

Georgia Council on Developmental Disabilities  
Strategic Planning Framework  
2022-2026

*“Have a big progressive vision of people with disabilities in GA, lead don't follow, don't settle for incremental change because of the way things have been. Push harder for creative innovative policies and practices that revolutionize Georgia for the good of all its citizens.” Comment from Public Input Process*

The previous five years (2016 – 2021) proved difficult and trying times for all Americans including those who live with intellectual/developmental disabilities. At the end of this period, we find Americans more divided than at any other time in our history. Among the issues that have created this division are the role of government in making sure all people have access to healthcare and home and community-based services, whether government can mandate public health measures, and the ease of being able to register and cast a vote. During the 2017 debate over eliminating the Affordable Care Act, thousands of people with disabilities in Georgia and across America were vocal in the effort to keep the ACA in place. Since 2020-2021, over 500,000 Americans died because of a global coronavirus pandemic and as several reports have indicated people with intellectual/developmental disabilities were the second most impacted cohort other than people over 65. People with intellectual/developmental disabilities found themselves at higher risk of contracting the virus, were often without services, and isolated from friends and family. Finally, in Georgia and other states, elected officials are calling for “election integrity” measures, many of which could make it more difficult for people with intellectual/developmental disabilities to participate in the voting process.

When the Georgia Council on Developmental Disabilities began its strategic planning process in July 2020, there were several themes that emerged as we spoke with GCDD members, people with and without disabilities throughout Georgia, and advocates. We were inspired by a quote from someone who participated in a focus group. This individual implored GCDD to think big and take the lead in creating a Georgia that welcomes and supports all people including those with intellectual/developmental disabilities. To do this, GCDD must focus on people with intellectual/developmental disabilities being at the lead of every campaign and initiative. It means understanding and supporting the intersection of an individual’s disability in a way that considers the various ways people describe themselves including a person’s race, ethnicity, gender, religion, age etc. For GCDD’s work, it means focusing on collaborative efforts not only with our partners in the “Developmental Disabilities Network,” but also with those individuals and organizations that represent people with physical disabilities, older adults, poor people, people with mental health issues, people who live in rural communities, and others working to create social change resulting in a better Georgia for everyone. Finally, it means supporting coherent public policies through analysis and advocacy that support individuals with intellectual/developmental disabilities and their families to become more independent, productive, included and integrated in their communities, and self-determined in their lives.

We believe that this strategic plan for the years spanning 2022-2026 is about creating and supporting the kinds of changes in Georgia that will dramatically improve the lives of people with intellectual/developmental disabilities. GCDD will continue to influence the direction of public policy at both state and federal levels, to support capacity building through technical assistance and grants, to bring people together to discuss how to create change, and to promote public awareness of those in need. GCDD is charged by the Developmental Disabilities Act with creating systems change for individuals with developmental disabilities and their family members through advocacy and capacity building activities. These activities should result in people with intellectual/developmental disabilities being more interdependent, economically self-sufficient, included and integrated in communities and self-determined in their lives. As we explore how to create systems change, we will focus on the publicly funded and community level systems that support access to healthcare, transportation, housing, education, and employment. All the strategies GCDD considers will be examined through the lenses of Advocacy, Capacity Building, Equity, and Public Information to ensure alignment with GCDD’s mission and focal areas.

Advocacy means that GCDD can be an effective advocate for change because of investment of time, talent and treasure to ensure robust funding capability, reputation, and board member prominence. GCDD will ask the following questions as it thinks about advocacy efforts in Georgia:

- How do we identify and prioritize advocacy needs?
- How do we advocate?
- How do we help others to advocate?
- How are we meeting the needs of self-advocates and families?
- How are we providing information and resources to the community?

Capacity Building means GCDD will award grants throughout the state to support efforts such as providing technical assistance, funding, and creating pilot or demonstration projects. GCDD can impact capacity building by making investments in local communities that seek both financial returns and social impact. GCDD will ask the following questions as it thinks about building capacity in Georgia:

- What kind of training and technical assistance do we provide to people with intellectual/developmental disabilities, families, the service system, and other organizations?
- How are we identifying and providing needs for capacity building?
- How are we identifying individuals and organizations we support?

Equity means GCDD will work to make sure that our initiatives focus on making sure that people with intellectual/developmental disabilities and their families receive what they need. GCDD can impact equity by requiring all GCDD grants to indicate how they will reach out to historically marginalized communities, especially communities of color and those in rural areas. GCDD will ask the following questions about Equity in Georgia:

- How does our work benefit people who have historically been left out or excluded from services?
- What are the geographic, ethnic, socioeconomic, and service eligibility demographics of the people who benefit from our work?
- Which communities are we working with and how do we communicate with them?
- Who serves on our Council and staff?
- To whom do we give grants and contracts?

Public Information means GCDD is committed to inform, engage, and educate individuals, their families, and the general public in a way that brings about social and policy changes that positively impact community living for people with intellectual and developmental disabilities and their families and caregivers. The communication strategy seeks to deepen engagement and increase knowledge by sharing stories, disseminating information, producing, and distributing media, convening spaces for dialogue, and collaborating with our partners and the broader community. GCDD will ask the following questions about Public Information in Georgia:

- How are we making sure that the materials and resources we produce are accessible to everyone?
- How does GCDD's Public Information keep up with trends and innovations in the media that they use?
- What areas for improvement in GCDD's Public Information efforts exist and are there plans for this needed work?

## **Overview of GCDD**

The Georgia Council on Developmental Disabilities (GCDD), which is authorized under Public Law 106-402, or the Developmental Disabilities Assistance and Bill of Rights Act of 2000, is one of 55 entities of its type in the United States and its territories that reports to the U.S. Department of Health and Human Services, Administration on Community Living and the Administration on Intellectual and Developmental Disabilities (AIDD). The DD Act defines the role of developmental disability councils as “contributing to a coordinated, consumer and family centered and directed comprehensive system of community services that includes needed community services, individualized supports, and other forms of assistance that promote self- determination for individuals and families.” (*The Developmental Disabilities Bill of Rights and Assistance Act of 2000*).

The mission of the Georgia Council on Developmental Disabilities (GCDD) is to bring about social and policy changes that promote opportunities for the wide spectrum of diversity that exists among people/persons with developmental disabilities and their families to live, learn, work, play and worship in their communities.

GCDD envisions a state in which all persons are included in all facets of community life, have choices while exercising control over their lives and are encouraged to achieve their full potential.

The following values guide GCDD’s work to enhance the quality of life for persons living with developmental disabilities:

- We value people with developmental disabilities for their own gifts and talents, and as independent contributors to a collaborative community.
- We value available, accessible, flexible, and responsive services, which enhance people’s participation in the community.
- We value educated and supported families who make significant contributions to caring for and assisting people with developmental disabilities in preparing for their futures.
- We value public policy founded on sound research, accurate information, and best practices in alignment with the principles of the Developmental Disabilities Bill of Rights and Assistance Act.
- We value advocacy that is founded on the development of relationships with stakeholders and the legislative communities.
- We value communities which are designed to be inclusive: allowing for full participation by all people, physically, economically, organizationally, and environmental.
- We value communities that educate, respect, promote and protect the rights of people, thus offering a wealth of opportunities with the capacity to find solutions.

## **SECTION I: COUNCIL IDENTIFICATION**

**PART A. State Plan Period:** Federal Fiscal Year 2022 thru 2026

**PART B. Contact Person:** Eric E. Jacobson

Phone Number: 404-657-2126 E-mail: [eric.jacobson@gcdd.ga.gov](mailto:eric.jacobson@gcdd.ga.gov)

**PART C. Council Establishment:** GCDD is an independent agency that is attached to the Georgia Department of Behavioral Health and Developmental Disabilities for administrative purposes.

(i) *Date of Establishment: June 5, 1996*

- |   |                        |            |
|---|------------------------|------------|
| 1. <b>Authorization: X State Statute</b>  | <b>Executive Order</b> | <b>N/A</b> |
| 2. <b>Authorization Citation:</b> Section 8, Title 30 of the Official Code of Georgia Annotated (O.C.G.A S 30.8.1). |                        |            |

**PART D: Council Membership**

*(ii) Council membership rotation plan:* GCDD annually provides the Governor with a list of those who are scheduled to rotate off the Council and a list of potential members. The names submitted by GCDD are recruited from across the State and reflect the ethnic, geographic and disability diversity that exists in the state. GCDD staff and leadership work with the Governor's office to have appointments made in a timely manner.

*(iii) Council Members:* GCDD activities are governed by a 19-member board whose appointments and terms are set by the Governor in accordance with the formula provided by P.L. 106-492, the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 2000. The Act allows members to serve terms up to four years and be reappointed. In compliance with federal legislation, at least 60% of the Council membership consists of people with intellectual/developmental disabilities, their parents, or guardians. Of the 60%, one-third must be individuals with developmental disabilities. One-third must be parents of children with developmental disabilities and immediate relatives or guardians of adults with mentally impairing disabilities, and one-third are a combination of individuals and their family members. Other required members include policymakers that represent agencies and organizations which have a vested interest in persons with developmental disabilities including those that administer federal programs: The Rehabilitation Act (Georgia Vocational Rehabilitation Agency), Individuals with Disabilities Education Act (Dept. of Education), Older Americans Act (Dept. of Human Services), Title V of the Social Security Act (Dept. of Public Health), Title XIX of the Social Act (Dept. of Community Health), Protection and Advocacy Agency (Georgia Advocacy Office) Centers for Excellence in Disability (University of Georgia and Georgia State University). Each state agency director is responsible for appointing a representative with the authority to engage in policy, planning, and implementation on behalf of the agency they represent.

Council members are committed to the ethical, businesslike, and lawful conduct of activities including proper use of authority and appropriate decorum when acting as GCDD members. The role of Council members is to engage in ongoing planning activities as necessary to determine the mission of the organization, to define specific goals and objectives related to the mission, to determine how to allocate its fiscal and human resources to support the goals and objectives, and to evaluate the success of the organization's programs toward achieving the mission. In addition, the Council Chairperson, in partnership with the entire Council, annually evaluates the Executive Director's performance.

**Mentoring program for new members**

Purpose of the Mentor Partnership is:

- To provide assistance, guidance, and advice to members of Councils and help members feel more comfortable and knowledgeable while participating in Council activities.
- To team up self-advocates, more experienced members, and State agency reps to create a point of contact between council meetings for each other to share/update/provide news, information and ideas around issues concerning persons with developmental disabilities and their families.

Role of the Council member who is being mentored:

- To feel free to ask volunteer mentors questions about ANYTHING related to their role at the DD Council, i.e. where to find information, how to speak up and advocate for persons with developmental disabilities and/or family members, etc.

Role of the mentor is to provide guidance regarding:

- What it means to be a Council member
- Participating in Council or committee meetings/projects
- Understanding the basic systems and issues affecting all persons with developmental disabilities; networking to make connections with people and organizations involved in DD issues locally, state-wide, and nationally.
- Contact the individual being mentored between Council meetings, especially when the individual has missed a meeting.

### **Member Governance Structure**

GCDD member participation and decision-making is driven by the commitment of its members and an organizational structure that is flexible, reflects the current work of the organization, and encourages participation by all of its members. The expectation of GCDD governance structure is that decisions about the policies and use of resources are made as a “committee of the whole.” This means that decisions and recommendations are brought before the full Council membership for research, discussion, and consensus decision making by the membership. The role of a committee structure is to facilitate and support this decision-making process by conducting research, providing information, and making recommendations about the direction that the organization might take concerning an issue.

An **ad hoc committee** may be established by the full Council, a committee, or a staff member. This is a time-limited and objective-specific committee created to help GCDD accomplish its work. This might include examining issues of potential GCDD involvement, monitoring GCDD supported projects for performance, or determining how GCDD will expend funds for a potential project. The full Council must approve the establishment of a team. In the case of emerging issues, the Executive Board may establish a team, but it must be approved at the next meeting of the full Council. The Council chairperson shall appoint the team chairperson from the voting members who volunteered to participate. If possible, the committee should be composed of at least 60% individuals with disabilities and their family members. The team may involve advisory members who are not involved in the Council in team activities. The number of advisory members on a team shall not exceed the number of voting members. GCDD members will work between meetings on issues of importance based on the following principles:

- Any team created will be given a specific purpose, is time-limited, and will report to the full membership.
- GCDD chairperson will appoint a team chairperson, and the team may not have more advisory members than appointed Council members.
- The team may choose to invite participation of individuals not on the Council.
- The executive director of GCDD will appoint a staff person to assist the team in its work.

The **Executive Committee** is comprised of the Council chairperson, vice-chairperson, and three at-large members. The Executive Committee is responsible for developing governance policies that support the membership development, providing oversight of Council operations and policies and working in support of, or occasionally in place of, the full board. The Executive Team is also responsible for ongoing review and recommendations to enhance the quality of the members and for developing rules for members’ conduct. Finally, the Executive Team is responsible for assisting GCDD in ensuring the organization is in good fiscal health and in compliance with State and Federal financial rules and regulations.

The purpose of the GCDD **Diversity Equity and Inclusion committee** is to acknowledge and address issues that face Georgians with developmental disabilities who also identify as members of additional marginalized populations. This work included engaging audiences during the strategic planning process in discussions to pinpoint opportunities where these populations could be underserved or underrepresented in GCDD projects. They also discussed areas of work to be the focus of federally mandated targeted disparity initiatives. As we enter this new five-year plan of work the committee will meet quarterly to discuss areas where GCDD can utilize best practices and innovation in serving all Georgians with developmental disabilities.

The **State Plan Committee** is responsible for developing and reviewing the State Plan, monitoring its implementation, completion of goals and objectives, and recommending areas of focus for grants and other activities. The Committee is guided by all of the goals and objectives of the Council's 2022-2026 strategic plan.

The **Advisory Committee on Urgent Public Policy Issues (ACUPPI)** is designed to be public policy advisors for the Georgia Council on Developmental Disabilities which will be called upon to advise on urgent policy issues that need a quick decision outside of the scheduled quarterly Council meetings. The policy department will call on the selected ACUPPI members during the 40-day state session (typically January through the end of March) and the year-long federal session. This committee will allow the policy department to be more reactive to policy issues, including making policy asks, choosing focus issues for advocacy days, and introducing, supporting, or opposing, new legislation that may come up during the state and federal session which is anticipated to impact the disability community.

The **Self-Advocates Caucus** is composed of self-advocate members of the Council. The Committee advises the Council on policies, programs and other matters which affect self-advocates in Georgia. In addition, the Caucus meets before the quarterly Council meeting to review and prepare for the quarterly meeting.

(iv) Council Membership

Agency/Organization Representative	Gender	Geographical	Citizen Member Representatives	Race/Ethnicity
A1 = Rehab Act A2 = IDEA A3 = Older Americans Act A4 = SSA, Title XIX A5 = P&A A6 = University Center(s) A7 = NGO/Local A8 = SSA/Title V A9 = Other	M = Male F = Female O = Other	E1 = Urban E2 = Rural	B1 = Individual with DD B2 = Parent/Guardian of Child B3 = Immediate Relative/Guardian of Adult with Mental Impairment C1 = Individual Now/Ever in Institution C2 = Immediate Relative/Guardian of Individual in Institution	D1 = White Alone D2 = Black, African-American, Alone D3 = Asian American, Alone D4 = American Indian or Alaskan Native, Alone D5 = Hispanic Latino D6 = Native Hawaiian and Other Pacific Islander, Alone D7 = Two or More Races D8 = Race Unknown D9 = Some Other Race

#	Last Name	First Name	Agency/Org Code	Agency/Org Name	Appt Date	Appt Expired Date	Alt/Proxy State Agency Rep Name	Gender	Geographic	Race
1	Graybill	Emily	A-6	Center for leadership and Disability Georgia State University			Mark Crenshaw	F	E1	D1
2	Smith-Dixon	Zelphine	A-2	GA Department of Education			Debbie Reagin	F	E1	D2

3	Fitzgerald	Judy	A-9	GA Department of Behavioral Health and Developmental Disabilities			Lori Campbell	F	E1	D1
4	Toomey	Kathleen	A-8	GA Department of Public Health			Vacant	F	E1	D1
5	Moore	Ruby	A-5	Georgia Advocacy Office			Dana Lloyd	F	E1	D1
6	Berry	Frank	A-4	GA Department of Community Health			Brian Dowd	M	E1	D1
7	Wells	Chris	A-1	GA Vocational Rehabilitation Agency			Jeff Allen	M	E1	D2
8	Stoneman	Zolinda	A-6	Institute on Human Development and Disability at the University of Georgia			Becky Brightwell	F	E1	D1
9	Crittenden	Robyn	A-3	GA Department			Thom Snyder	F	E1	D2



				of Human Services						
10	Ford	Wesley	B-1		12/1/2020	11/30/2024		M	E2	D1
11	Harris	Dorothy	B-1		12/1/2020	11/30/2024		F	E2	D2
12	Harris	Rena	A-7	Georgia Options	12/1/2020	11/30/2024		F	E1	D1
13	Heard	Teresa	B-2		12/1/2020	11/30/2024		F	E2	D7
14	Hibben	Debbie	B-2		12/1/2020	11/30/2024		F	E1	D1
15	Issac	Nandi	B-1		12/1/2020	11/30/2024		F	E1	D9
16	Newbern	Lisa	B-2		12/1/2020	11/30/2024		F	E1	D1
17	Nodvin	Evan	B-1		12/1/2020	11/30/2024		M	E1	D1
18	Perry	Nick	B-3		12/1/2020	11/30/2024		M	E1	D2

Role of Council Staff

As the Georgia Council on Developmental Disabilities begins the implementation of the new strategic plan, we are redefining the relationship between GCDD staff, and the initiatives funded by the organization. GCDD staff provides technical assistance and grants management for supported initiatives. This requires intimate knowledge of, and a close working relationship with, individuals, communities, and projects. The goal of staff and technical assistance support is to (a) increase communities’ abilities to solve problems and create a better quality of life; (b) develop efforts by individuals to solve problems creatively and build relationships; (c) help people invest in their own judgments and efforts to learn more deeply; and (d) facilitate leadership.

Staff

Table 3: GCDD Staff

#	Position or Working Title	FT	PT	%PT	Last Name of Person Position	First Name of Person in Position	Gender	Race	Disability
1	Executive Director	X			Jacobson	Eric	M	D1	N

2	Deputy Director	X			Brady	Kate	F	D1	Y
3	Operations and Contracts Director	X			Eves	Lisa	F	D2	N
4	Transition Director	X			Brunner	Starr	F	D1	N
5	Media Relations Director	X			Vacant				
6	Public Policy and Research Development Director	X			Miller	Alyssa	F	D1	N
7	Grants and Contract Coordinator	X			Samuels	T'Ariria	F	D2	N
8	Legislative Advocacy Director	X			Miller	Charles	M	D1	Y
9	Finance Manager	X			Fair	Tonya	F	D2	N
10	Executive Assistant	X			Person Hudson	Kim	F	D2	N
11	Public Relations Director	X			Pinkelton	Maria	F	D2	N

Administration and Fiscal Positions and Responsibilities

Operations and Contracts Director (OCD)	Grants and Contracts Coordinator (GCC)	Fiscal Manager (FM)	Executive Assistant Meeting Planner (Reports to Exec. Director)
<p>Oversee all <b>fiscal operations</b> for GCDD:</p> <p>Ensures that processes are in accordance with established internal controls and State and Federal guidelines.  <b>Budgets Development, Budget monitoring, Encumbrance approvals, Quarterly Council reports, Annual Federal Financial Report (FFR).</b></p>	<p>Supports the OCD in implementing all <b>contract and grant operations</b> for GCDD  <b>Posts NOFAs, reviewing applications, prepares contract documents.</b>  <b>Serves as second level review of all programmatic and expense reports &amp; requests modifications to ensure accuracy and integrity of data.</b>            Approves expense reports and sends to FM for processing.</p>	<p>Supports the OCD in implementing all <b>fiscal operations for GCDD</b></p> <p><b>Processes all requests for payments</b> for contracts and operating expenses with approval from OCD and/or Executive Director (The final checks are cut and distributed by DBHDD)            Completes forms necessary to process <b>GCDD donations</b> and deposits (The deposit is completed by DBHDD)</p>	<p>Implements and coordinates several <b>administrative activities</b> for GCDD and assists the OCD with fiscal and contract operations:            Enter all requests for <b>Requisitions</b> in Teamworks/Peoplesoft. Create <b>Purchase Orders</b> for expenses over \$2,500 that have been pre-approved by the OCD.</p>
<p>Oversee all <b>grants and contracts operations</b> for GCDD:</p> <p>Ensures fair and equitable processed with established <b>internal controls and State and Federal guidelines.</b>  <b>Manages Selection Processes</b> (NOFA, RFP, Min-grants, and Partnerships)  <b>Approve Contract Documents, Manage Amendment process.</b></p>	<p>Assists in the <b>development and selection of performance measures</b> for each grant/project.            Supports the Deputy Director and Program staff with <b>collecting and reviewing qualitative and quantitative data</b> to assist with the preparation and completion of the Federal PPR.</p>	<p><b>Enters accounting codes</b> into Financial tracking systems (FTS) to ensure expenses all charged to the correct department or cost center  <b>Reconciles Bank of America Receipts</b> and enters coding into the FTS.  <b>Maintains</b> complete, accurate and readily accessible <b>accounting files.</b></p>	<p>Makes all GCDD <b>credit card purchases</b> that have received budget approval from the ODC            Oversees the <b>purchasing of supplies and office equipment</b> with approvals            Maintains receipts and documents for <b>monthly credit card reconciliation.</b></p>

<p><b>Develops policies, procedures and manuals</b> for fiscal operations, contracts and grants.</p>	<p><b>Maintains complete,</b> accurate, and readily accessible <b>contract files</b> that conform to applicable policies and procedures. Maintains confidentiality of records, files, and other documentation.</p>	<p><b>Analyzes and reconciles accounting data</b> and transactions between DD Suite, GCDD's Financial Tracking System, and Teamworks/Peoplesoft. (At Least Monthly)</p>	<p>Facilitates <b>Conference registrations</b> for Council members that have been approved by the Council chair and the Executive Director and have received budget approval from OCD.</p>
<p><b>Liaise with DBHDD</b> regarding uploading annual budget, Tracking Federal DDSA grant, and Account Payable services.</p>	<p>Provides <b>technical assistance</b> to Council members, staff, &amp; grantees regarding the <b>DD Suite system</b>.</p>	<p>Retrieves reports and data for the <b>development of the quarterly and annual reports</b>.</p>	<p>Books <b>travel arrangements</b> for Council members &amp; Staff approved by the Council Chair &amp; Exec Director.</p>

Program Staff

<b>Deputy Director</b>	<b>Transition Director</b>	<b>Public Policy Research &amp; Development Director</b>	<b>Legislative Advocacy Director</b>	<b>Digital Media Director</b>	<b>Media Relations Director</b>
<p>Supervises programmatic and administrative support staff. Represents the Executive Director in task forces, committees, hearings and other proceedings and functions as requested.</p> <p>Works with the Executive Director and other team members to develop strategies, goals, and objectives to achieve the mission of the Council.</p> <p>Manages programmatic and other administrative functions for the Council.</p> <p>Coordinates and administers the Council's public policy program.</p> <p>Maintain an effective liaison with state and federal agencies, legislators, and advocacy groups to maximize the timely, efficient</p>	<p>Coordinates all necessary research, administrative, and programmatic support related to inclusive Post-secondary education, k-12 education, and transition.</p> <p>Responsible for assisting the staff and Council in activities such as supporting grant and project development and implementation e.g., conducting research for policy analysis, providing technical assistance to contractors, assisting in contract budget monitoring and data analysis; fielding consumer calls; and attendance and/or participation in public meetings and forums.</p> <p>Works with Public Policy Director to review and analyze policy proposals, proposed regulations and legislation, position papers, and other documents to evaluate their soundness and potential impact on people with developmental disabilities.</p>	<p>Coordinates and administers the Georgia Council on Developmental Disabilities' public policy program. Plans and develops public policy. Serves as policy analyst and assists in the development of new initiatives. Reviews pertinent legislative proposals and determines the impact each has on the agency and its programs.</p> <p>Coordinates and oversees the research and policy analysis processes of the Council established programmatic and legislative priorities.</p> <p>Creates and disseminates policy documents and legislative updates in support of the Council's legislative and policy priorities.</p> <p>Works with Council members, staff, advocates, and others to identify topics that may warrant research and analysis, providing needed assistance such as data collection and analysis, report composition and/or making presentations.</p>		<p>Plans, develops, and implements marketing and public relations projects and/or agency and program campaigns for the Georgia Council on Developmental Disabilities (GCDD).</p> <p>Acts as Managing Editor of Making a Difference Magazine, GCDD e-news, and other publications.</p> <p>Provides agency-related information to the press and public.</p> <p>Prepares news releases, sets up news/press conferences, responds to inquiries from the public and the media. Prepares speeches, agency briefings and audio-visual productions.</p> <p>Cultivates relationships with press offices, journalists, bloggers, and opinion leaders.</p> <p>Develops, edits, and prints agency newsletters, informational brochures, or other promotional material.</p> <p>Manages the functionality and content of the website and social media sites to engage, build and improve relationships with internal and external stakeholders. Writes content.</p>	

<p>implementation of Council projects.</p> <p>Develops grant applications in response to requests for proposals.</p> <p>Assists the Director in managing the daily activities of the Council; serves as the Director in his/her absence.</p>	<p>Works with Finance and Operations Director To manage, monitor, advise, report and document the administrative, fiscal and program activities related to the Council’s work around inclusive Post-secondary and k-12 education grants and contracts, and to manage data reported from all State Plan implementation activities and outcomes through an automated data system.</p> <p>Represents GCDD on numerous/various transition councils and other groups.</p> <p>Serving as a subject matter expert on transition-related panels</p> <p>Mobilizing IPSE community participation in advocacy campaigns and creating advocacy opportunities.</p>	<p>Coordinates and administers the Council's public policy program to recommend an annual legislative agenda founded in programmatic knowledge of shared goals and objectives with stakeholders. This includes facilitating a process for community input into developing a disability agenda and a tiered process to determine its legislative agenda.</p> <p>Reviews/develops pertinent legislative proposals and determines impact on the agency by monitoring legislation proposed during the legislative session. Ensures review of all relevant legislation by appropriate individual(s). Track’s legislation and analyzes progress. Notifies appropriate division personnel promptly when appropriate.</p>	<p>Directs digital projects and campaigns for community and public awareness programs, and outlines marketing and advertising strategies.</p> <p>Develops strategic communication and marketing plans for the agency and coordinates implementation of plans with appropriate personnel.</p> <p>Leads organizational Diversity, Intersectionality, and Inclusion efforts</p> <p>Oversees all efforts to collect stories about people with developmental disabilities and recommends how to disseminate stories in an accessible manner.</p> <p>Manages language access and universal design for learning projects.</p>
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## Comprehensive Review and Analysis

### Part A. State Information

1. Overall State Demographics chart (including racial and ethnic diversity of state and the poverty rate)

(Source: <https://www.census.gov/quickfacts/fact/table/GA/PST045219>)

	<b>Georgia 2019 Demographic Data</b>
Population estimates, July 1, 2019, (V2019)	10,617,423
Population estimates base, April 1, 2010, (V2019)	9,688,729
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	9.60%
Population, Census, April 1, 2010	9,687,653
Persons under 5 years, percent	6.20%
Persons under 18 years, percent	23.80%
Persons 65 years and over, percent	13.90%
Female persons, percent	51.40%
White alone, percent	60.50%
Black or African American alone, percent	32.40%
American Indian and Alaska Native alone, percent	0.50%
Asian alone, percent	4.30%
Native Hawaiian and Other Pacific Islander alone, percent	0.10%
Two or More Races, percent	2.20%
Hispanic or Latino, percent	9.80%
White alone, not Hispanic or Latino, percent	52.40%
Median gross rent, 2014-2018	\$968
Language other than English spoken at home, percent of persons age 5 years+, 2014-2018	13.90%

Households with a computer, percent, 2014-2018	88.60%
Households with a broadband Internet subscription, percent, 2014-2018	79.00%
High school graduate or higher, percent of persons age 25 years+, 2014-2018	86.70%
Bachelor's degree or higher, percent of persons age 25 years+, 2014-2018	30.70%
With a disability, under age 65 years, percent, 2014-2018	8.70%
Persons without health insurance, under age 65 years, percent	15.70%
In civilian labor force, total, percent of population age 16 years+, 2014-2018	62.40%
Median household income (in 2018 dollars), 2014-2018	\$55,679
Per capita income in past 12 months (in 2018 dollars), 2014-2018	\$29,523
Persons in poverty, percent	14.30%

## 2. State Disability Characteristics

- a. The prevalence rate of developmental disabilities in Georgia is created by using a national prevalence rate and the most recent Georgia population data provided by the US Census. For the purposes of this plan, we will use the recommended .0158 (or 1.58% of the population) rate. The most recent Census data for Georgia (2019) indicates a total population estimate of 10,617,423 million, which would result in approximately 167,755 Georgians with developmental disabilities.
- b. We would like to highlight our concerns with the .0158 prevalence rate we are recommended to use given it is based on data from 1994-1995, which presents a host of issues when attempting to understand how many people in Georgia have developmental disabilities. This issue was identified and studied by an AIDD working group in 2018 where they discovered an updated prevalence rate for children with developmental disabilities but no current prevalence rate for adults with developmental disabilities. The lack of current prevalence rate for adults continues to be the case in 2021. According to CDC (2017), approximately 17% of children have a developmental disability, but according to NHIS-D (1994/1995), only approximately .79% of adults have a developmental disability, which represents a significant discrepancy. We strongly believe a national study on the prevalence rate of developmental disability in both children and adults needs to be conducted so that we can accurately identify the population we are tasked with supporting through our programs and initiatives.
- c. Residential settings



Source: Tanis, E.S., Lulinski, A. & Wu, J., Braddock, D. & Hemp, R. (2020). The State of the States in Intellectual and Developmental Disabilities, Department of Psychiatry, University of Colorado. [www.stateofthestates.org](http://www.stateofthestates.org)

<b>People Served by Setting in Georgia: 2007-2017</b>											
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>TOTAL</b>	<b>11,577</b>	<b>12,522</b>	<b>12,020</b>	<b>14,485</b>	<b>14,789</b>	<b>11,977</b>	<b>12,964</b>	<b>13,822</b>	<b>14,845</b>	<b>14,762</b>	<b>15,264</b>
<b>16+ PERSONS</b>	<b>2,749</b>	<b>2,865</b>	<b>2,784</b>	<b>2,557</b>	<b>2,388</b>	<b>2,009</b>	<b>1,543</b>	<b>1,504</b>	<b>1,615</b>	<b>1,426</b>	<b>1,130</b>
Nursing Facilities	1,468	1,564	1,541	1,496	1,472	1,346	1,059	1,150	1,244	1,174	906
State Institutions	1,171	1,182	1,133	953	808	551	370	237	258	252	224
Private ICF/ID	110	110	110	108	108	112	114	117	113	0	0
Other Residential	0	0	0	0	0	0	0	0	0	0	0
<b>7-15 PERSONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Public ICF/ID	0	0	0	0	0	0	0	0	0	0	0
Private ICF/ID	0	0	0	0	0	0	0	0	0	0	0
Other Residential	0	0	0	0	0	0	0	0	0	0	0
<b>6 PERSONS OR FEWER</b>	<b>8,828</b>	<b>9,666</b>	<b>9,236</b>	<b>11,928</b>	<b>12,401</b>	<b>9,968</b>	<b>11,421</b>	<b>12,318</b>	<b>13,230</b>	<b>13,336</b>	<b>14,134</b>
Public ICF/ID	0	0	0	0	0	0	0	0	0	0	0
Private ICF/ID	0	0	0	0	0	0	0	0	0	0	0
Supported Living	5,912	6,750	6,320	8,211	8,739	7,558	8,735	9,632	10,544	10,649	11,446

Other Residential	2,916	2,916	2,916	3,717	3,662	2,410	2,686	2,686	2,686	2,687	2,688
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d. Demographic data about people with disabilities (big 'd' disability)

[https://data.census.gov/cedsci/table?q=disability%20data&g=0400000US13&hidePreview=false&tid=ACSST1Y2018.S1810&t=Disability&vintage=2018&layer=VT\\_2018\\_040\\_00\\_PY\\_D1&cid=DP02\\_0001E](https://data.census.gov/cedsci/table?q=disability%20data&g=0400000US13&hidePreview=false&tid=ACSST1Y2018.S1810&t=Disability&vintage=2018&layer=VT_2018_040_00_PY_D1&cid=DP02_0001E) (Source)

Georgia Disability Demographics (2018 ACS)			
	Total	With a disability	Percent with a disability
<b>TOTAL CIVILIAN POPULATION (NONINSTITUTIONALIZED)</b>	10.3 million	1.3 million	12.1%
<b>SEX</b>			
Male	5 million	600,985	12.1%
Female	5.3 million	645,092	12.0%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>			
White	6 million	778,009	12.9%
Black or African American	3.2 million	399,935	12.4%
American Indian and Alaska Native	33, 553	4,178	12.5%
Asian	434, 031	20,275	4.7%

Native Hawaiian and Other Pacific Islander	13,964	1,695	12.1%
Some Other Race	295,196	13,507	4.6%
Two or More Races	281,635	28,478	10.1%
White, not Hispanic or Latino	5.4 million	740,931	13.7%
Hispanic or Latino (of any race)	1 million	58,363	5.8%
<b>AGE</b>			
Under 5 years	645,488	5,898	0.9%
5 to 17 years	1.9 million	96,519	5.2%
18 to 34 years	2.4 million	154,226	6.4%
35 to 64 years	4 million	504,585	12.6%
65 to 74 years	886,192	229,701	25.9%
75 and older	539,607	255,148	47.3%

<b>Educational Attainment Population Age 25 and Over</b>	<b>Percentage with a Disability</b>	<b>Percentage without a Disability</b>
Less than high school	21.1%	10.4%
High school graduate, GED, or alternative	34.4%	26.4%
Some college or associate degree	27.1%	28.1%

Bachelor's degree or higher	17.3%	35.2%
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<b>Employment Status Population Age 16 and Over</b>	<b>Percentage with a Disability</b>	<b>Percentage without a Disability</b>
Employed	24.1%	67.1%
Not in labor force	73.1%	29.8%

<b>Earnings in Past 12 Months Population Age 16 and Over with Earnings</b>	<b>Percentage with a Disability</b>	<b>Percentage without a Disability</b>
\$1 to \$4,999 or less	15.4%	8.5%
\$5,000 to \$14,999	18.2%	13.1%
\$15,000 to \$24,999	16.7%	14.5%
\$25,000 to \$34,999	12.6%	14.6%
\$35,000 to \$49,999	12.2%	15.2%
\$50,000 to \$74,999	13.7%	16.2%
\$75,000 or more	11.2%	17.8%
	<b>With a Disability</b>	<b>No Disability</b>
<b>Median Earnings</b>	\$24,757	\$34,150

Poverty Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Below 100% of the poverty level	20.1%	11.3%
100 to 149% of the poverty level	12.8%	7.8%
At or above 150% of the poverty level	67.1%	80.9%

## Part B. Portrait of State Services

This section of the comprehensive review and analysis contains a description of Georgia’s services, supports, and other types of assistance available to Georgians with developmental disabilities and their families. The DD Act requires that the following sections are included in the portrait of state services: health/healthcare, employment, informal and formal services and supports, and interagency initiatives. Information related to these topics can be found below in addition to the following: quality assurance, education/early intervention, housing, transportation, childcare, and recreation.

### *(i) Health/Healthcare*

**Background.** Nationally, people with disabilities are more likely to be covered by health insurance but are also more likely to report access issues compared to people without disabilities.<sup>1-3</sup> Children and adults with disabilities are covered by private and public insurance. Approximately 1 in 3 Georgians with disabilities are covered by Medicaid, and numbers for Georgians with disabilities covered by private insurance are unknown.<sup>4</sup> There are multiple Medicaid eligibility pathways in Georgia for people with disabilities. The majority of Georgians with developmental disabilities are eligible for Medicaid as Social Security Income (SSI) beneficiaries. Medicaid eligibility is a mandatory pathway in all 50 states for SSI recipients. There are also multiple optional Medicaid eligibility pathways for people with disabilities that states can choose to adopt. Georgia chose to adopt the following optional pathways: Medically Needy, Katie Beckett (state plan amendment only), and Buy-In for Working People with Disabilities.

Private insurance is less common among Georgians with developmental disabilities, as the employment rate among this population is much lower than that of Georgians without developmental disabilities. Some research has shown that private insurance usage increased after the implementation of the Affordable Care Act (ACA) which allowed people who were once banned from private insurance (due to preexisting conditions) to apply for private insurance. In addition, although many Georgians with developmental disabilities qualify for Medicaid through the SSI process, research shows that some people with disabilities may continue to fall in a coverage gap. Individuals with developmental disabilities who live in other states and are at risk of falling into the coverage gap have been

able to access coverage through Medicaid expansion. Georgia continues to be one of the few states without full Medicaid expansion which likely limits some Georgians with disabilities' healthcare coverage.

As mentioned above, although Georgians with disabilities are more likely to be insured compared to Georgians without disabilities, research shows that people with disabilities experience numerous challenges accessing health care, including lack of appropriate transportation services and inaccessibility of the physical environment.<sup>5-7</sup> Once individuals with disabilities are able to access health care services, they continue to experience barriers to adequate care including limited adaptive health care equipment available in the physician's office and short appointment times that make their complex medical needs impossible to address.<sup>5,6</sup>

People with disabilities also have difficulties finding health care providers with sufficient knowledge of disability-specific issues.<sup>5, 6, 8</sup> Research has shown that these barriers contribute to individuals with disabilities receiving less preventive health services than individuals without disabilities.<sup>9,10</sup> In addition, research consistently shows that individuals with disabilities have poorer health outcomes than individuals without disabilities.<sup>7, 8, 11</sup> Given the aforementioned challenges, it comes as no surprise that more attention is being paid to the disability community in the health care literature, including a call to recognize the disability community as a health disparity population. Specific health disparities will be addressed in the "Health Disparities" section.

**Prevention and Wellness.** Prevention and wellness are critical components of health and well-being for all Georgians. Unfortunately, Georgians with disabilities are less likely to receive and participate in prevention and wellness activities. The CDC reports that Georgians with disabilities are less likely to receive critically important prevention services, including cervical cancer screenings and mammograms, compared to Georgians without disabilities. In addition, Georgians with disabilities are significantly less likely to have visited a dentist in the past year compared to Georgians without disabilities (48.3% vs. 67.9%).<sup>12</sup> The lack of dental care among Georgians with disabilities is particularly concerning as gum disease has been linked with other health problems, including cardiovascular disease, stroke, and bacterial pneumonia. In addition, pregnant women with gum disease may be at risk for preterm labor and/or babies with low birthweight.

Regarding wellness, according to CDC, 44.9% of Georgians with disabilities are "inactive" compared to only 28.1% of Georgians without disabilities.<sup>12</sup> The National Core Indicators In-Person Georgia 2018-2019 Survey found that only 28% of Georgians with developmental disabilities exercised at least once per week to a level in which their muscles in their arms, legs, back, and/or chest worked hard.<sup>13</sup> Additionally, 26.5% of Georgians with disabilities smoke compared to only 13.0% of Georgians without disabilities.<sup>12</sup> Results from the National Core Indicators survey indicate 72% of Georgians with developmental disabilities reported being overweight or obese, and data from CDC show that 40.7% of Georgians with disabilities self-rated their health as fair or poor compared to only 9.7% of Georgians without disabilities. Georgians with disabilities also report receiving less sleep with 48.3% of Georgians with disabilities reporting only 1-6 hours of sleep per night compared to only 34.8% of Georgians without disabilities reporting the same amount of sleep.

**Health Disparities.** Given the aforementioned barriers to quality healthcare and prevention/wellness programs, Georgians with disabilities experience significant health disparities. 2018 data from CDC show the following health disparities present among the disability community:

Health Disparity	% of Georgians with Disabilities	% of Georgians without Disabilities
High Blood Pressure	44%	27.2%
High Cholesterol	36.6%	25.3%
Diabetes	17.5%	8.9%
Depression	39.6%	9.9%

Related to mental health disparities, Georgians with disabilities are more likely to report more “mentally unhealthy days” in the past 30 days than Georgians without disabilities (34.6% of Georgians with disabilities reported 14 or more unhealthy days in the past 30 days compared to only 6.3% of Georgians without disabilities reporting the same). These data are concerning because, as reported, more than a third of Georgians with disabilities report at least half of their month is spent as “mentally unhealthy.” These data underscore the need for increased understanding of comorbid issues related to disability and mental health, as well as increased mental health supports and services for people with disabilities.

In addition to general mental health services, it is important to note that, according to the National Child Traumatic Stress Network (NCTSN), people with developmental disabilities are considered a “population at risk” for trauma. The NCTSN cites research showing youth with developmental disabilities experience exposure to trauma at a higher rate than their non-disabled peers, likely related to their increased risk for physical and sexual abuse, emotional neglect, and restraint and seclusion practices. In addition, people with developmental disabilities are more likely to have chronic medical issues and have had complex medical procedures which contribute to stress. For these reasons, it is critical that mental health providers are trained in providing treatment for the comorbid presentation of developmental disability and mental health but also that these providers be informed on trauma informed care given the increased exposure to trauma found in the developmental disability community.

**National & State Initiatives and Opportunities.**

- a. Healthy People 2020 Disability and Health Plan
  - i. Healthy People is our national 10-year plan to move the health of the nation forward. The 2020 plan was released in December 2019, and included Disability and Health as a specific topic in which the nation plans to focus over the next decade.<sup>14</sup>
- b. Reaching People with Disabilities through Healthy Communities
  - i. This is a CDC-funded project with the National Association of Chronic Disease Directors that promotes disability inclusion strategies aimed at improving the ease of healthy living for people with disabilities.
- c. The National Center on Health, Physical Activity and Disability (NCHPAD)
  - i. This organization focuses on improving the health and wellness of people with disabilities by supported local, state, and national organizations to include children and adults with disabilities in their public health plans.

- d. Special Olympics Healthy Athletes
  - i. This program provides Special Olympic athletes with increased access to free health screenings, health and wellness education and referrals to follow-up health care appointments as needed.
- e. Georgia’s non-profits focused on children and adults with disabilities provide a range of programs aimed at improving the health and wellness of Georgians with disabilities. One such program is Get Fit & Be Healthy, which is a program for adults with developmental disabilities and is offered through Georgia’s Adult Disability Medical Home.

***(ii) Employment***

**Background.** Nationally, people with developmental disabilities have experienced significantly lower rates of employment as compared to people without disabilities. Even though institutions formerly serving people with disabilities closed, and people with developmental disabilities were provided increased supports in the community, a misconception that people with developmental disabilities were “unemployable” persisted. Historically, people with disabilities have not received the necessary supports and services to assist them in gaining and maintaining meaningful employment, although people with disabilities are able and willing to work. People with disabilities often attend facility-based nonwork settings, also known as day habilitation programs or “adult daycare.” These programs provide a space for people with disabilities to attend during the day where they can engage in a variety of activities; however, the participants are not considered employed, and if they are completing work tasks, they are often paid subminimum wage as their work was considered facility-based work and allowed under 14(c) certificates.

After years of advocacy, states have begun shifting their focus away from day programs to employment as the first option for people with disabilities. Employment First is a growing national initiative to ensure that people with disabilities, regardless of severity, are afforded the opportunity for competitive integrated employment. Efforts within Georgia to develop and improve employment supports and services for people with disabilities have included partnerships among numerous organizations, including state agencies, university systems, and nonprofits. In fact, the Institute on Human Development and Disability (IHDD) at the University of Georgia (UGA), in partnership with the Georgia Council on Developmental Disabilities (GCDD), have assisted programs utilizing 14(c) certificates in transitioning their services to competitive integrated employment through an innovative technical assistance program. In addition, the Department of Behavioral Health and Developmental Disabilities (DBHDD) has developed a working group, the Callaway Gardens Supported Employment Leadership Group, tasked with addressing employment of Georgians with developmental disabilities, and DBHDD has committed to increasing the employment of Georgians with disabilities to 3 times the current rate by 2025.

Advocates were successful in pushing for the creation of Georgia’s Employment First Council which was created pursuant to the passage of House Bill 831, “Georgia’s Employment First Act”, during the 2017 Legislative Session. Georgia’s Employment First Act was signed into law by Governor Nathan Deal on May 8, 2018, declaring Georgia a state in which competitive, integrated employment is the first and preferred option for citizens with disabilities, regardless of the severity of the disability. To promote and implement this mission, Georgia’s Employment First Council was created and charged to:



“Advise the Governor, General Assembly, and state agencies as to the adoption and integration of a policy that recognizes that competitive integrated employment, including self-employment, is the first and preferred option of all state funded services provided to working age individuals with disabilities...known as the ‘Employment First Policy’.” (49-4-52)

Although Georgia has made great strides in developing employment supports and services for people with disabilities, the employment rate for Georgians with disabilities is approximately 34%, and only 24% for Georgians with a cognitive disability; well below the 73% employment rate for Georgians without disabilities. Most Georgians with disabilities (86.3%) are served in facility-based nonwork settings (i.e., day habilitation programs), which is well above the national average of 37%. In addition, when Georgians with disabilities are considered employed, only 20% are employed in integrated employment settings, while 24% are considered employed in facility-based work and receiving subminimum wage (well above the 16% national average). (*According to StateData: The National Report on Employment Services and Outcomes Through 2017*)

**Recommendations to remove barriers to integrated employment.** The following recommendations were created by Georgia’s Employment First Council and Callaway Gardens Supported Employment Leadership Group:

1. Develop a marketing plan for Employment First consumers, employers, and providers. The plan could emphasize why Employment First practices, including competitive integrated employment, are important to Georgia through stories of supported employment experiences and outcomes.
2. Develop unique Employment First branding that will ensure uniform branding and consistent messaging. Consider partnering with other Georgia employment initiatives to adopt a coordinated branding approach.
3. Develop a coordinated website or information delivery system to provide potential and current clients with “one-stop shopping” of available agencies and services (both private and public). The website would house all employment initiatives in Georgia. A possible website option that currently exists is the “Advancing Employment” website.
4. Develop and maintain a comprehensive data collection and reporting system that incorporates consistent, standardized data points across all relevant agencies.
5. Form a group represented by GVRA/DOE/DBHDD to work on identifying, organizing, and streamlining communication, services, and training resources, with a focus on assisting organizations to phase out their use of subminimum wage certificates.
  - a. Create certification standards and training programs that are uniform across agencies and inclusive of organizations of all sizes.
  - b. Ensure alignment regarding the definition of “disability” across agencies and providers, particularly as it relates to appropriate application of training, services, and employment opportunities.
  - c. Include review of disability etiquette and appropriate terminology.
6. Incorporate a Business Consultant role within DOE and DBHDD whose role would be to provide support and services directly to a business engaged in disability hiring initiatives.
7. Assist in the development of and provide support for legislation that phases out 14(c) certificates that currently allow people with disabilities to be paid subminimum wage.

8. Increase budget of DBHDD to assist the organization in increasing the hourly rate of Georgia’s supported employment services to national averages so that providers can cover costs for supported employment services.
  - a. A possible cost-saving solution would be to reallocate funds from day habilitation programs by setting a lower, more realistic rate (Georgia’s current rates for day habilitation are well-above the national average) and reallocate recouped funds to the supported employment rate.

***(iii) Informal and Formal Services and Supports***

**Informal and Formal Supports to Children & Families.** According to CDC’s most up-to-date prevalence rate, approximately 17% of children have a developmental disability, which means about 425,000 children in Georgia have a developmental disability. 54% of children with special health care needs are covered by Medicaid in Georgia.<sup>15</sup> Children with developmental disabilities also receive supports through their families’ private health insurance, as well as their local school system. Families can also access family support services, which are completely state funded in Georgia.

The following programs are available as potential sources of supports:

**The Georgia Pediatric Program (GAPP)** of the Georgia Department of Community Health (DCH) serves eligible children under 21 years of age who are medically fragile and in need of medically necessary skilled nursing care and/or medically necessary personal care support.<sup>16</sup>

**Early and Periodic Screening, Diagnosis and Treatment (EPSDT)** is the part of the Federal Medicaid Act that defines Georgia’s responsibility for all Medicaid eligible children. EPSDT requires states to provide any “necessary health care, diagnostic services, treatment and other measures . . . to correct or ameliorate defects and physical and mental illnesses and conditions as covered by the Medicaid Act.” This means that services (such as therapies, skilled nursing care, behavioral supports, vision, and dentistry) must be provided for children under age 21.

**The Katie Beckett Medicaid Program (KB)** permits the state to ignore family income for certain children who are disabled. It provides benefits to certain children 18 years of age or less who qualify as disabled individuals under §1614 of the Social Security Act and who live at home rather than in an institution.

**The Champions for Children Program** increases awareness throughout Georgia about non-profit services available to medically fragile and special-needs children, increases access to health care and support services, and helps families continue to care for children with disabilities at home.

**The Children’s Medical Services (CMS) Program** provides a comprehensive system of health care for children and youth with eligible chronic medical conditions from birth to 21 years of age. Their program is intended to ensure specialty health care services to these children in Georgia who live in low-income households. CMS works to provide improved health outcomes for children with special health care needs by coordinating their access to affordable quality specialty health care in communities and by using resources in a responsible manner.

**The Georgia Autism Initiative** is the statewide coordination and delivery of services that improve capacity for early intervention, family coaching and support, transition planning, and provider training for infants and youth with ASD from birth to 21 years of age and their families.

\*Note about Georgia's improvement in Autism services: In 2015, Ava's Law was passed in the General Assembly which required health plans to cover services for children 6 and under with autism spectrum disorder. This law was passed after nearly a decade of advocacy by the disability community. In 2018, Governor Deal signed Senate Bill 118, which amended Ava's Law by increasing the limits of coverage to people aged 20 and under and increased the service total from \$30,000 a year to \$35,000 a year.

Informal supports vary across the state. There are local parent-led groups, including local affiliates of National Down Syndrome Society and Autism Society chapters. Families also find informal supports through local ARCs. Parent to Parent of Georgia, the federally mandated Parent Information and Training Center, also offers supports to families through information and referral, training, programs and other formal and informal supports.

**Informal and Formal Supports to Adults.** Most people with developmental disabilities are supported by their families, not formal services. It is estimated that 75% of people with developmental disabilities are supported by a family caregiver.<sup>17</sup> About 13,000 adults with developmental disabilities receive formal supports in Georgia. These supports include:

- **The NOW and COMP Waiver Programs** provides services and support for people with intellectual or developmental disabilities. The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) provides day-to-day operations in these programs through six regional field offices. These programs offer an array of services designed specifically for the population such as support employment, residential services, specialized medical equipment and supplies, vehicle adaptation and behavior support services.
- **The Independent Care Waiver Program (ICWP)** offers services to a limited number of adults who apply between the ages of 21 and 64. Eligibility for ICWP is based on either a nursing facility or hospital level of care for adults with severe physical disabilities or traumatic brain injury (TBI). Available services include personal support, home health services, specialized medical equipment and supplies, counseling, emergency response systems, and home modifications.
- **Community Care Services Program (CCSP) and Service Options Using Resources in a Community Environment (SOURCE) Program** serves frail elderly and disabled Georgians otherwise eligible under a nursing facility level of care through the provision of case management for service coordination, adult daycare, alternative living services, personal care, home-delivered meals, and respite care for family caregivers.
- **Direct Support Professionals** - A growing crisis in the nation and in Georgia is the direct support professional workforce shortage. Given the importance of direct support professionals in the disability community, the Georgia Council funded the development of a white paper outlining the current crisis in Georgia. In 2019, Dr. Carol Britton Laws, a clinical associate professor at the University of Georgia, wrote the following:

There is a growing demand for Direct Support Professionals (DSPs) to support citizens with disabilities in home and community settings. DSPs are staff who are employed to provide a wide range of supportive services to individuals with intellectual or developmental disabilities (I/DD) on a day-to-day basis, including habilitation, health needs, personal care and hygiene, employment, transportation, recreation, housekeeping and other home management-related supports. DSPs allow people with intellectual or developmental disabilities to live and work in their communities and lead self-directed, community and social lives. The

direct support workforce is one of the fastest growing in America due to population growth, the increased life expectancy among persons with disabilities, the aging of family caregivers, and the mandated movement from institutional to community-based services.

This demand is outpacing the supply of available workers. Vacancy rates and voluntary turnover is high. Low wages and limited benefits, minimal training, ineffective supervision, and few opportunities for career growth, combined with the growing complexity of work based on regulations and serving people with more significant disabilities, are barriers to creating a stable workforce. The crisis of care in home and community-based service settings is of high concern in Georgia. The annual turnover rate of direct support professionals is 45%. Only 64% of staff stays in their positions for more than one year. The average hourly wage is \$10.30 (below the national average of \$11.76 and far below the living wage for Georgia for one adult and one child of \$22.52). Only 16.3% receive any kind of paid time off, and health insurance is only offered to 43.9%.

The DSP crisis is extremely costly to the human service system and to the individuals who need assistance. People with disabilities were significantly less likely to have most quality-of-life indicators present when they experienced DSP turnover. The DSP crisis puts people with I/DD who need assistance at great risk of harm, contributes to unreasonably long waiting lists for services, and is leading many people to reconsider more expensive institutional models of segregated care outside their home.

There are several approaches states are taking to address this crisis. States are forming in-state partnerships to collaborate with state workforce agencies, trade associations, and educational institutions. Legislatures are advocating for a standard occupational classification for DSPs to improve workforce data collection. Wages and benefits are being evaluated and Medicaid reimbursement rate changes, including cost of living adjustments, wage pass-throughs, and value-based payments are being implemented. Competency-based training and affiliated credentialing has been found to positively impact staff retention and outcomes for people receiving support. Among many state-level efforts, comprehensive interventions to increase the recruitment and retention of DSPs are being undertaken by Tennessee, Ohio, and New York.

Given the quantity of current national research and innovative strategies implemented by states to address the DSP crisis, there are a number of opportunities for Georgia to consider. These include:

1. Creation of a standard occupational code for DSPs.
2. Creation of a state level task force to address systemic DSP challenges.
3. Incentives to innovate recruitment.
4. Expansion of nationally accredited competency-based training.
5. Development of a career ladder with affiliated wage increases.
6. Reassessing Medicaid reimbursement rates to include training costs and wage increases for staff.
7. Creation of a public-facing DSP registry.
8. Establishment of a Home and Community Based Services Innovation Fund to support pilot studies to address the workforce shortage in Georgia.

**Institutions.** Georgia has worked to move people out of institutions after the United States Supreme Court Olmstead decision. Gracewood continues to be the only state-run institution in Georgia and houses approximately 200 residents. State officials have described the residents as unmovable due to family's refusal.

Although there are limited residents remaining in institutions, Georgia continues to spend millions of dollars each year on institutional settings. According to the most recent data from 2017, the annual cost of care per thousand dollars was \$207.4 for institutional setting compared to only \$13.0 for supported living services.<sup>18</sup> Although these figures are from 2017, they are most likely still accurate as the number of residents has not decreased in Gracewood by more than a few residents since 2017.

Although Georgia has considerably reduced the number of people with developmental disabilities living in institutions, the number of young people with developmental disabilities living in nursing homes has continued to rise. In 2000, the national percentage of people aged 31 to 64 in nursing homes was 10%. This rose to 14% by 2010 and was 15.5% in 2014. The most recent Georgia-specific data, collected in the 4th quarter of 2019 by the Centers for Medicare & Medicaid Services, indicates approximately 19% of nursing home residents are Georgians under the age of 65, which is above the national total of approximately 17%.<sup>19</sup> The numbers have become so concerning on a national level that one goal of Healthy People 2020 is to reduce the number of children and young adults living in nursing homes.

Concern has also risen regarding the placement of children with disabilities under age 22. According to work done by Georgia's Children Freedom Initiative, children with disabilities are being institutionalized in a variety of facilities, including skilled nursing facilities and youth detention centers, and the number of children with disabilities in the custody of Georgia's Division of Family and Children Services (DCFS) and Department of Juvenile Justice continues to grow.

In 2018, 11 children under age 22 were unnecessarily institutionalized in skilled nursing facilities in Georgia due to lack of access to home and community-based services because of waiting lists and lack of provider capacity. In addition, there were 334 children in the custody of the Georgia Department of Juvenile Justice with developmental and/or psychiatric disabilities, many of whom could have avoided interactions with the juvenile justice system had they received appropriate in-home or community-based services.

**Outcomes.** National Core Indicators assesses the outcomes of services through a sample of about four hundred people receiving formal services. Select Georgia data from 2018-2019 show the following: Fifty-five percent (55%) said they chose where they live and who they live with. Ninety-five percent (95%) said they decide or have input in choosing their daily schedule, 93% say services and supports help them live a good life, and 96% said their staff treat them with respect.<sup>13</sup>

**Relationships.** The 2018-2019 National Core Indicators In-Person Georgia Survey found the following regarding relationship for Georgians with developmental disabilities<sup>13</sup>:

1. 87% of those surveyed indicated they have friends who are not staff or family members.
2. Only 69% reported having a best friend.
3. 48% wanted more help making or keeping in contact with friends.
4. 85% noted they can see friends when they want.
5. 55% reported lack of transportation as a reason they cannot see friends, which is significantly higher than the 39% national average. Georgia has notorious public transportation issues which will be discussed in further detail below.

6. 82% reported they can go on dates or are married or living with a partner, which is much higher than the 75% national average.
7. 7% of those surveyed indicated often feeling lonely, which is well below the 11% national average.

Overall, survey results indicate that Georgians with developmental disabilities are reporting levels of friendships and relationships that are consistently higher than what is being reported as the national average which would indicate that the relationships of Georgians with developmental disabilities is a strength for the state.

**Disparities.** Currently demographic data are not available for waiver participants. However, it is important to note the disparities that exist in our criminal justice system. According to the Bureau of Justice Statistics, people in state and federal prisons are nearly three times as likely to report having a disability as the nonincarcerated population, while those in jails are more than four times as likely. 20% of those in the prison system and 30% of local jail inmates reported a cognitive disability, which was the most common reported disability in each population.<sup>20</sup>

#### ***(iv) Interagency Initiatives***

**The Council serves on all the groups listed below:**

- **Georgia's State Interagency Coordinating Council (SICC)** for Early Intervention Programs, whose mission is to advise the Georgia Department of Public Health (DPH) and other agencies responsible for serving the families of infants and toddlers, birth to age three with developmental delays and disabilities.
- **The Children's Freedom Initiative (CFI)** is a collaborative effort to ensure that children who live in facilities are given the chance to live with permanent, loving families. We are a coalition of advocates dedicated to creating a Georgia in which no child resides in a facility. The CFI is supported by the Georgia Developmental Disabilities Network, which receives funding from the Administration on Developmental Disabilities, and includes The Georgia Council on Developmental Disabilities (GCDD), the Institute on Human Development and Disability at the University of Georgia (IHDD), The Georgia Advocacy Office (GAO), and the Center for Leadership in Disability at Georgia State University (CLD). The CFI continues to educate families about resources available for children so that they can remain at home or in the community, even when their home of origin is no longer an option. The CFI also continues to advocate for youth to transition from facilities into homes in the community.
- **Callaway Gardens Supported Employment Leadership Group** is convened by the Department of Behavioral Health and Developmental Disabilities (DBHDD) to plan activities aimed at advancing employment systems for people with developmental disabilities. Key partners are providers and the Georgia Vocational Rehabilitation Agency (GVRA). Outputs have included proposed new funding models for supported employment (SE) and attempts at rate adjustments.
- **Employment First Council, created by House Bill 831**, is tasked with identifying the barriers and recommending policies that will result in competitive integrated employment for people with disabilities. The Council includes people with developmental disabilities.

- **State Rehabilitation Council (SRC)** is a federally mandated council composed of Georgia citizens from across the state appointed by the Governor to represent a broad range of individuals with disabilities and stakeholders. The SRC collaborates with the Georgia Vocational Rehabilitation Agency to develop plans for services and make recommendations to assist individuals with disabilities achieve employment and independence.
- **Georgia Inclusive Postsecondary Education Consortium** is a group of Georgia stakeholders (GVRA, GCDD, and IPSE programs) who meet every two months to give updates on what is happening in Inclusive Post-Secondary programs across the region.
- **Georgia Interagency Transition Council** is a collaboration of Department of Education (DOE) transition team/educators, transition academies, state agencies, community service providers, and other transition-field stakeholders. Previously known as the Georgia Transition Steering Committee and the Georgia Transition Community of Practice.
- **Georgia Division on Career Development and Transition (DCDT)** has the mission to promote national and international efforts to improve the quality of, and access to, career/vocational and transition services, increase the participation of education in career development and transition goals, and to influence policies affecting career development and transition services for persons with disabilities.
- **GADD Network** started at the beginning of COVID-19 with the aim of meeting community needs through virtual weekly meetings to share resources, information, and answer questions. The productions included the creation of a website, archived resources, disseminated FAQs, and live sessions open to the public hosted via zoom. Supporting organizations included GCDD, CLD, FOCUS, Tools for Life (TFL), Down Syndrome Association of Atlanta (DSAA), The Arc GA, DPH, and the Centers for Disease Control and Prevention (CDC).
- **United States Civil Rights Commission, Georgia Advisory Council.** The purpose of the United States Civil Rights Commission is to inform the development of national civil rights policy and enhance enforcement of federal civil rights laws. The Commission achieves its mission by studying alleged deprivations of voting rights and alleged discrimination based on race, color, religion, sex, age, disability status or national origin.
- **NACDD Diversity Inclusion Cultural and Linguistic Competency Work Group.** The purpose of the DICLC is to establish and maintain processes and resources to promote diversity, inclusion and cultural & linguistic competence in all aspects of DD Council work. “All aspects of council work” refers to Diversity, Inclusion and CLC being embedded in both the internal operations (staffing, Council operations etc.) and external operations (Council projects, initiatives, policy work etc.)
- **NACDD State Policy Workgroup** -This group is composed of DD Council leadership from around the country who meet every other week to discuss policy issues of pressing concern to states. To date topics have spanned Covid-19, employment, and waiting lists. The format of the group is one of peer support, resource sharing, and cross-council collaboration.
- **Georgia Employment First Council** - The Employment First Council is tasked with identifying the barriers and recommending policies that will result in competitive integrated employment for people with disabilities. Employment can be the first option for most people. The Council is housed at GVRA, and its Executive Director is the Chair of the Council.
- **Micro to Macro Workgroup** - This group is a multi-agency group focused on highlighting issues that could be considered informal policy decisions by state agencies that have significant impact but are hard to source. Invited members meet quarterly and bring legal, strategic and practical experience from roles inside Legal Aid, the Georgia Advocacy Office, Support Coordination, Community Services Providers, and University Centers of Excellence in Developmental Disabilities.

In addition to serving on the above groups, GCDD also follows these interagency initiatives:

The State Learning Council required under the Head Start program is known as the Georgia State Advisory Council on Early Childhood Education and Care and is now located within the Georgia Children’s Cabinet, which is charged with supporting a sustainable and comprehensive system of education and care to best serve children and families in each region of Georgia. The members of the Cabinet are appointed by the Governor and include representation from multiple state agencies, including the Commissioner of the Department of Behavioral Health and Developmental Disabilities.

**(v) Quality Assurance**

The following organizations and initiatives serve to ensure quality supports and services are provided to Georgians with developmental disabilities:

**1. The Georgia Collaborative Administrative Service Organization**

The Georgia Collaborative ASO provides quality assessment reports on disability service provider organizations.<sup>21</sup>

**2. Georgia’s Protection & Advocacy Group: The Georgia Advocacy Office**

GAO supports self-advocates, assists in mediation and negotiation on behalf of people with disabilities, investigates allegations of abuse, supports people to have guardianship removed, and provides public information on the rights of people with disabilities.<sup>22</sup>

**3. National Core Indicators Data**

Georgia implements the National Core Indicators and approximately 476 individuals responded to the survey in 2018-2019. The tool is not intended to be used for monitoring individuals or providers; instead, it assesses system-wide performance. The following statistics are NCI survey participation relative to the percentage of the state population: 0% of those surveyed were Asian (4% of GA pop is Asian); Hispanic 2% (10%); Black 51% (32%) and White 45% (52%).<sup>13</sup>.

**4. Self-Advocacy**

The Georgia Council on Developmental Disabilities has a long history of supporting self-advocacy groups as a core pillar of its long-term mission. The Council currently funds three self-advocacy initiatives including a statewide self-advocacy leadership group, Uniting for Change, a small group of young leaders with disabilities, Tomorrow's Leaders Today, and Georgia’s ADAPT chapter. Recently, the Council sponsored a self-advocacy statewide survey to assess the views of people with developmental disabilities, and the results were used to develop a self-advocacy position paper. When self-advocates were asked what is most important to them, the top 5 responses were: belonging, health, respect, being heard, and real choice, respectively. Of all respondents, ~30% of self-advocates reported they would like to work, and 26% indicated they need more control in their lives over how their services are provided.



**(vi) Education/Early Intervention**

**Early Education: Birth-5 years Old.** The Individuals with Disabilities Education Act (IDEA) is the federal law that ensures children with disabilities receive appropriate educational services. IDEA provides direction on how states should provide early intervention services, under Part C, to children birth to 3 years. Georgia’s Part C program is called Babies Can’t Wait and is provided through Georgia’s Department of Public Health. Georgia’s Department of Education oversees Part B, Section 619: Preschool Special Education (children 3-5 years old).

Each year, Georgia’s Department of Education releases its annual performance summary of special education services in the state. The state met following early education targets: increased preschool social-emotional skills (80.53% of students); increased preschool acquisition of skills (83.38%); and increased preschool use of appropriate behaviors (80.56%).

Georgia did not meet the following targets: percentage of young children aged 3-5 receiving the majority of special education services in a regular early childhood program (only 41.75% of children), and early childhood transition, which is the percentage of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an individualized education plan ( IEP) developed and implemented by their 3rd birthdays (98.4% with 100% target.)<sup>23</sup>

**Education: K-12 and Transitioning Youth.** Georgia’s Department of Education serves approximately 213,263 children aged 6-21 in their special education services. Based on their most recent annual performance summary, 2018-2019, Georgia’s special education program met their targets in the following areas: graduation rate (64.56%); drop-out rate (5.13%); parent involvement (73%); percent of youth who are no longer in secondary school who were enrolled in higher education or competitively employed within one year of leaving high school (58.4%); and percent who were enrolled in higher education or in some postsecondary education or training program or competitively employed or in some other employment within one year of leaving high school (84.77%). Georgia’s Department of Education reports an 82.87% annual graduation rate in fiscal year 2020 when not adjusting for the 4-year cohort rate. The Department of Education changed how it reports graduation rates. Previous reporting did not include students in special education that stayed in school until age 22. The current reporting now includes those students.

The Department of Education did not meet targets for: percent of children with IEPs aged 6 through 21 served inside the regular class 80% or more of the day (63.24%); percent of youth with IEPs aged 16 and above with an IEP that includes appropriate postsecondary goals (91.24% with target of 100%); and percent of youth who are no longer in secondary school who are enrolled in higher education within one year of leaving high school (24.44%).<sup>23</sup>

**Data, Diversity, and Disparity.**

FY19 Georgia Federal Child Count, Count by Gender<sup>24</sup>

Gender	Student Count Ages 3-5	Percentage Ages 3-5	Student Count, Age 6-21	Percentage 6-21	Total Student Count Ages 3-21	Percentage Ages 3-21
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Male	13,257	71%	66,893	33.4%	80,150	36.6%
Female	5,404	29%	133,557	66.6%	138,961	63.4%
Total	18,661	100%	200,450	100.0%	219,111	100.0%

FY19 Federal Child Count, Count by Race/Ethnicity<sup>25</sup>

Race-ethnicity	Student Count Ages 3-5	Percentage 3-5	Student Count Ages 6-21	Percentage 6-21	Total 3-21	Percentage 3-21
American Indian	28	0.2%	399	0.2%	427	0.2%
Asian	692	23.7%	3,731	1.9%	4,423	2.0%
Black	6,146	32.9%	79,929	39.9%	86,075	39.3%
Hispanic	2,920	15.6%	29,818	14.9%	32,738	14.9%
Two or More Races	786	4.2%	7,307	3.6%	8,093	3.7%
Pacific Islander	15	0.1%	154	0.1%	169	0.1%
White	8,074	43.3%	79,112	39.5%	87,186	39.8%
Total	18,661	100.0%	200,450	100.0%	219,111	100.0%

**GNETS.** Georgia’s 24 psychoeducational programs – formally known as the Georgia Network for Educational and Therapeutic Support (GNETS) – has been said to systematically segregate students with behavioral disabilities across the state. Over 5,000 students with disabilities, the disproportionate majority of whom are students of color, have been sent to the GNETS centers. The graduation rate is only 10% for students who attend GNETS, and the cost per student to attend is nearly twice that of the cost to attend a public school.

In 2015, the U.S. Department of Justice investigated GNETS and found that it violates Title II of the ADA by (1) unnecessarily segregating students with disabilities from their peers and (2) providing opportunities to GNETS students that are unequal to those provided to other students throughout the state. The investigation

eventually culminated in a 2016 lawsuit against the State, alleging that the State’s administration of the GNETS system violates the ADA by “unnecessarily segregating students with disabilities from their peers” and providing “unequal” education opportunity to GNETS students.

On October 11, 2017, parents of children with disabilities, the Center for Public Representation, the Bazelon Center for Mental Health Law, the Georgia Advocacy Office, The Arc, DLA Piper LLP, and the Goodmark Law Firm filed a class action lawsuit in federal court alleging that the State of Georgia has discriminated against thousands of public school students with disabilities by providing them with a separate and unequal education via the State’s Georgia Network for Educational and Therapeutic Supports Program (GNETS).<sup>26</sup> Both lawsuits remain in the court system.

**Inclusive Post-Secondary Education (IPSE).** Inclusive Postsecondary Education in Georgia started with three students enrolled in a new program at Kennesaw State University (KSU) in 2009. The goal of IPSE is to provide students with disabilities who otherwise would not have the opportunity, the opportunity to attend college. The college experience provides students with strengthened academic, social, and independence skills. Through a combination of state and federal funding, there are now a total of nine IPSE programs in Georgia, with 136 students enrolled in the 2019-2020 academic year. These programs have become immensely popular within the state and have also been proven to be very effective, with 75% of graduates becoming employed after graduation. This employment rate is significantly higher than the employment rate for the general disability population.

The nine programs include:

1. Albany Technical College: LEAP
2. Columbus State University: GOALS
3. East Georgia State College: CHOICE
4. Georgia Institute of Technology: EXCEL
5. Georgia Southern: EAGLE ACADEMY
6. Georgia State University: IDEAL
7. Kennesaw State University: Academy for Inclusive Learning & Social Growth
8. University of Georgia: Destination Dawgs
9. University of West GA: Project WOLVES

### ***(vii) Housing***

Housing is an essential component to community inclusion, but people with developmental disabilities have historically experienced barriers related to the affordability and accessibility of housing such as:

**Affordability.** A national study conducted in 2016 found that approximately 4.9 million people with disabilities relied on SSI to pay rent. In Georgia in 2020, SSI averaged \$783 per month, which was low enough for Georgians with disabilities to effectively be priced out of most rental markets. In fact, a Georgian with a disability receiving SSI in 2020 must pay 105% of their monthly income to rent an efficiency unit in Georgia and 110% of their monthly income to rent a one-

bedroom unit, making it next to impossible for Georgians with disabilities to afford housing. These figures represent a statewide average. In metro areas, which typically are more ideal for people with disabilities to live due to the increase in public transportation and availability of services, these percentages raise significantly. In Atlanta and its surrounding suburbs, Georgians with disabilities receiving SSI must pay 127% of their monthly income and 131% of their monthly income to rent an efficiency unit or a one-bedroom, respectively.<sup>27</sup>

**Accessibility.** Accessible homes are critically important for people with disabilities, particularly people who use wheelchairs or other mobility devices. Common accessible features include, but are not limited to, working elevators, widened doorways, ramps, and wheel-in showers. Unfortunately, many housing options lack the necessary features and are homes can be costlier when they are accessible or are needed to be renovated for accessibility. In 2011, a study conducted by the US Department of Housing and Urban Development found that less than 1% of US housing was wheelchair accessible.<sup>28</sup> This study has not been redone since 2011 but little exists to suggest that there has been an influx in accessible housing since 2011 as limited resources have been directed toward the initiative of accessible homes.

**Other Challenges.** Aside from affordability and accessibility, other major housing challenges facing the disability community include housing availability, housing discrimination, and living with aging caregivers. In 2016, Georgia conducted an “Analysis of Impediments to Fair Housing Choice” and discovered that housing discrimination based on disability status and failure to make disability accommodations were two of the major impediments to fair housing in Georgia. Aging caregivers was identified as a housing concern because 75% of Georgians with disabilities live in a family home, and 21% of their caregivers are over the age of 60 years old.<sup>18</sup> Georgia, consistent with national trends, has relied on caregivers as the primary housing resource for Georgians with developmental disabilities, but in-community housing options need to be a main focus over the next decade as thousands of Georgians with disabilities may find themselves without housing if they have no family to care for them.

#### **Housing Resources.**

1. Georgia has begun to dedicate funds to increasing accessible housing in the state through **Georgia’s Department of Community Affairs (DCA)** Home Access Program. DCA provides grants to Georgians with disabilities to assist them in modifying their homes to meet their accessibility needs. DCA recently secured \$100,000 to partner with the Statewide Independent Living Council of Georgia.<sup>30</sup>
2. **Centers for Independent Living (CILs)** in Georgia can assist people with disabilities in finding out more information about their housing rights, applying for rental assistance/subsidies through the US Department of Housing and Urban Development (HUD), and housing modifications.
3. Georgians with disabilities may qualify for Section 8 HUD housing, but there is often a long waitlist which makes it a lengthy and sometimes unlikely process. HUD also offers two vouchers that assist people with disabilities in qualifying for rental assistance. The Category 1 voucher program assists non-elderly people with disabilities to access affordable housing on the private market. These vouchers were announced in 2010, and Georgia was not a recipient. HUD did fund 35 Category 2 Vouchers in Georgia in 2011. These vouchers were rental assistance for non-elderly people with disabilities.
4. Nationally, the Consortium for Citizens with Disabilities Housing Task Force works with Congress and HUD to increase the affordability and accessibility of housing for people with disabilities.<sup>31</sup>

**Disparities.** Income inequality in the state has led to significant disparities in housing for low-income earners. In fact, Atlanta has been named the number one city in the country regarding income inequality for the previous two years. The income inequality in the city has greatly contributed to a housing crisis for communities of color as they are being priced out of Atlanta neighborhoods.

### **(viii) Transportation**

**Background.** Transportation is a vital component for independence and health. Without reliable transportation options, people are unable to shop, go to doctors' appointments or go to work. Access to basic public transportation allows people with disabilities to contribute to communities. Although the Americans with Disabilities Act of 1990, as amended, requires accessibility of public transportation, public transportation is often inaccessible and insufficient to meet the needs of people with disabilities. This is especially true for those who live outside of metro areas of Georgia.

MARTA Mobility is Georgia's service that provides ADA Complementary Paratransit service to anyone unable to ride or disembark from the regular MARTA transit services.

To become eligible to ride MARTA Mobility, you must complete an application **and** an in-person interview and assessment. MARTA mobility fare is \$4 and a person with a disability can have a caregiver ride for no extra charge.

Many people have found the MARTA Mobility service to be challenging. Appointments must be made 24 hours in advance. Although you can schedule your pickup time, you cannot schedule a time to be dropped home. For example, you may schedule to be picked up from your event at 5pm but there is no guarantee that you will be the first person dropped off at home. We have heard from people using the system that they can be on MARTA mobility for hours while others are being dropped off at different locations.

If you are unable to make appointments 24 hours in advance, and have access to a MARTA rail station, people with disabilities can qualify for the reduced fare breeze card program and can ride MARTA rails for no cost. You must requalify for this service every 3 years. MARTA rail stations have had historic issues with their elevator systems which often makes it difficult and/or impossible for people with mobility needs to access.

### **Transportation Resources.**

#### **Georgia Medicaid Waiver Lyft Transportation Initiative:**

Georgians with disabilities can receive Lyft services through Medicaid's participant-directed services; however, this is challenging in rural areas of the state.

#### **Non-Emergency Medicaid:**

The Georgia Department of Community Health's (DCH) Non-Emergency Medical Transportation (NEMT) services are defined as medically necessary, cost-effective transportation for any eligible Medicaid member (and escort, if required) with no other means of transportation available to any Medicaid-reimbursable service to receive treatment, medical evaluation, obtain prescription drugs or medical equipment. NEMT is a ride-share program and multiple members may be

riding in the same vehicle. Federal regulation currently requires states to include NEMT in their Medicaid plans; however, there has been movement at the federal level to change the regulation and allow states to opt-in to NEMT, which may mean that many states will choose not to provide NEMT as a service. This uncertainty has led to a recent uptick in advocacy initiatives.

**Disparities.** According to the Bureau of Transportation Statistics, twelve percent of people with disabilities have difficulty getting the transportation they need, compared to only three percent of persons without disabilities. 33% cite no or limited public transportation as the primary barrier.<sup>32</sup>

As mentioned above, those who live in rural areas of the state, approximately 2 million Georgians, have increased transportation struggles and often are unable to go to medical appointments, get jobs, or attend college due to lack of transportation. Options like Lyft and Uber are unavailable, and there is not enough tax revenue to fund traditional mass transit systems. In fact, Georgians in 118 rural counties are served by 65 small on-call van systems. The Georgia General Assembly is attempting to find solutions to this issue through the House Commission on Transit Governance and Funding.

#### ***(ix) Childcare***

##### **National & State Initiatives and Opportunities.**

**Georgia's Department of Early Care and Learning** has a team of regionally based Inclusion Specialists. Inclusion Specialists provide training and coaching to childcare providers, early learning professionals, and communities to ensure that early educators have the skills and resources they need to support success for all the children in their programs. Inclusion Specialists also work to create more local childcare options for children with disabilities.

**Georgia's Child Care and Parent Services (CAPS) Program** serves approximately **50,000** of the approximately **680,000** low-income children needing quality childcare.

**Georgia Childcare Affordability Coalition** is an organization of groups in advocating in increase options and affordability of childcare in Georgia.

**Quality Care for Children Child Care Provider Training** provides in-person and online training classes for childcare professionals as well as Child Development Associate (CDA) Credential courses.<sup>33</sup>

**Diversity Data.** CAPS (Georgia's Child Care Subsidy Program) program eligibility is set at 50% of state median income, one of the lowest in the nations, and the cost of childcare in Georgia exceeds the cost of annual tuition at an in-state public college university. The cost of childcare for a single child exceeds 40% of the earnings in a low-income family, and only 14.8% of income-eligible children receive a childcare subsidy in Georgia.<sup>34</sup> This reality puts low-income parents at a disadvantage because they are often unable to work or attend higher education because they cannot afford childcare for their children. In addition, children who do not have access to quality childcare can be at risk for attending childcare in unhealthy settings.

In addition to disparities in childcare access among low-income families, the 2016 Early Childhood Participation Survey showed that parents of children with disabilities experience more difficulty in finding childcare compared to parents of children without disabilities (34% vs. 25%) and find themselves being unable to

access childcare at all (34% vs. 28%). The barriers families experience includes lack of availability, scheduling challenges, and concerns about quality. Parents with children with disabilities are more likely to patch together a network of caregivers, and they must make significant job changes more so than parents of children without disabilities. In fact, data show that parents of children with disabilities are three times more likely to experience job disruptions due to problems with childcare. Parents who are unable to find care also reported experiencing money problems, increased stress, and health challenges.<sup>35</sup>

### ***(x) Recreation***

According to the 2018-2019 National Core Indicator In-Person Georgia Survey, the following activities were reported by people with developmental disabilities<sup>13</sup>:

1. 94% of people with developmental disabilities reported going shopping.
2. 80% indicated they went out for entertainment.
3. 91% went out to a restaurant or coffee shop.
4. **64% went out to a religious service or spiritual practice.**
5. 89% were able to go out and do things they like to do in the community.
6. **49% participated as a member in community group.**

The data indicate that Georgians with developmental disabilities are reporting opportunities to engage in recreational activities; however, the number of people participating in recreational activities notably decreasing when the activity is a social/group activity (e.g., religious services, community groups). The discrepancy may represent the social isolation difficulties people with developmental disabilities often face when participating in recreational activities. As a state, Georgia is doing well assisting people with developmental disabilities to go out and participate in activities, but we have work to do to make sure that people with developmental disabilities are participating in true community-inclusive recreational activities rather than simply going out and participating in activities that might be solo activities or activities with other people receiving services from the same provider organization.

## **Part C: Analysis of State Issues and Challenges**

### ***(i) Criteria for Eligibility Services***

**The NOW and COMP Waiver Programs.** Individuals who meet the level of care that would be required in an intermediate-care facility for people with intellectual disabilities (ICF-ID) may be eligible for home- and community-based services as an alternative through Georgia's Medicaid NOW and COMP waiver programs. To qualify for these waiver programs and be offered the choice of community-based services instead of institutional care, the individual must first meet the criteria for Medicaid payment in an institution and certain other criteria. Specific qualifications:

1. Are categorically eligible Medicaid recipients.
2. Have a diagnosis of an intellectual disability and/or a closely related condition.

3. Are currently receiving the level of care provided in an ICF-ID that is reimbursable under the State Plan, and for whom home- and community-based services are determined to be an appropriate alternative.
4. Are likely to require the level of care provided in an ICF-ID that would be reimbursable under the State Plan in the absence of home- and community-based services that are determined to be an appropriate alternative.
5. This program serves approximately 13,000 Georgians with a waitlist of more than 7,000.

**The Independent Care Waiver Program (ICWP).** Eligibility is based on either a nursing facility or hospital level of care for adults with severe physical disabilities or traumatic brain injury (TBI). The Independent Care Waiver is designed for eligible Medicaid members with severe physical disabilities who are between the ages of 21 and 64 when they apply and when services are started and who meet the criteria below. They must:

1. Be capable of managing their own services (individuals with a TBI do not have to meet this criterion).
2. Have a severe physical impairment and/or TBI that substantially limits one or more activities of daily living and requires the assistance of another individual.
3. Do not have a primary diagnosis of a mental disorder (mental retardation/mental illness)
4. Be medically stable but at risk of placement in a hospital or nursing facility if community-based support services are not available; and
5. Be safely placed in a home or community setting.

Other factors also help determine whether eligible applicants can receive waiver services, including currently residing in a hospital or nursing facility, length of time on the waiting list, ability to live independently, and the estimated cost of care (based on the projected care plan).

**Community Care Services Program (CCSP).** Eligibility criteria include:

1. Functional impairment caused by physical limitations.
2. Approval by a physician of the need for an intermediate level of nursing home care (LOC) and development of a care plan.
3. Medicaid eligible or potentially eligible based on a financial screening.
4. Medicaid eligible after admission to CCSP.
5. Client chooses to receive services in the home and community rather than in a nursing home.
6. Participation in one waiver program at a time.

**Service Options Using Resources in a Community Environment (SOURCE) Program.** Clients must be eligible for full Medicaid and meet nursing home level of care. SOURCE operates under authority of the Georgia Elderly and Disabled 1915c Medicaid Waiver and provides Home and Community-Based Services to frail elderly and physically disabled people who meet the Intermediate Nursing Home Level of Care. At the end of 2018, more than 16,000 people were enrolled in the SOURCE program. A comprehensive assessment determines eligibility and how much care a participant need.



**The Katie Beckett Medicaid Program (KB).** Eligible children must meet specific criteria to be covered:

1. Effective immediately, all medical level of care determinations that are verified to meet the standard for Katie Beckett approval will be authorized for a period of no less than two years.
2. For Medicaid eligibility to be established under the TEFRA/Katie Beckett Program, it must be determined that:
  - a. The child is 18 years old or younger, AND
  - b. The child meets federal criteria for disability, AND
  - c. The child is financially ineligible for SSI benefits, AND
  - d. The child requires a level of care provided in a hospital, skilled-nursing facility, or intermediate-care facility (including an intermediate-care facility for the mentally retarded); AND
  - e. The child can appropriately be cared for at home, AND
  - f. The estimated cost of caring for the child outside of the institution will not exceed the estimated cost of treating the child within the institution.

**Money Follows the Person.** Eligibility criteria includes:

1. Living in an inpatient facility (i.e., hospitals, psychiatric residential treatment facilities, nursing homes or other long-term care facilities)
2. Being a Medicaid beneficiary for at least one day prior to transition
3. Meeting institutional level of care
4. Moving into a qualified residence (home, apartment, or group setting)

***(ii) Analysis of the barriers for unserved/underserved***

As documented in Part B of this state plan, barriers to full participation are especially prevalent in rural areas of the state where there is a lack of healthcare providers, public transportation, access to broadband, and employment opportunities. This disparity is also highlighted in the most recent waiver planning list, as Region 3, which represents Georgia's most populous region, and a little over 30% of Georgia's population, is overrepresented by individuals on the planning list, with over 40% of the planning list comprised of residents of Region 3. This likely means we have work to do when it comes to identifying people with developmental disabilities outside of the metro Atlanta area who are in need and eligible for waiver services.

In addition to geographic location being a demographic associated with unserved/underserved populations, race/ethnicity is also a demographic associated with unserved/underserved populations. This is especially highlighted in Georgia's education system, where black students are referred to GNETS at a disproportionate rate. The rate of black students in GNETS is nearly double the rate of black students overall in Georgia's educational system, which places them in systems with poor educational and employment outcomes, as discussed in Part B of this state plan.

***(iii) Availability of assistive technology***

Assistive technology is limited in the state of Georgia, but there are two primary programs that assist people with disabilities receiving assistive technology.

**Friends of Disabled Adults and Children (FODAC)**, a nonprofit that provides over \$10 million dollars a year to people with developmental disabilities in home medical equipment and other supplies, partnered with Georgia’s Division of Aging Services in 2016 to provide assistive technology to people in the community.

**Tools for Life**, is Georgia’s Assistive Technology Act Program, housed at Georgia Tech. The program focuses on increasing access to and development of assistive technology devices. Tools for Life offers the Credit-Able Loan Program, Georgia’s Alternative Financing Program for Assistive Technology. The program provides direct loans at an interest rate range between 5% and 9%, depending on the person’s credit score, amount and term of the loan.

\*Note: During the Fiscal Year 2021 budget process, Georgia’s General Assembly eliminated a \$1 million dollar contract it had established with Tools for Life the previous year.

In 2021, the Department of Community Health submitted a proposal to CMS which would include an additional assistive technology service in Georgia’s COMP waiver. The proposal, if accepted, would provide for assistive technology services capped at \$1,194 annually, with a lifetime limit of \$18,000. The proposal is currently pending at CMS.

***(iv) Waiting Lists (complete chart a-i)***

a. Who maintains wait-list data

The waitlist data are maintained by the Department of Behavioral Health and Developmental Disabilities (DBHDD) in partnership with the Georgia Collaborative Administrative Services Organizations (ASO)

b. Statewide standardized data collection system (Yes or No)

NO

c. Individuals on waitlist receiving (select all that apply from chart)

DBHDD lists the following services available for those on the planning list: family support services, respite services, Medicaid autism benefit, supported employment with vocational rehabilitation, crisis services, provider network development.

d. To the extent possible, information on how state prioritizes individuals on wait list.

According to DBHDD, consideration for individuals most in need facilitates the prioritization of the planning lists. In determining those most in need, two key areas are reviewed: Health and safety, and Caregiver and support system. To further prioritize the lists, the department is in the process of implementing a new

objective tool that captures individuals’ status regarding their level of unmet need, their functional capacity and existing support system, and the impact of behavioral and medical challenges on their functional capacity.

e. Description of state’s wait list definition, including other wait lists.

DBHDD maintains a list of people who have applied and been found pre-eligible to receive services associated with supporting people who have intellectual or developmental disabilities. To be placed on the DD Planning List, an individual must have a qualifying Intellectual or Developmental Disability as defined in Georgia §37-1-1.

The planning list consists of two separate lists, one for the New Options Waiver Program (NOW) and one for the Comprehensive Supports Waiver Program (COMP). Assignment to the lists is based on different factors, including the individual’s preference. Though both waivers provide similar services, the NOW waiver program has a lower funding cap than the COMP waiver program.

f. Individuals on waitlist have gone through eligibility and needs assessment (Yes or No)

YES

g. There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (Yes or No)

h. Specify any other data or information related to waitlists.

The following is the most up-to-date numbers regarding the NOW/COMP waiver planning lists. The state provides numbers by region and county but did not include additional details regarding the latest numbers.

<b>Georgia’s Waiver Planning List as of 2/2/2021</b>			
Regions	COMP	NOW	Statewide Total
Region 1	52	1103	<b>1155</b>
Region 2		882	<b>882</b>
Region 3		2876	<b>2876</b>

Region 4	33	633	666
Region 5		757	757
Region 6		646	646
Region 99	2	43	45
Totals	87	6,940	7,027

\*Note: The planning list has increased by almost 1,000 people in only 8 months (was 6,133 on 5/1/2020)

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) was asked by the 2016 Georgia General Assembly to “develop and report to the Georgia General Assembly on a multiyear plan to reduce and eliminate the planning lists for New Options Waiver Program (NOW) and Comprehensive Supports Waiver Program (COMP) waivers with yearly outcome measures by December 31, 2017.” DBHDD prepared the Multiyear Planning Lists Strategic Plan in response to this request. DBHDD established long-term goals and five-year objectives to connect all planning lists individuals who have an identified need for supports and have indicated the desire to use nonwaiver services (See Appendix A for the full strategic plan). The first objectives were scheduled for completion by June 30, 2019, and were not met. As of 2021, there has been no mention of how to correct course to ensure the objectives are being met on target.

i. Summary of Waiting List Issues and Challenges (a-h)

In summary, the waiting list in Georgia is maintained by the Department of Behavioral Health and Developmental Disabilities and is known as the NOW/COMP waiver planning list. Limited data are provided publicly related to the demographics of those on the planning list, or the services they might be receiving; however, we do know approximately how many individuals are on the planning list and what region/county they reside in. To be placed on the planning list, one has to be found eligible to receive services through very stringent eligibility requirements. Once on the planning list, those receiving waivers are determined based on level of need related to health and informal caregiver support available. Georgians on the planning list can wait upwards of 10 years before receiving services. There are some limited supports available to those on the planning list, such as family support and respite. Of particular concern is the quick rise in overall individuals on the planning list over the past 8 months, most likely attributable to the effects of COVID-19, and inconsistent with the objectives of DBHDD’s multiyear plan to reduce and eliminate the planning lists for NOW/COMP waivers which is almost at the end of its third year.

***(v) Analysis of adequacy of current/future resources to fund services in state***

Although many states have struggled with necessary budget cuts related to the effects of the COVID-19 pandemic, Georgia’s FY22 budget did not require additional cuts Georgia’s state agencies. In 2020, in anticipation of budgetary impacts related to COVID-19, state agencies implemented steep anticipatory budgetary cuts; however, during Georgia’s amended budgetary process in early 2021, the state found itself in a position of massive savings, rather than the anticipated deficit, specifically related to the enhanced FMAP benefits. These savings included \$22,316,316 in the adult developmental disability services section

of the Department of Behavioral Health and Developmental Disabilities alone. However, state agency leadership continues to struggle in adequately serving people with developmental disabilities. The savings in the AFY21 budget were redirected to other initiatives, including a onetime bonus to all qualified state employees, rather than being utilized to reinstate the anticipatory cuts from last year. Not only were the enhanced FMAP savings not used to address the needs of the developmental disability community, \$2,107,045 in funds were removed from DD services budget to provide for the ongoing maintenance of closed state hospitals. When asked by the Georgia General Assembly if the state agency leadership had any intention of utilizing the savings to restore the anticipatory cuts, state agency leadership indicated they would not be requesting a restoration of cuts and would rather be focusing on new initiatives, which include a feasibility study for the potential development of an intellectual/developmental disabilities behavioral health crisis center and the annualization of funding for a new 40 bed forensic unit.

At the same time as savings were realized, the state Medicaid agency put forward a proposal to cap services provided in the COMP waiver, which could potentially result in hundreds of people with developmental disabilities having to relocate from their homes because they would no longer qualify for 24-hour care within their own home. Although advocates raised serious concerns with the proposal, the state moved forward by submitting the proposal in early 2021 to CMS, where it is currently pending.

Currently, as of May 2021, the state Medicaid agency is working on a spending plan related to the enhanced FMAP dollars from the American Rescue Plan Act, which is required to be spent on HCBS. These savings could result in upwards of \$150 million dollars for the state to spend on enhancing its HCBS infrastructure. The state has not sought public feedback, but advocacy organizations have submitted their recommendations, and we are hopeful that these funds will be used to strengthen the supports and services available to people with developmental disabilities through the NOW/COMP waiver programs.

***(vi) Analysis of adequacy of health care for people with DD in facilities***

The following information is obtained from the National Core Indicators (NCI) Adult Consumer Survey is an interview conducted with a person who is receiving services from the state; it is used to gather data on approximately 60 consumer outcomes, and it is regularly refined and tested to ensure that it is valid and reliable. Interviewers meet with individuals to ask questions about where they live and work, the kinds of choices they make, the activities they participate in within their communities, their relationships with friends and family, and their health and well-being. The most recently available data come from the 2017-2018 survey. Important to keep in mind is the small number of respondents, ranging from 76-470 depending on the specific question, which is at most approximately 4% of those receiving services in the state.

The overall health of those in services in Georgia appears to be consistent with national averages. Approximately 98% have a primary care doctor and 72% report their overall health to be very good to excellent. Of respondents, 89% reported a physical exam within the past year. Two areas where Georgia fell below the national average were dental exams and hearing tests, with 38% of Georgian respondents reporting a dental exam within the past 6 months compared to the national average of 50% and 26% of Georgia respondents reporting never having a hearing test compared to the national average of 16%

Regarding medication use, Georgia respondents were less likely to be prescribed medication for mental and behavioral challenges; however, when taking medications for behavioral challenges, Georgia respondents were more likely to be prescribed multiple medications, with 29% being prescribed 3 to 4

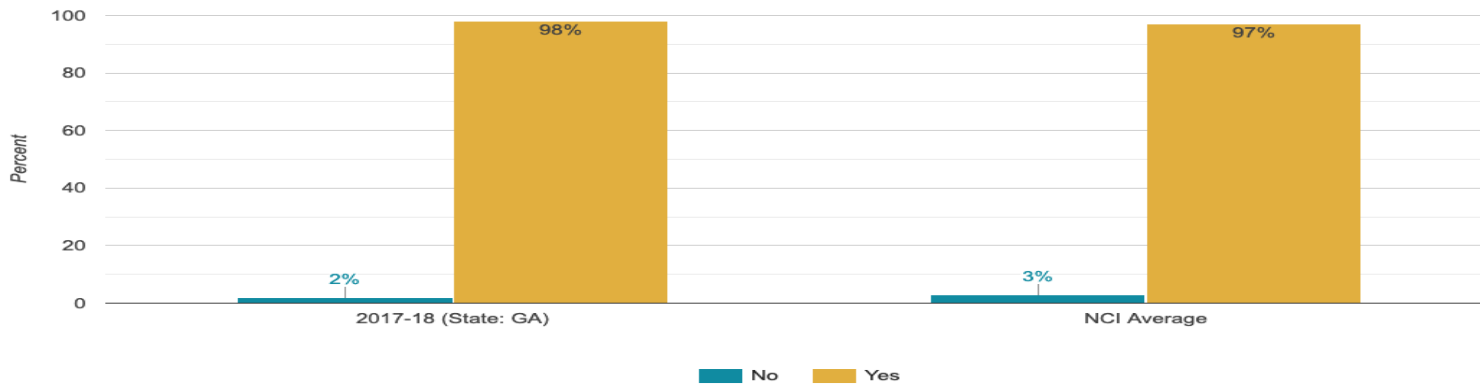
medications compared to the national 17% and 12% prescribed 5 to 10 medications compared to the national 4%. Georgia respondents were also less likely to have a behavioral plan although prescribed medications for behavioral challenges, with only 34% indicating a behavior plan compared to the national average of 61%.

The following charts represent the health and medication survey questions from the 2017-2018 NCI Adult Consumer Survey:

### Has a Primary Care Doctor

The percentage of people who are reported to have a primary care doctor or practitioner

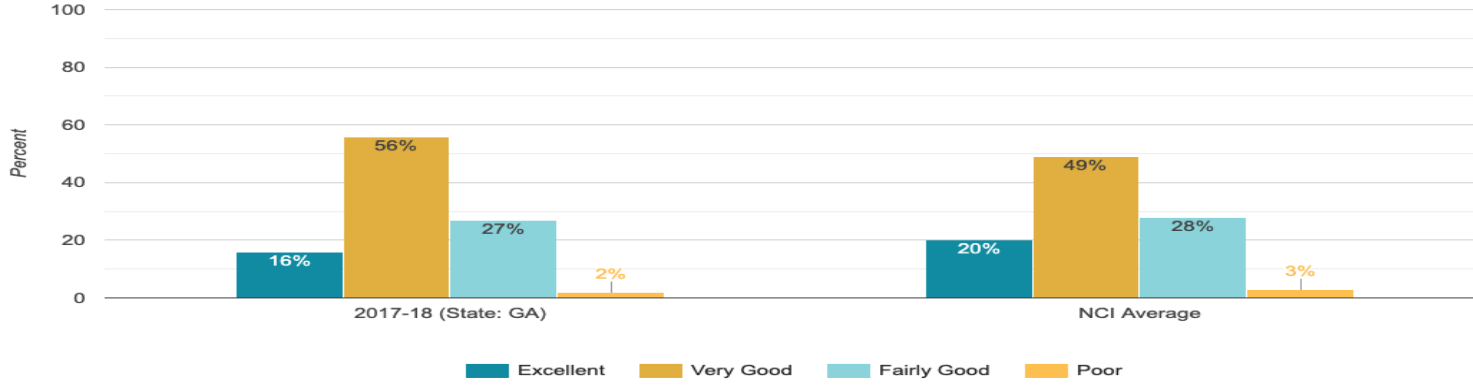
State N = 470 | NCI N = 2510



### Overall Health

Self-reported overall health status

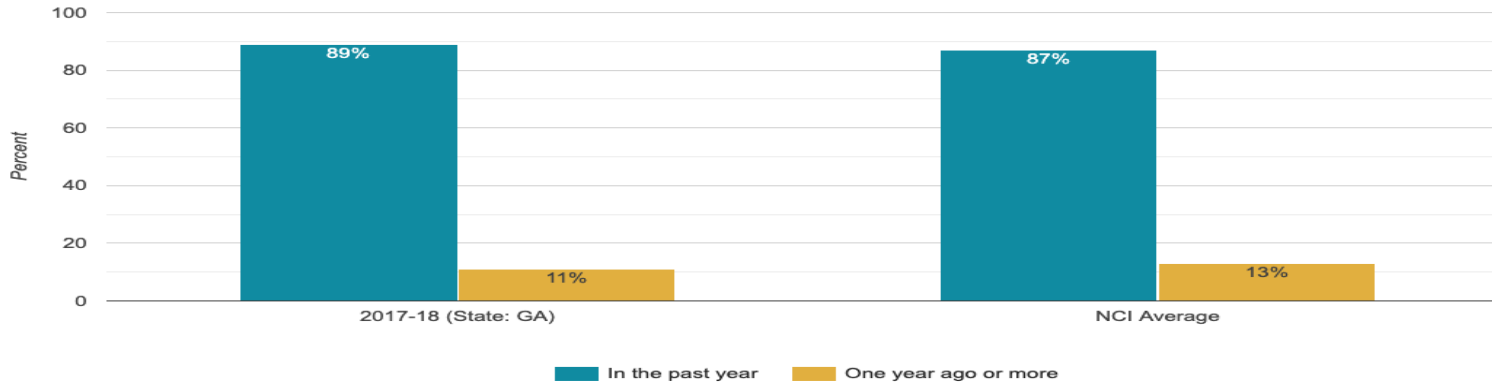
State N = 454 | NCI N = 25086



### Last Physical Exam

The percentage of people who are reported have had a complete annual physical exam in the past year

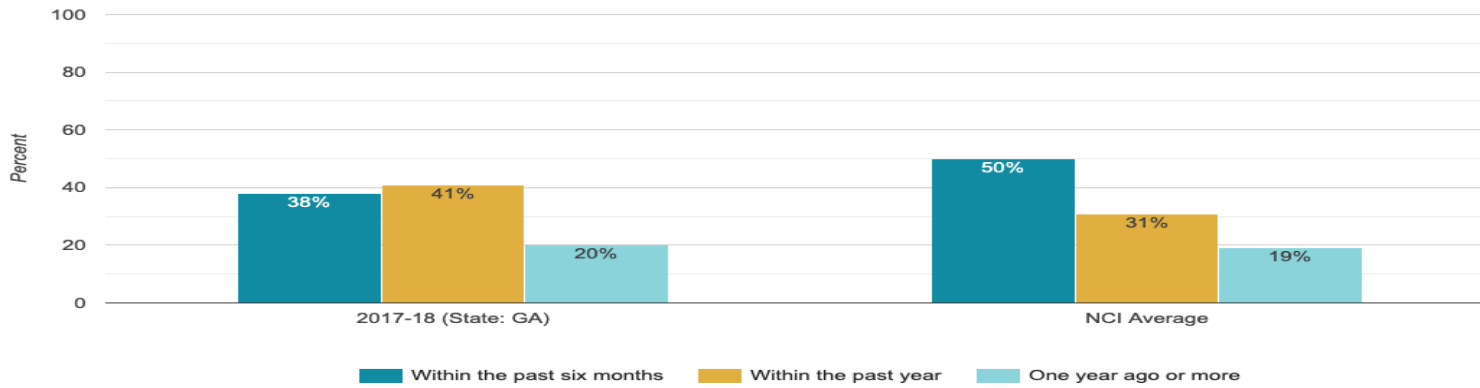
State N = 462 | NCI N = 24077



### Last Dental Exam

The percentage of people who are reported to have had a routine dental exam in the past year

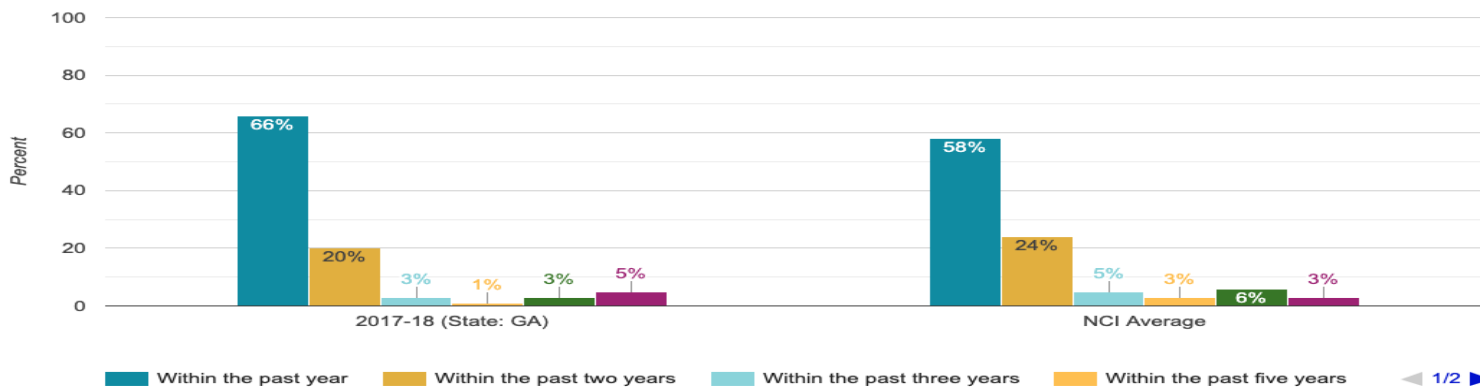
State N = 417 | NCI N = 22838



### Last Eye Exam or Vision Screening

The percentage of people who are reported to have had an eye exam/vision screening within the past year

State N = 347 | NCI N = 20924

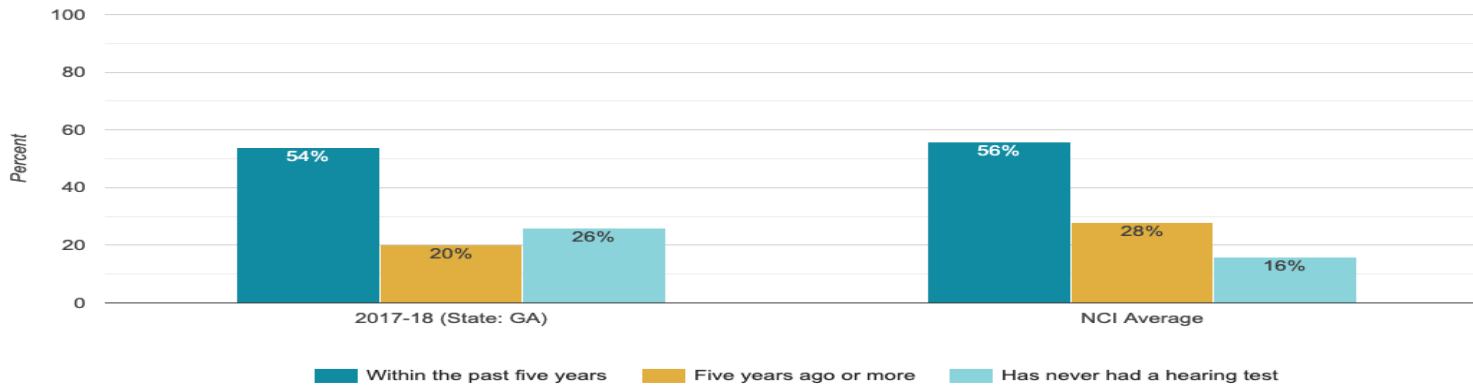




### Last Hearing Test

The percentage of people who are reported to have had a hearing test within the past 5 years

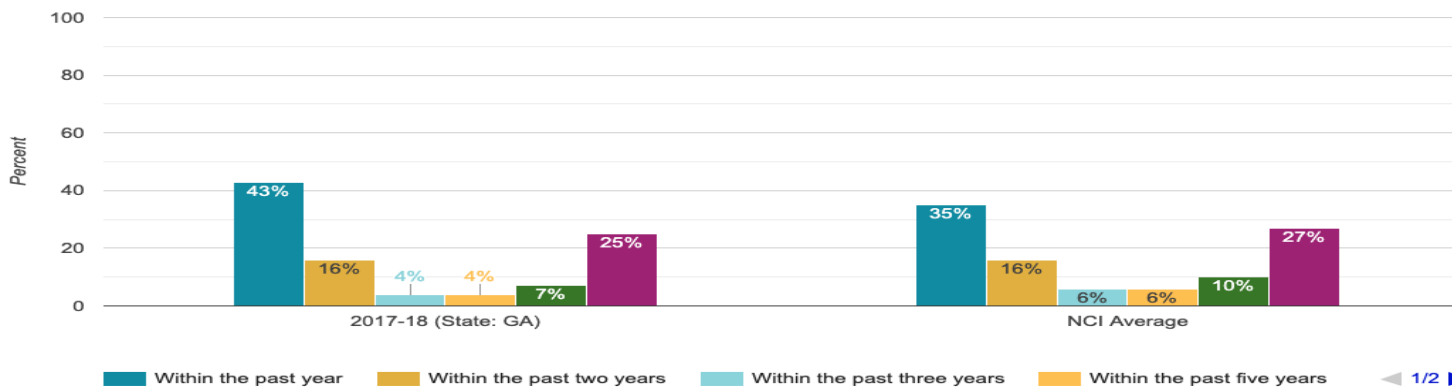
State N = 244 | NCI N = 16546



### Last Pap Test

The percentage of women over 21 who are reported to have had a Pap test screening at the recommended interval

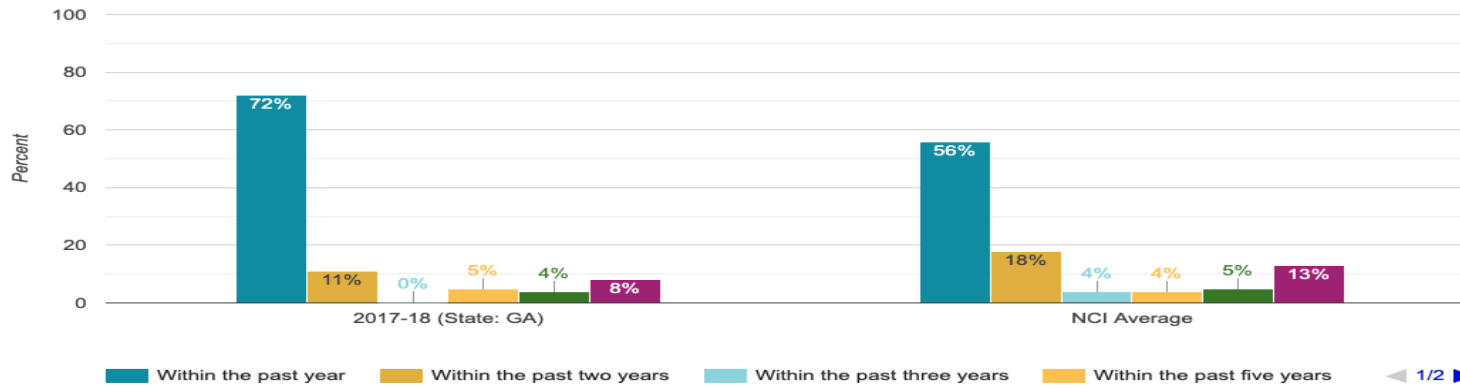
State N = 135 | NCI N = 7260



### Last Mammogram

The percentage of women aged 40 and older who are reported to have had a mammogram within the past 2 years

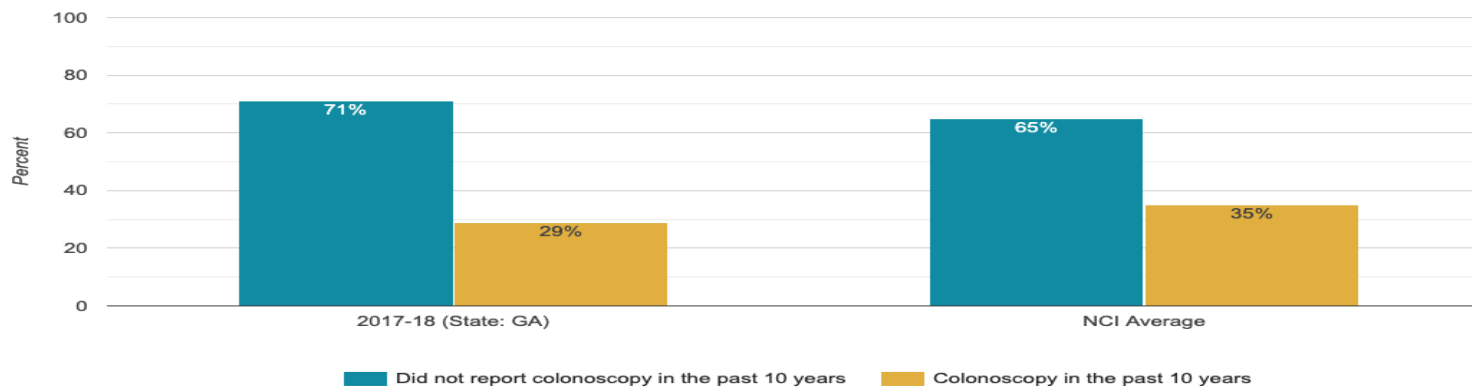
State N = 76 | NCI N = 4120



### Colorectal Cancer Screening - Colonoscopy within past 10 years

The percentage of people ages 50 and over that are reported to have received colonoscopy within the past 10 years

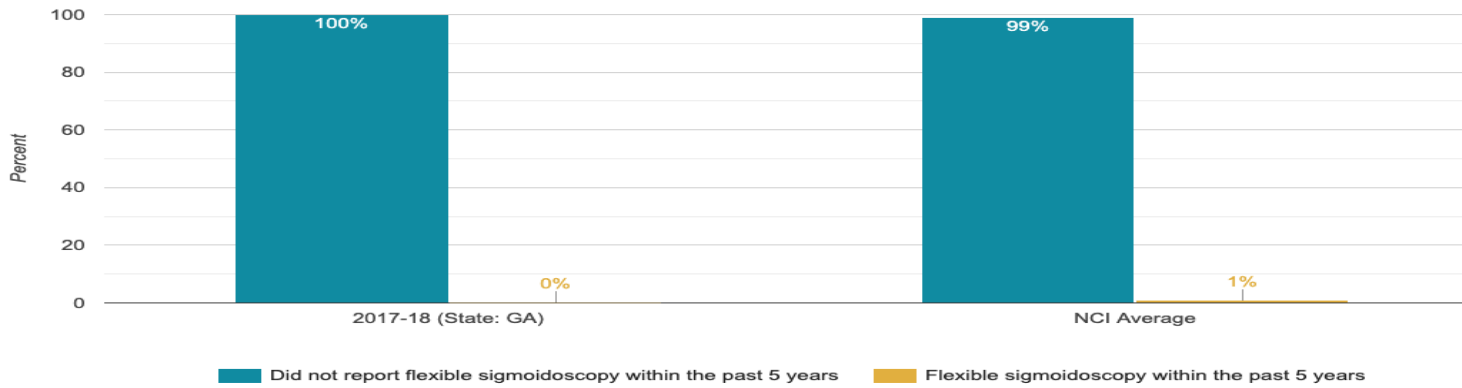
State N = 167 | NCI N = 8052



### Colorectal Cancer Screening - Flexible sigmoidoscopy within past 5 years

The percentage of people ages 50 and over that are reported to have received flexible sigmoidoscopy within the past 5 years

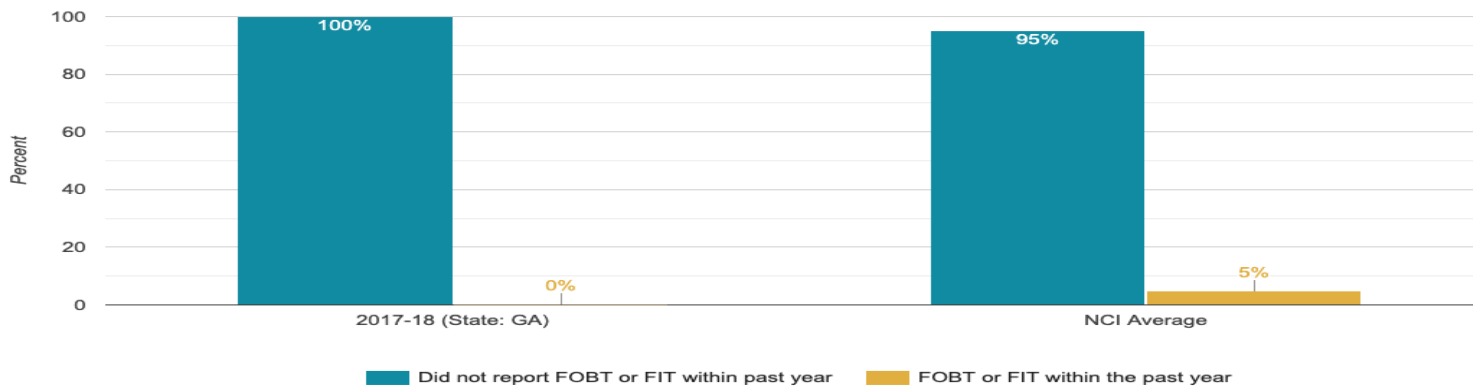
State N = 167 | NCI N = 8052



### Colorectal Cancer Screening - FOBT or FIT within past year.

The percentage of people ages 50 and over that are reported to have received Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) in the past year.

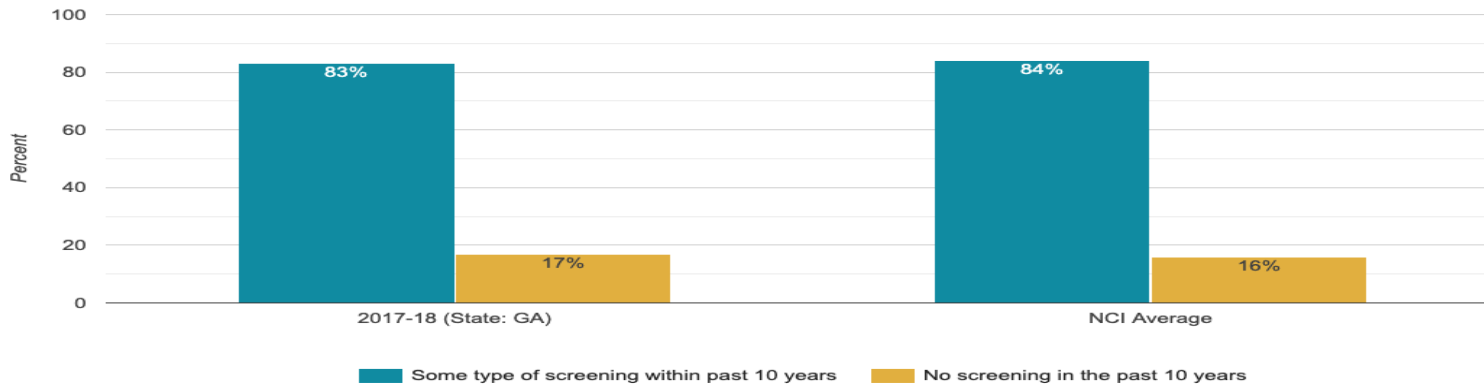
State N = 167 | NCI N = 8052



**Colorectal Cancer Screening - Did not have screening past 10 years.**

The percentage of people ages 50 and over that are reported to have not had screening for colorectal cancer within the past 10 years.

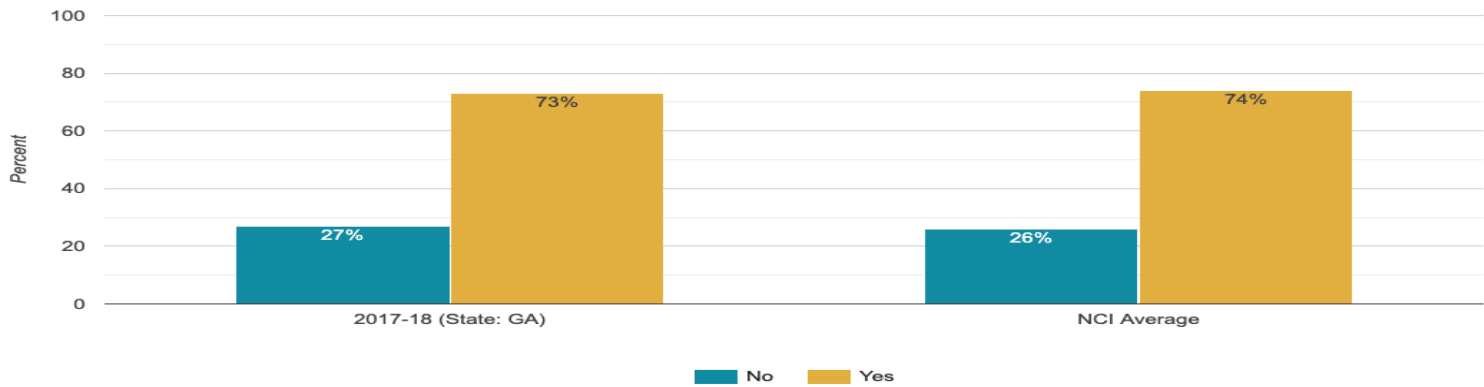
State N = 167 | NCI N = 8052



**Had a Flu Vaccine in the Past Year**

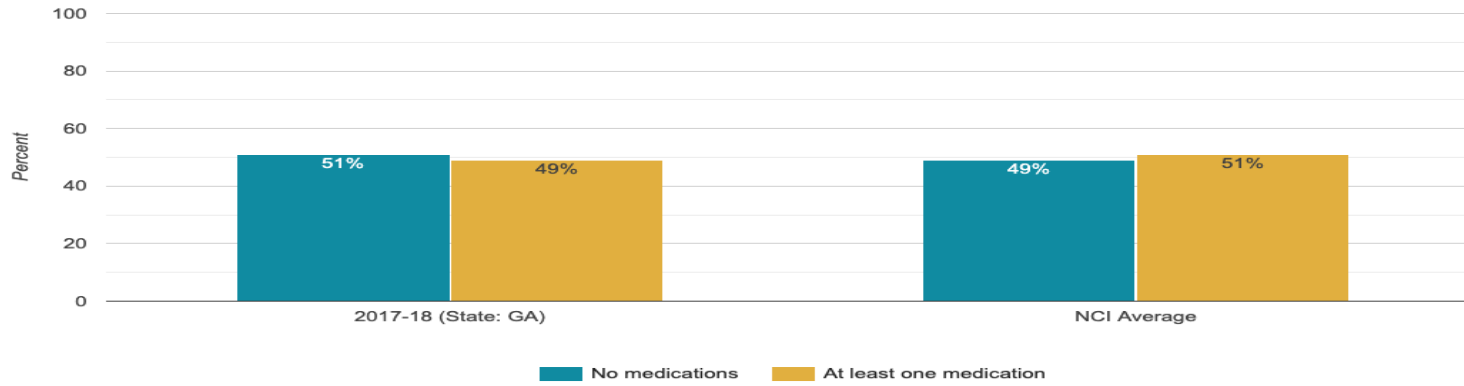
The percentage of people who are reported to have had a flu vaccination within the past 12 months.

State N = 363 | NCI N = 19938



### Takes at Least One Medication for Mood, Anxiety, Psychotic Disorder And/or Behavioral Challenges

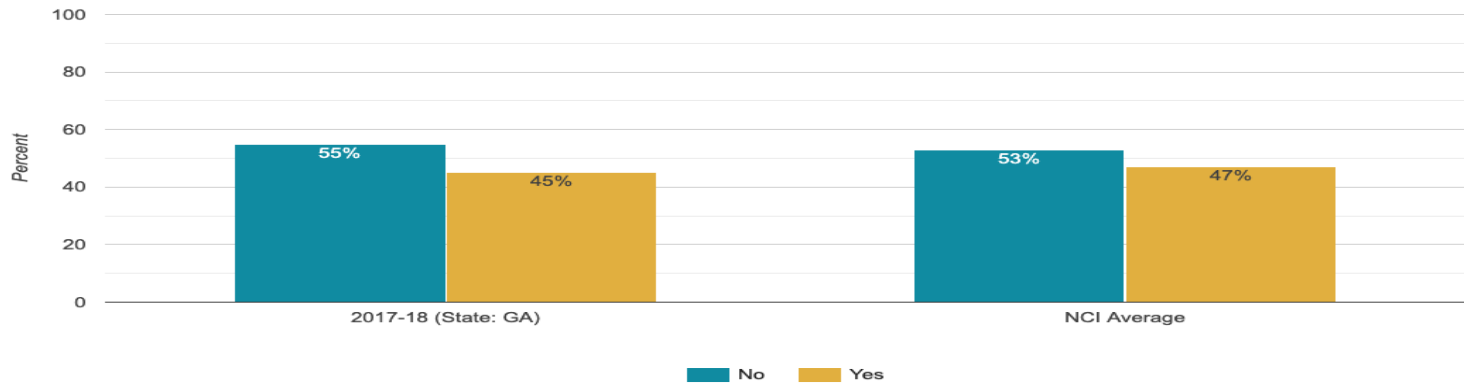
State N = 467 | NCI N = 23803



### Takes Medication for Mood, Anxiety, And/or Psychotic Disorders

The percentage of people reported to be taking medications for mood, anxiety, and/or psychotic disorders.

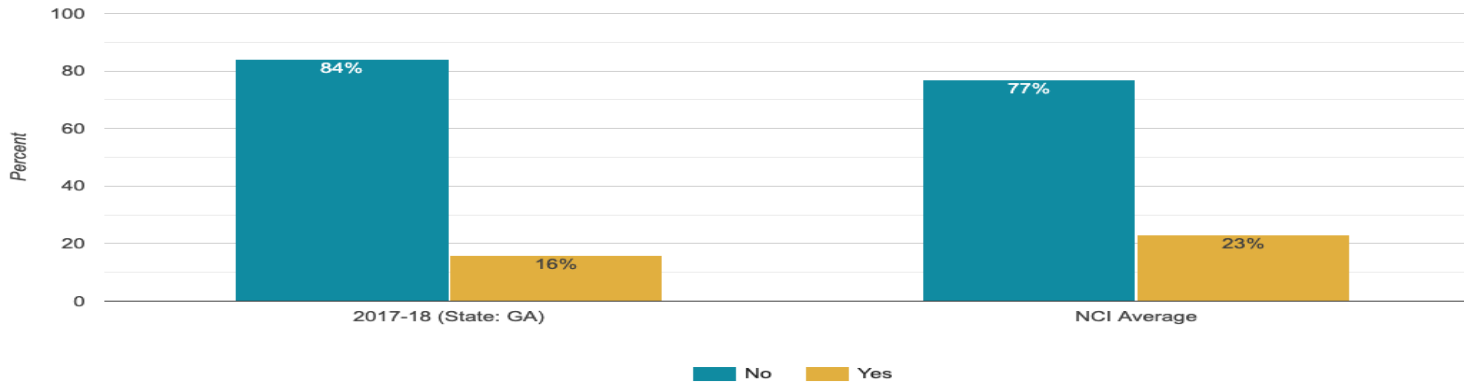
State N = 470 | NCI N = 23820



### Takes at Least One Medication for Behavior Challenges

### The percentage of people reported to be taking medications for behavior challenges

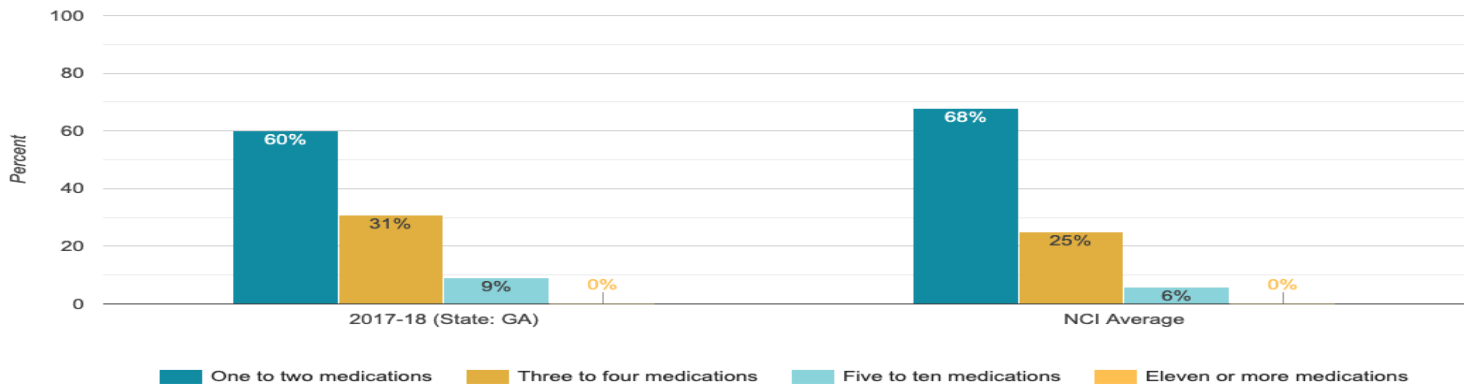
State N = 467 | NCI N = 23753



### Number of Medications Taken for Mood Disorders, Anxiety And/or Psychotic Disorders

Number of medications taken for at least one of the following: mood disorders, anxiety, psychotic disorders.

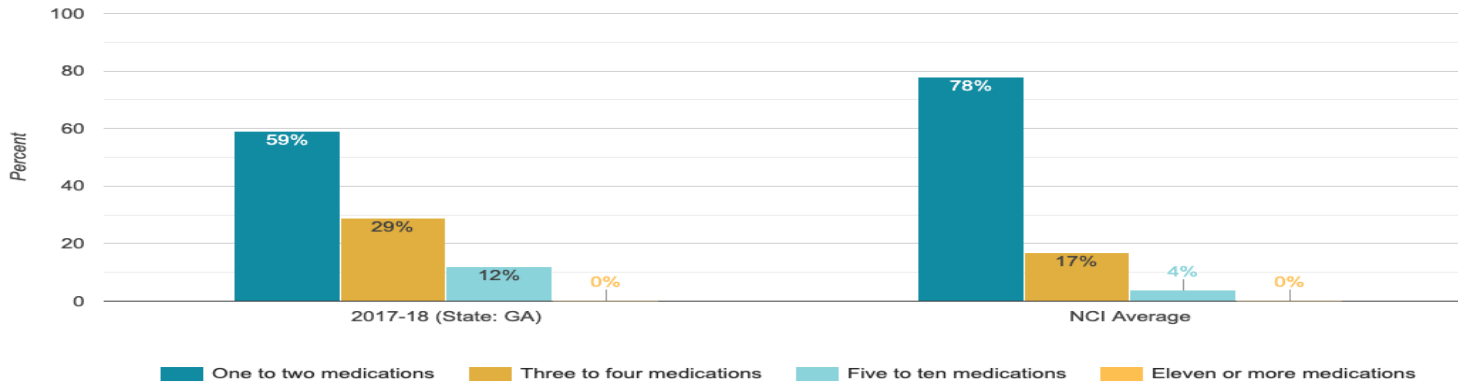
State N = 209 | NCI N = 10259



### Number of Medications Taken for Behavioral Challenges

Number of medications taken for behavior challenges.

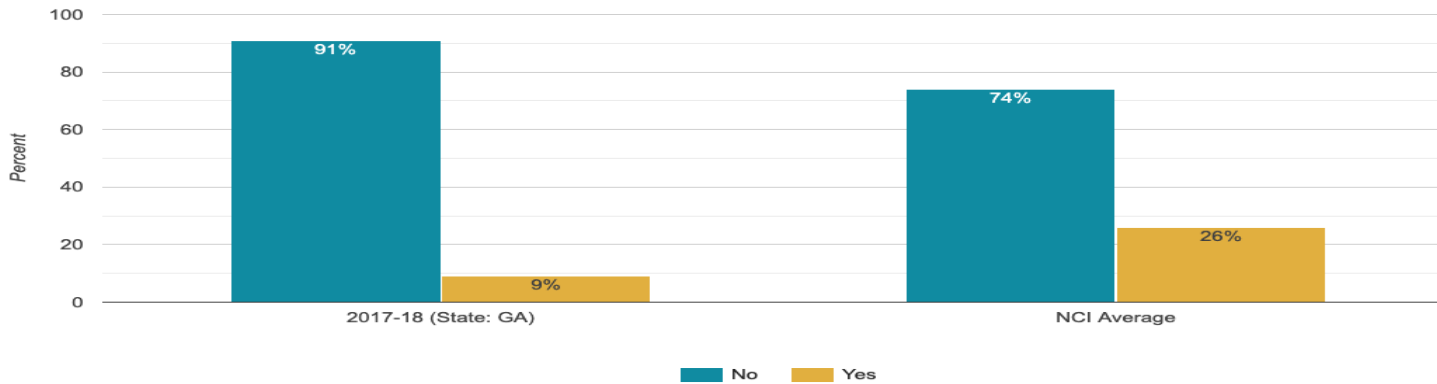
State N = 76 | NCI N = 5040



### Has a Behavior Plan

Percentage of people reported to have a behavior plan.

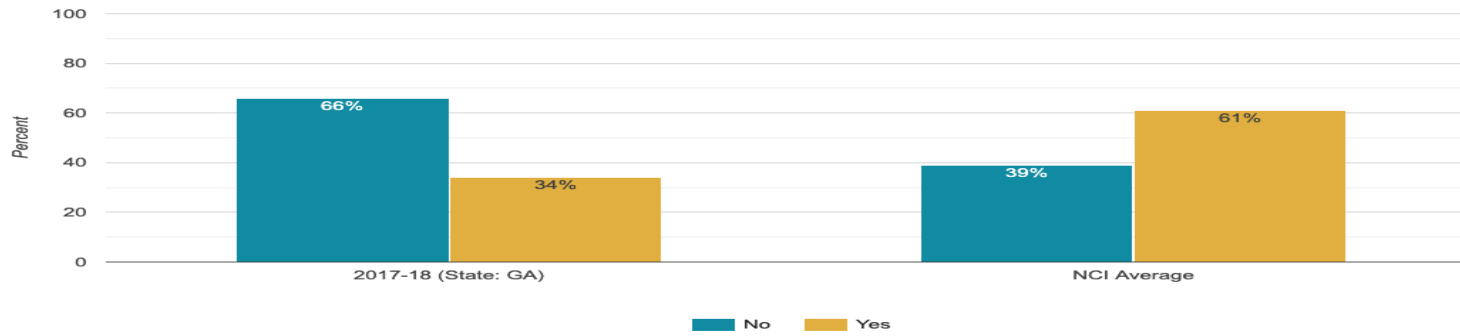
State N = 475 | NCI N = 24325



**Has a Behavior Plan If Taking Medications for Behavior Challenges.**

The percentage of people who are reported to take medications for behavior challenges and are reported to have a behavior plan.

State N = 76 | NCI N = 5170





### ***(vii) Analysis of adequacy of home & community-based waiver services***

Given the challenges associated with home and community-based waiver services in Georgia, the Council funded a 2019 white paper on the issue. Devon Orland, Litigation Director for the Georgia Advocacy Office, wrote the following analysis:

Georgia's Home and Community-Based Services (HCBS) waiver programs are crucial to ensuring individuals with disabilities in Georgia have meaningful opportunities to live independently in the community. Georgia manages access to these programs through a series of waiting lists or planning lists. State management of these lists has major implications for compliance with the Americans with Disabilities Act (ADA). In fact, the U.S. Supreme Court in *Olmstead v. L. C. by Zimring*, 527 U.S. 581, 605-06 (1999), instructs that state planning lists must move at a reasonable rate and serve more than just "keep[ing] [state] institutions fully populated." Now 20 years after *Olmstead*, Georgia's planning lists may not be functioning as required by *Olmstead* and as a result, too many individuals with disabilities in Georgia needlessly remain in segregated settings or remain in their communities where, without the services they need and are entitled to, they become at risk of being placed in a segregated setting. State agencies recently restructured the way they manage the lists and these changes resulted in stark reductions of the numbers of people on planning lists. For instance, from February to October of 2018, the state removed 30% of individuals from the NOW/COMP planning list. Similarly, the ICWP planning list fell from approximately 67 people in October to zero in December 2018. These reductions do not reflect the scope of need for community services, nor do they accurately reflect compliance with the mandates of the ADA. DBHDD has provided several explanations for the reductions, including that it has expanded access to nonwaiver programs and connected individuals whose needs were not "current or urgent," with "community-based resources." Current data, however, shows that DBHDD has drastically cut access to most of these services, leaving only limited temporary services reserved for only those in crisis to fill in the gap. Such lack in services is exacerbated because access to community-based services in Georgia is much more limited than in states with similar HCBS spending levels or enrollment numbers. Georgia ranks comparatively low in terms of HCBS enrollment but spends a larger share of its Medicaid funding on nursing facilities. This means that Georgia spends more money on nursing facilities than all but six states in the country. In addition, reports show that Georgia fails to effectively implement federal safeguards to ensure that individuals with disabilities are not unlawfully placed in nursing homes for long term care. Georgia consistently ranks among the lowest 15 states in the country in identifying persons who should live in the community and providing them with assistance in locating community-based alternatives to nursing facilities.

In addition to the concerns related to Georgia's waiver system, there also remains concerns that Georgia will not be able to come into full compliance with the HCBS Settings Rule given the poor quality of its final transition plan that was submitted in early 2020. Many developmental disability organizations felt the state's individual site assessment process was inadequate and could not accurately determine if settings met all the Rule's requirements and that the results of the assessment and validation process did not accurately depict the current state of HCBS within Georgia. Organizations commented on the final transition plan, noting that concerns that the state determined most settings in Georgia, including some large congregate settings like sheltered workshops and Alternative Living Service settings were already in full compliance with the Rule and that the state did not identify a single setting falling under any of the three prongs of presumptively institutional settings. The concerns have been given to CMS, and Georgia's final statewide transition plan has yet to be approved.

### **Rational for Goal Selection**

John McKnight wrote that "when democracy was young, the best observers of humanity conclude that people could not hope to realize their full human potential unless they were involved in the work of shaping with their neighbors the shared conditions of their lives (McKnight). There are two important messages from this quote. First, it reinforces the Developmental Disabilities Bill of Rights and Assistance Act that says, "disability is a natural part of the human experience and in no way diminishes a person's right to fully participate in society" (DD Act). Second, this quote indicates the need for each person, including those with intellectual/developmental disabilities to engage with members of their community to create a better place for all people to live, work, play

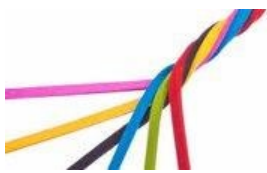
and worship. This means that all people, including those with intellectual/developmental disabilities share the common human aspirations of freedom, dignity, and equity.

The Georgia Council on Developmental Disabilities has taken a leadership role in Georgia as individuals with intellectual/developmental disabilities, family members, advocates and providers collaborate to create a publicly funded system of services based on the individualized needs of each person with intellectual/developmental disability. This collaborative work has been aimed at eliminating the waiting list for home and community-based services; and providing increased employment, housing, transportation, and educational opportunities.

The GCDD 2021-26 strategic plan focuses on a vision for what Georgia could be for people with intellectual/developmental disabilities and provides a framework for how public policy, advocacy, and capacity building can be used to support communities across the State and the publicly funded systems to shape the “shared conditions” of all Georgians lives. This vision begins with the recognition that all people should live in community first and holds that individuals have access to real homes, real careers, real learning experiences and real influence over their lives. The GCDD recognizes that it must expand its network of partners beyond those working just on “disability issues” and include those working to address the many issues faced by marginalized and oppressed communities. Members and staff seek to advance this vision through the GCDD operations, grant making and technical assistance effort by using our human and financial resources to fund planning grants and activities that support goal-related initiatives; supporting efforts that expand access to GCDD by diverse populations and supporting increased leadership opportunities for people with intellectual/developmental disabilities.

### **Collaboration [Section 124(c)(3)(D)]**

GCDD will actively partner with organizations and individuals who are working to bring people on the margins into the center of society. This collaboration includes working with the informal Federal DD Network in Georgia which is comprised of GCDD, Georgia Advocacy Office (P&A), the Georgia State Center for Leadership and Disability (CLD), and the University of Georgia Institute on Human Development and Disability (IHDD). This network will continue to work on initiatives such as the Children’s Freedom Initiative, Unlock the Waiting List, Self-Advocacy and Employment First Georgia. In addition, GCDD will work with a variety of partners in its efforts to create change in Georgia. This includes our continued partnership with organizations such as the Statewide Independent Living Council, GeorgiaARC, United for Change, Parent to Parent of Georgia, the Council on Aging and other disability related advocacy and state agencies. Additional partners will include specific outreach to organizations not considered part of the disability advocacy network such as Georgians for a Healthy Future, social justice related organizations, and other advocacy organizations looking to create partnerships around the intersection of disability and identities such as race, gender, ethnicity, religion, and economics.



GCDD will use a Collective Impact Model to help build better coalitions and collaboration. The Collective Impact Model (Duncan) suggests there are five conditions to produce better alignment and results among those who work together. The five conditions are:

1. Common Agenda: all participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed upon actions. The differences among members must be discussed and resolved. Members must agree on the primary goals for the collective impact initiative.

2. Shared Measurement System: all participants agree on the ways that success will be measured and reported with a short list of common indicators which are identified and used for learning and improvement. Collective data and measuring results consistently on a short list of indicators at the community level, and across all participating organizations, not only assures that all efforts remain aligned, but it also enables the participants to hold each other accountable and learn from each other's success and failures.
3. Mutually Reinforcing Activities Collective: a diverse set of stakeholders, typically across sectors, coordinate a set of differentiated activities through a mutually reinforcing plan of action. Each participant is encouraged to undertake a specific set of activities on which they excel in a way that supports and coordinates actions with others.
4. Continuous Communication: all players engage in frequent and structured open communication to build trust, assure mutual objectives, and create motivation among participants. Among the ways that coalitions can develop trust are by hold monthly meetings at the CEO level or using technology to learn and solve problems together.
5. Backbone Support Organization: an independently funded staff provides ongoing support by guiding the initiative strategies, supporting aligned activities, establishing shared measurement practice, advancing policy, and mobilizing resources. The Backbone Support Organization should focus participants attention and create a sense of urgency, frame issues in a way that presents opportunities as well as barriers, and mediate conflict among stakeholders.

## Background Goal Rationale

GCDD hosted three virtual town hall meetings and six focus groups as part of its public input process that took place during August/September 2020. The following data was collected:

The first town hall meeting held on August 13, 2020, focused on the issue of the intersection of disability and other justice issues such as race, gender, religion, and sexual orientation. There were 80 people who participated in this Town Hall meeting from all over the state of Georgia. While 68 percent of participants were from the metro-Atlanta area, there were participants from Rome (2) to Brunswick (3) and from Valdosta (1) to Cartersville. Over half the people who participated where either individuals with disabilities or family members. The remaining identified as Other. Finally, over half the participants identified as a person of color (African American, Asian-American or LatinX) while the remaining either identified as Caucasian or Other.

During this Town Hall participants were asked "In the disability community and service agencies, how have BIPOC - Black, Indigenous People of Color been overlooked and how?" and "What can GCDD do *differently* in the next five years to address inequities?" Among the themes from this Town Hall were that people of color with disabilities are less represented on boards/committees of organizations focused on disability and others in the community. This often results in the disability community being pitted against other marginalized communities for scarce resources. Many people of color believe that when there are scarce resources, providers prioritize "White people because they are more deserving." This means that supports provided through Medicaid Waivers and state funded services are not available, resulting in people of color with disabilities ending up in skilled nursing facilities and other segregated institutions. In addition, people with disabilities are harmed by services lacking an intersectional lens and are asked to sever their identity to receive the bare minimum of services (i.e. a Black deaf person with a developmental disability having to prioritize their developmental disability over their deafness or their Black identity.)

Another theme that emerged was that there are many people from marginalized communities who are still missing from the discussions about disability. This includes not only people of color, but people who live in rural

areas, immigrants, the LGBTQIA+ community, and people experiencing homelessness. Many people expressed concern that not enough people with the lived experience of disability are involved in leadership roles. Participants suggest that GCDD should conduct more outreach and listen to people who are part of marginalized communities and work to make sure that those who do not use English as their primary language have access to resources. This could include more town hall events, training on cultural and linguistic competence, and commissioning a white paper that examines the equity lens and disability and the intersection of race. GCDD should conduct an Equity Audit to determine if their policies/procedures/operations support an intersectional lens. In addition, GCDD should continue to focus on voter access and the school to prison pipeline.

The second town hall meeting was held on August 18. This town hall meeting asked people more general questions about the current state of services and what people hope Georgia will look like in five years. There were 125 participants and while over half the participants lived in the Atlanta metropolitan area, there were representatives from Savannah to Albany and Valdosta to Dawsonville. More than half the participants were either individuals with disabilities or family members. The remaining were providers, state agency representatives or other advocates. Finally, more than half the participants reported that they were a person of color (African American, LatinX, Asian-American and others).

The first question asked was “think about our state 5 years from now. What will it look like for people with disabilities? What will need to change and how can GCDD contribute to those changes during the next five years?” Most people who participated wanted the future to be more hopeful and optimistic. This means that people with disabilities receive the services required to be participating members of their community and that there will be more people with disabilities in the community and sitting at the “table with voices that are heard and faces that are seen.” Participants also believed that based on the current environment, in which many people with disabilities do not have adequate services, that the situation was unlikely to get better. They do not see clear routes for young adults, especially those in transition from the school system into adulthood.

One of the themes that emerged was that the services are often “pitted” against each other because the system has a scarcity mentality. The scarcity mentality suggests that there will never be enough financial and human resources to meet the needs of people with developmental disabilities. It was suggested that GCDD focus on the individual and individual needs; spend the time to build bridges into the many communities that comprise society and which should be working together to improve the lives of all people; collect data over the long term to understand what is happening for individuals and families.

GCDD’s role to achieve the positive vision for the future is to be the legislative arm and offer more advocacy days and ways to involve people with disabilities in leadership. The GCDD’s advocacy efforts should focus on policies that fight against systemic change in employment, transition, housing, and transportation. To do this, GCDD should act more like grassroots organizers who are on the ground being with people, listening and amplifying voices. In addition, GCDD should focus on how to create increased collaboration among its funded programs. That collaboration should also be focused on how to help state agencies, providers, and advocates collaborate on issues.

The third town hall meeting was held on August 27. Participants were asked the same questions as those participated in the second Town Hall. Much of the conversation that took place can be summed up by the comments of one participant: “Public Policy is the key to systems change.” This is reflected in the robust conversations about the need to address the waiting list for home and community-based services. This means that there must be increased funding for services such as family supports, employment, housing, transportation, assistive technology, and therapies whether through the Medicaid Waiver program or state funded services. It was also suggested that the home and community-based infrastructure needs to be “modernized.” As an example, it was suggested that parents who provide supports to their children should be paid as a caregiver. Many participants suggested that GCDD needs to expand its advocacy efforts to address these issues.

Many of the people who have been left out of the conversation have been left out because of society’s failure to assume that people with developmental disabilities are competent. People with autism who attended the town hall meeting expressed their concern about the availability of healthcare for adults with autism. Doctors are not trained on appropriate therapies and many therapies are not covered by private or public insurance programs. Participants also pointed out that police forces need to train on disabilities such as autism so that people do not unnecessarily end up in the justice system. In addition, rural Georgia does not receive the attention it deserves and because of a lack of technology (access to broadband internet) they are unable to participate in town hall meetings or telehealth. Others who have been left out of these conversations include people of color, those who speak languages other than English, people in congregate settings including prisons and jails, and those who have dual diagnosis.

Top issues Identified by people with disabilities and families	Top barriers identified by people with disabilities and families	Worries identified by people with disabilities and families	What can the Council do?
Waiver services Employment Housing	Lack of resources Waiting list Lack of money	Managing Family Supports Personal Finance Healthcare Access Housing	Improve quality and access to services and supports. Employment Housing Increased accessibility Information that is clear and accessible

**Georgia’s vision for Long Term Services and Support System:**

Using the above approaches, GCDD will focus on expanding collaborative efforts with the intent of breaking down the historic silos that pervade the disability community and partnering with other systems change approaches and activists to embed disability rights into all conversations whether it be expanded transportation, living wage fights, access to quality healthcare and affordable housing. Through its system change goals, GCDD will continue the work of utilizing systems change approaches to address issues of concern to Georgians with developmental disabilities and their families while at the same time working to connect through its collaboration goal to wider communities with an interest in a shared outcome.

## Goals and Objectives

Identify the State Plan goal in the box below.

Description:

In partnership with allies, advocates, stakeholders and communities, people who have intellectual/developmental disabilities and their families will have increased access to and benefit from equitable, quality supports and services, and healthy communities that increase self-determination and meet their needs and preferences.

**Priority:** “All issues are disability issues.” GCDD will utilize systems change approaches to address issues of specific concern to Georgians with intellectual and developmental disabilities and their families, while at the same time using collaboration and convening tools to connect to wider communities with overlapping interests in a shared outcome.

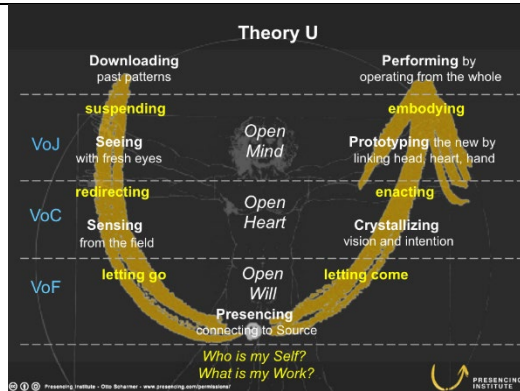
Equitable and quality services are the combination of services that meet the needs of people with intellectual and developmental disabilities, and which are accessible to all those who need them. Data show that the top 3 priority areas to improve the lives of people with developmental disabilities and their families are waiver services, employment, and housing; all of which are dependent on well-funded and equitable systems. Specific targets around these issues are the 7000-person waiting list through the Georgia waiver system, access to health-supporting and preventive opportunities and the need for integrated employment at living wages. Also of critical importance are efforts that enhance self-determination, either through work by self-advocates directly or by their allies working for change in the systems that impact people with intellectual/developmental disabilities.

Through a focus on coalition building and community organizing, GCDD seeks to reach across traditional boundaries separating advocates and activists working on stakeholder concerns such as employment, housing, education, and healthcare on the local and state levels and create coalitions that break down silos and expand the voices and thus the impact of those working on related issues. An example from previous GCDD work is the creation of a transportation option in Fitzgerald, GA. A coalition of community members came together, understood what already existed in their community, and advocated for county funding to create a local transportation system accessible to people with and without disabilities.



**Asset Based Community Development** is a methodology for the sustainable development of communities based on their strengths and potentials. It involves assessing the resources, skills, and experience available in a community; organizing the community around issues that move its members into action; and then determining and taking appropriate action to address those issues. This method uses the community's own assets and resources as the basis for development; it empowers the people of the community by encouraging them to utilize what they already possess.

GCDD expects that the local initiatives will utilize grassroots and community building methods to explore the ecosystems of employment, education, healthcare and transportation to strengthen advocacy, systems change and capacity building efforts. “Ecosystem” refers to groups of people, organizations, government, geography and systems that either live in a specific area or work together around a specific issue.



The work of **Theory U** invites groups to: “Connect and cultivate communities around shared purpose so that decision making circles develop the capacity to act from local knowledge while being aware of cross-organizational interdependency.” While traditional asset-based community development organization’s purpose is not to promote specific issue but to engage stakeholders in identifying issues and projects relevant to them, GCDD will provide parameters in their guidance that communities focus on health, education, transportation, employment and/or self-determination.

Theory U is an ecosystem approach to change. Both a practice and philosophy, Theory U provides a way for stakeholders to explore the current “field” or ecosystem the come together to share lessons learned to create new ways of moving forward together.

*When you bring people together around things they care about, that’s where change happens*

**Area of Emphasis:**

For each goal, check all the area(s) of emphasis that relate to the goal statement.

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

Activities to be used in achieving each goal:

Check all that apply.

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with Related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign

- Coalition Development and Citizen Participation
- Informing Policymakers

**Demonstration of New Approaches to Services and Supports**

If “Demonstration of New Approaches to Services and Supports” has been checked, a box will drop down in the ACL system. Provide a justification including but not limited to the following: (1) description of the approach to be demonstrated; (2) estimated length of the activity; (3) strategies to locate on-going funding from other sources after 5 years.

- Demonstration of Projects or Activities
- Other Activities

**This goal addresses:**

Check each box that applies.

- Individual/Family Advocacy
- System Change
- Self-Advocacy Requirement
- Targeted Disparity
- DD Network Collaboration
- Rights of Individuals
- Capacity Building

**Collaborators Planned for this goal (if known)**

Identify all organizations/agencies the Council plans to work with and/or has commitments from in addressing the goal.

- State Protection and Advocacy System
- University Center(s)
- State DD agency
- Other



Objective 1.1: By 2024, GCDD will conduct four assessments of different ecosystems comprising housing, employment, transportation, and healthcare in urban, suburban, and rural Georgia and produce reports with recommendations for plans with outcomes that reflect equitable access to services and healthy communities. (“Ecosystem” refers to groups of people, organizations, government, geography, and systems that either live in a specific area or work together around a specific issue.)

**Key Activities:**

Proposed Activity	Collaborators	Internal/External Implementation	Which Year of the Plan	How Much
<p>GCDD will support research to gather baseline data, existing barriers, identify inequities and make recommendations around housing, employment, transportation, and healthcare.</p> <p>Determine approach of regional ecosystems or domain ecosystems in building out research process Research should include:</p> <ul style="list-style-type: none"> <li>● Gather baseline data for housing, employment, transportation, and healthcare. - identify processes (smaller projects, large projects, inhouse, contract etc.)</li> <li>● Determine existing barriers to access, quality and equity in housing, employment, transportation, and healthcare.</li> <li>● Identify which barriers to address and in which order.</li> <li>● Outline agency/division to contact for information/support.</li> <li>● Outline services provided in each agency and eligibility for services.</li> <li>● Explore intersection of systems, legal pathways, data collection, and planning around certain issues.</li> </ul>		<p>External: We will use an RFP to determine who will conduct this work to produce 4 white papers that examine housing, employment, transportation, and healthcare based on areas of the State</p>	<p>Years 1 and 2</p>	<p>\$30,000 per project per year</p>

<ul style="list-style-type: none"> <li>Specify types of recommendations: policy analysis, legislation, regulations, funding initiatives, etc.</li> <li>Specify desired outcomes of research projects.</li> <li>Design program evaluation to determine how to build upon federally mandated data that GCDD collects. - inhouse? contract?</li> </ul>				
Educate members and staff about using the principles of Theory U to create possibilities around housing, employment, transportation, and healthcare		Internal/External	Year 1	\$15,000
Umbrella of knowledge translation: Research documents are accessible, available, and easily used across multimedia platforms: Promotion of and reports on programs developed as a part of this goal will contribute to the content used on GCDD’s website, as well throughout its social media channels, media releases, videos, Making a Difference Magazine, E-Newsletter, and email correspondence. These communications will be created using standards of plain language and universal design for learning principles. They will also be accessible for those experiencing visual and/or hearing impairments and those who speak languages other than English for the greatest reach to Georgians.		Internal/External	Years 1-5	\$44,063 per year

**Expected Outputs:** [Outputs are the measurable things a key activity produced.](#) Examples of expected outputs are number of training curriculum developed, number of training sessions conducted, number of communities identified to increase accessibility to services, supports and other assistance.

- Four white papers: At least four reports with differing plans dependent on geographic need (urban, suburban, rural)
- GCDD staff and members trained and competent in Theory U.
- Data from white papers will be used to inform the GCDD public policy agenda.

**Expected Objective Outcomes:**

- Increased awareness of how Theory U can be used to create better initiatives with increased community engagement.
- GCDD’s work will be informed by the needs of the community to assist in removing barriers that result in improved lives for people with intellectual/developmental disabilities and their families.

Project the performance measure(s) that will be targeted for each objective.

<i>IFA 1: Output Measures</i>		2022	2023
IFA1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems	7	
IFA 1.2	The number of <b>family members</b> who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems	7	
<i>IFA 2: Outcome Measure</i>			
IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.		
IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.		
<b>IFA 2 Individual and Family Advocacy Sub-Outcome Measures</b>			
IFA 2.2.1	After participation in Council supported activities, the percent of people who are better able to say what they want or say what services and supports they want or say what is important to them		
IFA 2.2.2	After participation in Council supported activities, the percent of people who are participating now in advocacy activities		
IFA 2.2.3	After participation in Council supported activities, the percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.		
IFA 3.1	After participation in Council supported activities, the percent of people with developmental disabilities satisfied with a project activity		
IFA 3.2	After participation in Council supported activities, the percent of family members satisfied with a project activity.		

<b>SC 1: Output Measure</b>			
<b>SC 1.1 Policy and/or procedure changes</b>			4
<b>SC 1.1.1</b>	<b>The number of policy and/or procedures created or changed</b>		
<b>SC 1.2.1</b>	<b>The number of statute and/or regulations created or changed</b>		
<b>SC 1.3.1</b>	<b>The number of promising practices created</b>		
<b>SC 1.3.2</b>	<b>The number of promising practices supported</b>		
<b>SC 1.3.3</b>	<b>The number of best practices created</b>		
<b>SC 1.3.4</b>	<b>The number of best practices supported through Council activities</b>		
<b>SC 1.4.1</b>	<b>The number of people trained or educated through Council systemic change initiatives</b>	7	
<b>SC 1.5.1</b>	<b>The number of Council supported systems change activities with organizations actively involved</b>		
<b>SC 2 Sub-outcome Measures</b>			
<b>SC 2.1.1</b>	<b>The number of policy, procedure, statute, or regulation changes <i>improved as a result of systems change</i></b>		
<b>SC 2.1.2</b>	<b>The number of policy, procedure, statute, or regulation changes implemented</b>		
<b>SC 2.1.3</b>	<b>The number of promising and/or best practices <i>improved as a result of systems change activities</i></b>		
<b>SC 2.1.4</b>	<b>The number of promising and/or best practices that were <i>implemented</i></b>		

Objective 1.2: By 2027, GCDD will increase the number of rural and historically marginalized communities that bring people with and without disabilities together to address housing, employment, transportation, and healthcare.

**Key Activities:**

Proposed Activity	Collaborators	Internal/External Implementation	Which Year of the Plan	How Much
Provide training on the concepts of community engagement and community building including but not limited to Asset Based Community Development or Collective Impact to local communities. We propose we begin to accomplish this by providing information and tools to understand and use the process of Asset Based Community Development (ABCD) as a foundation to self-advocates and their allies and supporters.		External: We will use an RFP to determine who will conduct this work	Year 1 and Year 2	\$15,000 annually
Fund 5 local community initiatives that bring people with and without disabilities together to identify shared goals and priorities by coming together to collectively define the problem(s) and create a shared vision to address 1 or all focal areas (housing, Transportation, employment, Healthcare).		External: We will use an RFP to determine who will conduct this work	Year 3 (select 3 sites), Year 4 (select 2 sites) Year 5 Sustainability	\$25,000 per site per year
Umbrella of knowledge translation: Research documents are accessible, available and easily used across multimedia platforms: Promotion of and reports on programs developed as a part of this goal will contribute to the content used on GCDD’s website, as well throughout its social media channels, media releases, videos, Making a Difference Magazine, E-Newsletter and email correspondence. These communications will be created using standards of plain language and universal design for learning principles. They will also be accessible for those experiencing visual and/or hearing impairments and those who speak languages other than English for the greatest reach to Georgians.		Internal/External	Years 1-5	\$44, 063 annually

**Expected Outputs:** Outputs are the measurable things a key activity produced. Examples of expected outputs are number of training curriculum developed, number of training sessions conducted, number of communities identified to increase accessibility to services, supports and other assistance.

- Fund 4 community dialogues
- Number of Community Builders (for each site, one person with a disability and one person without a disability for a total of 8)
- Asset Based Community Development Training (2 per year)

**Expected Objective Outcomes:**

- Increase the number of people with intellectual/developmental disabilities and people without disabilities that engage in community conversations about housing, employment, transportation or healthcare.
- People are more informed about community building techniques.

**Project the performance measure(s) that will be targeted for each objective.**

<i>IFA 1: Output Measures</i>		2022	2023
IFA1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems	50	50
IFA 1.2	The number of <u>family members</u> who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems	75	75
<i>IFA 2: Outcome Measures</i>			
IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.		
IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.		
<b>IFA 2 Individual and Family Advocacy Sub-Outcome Measures</b>			

IFA 2.2.1	After participation in Council supported activities, the percent of people who are better able to say what they want or say what services and supports they want or say what is important to them		
IFA 2.2.2	After participation in Council supported activities, the percent of people who are participating now in advocacy activities		
IFA 2.2.3	After participation in Council supported activities, the percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.		
IFA 3.1	After participation in Council supported activities, the percent of people with developmental disabilities satisfied with a project activity		
IFA 3.2	After participation in Council supported activities, the percent of family members satisfied with a project activity.		
<b>SC 1: Output Measures</b>			
<b>SC 1.1 Policy and/or procedure changes</b>			
SC 1.1.1	The number of policy and/or procedures created or changed		
SC 1.2.1	The number of statute and/or regulations created or changed		4
SC 1.3.1	The number of promising practices created		
SC 1.3.2	The number of promising practices supported		
SC 1.3.3	The number of best practices created		
SC 1.3.4	The number of best practices supported through Council activities		
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives	100	100
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved		
<b>SC 2 Sub-outcome Measures</b>			

SC 2.1.1	The number of policy, procedure, statute, or regulation changes <i>improved as a result of systems change</i>		
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented		
SC 2.1.3	The number of promising and/or best practices <i>improved as a result of systems change activities</i>		
SC 2.1.4	The number of promising and/or best practices that were <i>implemented</i>		



Objective 1.3: Annually, GCDD will strengthen capacity by investing resources in housing, employment, transportation and healthcare projects that are sustainable and can be replicated.

**Key Activities:**

Proposed Activity	Collaborators	Internal/External Implementation	Which Year of the Plan	How Much
<u>Employment</u>				
GCDD will fund an initiative to support training for 10 young, black, neurodivergent males per year (50 total) in preparation for the thousands of tech jobs coming to Georgia.	GVRA DBHDD	External: We will use an RFP to determine who will conduct this work	Years 1-5	\$27,500 per year
Transition School to Work: Project Search	Cincinnati's Children's Hospital	Internal There is a contract with Children's Hospital	Year 1 and 2 Begin work of becoming sustainable	\$87,500 per year
Conduct a study to determine the best formula for funding inclusive Post-secondary schools	Center for Leadership and Disability GAIPSEC 9 college and universities Legislators	Internal	Year 1-5	\$20,000 Federal
Continue to support current Inclusive Post-Secondary Education programs and expand by one new school every other year with a focus on employment outcomes		There is a contract with each of the chosen universities		\$500,000 State
Legislative Advocacy: Support eliminating 14C Reallocate funds from day habilitation programs by setting a lower, more realistic rate and reallocate recouped funds to the supported employment rate	DD Network DBHDD GVRA Allies	Internal	Years 1-5	No Funds
GCDD will continue to support the efforts of the Georgia Employment First Council to implement the intent of HB 831 The Employment First Council is tasked with identifying the barriers and recommending policies that will result in competitive integrated employment for people with	The Council is housed at GVRA and its Executive Director is the Chair of the Council. Other members include Brandt	Internal	Year 1-5	No Funds

disabilities. Employment can be the first option for most people.	White, Conrado Marion, Dave Ward, Felita Williams, John Stinchcomb, Paula Poulicek, Parker Glick, Rosany Rios, and Amy Riedesel.			
Support a technical assistance initiative to identify, organize, and streamline communication, services, and training resources, with a focus on assisting organizations to phase out their use of subminimum wage certificates.	DBHDD GVRA WISE	External: We will use an RFP to determine who will conduct this work	Years 1-5	\$187,500 per year
<u>Transportation</u>				
Initiative to be based on recommendations from white papers created in Objective 1		TBD	Year 3-5	No Funds until Year 3
<u>Healthcare</u>				
Healthcare Across the Lifeline: Participate in Statewide Interagency Coordinating Council for Babies Can't Wait		Internal	Years 1-5	No Funds
Increase access to physical/mental health services based on white paper in Objective 1		External: We will use an RFP to determine who will conduct this work	Years 3-5	No Funds until Year 3
Pediatrician to Adult: Support education of medical doctors		External: We will use an RFP to determine who will conduct this work	Years 2-5	\$62,500 per year
<u>Housing</u>				
Initiative to be based on recommendations from white papers created in Objective 1		TBD	Years 3-5	No funds until Year 3
<u>Direct Support Professionals</u>				

Legislative advocacy to increase wages for DSP based on recommendations of DSP White Paper. Urge the creation of a SOC for DSPs to both the US DOL BLS and the GDOL		Internal	Years 1-5	No Funds
Create an HCBS Innovation Fund		External: We will use an RFP to determine who will conduct this work	Years 1-5	\$31,250 per year
Host a Public Policy Fellow to learn and participate in the legislative advocacy process		Internal	Years 1-5	\$10,000 per year
Umbrella of knowledge translation: Research documents are accessible, available, and easily used across multimedia platforms: Promotion of and reports on programs developed as a part of this goal will contribute to the content used on GCDD’s website, as well throughout its social media channels, media releases, videos, Making a Difference Magazine, E-Newsletter and email correspondence. These communications will be created using standards of plain language and universal design for learning principles. They will also be accessible for those experiencing visual and/or hearing impairments and those who speak languages other than English for the greatest reach to Georgians.		Internal/External	Years 1-5	\$44, 063 annually

**Expected Outputs:** [Outputs are the measurable things a key activity produced. Examples of expected outputs are number of training curriculum developed, number of training sessions conducted, number of communities identified to increase accessibility to services, supports and other assistance.](#)

- Training and Technical Assistance is provided to providers who offer facility-based programs to transform to competitive integrated employment.
- Quarterly coalition meetings will take place.
- Informational products will be developed and disseminated to help people understand the issues.
- Number of State Interagency Coordinating Council for Babies Can’t Wait meetings attended.
- Development and/or Implementation of curriculum for physician training
- Innovation Fund to support direct support professional’s development.

**Expected Objective Outcomes:**

- People with intellectual/developmental disabilities and their families will have increased access to equitable long-term services and supports thru the publicly funded system.
- Increase each year 3 new providers will transform from facility based to Competitive Integrated Employment
- Increase the number of people with intellectual/developmental disabilities that work in Competitive Integrated Employment.
- Eliminate 14C as a method for paying for facility-based work.
- Increase rates paid by the Department of Behavioral Health and Developmental Disabilities for Competitive Integrated Employment
- Increase the number of schools participating in Inclusive Post-Secondary Education.
- Increase the number of students attending Inclusive Post-Secondary Education programs.
- Increase the number of students who get jobs after attending a Post-Secondary Education program.
- Increase the number of providers who are trained in best practices around healthcare for people with intellectual/developmental disabilities.
- There will be an improved experience that people with intellectual/developmental disabilities have when interacting with physicians and providers.
- State of Georgia will pass legislation to provide for a “living wage” for direct support professionals.
- There will be a change in job classification to reflect SOC on the state and federal levels for direct support professionals.

**Project the performance measure(s) that will be targeted for each objective.**

<b>IFA 1: Output Measures</b>		<b>2022</b>	<b>2023</b>
<b>IFA1.1</b>	<b>The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems</b>	85	85
<b>IFA 1.2</b>	<b>The number of <u>family members</u> who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems</b>	50	50
<b>IFA 2: Outcome Measures</b>			
<b>IFA 2.1</b>	<b>After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.</b>		
<b>IFA 2.2</b>	<b>After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.</b>		
<b>IFA 2 Individual and Family Advocacy Sub-Outcome Measures</b>			

IFA 2.2.1	The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them		
IFA 2.2.2	The percent of people who are participating now in advocacy activities		
IFA 2.2.3	The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.		
IFA 3.1	The percent of people with developmental disabilities satisfied with a project activity		
IFA 3.2	The percent of family members satisfied with a project activity.		
<b>SC 1: Output Measures</b>			
<b>SC 1.1 Policy and/or procedure changes</b>			
SC 1.1.1	The number of policy and/or procedures created or changed	1	1
SC 1.2.1	The number of statute and/or regulations created or changed	1	1
SC 1.3.1	The number of promising practices created		
SC 1.3.2	The number of promising practices supported		
SC 1.3.3	The number of best practices created	1	2
SC 1.3.4	The number of best practices supported through Council activities	1	1
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives	100	250
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved		
<b>SC 2 Sub-outcome Measures</b>			

SC 2.1.1	The number of policy, procedure, statute, or regulation changes <i>improved as a result of systems change</i>		
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented		
SC 2.1.3	The number of promising and/or best practices <i>improved as a result of systems change activities</i>		
SC 2.1.4	The number of promising and/or best practices that were <i>implemented</i>		

**Objective 1.4:** By 2027 GCDD will increase the numbers of new state and local advocates to at least 2,000 who feel equipped and who practice advocacy for legislative, regulatory, policy, procedure and/or practice changes around housing, employment, transportation and healthcare.

**Key Activities:**

Proposed Activity	Collaborators	Internal/External Implementation	Which Year of the Plan	How Much
Support an advocacy campaign that educates people with developmental disabilities, families, advocates, allies and policymakers about ending the institutional bias and the waiting list for home and community-based services. Hold conference to launch wide ranging coalition including representatives working in housing, employment, transportation, and education, both within and beyond the disability network		External: We will use an RFP to determine who will conduct this work	Years 1-5	\$157,500 per year to include up to \$50,000 for conference
Continue to support efforts to get children out of state systems and into loving families through the Children’s Freedom Initiative		Internal	Years 1-5	No Funding
Continue to support the Family Advocacy Coalition to empower self-advocates		External: We will use an RFP to determine who will conduct this work	Years 1-5	\$62,500 per year
Create and support a coalition to advocate to end 14C and subminimum wages for individuals with disabilities		Internal	Years 1-5	\$32,813 per year
Support training on Collective Impact		Internal/External	Years 1-5	\$10,000 per year
Continue to support Advocacy Days through hybrid formats		Internal	Years 1-5	\$16,500 per year
Offer the Dottie Adams Scholarship to support individuals with intellectual/developmental disabilities to attend educational and advocacy events.		Internal	Years 1-5	\$25,000 per year
Umbrella of knowledge translation: Research documents are accessible, available, and easily used across multimedia platforms: Promotion of and reports on programs developed as a part of this goal will contribute to the content		Internal/External	Years 1-5	\$44,063 annually

<p>used on GCDD’s website, as well throughout its social media channels, media releases, videos, Making a Difference Magazine, E-Newsletter and email correspondence. These communications will be created using standards of plain language and universal design for learning principles. They will also be accessible for those experiencing visual and/or hearing impairments and those who speak languages other than English for the greatest reach to Georgians.</p>				
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**Expected Outputs:** Outputs are the measurable things a key activity produced. Examples of expected outputs are number of training curriculum developed, number of training sessions conducted, number of communities identified to increase accessibility to services, supports and other assistance.

- Each coalition will hold quarterly meetings.
- 4 coalitions are formed.
- 6 trainings per year are held.
- 4 Advocacy Days are held per year.

**Expected Objective Outcomes:**

- The number of advocates working in partnership with GCDD and as part of created coalitions will increase by 2000.
- Georgia will have coherent policies that support integrated life in the community for people with intellectual/developmental disabilities and the people who support them.
- Georgia policymakers will promote the ideal that all policy is disability policy and improving experiences for Georgians with disabilities benefits all Georgians.
- People with developmental disabilities and their families will have access to effective, appropriate, and readily equitable and available publicly funded services and supports.
- Georgia will end the waiting list for over 7000 people.

**Project the performance measure(s) that will be targeted for each objective.**

<b>IFA 1: Output Measures</b>		<b>2022</b>	<b>2023</b>
<b>IFA1.1</b>	<b>The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems</b>	100	100



IFA 1.2	The number of <b>family members</b> who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems	100	100
<b>IFA 2: Outcome Measures</b>			
IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.		
IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.		
<b>IFA 2 Individual and Family Advocacy Sub-Outcome Measures</b>			
IFA 2.2.1	The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them		
IFA 2.2.2	The percent of people who are participating now in advocacy activities		
IFA 2.2.3	The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.		
IFA 3.1	The percent of people with developmental disabilities satisfied with a project activity		
IFA 3.2	The percent of family members satisfied with a project activity.		
<b>SC 1: Output Measures</b>			
<b>SC 1.1 Policy and/or procedure changes</b>			
SC 1.1.1	The number of policy and/or procedures created or changed	1	1
SC 1.2.1	The number of statute and/or regulations created or changed	1	1
SC 1.3.1	The number of promising practices created		

SC 1.3.2	The number of promising practices supported		
SC 1.3.3	The number of best practices created		
SC 1.3.4	The number of best practices supported through Council activities		
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives	300	300
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved		
<b>SC 2 Sub-outcome Measures</b>			
SC 2.1.1	The number of policy, procedure, statute, or regulation changes <i>improved as a result of systems change</i>		
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented		
SC 2.1.3	The number of promising and/or best practices <i>improved as a result of systems change activities</i>		
SC 2.1.4	The number of promising and/or best practices that were <i>implemented</i>		

## Focus Area 2 Self Advocacy

Identify the State Plan goal in the box below.

Description:

GCDD will position people with intellectual/developmental disabilities as experts on issues that impact their lives by amplifying the influence of Georgia self-advocacy organizations and initiatives, supporting both cross-disability coalitions and leadership development programs for and by people who have intellectual/developmental disabilities.

**Priority:** According to the Developmental Disabilities Bill of Rights and Assistance Act for each year of the 5-Year State Plan, there must be obvious work being done related to:

- Establish or strengthen a program for the direct funding of a state self-advocacy organization led by individuals with developmental disabilities.
- Support opportunities for individuals with developmental disabilities who are considered leaders to provide leadership training to individuals who may become leaders.
- Support and expand participation of individuals with developmental disabilities in cross-disability and culturally diverse leadership options.

GCDD believes there need to be more opportunities for self-advocates to explore the intersectionality that exists among themselves. This goal is focused on meeting the requirements of the Developmental Disabilities Bill of Rights and Assistance Act and expanding GCDDs outreach to people with developmental disabilities from historically marginalized communities.

GCDD will promote individuals with intellectual/developmental disabilities to speak up and create spaces for leadership in communities across Georgia. This means having a seat at the table in places where public policy is made. GCDD believes it is important to support self-advocates to participate in cross-coalition activities such as connecting with local efforts around accessibility, housing or education.

GCDD will support efforts that result in people having information and being able to participate in local, statewide and national elections. In addition, there will be increased opportunities for people to organize effective, local and statewide cross disability grassroots efforts focused on local, state, and national issues.

With the input from self-advocates and stakeholders, GCDD will identify areas of concern to self-advocates and support leadership training so that self-advocates can continue to uplift that “all policy is disability policy.”

Area of Emphasis:

For each goal, check all the area(s) of emphasis that relate to the goal statement.

- Quality Assurance
- Education and Early Intervention
- Child Care

- Health
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

Activities to be used in achieving each goal:

Check all that apply.

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with Related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers

Demonstration of New Approaches to Services and Supports

If “Demonstration of New Approaches to Services and Supports” has been checked, a box will drop down in the ACL system. Provide a justification including but not limited to the following: (1) description of the approach to be demonstrated; (2) estimated length of the activity; (3) strategies to locate on-going funding from other sources after 5 years.

- Demonstration of Projects or Activities
- Other Activities

**This goal addresses:**

- Individual/Family Advocacy
- System Change
- Self-Advocacy Requirement
- Targeted Disparity

## United for Change adopted the following goals for self-advocacy in Georgia:

**Advocating for Decision-Making and Self-Determination**  
*We believe that Medicaid waiver services must include and support the right for people with I/DD to have autonomy and make decisions about our lives, our medical needs, our services and how, when and by who our support is provided.*

**Advocating for Quality Services and Supports**  
*We believe the Medicaid waiver services should at their core be presentative to self-advocates – the people receiving and impacted by such services. Any system or service that claims to be person-centered must have a foundation of honoring, supporting and building self-advocacy. Services should be flexible, timely, and based on the choice and needs of the self-advocate.*

**Advocating for a Good Life**  
*We know what a good life could be. For many self-advocates, this is limited by the lack of opportunities and access to typical, ordinary, community places and activities.*

**Advocating for Our Rights and Respect**  
*All Medicaid waiver services and supports must respect the person’s rights. We may need support understanding our rights and responsibilities .*

We stand up for these rights:  
 Right to communication  
 Right to relationships  
 Right to a home life  
 Right to citizenship  
 Right to try, to make mistakes and to be treated with dignity and respect

- DD Network Collaboration
- Rights of Individuals
- Capacity Building

**Collaborators Planned for this goal (if known)**

Identify all organizations/agencies the Council plans to work with and/or has commitments from in addressing the goal.

- State Protection and Advocacy System
- University Center(s)
- State DD agency
- Other

Objective 2.1: GCDD will increase the number of state and local self-advocacy organizations led by people with intellectual/developmental disabilities, focusing on the development of two local self-advocacy organizations in Department of Behavioral and Developmental Disabilities regions four and five by 2027.

**Key Activities**

Proposed Activity	Collaborators	Internal/External Implementation	Which Year of the Plan	How Much
Fund leaders in Regions 4 and 5 and seed creation of organizations. Use both virtual and hybrid meetings.	DBHDD	External: We will use an RFP to determine who will conduct this work	Years 1-5	\$30,000 per site per year
Umbrella of knowledge translation: Research documents are accessible, available, and easily used across multimedia platforms: Promotion of and reports on programs developed as a part of this goal will contribute to the content used on GCDD’s website, as well throughout its social media channels, media releases, videos, Making a Difference Magazine, E-Newsletter and email correspondence. These communications will be created using standards of plain language and universal design for learning principles. They will also be accessible for those experiencing visual and/or hearing impairments and those who speak languages other than English for the greatest reach to Georgians.		Internal/External	Years 1-5	\$44, 063 annually

**Expected Outputs:** Outputs are the measurable things a key activity produced. Examples of expected outputs are number of training curriculum developed, number of training sessions conducted, number of communities identified to increase accessibility to services, supports and other assistance.

- 2 coalitions will be formed one in Region 4 and one in Region 5.
- Each coalition will meet quarterly.

**Expected Objective Outcomes:**

- Increase the number of self-advocates in DBHDD Regions 4 and 5

- Increase the number of people with intellectual/developmental disabilities who participate on boards, governing bodies and/or serving in leadership positions.
- Increase the number of people with intellectual/developmental disabilities who live in marginalized communities who are involved in advocacy.

Project the performance measure(s) that will be targeted for each objective.

<b>IFA 1: Output Measures</b>		<b>2022</b>	<b>2023</b>
<b>IFA1.1</b>	<b>The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems</b>	30	30
<b>IFA 1.2</b>	<b>The number of <u>family members</u> who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems</b>		
<b>IFA 2: Outcome Measures</b>			
<b>IFA 2.1</b>	<b>After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.</b>		
<b>IFA 2.2</b>	<b>After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.</b>		
<b>IFA 2 Individual and Family Advocacy Sub-Outcome Measures</b>			
<b>IFA 2.2.1</b>	<b>The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them</b>		
<b>IFA 2.2.2</b>	<b>The percent of people who are participating now in advocacy activities</b>		
<b>IFA 2.2.3</b>	<b>The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.</b>		
<b>IFA 3.1</b>	<b>The percent of people with developmental disabilities satisfied with a project activity</b>		

IFA 3.2	The percent of family members satisfied with a project activity.		
SC 1: Output Measures			
SC 1.1 Policy and/or procedure changes			
SC 1.1.1	The number of policy and/or procedures created or changed		
SC 1.2.1	The number of statute and/or regulations created or changed		
SC 1.3.1	The number of promising practices created		
SC 1.3.2	The number of promising practices supported		
SC 1.3.3	The number of best practices created		
SC 1.3.4	The number of best practices supported through Council activities		
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives		
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved		
SC 2 Sub-outcome Measures			
SC 2.1.1	The number of policy, procedure, statute, or regulation changes <i>improved as a result of systems change</i>		
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented		
SC 2.1.3	The number of promising and/or best practices <i>improved as a result of systems change activities</i>		
SC 2.1.4	The number of promising and/or best practices that were <i>implemented</i>		



**Objective 2:** By 2027 GCDD will increase the number of advocates with intellectual/developmental disabilities who either conduct and/or participate in leadership trainings on issues that impact their lives for people with intellectual/developmental disabilities, cross disability entities and non-disability specific.

**Key Activities**

Proposed Activity	Collaborators	Internal/External Implementation	Which Year of the Plan	How Much
Support new self-advocacy leaders (2 per DBHDD Region = 12) to participate in cross disability efforts and leadership training		External: We will use an RFP to determine who will conduct this work	Years 1-5	\$25,000 to \$30,000
Support self-advocates to advocate for and provide trainings		External: We will use an RFP to determine who will conduct this work	Years 1-5	\$111,562 per year
Fund to support cross disability coalitions to welcome and include people with intellectual/developmental disabilities thru technical assistance on best practices and conferences. Will annually add a new entity	SILCGA ARCGA People First Voices for Change DD Network	External: We will create a RFP to implement this work	Year 1 – Research Years 2-5 Fund effort	Year 1: \$10,000 Years 2 – 5 \$10,000 to \$60,000
<b>Supported Decision Making</b>				
Fund a white paper that will detail how GCDD can increase access to supported decision making		External: We will use an RFP to determine who will conduct this work	Year 1	\$20,000
Advocate for legislation to make supported decision making more available for people with intellectual/developmental disabilities		Internal	Years 2-5	No Funding
Support efforts to provide training and capacity building activities for people with intellectual/developmental disabilities and families who want to engage in supported decision making		External: We will use an RFP to determine who will conduct this work	Years 2-5	82,500 per year

Offer Conference Support Funds for entities to support people with intellectual/developmental disabilities to attend conference and other advocacy activities		Internal	Years 1-5	\$22,000 per year
Umbrella of knowledge translation: Research documents are accessible, available and easily used across multimedia platforms: Promotion of and reports on programs developed as a part of this goal will contribute to the content used on GCDD’s website, as well throughout its social media channels, media releases, videos, Making a Difference Magazine, E-Newsletter and email correspondence. These communications will be created using standards of plain language and universal design for learning principles. They will also be accessible for those experiencing visual and/or hearing impairments and those who speak languages other than English for the greatest reach to Georgians.		Internal/External	Years 1-5	\$44, 063 annually

**Expected Outputs:** Outputs are the measurable things a key activity produced. Examples of expected outputs are number of training curriculum developed, number of training sessions conducted, number of communities identified to increase accessibility to services, supports and other assistance.

- One white paper will be produced outlining how GCDD can increase access to supported decision making.
- Training will be conducted.
- Coalitions will meet quarterly.

**Expected Objective Outcomes:**

- Increase the number of people with intellectual/developmental disabilities who are in leadership positions in advocacy efforts
- Increase advocacy among people with intellectual/developmental disabilities.
- Increase understanding of what it means to be a “self-advocate.”
- Increase the number of people with intellectual/developmental disabilities who participate on boards, governing bodies and/or serving in leadership positions.
- Increase the number of people with intellectual/developmental disabilities and families who use supported decision making.
- Decrease the number of people with intellectual/developmental disabilities who are in guardianship situations.

**Project the performance measure(s) that will be targeted for each objective.**

<b>IFA 1: Output Measures</b>		<b>2022</b>	<b>2023</b>
<b>IFA1.1</b>	<b>The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems</b>	62	62
<b>IFA 1.2</b>	<b>The number of <u>family members</u> who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems</b>	40	40
<b>IFA 2: Outcome Measures</b>			
<b>IFA 2.1</b>	<b>After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.</b>		
<b>IFA 2.2</b>	<b>After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.</b>		
<b>IFA 2 Individual and Family Advocacy Sub-Outcome Measures</b>			
<b>IFA 2.2.1</b>	<b>The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them</b>		
<b>IFA 2.2.2</b>	<b>The percent of people who are participating now in advocacy activities</b>		
<b>IFA 2.2.3</b>	<b>The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.</b>		
<b>IFA 3.1</b>	<b>The percent of people with developmental disabilities satisfied with a project activity</b>		
<b>IFA 3.2</b>	<b>The percent of family members satisfied with a project activity.</b>		
<b>SC 1: Output Measure</b>			

<b>SC 1.1 Policy and/or procedure changes</b>			
<b>SC 1.1.1</b>	<b>The number of policy and/or procedures created or changed</b>		
<b>SC 1.2.1</b>	<b>The number of statute and/or regulations created or changed</b>		
<b>SC 1.3.1</b>	<b>The number of promising practices created</b>		
<b>SC 1.3.2</b>	<b>The number of promising practices supported</b>		
<b>SC 1.3.3</b>	<b>The number of best practices created</b>		
<b>SC 1.3.4</b>	<b>The number of best practices supported through Council activities</b>		
<b>SC 1.4.1</b>	<b>The number of people trained or educated through Council systemic change initiatives</b>	100	100
<b>SC 1.5.1</b>	<b>The number of Council supported systems change activities with organizations actively involved</b>		
<b>SC 2 Sub-outcome Measures</b>			
<b>SC 2.1.1</b>	<b>The number of policy, procedure, statute, or regulation changes <i>improved as a result of systems change</i></b>		
<b>SC 2.1.2</b>	<b>The number of policy, procedure, statute, or regulation changes implemented</b>		
<b>SC 2.1.3</b>	<b>The number of promising and/or best practices <i>improved as a result of systems change activities</i></b>		
<b>SC 2.1.4</b>	<b>The number of promising and/or best practices that were <i>implemented</i></b>		

### Focus Area 3: Targeted Disparity and Diversity

Identify the State Plan goal in the box below.

Description:

GCDD's activities and collaborations will increase access of to education, housing, employment, and healthcare for people with intellectual/developmental disabilities who are racial and ethnic minorities and/or who live in rural areas.

**Priority:** Section 101 of the DEVELOPMENTAL DISABILITIES Bill of Rights and Assistance Act of 2000 acknowledges discrimination of people with developmental disabilities, the importance of families, culturally competent services and supports and much more. It also sets the expectation that Councils will promote activities that support individual and community services that facilitate full access to the community for all individuals with developmental disabilities, specifically individuals from minority populations and individuals with significant developmental disabilities. The policies ensure that individuals and families have the same opportunities afforded to others to be included in all facets of community life including but not limited to childcare, employment, healthcare, transportation, and recreational/social activities.

Though the DD Act includes provisions for supporting unserved and underserved populations, cultural competencies about services and supports and representation of a diverse Council membership (racial, ethnic and geographic), recent events around systemic racism and other inequities has evoked a time for reflection. This has led some Councils to contemplate the work they do every day. Councils may be asking and trying to answer some difficult questions.

- What are the geographic, ethnic, socio-economic and services eligibility demographics of the people we serve?
- What communities are we working with and how do we communicate with them??
- Does GCDD have policies and procedures in place that maximize full inclusion and provide opportunities for all? Or do our procedures inadvertently exclude certain communities?
- Is GCDD educating a wide array of potential grantees to ensure an equitable process for consideration and approval?
- Are GCDD members and staff truly diverse?

The GCDD State Plan includes a Targeted Disparity item for DD Councils. The term includes populations such as individuals from racial and ethnic minority backgrounds, disadvantaged individuals, individuals with limited English proficiency, individuals from underserved geographic areas (rural or urban), and specific groups of individuals within the population of individuals with developmental disabilities, including individuals who require assistive technology in order to participate in and contribute to community life.

GCDD will focus on creating equity for all Georgians throughout its efforts. This includes understanding and targeting our work to reflect the diversity of Georgia. Georgia is a truly diverse state geographically, by race, ethnicity, religion, and economics. The disability community is as diverse as the State of Georgia. Former GCDD Chairperson Parker Glick challenged the members and staff to better understand the intersectionality of disability with race, ethnicity, religion, and gender and sexual orientation. GCDD will expand its outreach efforts to connect

with people across the state that reflect this diversity and develop communication and action plans to support these efforts. intersectionality," perhaps we add a sentence that says something like, "GCDD approaches this work in a way that considers the various identities people have, including their race, ethnicity, gender, etc."

For many people in rural and historically marginalized communities, access to information about advocacy, medical, or other supports is not as easy as "going on the internet." Georgia does not have statewide broadband access which means that many are unable to access documents for services or have access to telehealth during a pandemic. While GCDD recognizes it does not have the resources to address an issue of this magnitude, we do believe that GCDD can work with the state to increase access to internet services which in turn opens up additional access to telehealth, education and other assistive technology.

GCDD will continue its efforts to examine and create solutions to address the school to prison pipeline. According to data, African Americans students are disproportionately referred to special education systems. Many African American students who are in special education end up in the Georgia Network of for Educational and Therapeutic Support (GNETS) because of disciplinary issues, may drop out of school and end up in the prison system. GCDD will continue to support a coalition of educational, civil rights, students and families working to address this civil rights issue. In addition, GCDD will examine its efforts to address the school to prison pipeline and determine how to expand its efforts into at least 4 communities.

Area of Emphasis:

For each goal, check all the area(s) of emphasis that relate to the goal statement.

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

Activities to be used in achieving each goal:

Check all that apply.

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities

- Interagency Collaboration and Coordination
- Coordination with Related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers

Demonstration of New Approaches to Services and Supports

If “Demonstration of New Approaches to Services and Supports” has been checked, a box will drop down in the ACL system. Provide a justification including but not limited to the following: (1) description of the approach to be demonstrated; (2) estimated length of the activity; (3) strategies to locate on-going funding from other sources after 5 years.

- Demonstration of Projects or Activities
- Other Activities

**This goal addresses:**

- Individual/Family Advocacy
- System Change
- Self-Advocacy Requirement
- Targeted Disparity
- DD Network Collaboration
- Rights of Individuals
- Capacity Building

**Collaborators Planned for this goal (if known)**

Identify all organizations/agencies the Council plans to work with and/or has commitments from in addressing the goal.

- State Protection and Advocacy System
- University Center(s)
- State DD agency
- Other

**Objective 3.1:** By 2027, GCDD will partner with the DD Network, civil rights, and other organizations throughout Georgia to increase by 4 the number of school districts that develop and implement activities that dismantles the School to Prison Pipeline.

**Key Activities**

Proposed Activity	Collaborators	Internal/External Implementation	Which Year of the Plan	How Much
Assess where current statewide efforts are to address the school to prison pipeline and make recommendations for GCDD.	Gwinnett Stopps	External: We will use an RFP to determine who will conduct this work	Year 1	\$30,000
Fund an initiative(s) based on the white paper recommendations to be implemented in one school district per year		External: We will use an RFP to determine who will conduct this work	Years 2-5	\$78,650 per school district
Fund a state-wide coalition focused on closing the Georgia Network for Educational and Therapeutic Support by working towards education equity for students of color and with intellectual/developmental disabilities to the ends of outreach, training, and education	Georgia Coalition for Equity in Education	External: We will use an RFP to determine who will conduct this work	Years 1-5	\$46,200 per year
Act as convener and facilitator of DD network partners to further communication and collaboration in identified school districts		Internal	Years 1-5	No Funds
Umbrella of knowledge translation: Research documents are accessible, available, and easily used across multimedia platforms: Promotion of and reports on programs developed as a part of this goal will contribute to the content used on GCDD’s website, as well throughout its social media channels, media releases, videos, Making a Difference Magazine, E-Newsletter and email correspondence. These communications will be created using standards of plain language and universal design for learning principles. They will also be accessible for those experiencing visual and/or hearing impairments and those who speak languages other than English for the greatest reach to Georgians.		Internal/External	Years 1-5	\$44,063 annually



**Expected Outputs:** Outputs are the measurable things a key activity produced. Examples of expected outputs are number of training curriculum developed, number of training sessions conducted, number of communities identified to increase accessibility to services, supports and other assistance.

- One white paper will be produced that assesses where current statewide efforts are to address the school to prison pipeline and make recommendations for GCDD.
- Training will be conducted.
- Coalitions will meet quarterly.

**Expected Objective Outcomes:**

- Increase the number of school systems addressing the school to prison pipeline
- Decrease in the number of students who attend a GNETS school.
- Decrease the number of GNETS schools.
- Increase the number of people with intellectual/developmental disabilities, families and other advocates who are a part of a coalition to end the use of GNETS.

**Project the performance measure(s) that will be targeted for each objective.**

<b>IFA 1: Output Measures</b>		<b>2022</b>	<b>2023</b>
<b>IFA1.1</b>	<b>The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems</b>		12
<b>IFA 1.2</b>	<b>The number of <u>family members</u> who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems</b>	150	150
<b>IFA 2: Outcome Measures</b>			
<b>IFA 2.1</b>	<b>After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.</b>		
<b>IFA 2.2</b>	<b>After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.</b>		

<b>IFA 2 Individual and Family Advocacy Sub-Outcome Measures</b>			
<b>IFA 2.2.1</b>	The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them		
<b>IFA 2.2.2</b>	The percent of people who are participating now in advocacy activities		
<b>IFA 2.2.3</b>	The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.		
<b>IFA 3.1</b>	The percent of people with developmental disabilities satisfied with a project activity		
<b>IFA 3.2</b>	The percent of family members satisfied with a project activity.		
<b>SC 1: Output Measures</b>			
<b>SC 1.1 Policy and/or procedure changes</b>			
<b>SC 1.1.1</b>	The number of policy and/or procedures created or changed		
<b>SC 1.2.1</b>	The number of statute and/or regulations created or changed	1	
<b>SC 1.3.1</b>	The number of promising practices created	1	
<b>SC 1.3.2</b>	The number of promising practices supported		
<b>SC 1.3.3</b>	The number of best practices created	1	4
<b>SC 1.3.4</b>	The number of best practices supported through Council activities		
<b>SC 1.4.1</b>	The number of people trained or educated through Council systemic change initiatives	250	315
<b>SC 1.5.1</b>	The number of Council supported systems change activities with organizations actively involved		

<b>SC 2 Sub-outcome Measures</b>			
<b>SC 2.1.1</b>	The number of policy, procedure, statute, or regulation changes <i>improved as a result of systems change</i>		
<b>SC 2.1.2</b>	The number of policy, procedure, statute, or regulation changes implemented		
<b>SC 2.1.3</b>	The number of promising and/or best practices <i>improved as a result of systems change activities</i>		
<b>SC 2.1.4</b>	The number of promising and/or best practices that were <i>implemented</i>		

**Objective 3.2:** By 2027, GCDD will engage in activities that increase access to technology in order to decrease barriers to education, employment, housing, transportation and healthcare for people with intellectual/developmental disabilities in rural and underserved areas.

**Key Activities**

Proposed Activity	Collaborators	Internal/External Implementation	Which Year of the Plan	How Much
Advocate on the state and federal level for universal access to broadband internet	community organizations, corporate providers other technology stakeholders	Internal	Years 1-5	No Funding
Fund a white paper that develops recommendations for how GCDD can increase access to new, emerging, and current assistive/adaptive technology for people with intellectual/developmental disabilities.	Georgia Technology Center for Inclusive Design	External: We will use an RFP to determine who will conduct this work	Year 1	\$20,000
Fund the recommendations of the white paper			Year 2-5	\$33,000 per year
Collaborate with local, state and national efforts to expand access to telehealth		Internal	Years 2-5	No Funding
Umbrella of knowledge translation: Research documents are accessible, available and easily used across multimedia platforms: Promotion of and reports on programs developed as a part of this goal will contribute to the content used on GCDD’s website, as well throughout its social media channels, media releases, videos, Making a Difference Magazine, E-Newsletter and email correspondence. These communications will be created using standards of plain		Internal/External	Years 1-5	\$44, 063 annually

language and universal design for learning principles. They will also be accessible for those experiencing visual and/or hearing impairments and those who speak languages other than English for the greatest reach to Georgians.				
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**Expected Outputs:** Outputs are the measurable things a key activity produced. Examples of expected outputs are number of training curriculum developed, number of training sessions conducted, number of communities identified to increase accessibility to services, supports and other assistance.

- One white paper will be produced outlining how GCDD can increase access to assistive/adaptive technology.

**Expected Objective Outcomes:**

- Increase access to broadband internet especially in rural areas.
- Increase the number of people with intellectual/developmental disabilities and families participating in advocacy efforts to increase access to broadband internet.
- Increase access to telehealth services.
- Increase the number of people with intellectual/developmental disabilities who have access to assistive/adaptive technology.

**Project the performance measure(s) that will be targeted for each objective.**

<i>IFA 1: Output Measures</i>		2022	2023
IFA1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems		
IFA 1.2	The number of <b>family members</b> who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems		
<i>IFA 2: Outcome Measures</i>			
IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.		

IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.		
<b>IFA 2 Individual and Family Advocacy Sub-Outcome Measures</b>			
IFA 2.2.1	After participation in Council supported activities, the percent of people who are better able to say what they want or say what services and supports they want or say what is important to them		
IFA 2.2.2	After participation in Council supported activities, the percent of people who are participating now in advocacy activities		
IFA 2.2.3	After participation in Council supported activities, the percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.		
IFA 3.1	After participation in Council supported activities, the percent of people with developmental disabilities satisfied with a project activity		
IFA 3.2	After participation in Council supported activities, the percent of family members satisfied with a project activity.		
<b>SC 1: Output Measures</b>			
<b>SC 1.1 Policy and/or procedure changes</b>			
SC 1.1.1	The number of policy and/or procedures created or changed	2	
SC 1.2.1	The number of statute and/or regulations created or changed	2	
SC 1.3.1	The number of promising practices created		
SC 1.3.2	The number of promising practices supported		
SC 1.3.3	The number of best practices created		
SC 1.3.4	The number of best practices supported through Council activities		

SC 1.4.1	The number of people trained or educated through Council systemic change initiatives		
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved	1	1
SC 2 Sub-outcome Measures			
SC 2.1.1	The number of policy, procedure, statute, or regulation changes <i>improved as a result of systems change</i>		
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented		
SC 2.1.3	The number of promising and/or best practices <i>improved as a result of systems change activities</i>		
SC 2.1.4	The number of promising and/or best practices that were <i>implemented</i>		

Objective 3: By 2027, in partnership with state and local civic engagement organizations, GCDD will increase access for people with intellectual/developmental disabilities in rural and/or historically marginalized communities to be civically engaged and vote.

Proposed Activity	Collaborators	Internal/External Implementation	Which Year of the Plan	How Much
Continue to support Get Out The Vote efforts thru Newspapers and webinars	DD Network	Internal	Years 1-5	\$39,375 per year
Continue to support stakeholder and candidate forums		Internal	Years 1, 3 and 5	\$25,000 per event
Fund a grassroots effort to promote local civic engagement in marginalized or rural areas. To include costs for transportation to voting places		External: We will use an RFP to determine who will conduct this work	Years 1-5	\$30,000 per year
Umbrella of knowledge translation: Research documents are accessible, available, and easily used across multimedia platforms: Promotion of and reports on programs developed as a part of this goal will contribute to the content used on GCDD’s website, as well throughout its social media channels, media releases, videos, Making a Difference Magazine, E-Newsletter and email correspondence. These communications will be created using standards of plain language and universal design for learning principles. They will also be accessible for those experiencing visual and/or hearing impairments and those who speak languages other than English for the greatest reach to Georgians.		Internal/External	Years 1-5	\$44,063 annually

**Expected Outputs:** Outputs are the measurable things a key activity produced. Examples of expected outputs are number of training curriculum developed, number of training sessions conducted, number of communities identified to increase accessibility to services, supports and other assistance.

- GCDD will support a candidate forum during election years.
- The number of newspaper articles, webinars and other activities to educate about voting and elections.
- Provide transportation to participate in voting process.
- Coalition will have quarterly meetings.



**Expected Objective Outcomes:**

- Increase the number of people with intellectual/developmental disabilities and family members who vote.
- Increase the number of people running for office who are educated about the issues important to people with intellectual/developmental disabilities and their families.

**Project the performance measure(s) that will be targeted for each objective.**

<i>IFA 1: Output Measures</i>		2022	2023
IFA1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems	120	80
IFA 1.2	The number of <b>family members</b> who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems	90	60
<i>IFA 2: Outcome Measures</i>			
IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.		
IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.		
<i>IFA 2 Individual and Family Advocacy Sub-Outcome Measures</i>			
IFA 2.2.1	After participation in Council supported activities, the percent of people who are better able to say what they want or say what services and supports they want or say what is important to them		
IFA 2.2.2	After participation in Council supported activities, the percent of people who are participating now in advocacy activities		

IFA 2.2.3	After participation in Council supported activities, the percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.		
IFA 3.1	After participation in Council supported activities, the percent of people with developmental disabilities satisfied with a project activity		
IFA 3.2	After participation in Council supported activities, the percent of family members satisfied with a project activity.		
SC 1: Output Measures			
SC 1.1 Policy and/or procedure changes			
SC 1.1.1	The number of policy and/or procedures created or changed		
SC 1.2.1	The number of statute and/or regulations created or changed		
SC 1.3.1	The number of promising practices created		
SC 1.3.2	The number of promising practices supported		
SC 1.3.3	The number of best practices created		
SC 1.3.4	The number of best practices supported through Council activities		
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives	90	60
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved	1	1
SC 2 Sub-outcome Measures			
SC 2.1.1	The number of policy, procedure, statute, or regulation changes <i>improved as a result of systems change</i>		
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented		
SC 2.1.3	The number of promising and/or best practices <i>improved as a result of systems change activities</i>		

SC 2.1.4	The number of promising and/or best practices that were <i>implemented</i>		
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**Effective and Efficient Council Goal**

Goal: GCDD will operate effectively and efficiently which meet the requirements of the Developmental Disabilities Bill of Rights and Assistance Act

Priority: Delivering valued services to people with intellectual/developmental disabilities, their families, advocates, and policy makers must continue to be the primary concern of the Council, its members, and staff. The Council must continue to make wise choices so that waste is eliminated, and maximum benefits are derived from its financial and human resources. To ensure that the Council continues to become more efficient and effective in the services it offers, members and staff must continue to focus on becoming more knowledgeable and ensure that programs are achieving desired and demonstrable results.

GCDD will work on its internal operations and procedures related to its grant making and funding procedures resulting in a more organized, efficient, and accountable process. This includes meeting all federal mandates required by the Developmental Disabilities Bill of Rights and Assistance Act. Council members and staff will have opportunities to further their knowledge by better understanding of what is happening in Georgia and throughout the United States as it relates to people with intellectual/developmental disabilities. This includes participating in the National Association of Councils on Developmental Disabilities, attending conferences and participating in other national efforts that promote the DD Act.

One of the ways GCDD will prepare itself and its work will be to promote cultural and linguistic competence in all of its work, including the projects it funds. GCDD will support these concepts of intersectionality and cultural competence throughout its work. Members and staff will become more educated and about the concepts and create learning opportunities and practices that reflect these principles.

**Objective 1:** Annually, GCDD members set and monitor the strategic direction of the organization through the strategic plan, and recruit, and orient new members.

Implementation Activities	Internal/External	Year of Plan	Costs
GCDD will host four quarterly meetings to conduct business (January, April, July, October). These meetings will be held in statewide (January and July – Atlanta, April, and October – statewide) and will be held virtually and in-person based on CDC Guidelines. All meetings will include a public forum. The July meeting will include an evaluation of past year activities and discussion of the following year’s activities and budget.	The Executive Assistant is responsible for organizing the meeting. The Executive Committee will determine the meeting agenda	Years 1-5	\$15,000 per meeting

The Executive Committee working with staff will conduct orientation for new members,	The Executive Director will coordinate orientation with the Chairperson	As needed	No Funds
GCDD will work with the Governor's office to coordinate timely member appointments and make sure appointments reflect the diversity of Georgia	The Executive Director will coordinate recruitment/selection with the Chairperson.	Years 1-5	No Funds
GCDD will recruit and select 3 advisory members to serve two-year terms using applications that are awaiting Governor appointments.	The Executive Director will coordinate recruitment/selection with the Chairperson	Years 1-5	No Funds
GCDD will explore implementing restorative practices to improve engagement among members and staff	GCDD will contract with a trained facilitator to work with members and staff to create restorative practices as a foundation to engagement.	Years 1-5 Training will take place in year 1. Beginning Year 2 will be part of meeting practices	\$15,000 First Year
The Executive Committee will conduct an annual assessment of the internal and external operations of GCDD. This will include identifying emerging trends that may require amendments to the Strategic Plan.		Years 1-5	No Funds
The Executive Committee will conduct an annual assessment of the Executive Director.		Years 1-5	No Funds

**Objective 2:** GCDD members and staff will increase knowledge about practices and innovations impacting the lives of people with intellectual/developmental disabilities by participating in training and learning journeys on the local, state and national levels.

Implementation Activities	Internal/External	Year of Plan	Cost
Members and Staff will attend GCDD sponsored events and local, state, and national conference and meetings. This includes initiatives sponsored by the National Association of Councils on Developmental Disabilities, the Disability Policy Seminar, and other advocacy related events	Members will submit a request to attend events to the Chairperson. Staff will submit requests to attend events to the Executive Director.	Years 1-5	\$35,000 per year

GCDD will support the National Association of Councils on Developmental Disabilities and its efforts to provide technical assistance to state councils.	Dues for membership	Years 1-5	\$17,000 per year
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**Objective 3: By 2027** GCDD will have implemented best practices to ensure diversity, equity, and inclusion across both Council internal and external operations.

Implementation Activities	Internal/External	Year of Plan	Costs
GCDD will create a standing committee responsible for overseeing efforts to become a more diverse and welcoming organization	The Executive Committee will develop the scope of work and solicit membership. The Executive Director will assign a staff person	Years 1 to create the committee. Years 2-5	No Funds
The Executive Committee and staff will review current contractors and assess current grants processes and make recommendations for increasing the diversity of contractors in the GCDD procurement process. This includes expanding contracting opportunities for people with intellectual/developmental disabilities.	The Executive Committee will work with the Executive Director and the Finance staff.	Years 1-2	No Funds
The Executive Committee will work with staff to review all policies, practices and procedures are culturally and linguistically appropriate	The Executive Committee will work with the Executive Director	Years 1-2	No Funds



## Evaluation

As GCDD launches its next Five-Year Strategic Plan, we intend to use the approaches outlined below to evaluate progress towards goals as well to steer the strategic vision of work currently underway. We have traditionally approached evaluation primarily as a tool for grantee accountability, using Federal Performance measures as the identified standard. We have asked for qualitative content in the form of periodic reporting as well but aim to better systematize the connection between qualitative and quantitative data points. Because we know Elizabeth Shore was right when she said

“There are no stories without numbers and no numbers without stories,” it does not come as a surprise that on their own, the Federal Performance measures fail to sufficiently capture the impact of GCDD’s work.

In the coming five years, GCDD proposes to restructure its approach to evaluation in the following ways:

1. Fund an outside evaluator to construct and execute a plan for both process and outcome evaluation across all GCDD Activities. This scope of work should be substantial and follow accepted research methods using valid and reliable measures to ensure we are measuring impact in a way that is meaningful for our constituents and useful for Federal accountability.
2. Ensure each funded initiative sets aside no less the 5% of funds for an annual internal evaluation.
3. Engage Council members annually in a process of Appreciative Inquiry evaluation

GCDD is committed to a collaborative, participatory process that will allow members, staff, and partners engage in collective learning through on-going learning, collecting data, sharing stories. The planning and evaluation infrastructures must allow GCDD’s grant making and project support to inform and influence a range of organizational activities. Engagement in evaluation design, data collection, and interpretation helps build capacity and fosters a culture of learning in which questions can be asked, assumptions surfaced and tested, skills built, and critical reflection can occur. In addition, engagement in the evaluation process helps ensure that evaluation findings are used, that evaluation is focused on the most relevant questions, and that the evaluation is conducted in ways that can help advance, rather than disrupt, the work. Internally, GCDD remains committed to the following approaches to ongoing evaluation that relies on GCDD’s current expertise in telling the story of and collecting data about those projects that it supports.

1. GCDD members and staff will engage in a process of appreciative inquiry in which members and staff will meet with those who are participating in GCDD-supported initiatives. The participants will have an opportunity to tell the story of their growth and development focusing on the group’s approach, methods, successes and failures. In addition, through mentoring and case studies, GCDD can target technical assistance through in-depth review and identify ideas and suggestions.
2. In order to assist project participants to continue their learning processes, each project will work on collecting stories that indicate the most significant change that has been made by the initiative. This requires each GCDD-supported effort to regularly collect stories from those participating in the project and ask about the most significant change. Members and staff will then meet quarterly to review stories of change and identify the most significant change happening because of our support.
3. GCDD will collect data through the DD Suites system created by the Massachusetts Developmental Disabilities Council. This data is based on the outcome data required by the Administration on Developmental Disabilities and is developed through each grantee organization.
4. On an annual basis GCDD supported initiatives will present to Council members and staff on progress made toward the goals of the initiative. Grantees will be asked to provide both stories and data about their efforts. This will connect members to the initiative and give an annual review of what GCDD supports.
5. GCDD will integrate findings from each grantee’s project-funded evaluation into planning for next steps in the scope of work that grantee is contracted to execute. These finding will also inform GCDD’s strategic approach to meeting plan objectives.

6. For each coalition GCDD takes part in, a collective impact lens will serve to structure the process and guide evaluation of progress.

### **Primary Program Evaluation Tools**

**Appreciative Inquiry:** Engage council members in participating in site visits. Case studies on how overcome barriers or achieved goals. Follow a small number of groups to tell the story of their growth and development, focusing on groups approach, methods, successes, failures.

<https://appreciativeinquiry.champlain.edu/learn/appreciative-inquiry-introduction/>

**Most Significant Change:** Gather stories from participants that ask questions about the change happening because of GCDD supported effort.

**Collective Impact Coalition Oversight:** GCDD staff will approach each collaborative coalition opportunity through the lens of collective impact and monitor progress within this framework.

<https://www.collectiveimpactforum.org/>

**DD Suites Database:** Quantitative and narrative report on application and final report about diversity, leadership and accomplishment of goals. Information is summarized in written reports such as PPR.

<https://www.ddsuite.org/>

**Annual Report Gatherings:** Project leaders will assist the GCDD members to understand the impact of each project through the story of project rather than just a report.

**Grantee Evaluations:** Grantees spend 10% on evaluation annually and report on their process and outcomes findings.

### **Sample Quantitative Data Evaluation and Measurement Details:**

- Data will be collected on the number of youth with and without disabilities who participate
- Stories will be collected and a process used to determine the most significant change
- Data will be collected on the number of people with disabilities, and family members who participate in trainings, advocacy and outreach efforts
- Data will be collected on the number of people registered to vote
- Data will be collected on the satisfaction of people with disabilities, and family members who participated in trainings and outreach efforts
- Quarterly and annual reports will be used to review activities and outcomes.
- Data will be collected on the number of relationships developed with people disabilities.
- Data will be collected on the number of people self-directing.
- Data will be collected on the dollars allocated for waivers from the legislature, the increase or decrease in the number of individuals on the waiting list, the number and satisfaction of people who participate in Advocacy Days
- Data will be collected on the number of children with disabilities living in nursing facilities and OCF/DD and the number of children who move out
- Quarterly and annual reports will be used to review activities and outcomes from coalition efforts
- Data will be collected on the number of people who open ABLE Accounts and those participating in financial literacy trainings
- Data will be collected on the number of people who participate in coalition and legislative advocacy activities
- Data will be collected on the number of students participating in, graduating from, and employed after council supported transition efforts



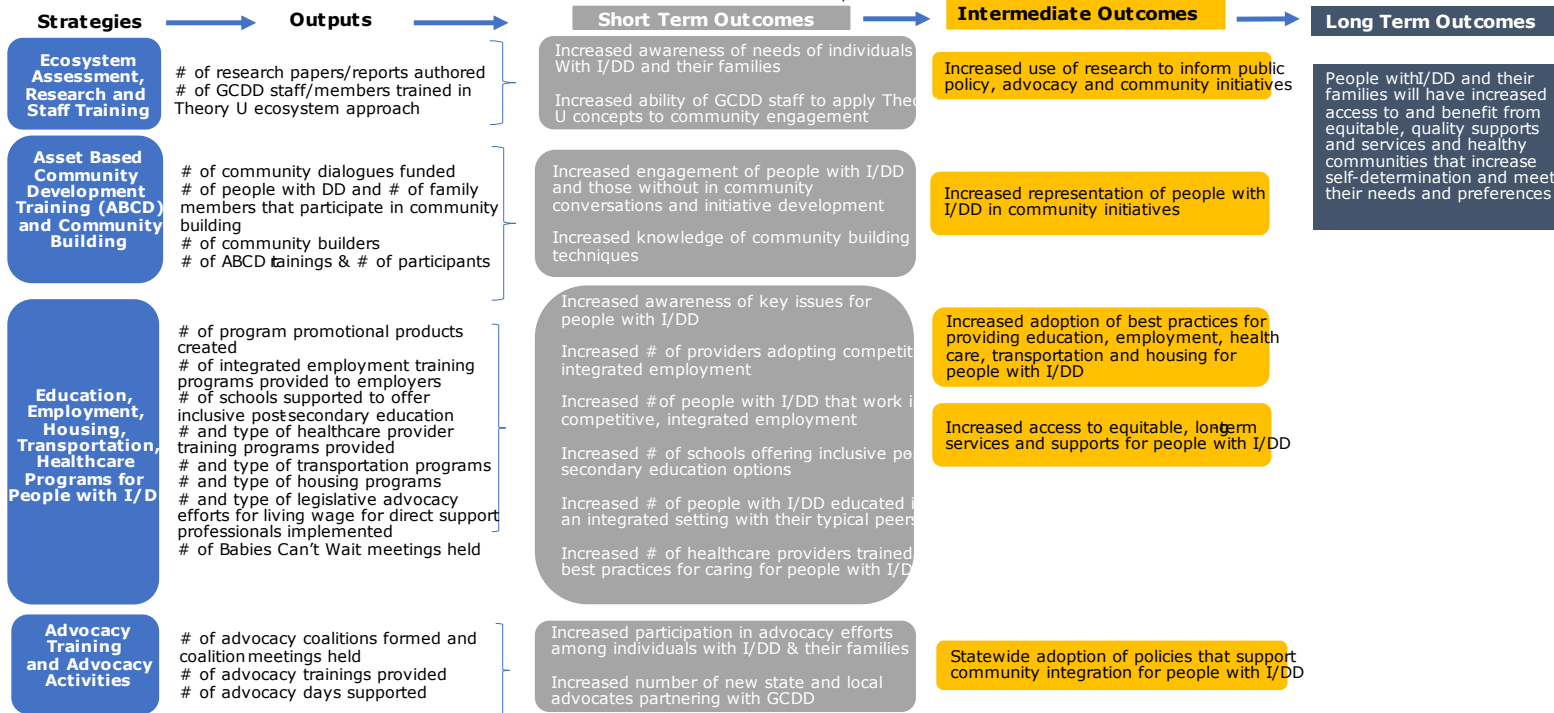
GCDD will rely on the CDC Program Evaluation Framework as a backbone to the above-mentioned tools. For more information on this framework see <https://www.cdc.gov/eval/framework/index.htm>

Of note, GCDD also relies upon the CDC for its Policy Analysis Framework. For more information on this framework see: <https://www.cdc.gov/policy/analysis/process/analysis.html>

LOGIC MODEL

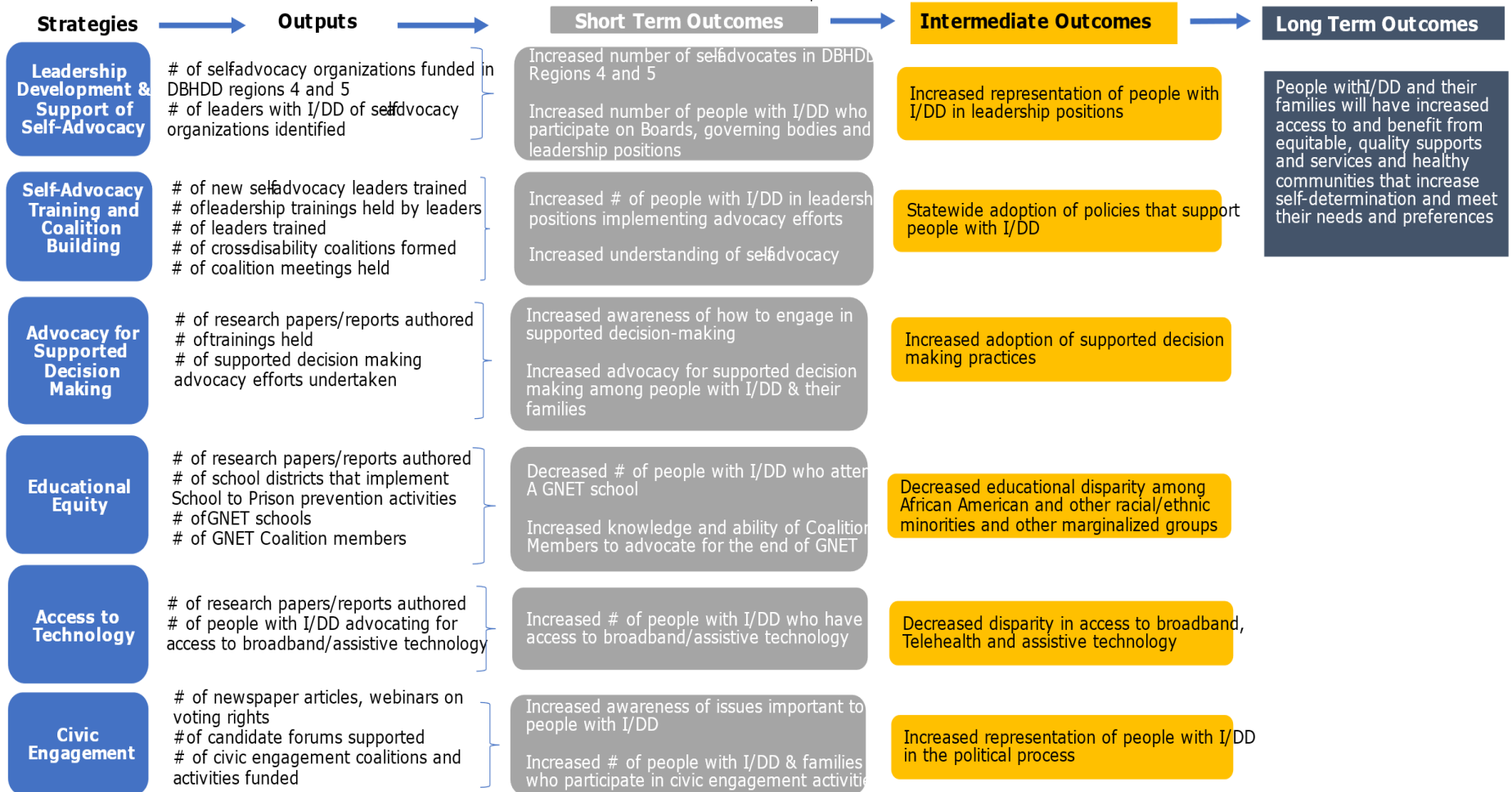
# Georgia Council on Developmental Disabilities (GCDD) Logic Model

**Inputs** GCCD Staff & Members | People with Developmental Disabilities (DD) | Network Partners | I/DD, CLD | Policy Makers | Funding | Data Management Systems | Messaging Technology



# Georgia Council on Developmental Disabilities (GCDD) Logic Model

**Inputs** GCCD Staff & Members | People with Developmental Disabilities (DD) | Network Partners | GAO, IHDD, CLD | Policy Makers | Funding | Data Management Systems | Messaging Technology





## Definitions

**Advocacy:** GCDD can be an effective advocate for change because of the funding capability, reputation, and board member prominence. The challenges we have are: how do we successfully engage others beyond disability in our work? How do we build true collaborations and the respect, trust, and friendships necessary to change how we deal with people and situations that challenge us? We must keep the needs and aspirations of those who are marginalized, including people with intellectual/developmental disabilities, at the forefront of any advocacy campaign.

Advocacy efforts are built based on:

- (1) Development of consensus around a common definition of the problem and possible policy options by an ever-widening constituency of people
- (2) Increased visibility of the issue in policy process, resulting in policy outcomes
- (3) Shifts in societal norms such as decreased discrimination
- (4) Shifting population levels impact indicators such as an increase in the of people with intellectual/developmental disabilities who are working.

**Capacity Building:** GCDD will award grants throughout the state to support efforts such as providing technical assistance, funding, and creating pilot or demonstration projects. GCDD can impact capacity building by making investments in local communities that seek both financial returns and social impacts. Any effort that GCDD supports should be place based or focus on certain geographic communities, focus on asset development, be inclusive of people with intellectual and developmental disabilities, be collaborative and focus on fostering networks, and emphasize local ownership and control.

**Convening:** Strengthening GCDD's capacity in coalitions is an essential marker to improving organizational conditions for advocacy and policy change efforts. GCDD can act as a neutral convener around community issues with a inclusive styles of leadership that are able to take an organization and its coalition members along in a process of reflection. It is about creating networks who bring disability groups together who have grassroots constituencies.

### Public Policy:

GCDD uses the learning from all our efforts to support a public policy agenda that will promote coherent policies that support integrated life in the community for people with intellectual/developmental disabilities and the people who support them. This includes advocating for increased access to quality and integrated services and supports that are part of the publicly funded system. We believe that public dollars should be used to fund services that are integrated in the community. This means increased access to home and community based waivers that fund integrated work and the individual is paid at least the minimum wage, direct support staff that are paid a livable wage, and supporting the entire family. Our public policy agenda will focus on social and policy issues impacting people with disabilities such as ensuring intellectual disability can be determined fairly in death penalty cases, and that parents with disabilities do not have their potential rights removed just because they have a disability. GCDD will support Advocacy days during the legislative session that are themed based on the legislative agenda adopted by GCDD members and the issues identified by the coalitions we support. GCDD will support the passage of value-based public policies that result in a conceptually coherent policy for integrated life for people with intellectual/developmental disabilities and the people who support them.

**Public Information:** GCDD is committed to informing, engaging, and educating individuals, their families and the general public in a way that brings about social and policy changes that positively impact community living.

The communication strategy seeks to deepen engagement, increase knowledge, strengthen advocacy, create opportunities, and foster lasting relationships between people with and without disabilities by sharing stories, disseminating information, producing and distributing media, convening spaces for dialogue, and collaborating with our partners and the broader community. GCDD employs multiple communications platforms to improve public perception of disabilities, generate greater awareness of disability-related issues, and inform people with disabilities about important opportunities and a broad array of topics. GCDD leads the way as a reliable source of information for Georgians through traditional media-relations and outreach: an Internet presence, and growing socialmedia engagement; publications, such as *Making a Difference Magazine* and *Public Policy for the People*; through database management which connects with 7,000 advocates; and through events like Advocacy Days where advocates visit legislators during the General Assembly.

Assurances reference Section 124 (c)(5)(B-N)

The Georgia provides the following assurances to support the GCDD Five Year Plan 2022-2026.

**(B) USE OF FUNDS**

- (i) not less than 70 percent of such funds will be expended for activities related to the goals of the Council Five Year State Plan;
- (ii) such funds will contribute to the achievement of the purpose of Subtitle B of Public Law 106-402, The Developmental Disabilities Assistance and Bill of Rights Act of 2000 and in various political subdivisions of the State;
- (iii) such funds will be used to supplement, and not supplant, the non-Federal funds that would otherwise be made available for the purposes for which the funds paid under section 122 are provided;
- (iv) such funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other State programs;
- (v) part of such funds will be made available by the State to public or private entities;
- (vi) at the request of any State, a portion of such funds provided to such State under this subtitle for any fiscal year shall be available to pay up to 1 /2 (or the entire amount if the Council is the designated State agency) of the expenditures found to be necessary by the Secretary for the proper and efficient exercise of the functions of the designated State agency, except that not more than 5 percent of such funds provided to such State for any fiscal year, or \$50,000, whichever is less, shall be made available for total expenditures for such purpose by the designated State agency; and (vii) not more than 20 percent of such funds will be allocated to the designated State agency for service demonstrations by such agency that-
  - (I) contribute to the achievement of the purpose of this subtitle; and
  - (II) are explicitly authorized by the Council.

**(C) STATE FINANCIAL PARTICIPATION.** -The State assures that there will be reasonable State financial participation in the cost of carrying out the plan.

**(D) CONFLICT OF INTEREST.** -No member of the Council will cast a vote on any matter that would provide direct financial benefit to the member or otherwise give the appearance of a conflict of interest.

**(E) URBAN AND RURAL POVERTY AREAS.** -Special financial and technical assistance will be given to organizations that provide community services, individualized supports, and other forms of assistance to individuals with developmental disabilities who live in areas designated as urban or rural poverty areas.

**(F) PROGRAM ACCESSIBILITY STANDARDS.** -Programs, projects, and activities funded under the plan, and the buildings in which such programs, projects, and activities are operated, will meet standards prescribed by the Secretary in regulations and all applicable Federal and State accessibility standards, including accessibility requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), and the Fair Housing Act (42 U.S.C. 3601 et seq.).

**(G) INDIVIDUALIZED SERVICES.** - Any direct services provided to individuals with developmental disabilities and funded under the plan will be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of such individual.

**(H) HUMAN RIGHTS.** - The human rights of the individuals with developmental disabilities (especially individuals without familial protection) who are receiving services under programs assisted under this subtitle will be protected consistent with section 109 (relating to rights of individuals with developmental disabilities).

**(I) MINORITY PARTICIPATION.** - The State has taken affirmative steps to assure that participation in programs funded under this subtitle is geographically representative of the State, and reflects the diversity of the State with respect to race and ethnicity.

**(J) EMPLOYEE PROTECTIONS.** - Fair and equitable arrangements (as determined by the Secretary after consultation with the Secretary of Labor) will be provided to protect the interests of employees affected by actions taken under the plan to provide community living activities, including arrangements designed to preserve employee rights and benefits and provide training and retraining of such employees where necessary, and arrangements under which maximum efforts will be made to guarantee the employment of such employees.

**(K) STAFF ASSIGNMENTS.** -The staff and other personnel of the Council, while working for the Council, will be responsible solely for assisting the Council in carrying out the duties of the Council under this subtitle and will not be assigned duties by the designated State agency, or any other agency, office, or entity of the State.

(L) NONINTERFERENCE. -The designated State agency, and any other agency, office, or entity of the State, will not interfere with the advocacy, capacity building, and systemic change activities, budget, personnel, State plan development, or plan implementation of the Council, except that the designated State agency shall have the authority necessary to carry out the responsibilities described in section 125(d)(3).

(M) STATE QUALITY ASSURANCE. - The Council will participate in the planning, design or redesign, and monitoring of State quality assurance systems that affect individuals with developmental disabilities.

(N) OTHER ASSURANCES. -The plan shall contain such additional information and assurances as the Secretary may find necessary to carry out the provisions (including the purpose) of this subtitle.

Designated State Agency Representative Signature and Date

Council Chairperson Signature (if the Council operates as its own DSA) and Date

Other signatures as appropriate to State/Territory



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