

ALASKA LEGISLATURE COMMITTEE FILES 2001-2002 00/2

10191 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

IDAPA 15
TITLE 02
Chapter 02

IDAHO COMMISSION FOR THE BLIND

15.02.02 - VOCATIONAL REHABILITATION SERVICES

000. LEGAL AUTHORITY.

The Board of the Commission for the Blind, pursuant to authority granted in Title 67, Chapter 54, Idaho Code, did adopt the following as policy for the administration of vocational rehabilitation services to the blind of Idaho.

(1-5-87)

001. TITLE AND SCOPE.

These rules will be known as Idaho Commission for the Blind Rules, IDAPA 15.02.02, "Vocational Rehabilitation Services". The provisions of these rules establish procedures and requirements which address the provisions of vocational rehabilitation services to the blind population of Idaho.

(1-5-87)

002. -- 099. (RESERVED).

100. POPULATION TO BE SERVED.

The following defined individuals will be served by the Idaho Commission for the Blind.

(1-5-87)

01. Legally Blind. Individuals who have been determined legally blind as defined in Section 67-5402 of the Idaho Code.

(1-5-87)

02. Handicap To Employment. As a result of the disability, a substantial handicap to employment is imposed.

(1-5-87)

03. Return To Or Obtaining Employment. Following the services of the Idaho Commission for the Blind, that person will be able to obtain or return to gainful employment.

(1-5-87)

04. Financial Needs Determination. The counselor and eligible individuals will complete an individualized written rehabilitation plan. A financial needs determination will be made in each case before the services can be provided, and all available similar benefits shall be explored and utilized.

(1-5-87)

101. PROVISION OF SERVICES ON A STATEWIDE BASIS.

All services of the Commission for the Blind are offered on a statewide basis subject to eligibility.

(1-5-87)

102. -- 109. (RESERVED).

110. ELIGIBILITY.

Eligibility shall be based upon the determination of a disability as defined in Section 100, "Population To Be Served," and such disability for the individual constitutes or results in a substantial handicap to employment; and a reasonable expectation exists that vocational rehabilitation services may benefit the individual in terms of employability.

(1-5-87)

01. Eligibility Requirements. Eligibility requirements will be applied by the Commission for the Blind without regard to sex, race, age, creed, color, physical or mental handicap, sexual orientation, or national origin of the individual applying for services.

(1-5-87)

02. Residency Requirements. A residence requirement, duration or other, will not be applied by the Commission for the Blind as a condition of eligibility.

(1-5-87)

03. Preliminary Diagnostic Study. A financial needs determination will be made in each case, and all similar benefits will be explored and utilized prior to the expenditure of funds.

(1-5-87)

04. **Financial Needs Determination.** A financial needs determination will be made in each case, and all similar benefits will be explored and utilized prior to the expenditure of funds. (1-5-87)

05. **Certificate Of Ineligibility.** If an individual is determined ineligible for services, a certificate of ineligibility will be prepared and a copy provided the individual. (1-5-87)

06. **Annual Review.** An annual review will be done of those cases meeting the annual review requirements. (1-5-87)

111. RESERVING ALL ELIGIBILITY DECISIONS AND NATURE AND SCOPE OF SERVICES.
The Commission for the Blind has the sole responsibility for determining eligibility that will provide services to all eligible individuals who are legally blind. (1-5-87)

112. -- 149. (RESERVED).

150. ECONOMIC NEEDS TEST.
Blind persons receiving services from the Commission for the Blind and who possess the financial resources to do so will be required to participate in the payment for assistance provided. An economic needs test shall be explored by the blind client and his/her counselor. (1-5-87)

01. **Diagnostic Services.** An economic needs test will not be applied as a condition for furnishing the following vocational rehabilitation services: Diagnostic services for the evaluation for rehabilitation potential, counseling, guidance, referral, and no cost placement. (1-5-87)

02. **Supplemental Security Income (SSI) Or Public Assistance.** An economic needs test shall not be required for those individuals who are recipients of Supplemental Security Income (SSI) or public assistance. (1-5-87)

03. **Nonresident.** Any nonresident attending the Orientation and Adjustment Center will be charged tuition. This cost will be determined upon the average cost of providing services to those in the Orientation and Adjustment Center. (1-5-87)

151. -- 199. (RESERVED).

200. EVALUATION OF VOCATIONAL REHABILITATION POTENTIAL.
For every applicant for vocational rehabilitation services, the Commission for the Blind will provide the following services in the order given. If at any point in the below order of services an applicant is found ineligible, no further services will be provided. (1-5-87)

01. **Visual Condition.** An evaluation of visual condition to determine if the applicant is legally blind; (1-5-87)

02. **Handicap To Employment.** An evaluation of the handicap to employment caused by the loss of vision; (1-5-87)

03. **Employment Ability.** An evaluation of the individual's ability to benefit from vocational rehabilitation services in terms of employment; (1-5-87)

04. **Rehabilitation Services Needed.** An assessment of the scope and nature of vocational rehabilitation services necessary for an individual to reach a suitable vocational objective. (1-5-87)

201. -- 209. (RESERVED).

210. INDIVIDUALIZED WRITTEN REHABILITATION PLAN.
For those individuals found eligible or acceptable for rehabilitation services, an individualized written rehabilitation plan will be developed between the blind individual and their counselor. The individualized written rehabilitation plan will consist of: (1-5-87)

01. **Determination.** The basis on which the determination of eligibility has been made. In those cases where a person has been found acceptable, an extended evaluation of vocational rehabilitation potential is necessary to make a determination of eligibility. (1-5-87)
02. **Objectives.** The long range and intermediate rehabilitation objectives established for the individual. (1-5-87)
03. **Specific Vocational Rehabilitation Services.** The determination of the specific vocational rehabilitation services to be provided in order to achieve the established rehabilitation objectives. (1-5-87)
04. **Initiation And Duration Date.** The projected date for the initiation of each vocational rehabilitation service, and the anticipated duration of each service; (1-5-87)
05. **Review And Evaluation.** A procedure and schedule for periodic review and evaluation of progress toward achieving rehabilitation objectives based upon objective criteria and a record of these reviews and evaluations. (1-5-87)
06. **Client Opinion.** The views of the blind individual, or, as appropriate, his/her parent, guardian, or other representative, concerning his/her goals and objectives and the vocational rehabilitation services being provided. (1-5-87)
07. **Terms And Conditions.** The terms and conditions for the provision of vocational rehabilitation services including responsibilities of the blind individual in implementing the individualized written rehabilitation plan, the extent of client participation in the cost of services if any, the extent to which the individual is eligible for similar benefits under any other programs and the extent to which these similar benefits have been used. (1-5-87)
08. **Client Rights.** An assurance that the blind individual has been informed of his/her rights and the means by which he/she may express and seek remedy for any dissatisfaction, including the opportunity for an administrative review of Commission for the Blind action, fair hearing, or review by the Secretary of the U.S. Department of Education. (1-5-87)
09. **Provision Of Explanation.** Where appropriate, assurance that the blind individual has been provided a detailed explanation of the availability of the resources within a client assistance project. (1-5-87)
10. **Basis For Determination.** The basis on which the individual has been determined to be rehabilitated. (1-5-87)
11. **Post Employment Services.** Any plans for the provision of post employment services after a suitable employment goal has been achieved and the basis on which such plans are developed. (1-5-87)

211. -- 249. (RESERVED).

250. **VOCATIONAL REHABILITATION SERVICES TO INDIVIDUALS.**

01. **Counseling And Guidance.** All clients and other interested parties will be provided information on blindness and vocational adjustment of blind individuals. (1-5-87)
 - a. For clients, the counselor of the Commission for the Blind will provide at the initial contact a full explanation of eligibility requirements and related procedures and services available through the Commission for the Blind for eligible clients. The counselor, at this time, will initiate a counseling relationship that will last throughout the course of the individual's contact with the Commission for the Blind, designated to accomplish the client's successful adjustment to his/her situation. (1-5-87)
 - b. At appropriate times during the vocational rehabilitation process, referral will be made to other agencies that might provide useful services. (1-5-87)

c. Counseling and guidance will be offered to family members and other individuals regarding blindness when it is determined that such assistance will be beneficial to the client. (1-5-87)

02. **Physical And Mental Restoration.** After making a determination that the condition is stable or slowly progressive, the Commission for the Blind will provide physical and/or mental restoration services that will enhance the client's rehabilitation potential. Of primary concern is the effect the service will have on the individual reaching a suitable vocational objective. (1-5-87)

a. Although determined medically advisable, the Commission for the Blind must view these services from a vocational point and it is, therefore, recognized that not all services stated to be medically desirable would be provided. Services provided include (but are not limited to) eye surgery, hearing aids, corrective surgery, prosthetic devices, and/or psychological or psychiatric services. (1-5-87)

b. In dealing with individuals who have multiple physical disabilities, the Commission for the Blind will carefully evaluate the vocational handicap caused by the physical disability other than blindness or mental disability and, if appropriate, make referral to other agencies. (1-5-87)

c. In cases where there exists a reasonable likelihood that the services of the Commission for the Blind will benefit the person in terms of employability, those recommendations will be reviewed by the agency medical consultant. (1-5-87)

03. **Vocational Training.** The Commission for the Blind will provide or facilitate the provision of such vocational training as is necessary for the client to reach the jointly agreed upon vocational goal stated in the client's individualized written rehabilitation plan within the following guidelines: (1-5-87)

a. No training in universities, colleges, vocational schools or technical schools will be paid for with rehabilitation funds unless maximum efforts have been made to secure grant assistance in whole or in part from all other known sources. (1-5-87)

b. Training in institutions of higher learning will be provided to the level that ordinary entry into the selected vocational field is made. (1-5-87)

c. Training in universities, colleges, vocational schools or technical institutes will take place within the state of Idaho unless it can be shown that training that would allow the client equal employment opportunities is not available within the State. Except for specialized training programs for the blind, in no case will the cost of attending an out-of-state facility exceed the highest cost of attending an in-state public facility. (1-5-87)

04. **Orientation And Adjustment Center Training.** The Commission for the Blind will operate and maintain an Orientation and Adjustment Center for the blind of the State and for those persons for whom, through joint planning, it is determined that the Orientation and Adjustment Center is the most suitable resource for prevocational or vocational training. The primary focus of this center will be to develop proper attitudes about blindness in the student. Hand-in-hand with this emphasis will be training in such skill areas as the long cane method of travel, Braille, typing, home economics, industrial arts, sewing and abacus. Essential to the student's development will be an understanding of the social and vocational attitudes about blindness and an awareness of how to cope with problems which will arise by reason of the negative social and vocational attitudes about blind individuals. (1-5-87)

05. **Home Instruction.** Alternative training in the areas described above is also available through the home teaching program of the Commission for the Blind for those persons who do not attend the Orientation and Adjustment Center. (1-5-87)

06. **Training Tools And Materials.** The Commission for the Blind will provide to the client books, tools and other training materials as agreed to through joint planning by the counselor and client. The amount of materials supplied will be dependent upon the course of study, and it is expected that different amounts would be provided to individual clients. Major pieces of equipment, such as closed circuit television magnifying systems, sensory conversion systems such as Versa Brailers, computers with voice output, etc., will not be assigned to an individual nor a training program, but rather will be assigned to the training facility and utilized by the maximum number of clients of the Commission for the Blind attending that facility. (1-5-87)

07. **Maintenance.** Maintenance is a supportive service of the Commission for the Blind provided to allow clients to derive the full benefit of other vocational rehabilitation services. It can be provided at any time during the rehabilitation process in conjunction with other vocational rehabilitation services. The provision of maintenance will be part of the services outlined in the individualized written rehabilitation plan. If not, a memo outlining the provision of maintenance and related services will be prepared for the case file. As a supportive service, maintenance cannot be provided unless other services, excluding counseling and guidance, are being provided concurrently. The amount of maintenance will be determined by the circumstances of each client and will be governed by the following: (1-5-87)

a. Maintenance payments may be used to cover the cost of food, shelter, clothing and other subsistence expenses. (1-5-87)

b. Maintenance should not exceed the amount of increased expense to a client caused by engaging in a rehabilitation program. (1-5-87)

c. When maintenance exceeds the cost of subsistence expenses determined by other public programs (i.e., Health and Welfare and SSI), a full explanation will appear on the individualized written rehabilitation plan or in the case dictation. (1-5-87)

d. When providing maintenance for a client to meet subsistence expenses while in a travel status, the amount will not exceed the amount provided to State employees. (1-5-87)

e. Maintenance will be provided only following a financial needs determination and after a thorough search for similar benefits has been made. (1-5-87)

08. **Transportation.** The Commission for the Blind will pay for transportation, including per diem, while in travel status that is necessary for a client to receive diagnostic or other rehabilitation services except maintenance. The Commission for the Blind will pay for, when deemed necessary by the client and counselor, the transportation expenses of one attendant to travel with a client. Transportation may include relocation and moving expenses necessary for achieving a vocational rehabilitation objective. (1-5-87)

09. **Services To Family Members.** The Commission for the Blind will provide services to the family members of a client after a determination has been made that such services are necessary to the vocational rehabilitation of the client. These services may be, but are not limited to the following: transportation, care of infants and children, counseling, etc. (1-5-87)

10. **Interpreter Services For The Deaf.** The Commission for the Blind will provide interpreter service, including tactile interpreting for deaf-blind individuals, to all individuals in need of such services in order to take full advantage of diagnostic or rehabilitation services. Where appropriate, the assistance of staff of other agencies and/or facilities will be secured to assist in the rehabilitation of deaf-blind individuals. (1-5-87)

11. **Reader Services.** Funds will be made available for reader services to any client who is enrolled in a training program directed toward achieving his/her vocational goal in which reading is required. The client and the counselor will plan jointly as to the amount of funds required to meet the client's individual reading needs for a specified period. The agreement reached will be incorporated into the client's individualized written rehabilitation plan and the client will be given written authorization specifying the amount which has been authorized and the time period encompassed in the authorization. The client will arrange for his/her readers to bill the Commission for the Blind monthly for the reader service which has actually been provided. The client is responsible for reviewing bills submitted for completeness and accuracy. (1-5-87)

12. **Rehabilitation Teaching Services.** Rehabilitation teaching services will be available from three (3) sources: (1-5-87)

a. From the Orientation and Adjustment Center (provided that it has been determined in joint planning that the Orientation and Adjustment Center is the best vehicle for prevocational or vocational training); (1-5-87)

b. Through the Commission for the Blind's home teacher service for those persons who do not attend the Orientation and Adjustment Center; and (1-5-87)

c. Directly from rehabilitation counselors when the other sources are temporarily unavailable. (1-5-87)

13. **Orientation And Mobility Services.** The objective of orientation and mobility services is to develop skills, techniques, and attitudes which enable the individual to truly function independently. Such services include, but are not limited to, training in the use of the long, white cane; development of effectiveness in nonvisual communication skills including Braille, typing, etc.; training in other appropriate skills needed by the individual to fulfill his/her responsibilities in his/her home community; stimulating affirmative attitudes toward the role of blind persons in our society and their competency to function competitively; and development of readiness to accept or even insist upon equal responsibilities and privileges of citizenship. (1-5-87)

14. **Telecommunications, Sensory And Other Technological Aids And Devices.** The Commission for the Blind will provide telecommunications, sensory and other technological aids and devices when it has been determined through joint planning that such an aid or device is required to significantly enhance employment opportunities in the area of the vocational goal stated on the client's individualized written rehabilitation plan or significantly improve an employed client's performance so that he/she would not be underemployed. All devices and aids provided under this policy, where appropriate, will be supplied to clients only by persons licensed to do so by the State or, in the cases of newly developed aids and devices, after they meet any applicable engineering or safety standards. (1-5-87)

15. **Recruitment And Training Services To Provide New Employment Opportunities In The Fields Of Appropriate Public Service Employment.** The Commission for the Blind will assist the client to find employment in the areas which are most interesting and appealing to him/her. The counselor will, however, use his/her expertise to point out job opportunities which are available in the areas of rehabilitation, health, welfare, public safety, law enforcement and other appropriate public service employment; and the Commission for the Blind will assist in the developing opportunities for practicum or other training, either paid or unpaid, in these public service areas. (1-5-87)

16. **Placement In Suitable Employment.** The Commission for the Blind will assist the client who has completed the necessary preparations in locating and securing regular competitive employment. (7-1-93)

a. In all cases, competitive employment will be considered first. (1-5-87)

b. Consideration of sheltered employment will be made only after it is determined that competitive employment cannot be achieved within reasonable bounds. (1-5-87)

c. In determining suitability of employment, factors to be considered include (but are not limited to) the client's interests, training and qualifications, background, job availability, starting wage or salary, opportunity for advancement, and the client's willingness to relocate. (1-5-87)

17. **Post Employment Services.** The Commission for the Blind will provide post employment services when it has been determined such services are necessary to maintain employment, or in the case of an individual who accepted initial employment below their capabilities, to achieve more suitable employment which must be more apt to maintain the individual in employment and which must be closely related to the existing job. (1-5-87)

a. If new and distinct handicapping problems have arisen or extensive rehabilitation services are required, a new individualized written rehabilitation plan will be completed. (1-5-87)

b. Services which are primarily supportive of other rehabilitation services, specifically maintenance and transportation, cannot be provided by themselves as post employment services. (1-5-87)

18. **Occupational Licenses, Tools, Equipment, Initial Stocks (Including Livestock), And Supplies Necessary To Enter An Occupation Or Small Business.** Occupational licenses, tools, equipment, initial stocks

(including livestock), and/or supplies necessary to enter an occupation or small business will be provided by the Commission for the Blind or the Commission for the Blind will assist in the application for assistance from other agencies and/or facilities for any or all of these services, to a client who has a vocational objective stated in a jointly developed and approved individualized written rehabilitation plan that calls for them. (1-5-87)

a. Expenditures for these services, in some cases, may be substantial and the Commission for the Blind will assist a client in obtaining financial assistance in these cases from other sources with the Commission for the Blind using rehabilitation funds mainly to deal directly with the handicap to employment caused by blindness. (1-5-87)

b. In no instance will the Commission for the Blind use rehabilitation funds to purchase land, an existing or for the erection of a building, or for the purchase of intangible resources of an existing business. (1-5-87)

19. **Other Goods And Services.** Other goods and services which can be reasonably expected to be of benefit in terms of employability and are not contradicted by the Rehabilitation Act as amended, the Regulations or the State Plan, may be provided, if necessary, to reach the vocational goal stated on a jointly developed and approved individualized written rehabilitation plan. (1-5-87)

251. -- 299. (RESERVED).

300. RATES OF PAYMENT.

The Commission for the Blind will make reasonable efforts to purchase supplies for clients' rehabilitation needs which are the most reasonable and satisfactory quality at the lowest available cost or the usual and customary charge for such services except when such practice significantly delays or interferes with the provision of vocational rehabilitation services to the client. (1-5-87)

01. **Establishment Of Rates.** In establishing rates of payment the Commission for the Blind will analyze the costs of other state and public agencies for the same or similar services and will consult with organizations or businesses providing such services. (1-5-87)

02. **Upper Limits.** The Commission for the Blind reserves the right to establish upper limits on any goods and services. (1-5-87)

301. -- 309. (RESERVED).

310. AVAILABILITY OF PERSONNEL TRAINED IN CLIENT NATIVE LANGUAGE OR MODE OF COMMUNICATION.

In cases where it is necessary to provide for interpretation of any mode of communication, the Commission for the Blind will seek such services at no cost when available or at cost when necessary. (1-5-87)

311. -- 314. (RESERVED).

315. BUSINESS ENTERPRISE PROGRAM AND USE OF SECTION 110 DOLLARS IN RANDOLPH-SHEPPARD PROGRAM.

All clients of the Commission for the Blind eligible for the Randolph Sheppard Program will be referred to the vocational rehabilitation program for consideration of vocational rehabilitation services. (1-5-87)

316. -- 319. (RESERVED).

320. PROVISION OF SERVICES TO CERTAIN DISABLED CIVIL SERVICE EMPLOYEES.

The State Plan will assure that vocational rehabilitation services are available to civil employees of the U.S. government who are disabled in the line of duty under the same terms and conditions applied to other individuals. (1-5-87)

321. -- 324. (RESERVED).

325. APPROPRIATE COMMUNICATION MEDIA.

The Commission for the Blind will provide recorded material for the blind and those individuals with disabilities which make it impossible for them to use printed materials. Certification of the disabling condition will be a part of the application for these services. (1-5-87)

326. -- 329. (RESERVED).

330. REVIEW OF CASES RECEIVING EXTENDED EVALUATION SERVICES, AND REEVALUATION OF CLIENTS CLOSED STATUS 26 IN SHELTERED WORKSHOPS.

Cases receiving extended evaluation services will be periodically reviewed to determine if the individual is capable of competitive employment. Cases closed Status 26 in sheltered workshops will be reevaluated on an annual basis. (1-5-87)

331. -- 334. (RESERVED).

335. ADMINISTRATIVE REVIEW - CLIENT SERVICES EVALUATION.

Each office of the Commission for the Blind will undergo an administrative review yearly. (1-5-87)

336. -- 339. (RESERVED).

340. INFORMATION AND REFERRAL SYSTEMS.

The Commission for the Blind will develop cooperative agreements with other service providers whereby information regarding the disabled population each agency serves is shared within the limitations of federal rules and regulations, and where appropriate, referrals to other agencies will be made to the benefit of the disabled individual being served. (1-5-87)

341. -- 344. (RESERVED).

345. NONDISCRIMINATION.

The Commission for the Blind will not discriminate against any individual with regard to sex, race, age, creed, color, physical or mental handicap, sexual orientation, or national origin. (1-5-87)

346. -- 349. (RESERVED).

350. CONFIDENTIALITY.

Personal information the Commission for the Blind has regarding any individual who is or may become legally blind, and who is or may become legally blind, and who is or may be a referral, client or former client, is and will be treated as confidential information. (1-5-87)

351. -- 354. (RESERVED).

355. ADMINISTRATIVE REVIEW.

All applicants will be informed of their right to request a hearing or review as outlined in the Code of Federal Regulations, 34 CFR 361.48. If the client feels there is no resolution, they may request a review from the Secretary of the U.S. Department of Education. (1-5-87)

356. -- 359. (RESERVED).

360. CLIENT ASSISTANCE PROJECT.

The Commission for the Blind will work cooperatively with coordinators of the Client Assistance Project. (1-5-87)

361. -- 364. (RESERVED).

365. UTILIZATION OF REHABILITATION FACILITIES.

The Commission for the Blind will utilize rehabilitation facilities at such times when this is an appropriate plan which will benefit the client. (1-5-87)

366. -- 369. (RESERVED).

370. PROVISION OF SERVICES TO GROUPS.

Services to groups may be provided to organizations serving the blind of Idaho only with the approval of the Board of the Commission for the Blind, and only in the event funds are available to provide such services. (1-5-87)

371. -- 374. (RESERVED).

375. BARRIER FREE FACILITIES USED BY SERVICE PROVIDERS.

The Commission for the Blind shall work with all facilities and service providers to ensure equal access. (1-5-87)

376. -- 379. (RESERVED).

380. DEVELOPMENT OF SUBGRANTS AND CONTRACTS.

The Commission for the Blind will follow standards of the Division of Purchasing for requests for proposals in the development of subgrants and contracts. (1-5-87)

381. -- 384. (RESERVED).

385. RESPONDING TO FEDERAL REPORTS.

The Commission for the Blind will comply with federal requirements regarding federal statistical and financial reporting organizations. (1-5-87)

386. -- 389. (RESERVED).

390. RETENTION OF RECORDS.

Client files, and financial and statistical records of the Commission for the Blind will be kept for three (3) fiscal years once they become inactive. (1-5-87)

391. -- 394. (RESERVED).

395. PUBLIC INPUT TO THE POLICY DEVELOPMENT OF THE COMMISSION.

The Commission for the Blind will illicit public input for development of agency policy, rules and regulations. (1-5-87)

396. -- 999. (RESERVED).

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Code of Virginia References

DBVI and Other Provisions Pertaining to the Blind.

Title 63.1, Chapter 5 - Virginia Department and Board for the Blind and Vision Impaired.

Chapter 8 - Business Enterprises.

§ 22.1-217 Visually impaired children.

§ 2.1-450 Purchases from Department for the Blind and Vision Impaired; violation.

§ 46.2-221 Certain state agencies to report to Department concerning the blind and nearly blind; use of such information by Department; Department to report names of persons refused licenses for defective vision.

Other References of Interest to Blind and Vision Impaired Persons:

Title 51.5, Chapter 9 - Rights of Persons With Disabilities.

§ 24.2-649 Assistance for certain voters.

§ 63.1-171.3 Duty of driver approaching blind pedestrian; effect of failure of blind person to carry white cane or use dog guide.

§ 46.2-933 When vehicles to stop for pedestrian guided by dog or carrying white, red-tipped white, or metallic cane.

§ 46.2-934 Failure to use cane or guide dog not contributory negligence.

§ 3.1-796.128:1 Intentional interference with a guide or leader dog; penalty.

§ 3.1-796.87 Amount of license tax.

§ 29.1-301 Exemptions from license requirements.

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§ 63.1-68. Appointment, terms and qualifications of members of Board; eligibility for reappointment; quorum.

Prior to July 1, 1988, the Virginia Board for the Blind and Vision Impaired, hereinafter sometimes called the Board, shall consist of seven members who shall be appointed by the Governor for terms of seven years each, one term beginning each year. Effective July 1, 1988, the members of the Board shall be appointed by the Governor for terms of four years. No person shall be eligible to serve more than two successive terms, provided that a person heretofore or hereafter appointed to fill a vacancy may serve two additional successive terms. Incumbency during a current term when this section becomes effective shall constitute the first of two successive terms with respect to eligibility for reappointment. Vacancies occurring on the Board shall be filled by the Governor for the unexpired term. All appointments hereunder shall be made without reference to party affiliations, but solely on account of the fitness of the appointees to discharge their duties as members of the Board. The membership of the Board, however, shall at all times include four persons who are blind. Four members of the Board shall constitute a quorum for the transaction of any lawful business. Annually, the Board shall elect its chairman from among its blind members.

Wherever in the laws of this Commonwealth reference is made to the Virginia Commission for the Blind, to the Virginia Commission for the Visually Handicapped, to the Virginia Department for the Visually Handicapped, or to the Virginia Board for the Visually Handicapped, whichever is appropriate for the context, such reference shall be deemed to be the Virginia Department or Board for the Blind and Vision Impaired.

(Code 1950, § 63-162; 1954, c. 71; 1962, c. 161; 1966, c. 43; 1968, c. 578; 1980, c. 4; 1988, c. 125; 1995, c. 392; 2000, c. 498.)

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§ 63.1-68.1. Powers and duties of Board; form of materials.

A. The Board shall exercise the following general powers and duties:

1. Advise the Governor, the Secretary of Health and Human Resources, the Commissioner, and the General Assembly on the delivery of public services to and the protection of the rights of persons with disabilities on matters relating to this title, and on such other matters as the Governor, Secretary, Commissioner, or the General Assembly may request; and
2. Review and comment on policies, budgets and requests for appropriations for the Department prior to their submission to the Secretary of Health and Human Resources and the Governor and on applications for federal funds.

B. Material submitted by the Commissioner for review and comment by the Board, when practicable, shall be in the medium or format suitable for review by each member of the Board.

(1992, c. 755; 1995, c. 392.)

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§ 63.1-69. Chairman of Board; meetings; Commissioner of Department; personnel.

The Board shall elect one of its members as chairman, who shall preside at its meetings and shall have power to call meetings when he deems it advisable.

The supervision of the Department shall be the responsibility of the Commissioner of the Department under the direction and control of the Governor. The Commissioner shall be appointed by the Governor, subject to confirmation by the General Assembly, to serve at the pleasure of the Governor for a term coincident with that of the Governor. The Commissioner of the Department shall employ such personnel as may be required to carry out the purposes of this chapter.

(Code 1950, § 63-163; 1968, c. 578; 1980, c. 4; 1984, c. 498.)

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§ 63.1-70. Department to act as bureau of information and industrial aid.

The Department shall act as a bureau of information and industrial aid, the object of which shall be to assist the blind in finding employment, and to teach them industries which may be followed in their homes.

(Code 1950, § 63-164; 1968, c. 578; 1980, c. 4.)

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Washington

Chapter 74.18 RCW

DEPARTMENT OF SERVICES FOR THE BLIND

To view this chapter you can:

1. Download the complete Chapter as a single file - [RCW 74.18 CHAPTER](#)
(This file is a self-extracting HTML file. Double click to open after saving to a folder on your computer), or
2. View the individual sections below:

SECTIONS

[74.18.010](#) Intent.

[74.18.020](#) Definitions.

[74.18.030](#) Department created.

[74.18.040](#) Director -- Appointment -- Salary.

[74.18.050](#) Appointment of personnel.

[74.18.060](#) Department -- Powers and duties.

[74.18.070](#) Rehabilitation council for the blind -- Membership.

[74.18.080](#) Rehabilitation council for the blind -- Meetings -- Travel expenses.

[74.18.090](#) Rehabilitation council for the blind -- Powers.

[74.18.100](#) Rehabilitation council for the blind -- Director to consult.

[74.18.110](#) Receipt of gifts, grants, and bequests.

[74.18.120](#) Administrative review and hearing -- Appeal.

[74.18.130](#) Vocational rehabilitation -- Eligibility.

[74.18.140](#) Vocational rehabilitation -- Services.

[74.18.150](#) Vocational rehabilitation -- Grants of equipment and material.

[74.18.160](#) Vocational rehabilitation -- Orientation and training center.

[74.18.170](#) Rehabilitation or habilitation facilities authorized.

[74.18.180](#) Services for independent living.

[74.18.190](#) Services to blind children and their families.

[74.18.200](#) Business enterprises program -- Definitions.

[74.18.210](#) Business enterprises program -- Purposes.

[74.18.220](#) Business enterprises program -- Vending facilities in public buildings.

[74.18.230](#) Business enterprises revolving account.

[74.18.250](#) Specialized medical eye care -- Prevention of blindness.

[74.18.901](#) Conflict with federal requirements.

[74.18.902](#) Severability -- 1983 c 194.

RCW 74.18.010

Intent.

The purposes of this chapter are to promote the economic and social welfare of blind persons in the state of Washington, to relieve blind or visually handicapped persons from the distress of poverty through their complete integration into society on the basis of equality, to encourage public acceptance of the abilities of blind persons, and to promote public awareness of the causes of blindness.

[1983 c 194 § 1.]

RCW 74.18.030

Department created.

There is hereby created an agency of state government to be known as the department of services for the blind. The department shall deliver services to blind persons to the extent that appropriations are made available, provided that applicants meet the eligibility criteria for services authorized by this chapter.

[1983 c 194 § 3.]

RCW 74.18.040

Director -- Appointment -- Salary.

The executive head of the department shall be the director of the department of services for the blind. The director shall be appointed by the governor, with the consent of the senate, and hold office at the pleasure of the governor. The director's salary shall be fixed by the governor in accordance with the provisions of RCW 43.03.040.

[1983 c 194 § 4.]

RCW 74.18.050

Appointment of personnel.

The director may appoint such personnel as necessary, none of whom shall be members of the *advisory council for the blind. The director and other personnel who are assigned substantial responsibility for formulating agency policy or directing and controlling a major administrative division, together with their confidential secretaries, up to a maximum of six persons, shall be exempt from the provisions of chapter 41.06 RCW.

[1983 c 194 § 5.]

NOTES:

*Reviser's note: The "advisory council for the blind" was renamed the "rehabilitation council for the blind" by 2000 c 57 § 1.

RCW 74.18.060

Department -- Powers and duties.

The department shall:

(1) Serve as the sole agency of the state for contracting for and disbursing all federal and state funds appropriated for programs established by and within the jurisdiction of this chapter, and make reports and render accounting as may be required;

(2) Adopt rules, in accordance with chapter 34.05 RCW, necessary to carry out the purposes of this chapter;

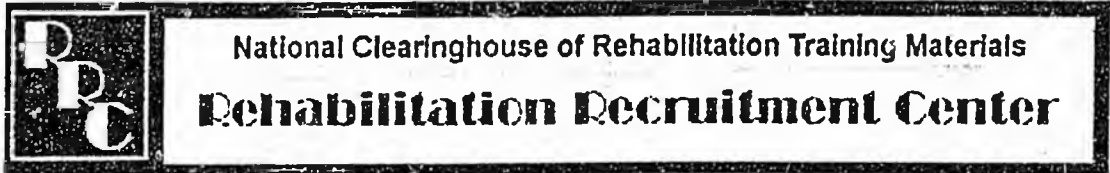
(3) Negotiate agreements with other state agencies to provide services for individuals who are both blind and otherwise disabled so that multiply handicapped persons and the elderly blind receive the most beneficial services.

[1983 c 194 § 6.]

Attachment C

Rehabilitation Recruitment Center's list of states with separate agencies

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(click on a letter or on the word Territories)

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A

*+ = separate agency
27 states*

[Alabama Department of Rehabilitation Services](#)

[Alaska Division of Vocational Rehabilitation](#)

[Arizona Rehabilitation Services Bureau](#)

[Arkansas Rehabilitation Services](#)

[Arkansas State Services for the Blind](#)

C

[California Department of Rehabilitation](#)

[Colorado Division of Rehabilitation](#)

[Connecticut Bureau of Rehabilitation Services](#)

[Connecticut Board of Education and Services for the Blind](#)

D

[Delaware Division of Vocational Rehabilitation](#)

[Delaware Division for the Visually Impaired](#)

[District of Columbia Vocational Rehabilitation Services Administration](#)

F

Florida Division of Vocational Rehabilitation

Florida Division of Blind Services

*

G

Georgia Division of Rehabilitation Services

H

Hawaii Vocational Rehabilitation and Services for the Blind

*

I

Idaho Division of Vocational Rehabilitation

Idaho Commission for the Blind and Visually Impaired

*

Illinois Department of Rehabilitation Services

Indiana Vocational Rehabilitation Services

Iowa Division of Vocational Rehabilitation Services

Iowa Department for the Blind

*

K

Kansas Rehabilitation Services

Kentucky Department of Vocational Rehabilitation

Kentucky Department for the Blind

*

L

Louisiana Division of Vocational Rehabilitation

M

Maine Division of Vocational Rehabilitation Services

Maine Division for the Blind and Visually Impaired

*

Mankato State University - Mankato, Minnesota

Maryland Division of Rehabilitation Services

Massachusetts Rehabilitation Commission

Massachusetts Commission for the Blind *

Michigan Rehabilitation Services

Michigan Commission for the Blind *

Minnesota Division of Rehabilitation Services

Minnesota State Services for the Blind †

Mississippi Rehabilitation Services

Missouri Division of Vocational Rehabilitation

Missouri Rehabilitation Services for the Blind *

Montana Rehabilitative Services Division

N

Nebraska Vocational Rehabilitation

Nebraska Services for the Visually Impaired *

Nevada Rehabilitation Division

Nevada Services to the Blind and Visually Impaired *

New Hampshire Division of Vocational Rehabilitation

New Jersey Vocational Rehabilitation Services

New Jersey Commission for the Blind and Visually Handicapped †

New Mexico Division of Vocational Rehabilitation

New Mexico Commission for the Blind *

New York Vocational Educational Services for Individuals with Disabilities

New York Commission for the Blind and Visually Handicapped †

North Carolina Division of Vocational Rehabilitation Services

North Carolina Division of Services for the Blind *

North Dakota Department of Vocational Rehabilitation

O

Ohio Rehabilitation Services Commission

Oklahoma Department of Rehabilitation Services

Oregon Vocational Rehabilitation Division

Oregon State Commission for the Blind

*

P

Pennsylvania Bureau of Vocational Rehabilitation

Pennsylvania Blindness and Visual Services

*

R

Region II RRCEP

Rhode Island Office of Rehabilitation Services

S

South Carolina Vocational Rehabilitation Department

South Carolina Commission for the Blind

*

South Dakota Division of Rehabilitation Services

South Dakota Services to the Visually Impaired

*

T

Tennessee Division of Vocational Rehabilitation

Texas Rehabilitation Commission

Texas Commission for the Blind

*

U

Utah State Office of Rehabilitation

V

Vermont Vocational Rehabilitation Division

Vermont Division of Services for the Blind and Visually Handicapped *

Virginia Department of Rehabilitative Services

Virginia Department for the Blind and Vision Impaired *

W

Washington Division of Vocational Rehabilitation

Washington State Services for the Blind *

West Virginia Division of Rehabilitation Services

Wisconsin Division of Vocational Rehabilitation

Wyoming Division of Vocational Rehabilitation

TERRITORIES

American Samoa Vocational Rehabilitation

Federal States of Micronesia Vocational Rehabilitation

Guam Department of Vocational Rehabilitation

Marshall Islands North Mariana Islands Vocational Rehabilitation Services

Puerto Rico Division de Rehabilitacion Vocacional

Virgin Islands Division of Disabilities and Rehabilitation Services

Republic of Palau Vocational Rehabilitation

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Last updated: 8/22/2001

Attachment D

"Why Separate Agencies for the Blind?" National Council of State Agencies Serving the
Blind

WHY SEPARATE AGENCIES FOR THE BLIND?

THE PROBLEM

Because of the myths and stereotypes of blindness, rehabilitation agencies for blind persons must take a different approach than agencies that serve persons with other disabilities. Agencies serving the blind must deal with two problems. Of course, they must address the physical loss of vision by teaching specialized skills and techniques. But, they must also address the misconceptions. The second aspect involves creating attitudinal changes in their clientele and in society. This requires that rehabilitation professionals working with blind persons possess in-depth knowledge about the abilities of blind people. In addition, they must possess the ability to teach blind persons how to deal positively with public attitudes, and must be prepared to deal with those attitudes themselves.

BACKGROUND

Throughout history, people have feared blindness more than almost any other physical disability. In the last few years, AIDS, cancer and Alzheimer's Disease have become more feared in industrialized nations because massive publicity has brought them to the forefront. For most of the world, however, blindness is still the most feared.

The fear of blindness is based largely upon two elements: the extent to which we rely upon vision as our primary sense, and the negative images about blindness which are almost universal throughout the world. These negative images are pervasive and deeply entrenched: If you can't see, you can't do; blind people are dependent and not able to meet their own needs; they cannot work, travel, enjoy recreation or maintain households. These two elements represent myths and stereotypes which constitute a dangerous and misleading view of blindness. They lead the general public to assume that visually impaired persons lead cloistered, sterile lives. They deny the essential truth of the normality of blind persons. They deny the fact that many, many blind people lead successful, fulfilling lives.

All those concerned with the welfare of blind persons, plus blind persons themselves, must understand that the myths and stereotypes held by the general public are the single most difficult obstacle to assisting blind persons to achieve success in life. Whatever other elements are involved, rehabilitation staff and their clients are always confronted with the need to overcome these perceptions.

WHAT'S AT STAKE?

For years many states have examined the feasibility -- even the desirability -- of merging specialized agencies for the blind with

other human service agencies. Even with the attractive idea of saving money by creating a massive bureaucracy, many states reached a different conclusion. They determined that true cost effectiveness, efficient and timely service delivery, focused management, and competent targeted leadership are best accomplished in a separate agency, or in an identifiable department or bureau with competent, qualified and trained staff.

Research to compare outcomes of rehabilitation services for people who are blind according to specialized or general settings has been limited. The best designed study (conducted for the U.S. Rehabilitation Services Administration by a neutral research firm - JWK International) had two major findings.

First, most state agencies, even those not identified as providing rehabilitation services solely for persons who are blind or visually impaired, chose to serve blind people either:

via a specialized unit within the agency, or via counselors in a specialized unit within the agency, or via counselors with specialized caseloads.

Second, specialized caseloads, regardless of agency type, produced better rehabilitation outcomes for blind clients.

This and other studies have supported the advantages of separate agencies.

WHY SPECIALIZED SERVICES?

Nowhere is the need for specialized, intensive services more required than in dealing with the consequences of blindness. The basic skills and techniques to overcome blindness are many and varied and teaching these basic skills requires discrete knowledge, a thorough understanding of blindness and the problems attendant to it.

Unique skills related to this disability:

1. Traveling with the long cane or the guide dog. Such training must encompass how to assess the environment and move about efficiently in it.
2. Braille, a system of reading and writing which depends upon the tactile identification of raised dots. Braille will vary in complexity from a simple alphabet to specialized notations for computers, foreign languages, music, math and other disciplines.
3. Assistive technology, including the use of synthetic

speech for computers, closed circuit television magnifiers, Braille computer terminals and reading machines or scanners. This includes assessment of the need for specific devices to accomplish specific tasks.

4. Independent living, including all the skills for personal and home maintenance -- from grooming, to how to cook, to how to get to work. In short, all those things sighted persons take for granted in daily living.

5. Personal adjustment, which is a blind person learning how to deal with the effects of total or partial loss of vision and how to respond to negative thinking about the abilities of blind people.

The efficient, effective transmittal of all the skills required to cope with blindness requires the specialized attention of experts whose own unique training and experience has been focused on those who are visually impaired.

WHAT STRUCTURE IS MOST CONDUCTIVE TO DELIVERY?

Several considerations must go in to determining which administrative structure is most appropriate to deliver effective services:

1. Savings or Service -- Does the consolidation of administrative functions result in meaningful savings?

Are larger units of government efficient, considering the inherent problems of complex bureaucracies in terms of slowness and lack of focus?

2. Consolidation or Specialization -- Are there things to be learned from big business which, because of hard lessons learned from unhappy past consolidations, is moving to decentralize and adopt the practice of smaller, more specialized units.

3. Ease or Difficulty of Access -- How can blind and visually impaired persons best access services?

Accessing service delivery systems always presents problems for consumers, especially for persons who are blind or visually impaired because they are a minority among the total disability population. aren't their specialized needs likely to be lost in a combined setting which attempts to deal with the needs of persons with all types of disabilities?

4. Generic Skills or Relevant Knowledge -- Can persons trained to provide general rehabilitation services

furnish the kinds of services visually impaired persons require?

5. Generalized or Specialized Focus -- Can senior managers of generalized rehabilitation agencies bring to bear adequate specialized training and experience to develop the most effective service programs for blind and visually impaired persons?

WHAT DO CUSTOMERS WANT?

A paramount issue in deciding upon the structure of a service delivery system for blind and visually impaired persons must be the view point of the consumers of the services. All major organizations of and for the blind agree on the need for specialized services. They overwhelmingly believe that the optimal way to deliver such services is through a separate agency.

Reasons for agreement include the following:

Access to decision-makers -- not buried in a bureaucracy.

Specially-trained personnel who can use their skills and abilities to facilitate the acquisition of vocational and independent living skills.

Appropriate representation on advisory councils, task forces, and other work groups so that their specific needs can be addressed.

An agency that advocates for blind persons to overcome the myths and stereotypes so evident in our society.

WHAT HAS THE EXPERIENCE OF EDUCATION SHOWN US?

Time and experience have demonstrated that forcing the integration of blind persons has not served them well. For example, those concerned with the education of blind children have found that "mainstreaming" as a rule has not worked for visually impaired children. In too many cases, it has resulted in inferior education for them. Many states, under the pressures of inadequate funding and resources, have abdicated responsibility for providing special education programs for visually impaired children. An unanticipated harmful effect has been the loss of many special education personnel and teachers. All of this has had disastrous effects on blind students, who, in many cases, had to fend for themselves in integrated, mainstream classrooms. This experience of the educational system should serve as a warning to those who advocate integrated rehabilitation agencies for adults.

CONCLUSION

The skills of blindness are markedly different from the skills

required by other disabled persons. The methodology of instructing the blind and confronting the issues of blindness in our society require the development of specialized service programs, with service delivery by specialized personnel. Therefore, the National Council of State Agencies for the Blind (NCSAB) supports the concept of a separate service delivery system and organizational structure for the blind to maximize the success of blind persons served by rehabilitation agencies.

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Attachment E

"Why ICBVI?" Idaho Commission for the Blind and Visually Impaired (Report supporting specialized services for the blind in Idaho)

WHY ICBVI?

WHY SPECIALIZED SERVICES FOR ADULTS WHO ARE BLIND AND VISUALLY IMPAIRED?

Surveys by Gallup indicate that behind AIDS, terminal cancer and Alzheimer's disease, the thing that Americans fear most is becoming blind. This fear is based on the negative images about blindness that are universal in American society...if you can't see, you can't do...blind people are dependent and not able to take care of themselves...blind people can't work, travel, read, enjoy recreation, maintain a household, etc. These images are inaccurate and dangerous for two reasons: first, blind and visually impaired adults can and do live fulfilling and successful lives; and second, such images stereotype a class of people that possess only one common characteristic - being blind or visually impaired.

Given the ongoing existence of these myths and stereotypes a qualitatively different rehabilitation approach is required. Agencies serving persons who are blind or visually impaired must deal with two problems. First, they must address the physical loss of vision by teaching specialized skills and techniques. Second, they must be able to address the misconceptions. This requires creating attitudinal changes on the part of blind persons and on the part of society.

Specialized Services

What do you do when you meet a blind person? Are you comfortable knowing what to do or what to ask? Most people are not. This is a sight-oriented world which requires specialized services so that people without vision can be independent, self-sufficient, and capable members of society. Think about the way most of us take in information. It is estimated that between 75-90% of communication is visual. People rely upon visual cues such as facial expressions and body language to size-up situations. People who are blind are at a disadvantage if they don't learn the appropriate skills. What is meant by specialized services? What are basic techniques and skills of blindness? Obviously they are many and varied. They range from how-to get around to how-to carry out the duties of an electrical engineer. The teaching of these basic skills requires specialized knowledge and as thorough an understanding of the problems of blindness as possible. Competent blind persons should be the ultimate judge of what skills are developed and taught.

Organizational Issues

In the 50 states and the District of Columbia, there are 26 separate state rehabilitation agencies serving blind and visually impaired people. The other 25 state agencies serve them in rehabilitation agencies that combine services to blind and visually impaired persons with services to persons who have other disabilities. In almost every one of those 25 states, separate, specialized services are still being provided to blind and visually impaired people. Even when they don't have a separate agency, they maintain the specialized services.

In considering how to provide specialized services for people who are blind or visually impaired, the following questions need to be addressed:

* Aren't potential savings from consolidation of administrative functions

offset by bureaucratic miscues, and decision making slow downs typically found in larger units?

- * Aren't "Big" businesses decentralizing and adopting smaller, more specialized units because of the hard lessons learned from previous consolidation efforts?
- * How do consumers get access to service delivery systems? Persons who are blind or visually impaired comprise a small minority of the disabled population and their specialized needs get lost in "combined" organizations that are attempting to deal with a variety of human needs.
- * Finally, wouldn't you want your family member to get services from someone who was trained to deal specifically with vision loss problems? Can generalists really provide the required services and build the necessary confidence in newly blinded persons?

Over the past decade, many states have looked at the issue of merging specialized blind agencies with other human service agencies. In most of these states, the conclusions were the same: program and funding accountability, cost-effectiveness, efficient service delivery, and management and leadership are best accomplished in a separate agency, department or bureau with competent, qualified trained staff.

Political Considerations

In analyzing the decision of whether or not to combine services, another set of considerations must come into play; namely, what do consumers want and expect? All major organizations of and for the blind agree on the need for specialized services and believe that the optimal way they can be delivered is through a separate agency. Through separate agencies consumers are assured of:

- * Access to decision-makers who are not buried in bureaucracy.
- * Specially trained personnel who can use their skills and abilities to facilitate the acquisition of vocational and independent living skills by people who are blind or visually impaired.
- * Trained staff who have the specialized expertise to train blind and visually impaired people on low and high technology.
- * Appropriate representation on advisory councils, task forces, and other work groups so that their specific needs can be addressed.
- * An agency that advocates for blind persons to overcome the myths and stereotypes so evident in our society.

Conclusion

Should other disabilities have specialized rehabilitation services? Ideally so. However, blind consumers have long been in the forefront of assuring specialized services for blind and visually impaired individuals, and they need the system of specialized services that has historically been in place in order to assure the greatest likelihood of success.

WHY THE IDAHO COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED

In 1967 the Gem State Blind, later to become the National Federation of the Blind of Idaho lobbied the Idaho Legislature for the creation of a separate agency to serve blind individuals. There were estimated to be around 6,000 blind Idahoans. Their argument was:

- * These Idahoans were not being reached or served by vocational rehabilitation services presently offered.
- * The number of individuals in this disability group was substantial enough to warrant specialized services of a separate agency.

- * The needs of this disability population were unique and beyond the expertise of IDVR staff at the time.
- * The public misconceptions about blindness were not only held by most of the public about the capabilities of blind people, but were attitudes that the blind of Idaho were experiencing with their interaction with rehabilitation counselors.

At that time, within the State of Idaho, specialized services were negligible or nonexistent. Specialized services have been and are the current norm in Idaho since the Commission began. On October 1, 1967 all responsibilities and duties of the Department of Public Assistance relating to services to the blind and sight conservation were transferred to the newly created Idaho Commission for the Blind. With Idaho's population approximately 1.2 million, most estimates regarding the number of blind and visually impaired persons within Idaho are a little more than 20,000 and rising. At any given time, the Idaho Commission for the Blind and Visually Impaired (ICBVI) has approximately 300 to 600 open cases providing comprehensive services.

One of the critical factors by which separate services for the blind is necessary, is the cost benefit. If a typical individual were to become blind or visually impaired and be unable to work at age 35 presuming a normal work history, they would be eligible for social security disability insurance benefits. Average benefits from this program are up to \$1300 per month, not including the other benefits such as food stamps, housing, and medical. Presuming that individual did not work for the following 30 years, and instead depended on social security disability insurance, the federal expense would amount to approximately \$216,000. If that individual is able to return to work, that \$216,000 becomes a savings to taxpayers.

This doesn't consider the other values reflected in the VR system or the tax contribution that the individual would make when employed. The Federal Office of Management and Budget estimate that for every dollar spent on rehabilitating people, the Government receives a return of \$11.00 in taxes. Based solely on the cost benefit to society the present ICBVI's budget would be justified by rehabilitating 15 individuals a year.

The ICBVI has two additional programs that contribute to the success and independence of blind and visually impaired Idahoans. These are "Independent Living" (IL) and "State Only" (SO) programs.

The ICBVI IL Program serves those who are not likely to re-enter the job market, but who have experienced an impediment to their independence in their home, family, or community. Separately these individuals desire to maintain their own home rather than being placed into a more dependent situation of living with family, friends, or institutional care. The program of rehabilitation offered to these individuals consists of instruction in alternative techniques so as to build their skill and confidence level to maintain their own independence. The independent living needs of the blind are individualized, varied and complex. This means that an approach to providing services must be specialized toward blindness.

The State Only program meets a variety of medical needs, especially that of prevention of blindness and sight restoration. This program is purely state-funded and serves those individuals who cannot afford medical care in order to prevent blindness.

These three programs; Vocational Rehabilitation, Independent Living, and State Only have successfully served the blind and visually impaired of Idaho. These consumers are succeeding because of the existence of an agency staffed with people who have the knowledge, skills, and ability to serve blind people.

The Idaho Commission for the Blind and Visually Impaired also offers the following uniquely individualized services:

because of stereotyping, prejudice, lack of understanding, disinterest, and many other reasons. Statistics show that nearly 75% of adult blind persons are unemployed.

The placement services at the ICBVI are specifically designed to address these issues and to work toward an employment mission. This is done through training, career exploration, job readiness, employer contacts, job development, supported employment, and direct placement. Without this "helping hand", many blind and visually impaired persons find it difficult, if not impossible, to compete in the employment market.

The Summer Work Experience Program is designed to address employment related needs in the 16-21 year old group. This program gives the opportunity to gain summer employment, learn work skills and ethics, explore career options, and live independently away from home. The end product is an experienced, trained, motivated young adult, who is confident that self-sufficiency is possible and desirable.

And the Summer Youth Program for the 14-15 year olds assists in getting these young people ready by working on pre-vocational skills, including daily living, money management, and specific blind techniques.

The positive effects of these services can be seen in the individuals that are now employed. No longer are they relegated to a position of dependence upon the social system.

Without an agency dedicated to the blind, the training, focus, vision, and understanding of the very special and specific needs of the blind would be blurred and watered-down; the Summer Work Experience Program for blind youths would not exist. The technical adaptations and assistance for job success would be enmeshed with other disability groups producing ineffective results.

The best possible services can be provided for the blind of Idaho by remaining a single, dedicated, focused, effective agency as the Idaho Commission for the Blind and Visually Impaired as it presently exists.

Assessment and Training Center

The Assessment and Training Center is a unique single source for comprehensive training, independent living, and related rehabilitation services. A student can complete training within the period of time that fits that individual's needs. The training is for individuals who desire to enter the work force or resume a normal family life.

This individualized instruction is best provided through a separate state agency for the blind because the needs of blind persons are unique when compared to those of the general disability population. Since 75%-90% of information gathering is visual, specialized technology is required in many cases. Because of expensive technology, high prices from vendors of such technology, time frames involved with rehabilitation of blind populations, and the high need for one-on-one instruction the cost of rehabilitating a blind client is substantially higher than those for the general disability community. When administrators and financial officers of general agencies are reviewing costs for clients they often fail to account for these factors and insist the costs for rehabilitating blind clients is reduced to fall more in line with what is expected for other disabilities.

A division such as the Assessment and Training Center would not be able to justify its existence in a general agency. The specialized needs of blind individuals would not be a high priority such as they are in a specific agency servicing the blind. The following is a partial list of the kinds of training available to blind and visually impaired people

through the Center:

- * Travel Skills - How to use a long white cane. How to size up the environment and travel efficiently.
- * Braille - How to use the system of reading and writing which depends upon tactile identification of raised dots that have been organized into various patterns within a cell.
- * Independent Living Skills - How to cook, clean, shop, mend, match clothes, fix meals, and get to work.
- * Computer, typing, and general office practices.
- * Woodshop - How to use tools and to creatively construct a "project".
- * Personal Adjustment/Philosophy. How to deal with the effects of blindness and limited vision.

With the confidence gained through this training, no longer is fear a paralyzing force in the blind person's life.

A separate agency for training of the blind can specialize and provide new outlooks in assisting blind and visually impaired clients. This service would be overlooked in a general agency dealing with a large general caseload.

Adaptive Technology

The ICBVI's Adaptive Technology Specialist works in conjunction with The Idaho School for the Deaf and Blind spreading information about access technology to school districts around the state. Supplying information and technology to blind individuals and teaching staff at an early point in their education helps the vocational process work more efficiently.

The Adaptive Tech also assists Idaho's colleges and universities with technical support for the blind and visually impaired. Recommendations are made on how a particular program can be made accessible by blind and visually impaired students. The Adaptive Tech Specialist provides advice on what and how to purchase adaptive equipment for clients of ICBVI.

The Adaptive Tech works with synthesized speech for computers, closed circuit television magnifiers, Braille computer terminals, portable low vision aids, reading machines, scanners and computer note taking devices. This includes assessing what devices are needed, as well as training on how to properly use them. This unique service can only be provided within a separate agency for the blind.

Low Vision Aids and Appliances

More than 14 million Americans have a visual impairment that can't be corrected by glasses or contact lenses. Eighty thousand of them are completely blind. That leaves many millions with low vision, a persistent irreversible deficit that interferes with daily living. Nearly all of these people can be helped. Visual impairment cuts into all age groups. More than half of all Americans with low vision have Macular Degeneration, a deterioration of the retina that is the number one cause of serious visual deficiency in those over 50.

Idaho's visually impaired citizens are just beginning to realize the wealth of information and aids that are available through the ICBVI. Every low vision case is different and requires customized rehabilitation. This service would not exist in an umbrella agency.

Business Enterprise Program

The Business Enterprise Program is authorized by Federal and State laws specifically targeting blind people. This program provides training, employment opportunities, and on-going professional and personal growth to the blind of Idaho. If this agency merged with another, extensive training would be required to educate personnel on laws, BEP operations, post-employment services used by BEP operators, skills of blindness, and other

pertinent information unusual to casework.

The Randolph-Sheppard Law was enacted because sighted people believed that blind people could not function in any employment, especially business. Those who are not trained in the skills of blindness still have that belief. Blind and visually impaired individuals are not given equal opportunities when combined with other disability groups. Until the blind of Idaho are not put on the bottom of the placement list of counselors, job placement personnel, etc. the ICBVI should remain a separate agency.

Volunteer Taping and Radio Reading

Blind and visually impaired persons need the same access to information as the community at large. Frequently cited as one of the frustrations of vision loss is the inability to read the newspaper or other material. Dependence on family members, electronic equipment, computer screen access, or oral reports from others is not an acceptable substitute for personal direct access to information.

The ICBVI offers two programs that help bridge this information gap. These services are "Radio Reading" and "Volunteer Taping". Since the mid-1970's blind citizens in the Treasure Valley have been able to listen to a special radio broadcast that allows them to hear a daily reading of the newspaper. Volunteers read material from the Idaho Statesman. The radio signals are transmitted to special receivers that ICBVI loans free-of-charge to blind and visually impaired consumers.

Newsline is a service whereby a blind person can access newspapers and specific articles from those publications by way of the telephone. Use of the numeric keypad allows users to read the paper at their convenience, in much the same way sighted readers do.

The Volunteer Taping service is another means for blind and visually impaired persons to stay in touch. It allows blind and other reading disabled clients to obtain recorded material that is not available to them by other means. There is no fee for this service. These programs are cost-effective. They are produced with the assistance of more than 60 volunteers, and under the direction of one full-time staff member.

If these programs were moved to a general agency, a great deal of the client-centered nature of the programs would be lost. If this service were to be transferred today to an established recording company the cost would be prohibitive. The blind of Idaho have put their collective expertise together in developing these programs to meet their specific needs.

Accounting, Data Management, and Building

The accounting and data management section of the ICBVI has a direct influence on the blind of Idaho. The staff's technical skills, combined with their knowledge and understanding of blindness and visual impairment help the accounting staff to interact with clients in a positive non-custodial and non-classroom way. This understanding can play a role in helping a blind person gain independence, confidence in business dealings, and bill paying, etc. This type of understanding would not occur in the accounting staff of a large agency with multiple programs in other areas.

The ICBVI's central office is in Boise, and is housed at 341 West Washington. It is often a challenge to keep this historical old building clean and presentable. Maintaining this building, and upgrading systems when possible is not only a good thing to do fiscally as a responsible agency, since the present cost of maintaining this building is just one third of present market building rates in the Boise area, but it makes a statement to and about the people that we serve. Having a clean and well maintained Commission for the Blind building says the blind people in Idaho are important. Having a safe and attractive place to work and learn is important to the blind and visually impaired of Idaho.

IDAHO COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED (800)542-8688



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William J. Carter

Signature of Camera Operator

10/14/2003

Date

OVERVIEW
SOUTH-
CENTRAL
FOUND-
ATION

Family Wellness Warriors Initiative

Family Wellness is about healthy relationships in families. These values support men and women providing for their families by being able to bring food to the table, shelter and clothing for each family member and protection from all forms of harm. But families do not always look this healthy any more. We need to re-assert these values.

First and foremost we need all men to step forward, to take back their place as the protectors of family values. We need all men to teach their sons to hold each member of a family precious and safe. Anger can bring strength when it is in the service of protecting the family. We need fathers to teach their sons that it is not ok to throw a chair or pound a fist when one is angry. We need grandfathers to teach their granddaughters that all women deserve to be loved well, treated with respect and dignity so that they may continue to pass on nurturance and love. We are looking for the warriors of family wellness.

And we need the women to step forward and take their place as the instillers of family values. We need women to teach their daughters to seek relationships with men who respect them and who will join them in creating families who are a fortress against harm. We need women who believe and understand that a child raised in violence may continue the cycle of violence and a child raised in peace and love will often continue the cycle of peace and love. We need women who will teach their sons to understand their emotions and to use these emotions to make wise and careful choices. We need grandmothers to teach grandsons that all men need to be loved and respected so that they can love others well. We are looking for the warriors of family wellness.

And we need children of all ages to be viewed as the reflectors of family wellness. We need to listen and learn from them. Understand that their behaviors are a reflection of all that has been modeled for them from their fathers, mothers, siblings, grandparents and community members. They will seek healthy foods if that is the way they were raised. They will seek healthy relationships if that is the way they were raised. We are looking for the warriors of family wellness – Raise your child to become one. Watch all children and they will tell you if we as a community are raising more of these warriors.

The Family Wellness Warrior's Initiative: 2001-2003 Overview

The purpose of the Family Wellness Warrior's Initiative is threefold:

- To encourage and promote family wellness utilizing Native strengths to counter all types of domestic violence, neglect, and abuse among the Alaska Native population.
- To enhance existing resources and develop new collaborations for addressing domestic violence, neglect, and abuse and assist those who are impacted.
- To encourage and strengthen Alaska Native family wellness

The purpose will be accomplished by working through the Native community, regional corporations, agencies, and providers. The program entails five distinct phases, briefly described below.

Phase I: Identify and Strengthen Village Resources

Phase I will identify resource individuals within each region, establish a network of helpers, and host gatherings. The objective is to coordinate and expand helper resources within each village to help all persons involved in, or fearful of, domestic violence, neglect, and abuse.

Phase II: Meetings of Providers and Advocates: Winter 2001

Phase II will involve meetings from organizations and agencies throughout Alaska that are either directly or indirectly involved in domestic violence, neglect, and abuse prevention, intervention, treatment or rehabilitation. The objective is to increase awareness of existing resources, network, and promote Alaskan Native concerns in ways that strengthen these resources.

Phase III: Statewide Alaska Federation of Natives Convention: Fall 2002

Through a gathering of Alaska Native delegates from across the state of Alaska, Southcentral Foundation and the Alaska Federation of Natives (AFN) are coordinating the theme for the 2002 AFN Convention to be

The Children's Summit. This theme will focus on addressing a variety of issues relating to Alaska Native children including mental health, physical health, and education.

Phase IV: *

Phase V: Coordination of Resources and Distribution of Materials

Phase V will focus on producing materials reflecting the discussions from meeting with AFN and coordinating efforts of regional and community representatives. Regular meetings will be encouraged, to strengthen the coordination of ideas and resources between villages

*This phase will be completed by a faith based group

The CIRI nonprofits

ALASKA'S PEOPLE is a nonprofit employment service for Alaska Natives and Native Americans. Alaska's People was formed in 1996 through the combined efforts of CIRI, Peak Oilfield Service Co. and Cook Inlet Tribal Council to address the employment needs of the entire Native community and provide skilled employees for Alaskan companies.

THE CIRI FOUNDATION was established in 1982 to promote self-sufficiency and appreciation for culture and heritage among Alaska Natives.

COOK INLET HOUSING AUTHORITY has provided housing assistance to low-income Alaska Natives and Native Americans within the Cook Inlet region since 1974. The housing authority aims to plan and develop affordable housing programs that address the special needs of low-income families in order to promote self-sufficiency and alleviate homelessness for individuals living in the Cook Inlet region.

COOK INLET TRIBAL COUNCIL provides social, educational and employment services to Alaska Natives and Native Americans living in the Cook Inlet region. The council manages over 30 programs designed to enhance the cultural heritage and economic well-being of the Native community.

SOUTHCENTRAL FOUNDATION, the health arm of the CIRI nonprofit affiliates, opened its doors in 1982. Today the organization has grown to include 65 different health-related programs and employs over 800 people.

ALASKA NATIVE HERITAGE CENTER was created as a gathering place to share, celebrate and perpetuate Alaska Native tradition. The center provides an authentic, interactive experience, and serves as an educational facility, community center, cultural resource and visitor destination.

ALASKA NATIVE JUSTICE CENTER aims to serve the unmet needs of the Alaska Native community in the criminal and civil justice systems. The center works in four specific areas to implement change: advocacy, outreach, education and innovation.

KOAHNIC BROADCAST CORP. is a nonprofit, Alaska Native-owned and operated media center located in Anchorage. KNBA 90.3 is the country's first urban Native American public radio station, playing a mix of adult alternative and Native music.

Tribal Services

Traditional Healing

The intent of the Traditional Healing Program is to honor traditional Alaska Native and American Indian approaches to health, and to provide them in conjunction with services offered at the Alaska Native Medical Center. Examples of these practices include prayer, massage, songs, dance and consultations with Elders.

Tribal Initiatives

Program staff provides support for healthcare delivery to 55 villages through the Anchorage Service Unit. This includes the Village Services Management Team, which advises the Southcentral Foundation Board of Directors on all matters related to provision of village healthcare services.

Alaska Native Health Resource Advocate Office, Seattle

The Alaska Native health resource advocate provides information and referral services to Alaska Natives living in the Seattle area. Services include:

Information and Referral

- The advocate listens to needs and finds appropriate resources.
- The advocate has a database of over 6,400 resources, and is linked to a variety of programs within the community and regional offices.
- These resources are used to help clients in the areas of health, BIA enrollment and certificates of Indian blood, social services, education, employment, legal referrals, cultural and other programs and services.

Advocacy and Liaison

- Program staff acts as an advocate and liaison between clients and agencies such as: Social Security Administration, Job Service, Division of Social and Health Services, King County, State of Washington, and Seattle Housing Authority, among others.

Client Development

- Staff provides help with researching continuing or vocational education programs; finding assistance in the form of scholarships or grants; and help with enrollment.

Behavioral Services (continued)

Elder Program

Southcentral Foundation, in its effort to address its mission of working together with the Native Community to achieve wellness through health and related services, established the Elder Program in 1995. It is designed to provide a variety of services that assist Alaska Native Elders 55 years and older in the Anchorage area to gain access to health and social support services. The program is financed by two grants, Title III and Title VI, which allow it to run a daily lunch program and the following services: outreach, information and assistance, congregate meals, transportation, family support, chore service, telephoning, visitation, advocacy, interpretation/translation, shopping, and culturally relevant activities.

Head Start and Early Head Start

SCF administers Head Start and Early Head Start, both national programs that provide comprehensive child development services for low-income children, ages 3-5 (Head Start), and 6 weeks-3 years (Early Head Start), and their families. The goal of both programs is to help the children and their families achieve their full potential by providing health, nutrition, education, social and other services. Because of Southcentral Foundation's unique position as primary healthcare provider for Alaska Natives in Southcentral Alaska, the Head Start and Early Head Start programs coordinate with the Anchorage Native Primary Care Center and Alaska Native Medical Center to provide healthcare services for children at the centers.

Quyana Clubhouse

Quyana Clubhouse is a prevention-focused, work-oriented program for people who are experiencing severe, persistent mental illness. It incorporates clinical practices and structure with traditional Native ceremony to offer a nurturing environment focusing on peers, family and the community. The program's goal is to help members to achieve or regain self-confidence and skills necessary for a productive and socially fulfilling life.

Quyana Clubhouse helps reduce the number of individuals with psychiatric disorders entering the criminal justice system by providing such services as day treatment, vocational rehabilitation, anger management, social skills development, substance abuse treatment and work options. Currently, 13 staff members provide services to Clubhouse members 24 hours a day, seven days a week with the program divided into a day program and an assisted living program.

RAISE Program

The Raise program offers work and educational opportunities for Native youth, acquaints 14- to 18-year-olds with the work environment and gives them experience in health-related careers.

Prenatal Support Program

The Prenatal Support Program screens prenatal women to determine their risk level for fetal alcohol syndrome. Staff members offer case management, postpartum discharge, education and counseling.

Behavioral Services

The Pathway Home

The Pathway Home provides a substance abuse, behavioral, and mental health residential treatment program along with secondary education for youth ages 14-17. This unique program for Alaska's troubled youth includes a multi-disciplinary approach that focuses on achieving wellness in the context of responsible community living where accountability, vocational development, learning and leading others are principles of successful living. The new 36-bed facility in Anchorage includes a residential wing, full-size classrooms, computer lab and vocational training areas. While at The Pathway Home, teens will learn marketable vocational skills, and develop the maturity for a successful life.

Dena A Coy

• Residential Program

Dena A Coy is a comprehensive substance abuse and mental health treatment program designed to treat pregnant women who have addictions. The program is tailored to meet the individual needs of each woman and is designed for women to remain in treatment throughout the duration of their pregnancy, for 10 weeks postpartum and through completion of an aftercare program. Services include a wide range of educational classes and process groups combined with counseling and therapy to ensure the clients the opportunity to obtain their identified goals and needs.

• Transitional Support Program

The overall goal of the Transitional Support Program, the aftercare component of the Dena A Coy Residential Program, is to enhance the potential of program participants to progress to sober, independent living and return to the community as responsible and productive adults and parents. The Transitional Support Program has four components: Life Skills Case Management, Chemical Dependency Case Management, Mental Health Therapy, and Support Groups and Family Activities

Behavioral Health Services

Behavioral Health Services is a community mental health center that provides outpatient counseling to Native and non-Native people of all ages who are experiencing emotional problems. It offers a culturally based, client-centered model of care by combining the strength of traditional beliefs with contemporary clinical practices. The staff offers individual interactive, marital, family and group counseling in a culturally appropriate setting. Services include psychiatric treatment, clinical assessment, psychological testing and traditional healing practices. Group therapy also includes a women's group, adult female victims of domestic violence, adolescent anger management, child sexual abuse (for adolescent females), foster children, and dealing with depression.

Willa's Way

A component of the Behavioral Health Services program, Willa's Way provides temporary shelter for Alaska Native women who are not safe in their own homes. It offers a culturally appropriate alternative to the larger shelter system.

Trails

The Trails Programs are for seriously emotionally disturbed Alaska Native and non-Native 13- to 18-year-olds who are on formal or informal probation or whose behavior puts them at risk for any number of social consequences.

Medical Services (continued)

All of the following services offer patient education and/or counseling and are dedicated to helping people understand how they can participate in their overall health and wellness.

Car Seat Program

Southcentral Foundation furnishes standard convertible car seats for infants and toddlers up to 40 pounds, and provides proper car seat installation instructions via a certified technician.

Health Information Center

The Health Information Center is a place where clients can get health information on topics of their choice. The center offers access to reference books, newsletters, brochures, the Internet, and has staff available to help clients with their information needs.

Injury Prevention

The Injury Prevention program provides education and prevention strategies with a goal of reducing injuries and deaths among Alaska Natives and American Indians.

Nutrition Services

Southcentral Foundation dietitians offer nutrition education and counseling to individuals and groups. Appointments can be made on the same day or in advance.

Minority Organ and Tissue Transplant Education Program

This program, more commonly known as MOTTEP, focuses on reducing the number and rate of ethnic minority Americans needing organ and tissue transplants by raising public awareness through education and counseling.

Puppet Theater

Puppet Theater performances educate children on health and safety topics and disease prevention using Alaska Native stories and values.

Tobacco Education

Tobacco Education staff helps clients who wish to stop using tobacco and remain tobacco-free. The program offers individualized counseling and follow-up services. A weekly support group is also available. Appointments can be made on the same day or in advance.

Women's Health Education

Program staff furnishes education on a wide variety of women's health issues and promotes health and wellness among Alaska Native and American Indian women. Services include, but are not limited to, childbirth education, breast and cervical cancer awareness, and chronic disease prevention.

Medical Services (continued)

Home-Based Services

Through Pacific Home Health, Southcentral Foundation provides a variety of home-based services, which include acute care, chronic care, respite care and hospice. A personal-care attendant service is also available. Most of these require a referral from a healthcare provider.

Patient Advocates

The patient advocates work with patients to help them navigate the Alaska Native Medical Center system of care. In doing so, the advocates listen to concerns and comments and relay information to the appropriate person, who takes necessary actions. Several of the advocates are fluent in Yup'ik and assist Yup'ik-speaking patients by interpreting to staff.

Audiology

The Audiology Clinic offers comprehensive hearing evaluations, counseling and specialized procedures. In addition, hearing aid evaluations/fittings are performed using state-of-the-art technology. Services are offered in coordination with Ear, Nose and Throat Services.

Women's Wellness Program

This program is developing educational materials and programs related to the prevention of cancer, cardiovascular illness and other women's health-related problems. Of priority is improved access to cancer-prevention activities. Research on reducing cardiovascular risk in Alaska Native women is under way.

Maternal Child Health Programs

Maternal Child Health staff coordinates care of prenatal women living in Anchorage Service Unit communities. They offer direct care and education in villages, assess risk, and make referrals.

Nutaqsiivik

Nutaqsiivik provides intensive case management to certain families, mothers, infants and young children in home and clinic settings.

Optical Shop

Located in the Alaska Native Medical Center, the Optical Shop supplies eyeglasses, accessories and dispensing services for people who find the hospital location convenient. The shop offers quality vision products at affordable prices.

Social Services

Social Services are available through SCF social workers. The social workers coordinate services for patients and families by working closely with them and staff members.

Health Education

The Southcentral Foundation Health Education Department educates patients and staff, and is integrated into the primary healthcare system by working in conjunction with the patient, their families and the primary care provider. The program uses a culturally appropriate and interdisciplinary approach, focusing on wellness, prevention and treatment.

Medical Services

Family Medicine

The Family Medicine clinic offers a full spectrum of primary healthcare to residents of Anchorage and the villages of the Anchorage Service Unit. The physicians and mid-level practitioners at Family Medicine treat people of all ages. Case managers help coordinate urban and village care. They strive to become partners with the people they serve in order to promote health and wellness in the community by providing care that is based in continuity and relationship. Saturday and evening appointments are available.

Women's Health Clinic

The Women's Health Clinic provides surgical, consultative and pregnancy care, as well as many other women's health services. The staff includes a variety of healthcare professionals who are trained in women's health. This program helps support the entire Native health system in Alaska.

Children's Clinic

This clinic offers local primary healthcare and specialty consultative care for children. In addition to its staff of full-time pediatricians and pediatric nurse practitioners, the clinic brings in many pediatric specialists. The clinic emphasizes primary care based in community and relationship. Case management and coordination with statewide primary healthcare providers, parents and families are central to the care of the children.

Satellite Clinics

The Medical Services Department offers primary healthcare services to Alaska Native and American Indian residents of the Matanuska and Susitna valleys, located northeast and north of Anchorage, through contracts with several clinics in those areas. In addition, Southcentral Foundation operates, in conjunction with the Anchorage Neighborhood Health Center, a primary healthcare clinic in the Mountain View area of Anchorage for the convenience of the American Indian/Alaska Native beneficiaries who live there.

Mental Health

This full-service outpatient psychiatric clinic includes providers from several mental health disciplines. They offer confidential evaluation and treatment, including individual, couples, family and group therapies. Types of treatment include biofeedback, hypnosis, drug treatment, cognitive therapy, anger management and other forms of psychotherapy. Program staff also consults with Inpatient Services and the Emergency Room at Alaska Native Medical Center. On-call coverage for psychiatric emergencies is available 24 hours a day.

Pharmacy

SCF provides outpatient and village pharmacy services. The pharmacy in the Anchorage Native Primary Care Center offers a wide variety of consultative and dispensing services. The village pharmacy provides support for the rural-based system of healthcare.

Radiology

The Anchorage Native Primary Care Center offers radiology services, including ultrasound and mammography. For the most part, images are obtained in the digital format, allowing them to be viewed in multiple locations.

Laboratory

The Anchorage Native Primary Care Center houses a lab that is capable of providing most basic laboratory services. More specialized testing is available in the laboratory at Alaska Native Medical Center.

Urgent Care Center

Located in Alaska Native Medical Center's Emergency Room, this clinic accepts the people who go to the emergency room, but have less-critical needs. Staff consists primarily of mid-level providers who emphasize quick encounters with referrals to other clinics when necessary.

Background and Philosophy

Southcentral Foundation was established in 1982 as a tax-exempt regional health corporation under the tribal authority of Cook Inlet Region Inc., more commonly known as CIRI. The purpose of the foundation is improve the health and well-being of Alaska Natives and American Indians by developing and implementing comprehensive health-related services that meet changing needs, enhance culture, and empower individuals and families to take charge of their lives. Currently, Southcentral Foundation's user population numbers between 25,000 and 30,000 Natives and their family members. SCF is one of several nonprofit corporations established by CIRI to enhance the health, educational, cultural and social welfare of its Alaska Native beneficiaries. Based in Anchorage, Southcentral employs over 800 people with a recurring annual budget of \$100 million.

Southcentral Foundation's federally mandated quest to take over administration of programs for Natives within its geographic area dates back to the mid-1980s. Despite the legislation's clear intent, SCF met with significant resistance to its efforts to assume management of programs for Alaska Natives and American Indians. Through persistence and resourcefulness, the foundation has become one of the largest healthcare providers in Alaska.

SCF's first Public Law-638 contract with the Alaska Area Native Health Service began in 1984, and included contracting to provide dentistry, optometry, community health representative and injury control services. A funding request to provide substance abuse treatment service was added in 1987.

Gradually, SCF increased its contracting capacity within the Anchorage Service Unit so that by late 1994 it was administering nearly half the primary care services for Natives within the service unit's boundaries. In 1998, SCF obtained ownership and management of programs located in the Primary Care Center at the Alaska Native Medical Center, which serves the entire Native population of the state - an estimated 110,000 people. Since then, SCF has instituted profound changes in the philosophy, structure and delivery of the direct services proffered to our customers/owners.

In January 1999, SCF and the Alaska Native Tribal Health Consortium signed an agreement to take over management of all Indian Health Service programs on the Alaska Native Health Campus, location of the Alaska Native Medical Center, Anchorage Native Primary Care Center, SCF's main administration building and several other facilities.

Since assuming management, SCF has instituted significant philosophical and other changes in the design and administration of these programs. It is not an exaggeration to say that the foundation has instituted a total system-wide transformation of care, increasing not only the quality and adaptability of programs but - more importantly - the accountability of providers and patients alike. For perhaps the first time in history, Native people are taking charge of designing and delivering their healthcare - not only for themselves, but for their children, parents and other family members.

Specific examples are too many to mention. However, some general observations can be made. One is the implementation of the Access to Care philosophy. Patients - whether Native or non-Native - want access to their provider when they need it, not days or weeks later. At the Anchorage Native Primary Care Center, which SCF now owns, over 18,500 clients have been empaneled to a primary care physician. The Access to Care philosophy mandates that primary care providers espouse the philosophy of "doing all of today's work today." This concept, coupled with reserving half of the physician's schedule each day for same-day appointments, ensures that patients receive appointments with their primary care provider on a same-day basis - an achievement of which any health-care provider could be proud.

Southcentral Foundation also has instituted an unwavering customer focus to help identify weak spots in delivery. Continued feedback and accountability are used to monitor the patient/customer experience. A Patient Resource Center is currently under development, and will operate in concert with the patient advocate system within the hospital. In short, Southcentral Foundation has embraced the philosophy that our patients are our families, co-workers and friends who deserve the highest quality care possible.

Southcentral Foundation

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William J. Carter

Signature of Camera Operator

10/14/2003

Date

OVERVIEW

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**Other Independent Living
Resources for Alaskans**

State Resources

**Alaska Center for the Blind and Visually
Impaired (Anchorage)**

1-800-770-7517 / 248-7770 (V/TTY)

Email: info@alaskablind.com

http://www.alaskablind.com/

**The Arc of Anchorage Deaf & Hard of
Hearing Center**

1-800-770-3456 258-2232(TTY) 276-3456(V)

Email: acartwright@arc-anchorage.org

Deaf Community Services (Fairbanks)

1-800-847-0939 451-4889 (TTY) 456-5913 (V)

http://www.deafcommunityservices@gci.net

**Vocational Rehabilitation 1-800-478-4378
269-3570(V/TTY)**

http://www.labor.state.ak.us/dvr/home.htm

Mental Health & Developmental Disabilities

1-800-465-4028/465-3370(V) 465-2225 (TTY)

Alaska Mental Health Trust

1-800-478-0880 563-0881 (V/TTY)

Email: mhaa@alaska.net

Disability Law Center

1-800-478-1234 344-1002(V/TTY)

Email: akpa@dlcak.org http://www.dlcak.org

Client Assistance Program

1-800-478-0047 333-2211(V/TTY)

Email: akcap@alaska.com

National Resources

Americans with Disabilities Act Hotline

1-800-514-0301 (V) 1-800-514-0383 (TTY)

www.usdoj.gov/crt/ada/adahom1.h

National Council on Independent Living

703-525-3406(V) 703-525-4153(TTY)

Contacting the SILC

To contact SILC staff or members, please
call our office in Anchorage:

1-888-330-6488 (toll-free)

907-269-3571 (V/TTY)

907-269-3576 (Voice)

907-269-3633 (Fax)

www.labor.state.ak.us/SILC/index.htm

Or, write us at:

Alaska SILC

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**Alaska
Statewide Independent
Living Council**

(SILC)

**Department of
Labor & Workforce Development**



***Leadership, advocacy and
empowerment for
Alaskans with disabilities,
demonstrating their right to
live independently in the
community of their choice.***

Mission, Duties and Responsibilities of the SILC

The SILC is committed to promoting a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual and system advocacy, in order to maximize leadership, empowerment, independence, productivity and to support full inclusion and integration of individuals with disabilities into the mainstream of American Society. The SILC serves as a forum in which to discuss issues and concerns regarding independent living services and programs. The SILC advocates for the needs of Alaskans with disabilities with the Executive and Legislative branches of state and federal government. The SILC monitors and evaluates the Alaska State Plan for Independent Living, which includes a combination of state and federal funds that pay for independent living services.

Who Serves on the SILC?

Members of the SILC are appointed by the Governor for three year terms. No member can serve more than two consecutive terms. A majority of members must be persons with disabilities who do not work for state government or for a Center for Independent Living (CIL). Meeting, travel and/or any disability accommodation expenses are paid for by the Council. Members are not paid, but they receive the standard state per diem rates while traveling on SILC business. Persons interested in serving on the SILC should obtain an application from the SILC and submit it to the Governor's office. Per state law, only persons registered to vote and who were active in the last general election can serve on a state board. To obtain an application, call the SILC at 269-3571 (V/TTY) in Anchorage, or toll free at 1-888-330-6488.

How to contact an Independent Living Center in your community

Anchorage, Mat-Su, Western Alaska

Access Alaska (Tollfree) 1-800-770-4488
248-4777 (Voice) 248-8799 (TTY)
248-0639 (Fax) Wasilla 1-800-770-0228
Info@accessalaska.org

Fairbanks, Interior, Northern Regions

Access Alaska (Tollfree) 1-800-770-7940
479-7940(V) 474-8619(TTY/TTD)
474-4052 (Fax)
accessalaska@ak.net pbuchanan@ak.net

Kenai Peninsula, Kodiak, Valdez

KPILC (Tollfree) 1-800-770-7911
Homer: 235-7911(V/TTY) 235-6236(Fax)
Seward: 224-8711 (V/Fax)
Soldotna: 262-6333 (V/TTY) 260-4495(F)
<http://www.peninsulailc.org>

Southeast Alaska

S.A.I.L. (Tollfree) 1-800-478-7245
Juneau: 586-4920(V/TTY) 586-4980(Fax)
Sitka: 747-6859(V/TTY) 747-6783(Fax)
Ketchikan: 225-4735 (V/TTY) 225-4753(Fax)

Northwest - Kotzebue, Nome

Arctic Access (Tollfree) 1-877-442-2393
442-2393(V/TTY/Fax)
Email: arcticac@otz.net

**State Independent Living Council
2001 State Advocacy Position Statement**

People with Disabilities and Medicaid

Many people with disabilities depend on publicly funded health care; in fact, Medicaid is the number one form of insurance for low income Alaskans with disabilities. Although other people with disabilities have some private health insurance, few have coverage that is adequate to meet their medical needs, given preexisting condition exclusions, minimal benefit packages and benefit caps. People with disabilities use health care differently than people without disabilities, who use health care services primarily for acute care needs. People with disabilities need health care services in order to survive and live in the community. It is true that the Medicaid Waiver programs for individuals with developmental disabilities, children with complex medical conditions, adult with physical disabilities and seniors have grown in recent years. However, without them, the state would have seen far higher institutional costs. Waivers are, therefore, good for the State's bottom line. *The State of Alaska must continue positive trends that allow people with disabilities to live in their own community and seniors to age in place.* In relation to this issue, the SILC has taken the following positions on proposed legislation:

The SILC opposes SB & HB 182, which proposes a mechanism to reduce state cash benefit programs on a pro-rata basis should budget shortfalls exist. While this may be a simplified and attractive approach to balancing budgets, it may in fact hurt Alaskans with disabilities more than most. Much more research needs to be done on this proposed legislation and its impact on persons with disabilities.

The SILC opposes HB 367. This bill aims to reduce the number of children and pregnant women now eligible for Denali Kid Care and/or other Medicaid funded programs. The SILC feels that this program, heavily supported with federal dollars, is only beginning to show its potential benefits to the state's bottom line in terms of long term prevention. We need to give this program time to grow before considering cutting back.

Other Legislation

The SILC supports HB 173, "Screening Newborns for Hearing Ability". The SILC supports this bill. The research shows that early screening for hearing loss in infants will greatly enhance early help to families and reduce future costs of services to both families and the state.

The SILC strongly supports HB/SB 320 "Electronic Balloting". This bill is the first step that will allow persons with disabilities, especially those with vision loss or experiencing blindness, to cast their ballots privately through the use of appropriate technology at the polling booth.

State Independent Living Council
1016 W. 6th Ave, suite 105
Anchorage, AK 99501
907-269-3571

State Independent Living Council (SILC)

Department of Labor and Workforce Development



Tony Knowles, Governor

Independent Living for Alaskans with Disabilities

Annual Report Fiscal Year 2001

- "...Americans with disabilities should have every freedom to pursue careers, integrate into the workforce, and participate as full members in the economic marketplace. The New Freedom Initiative will help tear down barriers to the workplace, and help promote full access and integration....." **George W. Bush, President**
- "...President Bush's Executive Order calls for the swift implementation of the Supreme Court's Olmstead decision that holds that unjustified isolation or segregation of qualified individuals through institutionalization is a form of disability-based discrimination prohibited by Title II of the ADA..." **Tommy G. Thompson, Secretary, Department of Health and Human Services**
- "...*We strongly urge States to increase access to community-based services for individuals with disabilities by developing comprehensive, effectively working plans for ensuring compliance with the ADA. In developing their plans, States must include the involvement of people with disabilities throughout the planning and implementation process...*" **Federal Office of Civil Rights**

State Independent Living Council (SILC)

The Alaska SILC was established by Executive Order in 1993, then by statute in 1995 (AS 47.80.300). For budgetary purposes, the SILC is located in the Department of Labor and Workforce Development. Council members are appointed by the Governor and a majority of members must be people with disabilities. The Council's powers and duties are set forth in statute and the federal 1992 Rehabilitation Act:

"The Council shall perform the duties set out in 29 USC 796c and in a manner that will maximize the state's receipt of federal financial assistance for independent living services and centers of independent living for residents with severe disabilities..."

Mission : The Alaska Statewide Independent Living Council (SILC) is committed to promoting a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual and systems advocacy, in order to maximize leadership, empowerment, independence, productivity and to support full inclusion and integration of individuals with disabilities into the mainstream of American society.

Membership: There were 12 SILC members throughout the year. Two consumer members resigned from the SILC due to health reasons before their terms expired. The Governor appointed four new consumer members and a tribal Vocational Rehabilitation program representative.

"Disability is a natural part of the human experience and in no way diminishes the right of individuals to live independently, enjoy self-determination, make choices, contribute to society, pursue meaningful careers and enjoy full inclusion and integration in the economic political, social, cultural, and educational mainstream of American Society."

The goals of the nation properly include the goal of providing individuals with disabilities with the tools necessary to: (1) make informed choices and decisions; and (2) achieve equality of opportunity, full inclusion to integration in society, employment, independent living, and economic and social self-sufficiency." Preamble to the federal 1992 Rehabilitation Act.

Budget: The SILC's FY 2001 budget of \$166,000 was funded through an agreement with the Alaska Division of Vocational Rehabilitation, using federal Title I "Innovation and Expansion" funds. A similar agreement for the FY 2002 budget was reached as part of the State Plan for Independent Living. The Council is minimally staffed at its offices in Anchorage having one full-time Executive Director and a half-time Administrative Clerk who also works for the Alaska Human Resources Investment Council (AHRIC). The SILC also shares office space with the AHRIC in Anchorage.

Major Activities of the SILC in FY 2001:

State Plan for Independent Living (SPIL): The SILC worked diligently to develop a new three-year State Plan for Independent Living for the fiscal years 2002-2004. The Chair of the SILC and the Director of the Division of Vocational Rehabilitation signed off on the new SPIL on June 11, 2001. The plan was reviewed and approved by the federal Rehabilitation Services Administration (RSA) on September 30, 2001 without any required or recommended changes.

New CIL Funding: The SILC requested a budget increase of \$90,000 for Centers for Independent Living (CILS), which was approved by the Governor and the Legislature for the state fiscal year beginning July 1, 2001. This was the first increase in State funding for the operation of CILS in 12 years. Most of the new funding was put into the allocation formula established in the 2002-2004 SPIL for the existing five CILS to expand services to rural and remote areas of the State. \$25,000 was set aside for conducting a needs assessment for the establishment of IL services or a new CIL for the traditionally underserved region of western Alaska.

Personal Assistance Services: Three years of advocacy and planning by the SILC has led to the finalization and implementation of the state's Consumer Directed Personal Assistance Services (CDPAS) program. The SILC, in cooperation with Centers, held informational fairs and teleconferences describing the new program to consumers, personal assistants and agencies. Under this new model, consumers have more control and flexibility in their ability to hire attendants, and train them for their specific needs. The consumer defines the amount of training and experience required by his/her attendant. Thirteen organizations, including three Centers for Independent Living, have become fiscal agents for the program through the Division of Senior Services, which oversees this Medicaid funded program. Medicaid reimbursement rates were raised to allow for competitive wages and benefits for personal assistants.

In addition, the SILC led statewide PAS Design Team finished recommendations for improvements to the State's "agency-based" personal assistance program, which will lead to additional changes to the statewide program in FY 2003. Finally, the SILC led a successful effort to get a three-year federal grant of \$900,000 to the Division of Senior Services which will help implement the new CDPAS program, educate consumers, and introduce more consumer direction and control to the larger agency based program. The grant will begin in FY 2002.

Nursing Home Issues: For the first time, the amount of money spent on long term care through Medicaid Home and Community Based Services waivers, has surpassed the cost of nursing home care in the state. In addition, Alaska now has the lowest occupancy rate for nursing homes anywhere in the country (less than 650 people as of October 1, 2001). In addition, no new nursing home beds have been built or approved for building since 1998. The SILC has been in the forefront of these successes related to nursing homes. The SILC also received \$10,000 in funding to launch a public awareness campaign in FY 2002 aimed at informing people who are living in, or know someone in a nursing home or other long-term care facility, on how to contact a Center for Independent Living for help in transitioning back into the community. The SILC also assisted with a successful effort to get a three-year federal grant of \$800,000 to help people transition from nursing homes back into the community, and to speed up the Medicaid HCBS

waiver process. The grant will begin in FY 2002 and CILs will utilize some of the transition funding.

Housing Issues: The SILC successfully advocated for new HUD funding for Section 8 housing vouchers for persons with disabilities and persons on Medicaid HCBS Waivers. The SILC also advocated for a new program to be implemented in FY2002, which allows for home ownership for people with disabilities utilizing HUD Section 8 vouchers for paying a mortgage. In addition, the SILC participated in successful advocacy efforts to increase the daily reimbursement rate for assisted living homes and has participated in planning efforts to increase the number of assisted living facilities in rural areas. The SILC also participated in successful advocacy efforts to get new funding for home modifications for seniors and persons with disabilities.

Transportation Issues: The SILC worked with the State Department of Transportation and Public Facilities, the Governor's Council on Disabilities and Special Education, the Alaska Mental Health Trust, and other interested groups to establish a common strategy for increasing public dollars for transportation for persons with disabilities and seniors. The effort led to a statewide "Transportation Funding Summit", which was held in October 2001. The SILC successfully advocated for statewide funding for coordinated transportation. This interagency effort combines Alaska Mental Health Lands Trust funding with federal dollars to create one grant program for disability and senior transportation services. A consumer member of the SILC serves on the proposal review committee for this grant program.

Centers for Independent Living

What is a Center for Independent Living (CIL)? A CIL is a non-profit corporation, which assists people with significant disabilities who want to live more independently. CILS, by law and by design, are managed and staffed by people with disabilities.

How do CILS assist people? The foundation of CIL services is the peer relationship – people with disabilities assisting other people with disabilities as role models, mentors, and counselors. Each Center is unique because it offers services based upon the particular needs of its community. At the same time, centers are similar in that they all offer the same core services, which are *information and referral, peer counseling, individual and systems advocacy, and independent living skills training*. In addition, Centers provide an array of other independent living services in Alaska. Below is a list of these services with the number of persons who received these services in FY 01.

Individuals Served by CILS in FY 01 by Type and Number Served

Information and Referral	1779	Vocational	47
Advocacy/Legal Services	879	Individual Counseling	44
Transportation	603	Family Support	24
Independent Living Skills Training	258	Preventative Services	20
Personal Assistance Services	149	Mobility Training	54
Rehabilitation Technology	256	Prostheses & Other	4
Communication (ASL Interpreters, etc)	258	Children's Services	118
Recreational	1705	Youth Services	33
Housing Accessibility/Home modifications	335	Other	438
Peer Counseling	219		

How many centers are there in Alaska?

Currently, there are five centers for independent living in Alaska, and an additional five satellite offices. The centers are Access Alaska in Anchorage and the Mat-Su Valley; Access Alaska in Fairbanks; Arctic Access in Kotzebue; Southeast Alaska Independent Living in Juneau, Ketchikan, and Sitka; and the Kenai Peninsula Independent Living Center in Homer, Soldotna and Seward. A list of these centers and their contact information is attached to this report.

CIL Consumer Demographics:

Gender – Of the 1,645 individuals served by Alaskan CILS in FY 2001, 56% were female and 44% were male.

Age – 45% of consumers were between the ages of 23-54, 22% were 55 or older, 11 % were unknown.

Ethnicity – 60% of consumers were White, 13% American Indian or Alaska Native, 2% were Black or African American, 1% Hispanic or Latino, 1% Asian or Pacific Islander, and 23% were unknown.

Disability – 27% of consumers had multiple disabilities, 27% had a physical disabilities, 12% had cognitive disabilities, 11% had vision disabilities, 10% had mental illnesses, 6% had hearing disabilities, and 7% were unknown.

CIL Highlights in FY 2001

Southeast Alaska Independent Living (SAIL)

- “SAIL is continuing to advocate for accessible taxis”.
- “At present, Southeast Alaska has no access to a dialysis center. A movement has begun to get a Center here in the near future.”
- “SAIL has an agreement with Tlingit and Haida’s Tribal Vocational Rehabilitation Program to collaborate to reach unserved populations.”

Access Alaska

- “Access’s staff and its Partner Project responded to over 200 technical assistance and consultation requests on disability rights regulations and provide 14 training’s in the state on the ADA.
- “A full-time certified Orientation and Mobility specialist (for the blind) provided IL services to consumers in Interior Alaska communities including Salcha, Delta, Tok, Nenana, and Tanacross.

Case Example: Going Home

Access Alaska helped a 39-year-old male transition from Providence Extended Care back to his home in Fairbanks. The consumer was involved in a near fatal motor vehicle accident in January resulting in a closed head injury and partial paralysis. This young man also suffered a major stroke as a result of his injury, which lead to his inability to effectively communicate with those around him. Since the accident the consumer has not been able to return to work. This put a substantial financial burden on the family since this young man was the sole provider for his children. After several months in the hospital, the consumer transferred into Providence Extended Care where he continued to receive physical therapy and other treatment. At this point, Access was contracted to provide an assessment and assist in the process to make this consumer eligible for the CHOICE Medicaid Waiver Program. After completing the assessment, the consumer was found eligible for the waiver program and could look forward to returning home to Fairbanks to live with family rather than being a permanent resident of a long-term rehabilitation facility. Shortly after being approved for the waiver, this consumer transferred to a short-term rehabilitation facility to receive additional physical therapy and rehabilitation treatment. Approximately ninety days after being admitted to this facility, the young man moved into a new apartment with his father and two young sons who look forward to helping their father become as independent as possible in the community. With the continued support of his Access Alaska Care Coordinator, the consumer will be able to have the services and support he needs to stay independent in the community.

Kenai Peninsula Independent Living Center (KPILC)

- “We have successfully developed and implemented an innovative transportation program that used cab companies and a voucher/coupon system in two of our major communities.”
- ADA training’s have been given to two groups of local building contractors to educate them in terms of universal design for homes and requirements under Title II of the ADA.”

FY 2001 CIL Funding and Consumers Served

\$ 1,252,345	Total amount the State of Alaska invested in Alaskan CILS in FY 2001
\$ 1,645,720	Total amount the federal government invested in Alaskan CILS in FY 2001.
\$ 331,185	Total amount of private and local funding invested in Alaskan CILS in FY 2001.
1,645	Total number of persons with disabilities (consumers) served by Alaskan CILS in FY 2001.
\$ 1,963	Average cost of CIL services per consumer per year for all funding sources.
\$ 96,809	Average cost per consumer per year to live in a nursing home or other institutional setting.
34	Number of consumers that CILS successfully relocated from nursing homes or other institutions to community-based living arrangements in FY 2001.
171	Number of consumers for whom IL services provided by CILS prevented the necessity if entering into nursing homes or other institutions and therefore continued living in community based living arrangements in FY 2001.

Attachment: SILC Brochure