

**Building Inclusive Communities
in West Virginia**



WEST VIRGINIA OLMSTEAD PLAN UPDATE

West Virginia Olmstead Plan Update

Update Process

This document was drafted by the Olmstead Plan Update Work Group for review by the full Olmstead Council at its November 2019 quarterly meeting. It includes comments from stakeholders and the public received in May-June 2019, and final revisions and approval by the Council at its February 6, 2020 meeting. Work Group members include Angie Breeden, Lesley Cottrell, Jeannie Elkins, Joyce Floyd, Ann McDaniel and Steve Wiseman. Julie Pratt facilitated the Work Group meetings and assisted in writing the update.

The updates to this document were based on consideration of the following:

- Input from the strategic planning session at the Council meeting in February 2019
- The Council's 2018 Listening Events Final Report (summary attached)
- Minutes from Council meeting in November 2017, where members reviewed progress toward the objectives in the current plan
- Current Council Bylaws (amended July 7, 2015)
- Current Council Policies and Procedures (revised April 7, 2015)
- Current Olmstead Plan (revised November 1, 2005)
- Other relevant information provided by Olmstead Plan Update Work Group members

Overview of the Olmstead Council

NOTE: information in the overview was excerpted from the current Olmstead Council bylaws and policies and procedures.

The Council's Vision, Mission, Purpose and Plan

The vision of the Council is for all West Virginians with disabilities to live, learn, work and participate in the most integrated setting in the community of their choice.

The mission of the Council is to develop and monitor the implementation of a plan to promote equal opportunities for people with disabilities to live, learn, work and participate in the most integrated setting in the community of their choice through West Virginia's compliance with Title II of the Americans with Disabilities Act (*ADA*).

The purpose of the Council shall be to carry out its responsibilities specified in the *West Virginia Olmstead Plan: Building Inclusive Communities* as approved through Executive Order 11-05 on October 12, 2005. This includes any updates and revisions to the Plan as authorized by Executive Order 11-05.

The Olmstead Plan (or "Plan") supports the state's efforts to provide a system of services and community-based supports to people with disabilities in compliance

with Title II of the ADA and the Olmstead decision. The goals and activities of this Plan serve to further develop, improve, coordinate and support such a system in West Virginia.

The Council's Guiding Principles

1. People with disabilities, regardless of the severity of the disability, can be supported to live in the community and setting of their choice.
2. We must foster a culture that values the individual, speaks directly to the individual, and gives the greatest priority/weight to individual choice. People with disabilities must have choice and control over where and with whom they live.
3. People with disabilities must have opportunities to live integrated lives in communities with their neighbors, and not be subjected to rules or requirements that are different from those without disabilities. Integration does not just mean physical presence in a neighborhood, but valued, productive and meaningful participation in the life of the community.
4. People with disabilities must have access to information, education and experiences that foster their ability to make informed choices, while respecting dignity of risk.
5. People with disabilities must have opportunities to develop valued, productive and social roles, and meaningful personal relationships.
6. People with disabilities must have meaningful opportunities to become productive and to gain competitive employment.

Responsibilities of the Council

- a. Research and monitor West Virginia's compliance with Title II of the ADA as upheld and clarified by the Olmstead Decision.
- b. Monitor implementation of the Olmstead Plan and update the Plan every three years.
- c. Approve and oversee the implementation of Annual Work Plans.
- d. Approve the Annual Report on Olmstead Plan implementation prior to submission to the Governor.
- e. Advise the Olmstead Coordinator on fulfilling the position's responsibilities as identified in the Plan and the duties of the Olmstead Office.
- f. Review the activities of the Olmstead Coordinator based on the Annual Work Plan.

- g. Provide recommendations for the long-term care institutional and community-based supports systems and other services provided by the state.
- h. Issue position papers for the identification and resolution of systemic issues.

Responsibilities of State Government

- a. Submit the Olmstead Plan Update every three years to the Governor for issuance of an Executive Order to implement the updated Plan.
- b. Collaborate with state agency members of the Council to participate in the development of the Olmstead Plan and Annual Work Plan and report to the Council on progress related to their respective agencies.

Responsibilities of Council Members

- a. Support the Council's vision, mission and guiding principles.
- b. Become educated and informed about the Olmstead decision and the West Virginia Olmstead Plan and subsequent activities.
- c. Provide information to the Council on issues based on personal and/or professional knowledge and experience.
- d. Actively participate in regular meetings of the Council.
- e. Support the goals of the Council by serving on committees and work groups.
- f. Advocate for the implementation of the Olmstead Plan.

Responsibilities of the Council Office

The Council shall be supported by the Olmstead Office or Olmstead Coordinator. The Olmstead Coordinator will have the responsibility to support the Chairperson in the following activities:

- a. Coordinate the activities of the Council and its committees and work groups in implementing the Olmstead Plan and Annual Work Plans.
- b. Prepare an Annual Report in consultation with and approved by the Council.
- c. Provide administrative support to the Council, including scheduling meetings; preparing minutes; maintaining and updating the Council membership roster and other documents; and disseminating information to members and the public, including updates to the website.
- d. Provide payment for all necessary and reasonable Council expenditures.
- e. Provide members with educational materials, information and technical assistance related to the Olmstead decision or related activities.

- f. Research relevant issues including state policies and practices that are obstacles to the full implementation of the Olmstead Plan.
- g. Advise the chairperson and council on ongoing and emerging Olmstead-related issues.

Membership Positions

The following defines the type of Council membership positions:

- a. Members with disabilities and/or immediate family members of a person with a disability: Members in this category must have a disability as defined by the Americans with Disabilities Act and have direct experience with home and community-based and/or institutional supports and service systems. The number of immediate family members shall not exceed the number of individuals with disabilities.
- b. Advocacy and disability organizations: These positions are assigned to specific agencies or organizations not to individual people. Organizations must select a designated representative to the Council. The following list details these positions:
 - 1. Center for Independent Living
 - 2. AARP
 - 3. Fair Shake Network
 - 4. Legal Aid of West Virginia, Behavioral Health Advocacy Project
 - 5. Legal Aid of West Virginia, Long Term Care Ombudsman Project
 - 6. People First of West Virginia
 - 7. Disability Rights of West Virginia (formerly West Virginia Advocates)
 - 8. West Virginia Behavioral Health Planning Council
 - 9. West Virginia Developmental Disabilities Council
 - 10. West Virginia Statewide Independent Living Council
 - 11. West Virginia University Center for Excellence in Disabilities
- c. Providers and/or knowledgeable representatives of home and community services and supports:
 - 1. Aged and Disabled Waiver
 - 2. Aging and Disability Resource *Network*; (formerly Center)
 - 3. Employment
 - 4. Behavioral Health
 - 5. Home Health
 - 6. I/DD Waiver
 - 7. Traumatic Brain Injury Waiver
 - 8. Housing
 - 9. Education

- d. State Agencies: The state agency commissioner or director shall appoint a representative with the ability to communicate information about the organization's activities.
 - 1. Bureau for Behavioral Health
 - 2. Bureau for Children and Families
 - 3. Bureau for Medical Services
 - 4. Bureau of Senior Services
 - 5. Division of Rehabilitation Services
 - 6. Money Follows the Person Program
 - 7. State ADA Coordinator
 - 8. Department of Education
- e. At-large members: These members will be selected at the discretion of the Council through the Membership Committee. These representatives may be subject to term limits as defined by the Council.

Goals, Strategies and Activities

NOTE: The Olmstead Plan Update (occurring every three years) will include numbered goals and lettered objectives. The Annual Work Plan will list bulleted activities for achieving objectives during that year.

1. Safeguard self-determination and informed choices.

- a. Ensure that the most integrated settings are given the highest priority/funding by reducing/eliminating institutional bias in settings and practices.
- b. Strengthen individual planning and decision-making throughout the system.
 - Ensure that individuals and families understand their rights and the resources available to them. Provide counseling on alternatives to guardianship including supported decision-making in all service systems.
 - Support people in assuming more control over their lives, including parent and self-advocacy, peer support, person-centered care, positive behavior support, and the self-directed option under the Medicaid Home and Community-Based Waiver programs.
 - Ensure information is provided in the methods/formats required to meet the needs of individuals with all types of disabilities.
 - Make future planning for families a funded service provided by a separate agency that serves only that purpose.
 - Educate people with disabilities and their families on the need for a plan to transition from care by parents/family members to services through Medicaid and other programs. Provide planning assistance including goal setting, financial planning, housing, etc.

- Require education on how to utilize Fiscal/Employer Agent (currently Public Partnerships LLC) from a family perspective (peer education) from a family who has been educated by Public Partnerships LLC using the self-directed option.
 - Implement best practices in Person-Centered Planning, provide required support in executing programs, and train all Program Service Coordinators and Behavior Support Professionals.
- c. Expand the active participation of people with disabilities and their families in the development of public policies and programs.

2. Create and maintain a user-friendly system.

- a. Secure and maintain the resources necessary to eliminate waiting lists and expand services in the most integrated settings.
- b. Improve systemwide efforts to provide information, referrals and system navigation in ways that are accessible to all people.
- Use a multimedia approach to outreach, including easy-to-navigate websites, social media, pamphlets and other means. Have well-advertised statewide resource constantly running public notices. Make information accessible to all individuals, not just those with access to computers.
 - Create a centralized place for resource information and guidance. Start by asking all resource-providing agencies how they connect with Aging and Disability Resource Network (ADRN).
 - Have statewide “disability service navigators” who connect people to all the potential resources and provide basic explanations; these navigators could be positions within DHHR.
- c. Strengthen information, referrals and support at the state agency and provider level.
- Implement the No Wrong Door system that is inclusive of all systems providing services to people with disabilities (this could support ADRN efforts).
 - Implement a policy that all state agencies and contracting organizations have a designated point person whose job is to educate consumers on their programs.
 - Require that case managers/service coordinators (of any type) receive education from their employers on the importance of home and community-based services and supports and community options, policy changes, etc.
 - Be helpful to callers. Have the advocacy/information-related agency representatives on the Council share their “protocols” for responding to calls/emails.

3. Expand and improve transitions from facilities to the most integrated settings.

- a. Ensure that all people covered by the Olmstead decision understand their right to live in the most integrated setting, especially people currently living in segregated settings.
- b. Increase financial resources and navigation support for people to successfully transition from facilities to the community.
 - Improve facility support for transition through better pre-service training of social workers (particularly hospital case managers/social workers).
 - Establish and sustain a partnership among West Virginia's schools of social work, the National Association of Social Workers – WV Chapter, West Virginia Social Work Education Consortium, nursing home facilities, advocacy organizations, Transition Coordinators, the Olmstead Office and other interested partners to train social work students as part of their undergraduate and masters curricula and provide ongoing education as part of licensure.
 - Training should include:
 - assisting residents at facilities in filling out housing applications;
 - maintaining personal identification and records (driver's license, photo ID, voter's registration, social security cards, etc.);
 - understanding of the rights afforded by the ADA; and
 - keeping current on community and transitional resources available in West Virginia to support people with disabilities and the elderly.
- c. Address program eligibility challenges that prevent people in segregated settings from moving back into the community, e.g., the loss of subsidized housing and/or waiver eligibility if admitted to facilities for treatment or rehabilitation.
- d. Address the problem of people with disabilities in jails and prisons due to lack of resources and services needed to live in the most integrated setting.
- e. Address the problem of people with disabilities living in state-operated and contracted facilities due to lack of the resources and services needed to live in the most integrated setting.

4. Strengthen in-home services and the direct service workforce. (Include strategies for increasing the quantity and quality of the direct service workforce.)

- a. Expand the workforce by building common ground across all long-term care agencies and organizations to advocate for resources to improve in-home worker wages, benefits and training.
- b. Strengthen training and support for consumers of in-home services.
 - Ensure people have the opportunity to interview and decide on the agency caregivers they want.

- Provide training and support for consumers to report abuse and neglect by caregivers in agency settings.
- Allow and encourage direct service staff to be at the table during the Individualized Program Plan (IPP) and other planning meetings if the consumer so chooses.
- c. Strengthen training and supports for direct service staff and family caregivers.
 - Build public/political will to implement adequate Direct Support Professional training and support.
 - Establish a statewide direct service/caregiver network that provides education, conferences, professional development, support, etc., for employees in the field and funding to support this.
 - Provide free education and training required for direct service workers (i.e., free community college bill) or tuition forgiveness for people in social/human services who work in the caregiver field for two years.
 - Adopt policies to support the family caregiver workforce.
 - Provide automatic health insurance coverage for self-directed family caregivers (Medicaid eligibility).
- d. Strengthen accountability of in-home service providers.
 - Ensure provider accountability, including required staffing, and establish a simple process for consumers to report issues.
 - Support staff policies that create accountability of agencies in pay, treatment, and education, with agencies required to pay a certain minimum rate.

5. Improve and expand housing options.

- a. Educate people with disabilities on their housing rights and responsibilities.
- b. Increase resources and assistance for securing safe, affordable and accessible housing.
 - Identify all available housing resources statewide.
 - Address waiting lists for housing and rental assistance vouchers.
 - Provide training for landlords, provided by people with disabilities, about accessibility, understanding and awareness.
 - Provide more funding for home repairs and modifications for people who own their homes.
 - Educate developers and contractors about the minimum standards and benefits of Universal Design for disabled persons in newly constructed dwelling units.

6. Improve and expand transportation options.

- a. Provide information about transportation services that are available in each county/community, including their accessibility, hours, eligibility and uses.
- b. Explore and implement strategies for expanding transportation and provide resources and technical assistance.
 - Engage universities and others in research on transportation solutions in other states.
 - Assist local agencies in coordinating and expanding use of their vans on evenings and weekends, as well as expanding use of the Division of Public Transit's Federal Transit Act 5310 grant program which requires coordination with other federally-assisted programs and services.

7. Increase incomes and employment opportunities.

- a. Increase the economic self-sufficiency of people with disabilities.
 - Change policies that require people to be poor/destitute in order to qualify for the supports they need.
 - Eliminate subminimum wage for people with disabilities.
 - Strengthen policies to protect workers from losing needed supports when they become successful at their jobs. Support affordable health insurance for all workers to remove the disincentive to work for fear of losing benefits including Medicaid.
 - Address the reasons West Virginia has the lowest percentage of users of Plans to Achieve Self-Sufficiency and ranks 50th in employment of people with disabilities.
 - Educate people on the state expungement of criminal record provisions for people with disabilities reentering the community from criminal justice settings seeking employment.
- b. Expand opportunities to work in the most integrated settings that align with people's strengths, interests and goals.
 - Develop a culture of expectation that people with disabilities will work at real jobs across the spectrum including the school system, post-secondary education, behavioral health, vocational rehabilitation and workforce services.
 - Increase access to vocational technical education by people with developmental and other disabilities.
 - Increase opportunities for people with disabilities to experience a variety of life and work experiences before and after leaving school in order to identify what they want to do for work.

- Increase supported employment services including job matching, job development, natural supports and job advancement with a focus on valued integrated work and settings. Ensure that job matching is based on interests, abilities and skills, and not only on jobs easiest to obtain.
 - Educate people regarding Medicaid reimbursement for qualified peer recovery support specialists and certification available from two nationally affiliated groups in West Virginia, the West Virginia Association of Alcoholism and Drug Abuse Counselors (WVAADAC), and the WV Certification Board for Addiction & Prevention Professionals (CBAPP).
- c. Provide individuals with Independent Living Skills training/development (being on time, social skills, personal hygiene), utilizing Centers for Independent Living to increase job success.

8. Strengthen inclusive education.

- a. Improve training for regular education, physical education and special education teachers.
- Increase required training of all educators on the value of proven instructional techniques for the inclusion of students with disabilities in classrooms, adapted physical education and school activities.
 - Have more or most special educators working as regular classroom consultants (versus in separate classrooms).
- b. Strengthen Individualized Education Programs (IEP) to include all that students need to succeed in school.
- Recruit peer mentors to support parents in IEP (as in Lincoln County).
 - Educate families about resources available to assist in IEP development and their rights through West Virginia Parent Training and Information (WVPTI) and other organizations.
 - Cultivate higher expectations for students with disabilities and their families.
 - Incorporate individualized physical education program (IPEP) expectations within the larger IEP to encourage students with disabilities to develop commitment to physical activity and healthy living.
- c. Improve transitions at every level from elementary through high school and beyond.
- Provide information on successful navigation of recommended options at each transition point for each person, plus IEP, etc.
 - Require transition coordinator to offer information on work incentives and be more hands-on with individuals and families providing a variety of options.
- d. Include students with disabilities in the schools closest to their homes with necessary services and supports.

- Eliminate the disproportional placement of students with disabilities in particular schools.
- Reward schools for rigorous inclusion efforts - e.g., add inclusion standards as a requirement for recognition as a School of Excellence.
- Hold the same standards for special education and inclusion for all schools that receive public funding.
- Educate school personnel on the value of helping all students retain their civil rights into adulthood by gaining appreciation of alternatives to guardianship. Dispel myths related to guardianship, particularly the myth that parents can no longer be involved in their son's/daughter's educational program.

WV Olmstead Council Listening Events

Project Summary

During the fall of 2018, the West Virginia Olmstead Council sponsored listening events across the state to obtain feedback from people with disabilities related to the services they receive and recommendations for improvements. Council members will use the findings from these events as they determine future priorities and update the Olmstead Plan.

Background

The Olmstead Council and Coordinator position were created in 2003 by then-Governor Bob Wise to oversee West Virginia's implementation of *Olmstead v. L.C. (1999)*, a landmark United States Supreme Court decision upholding the civil rights of people with disabilities to receive services and supports in the most integrated setting. The "most integrated setting" is where people with disabilities are able to engage in the same opportunities to live, work and participate in their communities as other citizens do.

In addition to implementing the Plan, the Olmstead Office administers the Transition and Diversion Program. The funding is used to assist individuals with disabilities who reside in facility settings to return to the community and for those who are at-risk of facility placement to remain in their communities.

Listening Events Process

The Council used multiple methods and venues to reach as many people as possible: twelve forums, four focus groups and an online survey were conducted during the month of November. The survey was promoted by Olmstead Council members to their respective groups, with emphasis on reaching people with disabilities and their family members. People were also invited to complete the survey after each forum. About 250 people participated in one or more of the activities.

Key Findings

1. Across all listening events, people said that **informed choices** and **self-determination** by people with disabilities were often limited by policies, attitudes and funding. They also recognized efforts to support people in assuming more control over their lives, including parent and self-advocacy, peer support, person-centered care, positive behavior support, and the self-directed option under the Medicaid Home and Community-Based Waiver programs.
2. Low **income** and limited **employment** opportunities were common themes. People talked about how the lack of adequate income affects the quality of their lives, the choices available to them and their level of community participation.

3. **Transportation** was identified as a major concern in communities across the state. People living in rural areas and/or needing wheelchair-accessible vehicles often faced the greatest challenges. However, even in cities with public transportation systems, people talked about serious limitations related to cost, availability and accessibility.
4. Clean, safe, affordable and accessible **housing** is often unavailable. People talked about problems securing housing as well as keeping up with necessary repairs for those who own their houses or trailers. They appreciated programs that can help with housing-related costs, such as HUD and the Transition and Diversion Program, although many times there are waiting lists.
5. People were deeply concerned about the shortage of qualified, trustworthy people to provide **in-home services**. The shortage is due in large part to low pay and challenges of the job. In a nursing home, there are staff to help each other. For in-home care, workers are on their own and must assume more responsibility but are paid far less.
6. While progress has been made on the **inclusion of students with disabilities** in public schools, barriers remain. People would like to see better training for both regular and special education teachers, IEPs that include what students need to succeed in school, better transitions at every level from elementary through high school and beyond, and inclusion of students with disabilities in the schools closest to their homes.
7. People expressed frustrations over their difficulties in securing services and resources. They would like to have a more **user-friendly system** with a centralized location for obtaining information and submitting applications, more outreach and promotion of available services, and better coordination of programs when dealing with multiple agencies.
8. **Waiting lists** are another obstacle to living in the most integrated setting. There is usually no waiting list for the Traumatic Brain Injury Waiver, but people may wait months for the Aged and Disabled Waiver and years for the Intellectual/Developmental Disabilities Waiver. The Transition and Diversion Program and Take Me Home WV are important, but underfunded resources, said listening event participants.
9. Focus group participants felt that more needs to be done to ensure that West Virginia **identifies** all people with disabilities covered by Olmstead who are living in segregated settings and **transitions** those who desire to live and receive supports in the community. They said more individuals would be able to transition if there was more funding for transition coordinators, community-based services and transition-related costs.

The Olmstead Council expresses its appreciation to everyone who participated in the listening events. Moving forward, the Council will consider how it can best respond to the concerns identified, build on strengths, and create a system that enables all West Virginians with disabilities to live in the most integrated setting.