodontitis and Preterm Low Birth Weight in Pregnant Women", *Journal of Dental Research*, 2000; 79(supplemental):608.*

*v U.S. Department of Health and Human Services (USDHHS), *Oral Health in America: A Report of the U.S. Surgeon General, USDHSS, National Institute of Dental and Craniofacial Research, National Institutes of Medicine, 2000.**

*vi Berkowitz, RJ, "Causes, treatment and prevention of early childhood caries: a microbiologic perspective", *Journal of the Canadian Dental Association*, 69(5):304-307b, 2003.*

JOINT ADVOCACY PRIORITIES

Community Transportation

The lack of accessible, affordable transportation is a major barrier to the employment and community participation of Alaskans with disabilities, seniors, Alaska Mental Health Trust Authority beneficiaries, youth, low-income Alaskans and the general public. Even with an adequate infrastructure of roads and bridges, many of these individuals still won't have affordable, accessible transportation.

Overview

There are generally two ways community transportation is provided in Alaska: 1) public transit systems (buses and Americans with Disabilities Act paratransit services) and 2) coordinated transportation systems operated by local nonprofits. However, in many communities in Alaska, there are no community transportation systems. Some non-profit organizations, churches, senior centers and civic groups may help their community members get a few rides, but the need far exceeds the availability. Some seniors and persons with disabilities are forced to move to communities that can support their transportation needs. It is no surprise that transportation is one of the top statewide needs identified in surveys of seniors, people with disabilities and beneficiaries of the Alaska Mental Health Trust Authority.

Most funding comes from federal formula grants, the Alaska Mental Health Trust Authority, fare box



collections, fees for service and local government. Despite increased levels of federal funding, Alaska's community transportation systems are under constant financial pressure to keep up with the demand for services, particularly given increases in the number of rides and fuel and vehicle costs.

Although the Governor's FY capital budget includes \$800,000 GF and \$300,000 MHTAAR, this is not an adequate amount to match federal funds. Alaska is one of the only two states in the country that does not fully match federal funds for community transportation services. Like federal highway funds, federal transit funds require a percentage of matching funds. Alaska's general fund "match" would bring in the maximum possible federal funding into the state. For every dollar of state money provided for community transportation, another four dollars is generated from federal funds. These funds would be used to match federal funds to purchase new vehicles and other transportation-related capital equipment (e.g., bus barns). In order to use the state resources efficiently, the Council recommends that local communities be required to provide a 10% match.

Rising fuel costs are putting all Alaska transportation systems into financial peril, forcing systems to cut back on hours, levels of services and raise fees beyond that which low income riders can support—at a time when demand for services is at its highest ever. In June 2008, the Alaska Mobility Coalition surveyed community transportation systems across the state. The number of rides increased by 5–7% (325,000 rides) and demand has remained high despite the recent drop in gas prices. However, fuel costs increased by 30% over the past 12 months.

According to a survey conducted by



Hays and Associates over the summer of 2008, 61% of Alaskans supported the use of the state's then budget surplus to fund community transportation in Alaska. The Anchorage Assembly and the Alaska Mobility Coalition urge the legislature to create a statewide trust fund for community transportation.

Recommendations

- Provide \$2.5 million in the capital budget for coordinated community transportation funding.
- Offset rising fuel costs with up to one million dollars operating appropriation for community transportation providers.
- Establish a \$200 million Alaska Community Transportation Trust Fund

MEDICAID INFRASTRUCTURE GRANT UPDATE

The Governor's Council on Disabilities and Special Education was awarded a new comprehensive Medicaid Infrastructure Grant for 2009 and 2010. The Alaska Works Initiative has three primary goals;

1. transform Medicaid programs to emphasize employment and meet the needs of working Alaskans with disabilities;
2. ensure access to resources needed by Alaskans with disabilities to secure and maintain employment and;
3. collaborate with business and industry to assist youth and adults with disabilities to secure employment in Alaska's labor market.

Several workgroups have been meeting to address high priority aspects of the grant identified at the February 2008 Disability Employment Policy Summit. These include a group working on development and implementation of strategies to assist people to accumulate assets (i.e., funds to purchase a home, save for education or purchase assistive technologies). Another group is working on a State as a Model Employer initiative to assist the State of Alaska government with the recruitment, hiring, retention and career advancement of individuals with disabilities. A third workgroup is working with the divisions of Behavioral Health and Vocational Rehabilitation to address systemic barriers to employment for individuals with mental illness.

Alaska Works initiative partners are also working to increase participation in the recently revised Ticket-to-Work Program for Social Security Income (SSI) and Social Security Disability Income (SSDI) beneficiaries who are going to work. Activities are underway to increase the participation of Alaskans with disabilities in apprenticeship programs, vocational training programs and post-secondary programs. Grant funding will be used for the

Division of Senior & Disabilities Services to hire staff responsible for developing policy and provide training and technical assistance to increasing supported employment opportunities for individuals with developmental disabilities. A number of strategies are also being implemented to meet the employment needs of youth with disabilities in transition from school to adult life.

For more information contact Rich Sanders, Project Coordinator at (907) 269-5703 or e-mail him at: richard.sanders@alaska.gov.



NEW COUNCIL STAFF

PATRICK REINHART



Patrick Reinhart joined the Governor's Council in January 2009 as the Business Industry Liaison. His primary responsibility is to develop training and employment programs for people with disabilities with business and industry groups throughout Alaska. Before joining the Council, Patrick was Executive Director of the Alaska Statewide Independent Living Council for 11 years. Prior to that, he was Executive Director of Challenge Alaska, an organization that provides sports and recreation opportunities for persons with disabilities. While working for Challenge Alaska he also participated in adaptive ski racing and led a group of persons with disabilities on an expedition to Denali. Patrick has a Bachelor of Science degree in Outdoor Education from Northland College in Ashland, Wisconsin. Originally from Green Bay, he is an avowed "cheesehead" and loves to ski and golf.

FULL LIVES CONFERENCE

The Full Lives Conference is a conference for direct service workers and others who care about people who receive services in a community or residential setting. That is, it is a conference for personal care assistants, care coordinators, long-term care workers, job coaches, residential staff, case managers, community mental health workers, supervisors, family members, and self-advocates. It is always held for two days in the month of April. This year it will be held at the Sheraton Anchorage Hotel on April 23rd & 24th. On the morning of April 23rd, the winners of the Alaska Alliance for Direct Service Careers (AADSC) Outstanding Direct Service Professional of the Year Awards will be announced. There will be five winners: Direct Service Professional representing those who work with: 1) people with developmental disabilities, 2) people with mental illness, 3) people in substance abuse treatment, 4) seniors, and 5) people with traumatic brain injury. After that, Judge Stephanie Rhodes, from the Anchorage Mental Health

Court, will be the Keynote Speaker. April 24th, there will be another keynote speaker, Nathan Ory. He is from British Columbia and has a lot of information that can help direct service workers. On both days, after the keynote, participants will have many workshop choices. Some workshops will cover employment issues; others will cover how to stop violence against people with disabilities; and other workshops will discuss self-care and a variety of other topics. It is a conference designed to help direct service workers get new information and network with others. We hope people learn information so they can be a better provider to people with disabilities and the elderly. Come to the Full Lives Conference!

For more information contact Rae Lynn Smyth at 264-6244 or through e-mail: raelynnsmlyth@uaa.alaska.edu

ON THE WEB

Up-to-date information and resources on disability issues in Alaska, is available on the web.

Legislative and Action Alert Update Ongoing tracking of federal and state legislation impacting Alaskans with disabilities.

Where to Turn: Service directory of business and agencies who serve people with disabilities.

Agency Links & Current News: Helping you stay connected to partners and agencies who are leading the way in improving the lives of people with disabilities.

Access us on the web at: <http://www.hss.state.ak.us/gcdse/>

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In the Works

- Council staff are researching what other states have done to establish mandatory insurance coverage for Autism Spectrum Disorder (ASD). Representative Pete Peterson is currently working on sponsoring a bill for Mandatory Insurance Coverage for ASD.
- The House Finance Budget Subcommittee for Department of Health & Social Services (DHSS) concluded their work on February 25, 2009 to close the FY2010 DHSS budget recommendations. Those budgetary recommendations have now gone to the House Finance Committee.
- Council members are currently seeking support from the legislature for the creation of a Crisis Response Team (see page #3).
- High vacancy rates are a result of difficult recruitment and retention of qualified Direct Service Professionals. Across our state, agencies are struggling to fill vacancies for Direct Service Professionals (DSP). These struggles divert resources and often result in a low quality of care (or no care) for Alaskan citizens who experience a developmental disability. This is a national problem. The development of the State's health care infrastructure, population projects and other factors magnify the problem in Alaska. The Council is working with the Key Coalition and provider organizations to address this problem.