

Governor's Commission on Disabilities
2010 Governor's Report

*Presented to Florida Governor Charlie Crist
in fulfillment of Section 3 of Executive Order 07-148
and Section 2 of Executive Order 08-193, which directs the
Commission to provide annual written reports detailing its recommendations
for changes in Florida law and policy, accomplishments in bringing about
legislative and administrative changes, and progress in collaborative
efforts with other agencies and organizations.*

July 2010



Governor Charlie Crist
Lance Block, Chairman
Bryan Vaughan, Executive Director

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August 1, 2010

The Honorable Charlie Crist
Governor of Florida
The Capitol
Tallahassee, Florida 32399

Dear Governor Crist:

On behalf of the Governor's Commission on Disabilities, it is my privilege to submit the Commission's report for 2010. This report fulfills the requirements set forth in Section 2 of Executive Orders 07-148 and 08-183.

This year's report provides seven new recommendations that address issues concerning civil rights. The report also speaks to proposed strategies for the implementation of past years' recommendations and reviews accomplishments and various activities of the Commission.

This year, the Commission held four-quarterly meetings, all of which were located in Tallahassee to lower administrative costs. In addition, numerous committee meetings were also conducted by teleconference. All meetings were open to the public and we received valuable feedback throughout the year.

The Commission is grateful for the generous assistance and information offered by interested citizens, advocacy groups, service providers, educational researchers, and state and local governments. Likewise, we appreciate the tireless and valuable efforts made by your Commission staff.

Governor, on behalf of the entire Commission, we thank you for recognizing the importance of addressing issues that affect the more than five million Floridians with disabilities. All of us on the Commission are most grateful for the honor of serving you and the people of Florida.

Sincerely,

A handwritten signature in black ink, appearing to read "Lance Block".

Lance Block, Chair

Beyond Limitations

***Placing one foot in front of the other,
I've climbed to higher lengths.
Reaching beyond my own limitations,
To show my inner strength.***

***No obstacle too hard
For this warrior to overcome.
I'm just a man on a mission,
To prove my disability hasn't won.***

—Robert M. Hensel

From *Collection of Work*

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CHAPTER 1

Introduction & Executive Summary

The Governor's Commission on Disabilities was initially created by Executive Order on July 26, 2007, to advise the Governor on issues concerning all Floridians with disabilities, including veterans and the elderly.

The Commission's mission is to identify barriers all persons with disabilities face, along with recommendations to overcome those barriers. By enhancing and empowering the lives of Floridians with disabilities, their families, and communities, all persons with disabilities are afforded the opportunity to maximize their individual strengths and independence; increase their community involvement; and more fully participate in the opportunities, responsibilities, and benefits our great state has to offer.

In 2008, the Commission focused on the primary mission of breaking down the barriers faced by persons with disabilities, seniors, and veterans, in the areas of employment, education, independent living, transportation, and civil rights.

In addition to health care issues, in 2009, the Commission set one of its goals for Florida to be a national leader in advocating for the civil rights of access and participation by people with disabilities in all aspects of community life. In 2010, the Commission continued with that same goal. New recommendations for 2010 were proposed along with strategies and action plans to enact recommendations from the 2008 and 2009 reports. This 2010 report contains updates on the 2008 and 2009 recommendations enacted and the resulting public-private partnerships established.

The Commission and its members recognize that the vision of a barrier-free society invests us as citizens and policymakers with a societal duty. If we thoughtfully and compassionately make the appropriate changes in our environment and our culture, then a person's differing ability does not become an obstacle to the enjoyment of a more fulfilling life. That is the single, overarching objective as to why Governor Crist created the Commission, in addition to his vision of better unifying the advocates for all persons with disabilities.

The Commission recognizes that implementation of some of its recommendations may require further study and fiscal analysis.

Commission Initiatives

The following are some of the ongoing initiatives and programs the Commission implemented or supported:

The Florida College Transition Program: STINGRAY

The collaboration between the Commission; the Florida Department of Education (FDOE), Bureau of Exceptional Education and Student Services (BEES); and Project 10, the University of South Florida, St. Petersburg (USF St. Pete), has made substantial progress. The inaugural Students Transitioning into the Next Generation, Recognizing Alternatives for Youth (STINGRAY) class of youth with developmental disabilities began the structured college-transition program in March 2010.

This program offers a solution to the underemployment of Floridians with disabilities by providing individualized postsecondary transition services to students with significant cognitive disabilities between ages 18 and 22. The Commission supports academic achievement, career development opportunities, and on-the-job work experiences that enable these students to achieve individual independence, as well as meet workforce demands. Since the inception of this program, the Commission has received a number of inquiries from other colleges and universities looking to bring this program to their campuses.

FEMA Community Planning Initiative

During the Hurricane seasons of 2008 and 2009, the Commission observed a lack of connectivity between shelters and “special needs” programs. The majority of complaints reported to the Commission and Clearinghouse for Disability Information were also regarding this disconnect. At the time, Federal Emergency Management Association (FEMA) officials reported this was common across the nation and called on the Commission to take a leadership role in the redesign of how persons with disabilities and their families are planned for and treated across the country. To date, over 40 states and territories have joined this initiative.

Transportation Disadvantaged Real ID Cards

Since July 1, 2008, the Commission has worked with the Florida Public Transportation Association and the Florida Department of Highway Safety and Motor Vehicles (HSMV) to implement the designation of eligible Americans with Disabilities Act (ADA)/transportation-disadvantaged individuals on the state ID cards or driver licenses. The HSMV determined this initiative could be integrated into the development of the Real ID by January 2010. The projected cost is less than \$37,000.

Take Me Home Program

The Commission recommends statewide implementation of the “Take Me Home Program” and facilitation of multi-state participation. This interactive, searchable database is available to law enforcement and provides vital identity and contact

information for voluntarily enrolled, at-risk individuals. The program can be deployed by emergency personnel, including the Florida National Guard, during times of disaster to plan and complete evacuation of persons with disabilities and their families. Over the past year, three states have expressed interest in coming together to lower the cost of developing an Internet-based version of this program.

The Respiratory Pacing System—Success Story

The Commission, the Florida Department of Health's Brain and Spinal Cord Injury Program, Case Western Reserve University, the Agency for Health Care Administration's Medicaid Division, and the state's certified trauma centers collaborated to explore distribution of a Respiratory Pacing System that can replace a standard ventilator. These partners obtained a Medicaid billing code to facilitate patient access to the system. Currently, there are approximately 120 Floridians on ventilators living in trauma centers because nursing homes and assisted living facilities will not accept them, and they are unable to return home. There is a one-time cost of \$50,000 to purchase and implant the device. Basic care in trauma centers costs the state approximately \$30,000 per individual, per month. Cost estimates reveal, if 50 Floridians living on ventilator support were released from trauma centers, it could save the State of Florida \$1.5 million per month.

Florida Version of the Americans with Disabilities Act

During the 2010 Legislative Session, the Commission—working in concert with Senator Wise, the Paralyzed Veterans of America, and other partners—proposed a Florida version of the ADA, Senate Bill 2396. This proposed bill would have brought the major protections of the federal law into state law. By doing this, Floridians with disabilities would have a state remedy to pursue. The proposed bill contained solutions that would promote mediation prior to litigation, resulting in shorter resolution time and less expense for all parties. The bill failed because there was no House sponsor. Looking forward to the 2011 legislative session, several House and Senate members have already expressed interest in sponsoring or co-sponsoring the Florida version of the ADA legislation.

New Recommendations for 2010

The new recommendations address several civil rights topics of interest, and the Commission submitted individual recommendations related to the following:

Recommendation E-11

Emergency Services – Functional Needs Planning. Florida’s Division of Emergency Management should work with FEMA, county governments, the Red Cross, and other stakeholders to establish functional needs planning groups within each of the seven regions administered by the Division of Emergency Management. The groups would provide emergency managers, shelter planners, and related entities, with a coordinated system to assess emergency management needs of persons with disabilities in a local area, and plan to meet those needs prior to an emergent event.

Recommendation E-12

Video Remote Interpreting (VRI) – Florida state and local governmental agencies should consider adding the capability to provide quality video remote interpreting services as one option for effective communication with persons who are deaf or hard of hearing. VRI could provide appropriate access as an effective means of communication given the needs of the individual with the disability, the content, and context of the communication.

Recommendation E-13

Service Animals in Schools – The Florida Department of Education should develop a technical assistance document to aid school administrators, faculty, students and parents regarding the rights and responsibilities of schools to students with service animals.

Recommendation E-14

Service Animal provisions in Florida Administrative Code – Florida Administrative Code provisions that prohibit or restrict pets and other animals from access in specified locations should be written to formally recognize the right of access to persons with disabilities who have service animals.

Recommendation E-15

Staff of all state agencies, state-agency contractors, local governments, and school systems who serve persons with disabilities should attend sexual abuse prevention training that is specifically tailored to the type of services the agency or entity provides. This training should be mandated for facility administrators and staff, school administrators and instructional personnel, policy staff, caseworkers, and caregivers.

Section K – Commission Recommendations

Recommendations listed in this section have not gone through the individual committee process, but were taken up by the Commission as a whole.

Recommendation K-1

Persons with Asperger’s syndrome should not be categorically excluded from receiving Medicaid Waiver services, if otherwise eligible.

Recommendation K-2

Florida should create financial assistance programs to improve access to adaptive and assistive technologies.

Summary of Commission Staff Projects 2009–2010

The following is a summary of the activities of the Commission staff from July 1, 2009, through June 30, 2010. Numerous governmental and advisory groups regularly ask Commission staff to join or assist with policy, research, advocacy, and information exchanges. Listed below are 18 organizations and 6 projects that were assisted by staff during the past year. Please contact Executive Director Bryan Vaughan by phone at (850) 921-0241 with any questions or to obtain any related materials.

Councils, Commission, Task Force, and Workgroups

- ❖ **Florida Rehabilitation Council**, July 2009, 3-year term
- ❖ **Community Emergency Preparedness and Response Planning for Persons with Disabilities**, Project Lead, FEMA December 2009
- ❖ **I-Budget Florida Workgroup, Agency for Persons with Disabilities (APD)**, October 2009
- ❖ **Project Count, Census 2010 Workgroup**, Governor's Initiative
- ❖ **Fostering Achievement Fellowship Advisory Committee**, Tallahassee Community College
- ❖ **Trauma-Informed Care Workgroup**, Florida Department of Children and Families, continuous
- ❖ **Disability Law Committee**, Florida Bar Association, continuous
- ❖ **Brain and Spinal Cord Injury Task Force for Disabled Veterans and their Families** – Returning to Florida from Iraq or Afghanistan, May 2009, 4-year term
- ❖ **Trauma-Informed Care National Protocol Planning Workgroup**, National Institute of Mental Health, Baltimore, MD, continuous
- ❖ **Faith-Based Prevention and Permanency Workgroup**, Executive Office of the Governor, March 2009, continuous
- ❖ **Fostering Achievement Fellowship, Steering Committee**, Tallahassee Community College Foundation, continuous
- ❖ **2010 Census Statewide Complete Count Committee**, Executive Office of the Governor, March 2009–July 1, 2010

- ❖ **Trauma-Informed Care Workgroup**, Florida Department of Children and Families, continuous
- ❖ **Inclusion Council**, Florida Commission on Volunteerism and Community Service, August 2008, 3-year-term
- ❖ **Medicaid Work Incentive Task Force**, Agency for Persons with Disabilities, July 2008, continuous
- ❖ **State Advisory Committee for the Education of Exceptional Students**, Florida Department of Education, June 2008, 3-year term
- ❖ **Chamber of Commerce for Persons with Disabilities**, June 2008, continuous
- ❖ **Governor's Points of Light Awards**, Volunteer Florida Foundation, Presenter
- ❖ **Projects/Requests for Assistance from State Agencies**
 - Partnering with the Florida Department of Education (FDOE) and others to enact Recommendation A-2: *University System Transition Program*
 - Developing Phase 1 of Mapping of Disability Services for State Agencies – Phase 2 underway
 - Developing training module to recruit volunteers for the Clearinghouse on Disability Information (CDI)
 - Tracking legislation and providing weekly report to Commission, staff, and interested individuals and organizations during the legislative session
 - Working with Chief Child Advocate to develop policies and practices to expand the adoption of children with disabilities in foster care
 - Implementation of Trauma-Informed Care statewide

PUBLICATIONS

- Survey of State Employees with Disabilities
- Mapping of State Services to Persons with Disabilities

Committees

Introductions

Civil Rights Committee

The Civil Rights Committee is charged with developing recommendations to facilitate enforcement of the ADA's guiding principles of nondiscrimination, barrier removal, and full community inclusion for persons with disabilities. This year, the Committee studied specific public programs and services that persons with disabilities identified to the Commission as areas of concern and produced five recommendations. The Committee also worked with the Governor's Office and members of the Legislature to introduce legislation that would establish the provisions of the federal Americans with Disabilities Act as state law in Florida. Finally, the Committee worked to facilitate implementation of a prior Commission recommendation by preparing an accessibility survey tool for use in state government executive branch buildings.

Civil Rights Committee Members:

*Greg Venz, Chair
Lance Block
Carol Christopherson
David Darm
Bill Peeler
Chip Wilson*

Education/Employment Committee

This year, the Commission combined the Education and Employment Committees to maximize staff and the Commissioners' time, address the educational needs of persons with disabilities, and reinforce the lifelong role of education in quality of life and employment. Florida has been at the forefront of providing early intervention and education for its youngest citizens, including those with disabilities, and promotes inclusion of persons with disabilities. The Florida Department of Education (DOE), through its Bureau of Exceptional Education and Student Services, Vocational Rehabilitation, and Blind Services divisions, takes the lead on not only education, but also career awareness and training for persons with disabilities. Other state departments, including the Agency for Persons with Disabilities and the Agency for Workforce Innovation (AWI) and its network of One Stop Career Centers and Disabled Veterans Outreach staff, are working with the DOE and disability advocates and entities to promote access to education and training for all Floridians with disabilities.

Florida's 2010 State Education Agency Profile identified outcomes for students with disabilities. Trend data indicate that graduation with a standard high school diploma has increased annually from 2006–07 through 2008–09. The dropout data shows improvement from 2006–07 to 2007–08 and stability from 2007–08 to 2008–09. The Florida Education and Training Placement Information Program (FETPIP) reflect post-school outcomes for all students within one year of high school exit. For students with disabilities, there has been an increase in the percentage of “exiters” found in postsecondary education annually from 19 percent in 2005–06 to 24 percent in 2007–08.

For students with disabilities who exited school in 2007–08, the FETPIP found 38 percent employed (including military employment) and 50 percent employed and/or in continuing education. Three-year trend data indicate that these percentages have fluctuated slightly with a decline in employment and an increase in postsecondary education.

Although comparable employment data on all persons with disabilities in Florida is not available, the United States Department of Labor (DOL), Office of Disability Policy (ODEP), has begun to provide national data. **This is the first year ever that statistics have been released for Americans with disabilities in the area of unemployment, and the data are provided only at the national level.** With the release of these data, the federal government statistically recognizes those with disabilities as participants in the civilian labor force. With these data, citizens and their representatives now have available data and analyses that comply with established standards set forth by the DOL Bureau of Labor Statistics (BLS). The BLS provides a monthly comprehensive description of how the data were obtained and the rules used to analyze and report that data on its Web site, <http://www.dol.gov/odep/categories/research/bls.htm>. In June 2010, the national unemployment rate for persons with disabilities was 14.4 percent, compared with 9.4 percent for persons with no disability, not seasonally adjusted.

The AWI compiles performance data for each of the 24 Regional Workforce Boards. Using three key indicators of success, the data shows that over the last three years there has been a steady increase in the number of placements of persons with disabilities. Regions with a Navigator place more people with disabilities than the Regions without a Navigator. Regions that have Disability Navigators (15) show average wages after six months are higher when a Navigator is involved than for those regions without a Navigator. Furthermore, data indicates that the employment retention rate is greater with a Navigator than without.

The Commission will continue to promote employment opportunities for all persons with disabilities—including youth transitioning from secondary and postsecondary education and returning disabled veterans—to assist them in achieving their education and career goals.

Education/Employment Committee Members:

*Bambi J. Lockman, Chair
Carol Christopherson
Christine Eckstein
David Darm
Dr. Sue Homant
Ken Littlefield
Judy Meyer*

Independent Living/Transportation Committee

The Independent Living/Transportation Committee recognizes the broad nature of this topic and chose to focus on promoting plans to implement the remaining recommendations from the 2008 and 2009 reports. The Committee will continue to support development of innovative means and partnerships to expand the availability of accessible, affordable, and sustainable housing for persons with disabilities, as well as educating the public on disability-related issues.

The need for accessible, affordable, and sustainable housing is greater for persons with disabilities than for the general population. The cost of retrofitting existing housing to provide accessibility is a significant barrier to home ownership and independent living. Features that are very inexpensive when included in new construction can be cost-prohibitive when added to existing housing.

National studies show “green” building as a key part of America’s economic future. Even as dire financial news continues to dominate the headlines, a cascade of newly released studies and reports point to green building as one of the growing bright spots in the U.S. economy. The green-building standards referenced in Recommendation C-17 can help to provide accessible, affordable, and sustainable housing for Floridians with disabilities. The initial cost of construction is small compared to conventional construction; however, the savings in operating costs will be significant over the life of the dwelling.

Transportation is about choices, options, employment, and the essential component for community-based services—the freedom of having full and quality access to the community. Having multiple systems in place to provide this access is essential. Without reliable and dependable mobility, the community-based service model for people with disabilities cannot work as intended. Transportation provides freedom. For persons with disabilities, transportation that is cost-efficient, reliable, and accessible means independence.

In 2008, the Florida Commission for the Transportation Disadvantaged (CTD) served 697,159 people (unduplicated headcount) and provided over 50 million trips to Floridians who are transportation disadvantaged. This data indicates a reduction of

1.5 million trips in relation to the 2007 report. Moreover, the availability of trips has been steadily declining because of the increased cost of trips due to insurance, fuel, maintenance, and labor expenses. The system has had no funding increase in 17 years, yet demand is increasing.

By the year 2010, an estimated 7.3 million people with disabilities will be considered potential users of the system.

Independent Living/Transportation Committee Members:

*Thom DeLilla, Chair
Chip Wilson, Vice-Chair
Marc Buoniconti
Chuck Corley
Henry Dittman
David Darm
Bill Peeler*

Health Care Committee

Individuals with disabilities face many challenges in accessing and acquiring health care services. This year, the Health Care committee expanded and focused discussion, research, and recommendations on several key areas that were originally identified in the report from last year:

- Access to affordable and equitable health care coverage
- Access to comprehensive oral health care
- Appropriate modifications and accommodations for persons with disabilities in health care settings
- Training and continuing education opportunities for health care professionals to support awareness of the impact of physical, sensory, mental illness, and cognitive limitations when treating persons with disabilities

Individuals with disabilities and chronic conditions require health care coverage that is comprehensive, affordable, equitable, and supports the rehabilitative and long-term care needs to support optimal health functioning. In addition to comprehensive health care access, both employment and income level should not prohibit eligibility for quality ongoing health care coverage. The Commission supports the concept of Medicaid buy-in for those with disabilities who want to work but fear the loss of essential health care coverage.

Oral health care access remains an ongoing issue in Florida. Individuals with disabilities continue to face challenges accessing dental services. Dental practitioners with experience and access to appropriate equipment for treating individuals with disabilities are not available in all communities. Limited resources for

training, recruitment, and access to experienced dental professionals and equipped offices continue to be a problem.

Barrier-free accessibility to medical equipment, such as examination tables, scales, and diagnostic equipment, is essential to support quality health care service delivery. Individuals with disabilities continue to be challenged by finding physicians and diagnostic centers that have modified equipment and are prepared to treat patients without having to face frustration, undue hardship, and humiliation. In addition, the need for accommodations, such as translation services, lifting assistance, materials in non-print formats, and appointment flex-time, are not routinely available in many health care settings.

The Commission recognizes that accessible equipment can be costly to practitioners. In order to address this reality, the Commission has explored the possibility of financial incentives, such as tax discounts or financial rewards from managed care companies to health care practitioners who purchase accessible medical/diagnostic equipment. In addition, developing a directory of barrier-free practitioner offices was also recommended.

Disability competency training is extremely limited in core educational curricula for health care practitioners. Accreditation agencies often do not evaluate health care facilities for accessibility, training, or capacity to accommodate people with disabilities. There is a need for the development of training programs for all health care practitioner disciplines to increase awareness and improve the quality of health care treatment. This year the Commission explored incentives such as continuing education credits for licensed practitioners who participate in disability competency education and financial incentives from managed care organizations that provide training opportunities for their contracted practitioners.

The health care committee recognizes that the current budgetary crisis limits and restricts implementation of many of the health care recommendations that would result in a fiscal impact upon both the state and health care providers. However, it is essential that we continue to identify deficit areas and apply creative solutions when possible to support ongoing improvements to the quality of our health care delivery system.

Health Care Committee Members:

*Darcy Abbott, Chair
Marc Buoniconti
Chuck Corley
David Darm
Henry Dittman
Dr. Sue Homant
Judy Meyer*

CHAPTER 2

2010 Recommendations

The Commissioners have approved all of the recommendations, up-dates, and accomplishments contained in this report. They are respectfully submitted in fulfillment of Section 3, paragraph (a) of Executive Order 07-148, and Section 2 of Executive Order 08-193.

These recommendations are the result of information provided by public comment, the testimony of subject matter experts, and the commissioners' personal and professional experiences. The recommendations are submitted with the understanding that some will require legislative action whereas others can be achieved through either executive order or changes in administrative policies and procedures.

The Commission also recognizes that, in these times of budgetary concerns, fiscal impact will be a factor in some of the recommendations. Some of them have little or no fiscal impact; those that do have significant fiscal impact can be considered at a future date. These recommendations are not meant to be interpreted as legislative language, but as the Commission's expressions of need.

Unlike previous years, the major categories have been combined due to overlapping of the mission. The new major categories are Education/Employment, Independent Living/Transportation, Civil Rights, and Health Care. With this combining of committees, the "letter" part of the number will continue to reflect what specific category it fulfills. The numbering system used for the recommendations is for reference purposes and is not meant to imply ranking by priority or importance. The Commission's numbering system is continuous to prevent duplicate recommendation numbers from year to year. For example, the Employment/Education Committee presented 11 new recommendations in 2008, the last one being B-11, so its new recommendation for 2009 is numbered "B-12."

Later in the report, where recommendations from 2008 are implemented or listed as accomplishments, they include "(2008)" in their titles. However, if such a recommendation were significantly revised, its title will include "(2008/Rev. 2009)." This is to further distinguish them from this year's new recommendations.

Section E – Civil Rights

The Legal and Civil Rights Committee is charged with developing recommendations to facilitate enforcement of the ADA's guiding principles of nondiscrimination, barrier removal, and full community inclusion for persons with disabilities. This year, the Committee studied specific public programs and services that persons with disabilities identified to the Commission as areas of concern and produced five recommendations.

Recommendation E-11

Emergency Services – Functional Needs Planning. Florida's Division of Emergency Management should work with the Federal Emergency Management Agency, county governments, the Red Cross, and other stakeholders to establish Functional Needs Planning Groups within each of the seven regions administered by the Division of Emergency Management. The Functional Needs Planning Groups would provide emergency managers, shelter planners, and related entities a coordinated system to assess the emergency management needs of persons with disabilities in the local area, and to plan to meet those needs prior to an emergent event.

Justification

Persons with disabilities can be disproportionately affected during emergent events that require residential evacuations or that disrupt core services such as electricity, gas, and water. The Commission has received reports and public comment concerning persons with disabilities having great difficulty accessing emergency services, and describing considerable confusion about whether persons with specific disabilities could be served at emergency or "special needs" emergency shelters. In some instances, persons with disabilities were turned away from both types of facilities. Although Florida has not experienced hurricanes or other large-scale events that have necessitated opening large numbers of emergency shelters over the past two years, emergency services accessibility remains an issue of concern.

Commentary

Functional planning for emergency services generally occurs at the local level. Local planning is necessary because each municipality, county, or region will have specific resources that can be activated in an emergency event, and local officials and citizens are in the best position to identify those resources and position them for activation when needed. Local planning efforts need to include identifying the particular needs of community residents with disabilities, as well as allocating available resources to meet those needs. Currently, no mechanism

exists to ensure that such planning occurs. The purpose of the Functional Needs Planning Groups proposed here will be to develop specific local plans to deliver emergency services to persons with disabilities. This goes beyond simply ensuring that local shelters are accessible within the meaning of the ADA, although that is one function that is needed. These groups would research the demographics of their local disability communities and then work with that population to develop specific emergency services that they will need in an emergent event. The Functional Needs Planning Groups will help to avoid a top-down, one-size-fits-all approach to delivering these services. The groups will also elevate the priority of accessible emergency services by affording local emergency management personnel a vehicle to invest themselves in serving local citizens with disabilities.

The Commission recommends that the Division of Emergency Management establish seven Functional Needs Planning Groups that correspond with the Division's seven administrative regions within the state. This will meet the need for local planning within the Division's pre-existing organizational structure.

Recommendation E-12

Video Remote Interpreting (VRI) – Florida state and local governmental agencies should consider adding the capability to provide quality video remote interpreting services as one option for effective communication with persons who are deaf or hard-of-hearing. VRI may provide appropriate access when it is an effective means of communication given the needs of the individual with the disability and the content and context of the communication.

Justification

Government entities have a legal obligation to communicate effectively with persons with disabilities. Requests for auxiliary communications often involve sign language interpreters or "communication access real-time translation" (CART). These services may not be readily available unless the request is made well in advance of the time at which they are needed. VRI can provide an additional alternative communication format that is available on demand and that will provide effective communication for many persons in a variety of contexts.

Commentary

The U.S. Department of Justice (DOJ) considers "effective" communication to be a format that ensures that written or spoken content is as clear and understandable to persons with disabilities as it is to persons who do not have disabilities. "Effective" communication may vary depending upon the needs of the person with the disability and the content and context of the material that must be

communicated. For persons who are deaf or hard-of-hearing, it may be possible to communicate simple and brief content through written notes. For in-depth communication, however, a more substantial alternative medium will be required. Traditionally, government entities, when complying with a request for auxiliary communication, have relied upon in-person sign language interpreters. More recently, CART has sometimes been made available. Government entities, however, have struggled to provide high quality interpretive services in a timely manner. In-person interpreters and CART both may require significant advance notice to arrange and may be complicated by travel time/distance and variable provider quality.

VRI is a relatively new alternative communication format that uses Webcams and high-speed Internet connections to allow a qualified sign-language interpreter to interpret material for a deaf or hard-of-hearing person in real-time at a remote location. VRI, when done well, addresses some of the weaknesses of the other aids. It can be delivered virtually anywhere instantaneously, and the government entity can supply the service through a single provider wherever the service is needed. It can enable a deaf or hard-of-hearing individual to effectively communicate, essentially on demand, with a government entity, program, or service. Given that the government entity pays only for the actual time spent interpreting, VRI will often be cost-neutral compared to the other formats, or may even be less expensive.

VRI can be a valuable tool to ensure access to the deaf and hard-of-hearing, but it will not be “effective communication” for all individuals or for all purposes. Many persons who are deaf or hard-of-hearing are not fluent in American Sign Language (ASL). Persons with visual or cognitive impairments may be unable to see or understand the interpreter on the computer or video screen. If communication involves participation at multiple sites (such as a tour or on-site training), VRI may be of limited value unless the video equipment is mobile. Lengthy, complex interactions (e.g., court proceedings, counseling, and interviews) may be more suited to an in-person interpreter. VRI will not be a reasonable accommodation if the person to whom it is offered cannot use it to communicate effectively. The entity offering VRI as auxiliary communication must be prepared to provide an alternative aid in those instances where VRI will not be “effective”.

Recommendation E-13

Service Animals in Schools – The Florida Department of Education should develop a technical assistance document that would provide guidance concerning the rights and responsibilities of schools and students with regard to service animals

Justification

The Commission has received a number of public comments and complaints concerning particular schools or school districts' handling of student efforts to use service animals at school. The comments have alleged denial of service animal access under facts and circumstances that would violate the ADA and Florida's service animal law.

Commentary

Title II of the ADA and its associated regulations require government entities, including public schools, to make reasonable modifications to programs and services to permit persons with disabilities to fully participate in those programs or services (42 U.S.C. §12131; 28 Code of Federal Regulations [C.F.R.] § 35.130(b)(7)). Private schools are barred from discriminating against disabled students under Title III of the ADA (see *Bercovitch v. Baldwin School*, 133 F.3d 141 (1st Cir. 1998)). Service animals are recognized as reasonable modifications or accommodations under Title II and Title III of the ADA. The Department of Justice has promulgated formal regulations for service animals in Title III settings (see 28 C.F.R. §36.302). In June 2008, DOJ proposed new service animal regulations for Title II, in response to "a large number of complaints from individuals with service animals" (73 Fed. Reg. 34466, 34472 [June 17, 2008]).

The U.S. Department of Justice has previously provided non-rule guidance on service animal access and the preface to the proposed rules states that the new rules were intended to incorporate the core principles in the guidance documents. Those principles include the following:

- The ADA provides a person with a service animal the broadest feasible access to a facility, program, or service. A person with a disability and a service animal is entitled to access all portions of a facility, program, or service to the same extent as a nondisabled person, unless the service animal would fundamentally alter the facility, program, or service.
- A service animal may be excluded if it demonstrates that it is a direct threat to another person at the facility, program, or service.
- A service animal, under certain circumstances, may be excluded if it disrupts a program or service (e.g., inappropriate repeated barking, lunging, inappropriate defecating/urinating).
- A facility, program, or service may not exclude a person with a service animal on the mere assumption that the animal will pose a threat or create a disruption (e.g., other persons will be afraid of, or distracted by, the animal; or other persons may be allergic to the animal).

- The owner of the service animal must maintain control of the service animal.
- The facility, program, or service may not impose a surcharge based upon the presence of the service animal, but may charge the owner for any damages caused by the service animal if the facility, program, or service routinely charges nondisabled persons in the event they cause similar damages.
- If a facility, program, or service legitimately excludes a service animal, the person with a disability must be given the opportunity to participate without the service animal.
- The service animal must be trained to perform a task directly related to the owner's disability, but the public entity may not inquire as to the nature of the disability, may not require proof of the service animal's training, and may not require that the service animal have any form of certification.

These new pending ADA regulations are a step in the right direction for service animal access to public entities such as schools, civic centers, and governmental buildings; however, awareness of the regulations will remain an issue (73 Fed. Reg. at 34480-81). School officials will generally consult statutes, regulations, and other materials that are specific to the school system. The Commission believes, therefore, that a service animal "technical assistance" document that is published by and available from the Florida Department of Education, and that delineates the core principles in the DOJ proposed rules, would be of substantial assistance to students who need a service animal to fully access their school.

Recommendation E-14

Service Animal Provisions in Florida Administrative Code – Florida Administrative Code provisions that prohibit or restrict pets and other animals from access in specified locations should be written so as to expressly recognize the right of access to persons with disabilities who have service animals

Justification

Title III of the ADA guarantees a right of access to places of business for persons with disabilities and their service animals (28 C.F.R. §36.302; 73 Fed. Reg. 34508). Nevertheless, the numerous complaints the Commission receives from persons with service animals suggest that it is fairly common for places of public accommodation to violate the ADA by denying access to their premises. Florida state agencies with jurisdiction over Title III entities should review their regulatory

provisions in the Florida Administrative Code and amend them such that each rule that restricts animals from a given location expressly addresses service animals in a manner that is consistent with 28 C.F.R. § 36.302 and the interpretive guidance from the federal Department of Justice.

Commentary

As discussed in Recommendation E-14 above, the Department of Justice has promulgated binding regulations and has provided guidance related to service animal access in Title III entities. Nevertheless, many places of public accommodation do not comply with the applicable regulations. Some of the violations are intentional, and the only solution in those cases may be legal action against the offending entity. Often, however, the violation may be attributed to a lack of awareness of the ADA and the particular regulations. Persons working in restaurants, hotels, stores, and other places of public accommodation frequently make operational decisions by referring only to the state regulations applicable to their particular business. In Florida, this means the Florida Administrative Code (F.A.C.). Employees of a business may not be aware of the Code of Federal Regulations and may not understand its applicability. Local public health officials and law enforcement may also be unfamiliar with particular legal authorities. Generally, however, management staff and local officials are familiar with the Florida Administrative Code provisions that pertain to a given business or industry. Service animal access problems may, over time, be significantly eased if agencies revised their rules in the Florida Administrative Code to expressly address service animals in any rule dealing with restricting the presence of animals.

Two examples of such rules are 64E-9.008(7)(b) and 64 E-11.008(8), F.A.C. Rule 64E-9.008, F.A.C., regulates supervision and safety at public pools. Subparagraph (7)(b) of the rule provides as follows:

Rules and regulations for bathers shall be posted in minimum 1 inch letters which must be legible from the pool deck, and shall contain the following. . . .

(b) No glass or animals in the fenced pool area (or 50 feet from unfenced pool).

Persons with disabilities who have service animals report that public pool operators frequently insist that service animals cannot enter the pool area, no matter what the ADA provides, citing this rule as the contrary authority that they must follow. Although a service animal may generally be excluded from entering the pool, it is not permissible to exclude the service animal from the pool area, absent one of the factors that generally permit such exclusion from a place of public accommodation. Rule 64E-9.008(7)(b), F.A.C., therefore, as written is contributing to, or at least creating an excuse for, an ADA violation.

Rule 64E-11.008, F.A.C., provides food hygiene regulations for facilities or establishments where food is prepared or served. Subparagraph (8) provides that:

No live birds or animals, except for crustacea, shellfish, and fish in aquariums shall be allowed in a food service establishment, in vehicles used for transporting food or in any other area or facility used to conduct food service operations, except as provided in section 413.08, F.S.

In this case, the rule actually acknowledges the service animal exception by citing section 413.08, Florida Statutes (F.S.), which is the Florida law that expressly requires that places of public accommodation allow access to service animals. The problem here is that employees of places of public accommodation, local law enforcement, and local health officials, frequently do not know that section 413.08 is the service animal statute and are unfamiliar with the specific access rights it provides. Again, the Florida Administrative Code is, quite often, the only legal authority that restaurant or food service employees will consult. Denial of service by well-intentioned employees may sometimes be avoided if the rule expressly referred to service animals, rather than a statute number.

The state should take whatever affirmative steps it can to ensure that Title III entities provide access to service animals as required by the ADA. Review and modification of specific agency rules could yield a substantial access benefit to persons with disabilities who rely on service animals for their independence.

Recommendation E-15

Staff of all state agencies, state-agency contractors, local governments, and school systems who serve persons with disabilities should attend sexual abuse prevention training that is specifically tailored for the type of services the agency or entity provides. This training should be mandated for facility administrators and staff, school administrators and instructional personnel, policy staff, caseworkers, and caregivers.

Justification

Sexual abuse of persons with disabilities is a significant societal problem in Florida and elsewhere. It is insidious abuse and can negatively impact every facet of the victim's life. The psychological and emotional damage from sexual abuse can be long lasting. Clinical research suggests that children and adults with special needs, particularly developmental disabilities, suffer levels of sexual abuse far greater than the general population. One recent study found that children with developmental disabilities are more than three times as likely as

nondisabled children to experience sexual abuse. Nevertheless, sexual abuse often leaves no readily apparent physical evidence and can be more difficult to identify than other types of abuse. Sexual abuse of children with developmental disabilities can be particularly difficult to spot because these children may not present with marked changes in behavior.

Commentary

The U.S. Department of Justice reports that 33 percent of girls and 20 percent of boys will experience some form of sexual abuse before age 18. Only one victim in ten reports the abuse. Victims who do not report or seek treatment for abuse are at a substantial risk for becoming abusers, thus perpetuating a sexual abuse generational cycle.

Sex offenders frequently seek out victims they judge to be vulnerable or isolated and unlikely to report the abuse. Persons with disabilities, especially children with developmental disabilities, are prime targets. In the majority of child sexual abuse cases, and in the vast majority of sexual abuse of persons with developmental disabilities, the offender is a caregiver. Sexual abuse is particularly prevalent in institutional settings, where research suggests that as many as 90 percent of developmentally disabled persons are victimized.

Persons with developmental disabilities may not understand what is happening to them or may be unable or unwilling to communicate the abuse. When they choose to come forward, they may face reporting obstacles, such as being considered less than credible or reliable because of their disability. Treatment obstacles exist in that there are a limited number of clinicians with the qualifications and experience to treat persons with developmental disabilities, and these victims often lack the financial resources to pay for treatment.

Life hardships resulting from sexual abuse include unwanted pregnancy, sexually transmitted disease, physical injuries, and psychosomatic symptoms such as seizures and sleep disorders, and long-term psychological problems such as depression, anxiety and panic, low self-esteem, shame and guilt, and loss of trust. Behavioral issues include aggressiveness or withdrawal, suicidal tendencies, and inappropriate sexual behaviors. Research suggests that adults who suffer sexual abuse as children are more likely to be unemployed, living below the poverty line, and accessing more social services than non-abused persons. Persons with developmental disabilities often have greater difficulties coping with many of these problems than do nondisabled individuals.

Prevention of child sexual abuse must be the goal of Florida's social service and child welfare agencies. When sexual abuse does occur, early detection and intervention are critical. The first step is to understand the nature and scope of the problem. Next, individuals who work with children and persons with developmental disabilities must be able to recognize signs of sexual abuse as

well as situations that place a child or disabled individual at risk of sexual abuse. Workers must also continue to be educated on the requirements to report abuse. Finally, workers must be proficient in ensuring that appropriate treatment is provided to an abused child or disabled adult.

This approach is fully consonant with the state's Trauma-Informed Care initiative. Trauma-informed care is a mental health diagnosis and treatment approach that explores the root cause of a person's behaviors with an eye toward childhood traumatic events. Research shows dramatic reductions in long-term hospitalizations and the use of psychotropic drugs with the effective application of trauma-informed care.

This recommendation will help to ensure that social service and child welfare workers are better equipped to recognize and respond to child sexual abuse. The Commission notes that the Department of Children and Families' "Gabriel Myers Work Group" recently convened to investigate the tragic death of a young foster child, studied child sexual abuse in depth, and issued a similar training recommendation.

Section K – Recommendations for Future Commissions

Recommendations listed in this section have not gone through the individual committee process, but were taken up by the Commission as a whole.

Recommendation K-16

Persons with Asperger's syndrome should not be categorically excluded from receiving Medicaid Waiver services, if otherwise eligible.

Justification

Autism is a complex, lifelong developmental disability that typically appears during the first three years of life. It is a spectrum disorder and is associated with a broad range of symptoms but generally may affect a person's behavior, ability to communicate, and social interaction. Asperger's syndrome is widely recognized within autism spectrum disorder. It is typically characterized by significant difficulties in social interaction along with restricted and repetitive patterns of behavior and interests.

Chapter 393.063(9), F.S., defines "developmental disability" as "a disorder or syndrome that is attributable to retardation, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely."

Asperger's syndrome meets the statutory criteria, and Florida law does not differentiate Asperger's syndrome from other forms of autism, nor does it exclude Asperger's as a developmental disability.

However, the APD currently interprets the autism provision within 393.063(9), F.S., to exclude individuals with Asperger's syndrome from receiving Medicaid Waiver services that are offered to persons with other developmental disabilities. Moreover, APD is set to adopt a proposed rule—Rule 65G-4.014—which would formally deny services to those with Asperger's syndrome.

Commentary

The primary purpose of Medicaid Waiver services is to assist persons with developmental disabilities to reach their maximum potential on an individual basis. Although some individuals with Asperger's syndrome are considered high functioning and perhaps not in need of Medicaid Waiver services, a number of studies have found, including a recent study by the Institute of Psychiatry in London, that only a minority of individuals with Asperger's syndrome achieve total independent living as adults. These studies observed that even among the most able groups, most still lived with their parents or were in sheltered residential placements.

Forty-four states provide Medicaid Waivers for persons with developmental disabilities. Most states do not distinguish between autism and Asperger's syndrome. Eligibility to Medicaid Waiver services is a case-by-case decision. Seven states—Arkansas, Colorado, Indiana, Maryland, New Mexico, Missouri, and Wisconsin—explicitly authorize Medicaid Waiver services for persons with Asperger's syndrome.

Under Florida law, individuals who have one of five developmental disabilities, including autism and mental retardation, are currently entitled to receive Medicaid services. APD's interpretation of Florida law restricts the definition of autism to "autistic disorder"—the most severe form of autism—while excluding all other forms of autism. However, the Florida Statute appears inclusive: it does not distinguish between types or degrees of autism.

The Commission finds that many persons with Asperger's syndrome are in need of Medicaid Waiver services in order to maximize their potential to live and work in the community, consistent with the rights of persons with developmental disabilities per Chapter 393, F.S. The Commission recommends that APD not adopt the proposed rule and that persons with Asperger's syndrome be eligible to receive Medicaid Waiver services.

Recommendation K-17

Florida should create financial assistance programs to improve access to adaptive and assistive technologies.*

Technology, such as personal computers, communication devices, and the Internet, has rapidly changed our lives in the home, at work, in school, as well as for leisure activities. Technology often “levels the playing field” for many people with disabilities, enabling greater independence and improving opportunities in employment and education. However, many technological products for persons with disabilities require adaptations that substantially increase costs to the consumer.

There are some products for persons with disabilities that cost as much as ten times more than products with the same or similar capabilities for nondisabled persons. Consequently, access to affordable adaptive technology has been limited for many people with disabilities because of cost.

The Commission recommends that additional financial assistance programs be implemented to better assist persons with disabilities who may not otherwise be able to afford adaptive and assistive technology products.

Justification

The Internet, personal computers, communication devices, and other technological devices are fundamental tools in today’s society for employment, education, culture, leisure, and all aspects of everyday life. For years, assistive technology has increased mobility, provided for greater employment opportunities and performance, allowed students to keep up with their peers in the classroom and have successful school experiences, promoted independence and safety in the home, enabled greater communication, and provided enjoyable entertainment and cultural opportunities for personal growth. Simply stated, to maximize independence and enhance quality of life, persons with disabilities must have access to current technology.

Adaptive technology are products that help people who cannot use regular versions of products—primarily people with physical disabilities, such as limitations to vision, hearing, and mobility. Adaptive technology provides changed methods of interacting with or enhancements to the technology. For example, for persons with blindness

*This recommendation came to the attention of the Commission in June 2010, too late for the Commission to acquire sufficient data, vet the issue thoroughly in committee and with the public, and recommend solutions. Nevertheless, the Commission decided to include this limited recommendation and urge that it be further studied by future Commissions or other deliberative bodies interested in improving the lives of persons with disabilities. Likewise, it is the hope of the Commission that governmental agencies that serve persons with disabilities, such as the Division of Blind Services and the Brain and Spinal Cord Injury Program, for example, be provided the resources necessary to improve access to technology for Floridians with disabilities.

or visual impairment, today's adaptive and assistive technology includes the following:

- Text-to-speech reading devices
- Portable closed circuit televisions that magnify images and text
- Scanning and reading programs that make printed or electronic text readily available to someone who is blind by speaking the text aloud and allows the user to create and edit documents,
- Hand-held compasses that talk
- Large screen computer monitors and software programs that increase font size (ZoomText) for the visually impaired and that include speech (JAWS-Job Access with Speech) for those who are blind
- Interactive virtual pencils that move to the right spot on the paper guided by the user and inputs the answers that the user selects (especially helpful for blind students)
- Braille translators that allow for the creation of memos, transportation schedules, and personal or business letters
- Global positioning systems (GPS) that are a combination of personal digital assistant (PDA) and GPS for the blind and visually impaired
- Software programs that allow the user to speak in order to complete various tasks, such as e-mail, fill out forms, and create documents;

These products can be exorbitantly expensive, so many people with disabilities go without because of the additional adaptive costs.

Although persons who are blind and visually impaired brought this issue before the Commission, persons who have other disabilities need adaptive and assistive technologies as well, including people with deafness and hearing impairments, speech impairments, mobility and dexterity disabilities, learning disabilities, and developmental disabilities. Adaptive product costs are vastly higher for these populations as well.

Commentary

Some of the reasons that the costs of equipment for persons with disabilities are so much higher than for similar, non-adapted equipment are reflected in the economies of scale and the size of the consumer market (i.e., smaller supply and demand) and the lack of competition among producers. Although a limited amount of funding is provided to persons with disabilities to offset the higher costs of acquiring technological products, there are substantial numbers of people with disabilities who are financially unable to purchase higher priced equipment.

Title III of the Assistive Technology Act of 1998 established the Alternative Financing Program to provide a funding source for assistive technology. Through the program, the federal government provides grants to states to create financial loan programs, such as low cost loans, which allow individuals with disabilities to purchase assistive technology.

The Commission recognizes that adaptive technology must be affordable and readily available to persons with disabilities. Adaptive technology is fundamental to enhanced independence and quality of life for persons with disabilities— in some instances even more so than for persons who are not disabled. The Commission finds that adaptive technology is typically far more expensive, and, as already pointed out, the price of adaptive products for persons with disabilities can be a prohibitive barrier. Although some grants and funding programs exist to bridge the ever-widening cost gap, excessive purchase costs remain a significant barrier to access to these products for many in need. Therefore, the Commission recommends that additional financial assistance programs be implemented to better assist persons with disabilities who may not otherwise be able to afford adaptive and assistive technology products.

CHAPTER 3

Accomplishments, Implementation, and Status of 2008 and 2009 Recommendations

Pursuant to paragraph 3 of Executive Order 07-148 and paragraph 2 of Executive Order 08-193, the Commission is reporting in this chapter its accomplishments, implementation, and status in obtaining legislative and administrative change resulting from the 2008 and 2009 recommendations forward, including Partners, Plans, and Progress. This format was chosen for its bulleted presentation.

Each committee section of this report includes the original 2008 and 2009 recommendation with justification and commentary along with the proposed implementation strategy. For purposes of clarity, the 2008 recommendations have “(2008)” in their titles, and the 2009 recommendations have “(2009)” in their titles. However, if the wording of a 2008 or 2009 recommendation or its accompanying text has been significantly revised, its title includes the notation “(2008/Rev. 2009).”

The intent is to provide the pertinent information regarding each recommendation for purposes of context and clarity.

Section A – Education

Recommendation A-1 (2008/Rev. 2009)

Require that individual educational plans (IEPs) for students with hidden disabilities be accepted at the postsecondary level. Encourage postsecondary institutions to accept a comprehensive summary of academic achievement and functional performance, also known as summary of performance (SOP), in lieu of other extensive documentation of disability.

- **Partners:**
 - Project 10
 - Intra-agency Partners

- **Progress:**
 - The Postsecondary Education subcommittee of the State Secondary Transition Interagency Committee is reviewing this recommendation. The committee and subcommittees will meet again on August 5, 2010.
 - Intra-agency Partners and all members of the transition team are also addressing it. The groups are considering collaborative development of a guide for use by secondary and postsecondary educators. This guide will have suggestions addressing traditional medical and psychological reevaluations and suggestions for alternative documentation.
- **Plans:**
 - Continue collaboration with agency partners and interagency agreements

Justification

Currently, federal statutes do not provide funding for evaluations for postsecondary education. Students with hidden disabilities, including but not limited to specific learning disabilities and deaf/hard-of-hearing, must use their own resources for evaluation. The result is a financial and bureaucratic barrier to higher education for students with these types of disabilities. This recommendation provides a simple, low-cost solution.

Commentary

Postsecondary institutions should access documentation furnished by secondary schools and eliminate subsequent costs of additional assessments prior to provision of services. Students with apparent disabilities, such as visual and wheelchair usage, may provide a doctor's note as proof of the need for an accommodation. The note would require language specifying acceptable documentation of a disability in the existing Rule 6A-10.041, F.A.C., *Substitution for Requirements for Eligible Disabled Students at State Universities, Community Colleges, and Postsecondary Career Centers*.

The issue at the postsecondary level is providing access to education. These requirements are outlined in Section 504 of the Rehabilitation Act of 1973 in subpart D. Students who were eligible for services under the Individuals with Disabilities Education Act of 2004 (IDEA) are not automatically eligible for services under Section 504 and the ADA in college and university settings. In most cases, postsecondary disability service providers interpret Section 504 and ADA guidelines to mean that a specific diagnosis with a clearly established functional limitation in a major life activity is required.

In K-12 education, however, states use a variety of terms (for example, *perceptual, communication, or neurological impairment*) that may not be readily familiar to postsecondary institutions. Furthermore, once eligibility for special education is established, states or school districts may not require a label, or may allow the option of not specifying a disability category. To document the need for

accommodations, postsecondary service providers require a clear rationale and history of the use of accommodations along with data from psycho-educational evaluations to make their decisions.

In contrast to the types of data sources typical in secondary reevaluations, postsecondary institutions, in most cases, require evaluation data to be current; be administered by a qualified examiner with experience in evaluating adults; and include standardized, adult-normed measures of aptitude, achievement, and information processing (Gormley, S., Hughes, C., Block, L., & Lendman, C. 2005. Eligibility assessment requirements at the postsecondary level for students with learning disabilities: A disconnect with secondary schools? *Journal of Postsecondary Education and Disability*, 18(1), 63–70). Also, psycho-educational testing required for postsecondary education does not match the testing required in public schools.

IEPs are developed for an eligible student with a disability at least annually in accordance with IDEA, the provisions of which end upon graduation with a standard diploma or at the point of exit from the secondary environment. Under IDEA, an eligible student with a disability who has not graduated with a standard diploma is entitled to free appropriate public education (FAPE) through the student's twenty-second birthday. IEPs have not been considered transferable at the postsecondary level because they are implemented under IDEA, which does not apply at the postsecondary level.

Graduation with a standard diploma constitutes a change in placement, and a reevaluation is not required under IDEA. However, an SOP is required, which provides a summary of the student's academic achievement and recommendations for assisting the student in reaching postsecondary goals, including higher education.

The IEP developed within the last year of high school, together with the SOP, should be acceptable for the postsecondary institution if the student enrolls in postsecondary education or training immediately after high school. Secondary and higher education leaders, as well as the Florida Legislature, should explore how this requirement under IDEA can be used together with the student's IEP to provide postsecondary institutions with the information needed to adequately serve students.

Training should be provided to postsecondary staff members on the availability of assistive technology and the referral of students to assistive technology providers for evaluation. Several nonprofit organizations provide such services. Staff members assigned to provide guidance or support in postsecondary educational settings differ depending upon the setting, such as disability services, and advisors.

Currently, state programs have provisions directing how funds received by students can be used. Some of the Florida-funded scholarships and financial aid provided to students with disabilities should be used for assessments and accommodations that are outside the traditional. This use of funds may require a change in statute and/or rule.

Recommendation A-2 (2008)

Design and develop a college/university-based college transition program for students with developmental disabilities, focusing on individuals between ages 18 and 22.

- **Partners:**
 - Florida Department of Education (FDOE)
 - Project 10 STINGRAY
 - University of South Florida, St. Petersburg (USF St. Pete)
 - Pinellas County Schools
 - Florida Developmental Disabilities Council (FDDC)
 - Project SOURCE
 - University of North Florida (UNF)

- **Progress:**
 - Project 10: Transition Education Network began hosting the first class of students in the Students Transitioning into the Next Generation, Recognizing Alternatives for Youth (STINGRAY) program in March 2010. During that term, the students were engaged in a person-centered planning process and transition assessments and were acclimated to the campus at USF St. Pete. Several of the students began work and/or volunteer experiences both on and off campus.
 - During the fall term of 2010, the students will begin taking classes of their choice along with receiving training to advance their individual independence and prepare them for independent living in the community, employment, and maintenance of positive social and work relationships.
 - Staff continues to get inquiries from institutions and parents on when a STINGRAY program can be set up in their area.

- **Plans:**
 - Continue to collaborate with Project 10: Transition Education Network (STINGRAY) at USF St. Pete and the FDOE to determine best means of funding similar programs.
 - Examine the research findings of Florida's postsecondary programs for youth with disabilities regarding program design, funding, participation, and student population
 - Follow up on the research on program impact, beliefs, and attitudes of degree-seeking mentor participation in the on-campus transition program for youth with disabilities who are not seeking degrees.
 - Develop and implement a curriculum framework that universities and community colleges statewide can use to educate students with intellectual developmental disabilities to prepare them for employment, independent living, and community participation.

- Explore funding implications for a curriculum framework for statewide use that is replicable and flexible.
- Identify evidence-based practices that facilitate inclusive educational opportunities for students with disabilities in degree-seeking programs.

Accomplishments

Following the submission of the 2008 Commission Report to Governor Crist, Recommendation A-2 was the first to be pursued. The recommendation from 2008 was changed in 2009 and 2010 to focus initial efforts in the State University System. In collaboration with the Governor's Commission on Disabilities, Project 10: Transition Education Network (a discretionary project of the Florida Department of Education, Bureau of Exceptional Education and Student Services, housed at USF St. Pete) initiated a model program. This program—STINGRAY—is supporting the development and implementation of pilot postsecondary, on-campus programs for youth with significant intellectual disabilities. The project has pulled research into best practices and curriculum from Project SOURCE, a postsecondary program funded by the Florida Developmental Disabilities Council, and housed at the University of North Florida. Project SOURCE examined the research findings on Florida's postsecondary programs for youth with disabilities regarding program design, funding, participation, and student population. It also followed up on research regarding program impact, beliefs, and attitudes of degree-seeking mentor participation in the on-campus transition program for youth with disabilities who are not seeking degrees. This research identified evidence-based practices that facilitate inclusive educational opportunities for students with disabilities in degree-seeking programs.

In March 2010, the first group of students with disabilities began their college experience with Project STINGRAY. During that term, the students were engaged in a person-centered planning process and transition assessments and were acclimated to the campus at USF St. Pete. Several of the students began work and/or volunteer experiences both on and off campus. During the fall term of 2010, the students will begin taking classes of their choice along with receiving training to advance their individual independence and prepare them for independent living in the community, employment, and maintenance of positive social and work relationships. Project STINGRAY is currently in the process of developing a "how-to" replication guide to help other institutions of higher education establish similar programs on their campuses.

The State Secondary Transition Interagency Committee (SSTIC) is a state level interagency team designed to facilitate and improve secondary transition for students with disabilities in Florida. The SSTIC has formed five subcommittees, one of which is Postsecondary Education. This subcommittee consists of representatives from the Governor's Commission on Disabilities, Project 10, Board of Governor's State University System, Florida colleges (community colleges), school districts,

Bureau of Exceptional Education and Student Services, and Career and Adult Education. In addition, this subcommittee will consider development of a research-based strategic plan that can be used in contacting postsecondary institutions in attempts to partner with them in building such programs throughout Florida.

The Commission is currently collaborating with the FDOE and Project 10, USF St. Pete, in submitting a federal grant application designed to enhance Florida's current postsecondary transition sites and to expand the numbers of such sites statewide.

Justification

When Congress passed IDEA, it sought to raise expectations for students with disabilities. Inclusion of higher education preparation for students with disabilities is an established goal of IDEA. In the "Purposes" section of IDEA (Section 1400(d)), Congress stated, "The purposes of this title are to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living" (20 U.S.C. Section 1400, Findings and Purposes).

There is growing recognition that individuals with and without developmental disabilities benefit from opportunities to attend postsecondary institutions (Wehman, 1992). The practice of including students who have developmental disabilities with their nondisabled peers establishes environments that are supportive, nurturing, and built on giving all students the services and accommodations they need to succeed, as well as teaching students to respect each other's individual differences (Bucalos & Lingo, 2005). On-campus programs with their age-appropriate peers provide students with disabilities an engaging curriculum that will help them successfully transition to adulthood (Grigal, Neubert, & Moon, 2005; Roach, Salisbury, & McGregor, 2002).

In addition, research reveals that students with disabilities benefit greatly from career exploration and employment during their high school years (for example, Johnson, Stodden, Emanuel, Luecking, & Mack, 2002). In spite of these known benefits, young adults with disabilities, particularly those who are age 18 to 22, are not receiving levels of employment and community experiences that would increase their chances for experiencing satisfying and productive lives. Because their same-aged peers have graduated, traditional high school settings do not offer 18–22-year-old students with disabilities fulfilling or enriching experiences unless efforts are made to move their education into adult communities of postsecondary education and employment. Research has revealed the importance of appropriate student culture as a critical component for successful individualized transition planning (Wilder, Jackson, & Smith, 2001). Further, if students have opportunities to voice their career preferences (Bassett & Lehmann, 2002), the professionals who facilitate their transitions can help these young adults select appropriate classes and employment.

Commentary

Research demonstrates that students with disabilities are less successful at transitioning into employment and/or postsecondary educational opportunities than their nondisabled peers. Nationally, only 35 percent of people with disabilities are employed full- or part-time, compared to 78 percent of persons without disabilities (National Organization on Disability, 2004). Only 12 percent of people with disabilities have graduated from college, compared to 23 percent of their nondisabled peers (National Organization on Disability, 2000). Rates of poverty are three times higher for persons with disabilities compared to people without disabilities (National Organization on Disability, 2004). Florida students face the same challenges.

The following findings are based on data gathered and compiled by the Florida Department of Education for the Florida Education and Training Placement Information Program (FETPIP, 2006):

- Only 19 percent of students with disabilities were found enrolled in continuing education within one year of exiting the school system.
- Only 7 percent of students exiting with a special diploma were found enrolled in continuing education within one year of exiting the school system, compared to 65 percent of students with a standard diploma.
- Only 5 percent of students with developmental disabilities were found enrolled in continuing education within one year of exiting the school system.
- 14 percent of students exiting with a special diploma received public assistance, such as Temporary Assistance for Needy Families (TANF) or food stamps, within one year of exiting the school system, compared to only 3 percent of students exiting with a standard diploma.

Currently, there is not a consistent statewide postsecondary program targeted for students with more severe disabilities, and there are just a few isolated programs in Florida that offer inclusive experiences on college campuses for students with more severe disabilities. There is disparity statewide as to the availability and quality of transition services for students who graduate from the public school system with special diplomas. Some communities within the state offer postsecondary transition services, but many do not.

In May 2008, an informal survey was distributed to transition specialists in Florida's 67 school districts and at the Florida School for the Deaf and the Blind (FSDB). Thirty-nine school districts and the FSDB responded. Nine school districts responded that they have programs for students with more severe disabilities ages 18 to 22 affiliated with a university or community college. Twenty-nine responded that they did not have programs affiliated with universities or community colleges, but two have programs located on military bases, one at a vocational technical center, two who work with individual students based on their needs, and four are planning for program development and implementation. This information does not

include special programs for those who are identified with mild disabilities. But it confirms that there is certainly no uniformity of services available across the state, and there is no standardized curriculum.

The Commission heard from students, parents, providers, and educators that Florida lacks quality transition program options for many students leaving the primary school system. In addition, high schools are currently overtaxed with the responsibility of trying to balance community-based instruction to students with disabilities, which includes some transition exposure, with the need to also provide basic skills, communication, and academic instruction. The Commission believes that if quality transition programs existed at each of Florida's 27 community colleges, high schools could devote more resources toward basic skill acquisition and maximize the academic potential of each student with a disability. The result would be that students receiving a special diploma could graduate from the public school system with a basic skill set that would make them better prepared to move on to the next step toward community transition.

The Commission has also learned from providers and educators that there is a shortage of well-trained disability support professionals in Florida. The Commission believes that this shortage could at least be partially addressed with the initiation of a clinical program for college students at each community college transition program. Students desiring to explore career opportunities working with individuals with disabilities could take college-level courses for credit and opt for clinical experiences as part of the recommended transition program at each community college. An accredited clinical internship program could provide additional staff and enhance the quality and success of each community college transition program. For example, student interns could assist with job development and job coaching for students with disabilities and help them with finding employment, providing on-the-job training, and maintaining their employment. In addition, interns could provide tutoring or mentoring or assist with providing in-class accommodations, such as note taking, for students enrolled in degree-seeking courses.

With focused collaboration, planning, and support, Florida can build upon the few successful transition programs that currently exist within the state and across the country. Accomplishing this will be an important step toward offering students with disabilities postsecondary school options that approach those that are offered to their nondisabled peers, while providing transition program students with the tools they need to reach their full potential.

To accomplish this goal, the Commission could work with the FDOE and community partners to establish a means by which an appropriate curriculum could be developed and explore both federal and state funding opportunities.

Recommendation A-3 (2008)

Require a percentage of Carl Perkins funds to be allocated for students with disabilities. The Committee feels this is a valid recommendation, which will be further addressed in the future.

At this time, the Commission is recommending the suspension of work on this recommendation. The Commission will monitor the federal guidelines for use of the Carl Perkins funds to determine any future actions.

Justification

Carl Perkins funds are federal career and technical education (CTE) dollars allotted to each state and, through the state, to the local education agencies. The state is required to submit a plan to the U.S. Department of Education accounting for these funds. Allocating a specific portion of these funds for students with disabilities would improve the ability of such students to participate in career and technical education.

Commentary

The Carl D. Perkins Vocational and Technical Education Improvement Act of 2006 (the Act) defines special populations as individuals with disabilities; individuals from economically disadvantaged families, including foster children; individuals preparing for nontraditional fields; single parents, including single pregnant women; displaced homemakers; and individuals with limited English proficiency. {20 USC 2301 § 3.(29)(A-F)}

The Act requires that local recipients of funds “provide activities to prepare special populations . . . for high skill, high wage, or high demand occupations that will lead to self-sufficiency.” {20 USC 2301 § 135.(b)(9)}

The Act allows funds to be used as follows:

- to “provide career guidance and academic counseling . . . for students in career and technical education programs, that (a) improves graduation rates and provides information on postsecondary and career options . . . and (b) provides assistance for postsecondary students, including adult students who are changing careers or updating skills” {20 USC 2301 § 135.(c)(2)(A) and (B)}
- “for local education and business . . . partnerships for work-related experiences for students, such as internships, cooperative education, school-based enterprises, entrepreneurship, and job shadowing that are related to career and technical education programs” {USC 2301 § 135.(c)(3)(A)}
- “to provide programs for special populations” {USC 2301 § 135.(c)(4)}
- “for mentoring and support services” {USC 2301 § 135.(c)(6)}

Recommendation A-4 (2008)

Request a review of the implementation of and adherence to the current Florida Accessible and Electronic Information Technology (AEIT) statute. Include a review of the recommendations made by the Governor's AEIT Task Force as well as the creation of the AEIT office and compliance with Section 508 of the federal Rehabilitation Act.

- **Partners:**
 - Department of Management Services (DMS)
 - Executive Office of the Governor (EOG)
- **Progress:**
 - Limited to an "on call" basis as the Commission acts as a consultant to the various state agencies.
- **Plans:**
 - Provide legal clarification on AEIT, ADA, and Section 504 of the Rehabilitation Act regarding the following:
 - Explanation of secondary and postsecondary state agencies under the executive branch of state government regarding AEIT that falls under the law's accessibility requirements regarding information services procured, developed, or maintained since July 1, 2006.
 - Information accessibility requirements (such as the ADA or 504) that affect secondary and postsecondary electronic information products and services in existence prior to July 1, 2006, that are still being used today by Florida's students.
 - Survey the current status of online information accessibility in secondary and postsecondary agencies.
 - Review and report on the types of memoranda and technical assistance papers disseminated to secondary and postsecondary agencies regarding the accessibility requirements of AEIT, IDEA, ADA, and Section 504.
 - Review and report on the implementation status of those memoranda and technical assistance papers.
 - Review and report on the types of online accessibility support services available to students on the Web sites of secondary and postsecondary agencies.
 - Provide a set of guidelines to secondary and postsecondary agencies regarding the following:
 - Evaluation of the accessibility features of electronic information services and products, as well as compliance with World Wide Web Consortium (W3C) and Section 508 requirements

- Effective assistive technologies and accessibility solutions regarding the access and successful use of electronic information in a learning environment.
- Effective transition strategies for the continued use of assistive technologies and electronic information from secondary to postsecondary settings.
- Effective assistive technologies and accessibility solutions regarding Web 2.0 services, such as Twitter and Facebook, that are not required to comply with accessibility standards but may be integral to online social inclusion in a postsecondary setting.

Justification

The AEIT Task Force made recommendations that have not been fully implemented. Given the varying electronic instructional and informational methods that are now in use, individuals with disabilities require full accessibility to participate in and make use of postsecondary and continuing educational opportunities.

Commentary

The AEIT statute (section 282.601, F.S.) was passed in 2006. This law requires all state agencies to make available in accessible formats any electronic information that state employees and the public need.

In the present form, there is no provision for departments or agencies that do not abide by this statute nor is there a provision addressing training of departmental and agency personnel on how to make electronic information accessible.

Outreach to offices that implement on-campus policies regarding compliance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act could assist with the implementation of Section 508. Postsecondary institutions that have achieved compliance with Section 508 requirements should be used as models.

Recommendation A-5 (2008)

Require that accessible postsecondary textbooks be made available in a timely manner.

- **Partners:**
 - Florida Division of Blind Services
 - Florida Division of Vocational Rehabilitation, Intra-Agency Partners
 - Division of Florida Colleges
 - Board of Governors
 - Bureau of Exceptional Education and Student Services (BEESS)

- **Progress:**
 - In 2008, the American Association of Publishers partnered with the Alternative Media Access Center (AMAC) in Georgia to establish the AccessText Network. The AccessText Network facilitates the national delivery of electronic textbooks to postsecondary institutions. (<http://www.accesstext.org/>)
 - On June 29, 2010, the Departments of Justice and Education announced the publication of a joint “Dear Colleague” letter reaffirming the agencies’ commitment to ensuring students with disabilities have equal access to emerging technologies in institutions of higher education. This will support current recommendations.
- **Plans:**
 - Monitor the development of AccessText Network.
 - Disseminate information about AccessText Network to Florida postsecondary institutions.
 - Exploring how this can be accomplished with the DOE and the Florida Instructional Materials Center for Visually Impaired (FIMC-VI)
 - Textbook companies (K–12) are required to send an electronic format of the book to the DOE.
 - Commission should work with the DOE to address legislation regarding the postsecondary system.
 - Work with postsecondary system to implement.
 - Disseminate information on the “Dear Colleague” letter issued by the Departments of Justice and Education on June 29, 2010.

Justification

Students in postsecondary settings do not have access to textbooks in accessible formats in a timely manner. Textbooks in accessible formats may be obtained, but this process may take more than six weeks. There is no guarantee of consistency of texts used because professors have academic freedom to choose the materials they want to use in their classes.

Commentary

Section 1003.55, F.S., provides that publishers submit electronic files for the conversion of textbooks into accessible formats. Students served under this statute are enrolled in K-12 programs. This recommendation would expand coverage to postsecondary education. This statute also created the Florida Instructional Materials Center for the Visually Impaired, which distributes these materials.

The Commission recommends that Florida explore options successfully implemented in other states. For example, Georgia’s AMAC is an initiative of the University System of Georgia, which is committed to removing barriers and providing access to knowledge for individuals with physical, sensory, and print-related learning disabilities. The AMAC provides multiple media formats, assistive technology,

standardization of media materials, production, training, resource leveraging, and partnerships with publishers.

Recommendation A-6 (2008)

Implement a standardized curriculum in community colleges statewide to educate students with disabilities on issues concerning their transition from school to work.

Accomplishments

This recommendation was combined with Recommendation A-2 (2008), listed above, concerning a postsecondary transition program. As this initiative moves forward, rather than developing a “standardized curriculum,” existing projects feel compelled to ensure that new programs are aligned with guidelines in the Higher Education Opportunities Act. Moreover, efforts will be undertaken to develop academic benchmarks in relation to the Sunshine State Standards Access Points and the subsequent articulation to postsecondary environments that will ultimately lead to credentials for students completing these programs.

Recommendation A-7 (2008/Rev. 2009)

Seek a partnership with the Florida High School/High Tech Program (HS/HT) and other youth programs to increase the graduation rate of students with disabilities, increase their entrance into postsecondary education, and facilitate their transition to employment.

- **Partners:**
 - The Able Trust
 - Agency for Workforce Innovation (AWI)
 - The Federal Educational Institute for Education Leadership
 - Florida Department of Education (DOE), Vocational Rehabilitation

- **Progress:**
 - The Florida High School High Tech (HS/HT) program is administered through The Able Trust, and meetings were held with Able Trust staff in the fall of 2009 and winter 2010 to discuss the goal and expansion of the program with the partners.
 - Efforts have been made with the Federal Educational Institute for Education Leadership and Workforce Florida to expand the HS/HT program into different population segments and additional counties in Florida. As a result, two grants were received to address the needs of students with disabilities, with a special emphasis on those students who are in the foster care system, the juvenile justice system, or at risk for entry into the juvenile justice system.
 - A foster care pilot has been started in the Miami-Dade school system. The *Our Kids* program is to use the HS/HT model to assist a group of foster care students.

- Three programs in three different areas were initiated for students in or at risk of juvenile justice system entry.
 - A research project is planned by conducting a multi-year study of HS/HT students as they progress through postsecondary education, or employment after high school, to determine if education and employment opportunities for HS/HT participants exceed such opportunities for high school students with disabilities who do not have the option to participate in a HS/HT program.
- **Plans:**
 - Work with the Able Trust and other partners to maintain and expand the Florida HS/HT program with some emphasis on foster care students and other at-risk students.
 - Work in partnership with The Able Trust and other community partners to develop research questions, create a request for proposal, and seek proposals for the longitudinal study.
 - Develop an accomplishments timeline.

Justification

The Florida HS/HT offers a solution to the low employment and underemployment of Floridians with disabilities by providing evidence-based, individualized transition services to high school students with disabilities between the ages of 14 and 22. Through the Florida HS/HT program, over 1,300 students in 36 Florida counties are annually linked to a broad range of academic resources, career development opportunities, and on-the-job experiences that enable them to meet the demands of the twenty-first century workforce.

Commentary

Core services for all HS/HT students are organized according to the Guideposts for Success, a national framework available through the National Collaborative on Workforce and Disability for Youth (NCWD/Youth). The guideposts include five areas for service provision: (1) school-based preparatory experiences, (2) career preparation and work-based learning, (3) youth leadership and development, (4) connecting activities, and (5) family involvement and supports.

The *National Standards and Quality Indicators: Transition Toolkit for Systems Improvement* is available from the Web site of the National Alliance for Secondary Education and Transition: <http://www.nasetalliance.org>.

Relevant statistics are available on the Able Trust's Web site at: <http://www.abletrust.org/hsht/why/statistics.shtml>

Recommendation A-8 (2008/Rev. 2010)

Standardize Braille education for students with visual impairments.

- **Partners:**
 - DOE
 - Division of Blind Services
 - Florida Instructional Materials Center for the Visually Impaired (FIMC-VI)
 - External community-based organizations
- **Progress:**
 - The FIMC-VI continues to provide training and technical assistance to teachers of the visually impaired and district coordinators regarding learning media assessments. The learning media assessment is instrumental in determining how the individual student learns. Using data from this assessment, as well as the physicians' eye examination and the functional vision evaluation, helps the IEP team determine the need for Braille instruction for a particular student. This training has been provided regionally through the Florida Vision Initiative and statewide through Weekends with the Experts.
- **Plans:**
 - Continue with the Florida Vision Initiative training and follow-up activities.
 - Continue to provide statewide training on functional vision and learning media assessments via DOE sponsored Weekends with the Experts.

Justification

According to the American Foundation for the Blind, 93 percent of working people who are blind read Braille. Despite such widespread use, requirements and standards for Braille education vary greatly across the state.

Commentary

There are requirements under the IDEA and State Board of Education rules to consider the need for Braille instruction in IEPs. Braille instruction is provided when the IEP team determines it is necessary. In school districts, a teacher of students with visual impairments provides instruction.

Recommendation A-9 (2008/Rev. 2009)

Increase the availability of training and educational opportunities for American Sign Language (ASL).

- **Partners:**
 - DOE, Bureau of Exceptional Education and Student Services (office of the program specialist for the blind/visually impaired, deaf/hard-of-hearing and deaf-blind programs)
 - Florida Coordinating Council for the Deaf and Hard of Hearing
 - DOE, Bureau of Student Achievement through Language Acquisition (author of Survey 3, 2008–2009; Web site <http://www.fldoe.org/aala/>)
 - Florida Registry of Interpreters for the Deaf representative to the Florida Coordinating Council for the Deaf and Hard of Hearing, Evaluation and Quality Assurance programs
 - Educational Interpreter Project at the University of North Florida (administers the national interpreter certification tests EIPA and NIC and offers professional exam preparation and professional development to exam candidates)
 - Training and Education Program Coordinator, Florida Coordinating Council for the Deaf and Hard of Hearing

- **Progress:**
 - Currently admissible under statute as foreign language.

- **Plans:**
 - Explore making this part of the Awareness Campaign to encourage more school districts to offer.
 - Compile current Interpreter Training Programs (ITPs) using data on file at www.InterpreterProject.org found on the DOE Educational Interpreter Project Web site. Perform gap analysis of program locations to determine equal geographical dispersion around the state and develop a plan to address unmet needs.
 - Partner with Educational Interpreter Project to identify current screenings and evaluations that already exist (see Educational Interpreter Project listing under Partners above) to ensure quality of interpreters and perform a gap analysis to determine any unmet needs. Develop a plan to address those unmet needs.
 - Partner with Bureau of Student Achievement through Language Acquisition to determine which school districts currently offer ASL. This organization's Web site is www.FLDOE.org/aala. Examine how many districts offer the courses and the distribution of those districts around the state. Perform a gap analysis of the data gathered to identify unmet needs and develop a plan to address those unmet needs.

Accomplishments

Currently, ASL is approved by the DOE as a foreign language in the public school system. As part of the Commission's public awareness campaign in October 2009, more schools will be encouraged to teach ASL as a foreign language. This recommendation takes on a new urgency due to the high number of veterans returning from combat in Iraq and Afghanistan with hearing loss. This hearing loss can be progressive and permanent. Thus, increasing numbers of veterans, their families, and service providers will need to rely on ASL in order to communicate effectively.

The Commission is also working with the Emergency Operations Section of the Department of Health and the Division of Emergency Management to improve the communications between persons with sensory disabilities and crisis information and warnings.

Justification

A communication barrier remains between those with hearing impairments and the general public. ASL is used by people with hearing disabilities, family members, service providers, and others in the community. The recommendation would help to break down this barrier by encouraging students to learn ASL in larger numbers.

Commentary

Section 1007.2615, F.S. authorizes public schools to offer ASL as a foreign language that is accepted in Florida's state universities. A few two-year and two four-year programs offer ASL interpreting courses at the community college, college, and university levels. The availability of academic and community-based training and educational opportunities should be expanded to satisfy the demand for sign language interpreters and instructors. Community colleges and technical schools serving geographic areas of the state with large populations of persons with hearing loss would be good starting points for expansion.

Age-related hearing loss is increasing, especially in Florida's veterans population. It is common for Iraq and Afghanistan veterans to return home with service-related hearing loss. As the hearing loss progresses, sign language, Communications Access Real Time (CART), and other assistive technologies, become necessary for communicating and participating fully in public life.

Access to community-based conversational sign language instruction is particularly important for family members and friends of persons with hearing loss and other related communication disorders including preverbal children, such as those with autism. Community-based instruction is currently offered sporadically through community colleges, commercial providers, and the few remaining deaf service centers. Presently, the lack of a coordinated delivery system of ASL instruction severely impedes the satisfaction of the need in our society.

Comment [jf1]: How many?

Section B – Employment

Recommendation B-1 (2008/Rev. 2009)

Use Disability Champions (as created in the Governor’s Executive Orders) to promote Florida as a Model Employer and increase employment opportunities for persons with disabilities within state agencies and entities.

- **Partners:**
 - Agency for Workforce Innovation
 - Advocacy Center for Persons with Disabilities
 - Florida Office on Disability and Health at the University of Florida
 - Agency Disability Champions
 - Other external public and nonprofit organizations

- **Progress:**
 - In March 2010, the state employee survey was distributed to over 30 state agencies and entities’ human resource directors for distribution. The Commission and the Disability Champions will use this survey to monitor the Governor’s initiative to hire more persons with disabilities in state government.
 - The Florida Office on Disability and Health at the University of Florida hosted the survey and compiled the data. A total of 6,952 responses were received. A copy of the full report is included in Appendix IV.
 - During two bi-annual meetings, Commission staff and member representatives, alongside the Disability Champions, identified ways to better address the individual needs of the Disability Champions to improve employment within their agencies for persons with disabilities.
 - Recommendation B-6 has been integrated into Recommendation B-1 (see interagency coordination in Plans section of this Recommendation).

- **Plans:**
 - Promote activities of the Florida Department of Revenue as a model employer.
 - Conduct quarterly meetings of Disability Champions to foster exchange of promising and effective practices and improving access to information on recruitment initiatives, workplace accommodations, and access to assistive technology and services.

Justification

One of the largest employers in Florida is state government. Florida’s state government should serve as a role model to businesses in the state by developing

initiatives designed to increase the employment, promotion, and retention of individuals with disabilities.

Commentary

The number or percentage of state employees with disabilities in Florida is not known because Florida's state departments and agencies are not required to track such information in their databases. Also, many people choose not to disclose a disability unless some accommodation is needed. The Department of Management Services supported Committee and Commission staff and state agency human resource directors during the voluntary survey of current state employees. This survey, designed to provide baseline data, was conducted in the March of 2010. Staff from the University of Florida's Department of Epidemiology and Biostatistics was instrumental in the development of the survey, hosted the survey, and provided analysis of the data.

This recommendation is directly tied to the activities and support of the role of designated Disability Champions created as a component of Executive Orders 07-148 and 08-193.

Recommendation B-2 (2008)

Require the State of Florida's "People First" Web site to be accessible to persons with disabilities.

- **Partners:**
 - Florida Department of Management Services (DMS)
- **Progress:**
 - DMS reports this will not be satisfied until further notice due to contract stipulations with current operating system managers and other administrative factors.
 - In 2011, substantial change will be made once contract is up for renegotiations.
- **Plans:**
 - Continue working with DMS to ensure appropriate changes and upgrades are made in 2011.
 - The Commission will continue to maintain contact and monitor contract negotiations with the present contractor and recommend modifications to allow access of the system by persons with disabilities. This is a critical issue and has direct impact on state employment of persons with disabilities. This is also an ongoing issue addressed by the Commission's Education Committee in its reference to adoption of the recommendations of the AEIT committee, and is supported by other

disability entities including the Florida Alliance for Assistive Services and Technology (FAAST).

Justification

As the designated online human resources system for Florida government, its use by all state agencies is mandated. However, state employees with disabilities have difficulty using People First independently because it is not compliant with the ADA or the recommendations of the Florida AEIT Task Force. In addition, the current system makes persons with disabilities vulnerable to theft of confidential information because of the alternative ways to gain access. Qualified persons with disabilities, therefore, may not be afforded the same employment opportunities as their nondisabled peers.

Commentary

The People First system was built using a version of an Enterprise Resource Planning (ERP) software application that is now in need of an upgrade to a format that is friendlier to users with disabilities. Enhancements should include many of the items that were identified in the ADA assessment performed last year by an outside contracted DMS vendor, which oversees the PeopleFirst contract. Most of these enhancements cannot be made using the current Statements of Administration Policy (SAP) platform. The Commission requests a platform that is compatible for use with accessibility software.

Recommendation B-3 (2008/Rev. 2009)

Design a Web site as a comprehensive clearinghouse to maintain and enhance the list of and links to national and state resources on disability information and services available through the Florida Clearinghouse on Disability Information, and require each state agency to link to the site. Designate a state agency or entity to create and maintain this Web site.

- **Partners:**
 - The Able Trust
 - Commission members representing state agencies
 - Other entities and partners

- **Progress:**
 - Grant received from The Able Trust for \$25,000 for Web design, Web creation, hosting, and disability-accessible site. CB Graphics was selected during the competitive process because of its demonstrated ability to use the Web-accessibility guidelines.
 - The Web site is in the final design stages and should be operational by early summer in 2010. The design is structured to allow for flexibility in maintenance and expansion.
 - The Commission will work with the Able Trust's PR firm to host a conference to announce the launch of the site.
 - The memorandum of agreement (MOA) between the Commission and The Able Trust requires the Commission to arrange for or use its resources to maintain and update the information on the Web site no less than once each year, with a goal for six-month update intervals.
 - Agencies and organizations that contribute to or are a part of this information resource will provide a link to the Web site on their organizations' Web site. Such organizations will be encouraged to provide appropriate information to the Governor's Commission on Disabilities for inclusion and updates.

- **Plans:**
 - Work with the vendor to implement timeline milestones.
 - Work with state agencies, entities and partners to review earlier drafts and ensure information is current and revised as necessary.
 - Continue to monitor and work to ensure site is the most accessible and up-to-date informative site for persons with disabilities and their families.
 - Generate publicity to make potential users aware of the wide range of resources available for persons with disabilities, directing them to the Web site and booklet.

Accomplishments

The Commission, in partnership with The Able Trust were able to design and develop this Web site. Two of the most important criteria in developing the Web site was accessibility and user-friendliness to all persons with disabilities. In order to build a Web site of this magnitude to assist individuals with disabilities, it first required the creation of a detailed document that listed each service provided by every agency. This labor intensive project is known as Mapping of Services, the first of its kind in Florida and to the Commission's knowledge, the country. Barbara Cain, director of the Clearinghouse on Disability Information, oversaw the challenge of implementing this recommendation.

Every state agency in Florida has its own unique style, and no two agencies present their services in the same way. Services and programs are complex and not always available throughout the entire state, often only in specific regions or counties. Also,

some programs have multiple agencies providing specific facets of a service to the targeted groups of people with disabilities.

Many of the Commissioners representing their respective agencies on the Governor's Commission on Disabilities played pivotal roles in helping to gather every detail needed to provide this comprehensive list of services. Many of these services provided to Floridians are made possible by Medicaid Waiver programs. However, services are in high demand without sufficient Medicaid funding, consequently all Medicaid-based waivers to have substantial waiting lists. During the Commission's statewide meeting, the attending public agreed that inter-agency cooperation and awareness of services was a barrier to efficient assistance.

Currently, Mapping of Services is in its first stages of development. The Commission envisions completing this project in multiple stages. Now that the initial information has been compiled regarding the state's services, the Clearinghouse on Disability Information will look at the availability of national, as well as local services, to assist individuals with disabilities.

Since the initial mapping document was created, the Commission received a grant from The Able Trust to build and maintain a state-of-the-art, stand-alone Web site. The site will be unique in that it will be in compliance with the highest standards of accessibility, providing usability for all types of disabilities. It will serve as a best practices model for not only the state of Florida but also the entire nation.

Justification

Although there are many agencies and providers in Florida offering a wealth of information on disability issues and services through their Web sites, there is no single Web site that creates a directory of them all. Floridians with disabilities and the general public need such a Web site to serve as an entry portal for accessible, online information. The Web sites of all state agencies, including www.MyFlorida.com, should be required to provide a link to this site to promote its availability.

Commentary

Initially, the project began as an Employment Committee initiative; however, the Web site has evolved into a Commission project. For success in life, persons with disabilities need access to a wide range of resources. For example, access to transportation is not only critical for employment, but also has a direct impact on quality of life. This Web site will be an online resource to advise travelers with disabilities of all paratransit and accessible transportation resources throughout the state. This online resource should be supported with a printed version and publicity to make potential users aware of the wide range of resources available for persons with disabilities.

Recommendation B-4 (2008/Rev. 2009)

Create a public-awareness campaign, which is representative of cross-disability groups presenting challenges and opportunities pertaining to employment and career advancement, and identify and promote best practices. Have the campaign include, but not be limited to, communications tools such as newsletters, fliers, and links between Web sites that highlight and promote opportunities for training and employment of persons with disabilities.

- **Partners:**
 - The Able Trust
 - Agency for Persons with Disabilities
 - DOE, in cooperation with the Bureau of Exceptional Education and Student Services, Blind Services, and Vocational Rehabilitation.
 - AWI with the support of other disability advocates and organizations

- **Progress:**
 - In conjunction with The Able Trust, the statewide plan was developed as the lead using their Business Leadership Network activities as a model and catalyst.
 - The Able Trust campaign rolled out in November 2009, and included highlighting persons with disabilities who have been successful in competitive employment. These highlights included:
 - Production of video interviews, billboards, fliers, and other promotional materials
 - Video interviews posted on YouTube
 - Governor's Commission on Disabilities also partnered with Workforce Plus to develop a TV commercial discussing employment of persons with disabilities. These commercials ran during the month of October 2009.
 - Disability Navigators for Regional Workforce Boards also conducted employment outreach, job fairs, and public service announcements during National Disability Awareness Week.
 - The "Look at My Ability" campaign aims to promote employing people with disabilities as good business and has been rolled out , with an expected two-year shelf life. Newspaper advertising was targeted in December 2009. *Florida Trend* published an article on employment of people with disabilities. The Able Trust is sponsoring the Capitol Report nightly, and after Session 2010 will continue on Fridays.
 - The campaign is on The Able Trust Web site and CDs are available . for presentations or office use.

- **Plans:**
 - Coordinate with partners to leverage other state and local public awareness activities.

- Collaborate with disability mentoring programs and activities to help raise more awareness.
- Promote the involvement of businesses (vendors) that provide products and services to the State of Florida, state agencies, organizations, and disability entities.
- Assist the planning committee in identifying and obtaining data to support the message of the campaign, as well as assist in the development of data for presentations and media representatives.
- At the campaign's conclusion, the Commission will support and participate in a post-campaign assessment of effectiveness and use the results to make recommendations for future campaigns.

Accomplishments

The campaign began in October 2009. The partnership between the Commission and The Able Trust is fulfilling this recommendation. This venture is another link in the chain the Commission is forging to pull down barriers that hinder persons with disabilities, elders, and veterans, keeping them from being as included in community life as they wish. This public awareness campaign is a statewide endeavor focusing on the positive aspects of employing persons with disabilities including the positive impact to business. The campaign used various types of print advertisement (mailers and brochures), outdoor advertising (billboards and banners), and radio and television advertisements. This campaign focused on the high job-satisfaction ratings, longevity, and other positive aspects of hiring, retaining, and promoting persons with disabilities. Another segment of this campaign was to promote future high achievers and share success stories of persons with disabilities who have overcome obstacles to garner high achievement.

Justification

A major obstacle to the employment of Floridians with disabilities lies in employers' reluctance to hire based on limited knowledge, biases and perceptions about persons with disabilities. Such a campaign would enhance the employment prospects of people with disabilities by educating both employers and potential employees.

Commentary

The campaign will be targeted for launch in October 2010 during Florida's kickoff for Disability Mentoring Day, which also commemorates National Disability Employment Awareness Month. It should also be noted that this is the 10th Anniversary of DMD with Florida being the first State to have 100% participation of all counties.

The campaign will include public-service announcements and print materials that highlight successful employment outcomes for persons with disabilities in a wide range of jobs including staff, management, and technology positions; the variety of

assistive technology and services available for employees with disabilities and their costs; clarification about human resources issues and expenses such as health care and attendance; and information about the use of service animals.

The campaign **would** offer potential employees access to career counseling that provides employment-matching options based on ability, aptitude, skills; education and training to optimize an individual's career aspirations; and career-shadowing opportunities.

In addition, both employers and potential employees would benefit from the campaign's job fairs and information about public and private transportation services.

Recommendation B-5 (2008/Rev. 2009; Rev. 2010)

Continue to promote Florida's involvement in the Medicaid Employment Program or other similar programs.

- **Partners:**
 - Florida Division of Vocational Rehabilitation
 - Agency for Persons with Disabilities

- **Progress:**
 - Commission is working with Medicaid Infrastructure Grant Task Force.
 - The Florida Agency for Health Care Administration has recalculated start up costs, which are lower than originally projected.
 - Other external entities are monitoring activities and gathering information.
 - The Commission will continue to work with partners and evaluate the impact of the new federal health care legislation and its impact on Florida.
 - Two Medicaid buy-in bills—HB 837 (Homan) and SB 2038 (Crist)—were introduced for consideration during the 2010 legislative session but did not pass.

- **Plans:**
 - The failure of the Medicaid buy-in bills allow the Infrastructure Grant Task Force to resume its work.
 - The Commission will continue to work with legislators and disability advocacy groups to build support for the 2011 legislative session.
 - The Commission will continue to work with Vocational Rehabilitation and the AWI to promote the Ticket to Work Program, the Partnership Plus Initiative, and the expansion of Employment Networks.

Justification

For many recipients of Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI), the risk of losing Medicaid coverage linked to their cash benefits is a powerful work disincentive. Working-age adults with disabilities need adequate health insurance to enter or remain in the workforce, but their options for insurance coverage are limited. Many who have full-time jobs may not be covered through their employer-sponsored health insurance because of a pre-existing condition. Those who work part-time or have jobs that do not offer health coverage may have to turn to government-sponsored programs such as Medicaid. However, a person with a disability who earns more than the allowable amount will be ineligible for Medicaid coverage. The Medicaid Employment Program allows adults with disabilities to earn more than they otherwise would and still have Medicaid coverage. In return, participants buy into the Medicaid program, typically by paying premiums based on income.

Commentary

The fear of losing health care and related services is one of the barriers keeping individuals from maximizing their employment, career advancement, earnings potential, and independence. Too often, persons with significant disabilities can neither obtain nor afford private-sector health insurance that would provide coverage for the services and supports that would enable them to live independently and enter, remain in, or rejoin the workforce. Thus, they need to rely on Medicaid for coverage of such necessary services as personal care assistance, prescription drugs, and durable medical equipment. Eliminating barriers to health care and other needed supports and creating financial incentives to work can greatly improve short-term and long-term financial independence and fiscal well-being.

To address these issues, Congress included a Medicaid buy-in option in the Balanced Budget Act of 1997 and enacted the Ticket to Work and Work Incentives Improvement Act (TWWIIA) in 1999. By authorizing states to offer Medicaid Buy-In programs, these pieces of legislation opened a window of opportunity for states to develop work-incentive initiatives that encourage people with disabilities to work or increase their level of employment. To date, 41 states participate in Medicaid Buy-In. Medicaid Buy-In legislation was introduced in the 2008 legislative session, and again in 2009, but did not pass either time. This issue is also being discussed and addressed by the Commission's Health Care Committee.

Recommendation B-8 (2008/Rev. 2009)

Apply the community resource model—that is, an interagency and community partnership—to assist persons with disabilities in attaining their optimal employment goals.

- **Partners:**
 - AWI
 - Florida Division of Rehabilitation Services
 - DOE
 - Workforce Florida
- **Progress:**
 - This recommendation has been implemented in conjunction with other Commission recommendations.
- **Plans:**
 - Continue to use as part of implementation of other recommendations.

Justification

Many entities that serve persons with disabilities have employment as a common goal. Participation on an interagency resource team to focus on employment outcomes would enhance those outcomes for the individuals by leveraging resources and decreasing duplicated efforts.

Commentary

Each team would include a variety of local-entity professionals, based on the identified needs of the individual, and could include a job coach, counselor, or other available resource staff. It is anticipated that, based on the individual's disability, this team would include staff from the Regional Workforce Board or other service providers, including Employment Networks under the Ticket to Work Program; the DOE's divisions of Vocational Rehabilitation and Blind Services; local secondary and postsecondary school entities; the Agency for Persons with Disabilities; the Department of Children and Families; and other agencies and entities, including faith and community-based organizations, that support and enhance employment outcomes. This recommendation could be accomplished through several means, including Executive Order. Fiscal impact would be minimal since the proposal uses current personnel.

Recommendation B-10 (2008/Rev. 2010)

Increase employer participation in existing business organizations and committees of business organizations that address Florida workforce and economic recovery issues. Emphasize the need to include people with disabilities in the workforce, address images and perceptions that become barriers to employment, and provide increased job opportunities for people with disabilities.

- **Partners:**
 - The Governor's Commission on Disabilities will work with business organizations to address workforce issues, encouraging solutions for people with disabilities.
- **Progress:**
 - Buy-in from community partners.
 - Build on the successes of the Business Leadership Networks.
- **Plans:**
 - Assigning a member of the Governor's Commission to serve on key statewide business committees and task forces to assist in communication of state initiatives and tools available for businesses that hire individuals with disabilities.
 - Assisting in the identification and communication of federal tax incentives, grants, and other funds that assist businesses in hiring people with disabilities.
 - Supporting and recognizing all business organizations that are role models in the development and implementation of fair and progressive employment practices for persons with disabilities.
 - Recommending the Governor award one Points of Light or other significant statewide recognition to a Florida business each year that is doing exceptional work in employing people from this segment of the workforce.
 - Promoting research on the business effectiveness and benefits of hiring people with disabilities.

Justification

Many persons with disabilities who are seeking jobs may remain unemployed or under-employed because potential employers focus on the disability, not the ability, of the person. There is a need to encourage employers to become more aware of the advantages of hiring persons with disabilities and the wide range of assistive services and technology that is available to help these workers achieve at a high level for their employers.

Commentary

There are several business organizations that represent industries and the business community in Florida, all of which address workforce issues and the need to ensure a talented and reliable workforce for the future of Florida. Addressing the employment of people with disabilities as one of the answers to the availability of the desired workforce among these business groups is an important and critical activity to increasing the employment opportunities and rate of employment for people with disabilities. Groups and organizations that should be a part of this initiative include the Florida Business Leadership Network, a group of 14 local organizations that encourage the employment of people with disabilities in their communities; the Florida Chamber of Commerce and local chambers; Workforce Florida; state and local economic development entities; and a number of industry-specific associations.

The existing Business Leadership Networks (BLNs) have been instrumental in improving employment outcomes for persons with disabilities by increasing employer awareness of the advantages and incentives for hiring persons with disabilities. The Florida Chamber of Commerce has identified the need for a talented workforce as one of its six pillars for a thriving Florida economy.

Workforce Florida recognizes that a talented workforce is necessary for Florida to attract and retain new businesses. All businesses are concerned with the capabilities of employees and characteristics associated with a productive employee, and many are unaware of the pool of talent available among persons with disabilities.

Section C – Independent Living

The Independent Living Committee decided its primary mission for this year was to concentrate on implementing its 2008 and 2009 recommendations, while not rejecting new recommendations but limiting those efforts in scope.

Recommendation C-3 (2008)

Request that the Florida Housing Finance Corporation (FHFC) and the Clearinghouse on Disability Information (CDI) work together to develop a more comprehensive toolbox of information about federal, state, and local programs and resources to assist with affordable and accessible housing searches for persons with disabilities and at or below the poverty level. Make the online version of this resource, along with FHFC's entire Web site, fully accessible across the disability spectrum.

Accomplishments

The partnership between the FHFC and the Commission became solidified over the past year. The FHFC has been working with developers to implement a Visitability policy of ,universal design, and the use of green technology in new construction or substantial reconstruction projects. Visitability, a design approach that integrates basic accessibility features into newly-built houses, has taken center stage with FHFC moving to require all properties constructed using FHFC dollars be designed to this concept. The mission is to ensure persons with disabilities and the elderly are able to “age in place.” “Age in place” is a term referring to the design of a residence that allows for the occupant, regardless of age or physical ability, to live with no or minimal architectural enhancements to the home.

As part of the Commission's new Web site, a special section will be created on the Independent Living, dedicated to providing comprehensive information regarding housing resources and ownership programs to better assist persons with disabilities with extremely low incomes in finding affordable, accessible housing.

Recommendation C-16 (2009)

The State Building Code should be amended to provide inclusive design modifications for all new single-family and attached single-family residential construction.

- **Partners:**
 - Florida Access Board
 - FHFC
 - Florida Developmental Disabilities Council (FDDC)
 - Advocacy Center for Persons with Disabilities
 - Agency for Persons with Disabilities

- **Progress:**
 - **This recommendation will continue to be monitored and reviewed for appropriate implementation.**

- **Plans:**
 - **Continue to promote and meet with agency partners.**

Justification

The cost of modifying a dwelling to provide accessibility for people with disabilities is a significant barrier to home ownership and independent living. Providing accessibility during initial construction costs far less than modifying a home after conventional construction. The cost to meet inclusive design standards during initial construction is estimated to be \$1,000 to \$4,000, compared to \$20,000 to \$50,000 for major structural renovations to modify the home at a later time. Features that are very inexpensive when included in new units can be much more expensive when added to existing units. A nondisabled individual can live in any home; however, a person with a disability cannot.

Commentary

This proposed amendment to the State Building Code would equip every new home for life-span adaptability. This amendment should include, as a minimum, the following:

1. At least one accessible entrance with a cover.
2. Hallways at least 44 inches wide.
3. Use of 36-inch doors to provide opening clearance of at least 32 inches with lever handles for ease of operation.
4. Adequate space for approach and use in kitchen and bathroom on the main floor, requiring a 30 by 48-inch clearance for approach or a 60-inch turn-around space.

5. Additional blocking to support future installation of a grab bar in each main floor bathroom.
6. Light switches, thermostats, alarm system keypads, and other environmental controls in accessible locations, height not to exceed 48 inches above the finished floor. Outlets should be installed at least 15 inches above the finished floor.
7. Audible/visual/tactile carbon monoxide detection system
8. Audible/visual/tactile fire alarm system
9. Audible/visual/tactile smoke alarm system
10. Audible/visual/tactile doorbell notification system

NOTE: The visual alarms should be located in at least two rooms—one being the master bedroom.

People with mobility impairments often need features like zero-step entrances and wide interior doorways in order to reside safely and comfortably in their homes, but such features are generally missing in the Florida housing market.

One study estimated that more than 90 percent of housing in the United States is inaccessible to people with disabilities (Steinfeld, Levine, & Shea, 1998); another estimated that the vast majority of newly built single-family homes have steps at all entrances or narrow interior doorways (Maisel, Steinfeld, & Smith, in press).

The lack of accessible housing has serious consequences for individuals, and for state as a whole. People with disabilities living in units that lack adequate accessibility features face a greater risk of injury due to falls than those living in units with adequate features. The fear of falling itself reduces the well-being of many older people. Also, people with disabilities living in units without adequate features are more likely to suffer from social isolation and loneliness, having a negative impact on quality of life, health, and self-esteem (Smith, Rayer, and Smith. (2008). *Aging and disability; Implications for the housing industry and housing policy in the United States.*).

Recommendation C-17 (2009)

All future state and federally funded construction should comply with existing state and federal accessibility codes and national green standards, such as the use of structural insulated panels (SIPs). A tax credit should be provided to encourage individuals and contractors to construct accessible, as well as green-standard, structures.

- **Partners:**
 - FHFC
 - FDDC
 - Advocacy Center for Persons with Disabilities

- Agency for Persons with Disabilities
-
- **Progress:**
 - Florida Housing Finance Corp is currently in the rule development period for the 2011 Universal Application Funding Cycle. FHFC has proposed application threshold and scoring incentives for green certification, Visitability, and Universal Design features in multi-family rental developments for which FHFC provides federal funding.
 - FHFC's actions are in keeping with this recommendation and the Governor's Green Initiative.
 - The resources to be allocated by FHFC during the next funding cycle will be federal funds and tax credits.
 - Over the past two years, FHFC has had to rely on federal funds and tax credits as incentives since state funding for affordable housing development or preservation of existing rental assistance units for extremely low-income households was not received.
 - The Commission will continue working with present and future partners to educate and advocate for the need and market for more units that accommodate residents with various physical limitations or disabilities.
 - From July 2009 until February 2010, Commission staff worked as part of the FDDC "Alternative Housing Options Workgroup," which made recommendations on possible future accessible, affordable housing for persons with disabilities.
 - As a function of the Workgroup, consensus was reached on what constituted an "institution." With this information and continued cooperation among the stakeholders, private developers may be more willing to partner with federal, state, local, and nonprofit organizations to increase the amount of accessible, affordable housing.
- **Plans:**
 - Continue working with and developing additional partners in order to increase the quality and quantity of affordable, accessible housing opportunities.
 - Work with stakeholders to educate the private developers and legislators on the positive effects of this recommendation.

Justification

Buildings consume significant amounts of natural resources. The intelligent use of energy and materials can have powerful impacts on local, state, and global environmental quality. Because they significantly reduce energy use, green buildings naturally complement clean energy development.

According to the U.S. government's Energy Star program, the average U.S. family spends nearly \$2,200 on home energy bills per year. Green home features can lower energy bills dramatically. Based on the average Home Energy Rating System

(HERS) scores of homes certified under the Leadership in Energy and Environmental Design (LEED) Green Building Rating System for Homes in 2008, energy savings can be up to 30 percent for homes certified at the basic LEED-Certified level. LEED-Platinum homes have an average predicted energy use reduction of 50 to 60 percent. In case studies of LEED-certified homes, builders project water savings of 20 to 50 percent, sometimes even higher. Decreased operating expenditures alone can more than pay for the incremental initial investment in “greening” a home. These energy savings would be possible in commercial structures as well. Applying such standards to government construction projects would reduce energy usage throughout the state, as well as make more housing accessible for Floridians with disabilities.

Commentary

Comparing the construction cost of building two equivalent structures—one using conventional methods and one using structural insulated panels—the difference in construction cost is negligible. However, the structure built with SIPs will provide a higher-quality structure, and the cost of a comfortable interior (utility cost) will be much lower in the long term with savings estimated to be 30 to 50 percent. A SIP structure also takes less time to build due to a reduction in the number of sub-contractors required.

Airborne pollutants are two to five times higher indoors than outdoors. Truly green homes implement strategies that aim to improve a home’s ventilation, exposing residents to cleaner, fresher air. Green homes make use of paints, adhesives, and other products that emit little or no volatile organic compounds (VOCs), which can be harmful to respiratory health. They also address moisture control concerns to create a healthier indoor climate.

According to the Massachusetts Technology Collaborative, “the Green Affordable Housing Initiative aims to catalyze the affordable housing financing, development, and builder communities to include more green design and renewable energy in future developments.” To ensure Florida is a leader in complying with the 2005 national green standards, the Commission recommends tax credits to help our state achieve this important goal.

Recommendation C-18 (2009)

Require all of Florida’s emergency shelters to meet accessibility standards, as outlined in the Americans with Disabilities Act and Chapter 11 of the Florida Building Codes, in shelters’ policies, programs, and facilities.

- **Partners:**
 - Division of Emergency Management
 - Department of Health

- Agency for Persons with Disabilities
 - Department of Community Affairs (DCA)
 - Paralyzed Veterans of America (PVA)
 - Office of Disaster Preparedness
 - Florida Developmental Disabilities Council
 - State and local emergency operation centers
 - Centers for Independent Living (CIL)
- **Progress:**
 - This recommendation will continue to be supported for appropriate implementation.
 - **Plans:**
 - Continue collaboration with identified organizational partners.

Justification

People with disabilities deserve access to goods, services, programs, and protection afforded to people without disabilities. All counties and local jurisdictions in the state of Florida must include people with disabilities in all phases of emergency preparation and management to ensure the health and safety of persons with disabilities. Accessibility standards should apply to emergency shelters for the general population, as well as those designated for special needs and higher medical needs.

Commentary

Across Florida, state and local governments have often neglected to address the safety and access needs of persons with disabilities through all phases of disaster emergency preparation and management. Many areas of the state lack understanding of the legal requirements of federal and state laws.

The effects of a disability are often magnified in the midst of an emergency and should be mitigated. It is incumbent on community leaders and emergency management professionals to ensure that people with disabilities are included in all phases of emergency preparation and management, from planning to sheltering.

An unfortunate example illustrates this problem. A young lady with a service animal was refused admittance to a general population shelter during the storms of 2008. The reason given was that the shelter was not pet-friendly.

Section D – Transportation

Recommendation D-1 (2008/Rev. 2009)

Develop an implementation plan to fulfill the requirement that a percentage of taxis and other for-hire vehicles operating in Florida be accessible to persons with disabilities.

- **Partners:**
 - Paralyzed Veterans of America
 - Taxicab Industry
 - Centers for Independent Living
 - Florida Association of Centers for Independent Living (FACIL)
 - Transportation Disadvantaged Commission
- **Progress:**
 - This recommendation has generated numerous discussions regarding issues, concerns, and possible action avenues, as well as potential solutions for increasing the percentage of vehicles available to transport Floridians living with disabilities.
- **Plan:**
 - Continue collaboration with agency and community partners.
 - The Commission requests that the Governor direct his appropriate agencies to collaborate on legislative goals of making accessible taxicabs and other for-hire vehicles readily available throughout the state. Partner agencies could include the Department of Transportation, Florida Commission for the Transportation Disadvantaged, and Visit Florida.
 - Provide incentives to the private sector to diversify fleets to include accessible vehicles. This could be accomplished by tax credits, “green” technologies, and carbon credits, for example.

Justification

The number of taxis and other for-hire vehicles, including rental vehicles, which are accessible to persons with disabilities, is insufficient in Florida. There is also a lack of comprehensive advertisement of available, accessible transportation. Meanwhile, the few taxi companies that specialize in accessible vehicles and paratransit are overwhelmed with business. This recommendation would require mainstream companies to address the needs of this population.

The use of accessible taxis has been instituted in several cities around the nation, including Chicago, New York City, Houston, San Francisco, San Mateo, and Seattle.

Commentary

This plan should address important features, such as the accessible vehicles being radio dispatched for diminished response times, as well as creating provisions for noncompliance, which may include but would not be limited to, fines and suspension of service.

The issue of accessible taxis is important not only to those who depend on public transit but also as a backup for individuals whose primary mode of transportation is down for service or otherwise unavailable. Presently, if a person with a disability that includes a substantial mobility component needs to rent a vehicle, none of the major car rental companies in Florida are able to provide service. In addition, not all shuttle services, such as those used by hotels and car dealerships, have accessible vehicles, potentially causing a person in a wheelchair to be unable to use complimentary services that are usually available.

This need is particularly urgent in rural areas where people with disabilities depend on public transportation in order to get to their jobs and to medical appointments. To illustrate this point, figures for Gadsden County compiled by the Florida Commission for the Transportation Disadvantaged in its 2007 Annual Performance Report showed that contractors provided transportation assistance for a total of 83,008 trips in 2007. Of those trips, 40,638—or 48.9 percent—were for employment purposes and 25,328—or 30.5 percent—were for medical reasons. Clearly, this population depends on accessible public transportation to fulfill critical needs of daily living.

In the spring of 2009, the MV-1 accessible taxi was displayed throughout Florida and other parts of the United States by its manufacturer, the Vehicle Production Group LLC, headquartered in Miami. The company is planning to begin production in the second quarter of 2010. This vehicle offers a universal design that meets or exceeds the 1994 accessible vehicle standards for persons using wheelchairs and scooters. Engineered to withstand the demands of taxi or paratransit fleet operations, the vehicle also offers the option of using the alternative fuel technology of compressed natural gas. Such vehicles can provide additional transportation options for persons with transportation disadvantages in the taxi, hotel shuttle, rental car, and even private-use markets. The anticipated price of the vehicle is expected to be in the same range as other automobiles that are typically used in taxi fleets. More information on the MV-1 can be found at: www.vpgautos.com.

Recommendation D-2 (2008/Rev. 2009)

Support the needs of the Florida Commission for the Transportation Disadvantaged (CTD).

- **Partners:**
 - Transportation disadvantaged
 - Agency community partners
- **Progress:**
 - The CTD been successful in obtaining additional legislative funding to support the coordination of the coordinated Transportation System.
- **Plan:**
 - Continue to educate key decision makers regarding needs for additional transportation for the disadvantaged.
 - Fully fund mobility of Floridians with disabilities as described in Chapter 427, Florida Statutes.
 - Support legislative concept of a \$1.50 fee increase to an existing fee. This action could produce 2 million additional trips annually.
 - New funding should be focused on employment-related mobility. In sparsely populated Gadsden County, 90 people lost their jobs when funding for their transportation program was cut. Imagine the impact that cuts in transportation funding would have on job loss throughout the state's other 66 counties, many of which are much more densely populated.

Justification

More than four million trips have been denied to transportation-disadvantaged citizens since 2002. More recently, in 2008–2009, ninety Gadsden County residents lost their jobs solely due to a lack of reliable, accessible transportation. The last time the Transportation Disadvantaged Trust Fund resources were increased was in 1993. Continued support is imperative to meet the growing needs of the increasing numbers of transportation-disadvantaged persons in the future and maintain a dynamic, coordinated transportation system.

Commentary

The CTD was established over 26 years ago to coordinate transportation for persons with disabilities, persons with low incomes, and senior citizens. In 2009, the CTD was awarded the prestigious State Agency of the Year award by Florida TaxWatch because of its return on investment to the taxpayers. Previously, the CTD was recognized as a model, coordinated program by the Community Transportation Association of America (CTAA) in 2008 and was recognized as a model program by the U.S. Department of Transportation with the United We Ride award in 2004.

Transportation coordination encourages a single point of contact for all riders and provides economies of scale, helping to standardize costs of transportation throughout the state.

Funding for the CTD could be secured through various fines and fees, such as speeding, DUI, and other motor vehicle violations; removal of certain auto registration fee exemptions; and a percentage of fines from crimes against the elderly and persons with disabilities.

Also, the funding of nonemergency transportation for all state agencies should be coordinated by the CTD as charged in Chapter 427, Florida Statutes, to identify the money spent on such services and to pay approved transportation rates based on the recently implemented rate standardization model. This could also increase the number of trips offered by streamlining this process and allowing one entity to oversee nonemergency transportation needs.

The Transportation Disadvantaged (TD) program is one of the most used and significant programs in Florida. A recent study performed for the CTD by the Florida State University, College of Business, has calculated the return on investment for state and local funding of the TD programs. In this first-time study, using extremely conservative estimates, it was determined that there is a payback of 835 percent, or \$8.35 per each dollar invested in these programs.

This calculation is current information that shows the cost benefits and the impact on human lives. Funding to these programs allows Floridians the opportunity to stay healthier and contribute to the economy by finding and keeping employment and participating in their communities. This research shows that investments in transportation truly are investments in Florida's future.

Recommendation D-3 (2008)

Incorporate the designation of eligible ADA/transportation-disadvantaged individuals on the state ID cards or driver licenses, resulting in documentation of their eligibility that is recognized statewide. Develop a Community Transportation Coordinator pilot program to demonstrate the efficacy of regional agreements.

Accomplishments

In January 2010, the Real ID was brought online by the Florida Department of Highway Safety & Motor Vehicles (HSMV). As part of the implementation of this recommendation, HSMV partnered with the Commission to use the designation "ADA" on the Real ID to indicate if a person was eligible for paratransit services. Doing this has eliminated duplicative services for consumers as well as excessive evaluation costs to the providers.

Recommendation D-4 (2008/Rev. 2009)

Develop a plan in collaboration with key stakeholders for the design and implementation of a consumer-directed voucher program for the provision of transportation services for individuals with disabilities living in rural and urban environments.

Accomplishments

Transportation Feasibility Study Overview

This project provided for research and development of a comprehensive transportation feasibility study that analyzed needed systemic reform that may stimulate provider competition, customer service, better accessibility, and safety while allowing improved consumer directed choice in regards to transportation disadvantaged systems and services.

The Council partnered with the University of South Florida's Center for Urban Transportation Research, The Able Trust, and the Governor's Commission on Disabilities' Transportation Committee to conduct the study, which was completed over a 14-month period.

Initial research conducted by the research team on transportation voucher models indicated that there are examples of successful implementation of this model within the United States. The researchers concluded that a voucher based transportation model in Florida might be a viable option to providing more consumer choice and control over individual transportation needs. This could be particularly true in rural areas of the state where transportation options are extremely limited.

The transportation study report, *Innovative Approaches for Increasing Transportation Options for People with Disabilities in Florida*, provides verifiable information on existing alternative transportation programs with a particular focus on transportation vouchers and volunteer programs that have been implemented in other states. In addition, it provides recommendations on the establishment of transportation voucher programs and other mobility strategies that will enable consumer directed choice in the selection of a transportation service. These recommendations include the design elements and operating parameters for a transportation voucher demonstration project to be implemented in Florida.

Voucher Pilot Program Management

The implementation of a voucher program will require the coordination of social service programs, community groups, private transportation providers, and state and federal grants. The selected program coordinators should be able to manage contracts with service providers, coordinate with program sponsors at the local level, manage state and federal grant awards, have financial management capabilities, and ensure the establishment and monitoring of performance measures. It is recommended that the pilot project locations establish a program steering committee

or advisory committee that will provide advice, direction, and support to the program coordinator.

Voucher Pilot Target Participants

It is recommended that one area of priority should be the use of transportation vouchers by people with disabilities for employment trips. The program should also focus the use of transportation vouchers for dialysis trips. Through use of taxis by dialysis patients, they are afforded more direct and timely service. In addition, this frees up capacity on the paratransit system. Once the program is successfully established, the expansion of the program to other groups and for varying trip purposes will be encouraged.

Participant Eligibility Requirements

Subject to the funding source criteria, it is suggested that eligibility for participation in the transportation voucher program initially be limited to individuals with a confirmed disability, senior adults age 60 or above, and dialysis patients. An application and approval process should be developed to identify eligible program participants.

Voucher Pilot Operational Parameters

It was further recommended that at a minimum, the transportation voucher program should operate during the same hours that other mobility services are operated in the area. Ideally, the transportation voucher program would be available 24 hours per day, 7 days per week.

Trip Rate Negotiations

It was recommended that trip rates should be negotiated with the local taxi companies. Flat per-trip or zonal rates facilitate recordkeeping, but per-mile trip rates are workable. Out-of-area trips also should be negotiated on a per-trip basis for each destination.

Participant Co-Payment

It is recommended that the amount per trip for which a passenger is responsible should be negotiated. The participant co-payment would be based on program sponsor, passenger income level, or time of day of the service. The co-payment policy could be designed to require individuals traveling out of the area to pay the difference between the value of the voucher and the negotiated trip rate for the destination. A participant could make a co-payment to the private transportation provider who would bill for the balance of the trip rate, or a participant may pay the co-payment to the voucher project coordinator when requesting coupons. Transportation services provided by volunteer drivers should be completed without participant co-payment.

Estimated Voucher Pilot Budget

An initial program budget of \$650,000 and the participation by 100 individuals—50 individuals within two voucher pilot project locations—are recommended. Under this scenario, individuals will be allowed to obtain up to 10 one-way trips per week (52,000 trips per year). This will sufficiently enable participants to use vouchers for employment trips, a focus benefit area for the program. The use of volunteer drivers within the program will extend the available funding and should aggressively be pursued.

To effectively manage the voucher program, an allocation per year should be established for the purpose of supporting a mobility manager for the program. In addition, funding will need to be provided to cover administrative costs associated with printing vouchers; coordinating community resource staff, grant awarding agencies, and social service agencies; vendor monitoring; billing and reconciliation activities; and overall program support.

Chapter 5 of the report provides specific recommendations to the Florida Developmental Disabilities Council (FDDC) to increase consumer directed choice options in the provision of transportation services in Florida through the development and implementation of transportation voucher pilot projects. Key recommendations follow.

Recommendation 1: The FDDC shall work with the Florida Governor's Commission on Disabilities to:

- 1) Educate legislators on the benefits of providing alternative mobility options for people with disabilities, as provided within this report.
- 2) Provide specific examples to legislators on successful transportation voucher programs that have been implemented, as referenced and described in this report.
- 3) Endorse and encourage the use of transportation voucher programs.
- 4) Request state legislators to budget and allocate discretionary funding to assist in the implementation of two or more transportation voucher pilot projects.

Recommendation 2: The FDDC shall establish a Transportation Mobility Options Collaboration consisting of representatives of the FDCC, the Florida Governor's Commission on Disabilities, the Florida Commission for Transportation Disadvantaged, and the Florida Department of Transportation. The tasks and focus of the Collaboration will be as follows:

- 1) Continue to maintain an active focus on the need for timely, dependable, and affordable transportation services for Floridians with disabilities.
- 2) Encourage the expansion of all mobility services and options available to Floridians.

- 3) Encourage the design of transportation mobility services that provide access to employment, education, health care, and community life and their development on a regional level, not restricted to specific political boundaries.
- 4) Promote an all-encompassing mobility management approach at all levels of government—state, county, and local—to foster working relationships among all public transportation service providers and policy makers.
- 5) Address and overcome any institutional barriers that impede the implementation of innovative mobility approaches such as travel vouchers and volunteer programs.
- 6) Encourage and promote the acquisition and use of accessible taxi vehicles that would expand the mobility options available to individuals with disabilities.
- 7) Endorse and encourage the use of transportation vouchers and volunteer programs, which have been proven to be feasible, cost-effective, and effective in satisfying some service gaps.

Recommendation 3: The Transportation Mobility Options Collaboration shall develop, undertake, and evaluate the implementation of two or more transportation voucher pilot projects within Florida from applicants who express a willingness to establish, implement, and manage transportation voucher programs. This undertaking shall:

- 1) Use a competitive Request for Proposal or Grant Application process to solicit local project coordinators.
- 2) Use the discretionary seed funding identified by the FDDC and the Florida Governor’s Commission on Disabilities and require applicants to provide a minimum funding match to maximize the project’s impact and to measure local interest.
- 3) Determine a minimum combined funding (i.e., discretionary and local match) level based upon estimated voucher pilot project budgets provided in the report to ensure an adequate annual allocation for the pilot projects.
- 4) Develop an applicant submittal package that would address the parameters and technical requirement elements addressed in this report.
- 5) Include transportation pilot projects that are regional in nature and represent both rural and urban/rural operating environments.
- 6) Provide preference to applicants whose proposals work within existing transportation mobility systems to avoid duplication of expenses and effort.
- 7) Provide preference to regions that have been active in planning for and development of the coordinated human service transportation plans.
- 8) Provide preference to applicants who demonstrate fiscal and managerial capacity to coordinate federal and state funded transportation services and manage corresponding grants.
- 9) Establish a set of minimum performance standards to address insurance requirements, driver requirements, vehicle types, and program management.
- 10) Require that the pilot project adhere to all existing rules, regulations, and laws, including Chapter 14–90, Florida Administrative Code.

- 11) Evaluate and document the transportation voucher and volunteer programs from inception to completion.

Recommendation 4: The Florida Developmental Disabilities Council, Inc. shall continue to work in a unified manner with its partners, including the Florida Governor's Commission on Disabilities, to seek additional revenues for transportation projects that benefit people with disabilities.

Recommendation D-5 (2008/Rev. 2009)

Develop and support initiatives to improve communication between consumers, transit systems, and public works agencies that will eliminate and prevent barriers to pedestrians with disabilities. Make infrastructure elements, such as sidewalks, crosswalks, and bus stops, accessible for people with disabilities to facilitate access to mass transportation services.

- **Partners:**
 - Florida Department of Transportation (DOT)
 - Transportation Disadvantaged Commission
 - County and Municipality ADA Coordinators
 - Centers for Independent Living
- **Progress:**
 - Dialogue has been established with state and county representative to address issues identified in this recommendation.
- **Plan:**
 - Continue dialogue with identified partners to develop and expand strategies to address identified barriers.
 - The U.S. government—through collaboration among the U.S. Department of Transportation, U.S. Access Board, and related entities—is developing accessibility guidelines and standards to update the public right-of-way, transportation vehicle, and related accessibility elements within this domain.
 - The Florida DOT was awarded a national grant in late 2008 to advance software to assist persons with disabilities with their community mobility. This software—the Travel Assistant Device (TAD)—uses global-positioning-system-enabled cell phones to provide public transportation riders with real-time audio, visual, and tactile prompts. The program was designed to help passengers with cognitive disabilities but has application also for persons with vision and hearing loss. At this time, the TAD can be used to signal the rider when they should exit the transit vehicle by audio, visual, and vibration prompts. The TAD can also be used to track a user's location by authorized

personnel from any computer to provide an additional level of security when traveling independently in case the passenger becomes lost. The rider also can be signaled using Google Transit software by entering beginning and destination locations. The program has been successful in limited field tests by several young adults with cognitive disabilities. Project researchers will be partnering with public transit companies in Florida to further develop the program's capabilities.

- o Vehicle (bus and van) transportation guidelines and airport guidelines are currently being articulated at the federal level by the U.S. Department of Transportation Access Board that would make all public announcements at all airports and public ground transportation facilities fully accessible to persons with hearing loss. Systems and facilities serving 100 or more passengers are targeted for initial accessibility modification. Florida could work with this federal project and apply for stimulus funding to provide similar accommodations to smaller systems and facilities. As early as 2004, Hawaii's mass transit system was reported to have scrolling text displays of upcoming bus stops to assist passengers with hearing loss (source: Commissioner Christopherson, Governor's Commission on Disabilities). Florida could collaborate with the U.S. Department of Transportation to issue and enforce regulations for the Air Carrier Access Act that ensure access to all airline services (ticketing, boarding, passenger, baggage handling, and problem resolution) and ensure that individuals who are deaf, hard of hearing, or deaf-blind can exercise their right of self-determination for independent travel.

Justification

An accessible pedestrian environment is a key factor in the use of public transportation by persons with disabilities. In the Federal Highway Administration's *Manual of Uniform Traffic Control Devices*, a pedestrian is defined as "a person afoot, on skates, on a skateboard, or in a wheelchair." There is often a "disconnect" between the bus stop, which is the responsibility of the transit agency, and the accessibility of the public right-of-way, which is controlled by the public works department. Identifying and resolving environmental barriers can involve city, county, and state departments concerning the same intersection or walkway.

Commentary

At this time, Title II of the Americans with Disabilities Act requires state and local governments to make pedestrian crossings accessible by providing curb ramps. Local governments have the legal obligation to maintain existing sidewalks to ensure that there is a usable path of travel to the programs, services, and activities offered to the public.

A path that is safe and allows independent travel involves more than just curb ramps, however. The United States Access Board has begun a rulemaking process to revise accessibility requirements for public rights-of-way. This includes pedestrian access to streets and sidewalks, including crosswalks, curb ramps, street furnishings, pedestrian signals (including accessible pedestrian signals for people with visual impairment), parking, and other parts of public rights-of-way. These rules will impact all stages of public right-of-way development, including planning, design, construction, and maintenance. ADA guidelines developed by the Access Board will not be enforceable until the U.S. Department of Justice and the U.S. Department of Transportation issue regulations adopting them as the standards.

A travel path to public transit that is not accessible to a person with a disability gives him or her automatic eligibility for more costly paratransit transportation service. Not only does this limit personal independence, but also, according to the *2008 Annual Performance Report* of the Florida Commission for the Transportation Disadvantaged, each one-way trip will cost approximately \$22.

Federal law requires local governments to provide funding for ADA paratransit services. Federal funding sources are available for public rights-of-way, such as the Surface Transportation Program for sidewalks, traffic calming, and accessibility projects. The Congestion Mitigation and Air Quality funding program will pay 100 percent for some signalization projects. Making these areas accessible to a fixed route can be more cost-effective in the long run for many communities.

Despite the efforts of municipalities and counties to make crosswalks and bus stops more accessible, these efforts are not well coordinated and often fraught with problems, some of them dangerous. The Commission is aware that, while lawful, some sidewalks and bus stops are adjacent to deep drainage ditches with little or no protection, especially for individuals with visual impairments. Other problems, such as bus stops and curbs that are not compatible with wheelchair lift devices on accessible vans, while not dangerous, render the infrastructure elements ineffective. Some improvements can be made at little cost, such as adding rings to the posts of bus stops so that persons with visual impairments can identify them with their canes.

Also of concern is the accessibility of mass transit announcements at airports, train stations, bus stations, and on buses. Arrival, departure, and schedule changes must be displayed visually for those with hearing loss. There is also the promise of induction loop technology, which provides direct audio communication to users of hearing aids that have tele-coils. By the same token, verbal announcements must be made for those passengers who are visually impaired. Such forms of communication are critical to successful travel for persons with visual impairment or hearing loss.

An effort should be made to identify transition plans across the state, determine their levels of completion, investigate inconsistencies and incompatibilities, and further, to identify locations in Florida where transition plans are not yet in place and begin their development. Further efforts should be made to ensure that transportation systems

are accessible throughout Florida. The result will be that people with disabilities will be more independent in providing for their transportation needs and less dependent on paratransit providers.

Involvement of consumers, policy makers, planners, engineers, builders, and transit providers is critical to providing another choice for successful public mobility. It is easy to see that a pedestrian-friendly street is an accessible street. The bottom line is this: travel path accessibility for a person with disabilities does not require a special sidewalk or intersection but does require communication and understanding between all involved participants.

Recommendation D-6 (2008/Rev 2010)

Increase the penalties for accessible parking violations to include points added to the violator's driver license. Increase the enforcement and penalties for the fraudulent use of parking placards. Develop or increase penalties for illegally or fraudulently issuing parking placards.

- **Partners:**
 - Department of Highway Safety and Motor Vehicles
 - Centers for Independent Living
 - Paralyzed Veterans of America
 - Local law enforcement agencies
- **Progress:**
 - The Commission has been in contact with legislators who recognize this issue and have indicated an interest in developing strategies to address issues identified in this recommendation.
- **Plan:**
 - Continue discussion with legislators and identified partners.

Justification

Florida law includes eligibility requirements to be met in order for a person with a mobility disability to acquire an accessible parking permit. However, current enforcement efforts and penalties for abuse and fraudulent use of these permits have not proven to be a strong deterrent. The Commission feels that increased penalties would provide a deterrent to this criminal activity.

Commentary

The Commission proposes that restructuring the present penalty system, such as adding points to an offender's driver license, would be an appropriate deterrent. In

addition, information regarding persons with disabilities and accessible parking should be included in all driver education programs and Florida Basic Driver Improvement courses. A local hotline number and list of penalties should be added to the signage in accessible parking locations to notify offenders and to report violators.

Under current law, counties and municipalities can establish local ordinances to use dollars collected from accessible parking violation fines and for collected dollars to be used specifically for the needs of persons with disabilities. This has been done in a few areas of the state but could be expanded statewide for greater benefit of all persons with disabilities.

In addition, accessible parking placards in Florida should be difficult to counterfeit. Technology is available to incorporate special inks for glowing, glitter, and/or holographic effects within the legally issued placards.

Although the issue of accessible parking violations rarely gets publicity, a story of alleged flagrant violations came to light in 2008 at Miami International Airport. According to investigators, more than 200 airport employees were illegally parking in designated accessible parking spaces. Recently, the first arrest in this case was announced. This incident has received wide coverage in South Florida and was picked up by national media, suggesting that this is an issue whose time has come in Florida. The texts of two news reports about this case can be found in Appendix IV of this report.

Recommendation D-7 (2008/Rev. 2009)

Require fueling stations have accessible notification systems affixed to all gas pumps to provide a telephone number that persons with disabilities may use to notify attendants that assistance is needed. Require fueling stations install a call-bell system on 50 percent of fueling islands so persons with disabilities may notify attendants that assistance is needed without the use of a cell phone.

- **Partners:**

- Paralyzed Veterans of America
- Centers for Independent Living
- Tampa Mayor's Alliance on Disability
- Private industry

- **Progress:**

- Progress has been made via numerous meetings with private industry, which has indicated strong support for this recommendation as evidenced by placement of stickers on gas pumps at retail locations in central and south Florida.

- **Plans:**
 - Continue collaboration with identified partners to further develop and implement this recommendation.
 - In 2009, the Paralyzed Veterans Association, Central Florida (PVA-CF) expressed interest in taking the lead on this issue. Acknowledging that this access issue involves education and communication, the PVA-CF reached out to the Gas Retailers Association to develop a partnership between merchants and customers.
 - Build on the success in central Florida and expand this movement across the state.
 - Replicate the attendant notification system currently used by the Florida Turnpike.
 - Develop a program to educate and train gas station owners and employees regarding equivalent services as defined under the ADA.

Justification

Section 526.141, Florida Statutes, requires full-service gasoline stations that offer self-service at a lesser cost to offer gasoline at the self-service price to any motor vehicle properly displaying a disabled parking permit or license plate, in accordance with state laws. The person to whom such permit has been issued must be the operator of the vehicle. Such stations must prominently display a decal no larger than eight square inches on the front of all self-service pumps clearly stating the requirements of the law and the penalties applicable to violations of the law.

Unfortunately, current law does not provide a method for the person with disabilities to request assistance other than using an intercom system, if available, or physically going inside the store. A problem with the present intercom systems is that they are out of reach for persons in wheelchairs. Also, under the current law, if only one attendant is working, the store does not have to provide assistance in dispensing fuel. A phone number that connects the driver to the attendant, printed on the gas pump or prominently displayed on the pump island, would enable persons with substantial mobility disabilities to better access the services, if available. However, other stickers frequently affixed to gas pumps warn motorists to not use their cell phones near the pumps for safety reasons.

Commentary

The proposal would need language that specifies the limits of assistance, such as the time of day that assistance is available, that service is available only if there are two or more attendants on duty for purposes of safety and security, that the attendant cannot ask the driver to verify their disability but may ask for proof that the operator of the vehicle is the person who has been issued the parking permit or special license plate (including out-of-state motorists) that qualifies them for fueling assistance, that no assistance will be provided if there is someone else in the vehicle

who can provide the pumping service, that no additional services beyond refueling will be provided at self-service pumps, and that no additional fees can be charged for fuel assistance.

Specific legislation is in effect in several states, and all have included additional language to address certain situations that may occur while complying with this requirement.

Section E – Civil Rights

Recommendation E-1 (2008/Rev. 2010)

Create the Floridians with Disabilities Act by enacting the substantive provisions of the Americans with Disabilities Act as state law. Provide enforcement authority to the Florida Attorney General and the Florida Commission on Human Relations.

- **Progress:**
 - The Legal and Civil Rights Committee and Commission staff worked with the Governor's office, legislators, and organizations representing persons with disabilities on Senate Bill 2396, the Floridians with Disabilities Act, in the 2010 Legislative Session. This bill would enact the provisions of the Americans with Disabilities Act as Florida law in an effort to expand the options available to individuals with disabilities and ADA Title II and Title III entities to identify and resolve alleged violations of the ADA. Although the bill did not pass, it garnered substantial interest and support from key legislators.
- **Plans:**
 - The Commission will work for the bill's reintroduction and passage in 2011.

Justification

This recommendation would provide Floridians with greater protection against discrimination and access barriers compared to current Florida law.

Commentary

The Americans with Disabilities Act already applies to all public and most private entities in Florida. Florida courts have additionally held that the ADA and the existing Florida Civil Rights Act (FCRA) in Chapter 760, F.S., provide persons with disabilities essentially equivalent protection against employment discrimination. Nevertheless, Florida law affords persons with disabilities less protection against barriers to accessing government and commercial services than does the ADA. Adopting the ADA as state law in Chapter 760, F.S., would provide Floridians who have disabilities a greater capacity to enforce the protections that already exist in titles II and III of the ADA.

The most significant difference between the ADA and the FCRA is the treatment of commercial entities defined as *public accommodations*. The FCRA narrowly defines

public accommodations such that only places of lodging, entertainment, on-site food or beverage consumption, and gas stations are covered. The ADA defines public accommodation to include virtually any commercial establishment that people frequent as part of daily living. The FCRA also lacks a clear analog to Title II of the ADA, which requires accommodation of disabilities in the operation of government programs and in the delivery of services.

Although all Florida government entities and commercial establishments must comply with the ADA and are subject to suit in state or federal court if they do not, legislative enactment of the ADA within Chapter 760, F.S., would afford Floridians with disabilities access to the compliance and enforcement apparatus that Chapter 760 already provides for in the FCRA. Specifically, Floridians would be able to seek the assistance of the Florida Commission on Human Relations and the Florida Attorney General to enforce the full range of protections in the ADA.

This means, for example, that a person who has been unable to resolve a problem with a physical barrier at a shopping center would be able to file a complaint with the Florida Commission on Human Relations. The complainant would also have the option to pursue relief through an administrative proceeding under Chapter 120, F.S., rather than filing a lawsuit in court, after the Commission on Human Relations completed its investigation. Finally, in appropriate cases, the Florida Attorney General's office could intervene and investigate or file a complaint on behalf of all affected citizens.

Currently, neither the Commission on Human Relations nor the Attorney General would have jurisdiction over the shopping center complaint because a shopping center, while a public accommodation under the ADA, is not covered by the FCRA. The alternative enforcement mechanisms under the FCRA can be very effective in resolving actual and perceived ADA violations without the affected individual having to pursue an independent lawsuit. This alternative can benefit the individual and the entity against which the complaint is lodged.

To maximize the benefit of expanding the FCRA to fully incorporate the ADA, the Florida Commission on Human Relations and the Attorney General would need to be provided additional funding to ensure they have adequate resources to provide meaningful assistance.

Recommendation E-5 (2008/Rev. 2010)

Assess public access to all state government buildings to ensure physical access for persons with disabilities. Make modifications where appropriate.

- **Partners:**
 - Florida Department of Management Services (DMS)

- **Progress:**
 - The Legal and Civil Rights Committee and Commission staff, working from an accessibility survey tool developed for the state courts system, has created a survey instrument for state agency buildings. The survey instrument can be distributed to appropriate state agency staff to survey state buildings and plan for needed modifications, per the prior recommendation.
 - The DMS, together with Commission staff, formed a task force to implement the building survey and modification process. The task force commenced work by initiating a survey of the Capitol Complex. When the Capitol survey is completed and areas of need are identified, the Property Managers at state agencies will be forwarded a copy of the survey with a letter explaining the survey and modification process. Implementation of recommended modifications to the Capitol will occur as the task force moves forward. Some changes will have to be addressed through the Capitol's three-year capital improvement plan due to the fiscal impact.
 - The task force began surveying the Capitol on the 22nd floor. This survey entails a very detailed examination of all areas of each floor to identify and document areas that need modification. The DMS personnel estimate the cost of completing each modification and incorporate each project in the Capitol's proposed legislative budget request (LBR) for review and consideration during the next budget planning cycle.
- **Plans:**
 - The task force is also working on a strategic plan to be used to implement a statewide building modification plan. As this plan is developed, progress will be reported to the Commission through the Executive Director's Progress Report. The Commission and its partners recognize that this is a multi-year project and are dedicated to full implementation.

Justification

This recommendation would signal Florida state government's commitment to complying with the ADA and advancing the right of citizens with disabilities to full community inclusion.

Commentary

Florida prides itself on providing open and transparent government. The Governor's Office of Open Government's initiative to survey state and local government public meeting notices, and its participation with the Commission to improve those notices (see Recommendation E-3), highlight Florida's commitment to pursue citizen-friendly

government. Florida's executive branch has made significant efforts to make its facilities more accessible to persons with disabilities since the enactment of the ADA in 1991. It is also true, however, that access to many state buildings remains difficult for persons with disabilities.

Florida's judicial branch, under the leadership of Supreme Court Chief Justice Fred Lewis, recently undertook the task of surveying all judicial branch facilities to identify access barriers and to develop plans for each facility to eliminate those barriers. This project has already compiled a comprehensive site survey instrument and extensive training materials.

The Governor's Office of Open Government could coordinate an executive branch project following the Supreme Court's model and using the same survey tools. While the survey would require the allocation of staff time from executive branch agencies, it could be accomplished on a schedule that would not create a substantial fiscal impact. Accessibility accommodations that require minor physical modification of facilities could be implemented within an agency's repair and maintenance budget. More substantial modifications could be funded through legislative fixed capital outlay appropriations. Florida cannot claim a completely open state government until all Floridians can access its public buildings.

Recommendation E-9 (2009)

Florida should enact legislation to appropriately regulate and provide reporting requirements for the use of restraint and seclusion in the state's public and private schools.

- **Partners:**
 - FDOE
- **Progress:**
 - Commission staff has been working with FDOE's Bureau of Exceptional Education and Student Services' (BEESS) Statewide Advisory Council to develop potential policies and Technical Assistance Papers.
 - Information was disseminated by the FDOE on July 16, 2010, regarding provisions of House Bill 1073. The bill creates two new statutes: section 1003.573, F.S., *Use of seclusion and restraint on students with disabilities*; and section 1012.582, F.S., *Continuing education and in-service training for teaching students with developmental disabilities*. The two newly created statutes impact school practices with regard to students with disabilities and also establish additional curriculum options for in-service/continuing education provided to instructional personnel.

- **Plans:**

- A Web-based reporting system is under development by the FDOE that will meet the requirements related to the contents of the incident report required in section 1003.573, F.S. It will also satisfy the requirement that incident data be submitted to BEESS on a monthly basis. The Web-based reporting system will be piloted in July by two school districts where extended school year services are being provided. During the first two weeks in August, training on the use of the system and a user guide will be provided to district staff. In turn, district staff will need to provide training to their school personnel. All districts will begin using the system at the start of the 2010–2011 school year. BEESS will assign logins to district level users to view entries within their districts. District staff will assign logins to school level users who will enter incidents in the system.
- Technical assistance papers related to the use of manual physical restraint and time-out are being revised to align with this legislation and will be disseminated prior to the beginning of the 2010–2011 school year.
- BEESS is preparing a revision to the Exceptional Student Education (ESE) Policies and Procedures document to incorporate district policies and procedures related to use of manual physical restraint and seclusion. This document will be provided to districts in July and must be submitted to the Bureau no later than January 31, 2011.

Justification

Reports by the U.S. Government Accountability Office and by professional and advocacy groups, as well as public comment to the Commission’s Civil Rights Committee, indicate that the largely unregulated and sometimes inappropriate use of restraint and seclusion to manage problem behaviors in public and private schools places students at risk of serious physical and psychological harm. The research demonstrates that students with disabilities are disproportionately affected by these practices. There are no federal laws or regulations that meaningfully address restraint and seclusion in schools. Florida law is largely silent on this issue.

Commentary

Restraint consists of any method or device to involuntarily limit movement. *Physical restraints* generally refer to the use of interpersonal contact to restrict a subject’s movement. The term *mechanical restraints* refers to devices or objects, such as shackles, straps, tape, and weights, applied to a subject to restrict movement. *Seclusion* is involuntary isolation in a closed room or area from which the individual is physically prevented from leaving. It is important to note that seclusion is not the same as *time out*, which is generally recognized as an appropriate behavior

management technique. Time out, however, can become seclusion when it involves involuntary confinement or continues for an excessive period.

Mental health and other behavioral professionals recognize that restraint and seclusion are sometimes clinically appropriate in a controlled setting for short periods when less restrictive options have failed to reduce behaviors that endanger a patient or those around the patient. Clinicians also recognize, however, that restraint and seclusion can be physically dangerous and psychologically harmful to patients. For that reason, residential treatment and habilitation facilities have moved away from these practices in recent years and have developed strict regulations to govern restraint and seclusion, when used. For example, see §§ 393.13(2)(d)8 and 393.13(3)(g), F.S., (Bill of Rights for Persons with Developmental Disabilities); § 394.453, F.S.; and Rule 65E-5.180(7), F.A.C.

Reports issued in 2009 by the U.S. General Accountability Office (GAO), the Council for Children with Behavioral Disorders, and the National Disability Rights Network suggest that public and private school staff sometimes employ behavior management techniques—particularly with students with developmental or behavioral disabilities—that meet the clinical descriptions of restraint and seclusion. Unlike mental health treatment facilities, however, the use of these practices by schools is generally unregulated and is usually neither tracked nor reported. That scenario is the status quo in Florida schools as well as in many other states. The result has been that some students with disabilities have been subjected to grossly inappropriate use of restraint and seclusion, and some have been abused under the guise of behavior management.

Prevalent data on restraint and seclusion in schools is quite limited due to the lack of reporting requirements, but there is enough data to demonstrate that it is an important issue. The GAO found that Texas and California track the practices in some respects. From September 2007 through June 2008 (a single school year), Texas schools formally reported 18,741 instances in which restraint of some sort was used on students. California, for the same period, reported 14,354 instances of restraint, seclusion, or other “emergency intervention.”

Evaluation of specific school cases also suggests that there is cause for concern. The GAO and the other organizations found several recurring themes in the sample of specific cases they examined: (a) most incidents involved children with disabilities; (b) restraint and seclusion were frequently used as disciplinary measures, even when the child was not being physically aggressive; (c) parents had not consented to the use of restraint or seclusion and were sometimes not notified even after it occurred; (d) several instances involved prone and face-down physical restraints, which are particularly dangerous; and (e) school staff were often not trained in appropriate restraint and seclusion practices.

The reports note that federal regulation of restraint and seclusion in schools is largely lacking and that state regulation is, in many states, quite limited. The reports express concern that restraint and seclusion, while closely regulated and

increasingly disfavored in medical and psychiatric settings, continue to be largely unregulated in most school systems. Protection and advocacy organizations nationwide, such as Florida's Advocacy Center for Persons with Disabilities, have been increasingly involved in investigating and attempting to resolve individual restraint and seclusion cases. In Florida, the Advocacy Center also has called for comprehensive regulation of these practices.

The Florida Department of Education has begun to address this issue, but its efforts cannot entirely replace legislation. In 2008, FDOE published *Guidelines for Use of Manual Physical Restraint in Special Education Programs*, which provides nonbinding recommendations to school districts on when and how to appropriately use physical restraint. This technical assistance paper, however, addresses only physical restraint, not mechanical restraint or seclusion, and is unenforceable. The FDOE is also in the process of developing rules that address the use of physical force with students. A draft of this rule includes some guidelines for the use of seclusion, as well as physical force; but again, it does not address mechanical restraint. The FDOE, moreover, lacks jurisdiction over private schools, and protection for all students is needed. The Florida State Fire Marshal has promulgated Rule 69A-58.0084, Florida Administrative Code, which provides some physical and operational requirements for seclusion rooms. This rule, however, is geared toward fire safety and does not address many of the functional problems related to seclusion.

Florida should address this issue through legislation. Existing laws and regulations in other states can provide guidance. For example, see Colorado Rev. Stat., §§ 26-20-101 – 109; 1 Colorado Code of Regulations 301-45; Connecticut Gen. Stat. §§ 46a-150 to 154; 105 Illinois Comp. Stat. 5/2-3.130, and 5/10-20.33; Illinois Admin. Code title 28, §§ 1.280, 1.285; Maryland Code Regs. 13A.08.04.01 - .06; 603 Massachusetts Code Regs. 18.05, 46.01-.07. The pertinent laws and regulations from all of the states are more completely indexed in the reports from the GAO and the other organizations referenced above.

Florida could also look to Rule 65E-5.180(7), F.A.C., which comprehensively regulates restraint and seclusion in a broad array of mental health treatment facilities as defined in section 394.455(10), F.S.

Recommendation E-10 (2009)

The Bill of Rights for Persons with Developmental Disabilities should be amended to broaden the protections against sexual abuse and harm and to strengthen the civil enforcement provision of the act.

- **Partners:**
 - Agency for Persons with Disabilities
 - Advocacy Center for Persons with Disabilities
 - Autism Spectrum Disorder Task Force
 - Florida Developmental Disabilities Council

- **Progress:**
 - The Commission worked with the Agency for Persons with Disabilities, Autism Spectrum Disorder Task Force, Advocacy Center for Persons with Disabilities, Florida Developmental Disabilities, along with parents, caregivers, and advocates in support of amending the Bill of Rights for Persons with Developmental Disabilities to provide greater protection from abuse or neglect. The 2010 Legislature enacted HB 1073, which revised section 393.13, F.S., to deliver the enhanced protection against all forms of abuse. Governor Crist signed the bill at the Family Café.

Justification

A recent opinion from the Florida Fifth District Court of Appeal has revealed potential gaps in the protections guaranteed under the sexual abuse and harm clauses of sections 393.13(3) (a) and (g), F.S., that have weakened, and likely jeopardized, the rights of persons with developmental disabilities to enforce the act through civil causes of action under section 393.13(5), F.S.

Commentary

Section 393.13(3)(a), F.S., guarantees persons with developmental disabilities the right to be free from sexual abuse in residential facilities. This is obsolete language dating back to when most persons with developmental disabilities resided either with their families or in large institutions. Today, persons with developmental disabilities also reside in supervised independent living arrangements and in family-style group homes. Section 393.13(3)(a), F.S., needs to be revised to delete the reference to residential facilities. The Bill of Rights for Persons with Developmental Disabilities (DD Bill of Rights) should expressly protect this vulnerable population from sexual abuse at all times and locations, not just in residential facilities.

The case of *Special Olympics of Florida, Inc. v. Margaret Showalter, et al.*, 6 So. 3d 662 (Fla. Fifth District Court of Appeals, 2009) is a recent appellate decision

concerning two developmentally disabled adults who were sexually molested while participating in an Orlando Special Olympics event. The perpetrator was an individual who had previously been formally associated with Special Olympics. The Special Olympics had been advised of instances of this individual sexually abusing other developmentally disabled athletes but failed to prevent this individual from having unsupervised access to the two vulnerable plaintiffs. A verdict favorable to the developmentally disabled plaintiffs was reversed by the appellate court, which held that section 393.13(5), F.S., imposed liability for violation of the DD Bill of Rights only upon the person who actually harmed the victim and possibly upon any entity that was vicariously liable for the actions of the perpetrator. The court's opinion suggests that section 393.13(3)(g), F.S., could not be applied to impose liability upon a provider of services to a person with a developmental disability in the event the provider is negligent when delivering services. Sections 393.13(3)(g) and (5), F.S., should be revised to expressly provide these vulnerable persons statutory protection from the negligence of service providers, whether that provider is an individual or another legal entity.

In the United States, people with developmental disabilities such as mental retardation, autism, cerebral palsy, epilepsy, and severe learning disabilities are at disproportionately higher risks for violent victimization and neglect. Although the scientific evidence is scanty (research is mostly from the 1990s and there are no reports from Florida), a handful of studies from the U.S., Canada, Australia, and Great Britain have consistently shown that violence, abuse, and neglect affect people with developmental disabilities with staggering frequency. (See *Crime Victims with Developmental Disabilities*, Petersilia, Foote, & Crowell, 2001.)

Joan Petersilia, Ph.D., professor of criminology and formerly a member of the Mental Retardation Research Center at the University of California at Irvine, is now at the Stanford University Law School and co-chair of the Law and Justice Committee of the National Research Council. Professor Petersilia is a leading authority on the subject of crime against persons with developmental disabilities and compiled the most current data and studies into a presentation entitled, "Violence and Abuse Against Persons with Developmental Disabilities and Mental Retardation." The data show that persons with developmental disabilities are 11 times more likely to suffer from sexual assault, and the chances of sexual assault are exceedingly greater for teenaged girls and younger women. The risk of being victimized by robbery is 13 times greater than the general population.

All of the studies show much greater rates of "re-victimization" as well. An Australian study took a comprehensive look at crime and neglect of the developmentally disabled in that country (*Australian National Crime Victims Survey*, 1992). Using the Australian data and applying the difference ratios by crime types to the United States' *National Crime Victims Survey* of 1994, Dr. Petersilia determined that approximately 5 million crimes occur each year against persons with developmental disabilities in the U.S.

Statistics relating to the abuse and neglect of children with developmental disabilities are equally disturbing. The Roeher Institute in Canada found that child abuse and neglect occur two to three times more often in children with disabilities in Canada. Dr. Petersilia documented that various data sources reported ranges of 40 to 70 percent of girls and 16 to 30 percent of boys with developmental disabilities will be sexually abused before the age of 18. Although less than 5 percent of children in the U.S. have developmental disabilities, of all children physically and sexually abused, nearly one in five—almost 20 percent—were developmentally disabled. However, these numbers are unquestionably underestimated because the statistics only include reported cases and exclude children in institutions (*Annual Report*, National Center on Abuse and Neglect, 1993).

Therefore, the data are overwhelmingly indicative of the fact that children and adults who have developmental disabilities are at great risk of abuse. It is imperative for caregivers and providers to take prudent steps and exercise reasonable precautions designed to prevent abuse and neglect of those who are entrusted to serve and protect persons with developmental disabilities.

Sections 393.13(3) and (5), F.S., along with other sections within the act, are intended to provide a legal foundation to protect individuals with developmental disabilities in settings that are not supervised by the State. The act sets forth rights for anyone with a developmental disability, as defined in Florida law.

Sections 393.13(3) (a) and (g), F.S., provide protections for persons with developmental disabilities from sexual abuse and harm, and section 393.13(5), F.S., provides for a cause of action if these rights are violated.

Three principles that should guide the amendment of these statutes in the implementation of this recommendation are presented below.

Principle 1 – The right to be free from sexual abuse should be expanded beyond residential facilities.

Subsection (a) provides:

- (a) Persons with developmental disabilities shall have a right to dignity, privacy, and humane care, including the right to be free from sexual abuse in residential facilities.

The Commission finds that the right to be free from sexual abuse should not be limited to residential facilities. The above-cited studies show that persons with developmental disabilities are far more vulnerable to sexual abuse than the general population for a number of reasons. While sexual abuse of people with developmental disabilities is prevalent in residential settings, sexual predators, such as in the Special Olympics case, do not limit their abusive behavior to residential facilities. Nonresidential caregivers should take reasonable steps to protect

vulnerable citizens from abuse and neglect, just as residential providers should. Therefore, the Commission recommends that the right to be free from sexual abuse be expanded beyond the current residential facilities limitation.

Principle 2 – The right to be free from harm should include legal protection from negligence.

Subsection (g) provides:

- (g) Persons with developmental disabilities shall have a right to be free from harm, including unnecessary physical, chemical, or mechanical restraint; isolation; excessive medication; abuse; or neglect.

The Fifth District's holding in the Special Olympics case relied on this subsection to support its decision to deny the victims in that case their right to enforce the act via a civil cause of action. The court opined that the statute, at least under the facts of that case, applies only to the individual who causes harm to the victim. The court determined that the molester in that case was not acting within the course and scope of an employment or agency relationship, and concluded that Special Olympics could not, therefore, be liable for violating the Developmental Disabilities Bill of Rights. The holding was vague and left open the question as to whether caregiver employers or principals may be legally responsible for the acts—intentional or not—of their employees or agents.

Principle 3 – Clarifying language should be added to section (5) to broaden protection against negligence.

Section (5) of Florida Statutes 393.13, provides:

- (5) LIABILITY FOR VIOLATIONS. — Any person who violates or abuses any rights or privileges of persons who are developmentally disabled provided by this act shall be liable for damages as determined by law. Any person who acts in good faith compliance with the provisions of this act shall be immune from civil or criminal liability for actions in connection with evaluation, admission, habilitative programming, education, treatment, or discharge of a client. However, this section shall not relieve any person from liability if such person is guilty of negligence, misfeasance, nonfeasance, or malfeasance.

The Commission finds that the Bill of Rights for Persons with Developmental Disabilities is intended to provide needed protections to persons who are vulnerable to abuse, neglect, or harm, and that enforcement of those protections through section (5) is essential to carry out the act's purpose. Therefore, the Commission recommends that clarifying language be added to section (5) to include the term *entities* in addition to the existing language that holds *persons* liable for negligence, so as to bolster the act's clear intent to protect against negligence, as well as intentional acts, by caregivers and providers entrusted to serve the needs of persons with developmental disabilities.

Section F – Health Care

The 2010 Legislature enacted CS/CS/HB 1073 (Chapter 2010-224, Laws of Florida), which made several revisions to the current law in order to meet the educational needs of children with developmental disabilities. The provisions within this law address a previous recommendation made by the Health Care Education Subcommittee.

Recommendation F-1 (2009/Rev. 2010)

Assist in the implementation of a comprehensive training program for teaching students with developmental disabilities, including “health education that addresses concepts of...mental and emotional health” as defined under Florida Statute 1003.42(2)(n).

Accomplishments

Since the passage of the All Handicapped Children Act of 1975, providing that all students with disabilities be educated in the “least restrictive environment,” there have been many laws enacted that build on this ideal of inclusion. In 2005, the National Center for Education Statistics reports that 54.2 percent of all children with disabilities were considered fully included in general education classrooms. Also, according to a report published in the *Wall Street Journal*, children with disabilities account for about 14 percent of all the nation’s students. Research has indicated that many students with disabilities make social and educational gains when included with adequate support and accommodations. However, the education and training of general education teachers in the area of special education have not kept up with this growing trend.

During the 2010 Legislative Session, CS/CS/HB 1073 was enacted by the legislature and signed by the Governor (Chapter 2010-224, Laws of Florida). The Legislature made several revisions to the current law in order to meet the educational needs of children with developmental disabilities. The law incorporates four provisions that address the Commission’s recommendation:

- **The law provides additional training requirements for child care personnel.** It revises the current training standards to include: autism spectrum disorder, early identification in developmental disabilities, use of state and local resources, classroom integration, and positive behavioral supports to the general subjects. It also provides training in care for infants and toddlers with developmental disabilities, including autism and Down syndrome.

- **The law provides new responsibilities for regional autism centers.** In addition to the current responsibilities, the law directs the Centers for Autism and Related Disabilities (CARDs) to coordinate and disseminate local and regional information regarding available services for children with developmental disabilities. The CARDs are also responsible for working with state agencies to develop training programs for early child care providers and educators.
- **The law improves continuing education and in-service training for teaching students with developmental disabilities.** The law requires the Commissioner of Education to develop recommendations for incorporating training related to autism, Down syndrome and other developmental disabilities into continuing education and in-service training requirements for instructional personnel. The FDOE will implement these recommendations by the beginning of the 2010–2011 school year. The law also grants the State Board of Education (SBE) rulemaking authority.
- **The law addresses the use of seclusion and restraint on students with disabilities.** The law establishes guidelines and procedures regarding the use, monitoring, and documentation and reporting of seclusion and restraint on students with disabilities.

The Commission supports the provisions within Chapter 2010-224, Laws of Florida (L.O.F.), and will continue to support agencies and partners in the implementation of the law. In addition, the Commission will continue to promote awareness within the community and workforce environment to ensure that these children assimilate within their respective communities.

Section G – Behavioral Health Care

Recommendation G-2 (2009/Revised 2010)

Support the implementation of programs, such as the Crisis Intervention Team model, that are proactive measures in preventing individuals with psychiatric disabilities from being at risk to the criminal justice system.

- **Partners:**
 - Partners in Crisis
 - The Florida Supreme Court’s Steering Committee on Families and Children in the Court
 - Correctional Medical Authority
 - Florida Department of Children and Families
 - Florida Department of Corrections

- **Progress:**
 - Individuals with severe and persistent mental illness are at risk of entering the criminal justice system due to behavioral difficulties that fall outside legal boundaries when adequate support and services are not available in the community.
 - The Florida Supreme Court's Steering Committee on Families and Children in the Court documents evidence to suggest that there is an escalation of individuals with severe and persistent mental illness who are incarcerated in the county and state prison system (*Mental Health: Transforming Florida's Mental Health System. Constructing a Comprehensive and Competent Criminal Justice/Mental Health/Substance Abuse Treatment System: Strategies for Planning, Leadership, Financing, and Service Development*).
 - Yet the funding for prison prevention and mental health care services has decreased: The 2010 Legislature made dramatic cuts to the statewide advocacy council and other state-funded programs.
 - The Crisis Intervention Team model is a program that trains law enforcement agents in how to work with individuals who have psychiatric disabilities and who exhibit behavioral problems.
 - Purpose of the program—to educate law enforcement officers on how to resolve a mental health “crisis situation” while providing a person with a psychiatric disability the chance to receive appropriate treatment (as opposed to being forced into the prison system).
 - The training program is administered by Partners in Crisis.
 - Several counties have implemented the training and experienced positive results.
- **Plan:**
 - Continue to build partnerships with health care service providers, law enforcement agencies, and private entities in order to meet the growing demands of this population.
 - Support the recommendations of the Florida Supreme Court's Steering Committee to build necessary services and supports for individuals at risk of criminal justice to include:
 - A forensic intensive-care management system to provide supervision, monitoring, and coordination of necessary services and supports
 - A wraparound service delivery model that includes behavioral health care treatment services as well as supported employment and housing (For those eligible for Medicaid, this could be provided best through a specialized Medicaid Waiver.)
 - An emphasis in the court system on diversion from jails and prisons into community treatment settings and specialized probation and parole programs to monitor those individuals released from prison settings

- Community-based competency restoration programs for those determined to be incompetent to stand trial who have committed nonviolent offenses
 - Crisis Intervention Team training for law enforcement agencies
- Continue to find alternative sources of funding as the state continues to make cuts and faces budget shortfalls.

Justification

Individuals with severe and persistent mental illness are at risk of entering the criminal justice system due to behavioral difficulties that fall outside legal boundaries when adequate support and services are not available in the community. Public policy groups evaluating the issue, such as the Florida Supreme Court and the Correctional Medical Authority, have clearly documented the steady rise in the number of persons with severe and persistent mental illness who are incarcerated in county jails and state prisons. This increase is inversely proportional to funding for community mental health services. Specialized services that are targeted to those at risk of or with a history of criminal justice system involvement are even scarcer.

Commentary

The Commission supports the recommendations of the Florida Supreme Court's Steering Committee on Families and Children in the Court in its report, *Mental Health: Transforming Florida's Mental Health System. Constructing a Comprehensive and Competent Criminal Justice/Mental Health/Substance Abuse Treatment System: Strategies for Planning, Leadership, Financing, and Service Development*.

Necessary services and supports for individuals at risk of criminal justice system involvement and for those persons released from jails and prisons include: (a) a forensic intensive-care management system to provide supervision, monitoring, and coordination of necessary services and supports; (b) a wraparound service delivery model that includes behavioral health care treatment services as well as supported employment and housing (For those eligible for Medicaid, this could be best provided through a specialized Medicaid Waiver.); (c) an emphasis in the court system on diversion from jails and prisons into community treatment settings and specialized probation and parole programs to monitor those individuals released from prison settings; (d) community-based competency restoration programs for those determined to be incompetent to stand trial who have committed nonviolent offenses; and (e) Crisis Intervention Team training for law enforcement agencies.

It is important that providers working in the community mental health system are competent in treating persons who have experienced trauma when working with persons involved in the criminal justice system. Incarcerated individuals are more likely than those in the general population to have experienced trauma prior to imprisonment and are also likely to be retraumatized in prison. Persons with mental

illness who are incarcerated are even more likely to have experienced trauma prior to incarceration and are more likely to experience trauma within the prison system. The same is true for youth in juvenile justice settings, with rates of post-traumatic stress disorder ranging as high as 50 percent. In one study, more than 90 percent of youth in detention reported experiencing at least one traumatic event.

Just as it is important for mental health professionals to be trained in trauma, it is equally important for law enforcement agencies to be trained to respond to a mental health crisis. Crisis Intervention Team training is a model being used successfully in many Florida counties when a person with a psychiatric disability has exhibited behavior that comes to the attention of law enforcement. The Crisis Intervention Team model increases the likelihood that a crisis situation will resolve safely for the person with the psychiatric disability and others involved, while decreasing the chances that the person will be taken to jail rather than an appropriate treatment setting. Florida should support Partners in Crisis, the organization providing training and support for the implementation of Crisis Intervention Teams statewide.

Recommendation G-3 (2009/Rev. 2010)

Combined with G-1

Support the needs of returning veterans with traumatic brain injury or behavioral health needs through the development of appropriate behavioral health care services and effective systems of referral. Providers within the community behavioral health system should be given specialized training, such as Trauma-Informed Care, to effectively treat this population's needs.

- **Partners:**
 - Florida Department of Children and Families
 - Partners in Crisis
 - Veterans Administration and similar organizations
 - Florida Department of Health
 - University of South Florida

- **Progress:**
 - As veterans return from Operation Enduring Freedom and Operation Iraqi Freedom, a number are being diagnosed with some form of neurological disorder including:
 - Traumatic brain injury
 - Post Traumatic Stress Disorder (PTSD)
 - Chronic or persistent mental illness
 - Chronic substance abuse disorders
 - Some form of major depression

- The Veterans Administration and other veterans' organizations are providing services and resources to help these individuals and their families.
 - However, many veterans and community support professionals are unaware of these services.
 - The Commission has recommended in the past to build an awareness campaign that will reach out to veterans through communication networks, such as public service announcements, the Clearinghouse on Disabilities, and Web sites where individuals are provided direct links to access services, such as the following:
 - www.suicidepreventionlifeline.org/Veterans
 - www.floridavets.org/first.asp
 - In addition, the Commission has been working with the Florida Department of Children and Families, Florida Department of Health, Florida Department of Juvenile Justice, and other partners to implement training programs, such as Trauma-Informed Care, to provide specialized training for providers within the community behavioral health system:
 - Trauma-Informed Care is the broad approach to treating individuals who have experienced violence or other types of trauma. It permeates the culture of the treatment setting and seeks to recognize and be sensitive to the far-reaching impact that trauma has on the lives of survivors.
 - Currently, community behavioral health centers do not have the resources to implement this approach.
 - The University of South Florida has conducted extensive research in this area and, with the proper funding, could develop a training program for health care professionals to practice the Trauma-Informed Care model.
 - The Commission continues to work with partners to find more solutions to help bring veterans and other individuals who suffer from traumatic experiences back to a normal life.
- **Plan:**
 - Continue to build an awareness campaign for veterans seeking services and support networks.
 - Reach out to those within the community behavioral health system to address the workforce needs as well as confront the barriers to proper treatment.
 - Assist the State University System in designing a comprehensive, Trauma-Informed Care model and training program.

Justification

Returning veterans with disabilities due to traumatic brain injuries, post-traumatic stress disorders, chronic or persistent mental illness, and chronic substance abuse disorders need access to treatment and community resources to support their return to their communities. Providers working in the existing community behavioral health system should be given specialized training, such as Trauma-Informed Care, to appropriately treat the specialized issues of returning veterans. It should be noted that PTSD, as a result of traumas experienced in combat, presents differently and requires different treatment techniques than when the disorder is caused by other types of traumas, such as abuse. Many veterans express a preference for care rendered by those specializing in veteran's issues and, in particular, care rendered by other veterans.

In addition to training, behavioral health treatment and community social service providers are in need of education on assistive supports that are available to returning veterans through the Veterans Administration. In addition, resources are needed for the provision of services and supports to family members.

Commentary

Epidemiologic data and studies regarding mental health problems among veterans are just beginning to emerge on a national level. An estimated 18.5 percent of all service members and veterans returning from Operation Enduring Freedom and Operation Iraqi Freedom suffer from PTSD or some form of major depression. Applying that percentage to Florida's returning veterans, approximately 32,450 of them may suffer from these disorders. National data also show that 47 percent of returning troops who met criteria for PTSD or major depression did not seek help from a provider for these conditions in the past year. In Florida, an estimated 15,250 returning veterans who suffer from mental health or substance abuse problems have not sought proper treatment. These national data also suggest that there are subgroups of returning veterans who are at increased risk for PTSD and major depression: Army soldiers, Marines, women, Hispanics, and individuals with deployment of over one year and exposure to combat trauma.

At the national and state levels, resources are being developed through the Veterans Administration and other veterans' organizations to provide services and supports to returning veterans. However, many veterans are not aware of the services available nor are other community support professionals who may be working with veterans. It is critical to increase awareness of resources among these groups. This could be accomplished via public service announcements and financial support to the Clearinghouse on Disability Information to link veterans to services. Two existing Web sites that could be publicized are: www.floridavets.org/first.asp and www.suicidepreventionlifeline.org/Veterans.

Training also should be developed for community support professionals who may be unaware of resources or unfamiliar with initiating referrals to veteran service providers.

Section H – Health Care Education

Recommendation H-1 (2009/Rev. 2010)

Assist in the implementation of a comprehensive training program for teaching students with developmental disabilities, including “health education that addresses concepts of...mental and emotional health” as defined under Florida Statute 1003.42(2)(n).

- **Partners:**
 - FDOE and Division of Vocational Rehabilitation
 - Agency for Person’s with Disabilities
 - Florida Department of Children and Families
 - The Florida Developmental Disability Council
 - Centers for Autism and Related Disabilities (CARDs)
 - The State University System
- **Progress:**
 - Since the passage of the All Handicapped Children Act of 1975, providing that all students with disabilities be educated in a “least restrictive environment,” there have been many laws enacted that build on this ideal of inclusion.
 - During the 2010 Legislative Session, the Legislature passed CS/CS/HB 1073, which made several revisions to the current law in order to meet the educational needs of children with developmental disabilities.
 - The bill incorporates four elements:
 - Provides additional training requirements for child care personnel:
 - ◆ The bill revises the current training standards for all child care personnel to include: autism spectrum disorder, early identification in developmental disabilities, use of state and local resources, classroom integration, and positive behavioral supports to the general subjects.
 - ◆ The bill also provides training in care for infants and toddlers with developmental disabilities, including autism and Down syndrome.
 - Provides new responsibilities for regional autism centers:
 - ◆ In addition to the current responsibilities, the bill directs the CARDs to coordinate and disseminate local and

- regional information regarding the available services for children with developmental disabilities.
 - ◆ CARDS are also responsible for working with state agencies to develop training programs for early child care providers and educators.
 - Improves continuing education and in-service training for teaching students with developmental disabilities:
 - ◆ The bill requires the Commissioner of Education to develop recommendations for incorporating training related to autism, Down syndrome, and other developmental disabilities into continuing education and in-service training requirements for instructional personnel.
 - ◆ FDOE is responsible for implementing the Commissioner's recommendations beginning the 2010–2011 school year.
 - ◆ The SBE is granted rulemaking authority.
 - Addresses the use of seclusion and restraint on students with disabilities:
 - ◆ The bill establishes guidelines and procedures regarding the use, monitoring, and documentation and reporting of seclusion and restraint on students with disabilities.
 - The Governor signed CS/CS/HB 1073 (Chapter No. 2010-224, L.O.F.); the law takes effect July 1, 2010.
 - **Plan:**
 - Assist agencies/partners with the implementation of the new law.
 - Continue to promote awareness within the community and workforce environment to ensure that these children assimilate within their respective communities.

Justification

Since the passage of the All Handicapped Children Act of 1975, providing that all students with disabilities be educated in a “least restrictive environment,” there have been many laws enacted that build on this ideal of inclusion. In 2005, 54.2 percent of all children with disabilities were considered fully included in general education classrooms, according to the National Center for Education Statistics. Also, according to a report published in the *Wall Street Journal*, children with disabilities account for about 14 percent of all the nation's students. Research has indicated that many students with disabilities make social and educational gains when included with adequate support and accommodations. However, the education and training of general education teachers in the area of special education have not kept up with this growing trend.

Most general education teachers have minimal experience or training regarding students with disabilities. Many teachers do not fully understand the nature of the disability, the accommodations needed, or the resources necessary to effectively educate a student with a disability. Teacher training and education that recognizes differences in learning and how to overcome these differences can be of benefit to all students, including students with disabilities.

Commentary

Students receiving comprehensive health education that addresses concepts of mental and emotional health must include information about the spectrum of disabilities in the community. Awareness of all disabilities will benefit all students.

Awareness is the key to overcoming some of the barriers and challenges persons with disabilities encounter on a daily basis and not just in inclusionary settings. Disability awareness will create a new generation of citizens who will enter the workforce with the knowledge, compassion, and understanding of the importance of an inclusive and accommodating environment from all career perspectives.

More pertinent data can be obtained from these sources on the Internet:

http://nces.ed.gov/programs/digest/d07/tables/dt07_048.asp
<http://online.wsj.com/article/SB119906505632958721.html>

Section I – Long-Term Health Care

Recommendation I – 1 (2009; Rev. 2010)

Conduct a multiagency study on the barriers confronting senior adults and people with disabilities living in home and community settings as opposed to institutional care settings such as nursing homes.

- **Partners:**
 - Agency for Health Care Administration
 - Agency for Persons with Disabilities
 - Florida Department of Elder Affairs
 - Florida Department of Children and Families
- **Progress:**
 - The executive order that established the Governor's Commission on Disabilities requires recommendations for independent living and the removal of barriers to the delivery of and access to services.
 - One of the major challenges facing Florida's senior and disability community is their ability to receive quality long-term care.

- Most individuals prefer to remain in their communities being cared for by familiar people rather than being institutionalized for long-term care.
- The Commission recommends a multiagency study that identifies obstacles to receiving reasonable community-based care.
- The goals of the study should include:
 - Address the specific barriers in the current system, such as regulatory constraints and programmatic limitations.
 - Explore the fiscal impacts and the economic benefits of community-based care compared to institutionalization.
 - Develop and implement strategies that eliminate obstacles.
 - Maintain a holistic approach—community-based care not only benefits the individual but the community as well.
- **Plan:**
 - Continue to work with partners to develop the study.
 - Establish goals to effectively conduct the study.

Accomplishment

Although a multiagency study was not accomplished this year, several state agencies, in collaboration with the Clearinghouse on Disabilities, coordinated efforts for a Nursing Home Transition initiative to address access to living at home and in community settings. The Nursing Home Transition initiative is the result of a multiagency cooperative effort involving the Agency for Health Care Administration, the Clearinghouse on Disability Information, the Florida Department of Elder Affairs, the Florida Department of Children and Families, the Centers for Independent Living, and the Florida Department of Health's Traumatic Brain and Spinal Cord Injury Program. During this past year, this initiative has succeeded in improving and refining Florida's ongoing efforts to identify and transition eligible individuals residing in nursing homes into less restrictive, more integrated community settings.

Eligible individuals may voluntarily transition from a nursing home and return to a community setting such as the home of family or a friend, an individual apartment, their own home, an Assisted Living Facility, or an Adult Family Care Home. Individuals interested in information and referral for nursing home transition may call the Clearinghouse on Disability Information at 1-877-232-4968 or contact them via e-mail at clearinghouse@dms.myflorida.com. The Clearinghouse on Disability Information will collect basic information from the individual and then make a referral to the appropriate state agency for assistance.

Nursing home transition efforts make extensive use of the existing community support system offered through Florida Medicaid's home and community-based services waiver programs. Transitioned individuals may also access services offered through other state and local government programs, private services, and non-profit community resources. This ongoing effort has been further supported by the Florida

Legislature through special proviso funding in the 2009 and 2010 General Appropriations Act.

Justification

According to data from the Florida Medicaid Program, Office of Program Analysis, the annual cost of nursing home placement to Medicaid is approximately \$65,000. In most cases, it is considerably less than that to maintain an individual in the community. Costs aside, most individuals prefer to remain in their communities being cared for by familiar people rather than being institutionalized for long-term care. Community care settings also better facilitate the use of volunteers in the care and support of individuals. A comprehensive study identifying the barriers to accessing community care conducted by partner agencies would have a minimal fiscal impact and provide valuable data on enhancing the quality of life for seniors and persons with disabilities.

Commentary

As baby boomers become seniors and veterans return home from Iraq and Afghanistan, possibly with brain, spinal cord, and other injuries, it is time to rethink the traditional model of long-term care. The executive order that established the Governor's Commission on Disabilities requires recommendations for independent living and the removal of barriers to the delivery of and access to services. If individuals choose to remain in their communities with appropriate supports and services in place, they still will face many barriers to this preferred method of care.

Although consumer-directed care and person-centered planning models receive positive reviews and outcomes, there are still many barriers to these types of care. Many of the services offered under these programs are required to be provided by licensed professionals, such as registered nurses, and by licensed agencies. This requirement potentially prohibits an individual from returning home because a trained individual, such as a family member or friend, is not allowed to perform the service because of programmatic or regulatory constraints.

In keeping with the holistic perspective, keys to successful integration into a community care setting are adequate accommodations for sufficient transportation and health services in the host communities.

Section J – Access to Health Care

Recommendation J-1 (2009/Rev. 2010/Combine with H-2)

Require health care service providers, including emergency rooms and walk-in centers, to provide appropriate accommodations as well as modifications to policies and practices to ensure that persons with disabilities receive the same level of care as other patients. This should be reinforced with comprehensive training programs for all health care professionals and paraprofessionals to provide direct care services for persons with disabilities.

- **Partners:**
 - Florida Department of Health
 - Florida Department of Education
 - Core educational curricula for health care practitioners and training providers
 - Accrediting bodies, professional associations, major health care facilities, and licensing entities

- **Progress:**
 - Commission members have contacted entities and researched Web sites to try to identify the type of training currently in place for both initial training and license renewals.
 - As a significant segment of the population, Floridians with disabilities should have appropriate accommodations to improve their access to health care while maintaining their dignity as persons.
 - In order to receive equal access to health care, persons with disabilities may require various types of accommodations, including:
 - Physical accommodations
 - Effective communication (i.e., sign language interpreting)
 - Modification of policies and procedures, which should include, but not be limited to, sensitivity training, acceptance of service animals, and communication systems like the Video Relay Interpreting (VRI) network
 - Individuals with disabilities who do not have adequate health insurance have limited opportunities to receive direct care services.
 - This presents numerous problems for these patients, including:
 - Unnecessary emergency room visits
 - Lack of or too much medication
 - Delayed treatment
 - Gaps in coordination of medical services
 - Increased medical costs

- In order to confront these challenges, there needs to be comprehensive training programs available for health care professionals:
 - This training should occur in all applicable educational settings and as a part of continuing education requirements for licensure renewal.
 - The curriculum should be appropriate for people with physical, cognitive, and sensory disabilities and mental illnesses.
 - The program should serve as a proactive measure to confront the barriers of access to direct care services.
- **Plan:**
 - Continue to promote disability awareness training for health care professionals, identify exemplary programs, and work to make them more widely available for health care practitioners.
 - Develop strategies that decrease the barriers of access to health care for persons with disabilities and increase awareness and educational opportunities for the medical community.
 - Build public-private partnerships that reinforce the urgency of these issues.
 - Support legislation that revises current training programs to include sensitivity curricula. (See Recommendation H-1.)

Accomplishment

On March 23, 2010, President Obama signed into law a sweeping health reform law—Public Law 111-148, the Patient Protection and Affordable Care Act. While the outcome of the Florida Attorney General lawsuit challenging the implementation of certain aspects of the new law cannot be determined at this time, state agencies within Florida and across the nation have been working to learn more about the impact and what steps will need to be taken to comply with the law.

Several key sections of the bill, which are currently under review by state agencies, relate to persons with disabilities. The sections identified below directly relate to discussion and recommendations that have been identified by commission members to promote equal access to health care. The Commission will be seeking input from state agencies from their analysis and review of the impact that this law will have on persons with disabilities:

- Section 2405 provides increased funding to state Aging and Disability Resource Centers.

The Aging Resource Center is a single, coordinated system of information and access for all persons seeking long-term care resources. The Aging Resource Center allows the public to find information and services through multiple entry points, ensuring uniform information and referral and streamlined access to public and private long-term care services. Each of the

eleven Area Agencies on Aging in Florida is a designated Aging Resource Center. By sharing a common information and referral system, the Aging Resource Centers are able to provide elders and individuals with disabilities uniform assistance no matter where they live. This system also offers the public access to a statewide database of local community resources, available on the Internet or by phoning the Elder Helpline toll-free at 1-800-96 ELDER (1-800-963-5337).

To streamline eligibility for services, staff of the Department's CARES (Comprehensive Assessment and Review for Long-Term Care Services) program, along with eligibility specialists with the Florida Department of Children and Families, work together at the Aging Resource Center. This collaboration helps seniors and individuals with disabilities learn more quickly if they are eligible for long-term care services.

During this past year, the Aging Resource Centers piloted a care transition model that integrates medical and social service systems to help elders and individuals with disabilities remain in their own homes and communities after a hospital, rehabilitation, or skilled nursing home visit. The Florida Department of Elder Affairs is in the process of applying for a federal grant to obtain funding to expand this care transition model into additional areas of the state.

- Section 4203 seeks to reduce and remove barriers to diagnostic equipment for disabled persons. Within 24 months of the bill's enactment, the Architectural and Transportation Compliance Board, in coordination with the U.S. Food and Drug Administration (FDA), is to develop and promulgate standards regarding access to diagnostic procedures and equipment. This section related to direct discussion and recommendations from Commission Recommendation J-1 (2009).
- Section 5307 provides funding for the training of public health professionals in the areas of cultural competency and prevention in relation to the treatment of persons with disabilities. This section related to direct discussion and recommendations from Commission Recommendation J-1 (2009).
- Section 1101 provides immediate access to the uninsured with pre-existing conditions.
- Sections 2401–2406 provide greater state flexibility and options for the funding and provisions of long-term care services.
- Sections 2701–2705 include a prohibition of preexisting conditions, exclusions, or other discrimination based on health status, fair health insurance premiums, guaranteed availability of coverage, guaranteed renewability of coverage, and a prohibition of discrimination against individual participants and beneficiaries based on health status.

Justification

According to the most recent American Community Survey (2007), over 2.6 million Floridians (15.5 percent of non-institutionalized individuals age five and older) reported some type of disability. The disabilities included sensory (4.6 percent), physical (10.15 percent), mental (5.6 percent), self-care (3.1 percent), go-outside-home (5.6 percent), and employment (6.5 percent). As a significant segment of the population, Floridians with disabilities should have appropriate accommodations to improve their access to health care while maintaining their dignity as persons.

Commentary

In order to receive equal access to health care, persons with disabilities may require various types of accommodations, including physical accommodations, effective communication, and modification of policies and procedures. Accommodations should not only include physical access to facilities and treatment areas, but should also take into consideration the dignity of the individual when transferring to and from treatment areas or tables, weight scales, and wheelchairs. Service animals should be allowed on premises. A variety of communication accommodations should be readily available, especially in emergency situations and when gathering information and authorizing treatment. Two areas of particular concern are health care and dental treatments for children with disabilities.

Recommendation J-2 (2009/Rev. 2010/Combine with J-3)

Increase the level of access to dental and preventive care services for children and adults with disabilities. In addition, the Commission should continue to explore methods to streamline the Medicaid process to ensure beneficiaries are afforded the opportunity to receive preventative oral care services.

- **Partners:**
 - Florida Department of Health, Division of Family Health Services
 - Agency for Persons with Disabilities (APD)
 - Agency for Health Care Administration (AHCA)
 - Florida Dental Hygiene Association
 - The Oral Health Workforce Workgroups
- **Progress:**
 - The Agency for Persons with Disabilities is finalizing an agreement with a South Florida dentist to open a full-service dental facility for individuals with developmental disabilities. The facility, tentatively scheduled to open in September 2010, will feature a sliding scale fee structure for individuals on the waiting list for Medicaid Waiver services or whose approved waiver does not offer adult dental services. The

- clinic will also offer full sedation capability for those individuals requiring this accommodation.
- The Agency for Persons with Disabilities has donated dental equipment from the Gulf Coast Center to a federally qualified health center operating in the Tampa Bay area. In return, the center has agreed to provide dental and other medical care to individuals with developmental disabilities.
 - The Agency for Persons with Disabilities is finalizing plans to purchase a mobile dental clinic. The agency is pursuing partnerships with several public and private organizations, including the Association for Retarded Citizens (ARC) of Florida and the Developmental Disabilities Planning Council, to support the ongoing operation of the mobile clinic.
 - The Surgeon General's Oral Health Care Workforce Ad Hoc Committee concluded its meetings in 2009 with a report that listed recommendations and strategies to meet the challenges within Florida's dental care workforce. The recommendations and strategic plan from the Ad Hoc Committee laid the foundation for the Florida Oral Health Workforce Workgroup sponsored by the Health Resource Services Administration (HRSA).
 - The HRSA workgroup used the existing partnerships and stakeholders to build a strategy that addresses ways to improve the needs of the oral health workforce and the service delivery infrastructure. (For the Ad Hoc Committee Report and the Workforce Workgroup Report, go to http://www.doh.state.fl.us/Family/dental/OralHealth_CareWorkforce/index.html and click on [Health Practitioner Oral Health Care Workforce Ad Hoc Committee Report, PDF* 652 KB](#) and [Florida Oral Health Workforce Workgroup Report 2009, Released Jan. 2010 – 2010 – Zip file, PDF* 32 MB](#))
 - The Oral Health Florida Workforce Workgroup serves as the “third generation” of advisory committees; the workgroup comprises dentists, hygienists, heads of agencies, and other public-private entities.
 - These workgroups have discussed several issues facing Florida's oral health workforce and the disability community, including:
 - County health departments are working at 100 percent capacity, which poses several challenges to persons with disabilities.
 - The dental community has shared concerns over the Medicaid process, including excessive paperwork, delays in payment, and problems with the fee structure.
 - Though the APD Med-Waiver program pays 75 percent of a dental procedure, many oral health care providers are unaware of the program or refuse to participate because they associate “Med-Waiver” with Medicaid.
 - Florida law prohibits hygienists to treat patients without a licensed dentist present (except for fluoride varnish procedures).
 - For those who live in rural communities, access to dental care poses a greater challenge.

- There is a general lack of funding for dental care.
- Some of the proposed strategies include:
 - Conduct an awareness campaign to generate community buy-in.
 - Create a statewide directory of licensed oral health providers (similar to a program in South Carolina).
 - Partner with the State University System of Florida to develop a training program for dental care providers to understand the needs of patients with disabilities.
 - Increase the use of mobile units, specifically panel trucks that are accessible and can serve as a forced multiplier.
 - Support legislation that would allow certified hygienists to conduct certain preventive care procedures without the need of a licensed dentist present.
- **Plan:**
 - The Commission supports the recommendations of the workforce work groups and will continue to develop strategies that confront these problems.
 - In order to increase the level of buy-in within the dental community, the Commission will work with its agency partners to streamline the Medicaid fee structure.

Justification

Persons with disabilities in Florida need better access to dental care. Dentists, their assistants, and other dental practitioners usually do not have adequate training and experience to provide care to those individuals with special needs.

Commentary

The Surgeon General's ad hoc committee recently concluded a series of meetings spanning ten months. The Oral Health Committee, composed of multiple governmental and nongovernmental stakeholders, reviewed literature, heard presentations on selected programs and best practices from other states, and ultimately agreed on strategies to be considered to begin to address Florida's oral health workforce needs.

These recommendations lay the foundation for addressing these issues, as well as addressing many of the concerns discussed by the Commission's Access to Health Care Subcommittee. These observations and strategies were offered to provide guidance to policy makers, professional organizations, advocates, and the public as they consider how to positively impact Florida's dental workforce challenges in these areas: (a) oral health education and prevention services; (b) third-party payer issues; (c) recruitment and incentives to attract providers to public health dental positions;

(d) legal and policy approaches to expand the dental workforce and services; and (e) training for providers.

Recommendation J-4 (2009/Rev. 2010)

Promote a health plan that covers the wide spectrum of disabilities and ensures these individuals are afforded equal access to health care coverage.

- **Partners:**
 - Office of Disability and Health at the University of Florida
 - Agency for Health Care Administration
 - Florida Department of Children and Families
 - Professional organizations and other governmental and nongovernmental entities

- **Progress:**
 - Federal legislation, the Patient Care and Portability Care Act, was passed this year and prohibits any insurance entity to deny coverage to an individual on the basis that he or she has a pre-existing condition.
 - Numerous legislative proposals, such as the Medicaid Buy-In and the mental health parity bills, have been considered during this session to advance health care coverage for persons with disabilities in Florida, but most of these bills did not make it through the process this year.

- **Plan:**
 - Continue to support initiatives like the Medicaid Buy-In and mental health parity that increase the coverage options for individuals seeking gainful employment.
 - Develop research and acquire data that effectively identify the number of individuals with disabilities who are negatively affected by the lack of health care coverage, and address the economic impact of increased coverage.

Justification

Approximately 20 percent of Floridians do not have health plan coverage, and approximately 10 percent are estimated to have significant or chronic disabilities. Some of these individuals have health care coverage through public offerings such as Medicaid. It is believed that, among those without Medicaid or Medicare, a significant number are included in the ranks of the uninsured.

For most citizens with Medicare or Medicaid coverage, employment is not an option because of the resulting loss of health care coverage, and remains continually out of reach. For the uninsured, the only option may be to seek health care at emergency

clinics, which are inappropriate for ongoing care and often inadequately equipped to handle the basic needs of people with disabilities.

Commentary

Health insurance coverage is not equitable, as health plan companies and plans that are self-insured are able to select which options are included after basic care requirements are met. For example, an individual could be covered extensively for a stroke or an incidence of cancer but be limited to \$30,000 or less per year for a diagnosis of bipolar disorder or not covered at all for a pre-existing condition such as cerebral palsy, deafness, or polio. Section 627.644, Florida Statutes, which prohibits discrimination against people with disabilities by health insurers, does not require a health insurer to provide coverage for a pre-existing disability.

Research and data collection are needed to identify the number of people with disabilities who are negatively affected by this lack of coverage and to develop the parameters of its economic impact. Many individuals with disabilities who would be able to accept employment if increased availability of health care coverage were to become a reality, would be removed from public funds coverage and support, would achieve a higher level of self-support, and would return earned funds back to their communities as they go about their lives. This is a direct and positive economic impact to local communities and to the state.

The initiatives referenced in this recommendation would meet the needs of employees and potential employees with disabilities throughout Florida, making access to health care available to all, regardless of their place of employment.

Recommendation J-5 (2009/Revised 2010)

Services and supports provided to individuals with disabilities should be managed by the individual to the extent that it is feasible and does not compromise health and safety.

- **Partners:**
 - Florida Department of Children and Families
 - Agency for Persons with Disabilities (APD)
 - Florida Department of Health
 - Agency for Health Care Administration
 - Florida Department of Elder Affairs
 - Other state agencies

- **Progress:**
 - Recommendation continues to be supported, but the committee has not addressed this recommendation in the past year.

- The Florida Legislature directed the Agency for Persons with Disabilities to begin providing individual budgets to each person enrolled in its Medicaid Home and Community Based Services Waiver. The new process, also called iBudget, was presented to the Legislature in a plan developed by a group of stakeholders that included consumers, family members, providers, support coordinators, advocacy groups and the Governor's Commission on Disabilities. This plan stresses self-direction by allowing consumers much more flexibility to decide how the funds allocated to them under the waiver are spent.
- **Plan:**
 - Continue collaboration with agency partners and inter-agency agreements.
 - Continue to work with APD on the iBudget program.

Justification

Given the ever-present reality of resource constraints, individuals with disabilities deserve a chance to ensure that funds spent on their behalf are used to their maximum benefit. Generally speaking, individuals with disabilities or their legal representatives are going to know best which services and supports are most important to allow for successful lives in the community. This is especially true regarding long-term care services providing assistance with the routine activities of daily life.

Substantial public and private resources are devoted to paying outsiders to make and enforce decisions dictating the type, intensity, and duration of services needed by individuals with disabilities. This deprives Floridians with disabilities of the opportunity to take ownership of their care and make sound decisions regarding their use of available resources. It also encourages reliance on others, thus thwarting efforts to empower the individual.

Commentary

In order to create sustainable systems of support, individuals and their families must be encouraged to actively participate in their care. They must be encouraged and allowed to make sound decisions, particularly regarding the most intimate activities of their personal lives. They should understand the resource constraints that are inherently present and comply with program requirements and limitations.

Such an approach will lead to greater consumer satisfaction and greater efficiency. The Consumer-Directed Care Plus (CDC+) program within Florida's Agency for Persons with Disabilities is one example of a successful self-direction program currently in operation.

It should be noted that this recommendation is not intended to supplant professional services when necessary. Acute medical care, for instance, is best left to the judgment of medical professionals.

CHAPTER 4

Partnerships and Collaborations

Pursuant to Executive Orders 07-148 and 08-193 and directions from the Executive Office of the Governor, the Governor's Commission on Disabilities and the Clearinghouse on Disability Information support the Commission's mission of advancing public policy for Floridians with disabilities, seniors, and veterans with disabilities. The Commission actively develops new partnerships and collaborative efforts with many public and nonprofit organizations consistent with the Governor's mandate. This chapter is an abstract that summarizes the many partnerships and collaborative efforts the Commission has formed and summarizes many of the collaborative efforts with those partners.

The Commission's approach to addressing the many issues involving persons with disabilities has been to work with state, regional, and local government as well as unite with private and nonprofit community-based programs focused on removing barricades. Educating employers and raising awareness in schools about the issues that affect persons with disabilities, seniors, and veterans has been a priority for each of the three Commissions. Persons with disabilities, the elderly, and veterans should be afforded equality across the spectrum, with appropriate accommodations when necessary.

Civil Rights

The Civil Rights Committee has partnered with the Paralyzed Veterans Association to work on the Florida version of the ADA as well as implementation of the recommendation to put contact information on accessible gas pumps. In addition, both organizations are working with the Florida Division of Highway Safety and Motor Vehicles to update their Driver's Handbook. Both are also working with the Florida Wildlife Commission on programs for persons with disabilities.

Education and Employment

With the Education Committee's focus on transition, the Commission sought partnerships and collaborative efforts with educational organizations and employers.

In executing Recommendation A-2 (2008) for young adults, especially those with developmental disabilities, to transition from secondary to postsecondary environments, the Commission began its efforts by reaching out to some of the state's college and university leaders. The Florida Department of Education initiated a task force to begin work on a statewide curriculum. The Commission met with Charles Meadows, Ph.D., president of Pensacola Junior College, and James E. Martin, the college's vice president for student affairs, in a collaborative effort to lay the groundwork for developing a curriculum to be used in this transition program throughout the state's community colleges. Edwin R. Massey, Ph.D., president of Indian River State College, has expressed interest in this program.

The Commission partnered with the University of North Florida and Kristine Webb, Ph.D., associate professor and director of disabled student services at the university, regarding the expansion of the transition program for students with disabilities. This program has a high level of buy-in from the Florida Developmental Disabilities Council, Florida Department of Education, and the disability community.

The Commission also partnered with Project 10: Transition Education Network, a discretionary project of the Florida Department of Education, Bureau of Exceptional Education and Student Services, housed at the University of South Florida, St. Petersburg (USF St. Pete), to initiate a model program. Under the leadership of Jordan Knab, Project 10 Director, this program is supporting the development and implementation of pilot postsecondary, on-campus programs for youth with significant intellectual disabilities: Students Transitioning into the Next Generation, Recognizing Alternatives for Youth (STING RAY). In March of 2010, the first group of students with disabilities began their college experience with Project STING RAY. During that term, students were engaged in a person-centered planning process and transition assessments and were acclimated to the campus at USF St. Pete. Several of the students began work and/or volunteer experiences both on and off campus. During the fall term of 2010, students will begin taking classes of their choice along with receiving individual training to advance their independence and prepare them for independent living in the community, employment, and maintenance of positive social and work relationships. Project STING RAY is currently in the process of developing a "how-to" replication guide to assist other institutions of higher education in establishing similar programs on their campuses.

The State Secondary Transition Interagency Committee (SSTIC) is a state level interagency team designed to facilitate and improve secondary transition for students with disabilities in Florida. The SSTIC has formed five subcommittees, one of which is postsecondary education. This subcommittee consists of representatives from the Governor's Commission on Disabilities, Project 10, Board of Governor's State University System, Florida colleges (community colleges), school districts, Bureau of Exceptional Education and Student Services, and Career and Adult Education. In addition, this subcommittee will consider development of a research-based strategic plan that can be used in contacting postsecondary institutions in attempts to partner with them in building such programs throughout Florida.

The Commission is currently collaborating with the FDOE and Project 10, USF St. Pete, in submitting a federal grant application designed to enhance Florida's current postsecondary transition sites, as well as to expand the number of such sites statewide.

Recently, in an effort to increase the employment opportunities for all persons with disabilities, the Commission has been meeting with Commissioner Judy Meyer; Corey Hinds, employment team manager, Advocacy Center for Persons with Disabilities; Sylvia Smith, special project coordinator, Advocacy Center for Persons with Disabilities; Florida A & M University; and representatives of other public and nonprofit organizations. Each of these organizations, along with other community partners, has a record of successfully providing training and employment opportunities for persons with disabilities. The goal of the Commission is to develop a consortium of agencies throughout the state that will assist persons with disabilities, senior citizens, and veterans with disabilities in securing vital, long-term employment.

Trauma-Informed Care

Since becoming part of the Interagency Trauma-Informed Care Workgroup, the Commission has worked with the Florida Department of Children and Families, the Florida Department of Health, the Florida Department of Corrections, the Florida Department of Juvenile Justice, and many community providers to define what Trauma-Informed Care will be in Florida and to develop a strategy to implement statewide.

A simple definition of Trauma-Informed Care is as follows: it explores the root cause of a person's behaviors with an eye toward childhood traumatic events. In the past, mental health practitioners would often treat a person's behaviors without considering events that happened earlier in the person's life. Research shows dramatic reductions in long-term hospitalizations and the use of psychotropic drugs with the effective use of Trauma-Informed Care.

Early in the process, the decision was made to begin implementing Trauma-Informed Care statewide and system-wide. In doing this, Florida became the first state in the nation to declare such a dramatic goal. This has been met with excitement and renewed energy. The interagency work group has been receiving invaluable assistance from the National Center for Trauma-Informed Care, which is a bureau of the U.S. Department of Health and Human Services. The Commission and work group have presented this concept to department secretaries, bureau chiefs, and associations representing community behavioral health providers—all of whom have been very supportive. In July 2009, the work group made a presentation to Florida's Children and Youth Cabinet. In addition, the Florida Department of

Juvenile Justice has begun a pilot program. The Commission also made a presentation to the Florida Department of Corrections, which has joined these efforts. The Florida Department of Corrections has committed to developing a training video for institutional staff.

The Commission will continue working as a member of the Interagency Trauma-Informed Care Workgroup to make the dream of Trauma-Informed Care a reality throughout the state of Florida.

Respiratory Pacing System

Currently, there are approximately 120 Floridians on ventilators living in trauma centers because nursing homes and assisted living facilities will not take them. The ventilator prevents them from going home and getting the care they need to improve or recover. Recently, the Commission, the Florida Department of Health's Brain and Spinal Cord Injury Program, Case Western Reserve University, the Agency for Health Care Administration's Medicaid Division, and the state's certified trauma centers collaborated to solve this problem.

Basic care in the trauma centers costs the state approximately \$30,000 per individual, per month. Through extensive research, Commission staff provided recommendations to significantly reduce patient rehabilitation services. All of the collaborating parties worked together to establish a Medicaid billing code for a respiratory pacing system that can replace a ventilator. The respiratory pacing system would allow a large percentage of those individuals presently living in trauma centers due to ventilators to return home or transfer to nursing homes or rehabilitation facilities. There is a one-time cost of approximately \$50,000 for the device and its implantation. If 50 of these Floridians were moved out of the trauma centers, it would save the State of Florida \$1.5 million per month, or \$18 million per year, and positively impact their quality of life.

Statistical Information

A vital asset to the Commission in its development of recommendations is the research data that has been provided. Instrumental to this data collection effort were Elena Anderson of the Florida Disability and Health Project, University of Florida; and Erin DeFries, project coordinator of the Florida Office of Disability Health (FODH), Department of Epidemiology and Biostatistics, University of Florida. Both provided the Commission with current statistics concerning persons with disabilities and the elderly. They worked with staff to ensure the Commission was provided with a wide range of information, including disability health and census data. Armed with this data, the various committees were able to form well-grounded recommendations. This data also provided a current assessment of life in Florida for

persons with disabilities and senior citizens, giving the Commission a benchmark to assess improvements that are made due to its recommendations.

During the process of developing the recommendations, the Transportation Committee was interested in how Florida's population of persons with disabilities, seniors, and veterans were distributed throughout the state. Grant I. Thrall, Ph.D., of the Geography Department at the University of Florida, was instrumental in assisting with this endeavor. Dr. Thrall is using his knowledge of Geographical Information Systems (GIS) and data concerning persons with disabilities, the elderly, and veterans to provide the Commission with maps showing the distribution of these populations throughout the state. This information will be a valuable resource in planning potential pilot programs.

Interactive Exchange with Law Enforcement

The Commission has developed a working relationship with local, county, and state law enforcement officials. The Commission is proud to report that this effort has not only continued, but it has grown. During the past year, the Commission worked with agencies throughout the state on the *Take Me Home Program* (see the Civil Rights section above) as well as on a project to develop a training mechanism for all first responders on best practices when interacting with persons with various disabilities. The latter effort will involve the development of modules for the various disabilities to include developmental disabilities, hearing impairments, neurological disorders, and many others.

With agency partnerships, training can be provided to staff and area emergency mental health providers to use the Memphis Model of delivery, which is presently used throughout the state of Florida by crisis intervention teams. Each module will be developed to educate first responders over a period of years as part of their in-service training cycle.

Disability Champions

Pursuant to Section 6 of Executive Order 07-148, and Executive Order 08-193, in which Governor Crist called for the appointment of Disability Champions in all departments and agencies under his control, there are now representatives in all of the departments under the control of the Governor. In addition, the Florida Department of Agriculture and Consumer Services has appointed a Disability Champion. The purpose of the Disability Champion is to serve as a conduit for communication between the agency, the Commission, and the community of persons with disabilities. The proposed role is to assist in ADA compliance issues, develop and maintain a workplace culture that improves awareness and sensitivity to the needs of employees with disabilities, take the lead as a liaison for students and other individuals with disabilities transitioning into employment, and encourage

current employees with disabilities to pursue appropriate training as well as opportunities for advancement.

Clearinghouse on Disability Information

Since the inception of the Clearinghouse on Disability Information (CDI) in 2001, its staff has assisted anyone—including consumers, state agencies, legislators, parents, and advocates—who contacts the CDI with a disability-related question to find the most accurate and appropriate information and referrals possible. Besides information and referrals, the CDI also assists with explaining the ADA, accessible building information, and other disability rights laws.

The CDI continues to play a leading role in the dissemination of relevant information and referrals to various service organizations assisting persons with disabilities, the elderly, and veterans with disabilities. A trained disability specialist handles each telephone call, e-mail, and letter to the CDI. Every telephone call into the CDI is answered live and, although calls are timed for data purposes, the CDI staff spends whatever time is necessary to ensure the caller receives the most up-to-date and accurate referrals possible. The database used by the CDI staff is continually updated and refreshed. New resources are added whenever the CDI staff is made aware of them.

The Clearinghouse on Disability Information has the unique distinction of being the only state-run, disability-related call center of its kind in the nation. The CDI was created in 2001 because there no central location existed for persons for all disabilities to find accurate information and assistance in navigating Florida's complex maze of state agencies and services. In 2007, the CDI moved from the former ADA Working Group to the Governor's Commission on Disabilities because the Governor recognized the invaluable service the CDI offers the citizens of Florida.

The Division of Vocational Rehabilitation continues to partner with the Clearinghouse to inform callers on the waiting list for their Order of Selection about employment alternatives and other needed assistance. This relationship has been ongoing since August 2008, when Order of Selection for Vocational Rehab began.

In the early summer of 2009, the Agency on Health Care Administration approached the Clearinghouse and Commission to use the CDI as the central point of contact for the Nursing Home Transition (NHT) program on behalf of four state agencies—Agency for Health Care Administration, Florida Department of Children and Families, Florida Department of Elder Affairs, and the Florida Department of Health's Brain and Spinal Cord Injury Program. The CDI team began receiving calls for the program in November 2009.

Working in conjunction with the NHT work group, the CDI developed the referral tool to meet the needs of each agency performing the assessments for the Nursing Home Transition program. After a call is made requesting an assessment for the NHT program, a referral is then sent to the appropriate agency doing the assessment.

The NHT program—in response to the Supreme Court’s decision often referred to as the Olmstead Act, which allows a person to choose their least restrictive environment—decided that a central location was needed to allow anyone to call in a referral for a person to be assessed to move from the nursing home setting back to the community using Home Based Community Care funds.

The Clearinghouse was instrumental in implementing Recommendation B-3 (2008/Rev. 2009) to create and map all state agency services in order to create a single, broad-based disability Web site and provide current information regarding services and supports for persons with disabilities and their families. The Web site is now active and will ensure that people living with disabilities receive accurate, up-to-date disability related information about services in Florida. The Commission expresses its gratitude to Clearinghouse Executive Director Barbara Cain for her talent and dedication in implementing this important project.

Another key role of the Clearinghouse for the past six years has been to inform the disability community of issues potentially affecting them by tracking all bills in the Florida Legislature that could potentially affect citizens with disabilities. Because of the lack of accessible tracking programs, the Clearinghouse tracks each piece of legislation from the date filed until the bill either passes or fails and, of those bills that pass, whether the Governor approves or vetoes them. This year, over 400 individual pieces of legislation were tracked for the legislative report. For these efforts, the Clearinghouse was recognized as a recipient of a Davis Productivity Award in 2006.

As with the Commission, the CDI partners with agencies and entities throughout the state and nation to ensure that Florida’s disability community, veterans, and the elderly receive accurate and thorough information, referral, and, when necessary, advocacy. In addition to supplying referrals for services, the Clearinghouse is called upon to advise both state and county organizations on relevant ADA guidelines and other disability related laws.

APPENDIX I

Executive Orders

The Governor's Commission on Disabilities was created by Executive Order 07-148 as a 19-member board. Executive Order 07-244 expanded the board to a total of 21 members by adding two additional commissioners: one representing the Florida Division of Emergency Management, the other being a representative of the Florida Division of Blind Services. Executive Order 08-193 extended the tenure of the Commission.

Executive Order 08-193

STATE OF FLORIDA
OFFICE OF THE GOVERNOR
EXECUTIVE ORDER NUMBER 08-193
(Extending Governor's Commission on Disabilities)

WHEREAS, July 26, 2008, marked the 18th anniversary of the signing of the Americans with Disabilities Act (the "ADA"); and

WHEREAS, on July 26, 2007, the Governor's Commission on Disabilities (the "Commission") was established by Executive Order 07-148 to advance public policy for the disabilities community, to provide a forum for advocates representing groups within the disabilities community, and to develop and voice unified concerns and recommendations to address issues facing the disabilities community; and

WHEREAS, Executive Order 07-148 required the Commission to draft a report identifying and recommending methods to maximize the freedom and independence of Floridians with disabilities, focusing on employment, transportation, education, and independent living, and the removal of barriers to the delivery of and access to services; and

WHEREAS, the Commission completed this task, creating a comprehensive report that outlined forty-nine separate recommendations arising within the subject areas specifically itemized in Executive Order 07-148, along with the area of civil rights of persons with disabilities that the Commission found imperative to address; and

WHEREAS, some of the recommendations proposed by the Commission may be implemented administratively while others will require legislative action; and

WHEREAS, it is in the interest of Florida's disability community, and the public as a whole, that the Commission on Disabilities continue in existence to participate in the administrative and legislative review of the recommendations contained in its report,

to develop new recommendations, and to otherwise continue the functions and further the purposes detailed in Executive Order 07-148.

NOW, THEREFORE, I, CHARLIE CRIST, as Governor of Florida, by virtue of the authority vested in me by the laws and Constitution of the State of Florida, do hereby promulgate the following Executive Order, effective immediately:

Section 1.

The Governor's Commission on Disabilities (the "Commission") shall continue in existence, and shall continue in its mission to advance public policy for Floridians with disabilities and to provide a forum for advocates representing Floridians with disabilities to develop and voice unified concerns and recommendations. The Commission is specifically authorized to continue to work in the areas identified in its July 2008 Report to the Governor, and to advocate for implementation of the recommendations contained in the Report.

Section 2.

The Commission shall, no later than July 1, 2009, and July 1st of each year thereafter, provide the Governor with a written report that satisfies the requirements of section 3 of Executive Order 07-148. The Commission's July 1, 2009, report must address:

- a. recommendations for administrative and legislative change in the areas of employment, transportation, education, independent living, and the removal of barriers to the delivery of and access to services, to supplement the recommendations made in the Commission's 2008 Report;
- b. recommendations for administrative and legislative change in the areas of developmental disabilities, health care, civil rights, and any other area the Commission, in consultation with the Governor, determines to be of imperative interest to the disabilities community;
- c. accomplishments in obtaining legislative and administrative change; and
- d. progress related to collaborative efforts with other agencies.

Section 3.

The Commission shall consist of 21 members appointed by the Governor, which shall include:

- a. eight individual Florida citizens representing persons with physical and/or developmental disabilities;

- b. an individual representing advocates for independent living;
- c. a representative of governmental providers of law enforcement or public safety services;
- d. the Surgeon General of Florida or his/her designee;
- e. the Commissioner of the Florida Department of Education or his/her designee;
- f. the Secretary of the Florida Department of Children and Families or his/her designee;
- g. the Secretary of the Florida Agency for Health Care Administration or his/her designee;
- h. the Executive Director of the Florida Agency for Persons with Disabilities or his/her designee;
- i. the Secretary of the Florida Department of Elder Affairs or his/her designee;
- j. the Executive Director of the Florida Department of Veterans' Affairs or his/her designee;
- k. the Secretary of the Florida Agency for Workforce Administration or his/her designee;
- l. a representative of the Florida Commission for the Transportation Disadvantaged;
- m. the Director of the Florida Division of Emergency Management or his/her designee; and
- n. the Executive Director of the Statewide Advocacy Council.

Section 4.

The Commission is authorized to call upon any State agency, department, division, or office to supply data, reports, or other information the Commission deems reasonably necessary to achieve its objectives. Each agency, department, division, or office of the State under the control of the Governor is authorized and directed, and all other agencies are requested, to cooperate with the Commission and provide it with such information, personnel, and assistance as necessary to accomplish the purposes of this Executive Order and Executive Order 07-148. Universities within the State University System are encouraged to provide the Commission with assistance in performing research necessary to accomplish these purposes. Each agency, department, or division specifically identified in Section 3 of this Executive

Order shall designate a support team of officers or employees from within the agency, department, or division to assist the Commission in accomplishing the purposes of this Executive Order and Executive Order 07-148, except that the Florida Division of Emergency Management support team shall include, in addition to the Statewide Disability Coordinator and other individual members from within the Division of Emergency Management, individual members representing the Department of Community Affairs and the Florida Housing Corporation. The Florida Department of Education support team shall include individual members representing the Florida Division of Vocational Rehabilitation and the Florida Division of Blind Services.

IN TESTIMONY WHEREOF, I have hereunto set my hand and have caused the Great Seal of the State of Florida to be affixed at Tallahassee, this 11th day of September, 2008.

GOVERNOR

ATTEST:

SECRETARY OF STATE

Executive Order 07-244

STATE OF FLORIDA
OFFICE OF THE GOVERNOR
EXECUTIVE ORDER NUMBER 07-244
(Expanding Membership of Governor's Commission on Disabilities)

WHEREAS, the Governor's Commission on Disabilities (the "Commission") was established by Executive Order 07-148 to advance public policy for the disabilities community, to provide a forum for advocates representing groups within the disabilities community to develop and voice unified concerns and recommendations, and to partner with the Statewide Advocacy Council to provide proper guidance and education to state agencies in the implementation of the ADA; and

WHEREAS, Executive Order 07-148 limited the Commission to 19 members, representing a broad spectrum of groups within the disabilities community and public agencies charged with serving the disabilities community; and

WHEREAS, the Commission may better achieve its mission by expanding its membership beyond the limitation imposed by Executive Order 07-148;

NOW THEREFORE, I, CHARLIE CRIST, as Governor of Florida, by virtue of the authority vested in me by the Florida Constitution, and all other applicable laws, issue the following Executive Order, to take effect immediately:

Section 1.

The Governor's Commission on Disabilities shall consist of 21 members appointed by the Governor. At least one individual member of the Commission shall represent each of the following groups, agencies, or departments:

- a. individuals with hearing impairments;
- b. individuals with visual impairments;
- c. individuals with developmental disabilities;
- d. individuals with spinal cord or brain injuries;
- e. individuals with mental illnesses;
- f. elderly individuals;
- g. disabled veterans of the United States;
- h. Centers for Independent Living;
- i. the Division of Vocational Rehabilitation;
- j. the Florida Division of Blind Services;
- k. the Florida Department of Health;
- l. the Florida Department of Education
- m. the Florida Department of Children and Families;
- n. the Florida Agency for Health Care Administration;
- o. the Florida Agency for Persons with Disabilities;

- p. the Florida Department of Elder Affairs;
- q. the Florida Department of Veterans' Affairs;
- r. the Florida Agency for Workforce Administration;
- s. the Florida Commission for the Transportation Disadvantaged;
- t. the Florida Division of Emergency Management; and
- u. the Executive Director of the Statewide Advocacy Council.

IN TESTIMONY WHEREOF, I have hereunto set my hand and have caused the Great Seal of the State of Florida to be affixed at Tallahassee, this 21st day of November, 2007.

GOVERNOR

ATTEST:

SECRETARY OF STATE

Executive Order 07-148

STATE OF FLORIDA
OFFICE OF THE GOVERNOR
EXECUTIVE ORDER NUMBER 07-148
(Governor's Commission on Disabilities)

WHEREAS, more than three million Floridians, roughly one-fifth of our state's population, live daily with some form of physical or mental disability; and

WHEREAS, on July 26, 1990, seventeen years ago today, President George H.W. Bush signed into law the Americans with Disabilities Act (the "ADA"), which provides a comprehensive mandate for the elimination of discrimination against qualified individuals with disabilities in access to employment, transportation, telecommunications, state and local services, and public accommodations; and

WHEREAS, on July 26, 1992, fifteen years ago today, the final major provisions of the ADA became effective; and

WHEREAS, by Executive Order 93-166, Governor Lawton Chiles created the Florida Coordinating Council for the Americans with Disabilities Act to encourage a cooperative effort between state and local governments, the education community, the private sector, and the disability community with respect to implementing the ADA; and

WHEREAS, by Executive Order 97-56, Governor Chiles refocused Florida's recognition of and response to the ADA by dissolving the Florida Coordinating Council and creating the Americans with Disabilities Act Working Group (the "Working Group"), whose primary mission was to serve as a clearinghouse of information, and to provide referrals, education, and recommendations for compliance with and implementation of the ADA in order to improve the quality of life for citizens of Florida with disabilities; and

WHEREAS, the Florida Statewide Advocacy Council, established by chapter 402, Florida Statutes, and located within the Executive Office of the Governor, serves a broader, related state function of representing the interests of Florida citizens, including Florida's disabled citizens, that are served by state agencies that provide client services; and

WHEREAS, by Executive Orders 99-80, 03-137, 07-04, and 07-119, Governor Jeb Bush and I extended the duration of the Working Group through July 25, 2007; and

WHEREAS, the Working Group has dissolved under the terms of those orders as of today; and

WHEREAS, it is in the interest of Florida's disability community, and the public as a whole, that a Commission on Disabilities be created to advance public policy for the disabilities community, to provide a forum for advocates representing various groups within the disabilities community to develop and voice unified concerns and recommendations, and to partner with the Statewide Advocacy Council to provide proper guidance and education to state agencies in the implementation of the ADA and to ensure that Florida's citizens with disabilities have equal access to education and employment, information regarding resources and services, and opportunities to participate in all aspects of life in Florida to the fullest extent possible.

NOW, THEREFORE, I, CHARLIE CRIST, as Governor of Florida, by virtue of the authority vested in me by the laws and Constitution of the State of Florida, do hereby promulgate the following Executive Order, effective immediately:

Section 1.

The Governor's Commission on Disabilities (the "Commission") is hereby created to advance public policy for Floridians with disabilities and to provide a forum for advocates representing Floridians with disabilities to develop and voice unified concerns and recommendations.

Section 2.

The responsibilities of the Commission shall include, but shall not be limited to:

- a. identifying and recommending methods to remove barriers to the delivery of, and access to, services for people with disabilities;
- b. identifying and recommending methods to maximize the freedom and independence of Floridians with disabilities, with a focus on employment, transportation, education, and independent living;
- c. providing a forum for communication between individuals with disabilities throughout the State of Florida and the various arms of state government, particularly the Governor and the Legislature; and
- d. partnering with other agencies and organizations serving the disabilities community to facilitate collaborative efforts consistent with the purposes of the Commission.

Section 3.

The Commission shall, no later than July 1, 2008, and July 1st of any subsequent year should the Commission's tenure be extended, provide a written report to the Governor outlining the accomplishments during the previous 12 months. The report shall address issues including, but not limited to, the following:

- a. recommendations regarding changes to Florida statutes, administrative rules, policies, and/or procedures of the State in reference to all duties outlined above;
- b. accomplishments in obtaining legislative or administrative change; and
- c. progress related to collaborative efforts with other agencies and organizations.

The Commission may also provide interim reports as deemed necessary by the Commission or as requested by the Governor.

Section 4.

The Commission shall consist of 19 members appointed by the Governor. Members shall serve a term of one year commencing on the day of appointment. At least one individual member of the Commission shall represent each of the following groups, agencies, or departments:

- a. individuals with hearing impairments;
- b. individuals with visual impairments;
- c. individuals with developmental disabilities;
- d. individuals with spinal cord or brain injuries;
- e. individuals with mental illnesses;
- f. elderly individuals;
- g. disabled veterans of the United States;
- h. Centers for Independent Living;
- i. the Division of Vocational Rehabilitation;
- j. the Florida Department of Health;
- k. the Florida Department of Education
- l. the Florida Department of Children and Families;
- m. the Florida Agency for Health Care Administration;
- n. the Florida Agency for Persons with Disabilities;
- o. the Florida Department of Elder Affairs;
- p. the Florida Department of Veterans' Affairs;
- q. the Florida Agency for Workforce Administration;
- r. the Florida Commission for the Transportation Disadvantaged; and
- s. the Executive Director of the Statewide Advocacy Council.

The Governor shall select the Chair from the Commission's membership, and shall appoint an Executive Director. All members and employees of the Commission shall serve at the pleasure of the Governor. The Governor may suspend or remove the Executive Director or any Member of the Commission with or without cause, and the Governor may fill any vacancy that occurs. The Commission shall be located, for administrative purposes only, within the Department of Management Services.

The Commission shall meet at least quarterly. A majority of the Commission's current members constitutes a quorum. A quorum must be met in order for the Commission to vote on any proposed action or recommendation. The Commission shall function according to the guidelines set forth in Robert's Rules of Order, unless other procedural guidelines are adopted by the Commission.

Section 5.

The Statewide Advocacy Council is directed to partner with the Commission through its performance of the following functions related to the needs of Floridians with disabilities:

- a. incorporating the existing clearinghouse for information and referrals on disability resources, formerly housed within the Americans with Disabilities Act Working Group.
- b. maintaining the statewide toll-free information and referral telephone service for disability-related services, programs, assistance, and other resources; and
- c. assisting the Commission and the Executive Office of the Governor in implementing initiatives consistent with the Commission's purposes.

Section 6.

All agencies under the control of the Governor are directed to appoint a "Disability Champion" within 60 days of the signing of this Executive Order. Each Disability Champion will be required to undergo ADA training approved by the Commission within 60 days of appointment and will serve as a conduit for communication between the agency, the Commission, and the disability community. A member of the Commission specifically representing an agency or department may serve as that agency's or department's Disability Champion.

Section 7.

The Commission is authorized to call upon any State agency, department, division, or office to supply such data, reports, or other information as it deems reasonably necessary to achieve its objectives. Each agency, department, division, or office of the State under the control of the Governor is authorized and directed, and all other agencies are requested, to cooperate with the Commission and provide it with such information, personnel, and assistance as necessary to accomplish the purposes of this Executive Order. State agencies shall collaborate in the sharing of information necessary to establish and maintain the statewide information and referral telephone service.

Section 8.

Members of the Commission shall serve without compensation, but may receive per diem and travel expenses to the extent allowed by Chapter 112, Florida Statutes, and to the extent that funds are available. Per diem and travel expenses shall be paid in accordance with Chapter 112, Florida Statutes, and reasonable accommodations shall be made for members of the Commission with disabilities in accordance with the Americans with Disabilities Act. Members of the Commission who are public officers and employees of state agencies shall be reimbursed for per diem and travel expenses by their respective agencies. All other members of the Commission shall be reimbursed for per diem and travel expenses by the Department of Management Services.

Section 9.

The meetings of the Commission shall be noticed and open to the public, and shall be conducted in accordance with Chapter 286, Florida Statutes. Florida's public records law, Chapter 119, Florida Statutes, shall apply.

Section 10.

The Commission shall continue in existence until July 26, 2008, unless extended by amendment.

IN TESTIMONY WHEREOF, I have hereunto set my hand and have caused the Great Seal of the State of Florida to be affixed at Tallahassee, this 26th day of July, 2007.

GOVERNOR

ATTEST:

Secretary of State

APPENDIX II

Acknowledgements

The Commission expresses its sincere appreciation to all persons and entities that assisted with research on specific issues or provided valuable comments and input. Their contributions of knowledge, experience, and time enabled the Commission to consider more issues in a shorter period than the Commission could possibly have accomplished on its own and with a higher degree of expertise.

In addition to the people and organizations listed below, the Commission thanks the numerous citizen advocates and individuals who provided public comment and anyone else who may have been unintentionally omitted. The Commission hopes that all of the generous organizations and individuals who provided input can be counted upon for further assistance.

Amy Albee, Coordinator, Outreach and Access, Division of Community Colleges, Florida Department of Education

Bill Aldinger, Supportive Housing Coordinator, Florida Housing Finance Corporation

Dean Aufderheide, Ph.D., Director of Mental Health Services, Office of Health Services, Florida Department of Corrections

Elena Anderson, Florida Disability and Health Project, University of Florida

Judith Barrett, Executive Director, Ability 1st

Alan Busenbark, Florida Department of Highway Safety and Motor Vehicles

Nicole Copuguy, Florida Department of Elder Affairs

Rachel Cornwell, Florida Center for Independent Living

Mary Beth Date, Governmental Analyst, Executive Office of the Governor, Office of Policy and Budget for HHS

Kathy Ancar, Program Director, Clearinghouse Information Center, Florida Department of Education

Tamara Demko, Chief of Staff, Agency for Persons with Disabilities; Executive Director, Governor's Task Force on Autism Spectrum Disorders

Peter de Haan, Inspector Specialist, Office of the Executive Director, Florida Agency for Workforce Innovation

Erin DeFries-Boudlin, Project Coordinator, Florida Office of Disability Health, Department of Epidemiology and Biostatistics, University of Florida

Debra Dowds, Executive Director, Florida Developmental Disabilities Council

Marc Dubin, Director of Advocacy, Center for Independent Living of South Florida

Deborah Ducett, Jacksonville HATS, University of Florida

Melanie Mowry Eppers, Communications Director, Florida Agency for Persons with Disabilities

Dana Farmer, Attorney, Florida Advocacy Center for Persons with Disabilities

Florida Service Dog Association

Dwight Floyd, Training Manager, Office of Research and Training, Florida Department of Law Enforcement

Patricia Gleason, Director of Cabinet Affairs and Special Counsel for Open Government, Executive Office of the Governor

Chuck Graham, National Federation of the Blind

Sheila Gritz, Florida Department of Education, Bureau of Exceptional Educational and Student Services

Nicole Hargraves, Volunteer and Community Services Program Manager, Florida Department of Elder Affairs

Aaron Harmon, Brain and Spinal Cord Injury Program, Florida Department of Health

Herb Hesel, Council on Elder Affairs, Jacksonville-Duval County

Corey Hinds, Employment Team Manager, Advocacy Center for Persons with Disabilities, Hollywood, FL

Carolee Howe, Advocacy Center for Persons with Disabilities

Debbie Howells, Florida State Court System

Steve Howells, Executive Director, Florida Alliance for Assistive Services and Technology

Suzy Hutcheson, President and Chief Executive Officer, Helping People Succeed, Inc.

John Irvine, Communications Director, Florida Commission for the Transportation Disadvantaged

Reid Jaffe, Grants Coordinator, Florida Office of Emergency Operations

Daniel Kantor, M.D., Director, Comprehensive MS and Migraine Center, University of Florida and Shands Jacksonville

Julie Kates, Independent Living Program Manager, Division of Vocational Rehabilitation, Florida Department of Education

Sheree Keeler, Employment Consultant, Florida Association of Rehabilitation Facilities

Cat Keen, Florida High School/Hi-Tech Program Manager, Able Trust

Jordan Knabb, Project 10, University of South Florida – St. Petersburg

Deborah Linton, The ARC of Florida

Katherine Lopez, United Cerebral Palsy of East Central Florida

Fretta Maes, Disability Navigator Program, Florida Agency for Workforce Innovation

Shachi Mankodi, Deputy Policy Chief, Executive Office of the Governor, Office of Policy and Budget for Health and Human Services

Bonnie Marmor, Vice Chancellor, Division of Workforce Education, Florida Department of Education

Maria Matthews, Assistant General Counsel, Florida Department of State

Jill May, Advocacy Center for Persons with Disabilities

Patric McCallissess, Paralyzed Veterans of America

Susan McDewitt, Florida Department of Health

Jenny McNeely, MSW, Program Manager, Statewide Community-Based Services Division, Florida Department of Elder Affairs

Raj Mehter, Family Care Council

Pat Melton, Bureau Chief, Office of Research and Training, Florida Department of Law Enforcement

Terri Messler, Florida Department of Environmental Protection

Mary Ellen Mest, Project Manager for New Initiatives, Statler Center

Judy Meyer, Senior Management Analyst, Office of Statewide Coordination and Contracts, Florida Agency for Workforce Innovation

Adam Miller, M.Ed., Child Development and Education Program Manager, Florida Developmental Disabilities Council

Robert Miller, Florida Council of the Blind

Terry Moakley, United Spinal Association

Amanda Moore, Florida Agency for Workforce Innovation

John Moore, Florida Coordinating Council for the Deaf and Hard of Hearing

Bernadette Moran, The ARC of Jacksonville

Gail B. Munroe, Clearinghouse Information Center, Bureau of Exceptional Education and Student Services, Florida Department of Education

Steve Murray, Florida Department of Veterans' Affairs

Aaron Nangle, Clear Choice Web Solutions, Inc.

Lee Nasehi, Executive Director, Lighthouse Central Florida

Shannon Nazworth, Executive Director, Ability Housing of Northeast Florida

Erica New, National MS Society

Dan O'Brien, Statler Center

Dan O'Conner, Florida Division of Blind Services

Bill Palmer, Director, Division of Vocational Rehabilitation, Florida Department of Education

Ellen Piekalkiewicz, Executive Director, Florida Council for Community Mental Health & Substance Abuse

Barry Pollack, United Cerebral Palsy of East Central Florida

Rebecca Ray, Partners in Communication

Clint Rayner, Bureau Chief, Florida Department of Children and Families

Chad Reese, Jacksonville Transportation Authority

Samme Ripley, ADA Coordinator, Orange County Disability Advisory Board

Prof. Marcus Roberts, Florida State University College of Music

Sherman Rothwell, Jacksonville Transportation Authority

Ion Sancho, Supervisor of Elections, Leon County

Jeff Saulich, Communications Deputy, Florida Agency for Persons with Disabilities

Dwight Sayer, President, National Association of Blind Veterans

Martina Schmidt, Executive Director, Florida Association of Centers for Independent Living

Ola Sebund, Florida Department of Elder Affairs

Ashley Skellenger, Florida Independent Living Council

Gerry Smith, Clearinghouse Information Center, Bureau of Exceptional Education and Student Services, Florida Department of Education

Sylvia Smith, Attorney, Advocacy Center for Persons with Disabilities

Valerie Stafford-Mallis, Florida Coordinating Council for the Deaf and Hard of Hearing

Frank Tara, Brain Injury Association

Carolyn Timmann, Executive Deputy Chief of Staff, Executive Office of the Governor

Cheri Undheim, Division of Blind Services, Florida Department of Education

Ruth Waters, Jacksonville Transportation Authority

Vicky Watkins, First Coast Disability Advocacy Center

Warren Watkins, First Coast Disability Advocacy Center

Wes Watson, Executive Director, Florida Public Transit Association

Kristine Wiest Webb, Ph.D., Director, Disability Resource Center, University of North Florida

Ronald White, Florida Telecommunications Relay, Inc.

Jim Whittaker, The ARC of Jacksonville

Melinda Willaford, Jacksonville HATS

Stephanie Willaford, Jacksonville HATS

Latarsha L. Williams, M.P.A., Community Living and Service Coordination Program Manager, Florida Developmental Disabilities Council, Inc.

Stephanie Wilson, Division of Blind Services, Florida Department of Education

David Wood, Jacksonville Health and Transition Services, University of Florida

And the many citizen advocates who provided valuable public comments

APPENDIX III

Commission Members and Staff

Commission Members

The Governor's Commission on Disabilities consists of the individuals listed below, appointed by Governor Charlie Crist. Each listing includes a reference to the agency, organization, or constituent group that each commissioner represents, as specified in Section 1 of Executive Orders 07-244 and 08-193.

Lance Block, Commission Chair
Represents individuals with developmental disabilities
Civil Rights/Legal Committee

Mr. Block is a civil trial lawyer in Tallahassee and has been a member of the Florida Bar for 26 years. He has represented hundreds of children and persons with developmental disabilities who were abused or neglected, clients who have brain and spinal cord injuries, and survivors of trauma-induced mental pain, suffering, and grief due to the wrongful death of loved ones.

Mr. Block has served as president of the Arc of Palm Beach County and was the founding board chairman of the Potentials School, a charter school for children with severe developmental disabilities, in Riviera Beach, Florida. He has served as a trustee for the Advocacy Center for Persons with Disabilities Foundation and a board member of the Florida Association of Rehabilitative Facilities. In 2003, the Florida Justice Association honored Mr. Block for his 10-year fight for justice in the courts and the Florida Legislature on behalf of a profoundly developmentally disabled woman who was abused in a group home. In 2008, he received the Governor's Point of Light Award for his work with people who have disabilities.

Mr. Block obtained his juris doctorate and bachelor of arts degrees from Florida State University.

Darcy Abbott, MSW, LCSW
Represents the Agency for Health Care Administration
Chair, Health Care Committee

Ms. Abbott is an administrator for the Medicaid Services Long-Term Care and Behavioral Health Policy Section at the Florida Agency for Health Care Administration. She has worked in state government for more than 25 years, directing and administering policy for health care, behavioral health, developmental

disabilities, and child welfare. She has extensive public health experience, including service as a past national president for the Association of State and Territorial Public Health Social Work.

Ms. Abbott earned her bachelor's degree in social work from Rochester Institute of Technology and her master's in social work from Marywood University. She is a Florida-licensed clinical social worker with experience in advocacy and direct clinical practice. In addition, she is a parent of a child with disabilities.

Marc Buoniconti

Represents individuals with spinal cord or brain injuries

Transportation/Independent Living Committee • Health Care Committee

Mr. Buoniconti serves as ambassador for the Miami Project to Cure Paralysis and president of the project's Buoniconti Fund to Cure Paralysis. While playing football for The Citadel at age 19, he sustained a spinal cord injury that left him paralyzed from the shoulders down.

His awards for activism on behalf of spinal cord research include Volunteer of the Year from the American Lung Association of Florida. He is a member of Iron Arrow, the University of Miami's highest honor, and a recipient of the university's Henry K. Stanford Award. He has served as director of the Gloria Estefan Foundation, Points of Light Foundation, and a National Institutes of Health advisory board. He is the son of former Miami Dolphin Nick Buoniconti.

Carol A. Christopherson

Represents individuals with hearing impairments

Civil Rights/Legal Committee • Education/Employment committees

Ms. Christopherson served on the Florida Coordinating Council for the Deaf and Hard of Hearing from 2004 through 2008 and is a current member of the Hearing Loss Association of Florida, National Association of the Deaf, and Florida Association of the Deaf. She is also the president and founder of Florida Service Dogs, Inc., which provides education and advocacy regarding service animal issues as well as trains service dogs for qualified clients.

Ms. Christopherson is certified as a Dog Obedience and Service Dog Instructor Trainer. She also is certified in the Humane Society's Disaster Animal Response Team (DART) program, K-9 Disaster Relief training, and a behavior consultant course. She is late-deafened and uses a dual-trained service animal. Ms. Christopherson speaks, read lips, and uses oral interpreters who use signed English.

Charles T. Corley

Represents the Department of Elder Affairs

Transportation/ Independent Living committee • Health Care Committee

Mr. Corley serves as the deputy secretary of the Florida Department of Elder Affairs. Prior to this position he briefly served as the department's interim secretary in early 2007 and as the department's director of statewide community-based services from 2000 to 2006.

Mr. Corley has worked in the health and human services field for more than 27 years as a direct service provider and administrator. He served as a hospital administrator and consultant in the area of hospital and nursing home certificates of need. Since joining the department, he has been extensively involved in the expansion of home- and community-based programs as an alternative to nursing home placement.

Deputy Secretary Corley received his bachelor of science degree from Florida State University and attended the graduate health care management program at the University of South Florida.

David Darm

Representing individuals with visual impairments.

Transportation/ Independent Living Committee • Health Care Committee • Education/Employment Committee • Civil Rights/Legal Committee

Mr. Darm received his bachelor's degree from the University of North Florida in the field of political science. He is currently working on his Masters in Applied Politics and Policy at Florida State University. He was recently employed by the Executive Office of the Governor as a public policy analyst for the Office of Policy and Budget. Mr. Darm is always accompanied by his faithful service animal, "Columbus," who is a graduate from the Southeastern Guide Dogs School.

Mr. Darm has been a life-long advocate for those with disabilities. He has conducted research studies and guest lectured courses on disability awareness within the community and college environment. Currently, Mr. Darm serves on the Florida Commission for the Transportation Disadvantaged—the state agency that serves the transportation needs of seniors, those with low-income, and the disability community. Mr. Darm works in several policy arenas for the Governor's Office, particularly in the Health and Human Services arena.

James DeBeaugrine

Represents the Agency for Persons with Disabilities

Transportation/Independent Living Committee

Mr. DeBeaugrine was appointed director of the Agency for Persons with Disabilities in August 2008 by Governor Charlie Crist after serving as interim director since May 2008. He previously served as the APD's deputy director for budget and planning. Prior to joining the agency, Mr. DeBeaugrine served the Florida Legislature in the House Appropriations Committee for 19 years. After a one-year internship, he worked eight years as an analyst for the House Health and Human Services Appropriations Committee. His career then led him to the Criminal Justice Appropriations Committee, where he served as the staff director for 10 years. During his legislative career, he developed a keen interest in issues related to people with disabilities. He was the budget analyst for the Developmental Services program when the current Home and Community Based Services Waiver was initially approved by the Legislature. Mr. DeBeaugrine also was the budget analyst for the Agency for Health Care Administration, which administers the state Medicaid program.

Mr. DeBeaugrine graduated from Florida State University with a degree in public administration and economics and received a master's degree in public administration.

Thom DeLilla

Represents the Florida Department of Health
Chair, Transportation/Independent Living Committee

Mr. DeLilla is the bureau chief of the Brain and Spinal Cord Injury Program (BSCIP) of the Florida Department of Health—a statewide program that reintegrates individuals with traumatic brain or spinal cord injuries back into the community.

After sustaining a spinal cord injury in 1972, he earned a bachelor's degree in psychology/sociology from the University of South Florida and completed postgraduate studies in rehabilitation counseling at Florida State University. He served as president of the Board of Directors of the National Spinal Cord Injury Association, chairman of the board for the North Florida Center for Independent Living, and as a commissioner on the Florida Commission for the Transportation Disadvantaged. He also developed and managed his own rehabilitation consulting company.

Henry Dittman Jr.

Represents elderly citizens of Florida
Transportation/Independent Living Committee • Health Care Committee

Mr. Dittman holds advanced degrees from Pepperdine University and Troy University. He recently retired from a career as a forensic mental health counselor at the Florida Department of Corrections, during which he devised and implemented

intensive counseling programs for maximum-security-level felons incarcerated in Florida's penal system. He was also highly instrumental in assisting released individuals in after-care programs aimed at continuing their mental health care, as well as in their obtaining employment.

Prior to joining the Florida Department of Corrections, Mr. Dittman worked in community mental health settings in Northwest Florida and was instrumental in creating a variety of employment opportunities for elderly day care participants.

Christine Eckstein

Represents individuals with developmental disabilities

Education/Employment Committee

Ms. Eckstein is a former legal aid attorney who has dedicated her life to her four children. Both of her sons are diagnosed with autism and kidney disease. Through years of specialized therapy and hard work in the home, her sons are now mainstreamed in public school and are honor roll students. Ms. Eckstein is also an advocate for organ donation, having experienced kidney failure at age 18. After two and one-half years on dialysis, she received a kidney transplant from an anonymous donor in 1991. Now, 18 years later, she is still going strong.

Ms. Eckstein donates her time as a Seminole County School Dividend volunteer and a religious education teacher for Annunciation Catholic Church. In addition, she is an active member of David Turnbull's Tae Kwon Do School and is co-founder with her husband, Peter Schoemann, of the Chamber of Commerce for Persons with Disabilities and the Central Florida Disability Chamber.

Susanne Homant, D.P.A.

Represents the advocates for independent living

Health Care Committee • Education/Employment Committee

Dr. Homant is president and CEO of The Able Trust, a statewide foundation dedicated to creating employment opportunities for people with disabilities. The trust, created in 1990 by the Florida Legislature, has provided grants totaling more than \$24 million since its inception—grants that have served people of all ages and all disabilities in all of Florida's 67 counties.

Dr. Homant joined The Able Trust in 2007 and is responsible for the operations of the organization. Her previous experience includes executive management work with the National Alliance on Mental Illness of Florida, the Florida Hospices and Palliative Care Organization, and the Michigan Hospice and Palliative Care Organization. She has over 20 years of experience with statewide organizations dealing with health care, public policy, advocacy, fundraising, and public awareness and education.

She earned her M.B.A. degree from Northern Michigan University, and her doctorate in public administration at Western Michigan University.

Ken Littlefield

*Represents the Florida Statewide Advocacy Council
Education/Employment Committee*

Rep. Littlefield was appointed by Governor Charlie Crist to serve as executive director of the Florida Statewide Advocacy Council (FSAC) in March 2007. During his eight-session tenure in the Florida House of Representatives, he served on the Elder Affairs, Long-Term Care, and Health and Human Services Appropriations committees, as well as the Council for Healthy Communities.

Rep. Littlefield also chaired the Health Care Services Committee and the Pasco and Hillsborough legislative delegations and garnered many awards for community involvement. He has been a member and has served on executive boards of five chambers of commerce, the Pasco County Readiness Coalition, and the United Way of Pasco. He also owned and operated a successful business.

Bambi J. Lockman

*Represents the Florida Department of Education
Chair, Education/Employment Committee*

Ms. Lockman has been chief of the Bureau of Exceptional Education and Student Services in the Florida Department of Education since October 2004. She is responsible for Florida's implementation of the Individuals with Disabilities Education Act of 2004 (IDEA) and leads several statewide initiatives.

Ms. Lockman serves on the Interagency Service Committee for Youth and Young Adults with Disabilities, the Florida Developmental Disabilities Council, and the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). She was recently reappointed by Governor Crist to serve on the Governor's Task Force on Autism Spectrum Disorders. She is actively involved in regional and national activities through the Southeast Regional Resource Center, 7-Pak, the National Association of State Directors of Special Education (NASDSE), and CASE.

Judy Meyer

*Represents the Agency for Workforce Innovation
Education/Employment Committee • Health Care Committee*

Ms. Meyer is currently a senior management analyst supervisor in the One-Stop and Program Support Unit of the Agency for Workforce Innovation. She serves as

interagency liaison and special projects coordinator, especially on projects concerning persons with barriers to employment. She is a registered nurse and also holds a bachelor of science degree in business, management of public resources, conferred by Florida State University.

Ms. Meyer has over 25 years of continuous service to the State of Florida. She began her employment with the Florida Department of Education and was previously employed by the Center on Gerontology at Florida State University. She was appointed by then Governor Bob Graham to serve as a Florida delegate to the 1980 White House Conference on Aging. She also served on the Human Rights Advocacy Committee for Florida State Hospital. As an advocate for improving education, training, and employment opportunities for youth and adults, she has served on numerous interagency councils, task forces, and work groups within state government.

Luke Murphy, SSG, Ret. 101st Airborne Division

Represents disabled veterans of Florida

SSG. Murphy, Ret., is a junior at Florida State University, seeking his bachelor's degree. Mr. Murphy, a Purple Heart recipient, represents a growing number of young veterans, newly disabled, who, after serving our country and now, find themselves navigating the world of disabilities for the first time.

After being assigned to the 101st Airborne Division in 2003, Mr. Murphy led a fire team in the 2003 invasion of Iraq and contributed greatly in the Divisions success of liberating three key cities and establishing a free and democratic Iraq. Murphy returned to Iraq in 2005 as a Sergeant and was quickly promoted to Staff Sergeant while leading a 10-man reconnaissance team. After serving over 7 years in the Army, Mr. Murphy, a Florida native, was catastrophically wounded by an Improvised Explosive Device (IED) during his second tour of Iraq. The IED removed his right leg and severely mangled his left leg. SSG Murphy spent his last year as a soldier at Walter Reed Army Medical Center where he received 27 surgeries and extensive physical therapy. Mr. Murphy hopes to once again serve the United States of America but as a public servant.

William "Bill" Peeler

Represents the Florida Department of Veterans' Affairs

Transportation/Independent Living Committee • Civil Rights/Legal Committee

Mr. Peeler retired from the Florida Department of Veterans' Affairs in 2009 and now continues his commitment to helping others by home-schooling students with a wide range of disabilities in the Lake City area. He served in the U.S. Air Force for more than 24 years, retiring as an officer. He is a veteran of the Vietnam War, in which he served as a combat dog handler. As a veteran with a disability, he is well aware of

the issues and barriers concerning his fellow disabled veterans. As a member of the Governor's Commission on Disabilities, he is an ardent voice for addressing the issues and barriers faced by veterans and other Floridians with disabilities.

Mr. Peeler is a graduate of the University of West Florida with a bachelor's degree in social work. He served on the Board of Directors of the Columbia County Senior Service Center, Counselor for Columbia County Christian Service Center, Chairman of Board for Mercy Mountain Boys Veterans' Assistance Foundation, and is pastor of White Springs United Methodist Church in White Springs, Florida. Mr. Peeler was the recipient of the Point of Light Award in June 2010.

Gregory Venz

Represents the Florida Department of Children and Families
Chair, Civil Rights/Legal Committee

Mr. Venz is an assistant general counsel at the Florida Department of Children and Families (DCF) in Tallahassee. He served as the director of the department's Sexually Violent Predator Program for more than five years. His work at DCF has enabled him to understand the needs of persons across the disabilities spectrum.

Mr. Venz graduated from the Florida State University College of Law. He worked for two years as a law clerk at the First District Court of Appeal prior to joining the legal office at DCF in 1996. He brings to the Commission significant experience with legal, policy, and programmatic issues in the delivery of social services.

Remer "Chip" Wilson, Commission Vice Chair

Represents the Florida Division of Emergency Management
Civil Rights/Legal Committee • Transportation/ Independent Living Committee

Mr. Wilson was appointed the Statewide Disability Coordinator for the Division of Emergency Management in November 2007. He founded ADA Consultants of Northeast Florida after a 23-year career with Prudential Insurance.

After becoming a paraplegic in high school, Mr. Wilson earned a bachelor's degree in sociology and a master's degree in computer resource and information management. He is on the Board of Directors of the West Council Chamber of Commerce in Jacksonville and was its 2007 Small Business Leader of the Year. He was president of the Florida Independent Living Council for two terms and served on the Governor's Accessible Electronic Information Technology Task Force. He received the Senator Stephen R. Wise Lifetime Achievement Award for his advocacy efforts.

Commission Staff Members

Bryan F. Vaughan, Executive Director

Mr. Vaughan was appointed by Governor Charlie Crist to serve as executive director of the Governor's Commission on Disabilities in January 2008. He has a long history of public service and disabilities involvement.

Mr. Vaughan obtained a bachelor of arts degree in political science from Mercer University, a master of science degree in clinical psychology from Troy State University, and is a board-certified expert in traumatic stress. He was awarded the Outstanding Achiever Award by the Georgia Association of Rehabilitation Facilities for developing Georgia's Ex-Offender Employment Program, which assists released felons in securing permanent employment. During his successful career in law enforcement, he received numerous honors, including the Silver Cross Medal, Bronze Cross Medal, Officer of the Year from the American Legion, Certificate of Meritorious Service from the U.S. Customs Service, and two Officer of the Month Awards from the Pensacola Police Department in Pensacola, Florida.

At the height of his law enforcement career, Mr. Vaughan was diagnosed with multiple sclerosis (MS). Over the next few years, he was hospitalized many times due to exacerbations from the MS, leading to an 18-month period in a wheelchair. In 2001, the effects of the disease caused deterioration of his vision to the point that he was determined legally blind.

Since 1996, Mr. Vaughan has worked with a variety of individuals—from ex-felons to persons with physical, mental, and emotional illnesses—to help them overcome barriers to employment. As a recipient as well as a provider of services, he has a personal understanding of the various difficulties faced by people with disabilities. Although he has visual and physical limitations, he has been able to thrive in work environments that are not traditional ones for persons with disabilities. He is a living example that a person with disabilities can progress beyond what society presently views as norms, achieve the exceptional, and live a life that is fulfilling and rewarding.

Jamie Bullock, Deputy Director

Melanie Parham, Executive Administrative Assistant

Stacia Woolverton, Executive Administrative Assistant

Clearinghouse on Disability Information Staff Members

Barbara S. Cain, Director, Clearinghouse on Disability Information

Ms. Cain became the director of the Clearinghouse on Disability Information (CDI) in November 2004. The CDI offers information and referral services regarding all matters related to disabilities, technical assistance on ADA and other disability rights laws, service animals, SSI/SSDI issues, advocacy, basic needs, and services available throughout all of Florida.

Ms. Cain is the author of the weekly Disability-Related Legislative Report that has tracked disability-related legislation and issues during the past five Florida legislative sessions. The Legislative Report covers all pending legislation that could have an impact on persons with disabilities, seniors, and veterans with disabilities. Because most bill-tracking systems are inaccessible to screen readers, the CDI report tracks each bill from beginning to end using Florida's legislative Web site, Online Sunshine. The CDI's Legislative Report won a Davis Productivity Award in 2006.

Ms. Cain received her dual bachelor of science degrees in psychology and sociology in 1989. She was the first graduate of Southwest Baptist University's geriatric certification program. She has been a double-certified member of the National Alliance of Certified Information and Referral Specialists since 2005.

Prior to becoming CDI director, Ms. Cain served as the lead geriatric case manager for agencies in Illinois and Florida, as well as an elder abuse investigator and adult day care director. Throughout her career, she gained extensive knowledge on issues and programs affecting individuals with disabilities, geriatrics, and veterans with disabilities, which assists her in better serving the people of Florida.

David Howell, Disability Specialist

Barbara "Bobbie" Malley, Disability Specialist

APPENDIX IV

Results of State Employee Survey

There were 6,952 completed surveys, though some respondents did not answer some questions. For all tables and figures below, the total number of responses for a given category is reported. Most of the respondents were career service employees (69.1%, Table 1) and female (70.9%, Figure 1), and about half (49.8%) were age 35 to 54 (Figure 2 and Table 2).

Table 1. Number and percentage of employment survey respondents reporting each type of employment (n=6,842).

Employment type	Count	Percent (%)
Career service	4727	69.1
Contracted services	96	1.4
OPS	469	6.9
SES	1491	21.8
SMS	48	0.7
Volunteer	11	0.2

Figure 1. Gender of employment survey respondents (n=6,824).



Figure 2. Age category distribution of employment survey respondents (n=6,814).

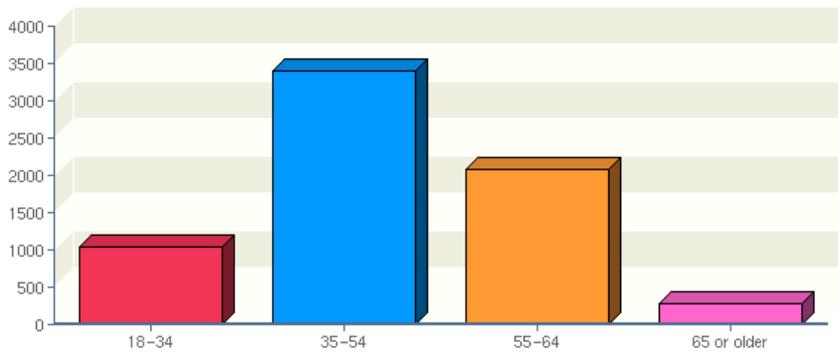


Table 2. Number and percentage of employment survey respondents reporting each age category (n=6,814).

Age category	Count	Percent (%)
18-34	1,049	15.4
35-54	3,394	49.8
55-64	2,089	30.7
65 or older	282	4.1

Nearly one in ten respondents (9.2%) said they used assistive technology or an assistive device (like speech recognition software or alternative keyboards) while at work (Figure 3). Nearly a third of respondents (31.4%) considered themselves to have a disability based on the Americans with Disabilities Act (ADA) definition: “a person with a disability is someone who: has a physical or mental impairment that substantially limits one or more major life activities (including walking, seeing, hearing, speaking, breathing, learning, performing manual tasks, caring for oneself, and working); has a record of such an impairment; or is regarded as having such an impairment” (Figure 4). Those respondents who considered themselves to have a disability were then provided the ADA definitions of physical and mental impairments and asked whether they considered themselves to have either or both of these types of disability. Most respondents with a disability said they had a physical impairment (78.5%, Figure 5); mental impairment was less common among respondents (16.6%, Figure 6).

Figure 3. Assistive technology or assistive device use among state employee survey respondents (n=6,868).

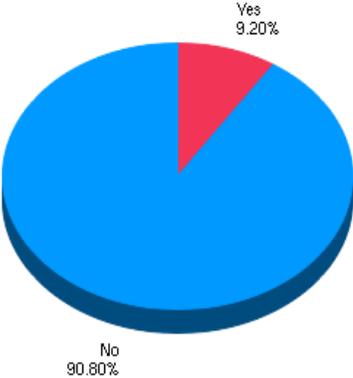


Figure 4. State employee survey respondents who consider themselves to have a disability as defined by the Americans with Disabilities Act (n=6,864).

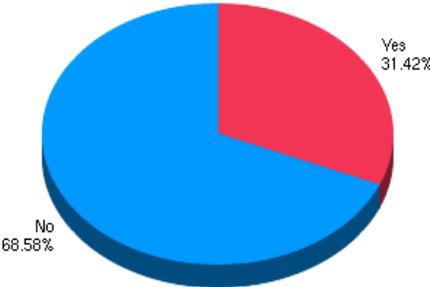


Figure 5. Among those with a disability, state employee survey respondents who consider themselves to have a physical impairment as defined by the Americans with Disabilities Act (n=2,170).

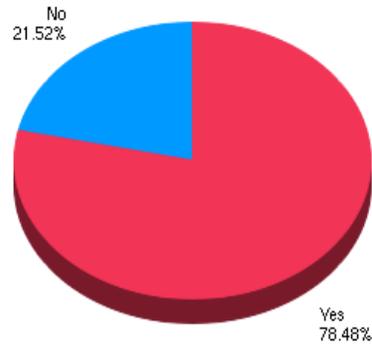
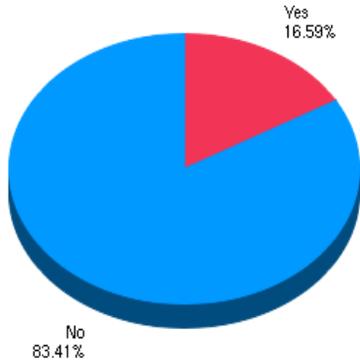


Figure 6. Among those with a disability, state employee survey respondents who consider themselves to have a mental impairment as defined by the Americans with Disabilities Act (n=2,158).



Employment survey respondents came from a variety of state agencies and regions of the state. The number of respondents with a disability and the percentage of all respondents from each state agency appear in Table 3. Note that the percentages in Table 3 do not represent the percentage of each agency's employees who responded to the survey but rather are the percentage of total survey respondents from each agency. Florida Department of Health employees represented the largest group of survey respondents (37.0%), followed by Florida Department of Children and Families employees (12.6%). Table 4 displays the county of residence reported by employment survey respondents.

Table 3. Number of employment survey respondents from each state agency and the percentage of all respondents contributed from each agency (n=6,868).

Employing agency in Florida	Count	Percent (%)
Administration Hearings (DOAH)	12	0.2
Agriculture & Consumer Services (DACS)	342	5.0
Business & Professional Regulation (DBPR)	6	0.1
Children & Families (DCF)	866	12.6
Citrus (CIT)	7	0.1
Community Affairs (DCA)	20	0.3
Corrections (DC)	375	5.5
Education (FDOE)	210	3.1
Elder Affairs (DOEA)	25	0.4
Emergency Management (DEM)	28	0.4
Environmental Protection (DEP)	243	3.5
Financial Services (DFS)	206	3.0
Fish & Wildlife Conservation (FWC)	70	1.0
Florida Guardian Ad Litem Program	1	0.01
Governor's Office (EOG)	18	0.3
Health (DOH)	2,539	37.0
Health Care Administration (AHCA)	149	2.2
Justice Administration Commission (JAC)	1	0.01
Juvenile Justice (DJJ)	2	0.03
Law Enforcement (FDLE)	168	2.5
Legal Affairs (DLA)	74	1.1
Lottery (LOT)	1	0.01
Management Services (DMS)	38	0.5
Parole Commission (FPC)	9	0.1
Persons with Disabilities (APD)	389	5.7
Public Service Commission (PSC)	2	0.03
Public Defenders	1	0.01
Revenue (REV)	565	8.2
School for the Deaf and Blind (FSDB)	15	0.2
State (DOS)	45	0.7
State Attorneys	3	0.04
Veterans' Affairs (DVA)	2	0.03
Workforce Innovation (AWI)	291	4.2
Other	145	2.1

Table 4. Number and percentage of employment survey respondents who work in each county (n=6,762).

County of residence in Florida	Count	Percent (%)
Alachua	170	2.5
Baker	16	0.2
Bay	53	0.8
Bradford	26	0.4
Brevard	103	1.5
Broward	228	3.4
Calhoun	16	0.2
Charlotte	42	0.6
Citrus	53	0.8
Clay	68	1.0
Collier	36	0.5
Columbia	36	0.5
Dade	223	3.3
DeSoto	17	0.3
Dixie	10	0.1
Duval	258	3.8
Escambia	115	1.7
Flagler	28	0.4
Franklin	12	0.2
Gadsden	186	2.7
Gilchrist	4	0.1
Glades	4	0.1
Gulf	20	0.3
Hamilton	5	0.1
Hardee	22	0.3
Hendry	16	0.2
Hernando	61	0.9
Highlands	39	0.6
Hillsborough	384	5.7
Holmes	10	0.1
Indian River	33	0.5
Jackson	146	2.2
Jefferson	52	0.8
Lafayette	8	0.1
Lake	81	1.2
Lee	199	2.9
Leon	1506	22.3
Levy	32	0.5
Liberty	23	0.3

Madison	24	0.3
Manatee	68	1.0
Marion	112	1.7
Martin	37	0.5
Monroe	27	0.4
Nassau	29	0.4
Okaloosa	57	0.8
Okeechobee	19	0.3
Orange	255	3.8
Osceola	69	1.0
Palm Beach	246	3.6
Pasco	127	1.9
Pinellas	251	3.7
Polk	182	2.7
Putnam	32	0.5
Santa Rosa	81	1.2
Sarasota	95	1.4
Seminole	109	1.6
St. Johns	60	0.9
St. Lucie	92	1.4
Sumter	29	0.4
Suwannee	27	0.4
Taylor	22	0.3
Union	19	0.3
Volusia	156	2.3
Wakulla	156	2.3
Walton	22	0.3
Washington	18	0.3

The state of Florida does not discriminate on the basis of disability or other factors in employment; however, some people perceive they will be treated negatively in the workplace if they disclose a disability. Therefore, no results are reported with cell sizes smaller than 10 people to protect the anonymity of respondents.

APPENDIX V

Employment Data by State

Ages 21 to 64 (2007)

(a) State	(b) Numerical ranking: employ- ment of persons with no disability	(c) Percentage: employ- ment among persons with no disability	(d) Numerical ranking: employ- ment of persons with a disability	(e) Percentage: employ- ment among persons with a disability	(f) Numerical ranking (1 = most favorable): percentage- point difference between the employment of persons with a disability and persons with no disability	(g) Percentage- point difference between the employment of persons with a disability and persons with no disability (column c minus e)
AL	34	79.5	45	31.4	47	48.1
AK	26	80.4	5	47.4	3	33.0
AZ	44	77.3	38	35.4	27	41.9
AR	40	79.0	44	31.9	45	47.1
CA	45	77.3	33	36.8	24	40.5
CO	17	81.8	10	44.6	6	37.2
CT	16	82.2	16	42.7	15	39.5
DE	31	79.8	35	36.0	32	43.8
FL	41	78.9	29	37.6	25	41.3
GA	39	79.2	40	34.3	39	44.9
HI	29	80.0	11	44.0	4	36.0
ID	28	80.2	18	41.7	12	38.5
IL	36	79.3	22	39.2	22	40.1
IN	21	80.8	32	37.1	30	43.7
IA	6	85.2	6	47.0	9	38.2
KS	9	83.6	12	43.7	21	39.9
KY	37	79.3	47	30.4	48	48.9
LA	46	77.3	42	33.6	31	43.7
MN	11	83.3	24	38.6	37	44.7
MD	12	82.5	15	42.8	18	39.7
ME	14	82.3	34	36.5	42	45.8
MI	49	76.7	46	31.3	41	45.4
MN	8	84.2	9	46.1	8	38.1
MS	47	77.3	48	30.4	44	46.9
MO	18	81.4	28	37.6	33	43.8
MT	22	80.6	17	42.2	11	38.4
NE	2	86.1	4	48.0	7	38.1
NV	33	79.7	21	40.1	16	39.6
NH	7	84.7	13	43.2	26	41.5
NJ	32	79.8	31	37.2	28	42.6

(a) State	(b) Numerical ranking: employ- ment of persons with no disability	(c) Percentage: employ- ment among persons with no disability	(d) Numerical ranking: employ- ment of persons with a disability	(e) Percentage: employ- ment among persons with a disability	(f) Numerical ranking (1 = most favorable): percentage- point difference between the employment of persons with a disability and persons with no disability	(g) Percentage- point difference between the employment of persons with a disability and persons with no disability (column c minus e)
NM	48	77.3	25	38.3	14	39.0
NY	42	78.6	41	34.0	34	44.6
NC	24	80.5	37	35.6	38	44.9
ND	4	85.8	1	56.0	1	29.8
OH	25	80.5	36	35.9	36	44.6
OK	27	80.4	27	37.7	29	42.7
OR	35	79.5	19	41.2	10	38.3
PA	19	81.2	39	35.3	43	45.9
RI	13	82.4	30	37.2	40	45.2
SC	38	79.3	49	30.0	49	49.3
SD	1	86.2	8	46.4	20	39.8
TN	30	79.9	43	32.3	46	47.6
TX	43	78.5	23	38.7	19	39.8
UT	20	80.9	3	49.5	2	31.4
VT	5	85.4	7	46.7	13	38.7
VA	15	82.3	26	37.7	35	44.6
WA	23	80.6	20	40.9	17	39.7
WV	50	76.3	50	26.6	50	49.7
WI	10	83.6	14	43.2	23	40.4
WY	3	86.0	2	49.9	5	36.1

Source: Erickson, W., & Lee, C. (2008), *2007 Disability Status Report: Florida*, Ithaca, NY, Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics. The estimates in the report are based on the American Community Survey—a U.S. Census Bureau survey of a sample of the population.

APPENDIX VI

Interim Project – Bill of Rights

In support of Recommendation E-10, the Commission recommends updating Florida's Bill of Rights for Persons with Developmental Disabilities, contained in 393.13(3) (a) and (g), and 393.13(5), Florida Statutes.

The following are initial proposed changes for continued review:

393.13, *Treatment of persons with developmental disabilities.*—

- (3) RIGHTS OF ALL PERSONS WITH DEVELOPMENTAL DISABILITIES.--The rights described in this subsection shall apply to all persons with developmental disabilities, whether or not such persons are clients of the agency.
- (a) Persons with developmental disabilities shall have a right to dignity, privacy, and humane care, including the right to be free from sexual abuse ~~in residential facilities.~~
- (g) Persons with developmental disabilities shall have a right to be free from harm, including unnecessary physical, chemical, or mechanical restraint, isolation, excessive medication, abuse, ~~or~~ neglect or unreasonable care.
- (5) LIABILITY FOR VIOLATIONS.--Any person or entity that ~~who~~ violates or abuses any rights or privileges of persons with developmental disabilities provided by this chapter is liable for damages as determined by law. Any person or entity that ~~who~~ acts in good faith compliance with the provisions of this chapter is immune from civil or criminal liability for actions in connection with evaluation, admission, habilitative programming, education, treatment, or discharge of a client. However, this section does not relieve any person or entity from liability if the person or entity is liable or guilty of negligence, misfeasance, nonfeasance, or malfeasance.

APPENDIX VII

Interim Project – Florida’s Version of the ADA

Summary

In support of the proposed implementation of Recommendation E-1 (2008/Rev. 2009), the Commission recommends enacting the federal Americans with Disabilities Act of 1990, as amended by the Americans with Disabilities Restoration Act, as state law in Florida, to be known as the Floridians with Disabilities Act (FDA) or another appropriate title.

Background

The Americans with Disabilities Act (ADA) was enacted in 1991 and became generally effective in 1992. Since that time, there has been significant progress in addressing disability discrimination and barriers to participation for persons with disabilities in employment, government programs and services, and public accommodations. Despite the progress, it is still easy to identify both anecdotal acts and systemic patterns and practices of discrimination that preclude persons with disabilities from equal participation in the full range of community life enjoyed by persons who do not have disabilities.

Florida enacted the Florida Civil Rights Act of 1992 (FCRA) in Chapter 760, Florida Statutes. The intent of this Act was to provide state law protection against discrimination on the basis of race, color, religion, sex, national origin, age, handicap, or marital status. The FCRA, however, provides disability discrimination protections that are, in many cases, less than those afforded by the ADA.

A number of states have enhanced state legal protections for persons with disabilities by adopting the federal ADA and its regulations as state law. This not only ensures that the ADA provisions become the minimum standards that must be applied, but also ensures that state avenues of legal redress become available to persons who encounter disability discrimination.

California, for example, in its Unruh Civil Rights Act, expressly provides that a violation of the ADA is a violation of California law. {See California Civil Code, §51(f).} California has also adopted the provisions of the ADA and its implementing regulations in many subject matter-specific sections of the California Code. For example, see California Business and Professional Code, §§ 313, 11502.5, 13651, California Civil Code, §§ 51.2, 54, 54.1, 54.8, 55.52(a)(6), 55.54(i); California Education Code, § 8250.5; California Evidence Code, § 754(j).

A number of other states have, to varying degrees, broadly adopted the ADA and its implementing regulations as state law. For example, see Alabama Code 1975, § 33-

5-58(d); Arizona Revised Statutes, Title 41, Ch. 9, Art. 8, §§41-1492 – 41-1492.12; Connecticut General Statutes § 46a-7, § 29-269; Kentucky Revised Statutes § 344.010 and those that follow.

Many states have also enacted state laws that require compliance with the ADA in specific instances. For example, see Georgia Code § 45-2-43 (medical services).

Present Situation

The ADA already applies to all public and many private entities in Florida. Florida courts have additionally held that that Title I of the ADA and the existing FCRA in Chapter 760, Florida Statutes, provide persons with disabilities essentially equivalent protection against employment discrimination. These two pieces of civil rights legislation are not, however, equivalent. The most significant difference between the ADA and the FCRA is the treatment of commercial entities defined as “public accommodations.” The FCRA narrowly defines public accommodations such that only places of lodging, entertainment, on-site food or beverage consumption, and gas stations are covered. Title III of the ADA defines public accommodation to include virtually any commercial establishment that people frequent as part of daily living. The FCRA also lacks a clear analog to Title II of the ADA, which requires accommodation of disabilities in the operation of government programs and the delivery of services.

These differences between the FCRA and the ADA mean that the compliance and enforcement mechanisms in ss. 760.02–760.11, Florida Statutes, are not currently available to address alleged violations of Title II of the ADA and many alleged violations of Title III. This means that the Florida Commission on Human Relations cannot investigate and conciliate these claims nor can the Attorney General become involved on behalf of the public interest. For disability discrimination claims to which the FCRA does not apply, individuals generally must pursue their own lawsuits in state or federal court.

APPENDIX VIII

2010 Legislation

CS-72 Health Care Services: (Sen. Baker) Proposes an amendment to the Florida Constitution to prohibit laws or rules from compelling any person, employer, or health care provider to participate in any health care system; permit a person or employer to purchase lawful health care services directly from a health care provider; permit a health care provider to accept direct payment from a person or employer for lawful health care services, etc. (Refer to CS/CS-37)

SB-140 School Food Service Programs: (Sen. Siplin) Creates the Florida Farm Fresh Schools Program within the Florida Department of Education (FDOE). Requires the FDOE to work with the Department of Agriculture Consumer Services (DOACS) to recommend policies and rules to the State Board of Education relating to school food services that encourage schools and school districts in Florida to buy fresh and local food. Requires the FDOE, in collaboration with the DOACS, to provide outreach services regarding the benefits of fresh food products in Florida, etc. Effective Date: 07/01/2010. (06/03/10 Approved by Governor)

SB-166 Prescribed Pancreatic Enzyme Supplements/Use: (Identical HB-45) (Sen. Wise) Authorizes certain K-12 students to use prescribed pancreatic enzyme supplements under certain circumstances. Requires the State Board of Education to adopt rules. Provides for indemnification. Effective Date: 07/01/2010. (06/03/10 Approved by Governor)

CS-206 District School Board Policies and Procedures: (Identical HB-55) (Sen. Hill) Provides legislative intent to recognize student academic achievement. Encourages each district school board to adopt policies and procedures that provide for an annual "Academic Scholarship Signing Day." Effective Date: 07/01/2010. (Refer to CS-55)

CS/CS-262 Affordable Housing: (Similar CS-665, Compare HB-95, SB-1250, SB-1432, SB-1528) (Sen. Bennett) Provides a housing finance authority with an additional purpose for which it may exercise its power to borrow. Revises provisions relating to the elements of local comprehensive plans to include an element for affordable housing for seniors. Revises the allocation of certain proceeds distributed from the excise tax on documents that are paid into the State Treasury to the credit of the State Housing Trust Fund, etc.. Effective Date: 07/01/2010. (Refer to CS/CS/CS-665)

CS-336 Adult Protective Services: (Similar HB-91) (Sen. Storms) Requires that the central abuse hotline, which is maintained by the Florida Department of Children and Family Services (DCFS), immediately transfer reports relating to vulnerable adults to the appropriate county sheriff's office. Authorizes the department to file a petition to determine incapacity. Prohibits the department from acting as guardian or providing legal counsel to the guardian, etc. Effective Date: 07/01/2010. (Refer to CS-91)

CS/CS-434 Suicide Prevention Education: (Sen. Sobel) Requires that district school boards provide access to educational resources regarding suicide prevention to all instructional and administrative personnel. Provides for school personnel who choose to participate in suicide prevention training to receive in-service credit hours. Requires that each district school board determine the amount of such credit. Effective Date: 07/01/2010. (Refer to CS/CS-1061)

SB-480 Control of Florida National Guard by Governor: (Similar HB-227) (Sen. Baker) Urges the Congress of the United States to preserve the authority of the Governor to retain command and control of the Florida National Guard and to reject any changes to federal law which would restrict or diminish the authority of the Governor to activate the Florida National Guard in response to a domestic crisis, disaster, or other emergency. (Refer to CS-227)

SB-506 Crimes Against Homeless Persons: (Identical HB-11) (Sen. Ring) Reclassifies offenses evidencing prejudice based on the homeless status of the victim. Provides a definition. Effective Date: 10/01/2010. (Refer to HB-11)

CS/CS-644 Direct-support Org./Department of Military Affairs: (Similar CS-395) (Sen. Justice) Authorizes the direct-support organization to administer the Soldiers and Airmen Assistance Program or similar programs. Requires the direct-support organization to submit its annual budget and financial reports to the Department of Military Affairs (DMA). Requires the financial committee of the board of directors of the direct-support organization for the DMA to review the financial transactions of the program quarterly, etc. Effective Date: 07/01/2010. (05/26/10 Approved by Governor)

CS/CS-648 Building Safety: (Compare HB-401, HB-531, CS/CS-561, CS/CS-663, HB-959, HB-1035, HB-1317, SB-832, SB-1074, CS-1172, CS/CS-1196, CS-1330, SB-2694) (Sen. Bennett) Exempts certain elevators from provisions requiring modifications to heat sensors and electronic controls. Provides additional requirements for licensure as a home inspector. Repeals specified provisions

relating to the renewal of licenses for interior designers and landscape architects. Revises the requirement for recertification of manufactured buildings prior to relocation, etc. Effective Date: 07/01/2010 (Refer to CS/CS/CS-1196)

CS/CS-742 Public Safety Telecommunicators/E911: (Identical HB-355) (Sen. Detert) Includes fees for certification and recertification collected by the Florida Department of Health (DOH) in authorized expenditures for E-911 services. Provides requirements for training and certification of a public safety tele-communicator, including fees. Provides for temporary waiver of certification requirements in an area of the state for which the Governor has declared a state of emergency, etc. Effective Date: 07/01/2010. (06/03/10 Approved by Governor)

SB-800 Fibromyalgia Awareness Day: (Sen. Hill) Recognizes May 12, 2010, as "Fibromyalgia Awareness Day" in Florida. (04/26/10 Introduced; Read 2nd time; Adopted)

SB-806 Power to End Stroke Month/May 2010: (Sen. Hill) Urges support of the American Stroke Association's "Power to End Stroke" campaign and recognizes May 2010 as "Power to End Stroke Month" in Florida. (04/26/10 Introduced; Read 2nd time; Adopted)

SB-812 Prostate Cancer Awareness Month: (Sen. Hill) Recognizes September 2010 as "Prostate Cancer Awareness Month." (04/26/10 Introduced; Read 2nd time; Adopted)

CS-814 Lifeline Telecommunications Service: (Identical HB-235) (Sen. Aronberg) Authorizes any commercial mobile radio service provider designated as an eligible telecommunications carrier to offer Lifeline services. Authorizes the Department of Children and Family Services, (DCFS) the FDOE, the public Service Commission (PSC), and the Office of Public Counsel to exchange certain information with eligible telecommunications carriers so the carriers can identify and enroll an eligible person in the Lifeline and Link-Up programs. Maintains confidentiality of the information. Effective Date: 07/01/2010. (06/03/10 Approved by Governor)

CS/CS-816 Teaching Nursing Homes: (Identical CS-491) (Sen. Aronberg) Revises the term "teaching nursing home" as it relates to the implementation of a teaching nursing home pilot project. Revises the requirements to be designated as a teaching nursing home. Conforms a cross-reference. Effective Date: 07/01/2010. (Refer to CS-491)

CS-880 Campaign Financing: (Similar CS/CS-1207, Compare SB-2536) (Sen. Thrasher) Permits the use of a political party's name, abbreviation, or symbol by an affiliated party committee under certain circumstances. Provides for the establishment of affiliated party committees. Consolidates reporting requirements in specified provisions applicable to electioneering communications organizations. Deletes the 28-day restriction on acceptance of certain funds preceding a general election, etc. Effective Date: 07/01/2010. (Refer to CS/CS-1207)

CS/CS-896 Students with Diabetes: (Similar CS/CS-747, Compare HB-593, SB-1954) (Sen. Peaden) (Co-Sponsors Sen. Jones; Fasano; Sobel; Lawson; Detert; Storms; Wilson) Requires the DOH to develop guidelines, with the assistance of certain entities, for the training of diabetes personnel. Requires each district school board and the governing body of each private and charter school to provide training to a minimum number of school employees. Prohibits a school district from restricting the assignment of a student who has diabetes to a particular school, etc. Effective Date: 07/01/2010. (Refer to CS/CS-747)

CS-900 Elections: (Similar HB 1019, Compare CS/CS-131, CS-869, SB-1672, S-1682) (Sen. Thrasher) Provides that Chapters 97 through 105, Florida Statutes, shall govern all procedures and processes relating to elections. Prohibits a county or district charter, ordinance, or regulation from conflicting with specified provisions of state law. Requires that notice of tabulation equipment testing be posted on a supervisor's Web site. Provides that certain voters may choose the means by which they receive absentee ballots, etc. Effective Date: 07/01/2010. (Refer to CS/CS-131)

CS-1012 Juvenile Justice Facilities & Programs: (Sen. Jones) Defines the term "ordinary medical care in department facilities and programs." Requires that the Department of Juvenile Justice (DJJ) adopt rules to ensure the effective delivery of services to children in the care and custody of the DJJ. Requires the DJJ to coordinate its rule-adoption process with the Department of Children and Families Services and the Agencies for Persons with Disabilities (APD) to ensure that the DJJ's rules do not encroach upon the substantive jurisdiction of those agencies. Conforms a cross-reference. Effective Date: 07/01/2010. (Refer to CS/CS-131)

SB-1060 Compact/Educational Opportunity/Military Children: (Identical HB-521) (Sen. Storms) Repeals s. 5 of Chapter 2008-225, Laws of Florida. Abrogates the future repeal of specified provisions relating to the compact. Deletes provisions relating to the disclosure of information and records and the closure of meetings by the Interstate Commission on Educational Opportunity for Military Children. Provides for future legislative review and repeal of the compact. (Refer to HB-521)

CS-1096 Middle School Civics Education Assessment: (Identical HB-105) (Sen. Detert) Cites this act as the “Justice Sandra Day O’Connor Civics Education Act.” Provides requirements for a civics education course that a student must successfully complete for middle grades promotion beginning with students entering grade 6 in the 2012–2013 school year. Requires the administration of an end-of-course assessment in civics education as a field test at the middle school level during the 2012–2013 school year, etc. Effective Date: 07/01/2010. (Refer to CS-105)

SB-1116 Chronic Kidney Disease Awareness Day: (Sen. Wilson) Recognizes March 11, 2010, as “Chronic Kidney Awareness Day.” (03/18/10 Read 2nd time; Adopted)

SB-1166 Community Residential Homes: (Identical HB-645) (Sen. Altman) (Co-Sponsor Sen. Storms) Prohibits certain rules adopted by the APD from restricting the number of facilities designated as community residential homes located within a planned residential community. Defines the term “planned residential community.” Provides that community residential homes located within a planned residential community may be contiguous to one another. Effective Date: 07/01/2010. (06/03/10 Approved by Governor)

CS-1306 Food Assistance Program: (Similar HB-1293, Compare SB-1690) (Sen. Storms) Revises terminology relating to the food stamp program and the WAGES Program to conform to current federal law. Effective Date: 07/01/2010. (06/04/10 Approved by Governor)

CS-1354 Florida Civil Rights Hall of Fame: (Identical HB-523) (Sen. Hill) Provides for the establishment and location of the hall of fame. Provides for the selection of hall-of-fame members by the Governor upon recommendations by the Florida Commission on Human Relations. Provides criteria for such recommendations. Authorizes the commission to set time periods for the nomination and selection of hall-of-fame members. Effective Date: 07/01/2010. (Refer to CS-523)

CS-1484 Medicaid: (Linked SB-2788, HB-7225 SB-2790, Compare CS/CS-08) (Sen. Peaden) Requires the Agency for Health Care Administration (ACHA) to impose a fine against a person under contract with the agency who violates certain provisions. Requires an entity that contracts with the agency as a managed care plan to post a surety bond with the agency or maintain an account of a specified sum. Extends by three years the statewide implementation of an enhanced service

delivery system for the Florida Medicaid program, etc. Effective Date: 07/01/2010. (05/28/10 Approved by Governor)

CS/CS-1666 Unemployment Compensation: (Similar HB-7033, HB-5003, CS/CS-1736) (Sen. Garcia) (Co-Sponsors Sen. Atwater; Alexander; Altman; Aronberg; Baker; Bennett; Bullard; and others) Establishes temporary state extended benefits for weeks of unemployment. Provides for state extended benefits for certain weeks and for periods of high unemployment. Provides for a suspension of lowering the amount of exempt wages under certain circumstances. Provides for an assessment on employers to pay the forecasted interest on advances received from the Federal Government to pay unemployment benefits, etc. (Refer to CS-7033)

CS/CS-1736 Unemployment Compensation: (Compare HB-1447, HB-5003, CS-7033, HB-7061, CS-7157, CS/CS-1666, SB-1976, SB-2294) (Sen. Garcia) Corrects a cross-reference. Updates a cross-reference. Specifies that the Agency for Workforce Innovation (AWI) or its service provider shall prescribe the form and procedures for electronic filing. Deletes an obsolete provision. Specifies that an employer may obtain employee wage information from the agency or its tax collection services provider. Effective Date: 07/01/2010. (05/17/10 Approved by Governor)

CS/CS-1786 Postsecondary Education: (Similar HB 7237, Compare CS-1344, CS/CS-2442) (Sen. Oelrich) Requires the Board of Governors of the State University System in Florida to adopt regulations rather than rules to implement certain educational benefits. Revises provisions relating to responsibility for the State University System under the State Constitution. Provides the constitutional duties of the Board of Governors and the Legislature. Creates the Higher Education Coordinating Council, etc. Effective Date: 07/01/2010. (Refer to HB-7237)

CS-1806 Education: (Identical HB-7037, Compare CS/CS-7053, CS-7189, CS/CS-04, CS/CS-06, CS-1412) (Sen. Detert) Redefines and deletes terms relating to vocational rehabilitation programs. Revises provisions relating to eligibility for vocational rehabilitation services. Requires the Division of Vocational Rehabilitation (DVR) in the FDOE to conduct trial work experiences before determining that an individual is incapable of benefiting from services. Requires the division to administer an independent living program, etc. Effective Date: 07/01/2010. (Refer to HB-7037)

SB-1862 Child Abduction Prevention: (Similar CS-787) (Sen. Altman) Cites this act as the "Child Abduction Prevention Act." Authorizes additional persons to move to

have certain restrictions placed in parenting plans upon showing of a risk that one party may violate the court's parenting plan by removing a child from this state or country or by concealing the child's whereabouts. Authorizes a court to impose certain restrictions in addition to or in lieu of a requirement that a child's passport be surrendered, etc. Effective Date: 07/01/2010. (Refer to CS/CS-787)

SB-1932 Retirement/Special Risk Class/Qualifying Injury: (Identical HB-1193) (Sen. Altman) Cites this act as the "Adam Pierce Act." Revises the definition of "special risk member" to include certain members suffering a qualifying injury. Provides eligibility requirements for membership in the Special Risk Class for certain members suffering a qualifying injury. Provides medical certification requirements. Provides a definition. Prohibits the grant or creation of additional rights. Provides retroactive effect, etc. (Refer to HB-1193)

SB-1972 Veterans: (Identical CS-1003, Compare SB-348) (Sen. Aronberg) Redefines the term "service-disabled veteran" for purposes of the Florida Service-Disabled Veteran Business Enterprise Opportunity Act. Revises the eligibility requirements for a veteran's residency in the Veterans' Domiciliary Home of Florida. Revises the eligibility requirements for a veteran's admittance into a licensed health care facility that is operated by the Florida Department of Veterans' Affairs (FDVA). Effective Date: 07/01/2010. (Refer to CS-1003)

CS/CS-2008 Automated External Defibrillators/Assisted Living: (Similar HB-945) (Sen. Fasano) Requires certain assisted living facilities to possess a functioning automated external defibrillator. Provides for training in the use and maintenance of automated external defibrillators and location registration. Provides immunity from liability under the Good Samaritan Act and the Cardiac Arrest Survival Act. Requires the Florida Department of Health to adopt rules relating to the use of such defibrillators. (Refer to CS/CS-945)

CS/CS/CS-2014 Early Learning: (Similar CS-1203, Compare HB-719, HB-1571, SB-1382, SB-2710) (Sen. Wise) Deletes an obsolete reference to the repealed subsidized child care program. Replaces an obsolete reference to a repealed program with an updated reference to the school readiness program. Revises procedures for child care market rate reimbursement and child care grants. Revises provisions relating to the eligibility requirements for private prekindergarten providers, etc. Effective Date: 07/01/2010. (06/04/10 Approved by Governor)

SB-2020 Information Technology Governance: (Sen. Alexander) Revises the duties and responsibilities of the Agency for Enterprise Information Technology. Requires

said agency to make annual recommendations to the Legislature regarding the migration to a statewide e-mail service and the consolidation of purchasing certain commodities and services. Requires the Children's Legal Service and judiciary to use Florida Safe Families Network for child welfare case management, etc. Effective Date: 07/01/2010. (05/28/10 Approved by Governor)

CS-2030 Continuing Care Facilities: (Similar HB-1253) (Sen. Fasano) Increases the fees for a certificate of authority and a provisional certificate of authority to operate a continuing care facility. Increases the threshold amount for businesses that must be identified in an application for a provisional certificate of authority. Authorizes a provider to assess a separate, nonrefundable fee for processing an application for continuing care, etc. Effective Date: 07/01/2010. (Refer to CS-1253)

CS/CS-2118 Students with Disabilities/Seclusion/Restraint: (Similar CS/CS-1073, Compare SB-2340, CS- 2396, SB-2472, SB-2616) (Sen. Gardiner) Provides that manual physical restraint shall be used only in an emergency when there is an imminent risk of serious injury or death to the student or others. Prohibits school personnel from placing a student in seclusion. Requires that school personnel be trained and certified in the use of manual physical restraint. Requires the school to prepare an incident report after each occasion of student restraint and specifies contents of report, etc. Effective Date: 07/01/2010. (Refer to CS/CS-1073)

CS/CS-2144 OGSR/Voluntary Prekindergarten Education Program: (Identical HB-7193) (Education Pre-K-12) Amends a specified provision relating to an exemption from public records requirements for the individual records of a child enrolled in the Voluntary Prekindergarten Education Program that are held by an early learning coalition, the AWI, or a Voluntary Prekindergarten Education Program provider, including assessment data, health data, records of teacher observations, and personal information of the enrolled child, etc. Effective Date: 10/01/2010. (Refer to HB-7193)

CS/CS-2166 Uniform Traffic Control: (Compare CS-325, HB-1235, SB-294, SB-2712) (Sen. Altman) Preempts to the state the use of cameras to enforce traffic laws. Creates the Mark Wandall Traffic Safety Program. Authorizes the Department of Highway Safety and Motor Vehicles (DHSMV), a county, or a municipality to use a traffic infraction detector to identify a motor vehicle that fails to stop at a traffic control signal steady red light. Provides that no points may be assessed against the driver's license for infractions enforced by a traffic infraction enforcement officer, etc. Effective Date: 07/01/2010. (Refer to CS/CS-325)

SB-2314 Spinal Cord Injury Awareness Week: (Sen. Rich) Recognizes November 15–21, 2010, as "Spinal Cord Injury Awareness Week" in Florida. (04/16/10)

Introduced; Read 2nd time; Adopted)

CS/CS-2434 Health Care: (Similar CS/CS/CS-1143, Compare CS/CS-509, CS/CS-911, CS/CS-1503, CS-7183, CS/CS/CS-752, CS-760, CS/CS/CS-958, CS/CS/S 1412, SB-1816, CS-1818, CS/CS/CS-2138, SB-2300) (Sen. Gardiner) Repeals a provision relating to a prohibition against applying the Drug-Free Workplace Act retroactively. Requires that a specified percentage of fines collected from certain civil penalties levied by county courts for traffic infractions be deposited into the Brain and Spinal Cord Injury Rehabilitation Trust Fund within the Florida Department of Health for use for Medicaid recipients who have spinal cord injuries, etc. Effective Date: 07/01/2010 (Refer to CS/CS/CS-1143)

SB-2562 Amyotrophic Lateral Sclerosis Awareness Month: (Sen. Ring) Recognizes May 2010 and "Amyotrophic Lateral Sclerosis Awareness Month" in Florida. (04/27/10 Introduced; Read 2nd time; Adopted)

CS/CS-2746 Education Programs for Children with Disabilities: (Compare HB-1505) (Sen. Gardiner) Amends a provision relating to the John M. McKay Scholarships for Students with Disabilities Program. Authorizes students who receive certain services under the Voluntary Prekindergarten Education Program to receive a John M. McKay Scholarship. Revises definitions for the Voluntary Prekindergarten Education Program. Establishes a prekindergarten program option for children with disabilities, etc. Effective Date: 07/01/2010. (Refer to CS-1505)

HB-11 Crimes Against Homeless Persons: (Identical SB-506) (Reps. Porth & Rogers) (Co-Sponsors Abruzzo; Brandenburg; Pafford) Reclassifies offenses evidencing prejudice based on homeless status of victim. Effective Date: 10/01/2010. (05/11/10 Approved by Governor)

CS-37 Health Care Services: (Identical SB-72) (Representatives Plakon; Workman; Ray) (Co-sponsors Reps Adams; Adkins; Ambler; Carroll; Coley; Crisafulli; Dorworth; Drake; and others) Proposes creation of s. 28, Art. X of Florida Constitution to prohibit laws or rules from compelling any person, employer, or health care provider to participate in any health care system; permit person or employer to purchase lawful health care services directly from health care provider, etc. (05/20/10 Signed by Officers & filed with Secretary of State)

HB-45 Use of Prescribed Pancreatic Enzyme Supplements: (Identical SB-166) (Rep. Renuart) Authorizes certain K-12 students to use prescribed pancreatic enzyme supplements under certain circumstances; requires State Board of Education to adopt rules; provides for indemnification. Effective Date: 07/01/2010. (Refer to SB-166)

CS-55 District School Board Policies and Procedures: (Identical SB-206) (Rep. Reed) Provides legislative intent to recognize student academic achievement; encourages each district school board to adopt policies and procedures that provide

for annual "Academic Scholarship Signing Day." Effective Date: 07/01/2010. (Refer to CS-206)

HB-81 Seclusion/Restraint/Students with Disabilities: (Similar SB-2118, Compare SB-2616) (Rep. Hukill); (Co-Sponsors Heller; McBurney; Nehr; Pafford; Porth; Precourt; Schwartz; Steinberg; Tobia) Provides that manual physical restraint shall be used only in emergency when there is imminent risk of serious injury or death to student or others; provides restrictions on use of manual physical restraint; prohibits use of manual physical restraint by school personnel who are not trained and certified to use district-approved methods for applying restraint techniques, etc. Effective Date: 07/01/2010. (Refer to CS-1073)

CS-91 Adult Protective Services: (Similar CS-336, Compare CS-479, CS-962) (Rep. Wood) Revises legislative intent with respect to adult protective services; provides for care and protection of all vulnerable adults; provides for certain suspected abuse cases to be transferred to local county sheriff's office; provides for Department of Children and Family Services (DCFS) to file petition to determine incapacity and guardianship; authorizes Department of Highway Safety and Motor Vehicles (DHSMV) to provide copies of drivers' license files to DCFS to conduct protective investigations. Effective Date: 07/01/2010. (05/07/10 Approved by Governor)

CS-105 Middle School Civics Education Assessment: (Similar CS-1096) (Reps. McBurney; Hudson; Kelly) (Co-Sponsors Reps Adkins; Ambler; Brandenburg; Burgin; Cannon; Carroll; Culp; Gaetz; Gibbons; Heller; and others) Designates act "Justice Sandra Day O'Connor Civics Education Act"; provides requirements for civics education course that student must successfully complete for middle grades promotion beginning with students entering grade 6 in 2012–2013 school year; requires administration of end-of-course assessment in civics education as field test at middle school level during 2012–2013 school year, etc. Effective Date: 07/01/2010. (05/07/10 Approved by Governor)

CS/CS-119 Sexual Offenders & Predators: (Compare CS-1284, CS-1314) (Rep. Glorioso) (Co-Sponsors Reps Adkins; Brandenburg; Burgin; Carroll; Cruz; Hooper) Prohibits loitering or prowling by certain offenders within specified distance of places where children regularly congregate; prohibits certain actions toward child at public park or playground by certain offenders; prohibits presence of certain offenders at or on grounds of child care facility or pre-K through 12 school without notice and supervision, etc. Effective Date: 07/01/2010. (05/26/10 Approved by Governor)

CS/CS-131 Elections: (Compare HB-1019, CS-900, SB-1682) (Rep. Adams) (Co-sponsors Reps Ambler; Hukill; Murzin; Proctor; Stargel; T. Williams) Revises responsibilities of supervisor of elections when overseas voter's request for absentee ballot includes e-mail address; requires supervisor to record e-mail address in absentee ballot record and, via e-mail, confirm that request was received,

inform voter of estimated date ballot will be sent, and notify voter when absentee ballot is received, etc. (05/28/10 Approved by Governor)

CS-227 Control of Florida National Guard by Governor: (Similar SB-480) (Rep. Adams) (Co-Sponsors Reps Ambler; Mayfield; Murzin; Plakon; Renuart; Workman) Urges Congress to preserve authority of Governor to retain command and control of Florida National Guard and to reject any changes to federal law that would restrict or diminish authority of Governor to activate Florida National Guard in response to domestic crisis, disaster, or other emergency. (04/30/10 Signed by Officers and filed with Secretary of State

CS/CS-325 Uniform Traffic Control: (Similar SB-294, Compare SB-2166) (Rep. Reagan) (Co-Sponsors Reps Anderson; Brise; Ford; Homan; Horner; Hudson; Jenne; Kriseman; Porth; Y. Roberson; Steinberg; Tobia; Van Zant) Creates Mark Wandall Traffic Safety Program to be administered by DOT; provides for counties and municipalities to enforce traffic control signals using traffic infraction detectors; requires reports from counties and municipalities to department on use of traffic infraction detectors; provides for preexisting equipment, etc. (05/28/10 Approved by Governor)

CS-467 Public K-12 Education: (Identical SB-642) (Rep. Jones) (Co-Sponsors Reps Abruzzo; Brandenburg; Bush; Clarke-Reed; Culp; Jenne; Long; O'Toole; Pafford; Rader; Y. Roberson; Skidmore; Soto; Stargel; Steinberg; G. Thompson) Provides that comprehensive health education curriculum shall include component on teen dating violence and abuse for students in grades 7–12; requires district school boards to adopt and implement dating violence and abuse policy; requires Florida Department of Education (FDOE) to develop model policy; requires school personnel training. Effective Date: 07/01/2010. (06/04/10 Approved by Governor)

CS-491 Teaching Nursing Homes: (Identical SB-816) (Rep. Bogdanoff) Revises term “teaching nursing home” as it relates to implementation of teaching nursing home pilot project; revises requirements to be designated as teaching nursing home. Effective Date: 07/01/2010. (06/03/10 Approved by Governor)

HB-521 Compact/Educational Opportunity/Military Children: (Identical SB-1060) (Representative Proctor) (Co-Sponsors Reps Ambler; Burgin; Drake; Gaetz; Heller; Renuart; Sachs; Stargel) Abrogates future repeal of Interstate Compact on Educational Opportunity for Military Children; deletes provisions relating to disclosure of information and records and closure of meetings by Interstate Commission on Educational Opportunity for Military Children; provides for future legislative review and repeal of compact. (05/11/10 Approved by Governor)

CS-523 Florida Civil Rights Hall of Fame: (Identical SB-1354) (Representative A. Williams) (Co-Sponsors Reps Abruzzo; Adkins; Ambler; Anderson; Aubuchon; Bemby; Bernard; Bogdanoff; Bovo; Brandenburg; Braynon; Brise; Bullard; Burgin; Bush; Cannon; Chestnut; Clarke-Reed; Cretul; Crisafulli; Cruz; Domino; Dorworth;

Drake; and others) Provides for establishment and location of Florida Civil Rights Hall of Fame; provides for selection of hall-of-fame members by Governor upon recommendations by Florida Commission on Human Relations; provides criteria for such recommendations; authorizes commission to set time periods for nomination and selection of hall-of-fame members; assigns responsibility for certain hall-of-fame costs. Effective Date: 07/01/2010. (05/11/10 Approved by Governor)

CS-603 Notification of School Personnel: (Compare SB-1058) (Rep. Soto) Requires that specified school personnel be notified when a child of any age is formally charged by the state attorney with felony or delinquent act that would be a felony if committed by an adult. Effective Date: 07/01/2010. (Refer CS/CS-1058)

CS/CS-645 Community Residential Homes: (Identical SB-1166; Compare HB-1213, SB-230, SB-2678) (Rep. Stargel) Prohibits certain rules adopted by Agency for Person with Disabilities (APD) from restricting the number of facilities designated as community residential homes located within planned residential community; defines term "planned residential community"; provides that community residential homes located within planned residential community may be contiguous to one another. Effective Date: 07/01/2010. (Refer to SB-1166)

CS/CS/CS/CS-663 Building Safety: (Similar CS/CS-648, Compare HB-401, CS/CS-447, HB-531, CS/CS/CS-561, HB-629, CS/CS/CS-713, CS-959, CS-1035, HB-1317, HB-1447, CS-7095, SB-832, CS/CS/CS-846, CS-1074, SB-1136, CS-1172, CS/CS/CS-1196, SB-1270, CS/CS-1330, CS/CS-2044, CS-2108, SB-2658, SB-2694) (Rep. Aubuchon) (Co-Sponsors Reps Bovo; Kreegel; Proctor; Rogers; Van Zant) Revises provisions of law relating to elevator safety, home inspection services, and building code inspections and enforcement; revises Florida Building Commission authority; exempts specified structures from Florida Building Code requirements; revises specified Florida Building Code provisions relating to air conditioning systems and classroom lighting, etc. Effective Date: 07/01/2010 (06/01/10 Approved by Governor)

CS/CS-747 Treatment of Diabetes: (Compare SB-896, SB-1954, CS-896) (Rep. N. Thompson) (Co-sponsors Reps Homan; Kreegel, Renuart; Van Zant) Revises Diabetes Advisory Council membership; prohibits school districts from restricting assignment of diabetic students to certain schools for certain reasons; authorizes student to manage diabetes while at school, at school-sponsored activities, or in transit to or from school or school-sponsored activities with written authorization from parent and physician; provides for indemnification of specified employees, etc. (05/11/10 Approved by Governor)

CS-945 Automated External Defibrillators/Assisted Living (ALF): (Similar SB-2008) (Representative Anderson) Requires licensed ALFs with 17 beds or more to possess functioning automated external defibrillator; provides for training in use and maintenance of automated external defibrillators and location registration; provides immunity from liability under Good Samaritan Act and Cardiac Arrest Survival Act;

requires Florida Department of Health to adopt rules relating to use of automated external defibrillators. (06/03/10 Approved by Governor)

CS/CS-1005 Criminal Justice: (Compare HB-1189, HB-1327, HB-7035, CS-960, SB-1140, SB-1412, SB-2350) (Rep. Holder) Deletes provisions relating to criminal quarantine community control; prohibits lewd or lascivious exhibition in presence of correctional facility employee; revises provisions relating to physical custody and treatment of forensic clients; provides for electronic submission of certain information; applies prohibitions on sexual misconduct with inmates to employees of private correctional facilities, etc. Effective Date: 07/01/2010. (05/11/10 Approved by Governor)

CS/CS-1061 Suicide Prevention Education: (Identical SB-434) (Rep. Heller) (Co-Sponsors Reps Anderson; Brandenburg; Bullard; Chestnut; Kriseman; Schwartz; Soto; Steinberg) Requires that district school boards provide access to educational resources regarding suicide prevention to all instructional and administrative personnel; provides for school personnel who choose to participate in suicide prevention training to receive in-service credit hours in the amount determined by school board. Effective Date: 07/01/2010. (Refer to CS/CS-434)

CS-1073 Education of Children with Disabilities: (Similar CS-2118, Compare SB-2340, CS-2396, S 2472, S 2616)) (Reps. Lorente, Hukill) (Co-Sponsors Reps. Ambler; Anderson; Brandenburg; Burgin; Flores; Ford; Fresen; Glorioso; Gonzalez; Heller; Hudson; and others) Requires minimum training for child care personnel to include identification and care of children with developmental disabilities; provides requirements for use, monitoring, and reduction of unnecessary seclusion and restraint on students with disabilities in public schools; requires regional autism centers to provide certain support for serving children with developmental disabilities, etc. Effective Date: 07/01/2010. (06/04/10 Approved by Governor)

CS/CS-1203 Early Learning: (Similar SB-2014, Compare HB-719, HB-1571, SB-1382, SB-2710) (Rep. Nelson) Deletes or updates obsolete references to former subsidized child care program, former prekindergarten early intervention program, Florida First Start Program, and former State Coordinating Council for School Readiness Programs; transfers various provisions relating to early learning to Chapter 411, Florida Statutes, etc. Effective Date: 07/01/2010. (Refer to CS/CS/CS-2014)

CS-1253 Continuing Care Facilities: (Similar SB-2030) (Rep. Proctor) Revises provisions of law regulating continuing care facilities; increases fees for certificate of authority and provisional certificate; increases threshold amount for businesses that must be identified in application for provisional certificate; revises financial information required annually for each certified facility; requires annual report to reflect changes in accounting principle terminology, etc. Effective Date: 07/01/2010. (06/03/10 Approved by Governor)

CS-1291 Domestic Violence Fatality Review Teams: (Similar SB-1446) (Rep. Coley) Deletes requirement that Governor's Task Force on Domestic Violence provide information and technical assistance to local domestic violence fatality review teams; provides that information and records acquired by team are not subject to discovery or introduction into evidence in criminal or administrative proceedings in certain circumstances, etc. Effective Date: 07/01/2010. (05/07/10 Approved by Governor)

HB-1293 Public Assistance: (Compare SB-1306, SB-1690) (Rep. Coley) Revises terminology relating to food stamp program and WAGES Program to conform to current federal law. Effective Date: 07/01/2010. (Refer to CS-1306)

CS-1505 McKay Scholarship/Students with Disabilities Program: (Compare SB-2746) (Rep. Flores) Revises student eligibility requirements for participation in John M. McKay Scholarships for Students with Disabilities Program; authorizes students who are eligible to enter kindergarten to receive John M. McKay Scholarship; provides eligibility requirements for student identified with developmental delay; authorizes students who were enrolled and reported by school district for funding during any prior year Florida Education Finance Program (FEFP) surveys to receive scholarship, etc. Effective Date: 07/01/2010. (06/04/10 Approved by Governor)

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