

**Virgin Islands
Developmental Disabilities
Council, Inc.**

State Plan

For Federal Fiscal Year 2016

Submitted on: 2015-10-09 11:23:42

Virgin Islands Developmental Disabilities Council, Inc.
3011 Golden Rock Christiansted
c/o VI Department of Human Services
St Croix, VI
00823

Section I : Council Identification

PART A: State Plan Period: **October 1, 2011 through September 30, 2016**

PART B: Contact Person: **Yvonne D. Petersen**

Phone Number: **(340) 773-2**

E-Mail: **viddcouncil@gmail.com**

PART C: Council Establishment:

(i) Date of Establishment: **2012-02-01**

(ii) Authorization: **N/A**

(iii) Authorization Citation: **00000**

PART D: Council Membership [Section 125(b)(1)-(6)].

(i) Council Membership rotation plan:

As part of the adopted bylaws, Article VII, Sect. E, the Council makes appropriate provisions to rotate the membership of the Council and has provisions to allow members to continue to serve on the Council until such members' successors are appointed. The VIDDC the importance of rotating Council members with overlapping or staggering terms that allows for continuity and succession planning. All appointed members (Self Advocates, Parents/Guardians of individuals with developmental disabilities) are required to take one year off the Council upon the completion of their final term. With the exception of the federally-mandatory positions on the Council, all other members are serving on a voluntary basis and may wish to exit the Council before their term's expiration.

In regards to terms, Council members appointed to the Council and may serve two-year terms with the maximum of three terms.

(ii) Council Members:

#	Name	Code	Organization	Appointed	Term Date	Alt/Proxy State Rep Name
1	Blyden, Felecia	A2	Vocational Rehabilitation/VI Department of Human Services	2012-02-01		
2	Renee Charleswell (Acting Director)	A2	State Office, Department of Education	2012-02-01		
3	Van Beverhoudt, Murleen	A3	Commission of the Aging	2012-02-01		
4	N/A - No one has been appointed	A4	VI Department of Human Services/Medical Assistance Program	2012-02-01		
5	Headley-Lamont, Amelia	A5	Disability Rights Center of the Virgin Islands	2012-02-01		Jennings Esq., Archibald
6	Habtes, Yegin	A6	VI Educational Center of Educational Excellence for Developmental Disabilities	2012-02-01		
7	Petersen, Derval	A8	Department of Health-Maternal & Child Health	2012-02-01		
8	Brownlow, Felecia	A9	VI Association for Independent Living	2012-02-01	2014-09-30	
9	Brown, Stephanie	B1		2012-02-01	2014-09-30	
10	Carty, Edita	B1		2012-02-01	2014-09-30	
11	Cruz, Dina	B1		2012-02-01	2014-09-30	
12	Lewis, Willie	B1		2012-02-01	2014-09-30	
13	Bass, Lisa	B2		2012-02-01	2014-09-30	
14	Dobson, Eric	B2		2012-02-01	2014-09-30	
15	James, Leatrice	B2		2014-10-01	2016-09-30	
16	James, Wilmoth Pastor	B2		2012-02-01	2014-09-30	
17	LaCoss, Michelle	B2	VI FIND	2012-02-02	2014-09-30	
18	Reynolds, Oresteen	B2		2014-10-01	2016-09-30	
19	Taylor, Kathleen	B2		2012-02-01	2014-09-30	

PART E: Council Staff [Section 125(c)(8)(B)].

#	Name	Position or Working Title	FT/PT %
1	Denise Lenhardt-Benoit	Administrative Assistant	50.00
2	Petersen, Yvonne D.	Executive Director	75.00

Section II : Designated State Agency

PART A: The designated state agency is:

Virgin Islands Department of Human Services

3011 Golden Rock

Christiansted, VI 00820

phone: (340) 718, fax: (340) 773

email: christopher_finch@dhs.vi.gov

PART B: Direct Services. [Section 125(d)(2)(A)-(B)].

The DSA provides direct services to persons with developmental disabilities. (The DSA Vocational Rehabilitation Services includes vocational rehabilitation, supportive employment and training services, and job coaching/matching services. The Medicaid program provides medical assistance and payments.)

PART C: Memorandum of Understanding/Agreement: [Section 125(d)(3)(G)].

The DSA has a Memorandum of Understanding/Agreement with the Council.

PART D: DSA Roles and Responsibilities related to Council. [Section 125(d)(3)(A)-(G)]

Through an MOU, the DSA provides fiscal and personal services for the Council. It also provides office space and access to phone and broadband/IT services.

PART E: Calendar Year DSA was Designated. [Section 125(d)(2)(B)]

2012

Section III : Comprehensive Review and Analysis [Section 124(c)(3)]

INTRODUCTION: A broad overview of the Comprehensive Review and Analysis conducted by the Council.

There are two hospitals, one in each district: St. Thomas/St. John/Water Island (STT) district and St. Croix district. STT district is served by the Roy Lester Schneider Hospital and Medical Center (Schneider Hospital). Residents from St. John and Water Island must travel by ferry boat to St. Thomas in order to be treated at the Schneider Hospital. In St. Croix is served by the Juan F. Luis Hospital and Medical Center (Juan Luis Hospital).

There are three (3) Public Health clinics. Two are non-profits and one is operated by the Government, with services paid by: private insurance, local medical assistance cards (Medicaid), Medicare or reduced fee services. Due to the lack of a variety of available health care providers in the Virgin Islands, no one is denied available care. As a result the two district hospitals are left with huge financial deficits.

A major drawback for persons with DD in the Virgin Islands is the lack of the federal Supplemental Security Income Program. Thus, all the related medical coverage under said program is not available to the DD population. Medicaid funds are capped and there is a below poverty income level to become a recipient for benefits. Furthermore, most recipients are on monthly certification, which further limits accessibility to health care. Prevention and wellness services for DD clients include: Maternal and Child Health (MCH) which provides services for “well-babies”; a program for children with special needs (CSN) for specialty care. However, MCH has limited resources for medical specialists and funds. Employment of persons with DD is facilitated by Vocational Rehabilitation Services with very limited resources for training within the territory. Investments in off-island training opportunities are rare. School-based transition activities have been degraded by lack of qualified staff, funding and management problems.

The Annie E. Casey Foundation's Kids Count program conducted through the Community Foundation of the Virgin Islands for 2012 shows 30.3% of VI families with children live in poverty and 43.4 births per thousand girls age 15-19 (10% of all live births) were teen mothers and 45% of children age 19 months through 35 months did not receive the immunizations recommended by the Federal Advisory Committee on Immunization Practices.

There are other factors within the service deliver areas that impacts all citizens and in particular those with developmental disabilities.

PART A: State Information

(i) Racial and Ethnic Diversity of the State Population:

Race/Ethnicity	Percentage of Population
White alone	13.1%
Black or African American alone	76.2%

American Indian and Alaska Native alone	0%
Asian alone	1.1%
Native Hawaiian and Other Pacific Islander alone	0%
Hispanic or Latino of any race	0%
Some other race alone	6.1%
Two or more races:	3.5%

(ii) Poverty Rate: **30.30**

(iii) State Disability Characteristics:

a) Prevalence of Developmental Disabilities in the State: **16197**

b) Residential Settings:

Year	Total Served	A. Number Served in Setting of 6 or less (per 100,000)	B. Number Served in Setting of 7 or more (per 100,000)	C. Number Served in Family Setting (per 100,000)	D. Number Served in Home of Their Own (per 100,000)

c) Demographic Information about People with Disabilities:

People in the State with a Disability	Percentage
Population 5 to 17 years	1%
Population 18 to 64 years	12%
Population 65 years and over	3%

Race and Hispanic or Latino Origin of People with a Disability	Percentage
White alone	0%
Black or African American alone	0%
American Indian and Alaska Native alone	0%
Asian alone	0%
Native Hawaiian and Other Pacific Islander alone	0%
Some other race alone	0%
Two or more races	0%
White alone, not Hispanic or Latino	0%
Hispanic or Latino (of any race)	0%

Employment Status Population Age 16 and Over	Percentage with a Disability	Percentage without a Disability
Employed	11%	54%
Not in Labor Force	6%	28%

Education Attainment Population Age 25 and Over	Percentage with a Disability	Percentage without a Disability
Less than High School graduate	33%	36%
High School graduate, GED, or alternative	31%	31%
Some college or associate's degree	11%	12%
Bachelor's degree or higher	12%	11%

Earnings in the past 12 months Population Age 16 and Over with Earnings	Percentage with a Disability	Percentage without a Disability
\$ 1 to \$4,999 or loss	0%	0%
\$ 5,000 to \$ 14,999	0%	0%
\$ 15,000 to \$ 24,999	0%	0%
\$ 25,000 to \$ 34,999	0%	0%

Poverty Status Population Age 16 and Over	Percentage with a Disability	Percentage without a Disability
Below 100 percent of the poverty level	0%	0%
100 to 149 percent of the poverty level	0%	0%
At or above 150 percent of the poverty level	0%	0%

PART B: Portrait of the State Services [Section 124(c)(3)(A and B)]:

(i) Health/Healthcare:

Health Care Services

There are two hospitals, one each on St. Thomas and St. Croix. The hospital in St. Thomas serves St. John and Water Island, thus some clients must be transported. There are Public Health clinics, two non-profit and one operated by the Government, with services paid by private insurance, local medical assistance cards (Medicaid), Medicare and reduced fee services. Due to the lack of a variety of available health care providers no one is denied available care, leaving the Hospitals with huge deficits.

A major drawback for persons with DD in the Virgin Islands is the lack of the federal Supplemental Security Income Program. Thus all the related medical coverage under said program is not available to the DD population. Medicaid funds are capped and there is a below poverty income level to become a recipient for benefits. Furthermore, most recipients are on a monthly certification, which further limits accessibility to health care.

Prevention and wellness services for DD clients include: Maternal and Child Health (MCH) which provides services for “well-babies”; and, a program for children with special needs (CSN) for specialty care. However, MCH has limited resources for medical specialists and funding. Some other available health and wellness programs include:

- a. an immunization program for children through reduced fees, grants and donations, that is available through the clinics as well as from some private physicians;
- b. Dental Clinics at the hospitals with services based on a sliding fee scale.;
- c. WIC (Women Infants and Children provides healthy food vouchers for infants and toddlers;
- d. the VI Police Department & the Office of Highway Safety issues Car seats without charge for families with children; and
- e. Other private Charities, such as the Schriener’s Hospital, visit the territory and provide orthopedic services and in special cases fund the cost of surgery for (CSN).

Mental Health

The Mental Health Services system in the Virgin Islands was the target of federal a NTAC Report in 2000 which indicated that the system suffered from “major problems in the delivery, coordination, and integration of mental health services” for both youth and adults within the VI.

A class action lawsuit was filed under Olmstead provisions by the local Protection & Advocacy Organization (“P&A”) in 2003 on behalf of mental health clients. A final Court Decree was issued in 2009. The Decree established a Commission to develop a five year strategic plan to improve the delivery of mental health services.

Thereafter, the plan is to be implemented by the Executive Branch of Government with input from the other two Branches of Government.

Some of the issues cited in the lawsuit to address were the lack of:

- a. available mental health professionals (psychiatrists and psychologists) and trained support personnel;
- b. community based support services;
- c. sufficient coordination between hospitals and Department of Health to assure continuity of mental health services;
- d. rehabilitative support services;
- e. therapeutic, residential/ institutional care, community integrated locations and supportive housing; and,
- f. the fact that too many individuals with severe mental illness are being treated in off island facilities and residential institutions.

As to payment of health care and mental health care services, the largest contributor to the VI economy is tourism. Very few small private employers provide health insurance as a benefit. The Government and the larger enterprises generally provide some coverage, but with the slowing of the economy many workers have been laid off and stopped receiving insurance coverage. Those who are employed by the Government and related public agencies have Cigna as their insurer, which in turn covers a substantial portion of the population.

(ii) Employment:

(No data on numbers of persons considered DD in the Territory)

(iii) Informal and informal services and supports:

Credit must go to Governor, John P. deJongh, Jr. for finally instituting the cabinet level office of ADA Coordinator. That office has done much to bring awareness and access to our service providing agencies and schools. This administration actively supports efforts to re-establish the DD Council.

Our population has improved access to community services and supports but more progress needs to be made. The business community is more open to the employment of persons with DD and avenues leading to employment have varied with transition services, supported employment and educational focus. The record is mixed with the current job market and agency focus or lack thereof.

Physical access for community participation remains problematic. Legal redress to this issue has enjoyed minor success. Government action has been slow due to funding constraints and historic landmark designations that limit architectural modifications. Recreation for persons with DD is has limited focus or encouragement from government or sports associations. Access issues in Housing have been partially addressed by Lutheran Social Services.

Health concerns are mixed as well. Our situation with Medicaid is such that the Territory has a 50/50 match with a cap. Most of these funds go towards emergency room visits by the uninsured. The V.I. gets no SSI benefits. Some local service clubs aid those with vision impairments and the Association for Independent Living provides services for adults. Parent groups, an MS group, a Down's Syndrome group, V.I. Family Information Network, V.I. Autism Network and other mental health groups actively support people and families affected by DD.

Technical assistance and adaptive equipment information are provided through V.I. University Center for Excellence in DD.

Lack of planning and knowledge of services available are common barriers to providing better community services and supports. This demonstrates that issues of self advocacy and information are important for people with DD and their families.

(iv) Interagency Initiatives:

The Government of the Virgin Islands, over the last seven years has been focusing on the advancement and improvement of the quality of life for people with disabilities in the Territory through many agency and interagency initiatives. The current Governor of the Virgin Islands, John P. deJongh appointed the territory's first ADA Coordinator in 2010, thereby paving the way for ADA compliance in the Virgin Islands.

In June 2010, every department and agency was mandated by the Governor to identify a Department/Agency ADA Coordinator to facilitate compliance with the ADA within their department or agency. Over 100 government employees were selected and received training in the ADA self-evaluation and transition planning required of each government entity.

The State Office of Special Education has an active advisory panel which consists of members from the private and public sectors. The advisory panel is responsible for providing advice and recommendations to the State Office of Special Education on special education needs in the Territory. The University of the Virgin Islands (UVI) has recently added a broad range of courses to their early childhood education program with a focus on early childhood intervention for children with disabilities. UVI collaborates with the Governor's Children and Families Council to offer health care workshops which provides parents with resources in the community to enhance the lives of children, with a particular focus on early diagnosis for children with disabilities.

The Virgin Islands Center for Excellence in Developmental Disabilities (VIUCEDD) collaborated annually, over the past five years with the Virgin Islands Autism Network and more recently with the ADA Coordinator from the Governor's office, to provide a comprehensive conference and workshops on Autism Spectrum Disorders. Since the inception of this conference, the territory has seen a major increase in early diagnosis of children identified with characteristics of autism. The Department of Human Services, Special Education, and the ADA Office collaborate on an annual series of workshops on training parents in programs designed to work with children with developmental learning disabilities.

There are several collaborative projects between the Department of Education, Department of Health and the Department of Human Services which focus on early childhood health care for children and identifying children with disabilities. The Virgin Islands Emergency Management Agency, The Office of the Governor, The Office of the Lieutenant Governor and the Department of Human Services are collaborating with non-profit organizations to develop the first mapping system in the Virgin Islands for people with disabilities.

The Early Childhood Advisory Committee of the Governor's Children and Families Council Partnered with the VI Department of Education Office of Special Education's Annual Child Find to offer free developmental, hearing, vision and dental screening, immunizations assessments and testing for BMI and vitals. Of 209 children screened, 51 needed follow up for developmental evaluations, 19 for further hearing evaluations, 16 for vision follow-ups and 33 for dental. Results indicated that the Fairs have been successful in providing early identification and intervention for children who otherwise may not have had access to needed services. Participating agencies were the Infants and Toddlers, Immunization, and MCH programs of the Department of Health, Frederiksted Health Care Inc. and St. Thomas East End Clinic, Inc. Fairs were held in 2010, 2011, and

2012.

The interagency initiatives for the VIDDC, VIUCEDD and VIDRCVI will focus on Self-Advocacy, Education, Public Awareness/Community Outreach Activities and Initiatives.

(v) Quality Assurance:

No data available.

(vi) Education/Early Intervention:

No data available.

(vii) Housing:

No data available..

(viii) Transportation:

No data.

(ix) Child Care:

No data available.

(x) Recreation:

No data available.

PART C: Analysis of State Issues and Challenges [Section 124(c)(3)(C)]:

(i) Criteria for eligibility for services:

The presence of a physical or mental life-long impairment manifested prior to the age of twenty-two (22). A disability or disabilities which affect one's daily functional ability in at least three critical areas: receptive and expressive language, self care and self direction

(ii) Analysis of the barriers to full participation of unserved and underserved groups of individuals with

developmental disabilities and their families:

Among the factors contributing to full participation of underserved un-served individuals with developmental disabilities and their families are:

Infrastructure:

- Lack of sufficient/adequate public transportation systems needed to insure individuals and with DD and their families and integrate in the community. Currently the fixed route public transportation has cut back on the routes and scheduled runs they previously provided. This includes no service on the weekends and on some routes, they reduced the number of trips leaving consumers unable to receive affordable transportation is they are employed a job site with hours ending after 3:00 p.m.
- Affordable public housing to meet the needs of individuals with DD are also a challenge.

Insufficient resources to fund, develop and implement support services;

- The need for community awareness of the needs of persons with DD;
- Attitudinal barriers, architectural barriers;
- Lack of self advocacy by persons with DD, and
- The closing of the 10th largest oil refinery in the world, Hovensa, has had a major financial impact on the territorial government's revenue stream. This loss of revenue to the VI Government's General Fund has placed the territorial government in financial crisis.

(iii) The availability of assistive technology:

Through its very low interest loan program, the VIUCEDD has made available a variety of assistive technology for use by persons with DD. Additionally, the Center for Independent Living, the V.I. Resource Center and the Division of Disabilities and Rehabilitation Services have voice-activated computers, computer training opportunities, high and low technology aids and devices which are available for persons with DD.

(iv) Waiting Lists:

a. Numbers on Waiting Lists in the State:

Year	State Pop. (100,000)	Total Served	Number Served per 100,000 state pop.	National Averaged served per 100,000	Total persons waiting for residential services needed in the next year as reported by the State, per 100,000	Total persons waiting for other services as reported by the State, per 100,000

b. Description of the State's wait-list definition, including the definitions for other wait lists in the chart above:

No data available.

c. To the extent possible, provide information about how the State selects individuals to be on the wait list:

Information not available.

d. Entity who collects and maintains wait-list data in the State:

- Case management authorities
- Providers
- Counties
- State Agencies
- Other: Information unknown

e. A state-wide standardized data collection system is in place:

- Yes/No

f. Individuals on the wait list are receiving (select all that apply):

- No services
- Only case management services
- Inadequate services
- Comprehensive services but are waiting for preferred options (e.g., persons in nursing facilities, institutions, or large group homes waiting for HCBS)
- Other:

Other services:

Other services description(s):

Information not available.

g. Individuals on the wait list have gone through an eligibility and needs assessment:

- Yes/No

Use space below to provide any information or data related to the response above:

Information not available.

h. There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (e.g. person-centered planning services):

i. Specify any other data or information related to wait lists:

Information not available.

j. Summary of waiting list Issues and Challenges:

information not available

(v) Analysis of the adequacy of current resources and projected availability of future resources to fund services:

There is a need to modify the already limited resources to allow us to focus on persons with DD. The areas in need of most immediate attention are; agency staff training, building community awareness and attitudinal changes and increasing public and private commitments. Goals and objectives selected by the VIDDC Council, when funded, will address these concerns.

(vi) Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive:

Required. Information gathered from the Health Profile reveals deficits in Medical Assistance and the lack of SSI. Additionally, Maternal and Child Health services have been cut back. Areas of health care, supports and other assistance are clearly inadequate. Parents are concerned about the lack of availability of assistive devices, such as hearing aids, glasses, touch talkers. The limited amount of Medical Assistance funds are used to cover uninsured hospital visits and this program is capped and requires a fifty percent (50%) match; much more than mainland states with similar demographic and economic data.

(vii) To the extent that information is available, the adequacy of home and community-based waivers services (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c))):

The V.I. has no waiver system.

PART D: Rationale for Goal Selection [Section 124(c)(3)(E)]:

The Council participated in a Technical Assistance Training on May 9-11, 2013 facilitated by the iTACC for the revision of the goals and objectives of its State Plan. Self-advocates, DD families/guardians, federally-mandated agencies and network partners participated in this three-day activity. Additional objectives for the planned goals were added to meet the needs of the territory's DD population. This included the identification of new and emerging partners.

Goals were also based on the key activities for the newly constituted Council with key efforts in two areas:

1) Development of its infrastructure including providing Council members with capacity building training and attendance of educational opportunities such as the Disability Policy Seminar, the iTACC Technical Assistance Training and the NACDD Annual Conference

2) Public Awareness and Community Outreach events and activities that provide residents in the territory the opportunity to learn about the DD Council and its purpose.

PART E: Collaboration [Section 124(c)(3)(D)]

(i) As a Network:

As part of the Network (Council, P&A and VIUCEDD), the Council will meet on a regular basis to plan collaborative outreach activities that include training and workshops. The collaborative plans include addressing specific goals and objectives for the following areas:

Area/Goals/Objectives

- | | |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Self-Advocacy - | 1.1: Support and fund self-advocacy efforts
1.2: Create and support leadership training for people with developmental disabilities |
| Education - | 3.1 Promote programs and initiatives to address early identification of children
3.3 Partner with family support and social organizations so that parents/guardians/
family members have access to training on resources, techniques,
community supports, rights and responsibilities. |
| Public Awareness/
Community Outreach | 4.4 Identify and collaborate with entities whose purpose is to address emergency
management issues for residents of the VI. |

(ii) With each other: (e.g. Describe the plans the Council has to collaborate with the UCEDD(s). Describe the plans the Council has to collaborate with the P&A.)

The Council will collaborate with the VIUCEDD in their annual public outreach activity, "Voices That Count" as part of its effort to promote self advocacy for individuals with DD. This collaboration will include conducting workshops that will identify public policy issues that affect families and individuals with DD.

The Council collaborate with the P&A regarding parent educational training activities that focus on understanding their rights and advocating for their children who are eligible for services under IDEA. Other public outreach activities include working with the VI Department of Human Services/Head Start Program on the issue of early identification of children with DD.

The Council will work with the VIUCEDD for assistance in identifying persons with DD within both island districts.

Currently, the data on persons with DD is fragmented and gathering data in a scientific method will help the Network obtain reliable data that can be used in reviewing its state plan in subsequent years. VIUCEDD can also assist the Council in research and data used in the development and publication of its brochures that can be used for public awareness and outreach efforts.

(iii) With other entities: (e.g. network collaboration with other entities in the State, including both disability and non-disability organizations, as well as the State agency responsible for developmental disabilities services)

The DD Network will conduct outreach to public housing community representatives and non-profit social services organizations as a strategy to reach the VI's underserved populations. In addition, DD Council quarterly meetings will include reports from each federally-mandated agency to insure activities and events are inclusive shared to allow for maximum results. The Council's website will include a calendar that will encourage all partners to include upcoming activities and events.

Joint training and events include: Participation in the emergency planning efforts and training for persons with DD. The organizations working in this effort include AARP, the American Red Cross, the Salvation Army, the Virgin Islands Territory Emergency Management Agency (VITEMA), the Association for Independent Living, and the Interfaith Coalition. The Council's plans include providing training materials to ensure that persons with DD receive the attention needed during disaster planning and that individuals are trained as mentors in this effort.

Joint public education will include the Council working with the Vocational Rehabilitation office in public outreach efforts to local employers. This initiative will begin in October during Disabilities Awareness Month. Additional outreach efforts will include working with the VI Department of Labor from the public sector and the VI Chamber of Commerce from the private sector.

As part of the Council's advocacy efforts, it will provide support and training in collaboration with the local and national PTA. This will include a workshop during its Advocacy Conference planned for February 2014. At the Council's meeting held on Saturday, July 27, 2013, the St. Croix PTA representative expressed enthusiasm about working closely with the DD Council in the areas of advocacy and educational strategies for our students with DD.

Section IV : 5-Year Goals [Section 124(4); Section 125(c)(5) and (c)(7)]

GOAL # 1: Support Self-Advocacy Efforts

The Virgin Islands Developmental Disabilities Council will support self-advocacy efforts so that a territory-wide program is created, leadership opportunities are supported and participation is enhanced.

Area(s) of Emphasis:

Strategies to be used in achieving this goal:

- | | |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Quality Assurance | <input checked="" type="checkbox"/> Outreach |
| <input type="checkbox"/> Education and Early Intervention | <input checked="" type="checkbox"/> Training |
| <input type="checkbox"/> Child Care | <input checked="" type="checkbox"/> Technical Assistance |
| <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Supporting and Educating Communities |
| <input checked="" type="checkbox"/> Employment | <input checked="" type="checkbox"/> Interagency Collaboration and Coordination |
| <input type="checkbox"/> Housing | <input checked="" type="checkbox"/> Coordination with related Councils, Committees and Programs |
| <input checked="" type="checkbox"/> Transportation | <input type="checkbox"/> Barrier Elimination |
| <input checked="" type="checkbox"/> Recreation | <input type="checkbox"/> Systems Design and Redesign |
| <input checked="" type="checkbox"/> Formal and Informal Community Supports | <input checked="" type="checkbox"/> Coalition Development and Citizen Participation |
| | <input checked="" type="checkbox"/> Informing Policymakers |
| | <input type="checkbox"/> Demonstration of New Approaches to Services and Supports |
| | <input type="checkbox"/> Other Activities |

Objective: 1.1

1.1 VI DD Council will support and fund self-advocacy efforts.

Activities

1.1.a. VI DD Council will support self-advocacy efforts so that a territory-wide program is created, leadership opportunities are supported and participation is enhanced.

Timeline

Fiscal Year 2014

Objective: 1.2

2.1 Create and support leadership training for people with developmental disabilities.

Activities

2.1.a Create and/or identify a self-advocacy leadership program.

2.1.b. Identify and enlist mentors with DD.

2.1.c Create training opportunities to provide information and techniques on self-advocacy through local, regional and national resources.

2.1.d Collaborate with agencies who provide services to promote the self-advocacy leadership training opportunities to the people they serve.

Timeline

Fiscal Year 2014

Objective: 1.3

Support and implement two self-advocacy conferences. One on each island [St. Thomas and St. Croix]

Activities

1.3.a. Collaborate with self-advocates to develop a self-advocacy conference

1.3.b. Plan and implement the self-advocacy conference

Timeline

Fiscal Year 2016

Intermediaries/Collaborators Planned for this goal (if known):

- State and P&A
- University Center(s) for Excellence
- State DD Agency

GOAL # 2: Support Employment Initiatives

The Virgin Islands Developmental Disabilities Council will support employment initiatives so that people with developmental disabilities have increased access to training and skill development.

Area(s) of Emphasis:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

Strategies to be used in achieving this goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objective: 2.1

2.1 Support education efforts of job matching, person-centered planning and other best-practices so that people with DD have increased opportunities for jobs in the community.

Activities

2.1.a. Identify education efforts best practices

2.1.b Develop and promote workshops

2.1.c. Implement workshops

2.1.d. The DD Council will bring information and advocate to the Workforce Investment Board and other groups focused on employment and/or workforce development to positively impact people with DD.

Timeline

Fiscal Year 2014, Fiscal Year 2015, Fiscal Year 2016

Objective: 2.2

Educate public and private employers on sensitivity and inclusive employment.
(Promote and support efforts to prevent employment discrimination).

Activities

- 1) Develop/ identify education materials
- 2) Identify and promote workshops to public and private employers
- 3) Implement # of workshops will be provided to public and private employers

Timeline

Fiscal Year 2014, Fiscal Year 2015, Fiscal Year 2016

Intermediaries/Collaborators Planned for this goal (if known):

- State and P&A
- University Center(s) for Excellence
- State DD Agency

GOAL # 3: Support Educational Initiatives to Access Services & Supports

The Virgin Islands Developmental Disabilities Council will support initiatives so the individuals with developmental disabilities and their families have access to services, supports and are included in educational environments and community activities.

Area(s) of Emphasis:

Strategies to be used in achieving this goal:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objective: 3.1

3.1 Promote programs and initiatives to address early identification of children.

Activities

3.1.a. Identify areas where Council is best suited to address unmet needs

Timeline

Fiscal Year 2014, Fiscal Year 2015

Objective: 3.2

3.2 Collaborate with Department of Education and other educational environments to provide information and education regarding best-practices for inclusion of students with developmental disabilities.

Activities

- 3.2.a. Identify and develop materials
- 3.2.b. Identify opportunities to provide information on the best practices

Timeline

Fiscal Year 2015

Objective: 3.3

3.3 Partner with family support and social organizations so that parents/guardians/family members have access to training on resources, techniques, community supports, rights and responsibilities.

Activities

- 3.3.a. Identify partner organizations
- 3.3.b. Develop/identify/support resources/training
- 3.3.c. Support/Promote opportunities

Timeline

Fiscal Year 2015, Fiscal Year 2016

Objective: 3.4

3.4 Support and promote informational and educational activities regarding post-secondary opportunities for individuals, parents, service providers, families and other stakeholders.

Activities

- 3.4.a. Identify partner organizations
- 3.4.b. Develop/identify/support resources/training
- 3.4.c. Support/Promote opportunities

Timeline

Fiscal Year 2014, Fiscal Year 2015

Intermediaries/Collaborators Planned for this goal (if known):



State and P&A

- University Center(s) for Excellence
- State DD Agency

GOAL # 4: Public Awareness & Community Outreach

The Virgin Islands Developmental Disabilities Council will support public awareness, anti-stigma campaigns, informational and educational activities in order to increase the understanding of individuals with developmental disabilities.

Area(s) of Emphasis:

Strategies to be used in achieving this goal:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objective: 4.1

4.1 Identify partner organizations; Develop/identify/support resources/training and Support/Promote opportunities

Activities

- 4.1.a. Develop Council brochure and public information
- 4.1.b. Develop Council website
- 4.1.c. Conduct community outreach and awareness meetings
- 4.1.d. Collaborate with public transit authority to bring awareness and understanding of persons with DD

Timeline

Fiscal Year 2013, Fiscal Year 2014, Fiscal Year 2015, Fiscal Year 2016

Objective: 4.2

Support capacity building to increase the recreational activities in communities for DDs

Activities

1) Identify the communities on each island; 2) Develop plan to partner with key organizations in the community; 3) Provide/create/identify materials and gather resources for use by the communities; 4) Provide capacity building opportunities

Timeline

Fiscal Year 2014, Fiscal Year 2015, Fiscal Year 2016

Objective: 4.3

4.3 Provide Information, education and training to Council members & staff on DD Act, public policy issues, Council responsibilities and other areas important to the work of the Council.

Activities

4.3.a. Identify training opportunities for Council and staff; 2) Support attendance for members and staff
4.3.b. Support attendance for members and staff

Timeline

Fiscal Year 2013, Fiscal Year 2014, Fiscal Year 2015, Fiscal Year 2016

Objective: 4.4

4.4 Identify and collaborate with territory entities whose purpose is to address emergency management issues for residents in the VI

Activities

4.4.a. Identify appropriate agencies/organizations who are responsible for emergency management issues for VI residents
4.4.b. Participate and collaborate with identified agencies so that the needs of people with developmental disabilities are made known
4.4.c. Provide training and information to people to ensure understanding and sensitivity

Timeline

Fiscal Year 2014

Intermediaries/Collaborators Planned for this goal (if known):

- State and P&A
- University Center(s) for Excellence
- State DD Agency

Section V : Evaluation Plan [Section 125(c)(3) and (7)]

- Outline how the Council will examine the progress made in achieving the goals of the State Plan.
- Explain the methodology, which may be qualitative or quantitative, that will be used to determine if the needs identified and discussed are being met and if the Council results are being achieved.
- Describe the Council's role in reviewing and commenting on progress towards reaching the goals of the Plan.
- Describe how the annual review will identify emerging trends and needs as a means for updating the Comprehensive Review and Analysis.

The Council serves as the main reviewer of the information and data gathered for each goal and related objectives. State plan monitoring by Council and staff is a continuous process, conducted through evaluation of state plan activities, satisfaction surveys, qualitative and quantitative feedback from individuals with developmental disabilities, their families and stakeholders. Goals and objectives will be monitored based on data gathered from activities conducted, evaluations, and validations of impact on training and activities. Any issues identified through the process of data gathered annually will help guide the progress of the Council's priorities for the subsequent year.

Review of progress based on activities, tasks events and/or products will be conducted as part of the quarterly Council meetings. The Executive Committee of the Council and staff will measure progress quarterly each goal and report on activities, outputs and outcomes as a result of evaluations, surveys and review of performance target results.

As part of a paperwork reduction approach, whenever possible, the VIDDC utilizes on-line evaluation tools such as BoardMax specifically for Council members and Survey Monkey for program/activity participants within the service delivery area. Since many program attendees, particularly those with developmental disabilities lack access to internet and technologies, the use of paper evaluations will also be provided when applicable.

Section VI : Projected Council Budget [Section 124(c)(5)(B) and 125(c)(8)]

Goal	Subtitle B	Non-Federal Share	Total
1. Support Self-Advocacy Efforts	47,000	0	47,000
2. Support Employment Initiatives	20,000	0	20,000
3. Support Educational Initiatives to Access Services & Supports	20,000	0	20,000
4. Public Awareness & Community Outreach	77,610	0	77,610
5. Functions of the DSA	7,500	0	7,500
6. General Management	62,656	0	62,656
Totals	234,766	0	234,766

Section VII : Assurances [Section 124(c)(5)(A)-(N)]

Written and signed assurances have been submitted to the Administration on Intellectual and Developmental Disabilities, Administration for Community Living, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124(c)(5)(A-N) in the Developmental Disabilities Assistance and Bill of Rights Act of 2000:

Assurances submitted

Approving Officials for Assurances

For the Council (Chairperson)

For DSA, when not Council

Section VIII : Public Input and Review [Section 124(d)(1)]

PART A: How the Council made the plan available for public review and comment and how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.

The VIDDC developed a 30-Sec Public Service Announcement that served two purposes: It introduced the VIDDC to the public and provided the dates, places and times where they can attend the public forums to discuss and ask questions regarding the 5-Year State Plan. Public review announcements were placed in the two local newspapers', "Calendar of Events" section and broadcasted on local TV channels for an entire week. The draft of the state plan was distributed to the Governor's office; electronically to all Council members; placed in the university libraries on both campuses and the legislature annex in St. John. The executive director held in person public review comment periods on all three islands. Though not well-attended, those who came provided insight on the areas that they felt were important. OF major to the attendees were early identification of children with DD and the transitional services available to students completing high school.

PART B: Revisions made to the Plan after taking into account and responding to significant comments.

The VIDDC added an additional Goal 4 that included public awareness, anti-stigma campaigns, informational and educational activities in order to increase the understanding of individuals with developmental disabilities. In particular, objectives that included DD individuals increased access to recreational activities and collaborations to address emergency management preparedness issues.

VIDDC's Goal 3 addresses the following concerns: early identification of children with DD, the transition process of students from high school to post-secondary education, vocational education institutions and/or other avenues.