

**Georgia Council on Developmental Disabilities
Five Year Strategic Plan**

FFY 2011 - 2016



July 2011

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SECTION I: COUNCIL IDENTIFICATION

PART A. State Plan Period: **Federal Fiscal Year 2011-12 thru 2016-17**

PART B. Contact Person: Eric E. Jacobson
Phone Number: 404-657-2126
E-mail: eejacobson@dhr.state.ga.us

PART C. Council Establishment:
(i) **Date of Establishment: June 5, 1996**
(ii) **Authorization: X State Statute Executive Order N/A**
(iii) **Authorization Citation: Section 8, Title 30 of the Official Code of Georgia Annotated (O.C.G.A S 30.8.1)**

PART D: Council Membership. [Section 125(b)(1)-(6)].
(i) **Council membership rotation plan (1,000 character limit):**
(ii) **Council Members:**

Council members serve as the link between people with developmental disabilities, their families and the organization. The 27 members of the Council are appointed and terms 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. GCDD works with the Governor's office to ensure the timely appointment and rotation of members. Members are representative of the State and its geographic, ethnic, and disability diversity.

In compliance with federal legislation, at least 60% of the Council membership consists of people with 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.

Representatives of State agencies that provide services to people with developmental disabilities and other state agencies that provide generic supports help to provide broad representation to the Council. The GCDD has representation from six state level departments, the Institute on Human Development and Disability at the University of Georgia (University Center for Excellence in Developmental Disability Research, Education and Service), the Center for Leadership and Disability at Georgia State University (University Center for Excellence in Developmental Disability Research, Education and Service), and the Georgia Advocacy Office (Protection and Advocacy Agency). 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.

The GCDD members have outlined the following individual responsibilities expected of each member:

- Attend all board and committee meetings and functions, such as special events

- Be informed about the organization's mission, services, policies, and programs
- Review agenda and supporting materials prior to Council and committee meetings
- Serve on committees and offer to take on special assignments
- Inform others about the organization
- Keep up-to-date on developments in the disability movement
- Follow conflict of interest policies
- Refrain from making special requests of the staff
- Assist the board in carrying out its fiduciary responsibilities

Council Membership Category Codes

Agency/Organizational

Representatives

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

Citizen Member Representatives

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**

#	Last Name	First Name	MI	Agency Org. Code	Agency/ Org. name	Appt. date	Appt. Expired Date	Alt/ Proxy for State Agency Rep Name
1	Barge	John		A-2	Dept of Education			Deborah Gay
2	Beatty	Mike		A-9	Department of Community Affairs			Ron Pounds
3	Butler	Mark		A-1	Department of Labor			Christine Flemming
4	Cahill	Jamie		B-1		October 4, 2007	July 1, 2009	
5	Chester	Kim		B-2		October 4, 2007	July 1, 2011	
6	Connelly	Tom		B-1		July 20, 2005	July 1, 2008	
7	Cooke	David		A-8	Department of Community Health			Rhonda Page
8	Crain	Scott		B-2		July 20, 2005	July 1, 2010	

9	Crimmins	Dan		A-6	Center for Leadership and Disability, GSU			Stacey Ramirez
10	Feldman	Renee		B-2		July 25, 2007	July 1, 2011	
11	Flair	Carl		B-2		October 4, 2007	July 1, 2011	
12	Hunter	Tameeka		B-1		July 23, 2002	July 1, 2008	
13	Lindemann	Bruce		B-2		July 20, 2005	July 1, 2008	
14	Lee	Julie		B-2		July 23, 2002	July 1, 2010	
15	Maynard	Lenora		B-1		October 29, 1998	July 1, 2009	
16	Moore	Ruby		A-5	Georgia Advocacy Office			Jennifer Puestow
17	Nichols	Margaret		B-2		October 13, 2006	July 1, 2008	
18	Reese	Clyde		A-3	Department of Human Services			Alan Goldman
19	Risher	Jim		B-2		October 13, 2006	July 1, 2009	
20	Shelp	Frank		A-9	Department of Behavioral Health and Developmental Disabilities			Beverly Rollins
21	Spear	Denny		B-2		July 20, 2005	July 1, 2011	
22	Seegmueller	Tom		B-2		February 28, 2002	July 1, 2010	
23	Stoneman	Zolinda		A-6	Institute on Human Development and Disability, UGA			
24	Whiddon	Ken		B-2		October 4, 2007	July 1, 2011	

Table 1: Council Membership

Advisory Committee of the Council

In 1998, The GCDD agreed to select a group of individuals, not appointed by the Governor, to provide additional input into the discussions about the needs of persons with developmental disabilities. These individuals are chosen from across the state to serve a two-year term and have all the roles and responsibilities as Council members except the opportunity to vote on GCDD business.

Name of Member	Designation
Scott Bales	Individual with a Developmental Disability
Esmā Campbell	Parent of a Child with a Developmental Disability
Randy Grayson	Parent of a Child with a Developmental Disability
Tiffany Nash	Individual with a Developmental Disability
Cheri Pace	Parent of a Child with a Developmental Disability
Faith Reed	Service Provider

Table 2: GCDD Advisory Members

Council Team Structure

According to the National Center for Nonprofit Boards, the basic role of standing committees is to draft changes to standing policies and present them to the board for adoption. The committee might also serve as a sounding board, giving advice to the senior staff member responsible for managing the area of the committee’s responsibility. Committees are one way that an organization organizes itself to be more efficient. Many organizations are turning to a structure that establishes few standing committees that deal only with governance and financial issues.

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 the 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.

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;
- The GCDD chairperson will appoint a team chairperson and the team may not have more advisory members than appointed Council members;
- Advisory members will have equal standing with appointed members;
- The team may choose to invite participation of individuals not on the GCDD;
- The GCDD executive director will appoint a staff person to assist the team in its work;

At the beginning of each quarterly meeting, members will have the opportunity to share what they did during the previous three months on behalf of the GCDD. This will help engage members in the work of the organization and provide a way to recognize members for their work.

The GCDD will have the following Team structure:

The **Executive Team** is comprised of the Council chairperson and vice-chairperson, the chairperson of the Finance Team and three at-large members. At least one of the at-large members shall be an advisory committee member, and like the immediate past chairperson, will not vote. The Executive Team is responsible for developing governance policies and activities to support the membership, providing oversight of Council operations and policy 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 the GCDD in ensuring the organization is in good fiscal health and in compliance with State and Federal financial rules and regulations.

The **Finance Team** is responsible for assisting the GCDD in ensuring the organization is in good fiscal health and in compliance with State and Federal financial rules and regulations. The Finance Team will review quarterly financial statements prepared by the Executive Director and create policies that ensure the fiscal health of the organization.

The full Council, a committee or staff can recommend that the Council establish a **team**. This is a time limited and objective- specific committee created to help the 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 an 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 have at least 60% individuals with disabilities and family members. The number of advisory members on a team shall not exceed the number of voting members. The team may involve individuals who are not involved in the Council in team activities.

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

Role of Council Staff

As the Georgia Council on Developmental Disabilities begins implementation of the new strategic plan, we are redefining the relationship between the GCDD staff and the initiatives funded by the organization. A primary function of staff is to use the results that GCDD has experienced over the last five years as tools to assist communities implementing the Real Communities strategies. GCDD staff will provide technical assistance and grants management for supported initiatives. This requires intimate knowledge and a close working relationship with communities and projects. Staff will need to build long term relationships with local communities and their members as well as identifying the assets in each community and networks that people are already connected to. This means capitalizing on learning moments and helping leaders and others build off these efforts. In addition, GCDD will utilize a pool of consultants to increase the breadth of experiences and in order to have access to specialized help. Finally, especially related to those involved with the Real Communities, GCDD will develop peer to peer/community to community support which acknowledges the growing capacity and skills of each community and its successes.

This new model supports providing capacity building in each community and the people and groups involved in finding their way to creating places that welcome all people and support collective action. Building effective capacity building efforts and strategies will assist people and communities to invest in their own judgments and efforts, so they can learn more deeply and acquire experience more rapidly. GCDD capacity building and technical assistance will support people and groups in finding their own way to address issues. This comes in the form of (a) increasing communities abilities to solve problems and create a better quality of life; (b) developing efforts by individuals around creative problem solving and relationship building processes; (c) helping people invest in their own judgments and efforts more so they can learn most deeply and acquire experience most rapidly; and, (d) providing assistance to facilitate leaders.

Staff

Eric Jacobson, Executive Director: The Executive Director provides information, guidance and direction to the Council. This is accomplished through recruitment and supervision of staff and consultants; serving as a visible advocate on issues related to people with developmental disabilities; working with public and private sector at Federal, regional, and State levels to maximize resources available to Council.

Patricia Nobbie, PhD, Deputy Director: The role of the Deputy Director is to oversee the programmatic operations of the Council. The Deputy Director is responsible for implementing the Council's legislative agenda, strategic planning and evaluation processes. These activities require an overall picture of what is occurring throughout the organization and assist in tying all programmatic activities together.

Dottie Adams, Individual and Family Support Director: The Individual and Family Support Director coordinates, directs, and participates in Council initiatives related to providing supports to individuals and families. This includes developing written products for Council members, performing research participating in coalitions and managing contracts related to self-determination, family support, early intervention, and employment.

Gary Childers, Fiscal Officer: The Fiscal Officer coordinates and directs the fiscal operations of the Council. The Fiscal Officer is responsible for the development and maintenance of budgets and budgetary systems, contracts management, and computer networks to support Council activities.

Caitlin Childs, Organizing Director: The Organizing Director coordinates, directs, and participates in Council initiatives related to building and supporting grassroots efforts in Georgia, specifically the Real Communities Initiative. This includes developing written products for Council members, performing research, providing technical assistance to local community builders and initiatives, overseeing contracts that support this goal, and participating in coalitions.

Eric Foss, Receptionist: The Receptionist is responsible for answering the telephone and performing a variety of clerical duties.

Dreda Mackey, Program Manager Associate: The Program Associates provides administrative support to the Fiscal Officer including coordinates a Project Tracking System and development of contracts and reimbursement to vendors.

Kim Person, Executive Secretary: The Executive Secretary serves as the assistant to the Executive Director. The Executive Secretary is responsible for performing a variety of office management, administrative, and clerical duties with primary emphasis on relieving the Executive Director of administrative detail.

Darlene Spearman, Public Information Program Associate: The Program Associate serves as the assistant to the Public Information Director. The Program Associate is responsible for performing a variety of office management, administrative, and clerical duties with primary emphasis on relieving the programmatic staff of administrative details.

Valerie Meadows Suber, Public Information Director: The Public Information Director plans, develops and implements marketing and public relations projects and/or agency and program campaigns for the Council. The Director provides agency-related information to the press and general public, prepares news releases, sets up news/press conferences, responds to inquiries from the public and the media, and prepares speeches, agency briefings and audio-visual productions. The Public Information Director also develops, edits and prints agency newsletters, informational brochures, or other promotional material.

Anna Watson, Policy and Planning Associate: The Policy and Planning Associate serves as the assistant to the Deputy Director and Family and Individual Support Director. The position is responsible for performing a variety of office management, administrative, and clerical duties with primary emphasis on relieving the programmatic staff of administrative details.

#	Position or Working Title	FT	PT	% PT	Last name of person in position	First name of person in position	MI
1	Executive Director	X	<input type="checkbox"/>		Jacobson	Eric	
2	Deputy Director	X	<input type="checkbox"/>		Nobbie	Patricia	
3	Fiscal Officer	<input type="checkbox"/>	X	75 %	Childers	Gary	
4	Public Information Director	X	<input type="checkbox"/>		Meadows-Suber	Valerie	
5	Public Information Assistant	X	<input type="checkbox"/>		Spearman	Darlene	
6	Family and Individual Support Director	X	<input type="checkbox"/>		Adams	Dottie	
7	Community Builder Director	X	<input type="checkbox"/>		Childs	Caitlin	
8	Executive Secretary	X	<input type="checkbox"/>		Person	Kim	
9	Planning and Policy Associate	X	<input type="checkbox"/>		Watson	Anna	
10	Receptionist	X	<input type="checkbox"/>		Foss	Eric	
11	Grants Manager	X	<input type="checkbox"/>		Mackey	Drelda	

Table 3: GCDD Staff

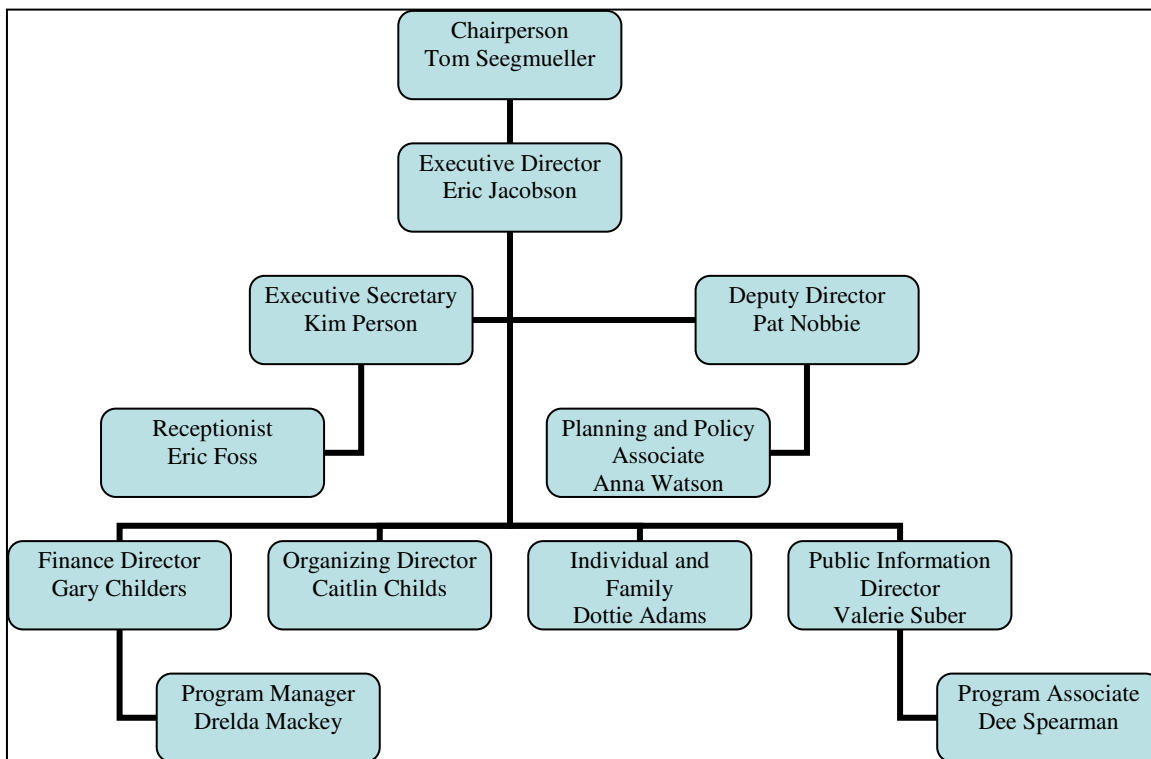


Figure 1: GCDD Organizational Chart

SECTION II: DESIGNATED STATE AGENCY [Section 125(d)].

PART A. The Designated State Agency (DSA).

The DSA is:

X The Council

SECTION III: COMPREHENSIVE REVIEW AND ANALYSIS [Section 124(c)(3)]

The Georgia Council on Developmental Disabilities has worked in collaboration with the Department of Public Health, Department of Behavioral Health and Developmental Disabilities and the Department of Education to develop mechanisms to collect and analyze data about individuals with developmental disabilities in Georgia. A workgroup has been meeting and designed ways to share information across agencies and create a database that is beginning to show service and population characteristics of individuals with developmental disabilities.

The source of data for this effort comes from the following:

- IDEA Part C-Babies Can’t Wait Program
- Metro Atlanta Congenital Defects Program
- Metropolitan Atlanta Developmental Disabilities Surveillance Program
- Hospital Discharge Data
- Vital Statistics Data
- IDEA Part B Program
- Student IDs Dataset
- Student Record Dataset
- Health Risk Screening Tool
- Waiver Information System
- Supports Intensity Scale
- Georgia Quality Management System
- Repository of Critical Incidents
- National Core Indicators

This workgroup continues to work on this effort and to expand the agencies involved to include data from Medicaid, family health, oral health, and immunizations. Some of the data presented under the comprehensive review has come from their work.

Prevalence of Developmental Disabilities

The federal government does not collect census data on developmental disabilities. In Georgia, no state agency uses the federal definition of developmental disability in determining eligibility or keeping statistics. Currently, the definition of the target population for services in the Division of Developmental Disabilities is consistent in state law, the application for the Medicaid Waiver that is currently in force, and in the US v Georgia Settlement Agreement as it pertains to individuals in state hospitals and in the community at risk of institutionalization.

People in the State with a disability (2009 American Community Survey 1 Year Estimates)	Percentage
Population Birth to 17 years	96,175 (3.7%)
Population 18 – 64 years	619,516 (10.3%)
Population 65 years and over	386,146 (39.6%)

Table 4 Number of Georgians with a Disability By Age

This definition is: “A related developmental disability is defined as; a severe, chronic disability that is attributable to a significant intellectual disability, or any combination of a significant intellectual disability and physical

impairment; is manifested before the individual attains age 22; is likely to continue indefinitely; and results in substantial functional limitations in three or more of the major life activities which are defined as self-care, receptive and expressive language, learning, mobility, self-direction, and capacity for independent living. This target group is in accordance with Section 37-1-1 of the Official Code of Georgia Annotated.”

To gain a proxy for prevalence of developmental disability, we must rely on the American Community Survey which collects data on disability status but not developmental disabilities. The 2009 American Community Survey 1 Year Estimates indicates that there are 1,101,839 Georgians with a disability. This equals 11.5% of the population. In addition, the Centers for Disease Control through its Autism and Developmental Disabilities Monitoring Network, estimates that there are 46,621 children in Metro Atlanta with Autism. This equals a ratio of 10.2 per 1,000 children.

Much of the literature on developmental disabilities suggests there are several variables that increase the likelihood of an occurrence of developmental disability including socio-economic status, ethnicity, gender, urban-rural residence, geographic location, age, and other birth factors.

Many state Councils on Developmental Disabilities and the Administration on Developmental Disabilities accept a national prevalence rate of 1.8 percent of the population that has a developmental disability (Gollay and Associates, 1988). There are many limitations to this figure that do not take into account state-specific geographic and cultural demographics. As a state, Georgia's population ranks high nationally in those factors that indicate an increased likelihood for the occurrence of developmental disability.

A study conducted by the Institute on Human Development and Disability for the Council in 1993 suggested that because of the compelling socio-demographics and current disability population, a more reasonable estimate of the population with developmental disability should be minimally estimated at 2 percent of the total resident population. The Centers for Disease Control also uses a 2% prevalence rate for individuals with intellectual/developmental disabilities.

While the Council recognizes that Georgia's demographics suggest a higher prevalence of developmental disability than a national average, it has accepted the national prevalence rate of 1.8 percent. In 1999, the Council estimated that by 2010 there would be 165,788 individuals with developmental disabilities in Georgia. Because of the growth in Georgia's total population, the Council believes that we have nearly reached that projection and that there are an estimated 165,239 citizens with developmental disabilities currently living in Georgia.

Snap Shot of Georgia

Georgia is one of the fastest growing states in the country, fueled by the growth in the metropolitan Atlanta area. Between 2000 and 2010, Georgia added 1.5 million people. The 2010 Census Redistricting Information reports there are 9,687,653 people residing in Georgia, an 18.2% increase since 2000. The Metropolitan Atlanta Area was the 10th fastest growing areas in the country with a population increase of 27.9%. The Brookings Institute's State of Metropolitan America described Atlanta as a part of the New Heartland with high growth, low diversity and a highly educated, service based workforce.

The Georgia Office of Planning and Budget projects that the next twenty years will experience the same growth rates for the State. Between 2010 and 2030 the State's population is projected to grow by an additional 4.6 million people to 14.7 million people. Net migration will continue to be the leading contributor to population growth. According to the Georgia Office of Planning and Budget by 2030 nearly 43% of Georgians are projected to live in the 10 county Atlanta Regional Metropolitan Area.

According to the Georgia Policy and Budget Institute (GPBI), Georgia has the 49th lowest in state taxes per capita. Only South Carolina has a lower rate. The Tax Foundation rated Georgia as the 25th best business tax climate and 10th best by COST. Taxes as a share of individuals income has fallen from the 1990's when Georgia had the 6th highest growth in taxes to 17th in job growth.

Poverty Rate

The Great Recession that the United States has experienced has changed the face of poverty with more than 250,000 Georgians joining the ranks of the poor since 2007. Unemployment in Georgia continues to hover close to 10 percent statewide (dropping to 9.9 percent in April 2011). Most of the State’s new jobs are in the hospitality industry, educational and health services and construction. However, the number of long term unemployed Georgians remains a problem and at most 255,000 people had been out of work for at least 27 weeks.ⁱ Underemployed workers settle for part-time work but need full-time jobs, wages are not keeping pace with rising costs, and more families are slipping out of the middle class and into poverty. According to the Georgia Policy and Budget Institute, Georgia has the 12th highest poverty rate in the nation. One in six Georgians has income below the federal poverty level (\$18,310 for a family of 3) and 22.3% of children were living in households with income less than the federal poverty level. According to the 2009 American Community Survey, almost 26% of households had incomes less than \$25,000 per year and ten percent of the households had incomes of less than \$10,000. Georgia workers are struggling to meet their families' basic needs as their incomes have fallen in the recession. In fact, median household income fell to a decade low \$47,590 in 2009 (after adjusting for inflation). Hit hardest are the 568,324 Georgia children (22 percent) living in poverty; including 33 percent of African American children and 42 percent of Hispanic children. Children who experience poverty are more likely to have poor health, to drop out of school, and to be unemployed or underemployed as adults.

The United Way of Atlanta defined the Self-Sufficiency Standard: as “how many working adults need to meet their basic needs without subsidies of any kind.”ⁱⁱ The Self-Sufficiency Standard provides county-level estimates of basic needs budgets. These family budgets provide a glimpse of the real cost of meeting basic needs in each county in Georgia and demonstrate how far the federal poverty line remains from a self-sufficient income. The Self-Sufficiency Standard is based on seven criteria: housing, child care, food, transportation, healthcare, taxes and miscellaneous costs. In 2008, the self sufficiency standard for the 13 county metropolitan Atlanta area was \$41,679. For a family of 4 with one preschooler and one school age child in Bibb County (Macon), the annual wage to achieve the self-sufficiency standard is \$39,188. This means that a family of four in Macon, Georgia must make at least \$39,188 in order to have adequate housing, purchase child care, food, health care and have the necessary transportation to get to work. Related to this, Georgia consumers are in the most distress in the United States. According to Consumer Distress Index compiled by CredAbility, Georgia consumers posted the second lowest score at 62.98 (Nevada’s score was 60.78). According to CredAbility, both Georgia and Nevada “suffer from severe unemployment and housing problems.”ⁱⁱⁱ

Disability is both a fundamental cause and consequence of income poverty. Income poverty rate for persons with disabilities is between 2 and 3 times the rate for persons without disabilities. Nearly two-thirds of those working age adults who experience consistent income poverty have 1 or more disabilities. Families raising a child with disabilities have higher income poverty rates. 17% compared to 11.4% of families with an adult with a disability. People with disabilities experience 2 to 5 times more poverty. 65% of people experiencing long-

Poverty Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Below 100 percent of the poverty level	21.0%	11.3%
100 to 149 percent of the poverty level	14.0%	7.7%
At or above 150 percent of the poverty level	65.0%	81.0%

Table 5 Poverty Status in Georgia

term poverty (greater than one year) are persons with disabilities.

According to Priced Out in 2008^{iv}, people with disabilities who rely on SSI as their sole source of income

continue to be the nation’s poorest citizens. Almost one-third of adults with disabilities live in households with total incomes of less than \$15,000. SSI payments have not kept pace with the cost of basic human needs. In 2008, the national average income of a person with a disability receiving SSI was \$668 per month or \$8,016

annually – equal to only 18.6 percent of the national median income for a one person household. That level of income was almost 30 percent below the 2008 federal poverty level of \$10,400 for an individual.

Aging in Georgia

Newly released Census data reveals that Georgia’s population is growing older at unprecedented rates. In the 28-county metro Atlanta region, the number of people aged 65 and older grew by 44 percent between 2000 and 2010, nearly twice the growth rate of the metro Atlanta population overall. In fact, it is projected that by 2030 one out of every five people in the metro Atlanta region will be older than 60.

Diversity in Georgia

Georgia is becoming a more diverse state, geographically, ethnically and racially. This means that we have a population that lives in both rural and metropolitan areas. The needs of both areas are very different based on those who live there and the services that are available. While Georgia has always been seen as a racially diverse state, this has changed over the past few years as more people from Mexico, Central America, South

Race and Ethnic Diversity of the State Population	Percentage
White alone	5,413,920 (55.9%)
Black or African American alone	2,910,800 (30%)
American Indian and Alaska Native alone	21,279 (.02)
Asian alone	311,692 (3.2%)
Native Hawaiian and Other Pacific Islander Alone	5,152 (.1%)
Some Other	19,141 (.2%)
Two or more races	151,980 (1.6%)
Hispanic or Latino (of any race)	853,689 (8.8%)

America and Asia settle in cities and towns across the state. This has also led to more people speaking languages other than English that are presenting themselves and families members in need of services and supports.

Table 6 Racial and Ethnic Diversity in Georgia

Study might suggest that Atlanta is a low diversity area, the statistics seem to differ. The Atlanta Journal Constitution described it as “the last 10 years saw a boom in the number of Hispanic and Asian residents in metro Atlanta.”^v In fact, 9% of Georgians are foreign born with the majority coming from Mexico, Germany, Korea, Jamaica and India. In addition, Atlanta has become a major site for the resettlement of refugees from around the world. From 2006 to 2009, there was a 50% increase in the number of refugees resettling in Georgia. Among the issues facing refugees are educational issues, services in which there is adequate translation and interpreter support, a greater range of services, lack of access to informal networks and information about what services are available.

While the Brookings Institute

Georgia’s System of Support for People with Developmental Disabilities

There are five major trends impacting the lives of people with developmental disabilities and their families in Georgia and across the country: (1) reliance on a antiquated system of services and supports that can not be sustained; (2) movement to close segregated institutions and support people with developmental disabilities to live in communities with support and services; (3) a population bubble of people with developmental disabilities living at home with aging caregivers; (4) a growing waiting list for services and supports; (5) policy decisions being driven by law suits.

Reliance on legacy systems

The demand for publicly funded services for individuals with developmental disabilities is growing and is increasing at a rate greater than the population growth alone. The turnover among individuals receiving services is reduced so there is less capacity to absorb new demand. This increase is being driven by aging baby

boomers and people who are living longer, many whom have survived traumas that they would have died from in the past.

Nancy Thaler in the August 2010 NASDDDS publication wrote “while we refer to ‘state systems,’ rarely have states actually planned at a systems level. New funding may be available for services and for a handful of administrators to run the system, but few resources are ever dedicated to developing system-level activities such as research, provider training, parent outreach and education, oversight or quality improvement.”^{vi} While too many Americans and Georgians with intellectual and developmental disabilities still do not live in the community and too much money is still spent isolating people in large institutions, progress has been made. There are fewer than 35,000 (31% of people with developmental disabilities) people in institutions in the United States... a country with a population of 300 million. In 2009, there were 19 states that have either no people in public institutions or have fewer than 150 individuals. None of these states are in the southern part of the United States however. In 2005, Medicaid spent on average \$117,000 per year on those in an institution and \$39,600 for those in the community.

Home and community based spending has constituted a steadily increasing share of Medicaid Long Term Care costs, rising at a much more rapid rate than spending on institutional services. In 2005, Medicaid spent almost \$28.8 billion on people with intellectual and developmental disabilities, almost \$53,000 per person. In contrast, a decade earlier, HCBS spending accounted for only 19.2 percent of Medicaid long term care expenditures.

One of the greatest indications of the nation’s and state’s commitment to make it possible for people with disabilities to experience “real living” is reflected in the amount of resources allocated to home and community based services. Over the last few years, Georgia has been making progress in its services to individuals with developmental disabilities. There are approximately 12,000 individuals with developmental disabilities in services in Georgia, in waivers, state funded grant in aid and family support. Two new Medicaid waivers were created which replaced “MR”waivers that were outdated and inefficient. Progress has been made at addressing the waiting list and a recent Department of Justice agreement with the State provides opportunities for moving people from institutions to the community and improving the infrastructure that supports individuals.

The Closure of Institutions and Movement to Communities

In the state of Georgia, persons with developmental disabilities are served by two different systems. Many live in their own homes where they receive residential services that provide support as needed. Many others, however, are still served within institutions where they are grouped together and separated from the community because of their disability. The differences between the two systems are a matter of choice, inclusion, and integration.

The movement toward community living for all persons with developmental disabilities has been gradually gaining momentum. That community living is not only a fundamental part of being human, but is also a cost-effective way of

providing long term care, is widely accepted as true. Additionally, in 1999 the Supreme Court ruled in *Olmstead v. L.C.* that unjustified isolation of individuals with disabilities is discriminatory, adding a legal basis for deinstitutionalization.

Year	Total Served	A. Number Served in Setting of <6 (per 100,000)	B. Number Served in Setting of >7 (per 100,000)	C. Number Served in Family Setting (per 100,000)	D. Number Served in Home of Their Own (per 100,000)
2009	22,829	6420	2813	7276	6320
2007	22640	5949	2783	7996	5912
2005	18163	4904	2961	7689	2609

Table 7 Settings where people with developmental disabilities live

State	Number
Alaska	0
DC	0
Hawaii	0
Maine	0
New Hampshire	0
New Mexico	0
Rhode Island	0
Vermont	0
West Virginia	0
Minnesota	41
Oregon	41
Nevada	66
Montana	67
Delaware	81
Idaho	93
Wyoming	94
Colorado	104
North Dakota	127
Arizona	133

Table 8 States with No Institutions or less than 150 people

The *Olmstead* decision left no question of the future of services for persons with developmental and other disabilities. The present issue for the state of Georgia is how to go about completing the transition to a system of home and community based services. Georgia, like many other states, faces several major hurdles along the pathway to community living for all.

Georgia operates 6 state hospitals providing services to individuals with mental health issues and developmental disabilities. There are nearly 750 individuals with developmental disabilities in the state hospitals, and 345 with mental illness. The Georgia Advocacy Office brought suit against the state in 2009 for violations of treatment in the state hospitals under the CRIPA act. That was settled with an extensive compliance agreement, but a group of AMICI then requested further attention from the courts, bringing in the Department of Justice and over the course of the next year, a more extensive settlement agreement was created that focused on developing capacity in the community to serve people with disabilities, particularly mental health, which did not have a community-

based mental health system.

The State of the States in Developmental Disabilities, 2010 edition, provides information and data on how Georgia and other states are allocating resources for people with developmental disabilities. Georgia's Home and Community Based Waivers have been in place for 20 years and in 2009 served 11,659 people, an increase of over 5,000 people in just three years. Between 2006 and 2007, Georgia experienced a 39% increase in spending for home and community based services. This was the second highest increase in the United States. In 2006, Georgia spent \$397,427,999 in state and federal dollars for home and community based services and in 2009 this increased to \$631,504,751. In addition, spending on institutions went from 48% of all dollars spent on people with developmental disabilities to 16% in 2009. Georgia ranks 34th in the country with 70% (6,420) of out of home placements in 1-6 person homes and 1,133 people still in institutions. In addition, there are approximately 1,541 individuals with developmental disabilities living in nursing homes. The State of Georgia spends on average \$207 per day for people living in institutions as opposed to an average of \$128 per day for individuals living in the community. However, even with these increases Georgia ranked 48th in the nation in state spending with \$2.16 per \$1,000 dollars of state income. The national average was \$4.36 per \$1,000 and Georgia is below the national average from 1977 which was \$2.24 per \$1,000.

In 2005, Legislature passed House Resolution 633, urging five agencies, (Departments of Community Health, Human Resources, Education, Juvenile Justice and Labor), to create a multiple year plan to move all children under the age of 21 from state hospitals and private ICF-MRs and nursing homes to "permanent, loving homes." During the past year, the GCDD, in collaboration with the Georgia Advocacy Office, Institute on Human Development and Disability, Statewide Independent Living Council and People First supported efforts to move the remaining 40 children from state hospitals into the community. There still remain approximately 100 children in nursing homes or private ICF/MRs. In addition, we now know of several Georgia children who are in nursing homes in our border states of Alabama or South Carolina. Children should not grow up in institutions but instead need to be in loving, stable homes. The reason many children ended up in facilities is because families did not have the supports they needed to care for children with developmental disabilities or chronic medical conditions. The only option given to many families was placement in a state or private institution. The priority for the GCDD is a Georgia where children are prevented from going into institutions/facilities or are brought home safely from institutions/facilities into homes and families.

The Money Follows the Person (MFP) Initiative funded by the Center for Medicaid and Medicare Services for the purpose of transitioning people with developmental disabilities, physical disabilities and the elderly from state institutions and nursing homes is another effort to rebalance the institutional bias. It is anticipated that by the end of this 4 year grant, 562 individuals with developmental disabilities and 375 individuals with physical disabilities will transition into the community. In 2009, the MFP assessed 94 individuals with developmental disabilities and 48 individuals with physical disabilities for transition. Of those 42 individuals with developmental disabilities and 26 individuals with physical disabilities transitioned to the community during the reporting period.

One of the major reasons that individuals did not transition was because there was a lack of qualified providers in regions of the State, particularly residential host homes for individuals with complex medical needs. In addition, nursing home staff poses barriers to getting information to individuals. In a recent report by the Initiative, the following challenges and barriers to moving people into the community were identified:

- * Some MFP participants are found to require 24 hour care which is not supported by the existing Independent Care Waiver Program (ICWP) waiver or exceeds the cost of nursing facility care. Some participants who may be appropriate for ICWP may not be served because the waiver does not include a residential option.
- * Additionally budget cuts have decreased the set-aside waiver capacity and restricted funding for various efforts such as outreach, marketing and education.
- * Provider performance has been less than expected as the program completed its first full year
- * The length of time for waiver assessments resulted in a very lengthy transition process. This often resulted in individuals being denied a waiver or their family situations changed. For people with developmental disabilities, delays in receiving the SSI letter of eligibility keep providers from being paid for services.

According to *Shut out, Priced Out and Segregated*, a study conducted by the Statewide Independent Living Centers, 46% of people with disabilities who transitioned out of nursing homes used Section 8 rental subsidies to do so. The Center for Budget and Policy Priorities confirmed this finding and found that federal rental assistance programs enabled more than 136,110 low income households to rent modest housing at an affordable cost, of which 42% are people with disabilities.

Although the national momentum favors community living, opposition to the transition of the individuals to the community exists. Families of some institutionalized individuals are concerned about the adequacy of home care. Many employees of institutions are wary of the transition process and uncertain of the future of their jobs. Others recognize the magnitude of the responsibility that providers of community services will be required to bear and question the ability of providers to meet the needs of those requiring services. Finally, the financing of long term care remains institutionally biased. The following section examines each of these challenges.

People with Developmental Disabilities Are Living with Their Families

In 2009, there were approximately 19,459 individuals with developmental disabilities in Georgia living with aging caregivers and Georgia ranked 51st in the United States for spending per 100,000 people for family supports. The State of the States of Developmental Disabilities estimated that there are close to 99,000 care giving families in Georgia but that Georgia is only serving 1,289 families. These numbers indicate a trend that the number of individuals and families that are at daily risk for institutionalization or other immediate placements caused by the death of a parent and loss of support. Georgia is among those states trying to address these issues through its Medicaid Waiver program. One of the changes made when Georgia created its “NOW” and “COMP” Waivers was follow a trend of investing in “in-home supports.” States are looking at how they allocate resources to individuals and asking the question: “Are the ways we allocate funds fair and based on support needs?” “Do we really know what it costs to serve a person?” And, “Why some people are allocated more than others, even though they have similar needs?”

To answer these questions and move toward a system that relies less on high cost, low valued services, states are turning to “support” waivers and other innovative tools such as individual budgets, paid relatives and peer supports, and use of the Supports Intensity Scale. The Department has SIS scores for nearly all of the individuals it supports. The intent of the SIS is that those with greater needs receive more intensive services and individual budgets are based on this need. Georgia has been among the leaders in developing these approaches to home and community based services. In 2006, 166,673 individuals or 28% of those served in the United States were in support and comprehensive waivers.

In 2010, according to the 2009-2010 National Core Indicators data, 38% of individuals do not live in a residential setting. In Georgia 63% of individuals do not live in a residential setting. According to the 2007 National Core Indicators Adult Family Survey Final Report (25 states participated):

- ★ Annual income of 50% of families was under \$25,000, 62% of family caregivers were over the age of 55, and some families who had a family member with a disability living with them felt isolated and cut off from their communities

- ★ People with developmental disabilities living with their families reported being less lonely, happier and liking where they were living more than people living in residential settings.
- ★ People living with their families are not as likely to recount having a best friend, or able to see their friends when they want and more likely to say they don’t have any friends
- ★ People living with their families are less likely to have had a physical exam in the past year or a dentist in the past six months.

According to the National Association of State Directors of Developmental Disability Services

- ★ 70% of funds are support people living in places with 6 persons or fewer
- ★ 2.6 is the average size of any residential place
- ★ Approximately 57% of all those receiving ID/DD services live at home with a family member.
- ★ 62% if caregivers are over the age of 65

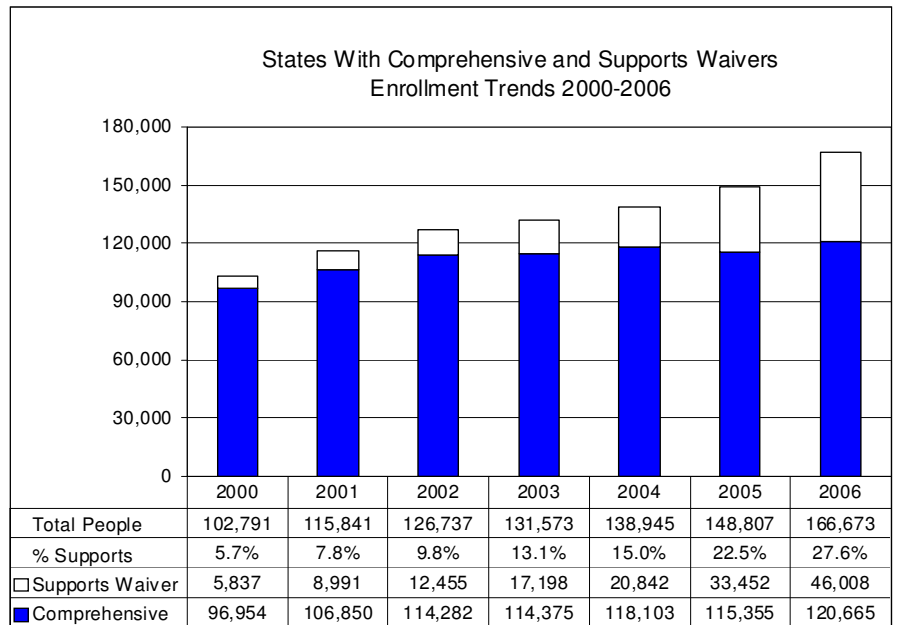


Table 9 Support Waiver Trends

Waiting List for Home and Community Based Services

In 2009, 42 states had waiting lists totaling nearly 65,000 individuals. In Georgia progress has been made to address the waiting list for home and community based services because of a 10 year campaign that is collaborative between advocates, legislators and state agencies. In 2004, the Legislature passed House Resolution 1307 urging the Departments of Human Resources and Community Health to create a five-year funding plan that would reduce the waiting lists to a reasonable pace, and the Division of Developmental Disabilities used this resolution to structure budget requests for those five years. In 2010, the Legislature passed another five year funding plan resolution, HR 1713. The projections for that plan were never completed.

In addition, to the adults waiting for services, each year approximately 700 children with significant developmental disabilities exit the Department of Education’s special education program. Due to a lack of funding for home and community-based services, most of these young adults remain at home while receiving no services. In many cases, this creates a crisis for parents who must work and cannot stay at home and care for their family member.

Now and Comp Waivers:

The short term list reflects the number of individuals who need services in a short time frame (less than a year), and the Long Term list reflects individuals who need services more than a year away.

As of April 2011, the Department of Behavioral Health and Developmental Disabilities reports as 6,013 people with developmental disabilities waiting for services although this number may be low based on Georgia’s demographics. Based on national statistics and the population size and demographic characteristics of Georgia the waiting list numbers should be much higher than even the 6,000 reported in April.

Short Term List as of April 2011: 2847

Long Term List as of April 2011: 3166

Total Planning List as of April 2011: 6013

The waiting list figures have fluctuated quite a bit in the past year. In April, 2010, the Division of Developmental Disabilities was reporting a total of about 4600 on the short term and long term lists combined previously. In October, 2009, they were reporting figures as high as 6300. According to the Division, the list reduction was due to removal of duplications and a concerted effort to verify the individuals who were still waiting for services. For example, if a family put their son or daughter on the short term list prior to graduation from high school for immediate support services such as supported employment or personal support, and also put them on the long term list in anticipation of needing residential services in the future, then their name appears on each list and is duplicative. The individual’s name is left on the list that more accurately reflects their immediate need, and removed from the other list. In addition, in scrutinizing the lists, Regional Staff removed names of individuals they could not locate after numerous attempts. Their files remain open at the Regional Offices, but their names are removed from the planning list count.

Currently, Georgia has about 12,000 individuals with developmental disabilities in services. Louisiana, for example, has over 30,000 people in services, and is a much smaller state population-wise than Georgia. Georgia is the

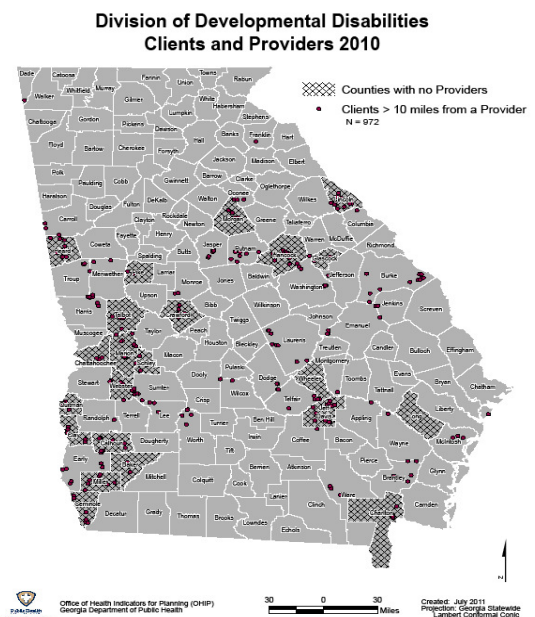


Figure 2: Distance between individuals and providers

sixth fastest growing state in the country, and has one of the top ten fastest growing aging populations in the country. Both of these statistics point to many more people potentially needing services than have approached the state for assistance. We estimate that over 19,000 individuals with developmental disabilities live with caregivers over the age of 64. Every one of these individuals is vulnerable if their caregivers become disabled themselves, or pass away, making the need for community placement an emergency.

In order to be eligible for the NOW or COMP Waiver an individual must meet criteria established by the Department of Behavioral Health and Developmental Disabilities. Currently, the state is operating under a definition that effectively means an individual must have an intellectual disability in addition to any other severe, chronic functional impairment that is included in the Federal Medicaid definition of "related conditions." This definition is included in the state code, and in the COMP (Comprehensive) Waiver renewal application, which was submitted and approved by the Centers for Medicaid and Medicare Services. It is also the definition that is included in the Department of Justice Settlement Agreement as the definition of 'developmental disabilities.'

"The target group for the Comprehensive Supports Waiver Program included individuals with a diagnosis of mental retardation and /or a related developmental disability who require comprehensive and intensive services, meet ICF/MR level of care, and who do not otherwise qualify for the New Options Waiver Program. A related developmental disability is defined as: a severe chronic disability that is attributable to significant intellectual disability, or any combination of a significant intellectual disability and physical impairment; is manifested before the individual attains the age of 22; is likely to continue indefinitely; and results in substantial functional limitations in three or more of the major life activities which are defined as self-care, receptive and expressive language, learning, mobility, self-direction, and capacity for independent living. This target group is in accordance with section 37-1-1 of the Official Code of Georgia Annotated."^{vii}

The underlined language indicates that no matter what, in order for the individual to be considered eligible for the COMP waiver services, they would have to have a significant intellectual disability. This is defined as at least 2 standard deviations below the norm, or having an I.Q. < 70.

The criteria has created great inconsistency across the provider system. Some providers have been denying services to individuals who have IQs over 70 for the past year, while others have not. Family support providers do not verify IQ for the most part, but assess what the family needs to stay together and stable in the absence of more formal supports. Because of these issues, GCDD was asked to convene a work group of stakeholders to work on the definition and criteria and this group will provide its findings before the 2012 legislative session.

ICWP Waiver:

The Independent Care Waiver Program (ICWP) offers services that help a limited number of adult Medicaid recipients with physical disabilities live in their own homes or in the community instead of a hospital or nursing home. ICWP services also are available for persons with traumatic brain injuries (TBI). The program operates under a Home and Community Based Waiver 1915(c) granted by the Centers for Medicare and Medicaid Services.

Individuals who have severe physical disabilities, are between the ages of 21 and 64 and meet the criteria below are eligible for the ICWP.

- Capable of directing their own services (individuals with a TBI do not have to meet this criteria)
- 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

- Medically stable but at risk of placement in a hospital or nursing facility because community-based support services are not available
- Are able to be safely placed in a home and community setting

Other factors also help determine whether eligible applicants can receive waiver services. Those factors may include: 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). People who are considering nursing home or other institutional care may be eligible for home and community-based services as an alternative through Georgia's Medicaid waiver program. In order to qualify for the waiver programs, the individual must meet the criteria for Medicaid payment in an institution and certain other criteria as outlined above. The person is then offered the choice between community-based services or institutional care as long as the community services do not cost more than the institutional care.

As of September 2010, there were 1,013 people served under the ICWP and an additional 165 waiting for services. In addition, the Department of Community Health budget allows for 135 people to receive funding for ICWP under Money Follows Person (MFP) slots from prior years.

Two Precedent Setting Lawsuits Drive Public Policy

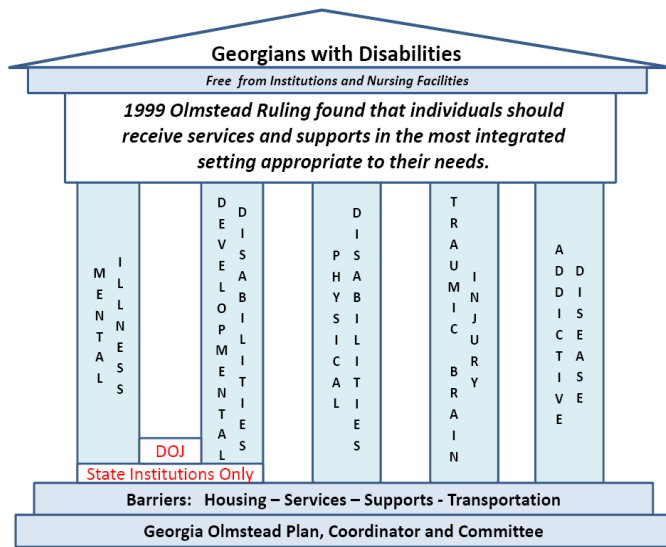
U.S. Supreme Court *Olmstead v. L.C. and E.W.* Decision

On June 22, 1999, the U.S. Supreme Court issued a ruling that cleared up any remaining doubt about the importance of community living. The court ruled in *Olmstead v. L.C.* that the unjustified isolation of individuals with disabilities constitutes discrimination based on disability. The *Olmstead* decision established community living as a right, meaning that each state must make the option of living in the community available and feasible. In its ruling, the Court said that institutionalization severely limits the person's ability to interact with family and friends, to work and to make a life for him or herself. The *Olmstead* case was brought by two Georgia women whose disabilities include mental retardation and mental illness. At the time the suit was filed, both plaintiffs were receiving mental health services in state-run institutions, despite the fact that their treatment professionals believed they could be appropriately served in a community-based setting.

The Supreme Court went on to say that the continued institutionalization of people "who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life."^{viii} To meet their obligations under the ADA, states must demonstrate they have an effective plan to transition eligible individuals with disabilities to integrated community settings and a waiting list that moves at a "reasonable pace." The Court based its ruling in *Olmstead* on sections of the ADA and federal regulations that require states to administer their services, programs and activities "in the most integrated setting appropriate to the needs of qualified individuals with disabilities."

Under the Court's ruling, certain principles have emerged:

- unjustified institutionalization of people with disabilities is discrimination and violates the ADA;
- states are required to provide community-based services for persons with disabilities otherwise entitled to institutional services when the state's treatment professionals reasonably determine that community placement is appropriate; the person does not oppose such placement; and the placement can reasonably be accommodated, taking into account resources available to the state and the needs of others receiving state-supported disability services;
- a person cannot be denied community services just to keep an institution at its full capacity; and,



- there is no requirement under the ADA that community-based services be imposed on people with disabilities who do not desire it.

The Court also said that states are obliged to "make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can demonstrate that making the modifications would fundamentally alter the nature of the service, program or activity." Meeting the fundamental

alteration test takes into account three factors: the cost of providing services in the most integrated setting; the resources available to the state; and how the provision of services affects the ability of the state to meet the needs of others with disabilities.

During the past year, Georgia created its third Olmstead plan since 1999. In this plan, the focus is on providing home and community based services (HCBS) which allow people with mental illness, developmental disabilities, physical disabilities, brain injury, and addiction to receive services and supports necessary to live independent, productive, healthy, and safe lives. To sustain Georgia's Olmstead Plan over time, it is critical to build a comprehensive, responsive system of services and supports in the community that is the strategic center of gravity for the Plan. The Georgia Olmstead Plan guiding principle is that "Every individual has the right to live in the most integrated setting of his or her informed choice in the community with the services and supports necessary to be an independent and productive citizen." This means individuals will:

- Be served in the most integrated and inclusive environment allowing for full participation in all aspects of the life of the community, including work.
- Have opportunities to exercise meaningful, informed choices of services, providers, and staff. Service systems are timely, consistent, dependable, and appropriate.
- Have opportunities to choose the level of family involvement in decisions concerning his or her services and supports. Eligible individuals are the focus and their choice of the level of involvement with their family and significant others in the planning, delivery, and evaluation of their services is respected.
- Receive the highest quality of services, provided by people who are competent and skilled to meet his or her need.
- Be provided services at the appropriate level of intensity, based on individual strengths, needs, and choices, and will be designed and delivered with sensitivity to individual and cultural differences.
- Be a partner with their family and the State in establishing policy and priorities for the use of public resources related to their support, taking into account the needs of persons already being served and those waiting for services.

United States Department of Justice v. Georgia Settlement

After having found the State out of compliance with CRIPA, the Department of Justice filed suit against the State. After an almost one year negotiating period, the precedent setting settlement was finally signed in October 2010. Among the challenges of implementation of the settlement are to make sure that services and supports are developed that meet real needs, to resist the temptation to formalize family support services, to trust families to know what they need and increase provider capacity and development. The Department of Justice Settlement agreement requires the state to establish an array of services and supports for people with developmental disabilities and those with mental illness for the next five years. The settlement requirements

will guide appropriations from the legislature in both mental health and developmental disabilities services to develop capacity in the community. Admissions to the state hospitals of people with developmental disabilities will cease as of July 1, 2011. One aspect of the settlement is to establish a crisis response system. For people with developmental disabilities, this entails mobile crisis teams and crisis respite homes. For people with mental illness, it means Assertive Community Treatment Teams and crisis beds in local hospitals. For the fiscal year 2012, the amount of money appropriated by the Legislature tops \$70 million dollars.

The Settlement Agreement for the US v GA case mandates 100 NOW/COMP waivers for individuals in the community who are at risk of institutionalization each year for the next four years. This will provide services for a fraction of the individuals needing these more substantial supports. This settlement requires the following from the State as it relates to people with developmental disabilities:

1. 750 Medicaid waivers to move all people out of state hospitals by July 1, 2015 (150 per year)
2. 400 Medicaid Waivers to prevent institutionalization, (100 per year)
3. Cease all admissions to state hospitals by July 1, 2011
4. Georgia will serve individuals receiving home and community based waivers in their own home or family home consistent with each individual’s informed choice
5. Georgia will provide family supports to 2350 families of individuals with DD by July 1, 2015, to help those families to care for a family member with developmental disabilities at home
6. Crisis services – 6 mobile crisis teams by July 1, 2012
7. Establish 12 crisis respite homes by July 14, 2012 to provide respite services
8. Georgia will provide individuals receiving home and community based waivers with support coordination to assist them in gaining access to medical, social, education, transportation, housing nutritional and other needed services
9. After July 1, 2015 all people must be served in the most integrated setting

People Need Real Lives to Be a Part of Community

Real Careers

People with developmental disabilities want to work, however 70% of people with disabilities are unemployed in the United States. Current practices often look at the individual’s deficits and label them as “disability too severe to work” or “not ready to work.” Data reveals that there is a \$1.5 billion cost benefit from individuals who are in supported or integrated employment. In 2007-2008, the average wage for an individual in a sheltered workshop was \$1.36 per hour. However, the average for an individual in supported employment was \$7.15 per hour.

Employment First Georgia

Thirty-seven states are working on a policy that says employment should be the first option for individuals with developmental disabilities. These policies indicate that “all people with disabilities shall be afforded full, unrestricted opportunities to pursue gainful employment regardless of level of disability.”

Employment Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Employed	23%	65.8%
Not in labor force	72%	27.3%

Table 10: Employment Status

Georgia was among the early leaders in writing an Employment First policy and implementing an Employment First agenda. Employment First Georgia is a network of people who provide technical assistance to others who are interested in customized employment. There are 40 employment stewards in Georgia who have been trained and are skillful in assisting people with developing creative employment opportunities. These stewards are supporting 10 additional individuals through the process of completing the protocols necessary to become a provider through the Division of Vocational Rehabilitation for vocational assessment. 22 individuals, families

and 3 support systems are involved in this effort with the goal to shift from facility based services to

Earnings in Past 12 months Population Age 16 and Over with Earnings	Percentage with a disability	Percentage without a disability
\$1 to \$4,999 or loss	32.5%	20.1%
\$5,000 to \$14,999	10.9%	8.4%
\$15,000 to \$24,999	16.7%	15.8%
\$25,000 to \$34,999	12.3%	13.7%

community-based supports through employment. The struggle is to balance the direct support outcomes with the systems change outcomes.

This is a collaborative initiative with the “Federal DD Partners” that is the continuation of an ODEP grant received over five years ago.

Table 11 Earnings of Georgians

The EFG initiative is housed at the Georgia Advocacy Office, partially funded by the GCDD, and receives technical assistance from the UCEDD at IHDD. The initiative is training individuals around the state in the Discovery vocational profile, and working with VR to certify those individuals as employment specialists and assessors in the Division of Vocational Rehabilitation so that they can be paid by VR to do profiles. The pilot specifically targets youth with significant disabilities between the ages of 16 and 25 who would be likely, or who have been deemed too disabled to work, and have waivers that can fund the continued supports post VR. This ‘pilot’ project, called “Discovering Jobs” will serve 10 young people during the 2011-2012 school year. Other collaborators are VR, the DOE, the benefits planners, transition specialists in 4 school districts and the employment specialist in the Division of Developmental Disabilities. The “Discovering Jobs” initiative is written into the State Transition Plan and the GCDD will be tracking and reporting on the initiative for that plan. It also received some additional funding support from the Medicaid Infrastructure Grant.

Employment First Georgia is coordinating a South Georgia initiative to bring TA and support to people with disabilities in South Georgia, an historically neglected area. EFG is working with an array of providers of disability services to determine their technical assistance needs, provide access to training in discovery and customized employment, and identifying individuals and figuring out the supports needed to find, develop and keep work.

Project SEARCH

Project Search is a high school transition program started in Cincinnati, Ohio. It is currently being replicated in 36 states and four countries. The GCDD has helped organize a statewide Project Search Initiative which arranges for technical assistance and training for teams that would like to have Project Search in their community. There are currently 13 Project Search sites in the state and five others in the planning stages. Four sites have reported 100% employment with 2009’s graduating class. GCDD has taken several participants from the projects to national SEARCH conferences.

Two years ago, that Conference was hosted here in Georgia. SEARCH cooperates with Partnerships for Success, our inclusive high school project, so that students who participate in PFS, learn self-determination, participate in person centered and futures planning, and potentially lead their own IEPs are encouraged to apply for SEARCH in those districts which provide it. This provides a nice continuum of support toward employment for students with significant disabilities.

There are still sheltered workshops in Georgia, housed in Arcs and in local DD providers, but increasingly, the state is discouraging the provision of services in these settings, and changing the reimbursement rate structure to de-incentivize services provided in group settings. The state has proposed new rates for supported employment at the individual level. And the DOJ Settlement Agreement also specifically requires supported employment services for individuals with mental illness.

The GCDD continues to engage The Department of Labor, Division of Vocational Rehabilitation Services in all projects and initiatives, including on the Statewide Transition Steering Committee. There have been both positive and negative experiences. Negative experiences are often related to delays due to policy and practice barriers. The EFG collaborative partners continue to receive reports of students being told they have “disability too severe to work” or are “not ready to work.”

Real Homes

Whether or not you have a disability, having a home largely depends on a person’s income. The federal government considers a home affordable if a household pays less than 30% of their gross income for housing, including utilities. A low-income household may not have sufficient money for other necessities such as food, clothing, and childcare. Historically, renter households are more likely than owner households to be cost-burdened. Almost 21% of Georgians who have a mortgage pay more than 30% of their income and over 52% of those who pay rent in Georgia pay more than 30% of their household income on rent.

According to 2009 Worst Case Housing Needs of People with Disabilities: “Households with disabilities are more likely than those without disabilities to have very low incomes, expensive worst case needs^{ix}, pay more than their income for rent and have other housing problems such as living in inadequate or over crowded housing.” Supporting this data is the American Housing Survey which indicates that 48% of households with worst case needs have an individual with cognitive disabilities.

The homeownership rate in Georgia in 2000 was 67.5%. Whites were the most likely race to be homeowners and those of “other” races were the least likely. Hispanics were less likely than non-Hispanic Whites, non-Hispanic Blacks, and Asians to be homeowners. Federal housing affordability guidelines state that low-income households should pay no more than 30 percent of monthly income towards housing costs – approximately \$191 per month for an SSI recipient. This long-standing policy recognizes that money must be left over after the rent is paid to cover other basic needs, such as food, clothing, and transportation. According the 2005-2009 American Community Survey 5 Year Estimates, the median monthly costs for owner occupied housing with a mortgage in Georgia \$1,368. The median monthly cost for those who rent is \$787. More than 45% of Georgians pay 30% or more of their monthly income on rent.

State and Housing Metropolitan Statistical Area	SSI Monthly Payment	SSI as % of Median Income	% of SSI for 1 bedroom	NHLIC Wage ¹
Albany	\$637.00	22.6%	83.7%	\$10.25
Athens/Clarke County	\$637.00	20.1%	93.2%	\$11.42
Atlanta/Sandy Springs/Marietta	\$637.00	15.3%	123.3%	\$15.17
Augusta/Richmond County*	\$637.00	20.1%	90.3%	\$11.06
Brunswick.	\$637.00	19.5%	85.4%	\$10.46
Butts County	\$637.00	20.4%	84.9%	\$10.40
Columbus	\$637.00	21.9%	87.8%	\$10.75

ton	\$637.00	20.7%	87.1%	\$10.67
Gainesville	\$637.00	18.4%	114.8%	\$14.06
Haralson County	\$637.00	23.6%	72.7%	\$8.90
Hinesville/Fort Stewart	\$637.00	23.6%	86.0%	\$10.54
Lamar County	\$637.00	20.7%	74.6%	\$9.13
Long County	\$637.00	23.6%	74.8%	\$9.40
Macon	\$637.00	19.9%	89.3%	\$10.94
Meriwether County	\$637.00	23.6%	73.6%	\$9.02
Monroe County	\$637.00	17.9%	86.3%	\$10.58
Murray County	\$637.00	21.7%	81.0%	\$9.92
Rome	\$637.00	21.8%	77.1%	\$9.44
Savannah	\$637.00	19.0%	111.3%	\$13.63
Valdosta	\$637.00	22.2%	81.2%	\$9.94
Warner Robins	\$637.00	17.1%	91.2%	\$11.17
Non-Metropolitan Areas	\$637.00	24.5%	76.1%	\$9.33
Statewide	\$637.00	18.5%	104.9%	\$12.36

One of the barriers experienced by individuals trying to leave institutions and nursing homes is the lack of housing. According to the Money Follows the Person grant,

- There is a limited supply of affordable, accessible and integrated housing available throughout the state, especially in

Table 12: The Cost of Housing in Georgia

rural areas. In some regions where there are Section 8 vouchers, there is not adequate transportation to support successful transitions

- Housing vouchers provided through DCA (Housing Choice) only work in 149 of the 159 counties. The ten counties are among the largest counties in Georgia.
- There is no definitive source available to locate affordable and accessible housing resources
 - There are a limited number of group homes in the State with 4 or fewer beds. Most small homes have 6 beds and providers find it difficult to maintain their costs if they go smaller.
 - The state has not been successful at developing coalitions of housing and human services organizations to identify needs and create housing-related opportunities

“Do you live in a apartment, condo or house I can get in? If not, guess who is not coming to dinner tonight?”

Take It Personally,”

Mark Johnson
Director of Advocacy
Shepherd Center

A recent coalition of advocates came together to produce *Shut Out, Priced Out, and Segregated: The Need for Fair Housing for People with Disabilities* produced by Metro Fair Housing Services, Inc as a result of a law suit settlement

with A.G. Spanos company which was guilty of violating the Fair Housing Act Amendments of 1988 by building apartments that were not accessible to people with disabilities.

This report outlines barriers and issues around affordability, accessibility and integration. Among the findings are: 1) a lack of basic access in every home; 2) lack of education among housing professionals about accessibility; 3) unemployment, poverty and the lack of buying power among people with disabilities makes housing unaffordable; 4) the lack of rental subsidies; 5) insufficient housing and support services; 6) housing owned by providers, not individuals; and, 7) lack of access to public transportation options. In addition, there were a number of recommendations made for implementation by advocates and policy makers including: 1) pass legislation that mandates basic access in all new housing not yet covered by current law or policy (with exemption from the zero-step entrance where topographical features make that unfeasible); 2) enhance opportunities for education of designers/developers/builders of multi-family housing; 3) research and develop a plan for increasing access to affordable housing that addresses the need to invest state dollars to supplement Section 8 dollars for rental subsidies, increase the availability of Low-Income Housing Tax Credit properties to people with disabilities, and partner with the Neighborhood Stabilization Program to address the need for affordable and accessible properties for people with disabilities; 4) pass legislation to create a State Individual Development Account program that mirrors the federal Assets for Independence Act; 5) pass state enabling legislation to allow jurisdictions to create local housing trust funds; 6) create a variety of shared and integrated housing options for people with disabilities; and 6) re-establish a Disability Coalition in the Department of Community Affairs.

For over 10 years, the GCDD has worked in various coalitions to promote the idea of “basic access” or visitability in housing. Basic access means that a house has at least one zero-step entry, 32-inch interior doors, and at least a half bath on the main floor. The GCDD has supported both legislative and volunteer efforts to promote this concept. In a coalition with aging and disability advocates, GCDD funded the Easy Living Home (ELH) effort that was designed to recruit and educate builders to design and build new homes with basic access. Homes that were built with basic access features were then awarded the ELH certification. ELH was well-received by a broad base of industries and advocates. However, while the concept was adopted in other states, after a decade fewer than 1,000 homes had been certified in Georgia. The Easy Living Home program was shut down October 1, 2009. Unfortunately advocacy efforts in Georgia and other places have failed to change the reality that the great majority of homes continue to be built with steps at all entrances and narrow doors.

During the 2010 and 2011 legislative sessions, GCDD worked with advocates supporting the passage of legislation that would create Individual Development Accounts (IDA) which are designed to support savings for the purchase of assets such as a home, post secondary education or creating a small business. In Georgia it would also include the purchase of assistive technology. IDAs funds deposited by a participant are matched through a combination of public and private funding as a means to broad asset ownership. This legislation was passed by the General Assembly during the 2011 legislative session but vetoed by Governor Nathan Deal who was concerned that the legislation needed to be narrower in scope.

Real Learning

Educational Attainment Population Age 25 and Over	Percentage with a disability	Percentage without a disability
Less than high school graduate	27.6%	11.9%
High school graduate, GED, or alternative	34.2%	27.3%
Some college or associate's degree	25.1%	29.7%
Bachelor's degree or higher	13.1%	31.2%

Table 13: Educational Attainment

K-12 Education

According to the Georgia Department of Education, there are 29,375 Children in Georgia's schools with a diagnosis of autism, deaf/blindness or intellectual disabilities. The Gwinnett County school system has the most, with over 2,600 children enrolled in special education. The percentage of students' ages 3-21 receiving special education services decreased from 12.61% (195,928 children) in 2004 to 10.8% (176,962) in 2010. Figure 5 presents the numbers of students with disabilities as of the April 2010 child count. Between 2004 and 2010, the number of children ages 3-21 with disabilities enrolled in special education decreased by 18,966 students. ^x

The Individuals with Disabilities Education Act (IDEA) provides that a child with a disability is provided a free and appropriate education in the least restrictive environment. It also allows for a child to have an appropriate evaluation, an individualized education program (IEP); a right for parent and child to participate in the decision-making, and certain procedural safeguards.

Children served through IDEA are divided among three programs: Early Intervention for Infants and Toddlers, age 0-3; Preschool Education for children age 4-5; and Education for School Age children, age 6-21. In the 2009 – 2010 school year, 176,962 students received special education services.

Special Education Annual Report

2010

AREA OF DISABILITY	Pre-K	1-12 th grade
Intellectual disabilities	253	17,866
Deaf / hard of hearing	174	1606
Speech or language impairments	7,026	24,596
Visual impairments	45	620
Emotional / behavioral	84	16,829
Orthopedic impairments	49	876
Other health impairments	341	25,015
Specific learning disabilities	118	51,710
Deaf-blindness	0	0
Multiple disabilities	0	0
Autism	898	9,414
Traumatic brain injury	0	422
Developmental delay *	9610	7501
TOTAL: (Sum of all of the above)	18,843	157,943

Table 14: Kids in Special Education by Disability

On the 2009 – 2010 Georgia DOE Report Card, 5,310 students “completed” high school with either a special education diploma or a certificate of attendance. These credentials leave graduates unprepared or ineligible for post-school activity, such as further education, technical training, or paid employment. The graduation rate for students with disabilities in 2010 was 44.4% compared to an average of 80.5% for students without disabilities.

One of the major issues facing students with disabilities is the criteria to achieve a standard diploma. The state Department of Education implemented a revised diploma option three years ago, and next year's senior

class will be the first class to go all the way through school under this structure. The standard vocational track was eliminated and replaced with 'career pathways. The college prep standards include 4 years each of math, English and science and 3 years of social science. Students falling in the 2% exclusion (Georgia Alternative Assessment, GAA) from testing under NCLB can qualify for a regular diploma with a variety of requirements including portfolio review, employment readiness and community based employment experience, etc. It's the kids BETWEEN the GAA and the college preparation criteria that education professionals are concerned about, and it could be as many as 30-40% of the enrolled population. These will be kids who cannot accomplish the college prep curriculum, but do not qualify for the GAA. The career pathways are not available in every district, and the math and English requirements still hold. These kids are at risk of dropping out....or finishing with a special education diploma, which cannot get them into the military, tech school, or any university.

In many cases, Vocational Rehabilitation has not worked very well for students with more significant cognitive disabilities. Although there is no eligibility barrier per se, if a youth is assessed and found by standard assessment to have "disability too severe to work" or "not ready to work" than many of their employment options are immediately cut off. The GCDD and many partners are working on an employment initiative called "Discovering Jobs" which will figure out how to knit systems resources together and utilize the Discovery Profile and Customized employment process to develop employment options for youth with significant disabilities.

Student Led IEPs

Amendments added in 1997 to The Individuals with Disabilities Education Act (IDEA) require that youth with disabilities between the ages of 14 to 16 have the opportunity to be involved in their own individualized education program (IEP) meetings, and that the IEP reflect their interests and preferences.

In their comprehensive review of research literature, Mason, Field, and McGahee find a great deal of evidence linking Student-led IEP meetings and self-determination. They cite a number of studies suggesting that youth who are actively involved in the IEP process, or similar educational goal setting and planning "are more likely to a) achieve their goals, b) improve their academic skills, c) develop important self-advocacy and communication skills, d) graduate from high school, and e) gain better employment and quality of life as adults" (Mason, Field, & McGahee, 2004, p. 441).

The authors also found that, though student attendance at IEP meetings has been increasing in order to comply with the federal mandate, many educators believe that the meaningful and active participation of students is often lacking. Active participation includes contributions to goal setting, self-advocacy, self-regulation, or self-monitoring. Currently, the Department of Education, in collaboration with the GCDD and Partnerships for Success, and with funding from the State Professional Development Improvement Grant, is in the second year of Project ASPIRE, an initiative to train teachers to support and facilitate student-led IEPs in the high school and middle school levels. The GCDD is supporting the elementary school level. The first year, 12 schools participated. This year, 72 schools are participating. Initial project evaluation indicates that the students, their parents and teachers report a very high level of achievement in implementing a student-led IEP model.

Transition

The Department of Education and the Division Special Education Services and Supports formed a state transition team to work on issues around transition and of the 10 performance outcomes that the state is working on to improve the outcomes of children with disabilities, three are directly related to transition. In addition, the GCDD and DSESS formed and run a Statewide Transition Steering Committee that has been meeting on a quarterly basis for the past eight years. This group has been very productive in considering related policy that affects the transitioning student. In addition, there are activities in the State's Transition Action Plan

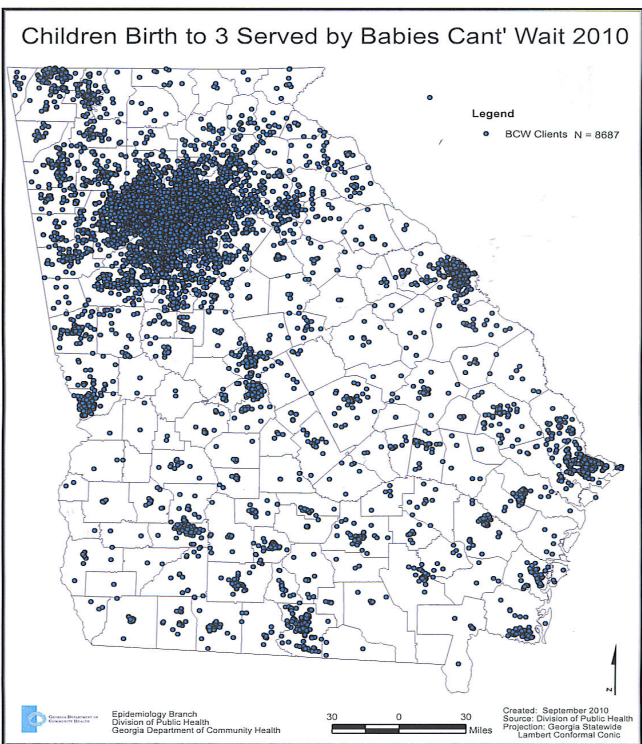
on which the Statewide Transition Steering Committee has agreed to work. Most of the groups considering better transition outcomes for students agree that several components are involved.

- Students in high school need constructive transition planning. Planning needs to start prior to the beginning of High School, if students have hopes of completing successfully.
- High schools students need to learn the skills needed to be actively engaged in their own planning, to express their wishes, problem solve and self-advocate. Self-determination can be specifically taught, and students report many positive effects from experiencing self-determination training.
- The state's graduation policies need to accommodate students who cannot complete high schools by traditional routes.
- Members of the teaching and administrative professions could benefit by better and more frequent interaction with the disability community network so they can share ideas, challenges and solutions in an effort to move forward together.
- Parents of students with special needs need to be supported in their efforts to advocate for their children, to share information with each other and to learn how to navigate the systems that serve their children.
- Teachers and particularly transition specialists need to be fully aware of the adult services systems, supports available, eligibility requirements, etc, so they can help families and students plan for life after high school.
- There needs to be an expectation for employment for all students with disabilities and schools need to work with the various employment support services to help kids gain employment, preferably before they leave school.

The Georgia Special Needs Scholarship (GSNS) has enabled thousands of kids to attend another public school, a participating private school, or one of Georgia's three state schools for the blind and deaf. In a survey of families with kids using the program they are seeing immediate turnarounds in their kid's attitudes, social skills and grades. And children that switched schools reported an 89% improvement in math and 87% improvement in reading. Last year 190 private schools participated in the program serving over 2,500 kids across the state. Scholarship amounts range from \$2,400 - \$14,000, and \$6,200 was this year's average.

Early Intervention Program

In Georgia, the Department of Public Health Babies Can't Wait (BCW) program is responsible for providing the early intervention services funded by IDEA. BCW is an early intervention program created under the Individuals with Disabilities Education Act and serves children from birth up to their third birthday, regardless of income, who meet one of the following criteria:



- Have a diagnosed physical or mental condition which is known to result in a developmental delay, such as blindness, Down syndrome, or Spina Bifida; or
- Have a diagnosed developmental delay confirmed by a qualified team of professionals.

Babies Can't Wait provides multidisciplinary evaluation and assessments to determine eligibility for services and the scope of services needed and service coordination that assists the family and other professionals in developing a plan to enhance the child's development. In addition, Babies Can't Wait offers access to those services identified in child's plan based on a sliding fee scale. Services offered include

Figure 3: Children Served by Babies Can't Wait 2010

assistive technology devices, audiology, family training and counseling, health services, medical diagnostic services, certain nursing services, nutrition services, occupational therapy, physical therapy, psychological services, social work, special instruction, speech-language pathology, vision services, and transportation to services.

Before a child leaves the program, a transition plan must be developed to ensure that the appropriate community referrals are made and that the family becomes familiar with their public preschool personnel, private preschool and other community options. Such options may include, but not be limited to the [Georgia Department of Education Division for Exceptional Students](#) that offers special education services for children ages 3-21. Other options may include Head Start, Child Care and Pre-K services as administered by the Bright from the Start: [Georgia Department of Early Care and Learning](#). In addition, as children and families prepare to transition from Babies Can't Wait, service coordinators can assist in applying for other services and resources such as [PeachCare for Kids](#), (State Children's Health Insurance Program or SCHIP) [Right from the Start Medicaid](#), Medicaid coverage for pregnant women and children under the age of 19, [Social Security Administration](#) for Social Security benefits information, and various Medicaid programs administered through the [Georgia Department of Community Health](#). BCW has struggled since its inception to be viewed as a program focused on education, development, and supporting families; and continues to move toward a primary coach model of service delivery, which is consistent with educational models for special education for young children. There is still a great deal of dissent around this primary coach model in the provider community.

In 2010, the Babies Can't Wait program served 8,687 children birth to 3 years old. The Child Find aspect of the program has been particularly challenging, especially for the first year after birth. The state has not been meeting the target.

Preschool Education

Finding quality child care for young children with special health care needs and disabilities can be a challenge for families. Lack of training for Child Care providers in working with children with special needs is often cited as a primary reason for a center or program's refusal to enroll a child. Additional reasons cited as barriers to quality child care for children with special needs include costs, needs for special equipment or accommodations, and administrative reluctance at the local center or program level.

Often child care programs and centers are reluctant to allow providers into their classrooms. When acceptable child care options are not available, parents often are forced to quit their jobs in order to stay home and care for their children. When parents are unable to work and forced to be the full-time caregivers for their children with special needs, more families are forced to seek public assistance and family resiliency is threatened

Since 1992, Congress has required each State to provide a free and appropriate education to children with disabilities ages 3-5 in order to receive federal funds under the Preschool Grants Program under IDEA. There are two Pre-Kindergarten programs available for *all* young children. The Georgia Pre-K Program was established in 1993 with Georgia lottery funds to provide Georgia's four-year-old children with Pre-Kindergarten learning opportunities. The Head Start program is a national program to provide comprehensive developmental services for low-income preschool children and their families. Often a child with disabilities would receive a preschool education within these programs with additional IDEA support services provided.

Real Supports

The Department of Behavioral Health and Developmental Disabilities allocates almost \$307 million annually for home and community based services and supports to individuals with developmental disabilities. A little over 97% of all expenditures are for community residential alternatives, community access, community living supports, support coordination, and prevocational services, with almost half the funds spent on residential

services. The Division of Developmental Disabilities recently funded a cost study to determine appropriate rates for services and supports. A series of public forums were held around the state to hear from providers and families. Proposed changes would provide better reimbursement for respite and individual supported employment, but some decreases in rates in other areas were proposed as well. In particular, the Department has heard from families and people with developmental disabilities who are concerned about the closure of “training” centers especially in rural areas.

According to report from the Money Follows the Person Grant (January – June 2010), one of the main barriers for people not transitioning out of nursing homes or institutions was the lack of qualified providers in regions of the state, particularly host homes for individuals with the complex medical needs.

Waivers: NOW (New Options Waiver) and COMP (Comprehensive) Waivers support people with developmental disabilities who meet the Medicaid definition of institutional level of care. NOW provides day supports and supported employment services, at an annual cost of up to \$25,000. Individuals who need more support or residential support can receive COMP services, which range upwards of \$25,000 per year. These are administered out of the Department of Behavioral Health and Developmental Disabilities, Division of DD. The ICWP waiver is administered by the Department of Community Health, and serves individuals with physical disabilities or traumatic brain injury between the ages of 21 and 64. The DCH also administers the SOURCE program, an intensive case management service, designed to keep people out of emergency rooms and nursing

homes. In 2008, SOURCE was removed from the state plan, and made a ‘waiver’ for people with physical disabilities, which the state interprets to mean chronic impairments that are medical in nature. As a result, over the past 8 months, the DCH has removed over 90 individuals with DD from the SOURCE program, citing stricter CMS guidelines, but few alternatives exist for those individuals.

The Department of Human Services through the Division of Aging Services administers several programs that impacts not only people who are aging but also those with developmental disabilities. Several goals of the Division of Aging Services are congruent with those of the GCDD and efforts among advocates for people with developmental disabilities. These goals include a movement towards self directed services and assisting individuals to live in the least restrictive environments. The Community Care Services Program is a Medicaid Waiver program for individuals who are nursing home eligible. It provides individuals the choice of remaining in the community rather than entering a nursing home. Among the

services provided by CCSP is adult day health, alternative living services, emergency response system, home delivered meals, skilled nursing, personal support services, and respite care. There are approximately 1600 individuals on the waiting list for the CCSP. The average cost per year for those receiving CCSP services is \$15,000.

The Division of Aging Services also administers the Aging and Disability Resource Connection – the States’ aging and disability resource centers system. The ADRC is a collaborative effort of the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS) designed to streamline access to long-term care. The goals of the ADRC’s are to become a visible and trusted place at the community level where people can turn for information and counseling on all available long term support options and a single point of entry to public and private long term support services. Georgia’s ADRC network assists individuals’ transition out of institutions through the Money Follows the Person Program, provides options counseling to support self direction and acts as a mechanism to divert individuals from entering a nursing homes ADRC’s serve older

Division of Developmental Disabilities
Clients and Providers 2010

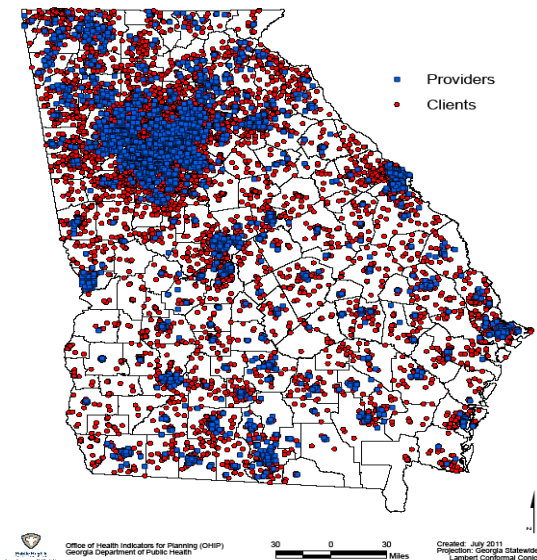


Figure 4: Clients in the data system from the Division of Developmental Disabilities in 2010

adults, family members and caregivers, people with disabilities, and professionals. In Georgia, the access system to information and assistance is referred to as “Gateway.” This system contains over 24,000 resources related to aging and disability services. The Gateway system is a person centered approach to assisting individuals determine service needs, availability, and to deter use of nursing homes. . The ADRC’s are located in six of the twelve Area Agencies on Aging.

Eight centers for independent living around the state provide outreach, information, peer support and case management for people primarily with physical disabilities to develop the services and supports they need in the communities of their choice.

The availability of assistive technology

Tools for Life (also known as Georgia’s Assistive Technology Act program), is a project run by the Georgia Division of Rehabilitation Service, Department of Human Resources. Its purpose is to “give more options for greater freedom by increasing access to and acquisition of assistive technology (AT) devices and services for Georgians of all ages and disabilities so they can live, learn, work, and play independently in communities of their choice.”

According to Tools for Life about 14% of people with disabilities require one more kinds of assistive technology because of the severity of their disabilities. The local Assistive Technology Resource Center work with individuals and are able to provide such equipment as: communication devices, iPads, Zoomtext, software trials, large print address books, Hear It, voice amplification devices, weighted utensils, and dressing aids.

According to data from Tools for Life’s 2009 Fiscal Year, they assisted 3,886 new persons with direct service. They provided information and referred 14,600 people.^{xi} They provided training and technology assistance to 5,234 people in group settings and 1,029 people in individual settings. They also assisted 339 Vocational Rehabilitation clients. 552 pieces of equipment were checked out in 2009. From 1994-2009, over 9,000 computers were placed through their Recycled Computer Project. Tools for Life operates Lending Libraries and some of the items available

Self-Direction

There are currently over 1,000 families self directing services in Georgia. One of the barriers to expanding self-determination in Georgia has been the decision to have only one fiscal agent. There is a need for more fiscal agents that will allow individuals and families access to purchasing services and supports. In addition, individuals and families require more support to assist them in self-directing their services.

Outcomes from self-directed lives must be the measures of success as it relates to person centered approaches. Among the questions that must be asked are:

- Is the person enjoying a healthier and more satisfying life on their terms?
- Who is in charge?
- Does the individual have more control and choice?
- Is their participation in the community genuine and meaningful?
- Are their relationships authentic?

For individuals with developmental disabilities who are on the NOW or Comp Waivers, there is the option to self-direct services. This is an option and traditional services remain the same. The individual or family hires workers and vendors to provide services and supports. Individuals and families who self-direct their waivers and supports are required to have support coordination services and financial support services.

Microboards

Navigator Teams are county-based teams of experienced parents who can provide information and help guide families to supports and services in their local area. They are based out of Parent to Parent of Georgia and are a method of providing family support. These teams work on resource development and are building the capacity to help families through person centered planning. Their goal is that no family will feel that they are out there all alone.

Shortage of Direct Support Professionals

The quality of care received by persons with disabilities is closely related to important aspects of job quality for the workers providing the care. The front-line workers who serve those with disabilities earn little pay and few benefits as a whole. These inadequacies result in high rates of job dissatisfaction, turnover and problems with recruitment, issues that directly affect deinstitutionalization. The quality of a person's direct support may have more impact on the individual's quality of life than any other factor, and the quality of direct support workers may be most affected by the wages and benefits of the job.⁷

Multiple factors affect the workforce issue. As health insurance costs rise, so does demand for workers within similar service industries in the private sector. Because public dollars fund many of the direct support services for people with disabilities, providers are less and less able to compete for employees, especially considering the changing economic conditions. While other industries in the private sector have the flexibility to adjust wages to attract employees, providers of direct support services for persons with disabilities are paid by the state according to fixed reimbursement rates that may lag behind the current wage conditions in other sectors.

In particular, wages of those "in privately operated community-based long-term care programs are well below the wages" of similar occupations and state-operated direct support staff. Often, direct support wages are near or below poverty levels. One study reports that 66% of respondents were not able to cover basic living expenses and 35% held another job.¹⁰ According to a survey of state agencies and private residential provider associations, the average wages of workers employed by non-state residential service providers was 77.2% of those employed by states, although many states, including Georgia, manage some community services, as well as institutions.

Benefits are also less than adequate in the direct support profession. One in four direct care workers is without health insurance nationally, a number that is 50% higher than in the general population under age 65. When employees are new or work part time, as many direct support workers do, obtaining employer-sponsored benefits is even more difficult.

Despite the necessity of their work, direct support professionals are not considered or treated as professionals, often do not receive a high enough salary to support a family and receive fewer benefits than other professions. They are not compensated for advanced training in their field and they are not considered important to the management of service delivery to people with developmental disabilities.

As institutions close, former residents will need competent, well-trained direct support staff to serve them in the community. For Georgia, this means that the direct support profession must be an attractive option for those already in the field and for those employees of state-operated institutions who decide to transition into the community along with their former clients.

Many creative solutions have been devised to address workforce challenges to a completed transition. Individuals with developmental disabilities who rely on direct support workers can only benefit from improvements in the wages, health benefits, or other career enhancement opportunities of community direct support workers. The Direct Support Professional Certificate Program was started in 2004 at 3 technical colleges in Georgia. This training program is designed to help direct support professionals gain the skills they need to effectively support individuals with disabilities in the community. It includes two classroom courses

and two practicum's for a total of 250 hours of training. Students develop and maintain a portfolio over the course of the program. Students are also paired with an individual with a disability in order to directly relate their education to a person's life, supports, and services. Learners are able to be a part of the program free of cost through the Hope Grant. Instructors apply to a committee that reviews the qualifications of each applicant; instructors receive training and certification through the Georgia Council on Developmental Disabilities. Over 300 direct support professionals have completed the certificate program. In 2010, the Georgia Direct Support Professional Certificate Program was accredited by the National Association of Direct Support Professionals. It was the first state to achieve this national accreditation.

The Georgia Alliance of Direct Support Professionals is a way for direct support workers to network with each other and to gain leadership skills. They are given learning opportunities. They form chapters in their local areas where they can meet and share information and problem solve solutions. There are currently chapters in Macon, Athens, NW Georgia, NE Georgia, Fitzgerald, Jackson/Griffin, Atlanta, and Thomaston.

Transportation

Georgia's transportation system for people with disabilities will face increasing demand over the next few years due to a growing older population, more people with disabilities gaining integrated employment and an emphasis on teens with disabilities transitioning to work after high school, disabled veterans returning after Iraq, and just the fact that Georgia is one of the fastest growing populations in the country. All populations struggle with transportation. Some areas of the state are not served by reliable transportation options. Participants focus their housing search on areas where public transportation is available – these are in the same area where affordable and accessible housing is in short supply.

Six state agencies currently are involved in providing transportation for Georgians. This can, and does, lead to confusion as to responsibility for this service, by both government agencies and individual Georgians they serve.

- Department Of Transportation – Provides services for rural residents and smaller urban areas. About 90+ county-based programs are involved in this effort. GDOT's primary role is to purchase vans for the county-based programs.
- Department of Human Services – Provides transportation services for the elderly and persons with disabilities. It operates its own fleet of vans through contracts with counties or other local governments, multi-county non-profit and for-profit organizations, Regional Commissions (RC's), and partners with GDOT wherever possible to avoid duplication in service delivery.
- Department of Community Health – Responsible for non-emergency Medicaid transportation services, which are provided through a number of private sector "brokers" throughout the state. Brokers coordinate the efforts of various transportation providers within counties and regions.
- Department of Behavioral Health and Developmental Disabilities – Responsible for providing transportation for individuals having behavioral health and developmental disability needs. Currently, this is done through inter-agency agreement with DHS.
- Department Of Labor – Handles transportation needs to individuals seeking employment opportunities.
- Department Of Education – Oversees local school buses which may provide a pool of vehicles potentially available for non-school transportation during off-school hours.

To address the growing need around transportation throughout Georgia, the General Assembly passed and then Governor Sonny Perdue signed HB 277. Now called, the Transportation Investment Act it authorizes

communities throughout the State to vote on a 1% transportation sales tax in each of 12 Regional Commission areas during the summer of 2012. This is new money and will be in addition to current dollars generated through a motor fuel tax. During meetings from February 2011 to June 2011 throughout the State, communities were asked to submit to the Department of Transportation project lists for regional areas and local areas. Each region established criteria to determine eligible funding uses which include operating costs of transit and other transportation alternatives. This new transportation funding process will also provide tools to effect state-level coordination of rural and Human Services Transportation service delivery thru the Governor's Development Council (GRTA)

Prior to this initiative that will allow local communities to support a sales tax for transportation, Georgia funded transportation through a Motor Fuel Tax that supported only roads and bridges. Transit and other transportation options for people who have mobility issues were funded through State general funds, federal dollars and local matches. This locked Georgia into limited funding options as our demographics and needs are changing rapidly.

While communities have not voted on the sales tax, this new initiative has provided opportunities for people with developmental disabilities and advocacy organizations to become involved in coalitions and policy discussions. An online survey sponsored by the Atlanta Regional Commission found the greatest regional support for projects that improve transportation options for older adults and people with disabilities. Nearly 70% of those who participated supported these kinds of projects. The GCDD, together with the Statewide Independent Living Council have been working with the First Friday Forum to promote passage of the local sales tax and the projects that support increased and more accessible transit. In addition, the organizations have joined the Livable Communities Coalition which joins groups representing business, health, development, social equity disability, aging, environmental, local governments, transit, and bicycle and pedestrian communities to support transportation options including transit and roads. This Coalition produced *Fair Share for Transit: Making the Case for a Public Transportation Investment Strategy in Metro Atlanta*. Mobility Management is one of the primary recommendations of the *Fair Share Report*. A Mobility Management call Center would provide comprehensive information on human service transportation and trip planning assistance. In addition, it would allow people with disabilities to access the same transit options as people without disabilities. The GCDD and Statewide Independent Living Center of Georgia submitted four project ideas in Atlanta & other regions: Mobility Management; Accessible Taxicabs; Regional Sidewalks/Bus Shelters; and support for 10% Transit Requirement in non-metro Atlanta regions. In public comments to the Atlanta Regional Roundtable, advocates have emphasized the need to create one system of transit that meet the needs of all citizens as opposed to one system for people with disabilities and another for individuals without disabilities. In addition, one of the GCDD's Real Communities Initiatives has been working on community and regional based transportation. Fitzgerald, in Ben Hill County conducted a series of community town hall meetings in 2009 which identified the growing need for transportation among all parts of the population. The outcome of this effort was that the county passed a \$250,000 special options local sales tax specifically to support community based transportation.

Human Services Transportation primarily refers to transportation for three groups of people sometimes identified as "transportation disadvantaged" - seniors, people with disabilities who do not drive, and low income people without a reliable way to get to work. Nearly 24% of those transported through rural and human service transportation programs in Georgia are people with disabilities and 68% of rides are for medical reasons. Legislative awareness of the subject was recognized in the Final Report of the General Assembly's Joint Transportation Funding Study Committee Report and recommended the creation of the Georgia Council for Rural and Human Services Transportation. Section 4 of HB 277 ("Transportation Investment Act of 2010") creates the Coordinating Committee for Rural and Human Services Transportation. The Coordinating Committee brings together *existing state agencies* to discuss ways to economize and coordinate among themselves to provide the most cost efficient means to deliver these services. The goal is a more responsive,

comprehensive, cost-efficient and effective coordinated community transportation system delivering services to the elderly, low income and persons with disabilities, and other transportation disadvantaged individuals.

Healthcare

While the federal health care reform effort has been controversial in many different ways and state and federal policy makers debate its constitutionality, its impact on home and community based services should be recognized. Already federal regulation and programs are unveiled that could be used to improve the publicly funded system of services for people with developmental disabilities and their families. For example, financial incentives may be offered to states to offer primary care case management in rural areas. This could result in an expansion of current primary care case management throughout rural Georgia. In addition, the Affordable Care Act supports efforts to create more participant driven services, something promoted in Georgia's NOW Waiver. The current discussions on a national level are centered on how many of the concepts local advocates have been working on can be integrated into the home and community based services programs. This includes understanding what community living is and what is the community's role in an individual's life; how can person centered planning be more effective and that person centered approaches are the foundation for all services and supports provided to an individual; and, how can self-directed services be used more effectively to allow individuals more control over the services and supports they need. Georgia is amongst those states that have filed a lawsuit to prevent implementation of the Affordable Care Act. However, state legislation has been passed to create a commission to begin planning for implementation of the state health exchange.

According to the Healthcare Georgia Foundation, Georgia continues to rank at or near the bottom among all states on numerous measures of health status. Georgia has a substantial Medicaid enrollment and one of the more robust SChip programs for children in the country. There are approximately 203,681 children in the SChip program, 1,042,624 individuals in Low Income Medicaid, and 413,317 individuals in the Aged, Blind and Disabled category. Services in the SChip program are delivered through a Care Management Organization structure of three companies, Amerigroup, PeachState and Wellcare. Georgia also makes the Katie Beckett (Tefra) option available to families who have children meeting the institutional, nursing home or hospital level of care but have incomes over the poverty level. There are approximately 2,889 children enrolled in this option. Children with significant medically fragile conditions who require substantial daily nursing are served through the Medicaid state plan GAPP program. There have been numerous complaints from families about this program as the goal is to train parents to support the healthcare needs of their children and gradually reduce the hours of support the Medicaid program will pay for. One case, Moore v Medows, is still making its way through the courts. There are 140 children included in the GAPP program.

Georgia is one of many states contemplating moving Medicaid enrollees who are poor, elderly or disabled into commercial managed care programs. As these discussions begin, advocates must make sure that Medicaid managed care programs offer home and community based services regardless of age or extent of disability. Participant or self-directed services should be offered as a first delivery option for all individuals. Though managed care programs have only penetrated 2.3% of the long-term care market, there are indications that their prevalence is expanding, albeit slowly. By 2003, managed long-term care (MLTC) of some form had taken root in 7 states, while MLTC for the elderly, specifically, existed or was in development in 17 states. A significant motivating factor for this restructuring has been to improve the quality and efficiency of provision of services over the traditional fee-for-service system. A number of factors have contributed to the slow growth: "complex program design choices (including payment methodology), relatively long planning and start-up periods, resistance of long-term care providers and advocates, difficult state-federal policy issues, the need for a substantial population base, limited interest among potential suppliers, and inadequate state infrastructure".

According to a Henry J. Kaiser Family Foundation study while 98% of Americans who receive health care coverage through their employers are enrolled in some form of managed care, Medicaid recipients present a more challenging population with a disproportionate number of Medicaid enrollees being frail older adults,

people with physical and or developmental disabilities and those with chronic illnesses. According to a study by the Lewin Group, managed care savings were the biggest when applied to people with disabilities.

A number of areas of concern have arisen as a result of this shift from a fee-for-service to a managed care system. There is question as to how risk sharing could be managed. A number of options for management and administration at the state and local level have been considered. There is concern about what the eligibility criteria would be and how the system would be funded. Implementation is an aspect that many see as an obstacle. Another challenge is maintaining an adequate provider network.

**Part D: Rationale for Goal Section [Section 124 (c)(3)(E)]:
Systems Change for Georgia**

Any system must begin with a vision of what the system should look like and the vision should be founded upon beliefs of what is possible for people and their families. The vision of services and supports for people with developmental disabilities begins with community first and holds that individuals should have access to real homes, real careers, real learning experiences, and real supports. The system should reflect and promote individual values of dignity, independence, individual responsibility, and self-direction. This means that the focus of funding and service planning is on the individuals who use those funds and services, not on the services themselves or providers. According to research by Cornell University: (1) people with strong personal networks and supports tend to be healthier; (2) people who receive individualized supports experience better quality services; (3) people change when they are engaged and committed to change; and, (4) people who experience personal control and participation tend to be healthier. The formal system of services can be a gateway to the community and can create opportunities to support informal resources. It also means that the State can provide resources for infrastructure (such as transportation), information dissemination (such as a comprehensive resource database) and training (such as for peer support or support brokers), even if these supports are not directly funded through the formal support system.

What If:

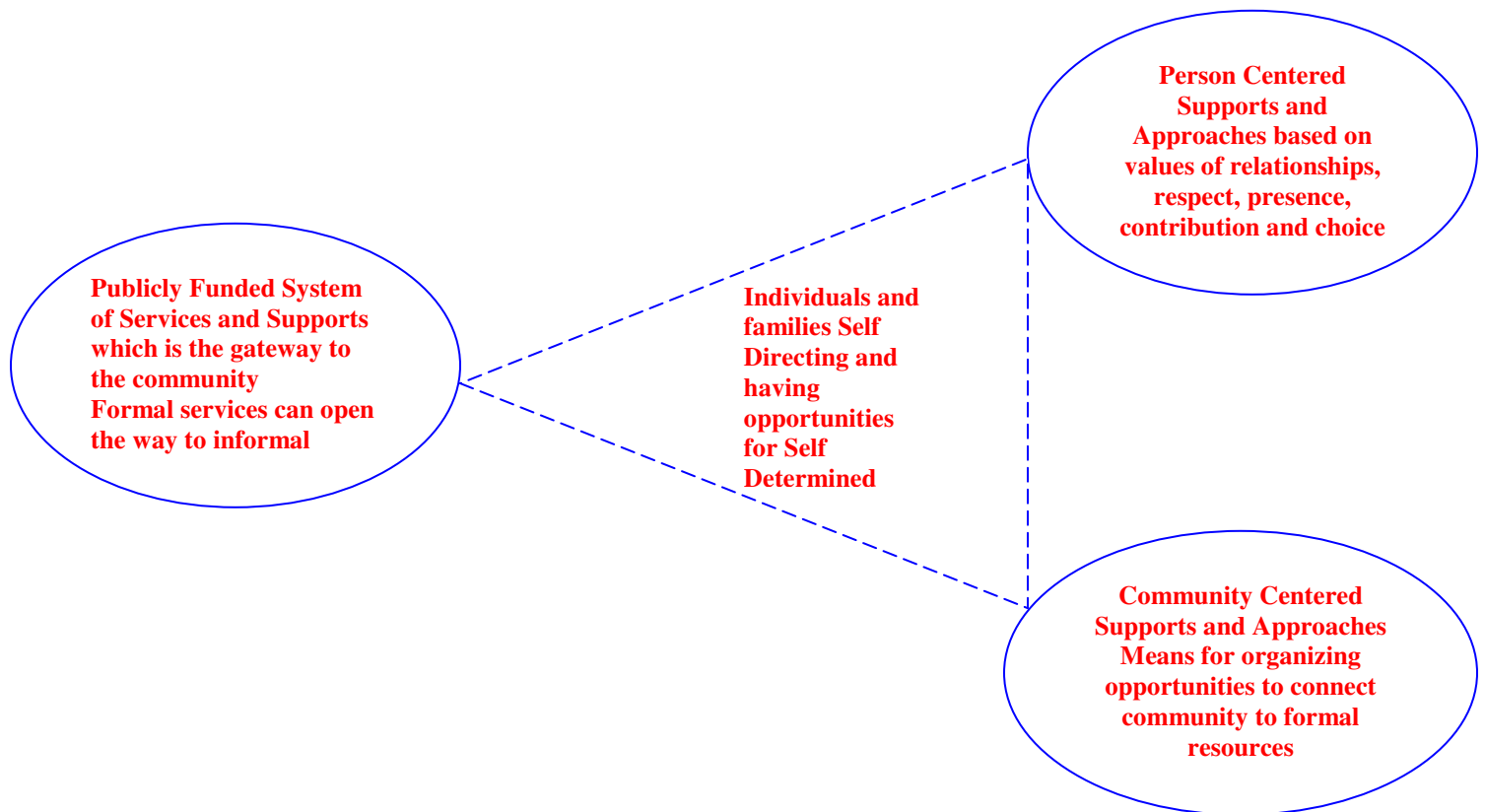
- Institutions were gone, or nearly gone?
- And all children had the right to go to their neighborhood schools, no matter what their disabilities?
- And most adults lived in their own homes or with relatives with in-home support of whatever kind needed?
- And adults had opportunities for meaningful jobs

The State of Georgia requires a comprehensive approach based on investment in home and community based services and self-directed services, strengthening of the system infrastructure and growing the system to cover increased demand. In addition, it should press forward and reduce further reliance on large, congregate care facilities as required by the Department of Justice settlement agreement. This should result in a conceptually coherent system with a common set of values rather than a collection of random, unrelated and non-individualized services.

Movement forward requires a strategic framework that includes a system focused on achieving performance benchmarks and that understands the implications of costs associated with growing demand. This means that we need to hear what people with developmental disabilities are saying (get rid of silly rules), we need to make our service system more efficient and we need to rediscover ourselves and our communities. There needs to be a balance between government, business and non-profit sectors working within communities to address the issues facing people with developmental disabilities.

Dennis Harkins has been working on the development of self-determination and self-directed supports within Wisconsin and across North America since 1993. His primary focus is on helping to deliberately integrate the strengths of the individual and family, our communities, and our service systems. He described the following as the direction that services and supports must go in order to meet a growing need and to support people with developmental disabilities to be contributing members of communities across the United States. First, we must continue the foundation of person centered supports and emphasize approaches based on the concept that any services are based on the need of the individual. This means recognizing and building upon the talents and strengths of the person as a foundation for creating educational opportunities, jobs, and other supports. There is enough research and evidence that segregated approaches to supporting individuals should end. Instead, supports are based on tools such as person centered planning and an individual's strengths, talents, and needs. Second, while there will always be a need for publicly funded services and supports, the system must get beyond its reliance on Medicaid's system of continued support of institutions and nursing homes, its lack of flexibility in supporting individuals, and address the growing economic concerns about Medicaid's growth. Instead, Georgia must reduce its reliance on high cost and low valued services such as sheltered workshops and

institutions. Instead, through the use of individual budgets, the system should build a network of quality services and supports that are person centered, prompt, most integrated, easy to access, economically efficient and effective. Third, we must support local communities to welcome ALL people, including those with developmental disabilities. According to Mike Green in his book “When People Care Enough To Act,” effective community development has three qualities: it is asset-based, meaning that the focus is on discovering what can be productive in a community; it is internally focused, meaning that we recognize that the best starting place is what can be found inside a community; and it is relationship driven, meaning that communities only get strong through connections among people that permit them to share their gifts. Community-building is fundamentally about relationship building. This requires residents of communities to unite around issues prioritized by community members and create solutions based on the strengths and assets of the community. In addition, it means engaging residents in making sure that each community member is safe, supported and invited to participate in the community. Finally, there are two mechanisms for tying these three areas (person centered, publicly funded system, and community centered) together. Purposeful learning and self-direction/self-determination provide the “cement” to bring these efforts together in a way to create a more meaningful life for everyone. Purposeful learning promotes social innovation through a disciplined learning process. It intentionally brings people together to learn about an issue, spend time understanding the possibilities that exist, uniting to create something and then allowing that new creation to drive future efforts. Self-direction/self-determination puts the individual and/or family in charge of the resources and direction of the individual. The individual and/or family should be able to use the resources of the publicly funded system and those in the community to design and access the supports that allow individuals to be welcomed and contributing members of the community.



Overview of GCDD

The Georgia Council on Developmental Disabilities (GCDD) is comprised of Georgia residents joined together with a vision of a common goal to improve the quality of life for people with developmental disabilities and their families.

The mission of the GCDD is to bring about social and policy changes that promote opportunities for persons with developmental disabilities and their families to live, learn, work, play and worship in Georgia communities. GCDD works with individuals and organizations by establishing collaborations and forming partnerships on the basis of shared values.

Social change is large scale change in society including changes in the private sector, expansion and investment in civil society and democracy, and creating real material change in individual lives

The GCDD will continue to build upon the Real Communities Initiative as it undertakes the strategic planning process and implements its recommendations. The desired outcomes for all GCDD initiatives are that people with developmental disabilities and their families are 1) more interdependent; 2) have greater economic self-sufficiency (productivity); 3) are integrated and included in their communities; and 4) are self-determined in their lives. In addition, for each project, GCDD will focus its “counting” or “measurement” based on the Administration on Developmental Disabilities outcome measures on the number of people trained or facilitated in a given area, the number of policy changes that occurred, and the amount leveraged for a particular area.

The work of building community in Georgia is not short term. It builds on the insights of John and Connie O’Brien in person centered planning, on the belief in the power of community of John McKnight and Mike Green, on the “core gifts” work of Bruce Anderson, and the willingness of family and disability organizations to collaborate and share resources and information. The GCDD will actively partner with other groups and individuals working in places where people are excluded by wider society. This collaboration includes working with the informal “Federal DD Network: that exists in Georgia and is comprised of GCDD, Georgia Advocacy Office (P&A), the Georgia State University Center for Leadership and Disability (UCEDD), and the University of Georgia Institute on Human Development and Disability. 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. GCDD also partners individually with these agencies on efforts such as the Georgia Winter Institute. In addition, GCDD will continue to work with a variety of partners in its efforts to create change in Georgia. These partners include: the Statewide Independent Living Council of Georgia, the ARC of Georgia, People First of Georgia, the Service Providers Association of Developmental Disabilities, the Council on Aging, Parent to Parent of Georgia and other advocacy and state agencies. The GCDD partners with agencies based on the goals of the initiative and if it meets the following criteria:

Purposeful learning includes holding community conversations including 1 to 1 and group forums; identifying the strategic questions; focusing on community and person centered practices; participating on learning journeys, facilitated reflection on learning; implementing prototypes; and, learning from previous work

- ★ Create a partnership with GCDD and embody its values including informing or promoting other GCDD change initiatives
- ★ Ensure the active engagement of people with developmental/intellectual disabilities in the work itself, including people from diverse, under-served and un-served communities. Any activity should consider the valued community roles that the effort opens for people with developmental disabilities.
- ★ Create a bridge between people with developmental/intellectual disabilities and other community associations and initiatives.
- ★ Include practices from each of the three processes – person centered, Asset Based Community Development (ABCD) organizing and purposeful learning. For example: taking time to frame issues by intentionally seeking different perspectives and possibilities.
 - Include requiring that those implementing GCDD initiatives hold

learning conversations (ABCD organizing) in the observation step (Purposeful Learning) to connect people and associations to pursue related purposes

- Have GCDD members, staff, and partners take learning journeys (Purposeful Learning) to gain a deeper understanding of the proposed idea or a broader sense of possibilities
- Consider the community assets (ABCD organizing) that can be mobilized around action to increase the level of connection and meaningful action on matters of shared concern
- Retreat (Purposeful Learning) to reflect on what has been learned and listen for a possibility that increases inclusion, builds community assets, and strengthens desire and capacity to act.
- Implement a prototype with an explicit process for learning and revision.

* GCDD should nurture things that are already happening as well as make sure that each project connects with other things that are happening in the community. GCDD will work to form partnerships and connect those in the community who may not cross paths through civic engagement and the asset based community development.

Practices	Offers
Person Centered	Ways to provide individualized supports, directed by the person and allies, that assist the person in having valued roles in community life and build more inclusive community settings.
Community Centered	Ways to build associations and alliances that allow citizens to make productive connections around what they care about, mobilize assets, and take meaningful action.
Purposeful Learning	Ways to generate social innovation through a reflective learning process.

The GCDD will utilize strategies that have a greater opportunity to create systems change. The GCDD will institutionalize systems change to actively develop relationships, practices and procedures that become a lasting part of the community. According to the Center for Civic Partnership, “systems change” involves “making changes in the way major parts of community service systems...are linked together and how they function..” Systems change 1) focuses on goals or outcomes; 2) is usually a result of small steps over time, 3) typically has a dedicated

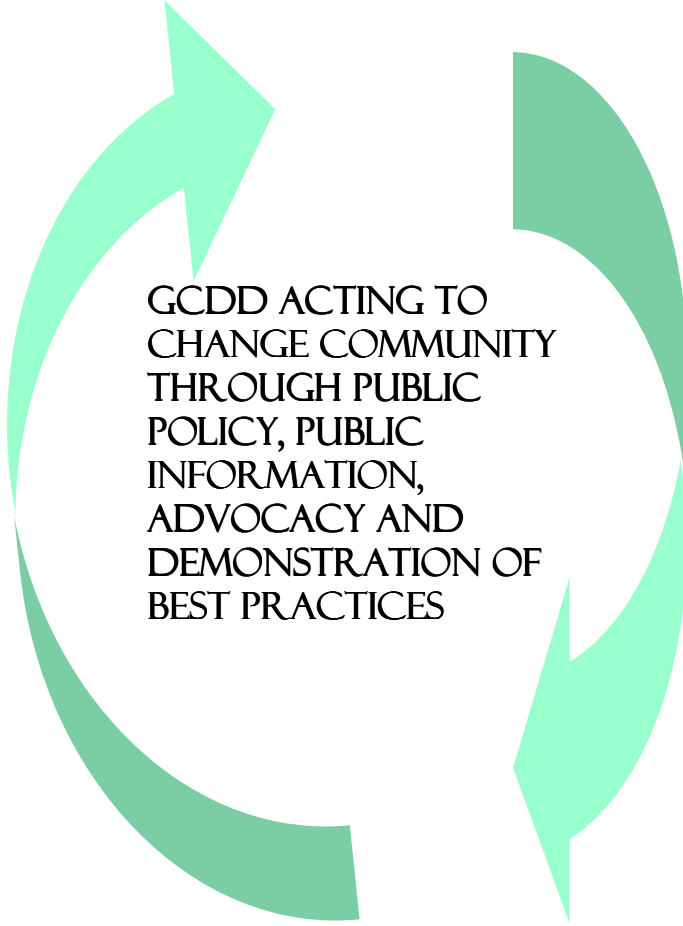
Figure 6: Set of Practices to Build Real Communities

group of advocates or an individual champion, and; 4) sees individual advocacy as essential. Systems changes strategies include^{xii}:

- * Build the knowledge base, so more people know about the issue, or know more about the issue: What are the problems, trends, unmet needs? What are potential solutions/ current best practices?
- * Select Social Strategies, so that barriers to change - like attitudes, lack of data, lack of experience - can be dealt with. Establish clear goals and methods for achieving them. Identify key players. Analyze constraints. Articulate responsibilities. Evaluate results. Celebrate success.
- * Obtain stakeholder commitment: because many different groups may care about an issue, involving all of them makes change more likely. Who cares about the problem? How does it relate to other problems? Is there an existing constituency? Is there work already to be built upon? Is there a sense of urgency?
- * Support policy entrepreneurs, who already may care about the issue and need expanded forums or more advocacy, to be most effective. “Policy entrepreneurs” are a key to sustainable change.
- * Make the most of unanticipated events, because unanticipated events can have a huge impact on a problem and provide opportunity. Unpredictable, accidental, GCDD needs to be prepared and ready to seize opportunities.

REAL CAREERS

REAL SUPPORT:



REAL LEARNING

REAL HOMES

GCDD recognizes the following values in its work:

- We value people with developmental disabilities with their own gifts and talents, 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 Act.
- We value public advocacy that is founded on the development of relationships with stakeholders and the legislative community.
- We value communities, which are designed to be inclusive, allowing for full participation by all people, physically, economically, organizationally, and environmentally.
- We value communities that educate, respect, promote, and protect the rights of people, thus offering a wealth of opportunities, and which have the capacity to find solutions.

GCDD seeks to advance these values by striving to accomplish the following goals in its operations, grant making, and technical assistance. By accomplishing these goals, GCDD hopes to work with its partners to help create learning communities whose residents, including those with developmental disabilities and their families, share their ideas of becoming stronger from within. GCDD will use its human and financial resources to support these efforts including (1) funding planning grants, project grants and large grants; (2) developing staff and member skills in providing technical assistance, convening and networking; and, (3) creating networks and partners in Georgia and outside Georgia; and (4) supporting efforts that increase the involvement of people who are culturally and ethnically diverse.

SECTION IV: 5-YEAR GOALS [Section 124(4); Section 125 (c)(5)

Creating Real Communities in Georgia

Federal Area of Emphasis: Formal and Informal Supports

The federal definition for this Area of Emphasis is: Individuals with disabilities have access to other services available or offered in a community, including formal and informal community supports that affect their quality of life.

Priority: One of the primary goals that all people have is to be a valued member of the community in which they live and participate. The focus of previous work by the GCDD has been on changing systems from the state and above and hoping those changes work their way to local levels. The priority for creating real communities is to work in local communities with all people including those with developmental disabilities and their families to create places that are welcoming of all people. This means working on a variety of issues that fall within all the federal areas of emphasis but by allowing local community members to identify the assets in a community, using person centered approaches to involving people and creating local solutions to local problems. During the next five years, GCDD will work on expanding the number of communities who are involved in the Real Communities Initiative. This means supporting and building a culture of how to become an effective community builder in each community. This includes a culture of accountability for the work being done and a culture of learning for both the communities involved and the GCDD.

Strategic Goal: In multiple locations across Georgia, GCDD will connect people with developmental disabilities, families and support organizations to other citizens and associations so as to act collectively on community issues. GCDD's Real Communities Initiative will support local projects that create more welcoming communities planned and implemented by partners with and without disabilities, resulting in measureable improvements for all people in their communities.

Objectives

- * Support positive relationships among residents based on equality and valuing every ones' contributions
- * By 2015, there will be at least 15 communities using person centered, asset based community development and purposeful learning approaches to create communities that welcome all members and address issues through policy, systems change, and community-based initiatives at the local level. Each year, bring 3 to 4 more communities into the project, with ABCD technical assistance, incorporation in purposeful learning activities, person centered, and community-centered planning.
- * By 2015, there will be a network of community builders who are supported and supporting local communities involved in the Real Communities Initiative. Each year, hire a community builder for each community selected to engage in the project.
- * Annually, the GCDD will support efforts for those involved in the Real Communities Initiative to learn more about person centered approaches, community building and purposeful learning.
- * Implement the Family Support and Real Communities grant approved by the Administration on Developmental Disabilities by providing 50 families a year with intensive family support and 100 families a year with casual support, and by including new community based organizations that are not primarily or exclusively disability focused.

Benchmarks or Indicators of Progress:

A community successful at implementing the Real Communities strategies understands that the gifts, talents, skills and capacities of individuals are essential building blocks for healthy communities. The following indicators of progress are meant to help GCDD staff and members determine if GCDD's work is actually achieving the goals and objectives. GCDD will collect testimonials and stories about how people's lives changed through the work as a method for determining progress toward goals.

- Increase in the number of people with developmental disabilities and families involved in Real Communities Initiatives
- Increase in the number of people with and without disabilities coming together to create change in communities
- Increase in the number of people with developmental disabilities and families taking leadership or active roles in communities
- Those in leadership roles increasingly represent community diversity, including people with developmental disabilities
- Increase in the number of groups having positive impact on important community issues (including creating systems change)
- Residents and groups from different communities are connecting across communities and learning from one another
- Residents and groups from different communities are coordinating action on area wide projects or issues
- Increase in community organizations involved and the connections between them
- Increase in the number of stories told about Real Communities in local media outlets and social media interactions

GCDD Goal	Create and Improving the Knowledge Base	Selecting and using Clear Social Strategies	Create and obtain Stakeholder involvement	Support Policy Leaders	Use Unexpected Events
<p>Connect people to other citizens and associations: valuing resident voice and influence to be heard in the broader community</p>	<p>Provide regular opportunities for groups to undertake purposeful learning and reflect on their work including learning journeys, gatherings and other learning opportunities</p> <p>Keep records for others to see purposeful learning events</p> <p>Support the Georgia Winter Institute – with Center for Leadership Development to become a national conference around the principles of Real Communities</p> <p>Create a web-based effort to keep people connected</p> <p>Develop community logic models that can also be used to evaluate outcomes</p>	<p>Support and nurture network of community builders by building a culture to become effective in their work.</p> <p>Utilize Person Centered Approaches to support individuals with developmental disabilities</p> <p>Provide grants to resident led groups using community centered approaches working on community concerns</p> <p>Provide capacity building assistance through GCDD staff and consultants</p> <p>Support mini grants and other funding used to advance Real Communities goals and focus on increasing civic engagement and organizing residents so their voices can be heard</p>	<p>Support self advocacy and family led organizations</p> <p>Utilize trained peer supporters for people with disabilities</p> <p>Connect with Direct Support Alliance, Person Centered Learning Community, and Aging and Disability Coalition</p> <p>Connect with YMCA, Boys and Girls Clubs, Faith Based Groups, Civic Groups, Home Owner Associations, resident and community associations</p>	<p>Engage diverse voter base</p> <p>Someone from each group should be on every community and local politician’s mailing list, as well as build their own diverse mailing list</p> <p>Host learning journeys for elected officials and engage them in initiatives.</p>	<p>Use unexpected events as a learning tool</p>
<p>Act collectively on community issues: A key factor that contributes to the long term viability of the community development process is organizational leadership commitment to the values of diversity and resident engagement.</p>	<p>Values work Training – Asset Based Community Development, Project South, Personal Futures Plan</p> <p>Grassroots Fundraising strategies</p> <p>Train the trainer</p> <p>Training on evaluation</p> <p>Capture and promote success stories</p>	<p>Provide funding and technical assistance to local initiatives that support the goals of real homes, real careers, real learning and real supports through person centered, community centered and purposeful learning approaches</p> <p>Seek local funding sources</p> <p>Strong leadership structures that ensure continuity</p> <p>Celebrate! Put the ‘social’ back in social change.</p>	<p>Korean Coalition Gwinnett Community Action Pioneers City of Milton City of Fitzgerald Centenary Church Clarkston Refugee Family Services Ben Hill County New communities Develop system of recognition for folks doing the work</p>	<p>Connect with unofficial leaders</p> <p>Educating and training communities on policy matters</p> <p>Publicly recognize policy leaders doing good work – regardless of whether it was successful</p>	<p>PNS Grant</p>

<p>Natural Supports (ADD PNS Grant): Make family and individual driven</p>	<p>Asset mapping and Person Centered Planning training</p> <p>Purposeful Learning: Conduct learning journeys around family to family networking and providing family supports</p> <p>Provide Microboard training and materials</p> <p>Create and deliver 100 informal family supported per year through 2015</p>	<p>A framework for family support should include: person centered tools, flexibility, build community supports, high valued and low cost services, coverage throughout the state, respite, quick response time, simplistic process, broad eligibility</p> <p>Explore options for providing cash subsidies to families</p> <p>Support efforts to create Time banks, Co-ops and collectives, Microboards, Circles of support and community gardening</p> <p>Support Navigator Teams in family to family efforts: “no parent with a child will feel alone.”</p>	<p>Connect with Direct Support Alliance, Person Centered Learning Community, and Aging and Disability Coalition</p> <p>Asset mapping</p> <p>Finding the welcomers</p> <p>Southern hospitality</p>	<p>Provide DBHDD with lessons learned on providing community-based family support</p>	<p>PNS Grant</p> <p>Futures Plan</p> <p>DOJ Settlement</p>
<p>Diversity</p>	<p>Family Support Culture, Diversity and Disability Translation</p>	<p>Learning about people’s cultures</p> <p>Translation</p> <p>Food</p> <p>Hospitality</p> <p>Media</p> <p>Festivals and gatherings</p>	<p>Refugee Resettlement Orgs, including Refugee Family Services</p> <p>Community Leaders</p> <p>Sagal Radio</p> <p>Parent Liaisons</p> <p>Parent Leadership Coalition</p>		

Promoting Public Awareness & Media Relations

Federal Area of Emphasis: Quality Assurance

The federal definition of this area of emphasis is: People have the information, skills, opportunities, and support to live free of abuse, neglect, financial and sexual exploitation, and violation of their human and legal rights and the inappropriate use of restraints and seclusion. Quality assurance systems contribute to and protect self-determination, independence, productivity, integration and inclusion in all facets of community life.

Priority: During the previous 5 year plan, the GCDD undertook initiatives aimed at improving its brand identification and the ways that it provides information to people throughout the state. This resulted in a new name (Georgia Council on Developmental Disabilities), logo, and a redesign of its website, and began using social media tools such as Facebook and Twitter. The Council currently publishes several publications whose outcome is to provide people with the information necessary to make informed decisions about their lives and advocate for changes in the system. *Making a Difference* and *Moving Forward* are sent to over 3500 individuals through the mail, e-mail and the Internet. The Council's website continues to be a tool that people can use to find information. Council staff is continually meeting with members of the media to respond to questions and pitch stories. In addition, media roundtables are held when the Council's quarterly meeting is held in sites other than Atlanta. The Council's priority for promoting public awareness and media relations is to increase awareness of the Council's activities and promote initiatives supporting its goal and mission.

Strategic Goal: GCDD increases the public’s awareness of building communities that are welcoming of all people, the issues important to people with developmental disabilities and the organization by emphasizing opportunities for earned media, cultivating relationships with members of the media, and through the use of social media networking tools.

Objectives:

- ★ Throughout the year, GCDD prepares and distributes information to members of the media through its quarterly news magazine, “Making A Difference,” website, social media and other means to inform them about issues important to people with developmental disabilities and their families.
- ★ GCDD will host at least two roundtables a year to create a dialogue with members of local communities media about issues important to people with developmental disabilities and their families.
- ★ GCDD will host at least two public forums to give local residents the opportunity to make public comment concerning community life for people with developmental disabilities and their families.
- ★ GCDD will collaborate with its partners, DD Network members and members of the media throughout Georgia to share the stories of people with developmental disabilities and their families and to inform the public about their issues.

Benchmarks or Indicators of Progress

The GCDD data base and the number of people receiving information from GCDD will double in size

There will be an increase in the number of “hits” on the GCDD website, facebook page, twitter account and any new social media that is created by monitoring monthly analytics

There will be an increase in the number of people receiving Making a Difference Magazine

There will be an increase in the number of local media contacted by GCDD about issues

There will be an increase in the number of stories told about GCDD and its initiatives in local media of all kinds

There will be an increase in the number of people receiving media training and technical assistance

Print materials, brochures, will be published and translated into other languages and alternative accessible formats upon request

GCDD Goal	Create and Improving the Knowledge Base	Selecting and using Clear Social Strategies	Create and obtain Stakeholder involvement	Support Policy Leaders	Use Unexpected Events
<p>Increase awareness and knowledge of DD issues and GCDD visibility as a leading resource in its field through traditional earned media and use of new/social media.</p>	<p>-Press releases -MAD -Website -Annual report -TA to program areas and network partners -Special events -Research & writing -AV production -Exhibits and Presentations</p> <p>Upgrade, repurpose, expand database / add email, demo info. (2016)</p> <p>Do not rely totally on Internet – use alternative ways to reach people</p> <p>Do more to explain policy issues to make them easier to understand</p> <p>Support efforts to help Council members and resident lead efforts prepare for interviews</p> <p>Conduct press conferences and send press releases about issues</p>	<p>Develop Social Media strategy and implement (2013)</p> <p>Increase Internet activity/web hits; FB, Twitter, other newer social media outlets (2016)</p> <p>Create 3 high impact campaigns</p> <p>Use videos to create public awareness</p> <p>Publish 4 editions of Making a Difference magazine annually</p> <p>Host at least 2 media roundtables with follow up</p> <p>Host Public Forums</p> <p>Create and support webinars</p> <p>Develop Council information kits/packets</p>	<p>Periodically create issues blog or question where public can respond</p> <p>Solicit Guest editorials / features in magazine, expert opinion, perspectives, etc</p> <p>Keep stakeholders up to speed on what is happening</p> <p>Find ways to collect data and bring it back to stakeholders in a way that is relevant and useful</p>		<p>Respond to Op Eds and -Letters to the Editor</p> <p>New social medias</p>
<p>Share the stories of people with developmental disabilities and their families and to inform the public about their issues.</p>	<p>Focus on providing opportunities for people to tell their stories</p>	<p>Create a virtual (Internet) gathering place for telling stories (2016)</p>	<p>Engage individuals with developmental disabilities and families in telling, sharing and utilizing their stories</p>	<p>Leverage other leader’s positions who speak out on disability issues with our perspective</p>	
<p>Diversity</p>	<p>Respond to needs for</p>	<p>Develop/implement</p>	<p>Editorial Planning for</p>	<p>Technical Assistance</p>	<p>Respond to</p>

	<p>translated materials in Multiple languages and formats (Braille, audio, large print, open captioned).</p>	<p>strategy to reach underserved Georgians (w/o Internet). (2013)</p> <p>Develop a plan to reach out to rural areas.</p> <p>Increase multi-cultural Stories with multi-cultural themes</p> <p>Increase formats of materials / translation</p>	<p>different stories</p> <ul style="list-style-type: none"> ...Ages ...Disability types ...Geography ...Cultures <p>Outreach to more diverse groups; include faith community</p>	<p>as Determined</p>	<p>Opportunities as they come up</p>
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Supporting Self Advocacy in Georgia

Federal Area of Emphasis: Education and Early Intervention

The Federal definition of this area of emphasis is: Students reach their educational potential and infants and young children reach their developmental potential.

Priority: An estimated 10,978 students with disabilities exited school in 2010, and 5310 of those had only a special education diploma or a certificate of completion. For a large percentage of students with disabilities the post-school outcomes are not that positive. Far too many students exit school to sit home with no chance for employment or to continue their education.

The GCDD has been chairing and hosting with the Department of Education and the Division of Exceptional Students a Statewide Transition Steering Committee that has been meeting on a quarterly basis. This group has been very productive in considering related policy that affects the transitioning student, and there are activities in the State's Transition Action Plan on which the Statewide Transition Steering Committee has agreed to work.

Most of the groups considering better transition outcomes for students agree that several components are involved. First, students in high school need constructive transition planning, and that planning needs to start prior to the beginning of high school, if students have hopes of completing successfully. Second, high school students need to learn the skills to be actively engaged in their own planning, to express their wishes, problem solve and self-advocate. Third, the state's graduation policies need to accommodate students who cannot complete high school by traditional routes but who need a diploma so they can continue their education, join the military or seek employment.

Therefore, the priority of GCDD is to continue working on improving the transition process for high school students by focusing on developing leadership skills leading toward self determination, assisting students to lead and conduct their own Individual Education Plans, and creating a path toward a common diploma that can be used in whatever direction a student decides to take after graduation.

Transition Strategic Goal: In Georgia, young adults with disabilities graduating from school will have the skills and knowledge to be engaged in their community.

Objective:

GCDD will support efforts to improve the transition from school to adult life for students with developmental disabilities through tools such as self-determination, student-led individual education plans, and other efforts to connect with communities

Benchmarks:

- Schools are improving opportunities for young people to make successful transitions from school to adult life
- Number of students involved in or starting Alumni clubs through Partnerships for Success and Project Search
- Number of person centered plans in schools
- Number of schools where students are leading IEPs
- Number of teachers including students in IEPs
- Increase in the number of Microboards that support people

GCDD Goal	Create and Improving the Knowledge Base	Selecting and using Clear Social Strategies	Create and obtain Stakeholder involvement	Support Policy Leaders	Use Unexpected Events
Promote the next generation of leaders and self advocates: Transition from school to adult life	<p>Capitalize on student use of social media</p> <p>Connect students to communities and build on networks already in place</p> <p>Support student-led IEP training ASPIRE: what was learned</p>	Support Partners Clubs and efforts to promote natural friendships, peer support , self – determination and community service	<p>Youth engagement Brenau professional advisement + research Teacher participation Community / Business expertise Department of BHDD</p>	<p>DOE Local schools school districts Outside business partners</p>	
	<p>Support orientation to Project Search Model including exploring options for young adults Present at national conference Include articles in Making a Difference magazine Support Discovery and Study Tours Support for Statewide Transition Steering Committee</p>	<p>Develop and support local discovery tours</p> <p>Support expansion of Project Search model to include young adults Create partnerships with business and students that lead to internships, job development and careers Provide mini-grants (menu of ideas) to help people coming out of institutions</p>	<p>Partnerships for Success Businesses Local Education Agencies, State Department of Education Department of Labor, Division of Vocational Rehabilitation Supported employment providers Students Families Connect with Direct Support Alliance, Person Centered Learning Community, and Aging and Disability Coalition</p>	<p>State board of Education Local School Districts Schools Large employers VR</p>	LEAN Training
	Review Dr. Toni Striker’s evaluation of KSU Academy for Inclusive Learning and Social Growth	Development of pilot of KSU model for other campuses	<p>KSU CLD IHDD Other colleges</p>	Engage Board of Regents, and VR	Grant application
Self-determination	Self-determination curriculum for all students, 5 th , 8 th , HS	Person Centered Planning Futures Planning, many different arrays of practice	<p>Person Centered Planning Futures Planning, many different arrays of practice Connect with Direct Support Alliance, Person Centered Learning Community, and Aging and Disability Coalition</p>	Capitalize on State Superintendents’ interest in diploma options	
Student led IEPs	Build on projects in other states, SPDIG grant, race to the top Plot outcomes on 75 students IEPs...develop templates to help them	Use of media for IEP planning (powerpoints, video, photograph essays, Iphone App) Videotaping of IEPS	Through training of staff prior, and troubleshooting after, create support among staff	Support State DOE leaders, and document for SPDIG funds	
Connection to community	Expose students to adult systems and supports, natural and formal paid, and successful adults	Encourage development of Alumni Clubs in each district with community support Facebook	Continued engagement of Partnerships business and community leaders outside of school Young Professionals Group	Engage Chambers of Commerce	

		Support Microboard association to make sure people's voices are heard and honored	Project Search GA Microboard Association Connect youth to Real Communities projects		
Diversity	Bring Real Communities groups to visit Partnerships projects esp. clubs				

Federal Area of Emphasis: Quality Assurance

The federal definition of this area of emphasis is: People have the information, skills, opportunities, and support to live free of abuse, neglect, financial and sexual exploitation, and violation of their human and legal rights and the inappropriate use of restraints and seclusion. Quality assurance systems contribute to and protect self-determination, independence, productivity, integration and inclusion in all facets of community life.

Priority: The Developmental Disabilities Bill of Rights and Assistance Act requires that Developmental Disability Councils support self advocacy efforts in every state. While GCDD will continue to support organizations such as People First of Georgia and its annual conference, the priority will be to support local chapters and help infuse these chapters with new leadership targeting young people and people from diverse backgrounds. In addition, GCDD will provide the support necessary to involve individuals with developmental disabilities at every level of its Real Communities Initiatives. The foundation of the Real Communities goal is the involvement of people with developmental disabilities in the community in creating places that welcome all people.

Self Advocacy Strategic Goal: In Georgia there will be a robust network of self advocates who are working toward creating communities that are welcoming of all people.

Objectives:

GCDD will support efforts to improve self advocacy in Georgia through:

- * direct funding of a State self-advocacy organization led by individuals with developmental disabilities;
- * support for individuals with developmental disabilities who are considered leaders to provide leadership training to individuals with developmental disabilities who may become leaders; and
- * expanding participation of individuals with developmental disabilities in cross-disability and culturally diverse leadership coalitions

Benchmarks:

- * People with developmental disabilities and their families are registered to vote and participate in local, state and federal elections
People with developmental disabilities and their families attend Disability Day at the Capitol and take other opportunities to meet and educate their elected officials
- * Local self advocacy chapters such as People First are active and involve people with developmental disabilities
- * People with developmental disabilities are taking increased leadership or active roles and responsibilities in community based leadership, civic, and social organizations/activities
- * People with developmental disabilities are testifying at state and local hearings concerned with public policy change
- * Faith communities involved in welcoming people from institutions into the community
- * Individuals with developmental disabilities are involved and take on leadership roles in Real Community initiatives

GCDD Goal	Create and Improving the Knowledge Base	Selecting and using Clear Social Strategies	Create and obtain Stakeholder involvement	Support Policy Leaders	Use Unexpected Events
Direct funding of self-advocacy organization	<p>Support for People First of Georgia</p> <p>Development of Alumni Organizations From Partnerships for Success and Project Search</p> <p>Support efforts by self advocacy organizations to work with a national organization to improve governance possibly tied to “Power Up” indicators of a successful self advocacy organization.</p>	<p>Continue to support People First of Georgia, primarily its Annual Conference and to support community organizing efforts around ending use of “sheltered workshops and instead supporting employment first” policy option</p> <p>Reserve funding to support new self-advocacy projects and groups by casting a net for self-advocates who are not already involved in the Council’s work</p> <p>Manage mini-grants to local chapters to support training and ongoing support for peer supporters, creating alumni activities (Partnerships for Success or Project Search), leadership training, outreach to involve others community groups or faith communities</p>	<p>Connect to People First and its local chapters, CLD, GAO IHDD, The ARC of Georgia Statewide Independent Living Council, Centers for Independent Living, National Youth Leadership Network, Project Search Graduates and Partnerships for Success alumni</p>		<p>720 people moving out of state institutions over next five years to connect individuals to self advocacy efforts</p>
leadership training to individuals who may become leaders	<p>Embed self-advocacy in Real Communities and ABCD training opportunities</p> <p>Networking – sharing experiences</p>	<p>Different Levels of Training Supporting people to access leadership training</p> <p>Lead to other leadership opportunities</p>	<p>CFI Boy Scouts Leadership (county) Fellowship of Christian Athletes National Youth Leadership Network</p>		
expand participation in cross-disability and culturally diverse coalitions	<p>Youth Refugees/new immigrants</p>	<p>Employ culturally competent strategies to expand networks; expand base of participants</p>	<p>National Youth Leadership Network</p>		<p>ADD Self-advocacy summit in Atlanta</p>
Diversity	<p>Training for leaders in new immigrant and refugee communities on advocacy</p> <p>Assessing what is there</p> <p>Family Support Self Advocacy – in different cultures</p> <p>Translation of materials</p>	<p>Real Communities Identify and support new and emerging leaders</p>	<p>Connect with immigrant and refugee serving organizations, agencies and community groups</p> <p>Faith Communities</p>		

Supporting Public Policy Changes in Georgia

Federal Area of Emphasis: Quality Assurance

The federal definition of this area of emphasis is: People have the information, skills, opportunities, and support to live free of abuse, neglect, financial and sexual exploitation, and violation of their human and legal rights and the inappropriate use of restraints and seclusion. Quality assurance systems contribute to and protect self-determination, independence, productivity, integration and inclusion in all facets of community life.

Priority: The GCDD has worked in coalition to educate elected officials about the needs of persons with developmental disabilities and their families. The development of effective, bi-partisan relationships with legislators enables the Council to be viewed as the fair and reliable authority on policy and budget issues affecting people with developmental disabilities. In addition, the Council continues to be invited to discussions because it provides timely responses to requests for information from legislators, thorough, well-conducted research and strategic dissemination of information.

Leadership provided during the General Assembly has resulted in increased funding and passage of legislation that continues to move the State in the right direction. GCDD will be creating a unified policy agenda that takes into account many of the federal areas of emphasis and the policy changes required to create a Georgia that welcomes all people. These issues include Unlock the Waiting List, Employment First, Pathways to a Common Diploma, Visitable Homes, Implementation of the Olmstead Decision and the DOJ Settlement, Economic Self-sufficiency (IDA), Family Support and other issues as they arise.

These efforts will require a strong advocacy voice and the GCDD continues to support efforts by individuals with developmental disabilities and family members to become a united voice. The Council priority will be to continue supporting coalitions and advocates that promote positive public policies for people with developmental disabilities and their families.

Strategic Goal: Promote Public policy that supports communities that welcome all people and better serves the interest of individuals with developmental disabilities and their families, promotes revisions in the systems that provide services and supports that result in authentic choice, opportunities for self-direction and enhanced capacity for the care-giving efforts of families.

Objectives:

- * Annually, GCDD will promote conceptually coherent public policy for integrated life in the community for people with developmental disabilities, their friends and neighbors and the people who support them, through responsible information sharing, responsive public outreach and legislative advocacy.
- * Annually, GCDD will adopt a public policy agenda that reflects the policies and values of the DD Act.
- * GCDD supports a robust, well-informed network of individuals with developmental disabilities and their families, friends, neighbors and other advocates that are connected through social networking and other advocacy tools and can respond to the public policy advocacy needs of GCDD

Benchmarks or Indicators of Progress:

- * Number of people who respond to action alerts
- * A well-maintained advocacy network responsibly works for public policy and social change for people with developmental disabilities
- * People with developmental disabilities and families have access to the information and supports necessary to affect public policy at the local, state and national levels.
- * A variety of organizations alternate roles of lead and support on policy issues
- * An increase in the number of “policy entrepreneurs” such as legislators and state offices who work and support disability issues
- * Members of the developmental disability community view GCDD as their advocate and all providers will know where GCDD stands on major issues of policy changes proposed or passed
- * Number of people attending and working advocacy days
- * Legislation passed in one or both houses of the General Assembly during the Legislative Session
- * Number of Dollars Leveraged in the State Budget

GCDD Goal	Create and Improving the Knowledge Base	Selecting and using Clear Social Strategies	Create and obtain Stakeholder involvement	Support Policy Leaders	Use Unexpected Events
<p>Promote conceptually coherent public policy for integrated life through the adoption of a public policy agenda that reflects the policies and values of the DD Act.</p>	<p>Continually research good policy in field and other states; NCSL, GBPI, HSRI, Casey, Kaiser, State of the State Continue DD Population Study Graduation rates data for diploma study; Conduct research on diploma options DOJ monitoring Advise the Department of BHDD Conduct Study Tours Create and provide Webinars for residents on legislative issues Organize Lunch and learns with legislators and others Write, print and disseminate public policy agenda papers</p>	<p>Systems policy and regulation: write, comment on or monitor Proxy Caregiving, IDA, SBOE rules on diplomas, Waiver and FS family support etc. DD Network continues strong collaboration and building networks to address problems Study Tours to showcase best practice Coalition building for issues with broad stakeholder concern Continually update Capitol Impact Adopt a public policy agenda: Continue to address the waiting list for home and community based services Ensure that all homes are “visitable” Employment First Policy Consistent definition of developmental disabilities in State code One diploma for all students Implementation of Olmstead and DOJ Economic Self-sufficiency (IDA) Family Support</p>	<p>Continue Real Communities Listening Tour to engage community on employment, family support, support coordination, transportation and residential living; with Arcs and People First Sharing conference, registration forms, calendars Unlock Steering Committee 2020 Georgia Coalition Health Advocates Coalition Disability Day and Advocacy Day at the Capitol Connect with Direct Support Alliance, Person Centered Learning Community, and Aging and Disability Coalition</p>	<p>Find and cultivate policy entrepreneurs Connect Departments and providers with real people in the community and with national expertise Recognize good things promoted or accomplished by leaders Recognize and support legislative and advocacy leaders Keep up regular communication with the Governor’s Office</p>	<p>Watch the policy windows for openings to introduce changes in policy areas Redistricting and Elections 2012</p>
<p>Responsible information sharing</p>	<p>White papers on critical issues Issue forums Reach Out to Youth, educate on political process Expand culturally competent communications</p>	<p>Website Blogs Twitter Moving Forward Magazine Youth Engagement Strategies Facebook Making a Difference</p>	<p>Webinars for information delivery Stakeholder groups Telling Stories Help Youth develop advocacy expertise and deliver message Re-engage with Aging Community Connect with Direct Support Alliance, Person Centered Learning Community, and Aging and</p>	<p>Identify and support mavens and connectors Recognize Youth Leaders</p>	

			Disability Coalition		
Responsive public outreach to develop advocacy network: a successful advocacy campaign understands the gifts, talents, skills and capacities of individuals as the essential building blocks for healthy communities. Mobilized residents feel ownership, contribute to collaborative efforts is key to long term sustainability.	Broaden outreach beyond disability Shared Language: create consistent messaging around our core activities and philosophies, and use in all venues Stay consistent with the public policy agenda until it is accomplished	Support a robust well informed network connected to respond to policy advocacy needs (Provide legislative learning opportunities) “Message” inclusion in typical life experiences “Real Listening” Explore the language from Social Role Valorization and normalization for the messaging, or other writings, but determine consistent use Use social media to maintain connections	Conduct programs and activities in typical community places Get outside the ‘usual’ suspects Maintain community relationships developed along the way	Recognize non-disabled community ‘inclusionists”	Respond to issues raised on blogs, in media, critical events
Legislative advocacy	Research and information sharing with legislators	Press conferences Lunch / breakfast learns Study tours	Get bi-partisan sponsorship of legislation	Reach out to federal congressional delegation Recognize legislative leadership	Be attuned to policy windows
Diversity	Be bipartisan Cultivate diverse data base of advocates Provide materials in culturally competent formats, languages	Conduct legislative learning with culturally diverse groups Locate culturally diverse groups to attend legislative learning groups	Identify leaders in culturally different communities, and engage in policy process	Recognize diverse leadership	

Supporting an Efficient and Effective Council

Priority: Delivering valued services to people with developmental disabilities, their families, advocates, and policy makers must continue to be the primary concern of the GCDD, its members, and staff. The GCDD 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 GCDD continues to become ever more efficient and effective in the services it offers, its members and staff must continue to focus efforts on programs that are achieving desired and demonstrable results.

Strategic Goal: Delivering valued services to people with 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 ever more efficient and effective in the services it offers, its members and staff must continue to focus efforts on programs that are achieving desired and demonstrable results. Therefore, The Council will continue to improve its operations while meeting the requirements of the Developmental Disabilities Bill of Rights and Assistance Act

Objectives:

- ★ Annually, Council will review and make recommendations for improvement of its grants, monitoring, and project evaluation processes to promote fiscal and programmatic responsibility among grant recipients while remaining accessible and responsive to the public.
- ★ Annually, will increase opportunities for Council members and staff to participate in learning journeys on the state and national levels and by providing support to the National Association of Councils on Developmental Disabilities.
- ★ Annually, Council will improve its efforts to make sure that all mandates by funding sources are met

SECTION V: EVALUATION PLAN [Section 125 ©(3) and (7)]

With a new strategic plan about to begin, the GCDD can also rethink the way in which it evaluates progress on the different initiatives it plans to undertake. Traditionally, we approach evaluation as a way to hold projects accountable to some identified standard and we measure them against that standard. Within this process, we theorize that data collection is more valid because it is expressed in objective measures and that a professional outside evaluator is more objective. Finally, good evaluation will help us to replicate a project somewhere else and that we will get similar results. However, we have an opportunity to think about evaluation as something that is important to plan evaluation to be informative to staff, Council members and the community at large on how well a project achieved its anticipated aims. As such, evaluations should follow accepted research methods and to the extent possible, use valid and reliable measures. Therefore, we want to measure our progress in a meaningful way for our constituents and in a useful way for our federal accountability.

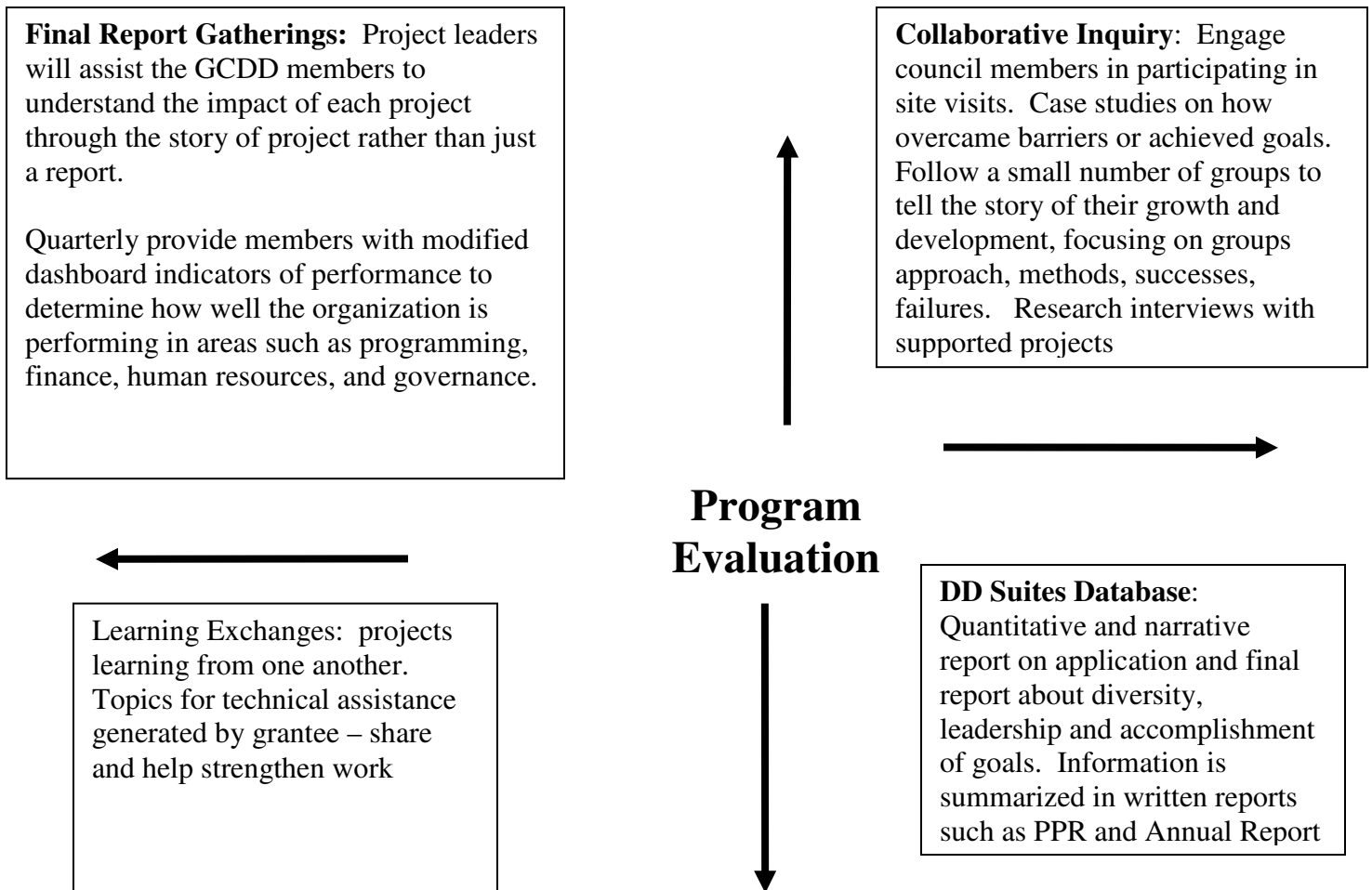
“There are no stories without numbers and no numbers without stories.”
Elizabeth Shore

There are three concepts that must be included in the evaluation process: influences, impact and leverage. It is important to determine who had the most influence in making sure that an initiative was successful or not successful. This will require interviews with those involved in the initiative. Impact is about gathering proof, trend lines and evidence to support the premise that GCDD’s role in the initiative created the outcome that was experienced. Finally, leverage is about the resources that became part of the initiative because of GCDD’s involvement. Resources can be financial (cash or in-kind) or human in nature. Strategic questions to be answered in any evaluation/learning process:

1. How will the strategy or activity under consideration contribute to the creation of a culture of learning across the community of interested participants?
2. Will the strategy or activity generate information that will improve the work of resident centered community building that is Real Communities core?
3. How will the results generated by the strategy or activity be shared and/or used within the learning community?
4. Is the strategy or activity something we can reasonably accomplish given our staff and budget?

The GCDD is working with the Touchstone Center for Collaborative Inquiry as part of its Family Support Grant received through the Administration on Developmental Disabilities. Touchstone is working to develop an evaluation process for this grant and GCDD plans to build off this effort in its overall evaluation plan. Touchstone is designing a collaborative, participatory process that will allow members, staff and partners to have on-going learning as well as data collection about outcomes. 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. It 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. This evaluation will build off of four efforts to tell the story and collect data about those projects that GCDD supports. First, project staff and leaders will have the opportunity to tell the story of what has happened to GCDD members and staff through annual Report Gatherings to be held in conjunction with the fall GCDD Quarterly meeting. Second, GCDD members and staff will engage in a process of collaborative 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 groups 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. Third, in order to assist projects to continue their learning process, GCDD will support learning

exchanges that will allow projects to learn from each other as well as create technical assistance opportunities generated by those implementing projects. Finally, 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.



SECTION VI: PUBLIC INPUT AND REVIEW [Section 124 (d)(1)]

Once the Council had identified its projected goals, objectives and action steps, it allowed the public to comment on its proposed activities through an on-line survey, mail and e-mail comments, telephone comments and a webinar held on June 21, 2011. Over 85 individuals provided comments on the Council's proposed plan. Of those who responded to the GCDD online survey, 55% were family member, 25% providers, 18% disability advocates, and 11% individuals with a disability. Individuals who responded represented 36 counties located throughout the State. Over half of those priority public

that responded indicated that Real Communities should be the number one for GCDD. The following were significant comments made during the comment process:

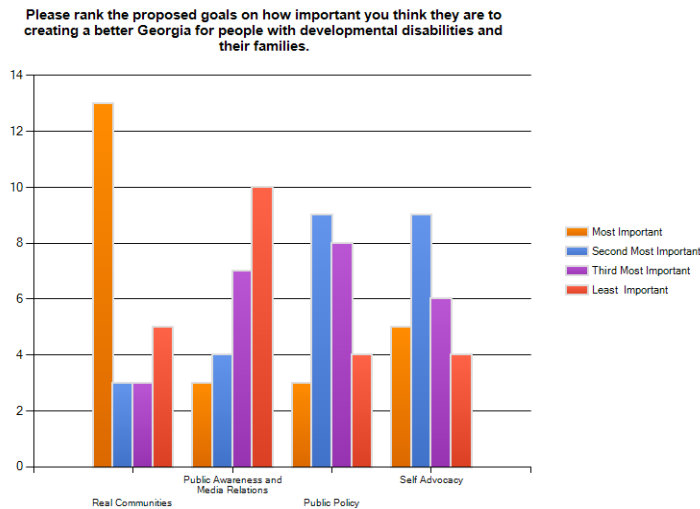


Figure 7: How Respondents Ranked Goals in Order of Priority

Real Communities

- Connect with families and organizations to find out what they feel are the real issues in their communities.
- I find the Real Communities goal to be very "pie in the sky", "feel good", "touchy feely" and not based on the realities of what communities are. I think you will help a few people with a community garden, etc, but leave most people out.(2)
- Really liked the emphasis on establishing real communities and networking with other agencies, business, faith based agencies, etc
- Find more social involvement for children with disabilities and families that cannot afford to pay a much
- What is a community (City of Atlanta or the Atlanta Urbanized Area)? and How many communities are there? Starting with 15 and adding 3 or 4 each year, how long will it take to make the state of GA have a Real Communities Initiative statewide?.
- "Systems change" must include review of local zoning laws which establish barriers against people with disabilities (eg, zoning that effectively blocks community settings by means of public hearing requirements, etc)
- The goal needs to be higher - how long can people wait to get support for their adult children? We are so far behind and the rural areas of Georgia are really at a disadvantage.
- How long at this growth rate will it take the Administration on Development Disabilities to provide state wide service at this inception and growth rate for Family Support and Real Communities grants? Is this growth rate even maintaining the status quo with the growth rate in the number of families of need as modern medicine is able to reduce the mortality rate of infants and accident victims and their resultant developmental disabilities?

	<ul style="list-style-type: none"> • 100 families a year w/ intensive family support & 200 a year for casual • How do we identify these families? How do we integrate with other groups?
Public Awareness and Media Relations	<ul style="list-style-type: none"> • Focus on changing attitudes • Excellent public relations...keep it up • Maybe also including television and radio for public service announcements about the new goals for developmental disabilities • Increase the number of media roundtables 3 or 4 times a year • Public Forums Comments: • Routine checks with individuals involved should be done. This way, if new concerns arise they can make them known at that time as well. • Partner with other groups who do this as well. • Please televise these forums
Transition	<ul style="list-style-type: none"> • We really need to continue to focus on life after high school for people with disabilities. While many are not happy while in school, it is devastating to get out of school and have nothing for your child. • Collaborate with State GLRS centers to bring person centered planning training to districts across GA; family oriented • How is that going to happen? what are the steps to ensure this goal is accomplished? (2) • Need to remember those who have previously graduated and have yet to find suitable employment • I think you should also try and make sure that all Georgia curriculum/textbooks teach kids about the disability movement, if it is not already. • I believe that the Partners Club should be duplicated in every high school as well.
Self Advocacy	<ul style="list-style-type: none"> • There is a robust network already, but how do you engage them? • There is a seemingly insurmountable need to address the transportation facilities and networks available to those with developmental needs. Georgia is and continues to be an individual automobile dominated facility even in the major Atlanta area. If participation of individuals with developmental disabilities is a goal then something needs to be said/addressed about their ability to provide reasonable transportation. • Add incentive for the individuals...maybe a certificate or a type of graduation type thing...whatever you do don't change the above...it's perfect
Public Policy	<ul style="list-style-type: none"> • Add caregiver issues, paid and non paid • Training to those who will help and the people who serve • I'd like to see more specific info on how this info will be shared and get to the right parties • Suggest reviewing the tools that are used - to be sure easy to access and respond (ie - email to legislature) • Push for legislation to allow the special needs scholarship without the one year public school IEP. This will allow young adults to attend specialized private schools that may better prepare them for adulthood.
Other Comments	<ul style="list-style-type: none"> • Where can we, the public, see a copy of the last 5 year plan, so we can compare what progress was made on these objectives. This plan sound a lot like what the GCDD has been saying it does for years. Stop funding organizations who promote "applied behavior analysis" (ABA) or Positive Behavior Supports (PBS), which has hurt many children and families in

Georgia. Stop promoting organizations who are a part of the Developmental Disability Network and sit on the GCDD, that discriminate and exclude individuals with disabilities and only care about promoting political or organizational agendas. I have heard and witnessed stories of the GAO and the Center for Leadership and the Ga DOE being the main culprits. More people with disabilities should be setting the GCDD agenda, not the parents and service providers on the GCDD board who want to promote unsound therapies and agendas.

- It promotes positive community inventions and teamwork among the locals and the agencies. In addition, the plans shows their will more community integration for individuals.
- I do not like the recommendation regarding reducing dependency on congregate care. It is too vague and that kind of thinking does not allow for family and participant choice. I vehemently disagree with the recommendation regarding sheltered workshops it is one of the most valuable of all community services
- I would like to see the plan come into affect...I would love to become a part of the plan
- Sustainable, data driven, strong collaboration
- Way too generic - same as in the past. Generalization "clouds" the issues that you, GAO, ARC, etc. should have been vehemently supporting the past several years. Most people are advocates for the DD - but a sheer none of ye have been protectors. "walking the fine line" with the governor, legislators, etc. has been your organizations' goal - to stay intact, all the while forsaking the people who were harmed in the system. GCDD still means the Governor's Council.....Why did the DOJ have to get involved in the first place if you all were who you said you were???
- Generally the goals are all good and have merit. However the implementation of a couple of the goals is not ambitious in the least. The goals also need to be strengthened or to include a goal which recognizes the failure(s) of the past and assists those who have been unable to find meaningful employment since public school completion.
- Please help us with resources in the south ga area. Our individuals with disabilities are sitting home with nothing or no one to help! They need to be involved in post secondary programs, resources, and jobs within the community instead of center based or institution programs. They have rights too! This is extremely important!!! We have to change the perspective of businesses and people in this area of the state!
- The system is felling some of his citizens. Our family has been greatly affected by the lack of services, supportive services and community programs for our disable adults. I speak for my son and how he has been lost in the system due to lack of services. We need day programs where more disabled adults can go and share with other disable adults where they can have daily activities in a center and communities. We personally have been neglect we have been push aside to and given a service that perhaps is more convenient for the state not necessarily for my son and our family that we are the most affected we are the care providers. Government really needs to get parents and families involved and you need to hear our voices our needs for our young adults. We the family of our disabled family members knows what's best for them. And it seems that all of these so called supportive services provides more stress to the families with false promises than what they deliver, social workers are getting paid state employees are getting paid but are families being serve the way they are suppose to? It seems like no one cares.
- Good Post ADA Era Plan -wise investment, community builders (organizers) -appreciate the focus on relationships
- The emphasis on community building is good. Multiple supports for much of the disability community is an absolute necessity. More emphasis on improving existing systems (Medicaid paper and documentation requirements, improving

workshops rather than goals to totally move away from the model, also improving and making more efficient the operation of small group homes.)

- It needs to be followed and fully implemented in south ga. Change will not come without individuals to help!

Appendix A

Endnotes

ⁱ Atlanta Journal Constitution, “Jobless rate back in single digits”, Harry Unger May 20, 2011 p. A11

ⁱⁱ United Way of Metropolitan Atlanta, “The Self Sufficiency Standard for Georgia.” 2010, p. 2.

ⁱⁱⁱ The Ability to Make a Difference, 2010 Community Report. CredAbility, Georgia. P 13.

^v Atlanta Journal Constitution, Henry Unger, May 20, 2011 “Fewer Consumers in Financial Distress” p. A12

^{vi} . North Carolina Medical Journal, “Constructing the New Service Paradigm: Responding to Today’s Challenges,” Nancy Thaler November/December 2009, Volume 70, Number 6. pages 535-538.

^{vii} United States Department of Justice v. State of Georgia.

^{viii} United States Supreme Court, L.C. and E.W. v State of Georgia and Olmstead

^x Federal Child Count Report: December 1, 2010, Georgia Division for Exceptional Students, Department of Education, 2010.

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