Georgia Council on Developmental Disabilities

Five Year Strategic Plan

FFY 2017 - 2022

July, 2016

Introduction

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

GCDD is charged with creating systems change for individuals with developmental disabilities and their family members through advocacy and capacity building activities. The outcomes for all GCDD efforts are that people with intellectual/developmental disabilities and their families will be more interdependent, that they have greater economic self-sufficiency, are integrated and included in their communities, and are self-determined in their lives. GCDD continues to influence the direction of public policy at both state and federal levels, to support capacity building through technical assistance and grants, to bring people together to discuss how to create change, and to promote public awareness of those in need. GCDD does not provide direct services to individuals with developmental disabilities.

The mission of GCDD is to advance social change, public policy, and innovative practices that increase opportunities for individuals with developmental disabilities and their families to thrive where they live, learn, work, play, and worship in Georgia's communities.

The members envision a state in which all people are valued and fully included in communities and are supported to realize their fullest potential.

WE VALUE:

1. public policies founded on sound research, accurate information, and practices in alignment with the principles of the DD Act
2. a network of advocates comprised of people with and without developmental disabilities, their family members, and others working together to support the principles of the DD Act
3. diverse, inclusive communities that allow for full participation by all people
4. available, accessible, flexible, and responsive services that promote self-determination and community integration
5. the gifts and talents that people with intellectual/developmental disabilities contribute to their communities
6. supportive, informed families who actively advocate for their loved ones with developmental disabilities by making significant contributions toward preparing for their futures.

SECTION I: COUNCIL IDENTIFICATION

PART A. State Plan Period**: Federal Fiscal Year 2017 thru 2022**

PART B. Contact Person: Eric E. Jacobson
Phone Number: 404-657-2126
E-mail: eric.jacobson@gcdd.ga.gov

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

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

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

(ii) Council Members:

GCDD activities are governed by a 22 member board, appointments and terms are set by the Governor in accordance with the formula provided by P.L. 106-492, the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 2000. The Act allows members to serve terms up to four years and be reappointed. In compliance with federal legislation, at least 60% of the Council membership consists of people with intellectual/developmental disabilities, their parents, or guardians. Of the 60%, one-third must be individuals with developmental disabilities. One-third must be parents of children with developmental disabilities and immediate relatives or guardians of adults with mentally impairing disabilities, and one-third are a combination of individuals and their family members.

Other required members include policymakers that represent agencies and organizations who have a vested interest in persons with developmental disabilities including those that administer federal programs: The Rehabilitation Act (Georgia Vocational Rehabilitation Agency), Individuals with Disabilities Education Act (Dept. of Education), Older Americans Act (Dept. of Human Services), Title V of the Social Security Act (Dept. of Public Health), Title XIX of the Social Act (Dept. of Community Health), Protection and Advocacy Agency (Georgia Advocacy Office) Centers for Excellence in Disability (University of Georgia and Georgia State University). Each

State agency director is responsible for appointing a representative with the authority to engage in policy, planning, and implementation on behalf of the agency they represent.

In 1998, 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. Advisory members serve one two-year terms and cannot be reappointed. These individuals do not count towards a quorum and cannot vote, but they have the same roles and responsibilities as other members. One advisory member is elected to the Executive Committee.

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.

Council Membership Category Codes

AGENCY/ORGANIZATION 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

GENDER
M = Male
F = Female
O = Other

GEOGRAPHICAL
E1 = Urban
E2 + Rural

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

RACE/ETHNICITY

D1 = White, Alone
D2 = Black, African-American, Alone
D3 = Asian American, Alone
D4 = American Indian or Alaskan Native, Alone
D5 = Hispanic Latino
D6 = Native Hawaiian and Other Pacific Islander, Alone
D7 = Two or More Races
D8 = Race Unknown
D9 = Some Other Race

Table 1: Council Membership

#	Last Name	First Name	Agency Org. Code	Agency/ Org. name	Appt date	Appt. Expired Date	Alt/ Proxy for State Agency Rep Name	Gender	Geographical	Racial
1	Crimmins	Daniel	A-6	Center for Leadership in Disability at Georgia State University				M	E1	D1
2	Gaye	Deborah	A-2	Department of Education			Debbie Reagin	F	E1	D1
3	Howell	Dan	A-9	Department of Behavioral Health and Developmental Disabilities			Frank Kirkland	M	E1	D1
4	Fitzgerald	Brenda	A-8	Department of Public Health		Johnson	Donna	F	E1	D2
5	Moore	Ruby	A-5	Georgia Advocacy Office			Katie Chandler	F	E1	D1
6	Pound	Ronald	A-9	Department of Community Affairs				M	E1	D1
7	Reese	Clyde	A-4	Department of Community Health			Marcey Alter	M	E1	D2
8	Schmeig	Greg	A-1	Georgia Vocational Rehabilitation Agency			Nick Perry	M	E1	D1

9	Stoneman	Zolinda	A-6	Institute on Human Development and Disability, University of Georgia			Becky Brightwell	F	E1	D1
10	Crittenden	Robyn	A-3	Division of Aging Services, Department of Community Health			Lynn Walker		E1	
11	Connelly	Tom	B-1		10/30/2015	7/1/2018		M	E2	D1
12	Glick	Sukie	B-1		10/30/2015	7/1/2018		M	E1	D3
13	Harris	Dorothy	B1		10/30/2015	7/1/2019		F	E2	D2
14	Heard	Teresa	B-2		10/30/2015	7/1/2016		F	E2	D7
15	Hibben	Deborah	B-2		10/30/2015	7/1/2016		F	E1	D1
16	Issac	Nandi	B-1		10/30/2015	7/1/2019		F	E2	D9
17	Vacant		B-2						E1	D2
18	Moore	Heidi	B-2		10/30/2015	7/1/2017		F	E1	D1
19	Munoz	Brenda	B-2		10/30/2015	7/1/2017		F	E1	D5
20	Nodvin	Evan	B-1		10/30/2015	7/1/2018		M	E1	D1
21	Petrone	Madeline	B-1		10/30/2015	7/1/2019		F	E1	D1
22	Proffitt	Mitzi	B-2		10/30/2015	7/1/2017		F	E2	D1

Advisory Committee of the Council

Name of Member	Designation
Pam Hunter Dempsey	Parent of a Child with a Developmental Disability
Trace Haythorn	Parent of a Child with a Developmental Disability
Marcia Singson	Parent of a Child with a Developmental Disability
Jodi Wren	Parent of a Child with a Developmental Disability

Table 2: GCDD Advisory Members

Council Team Structure

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

The full Council, a committee, or staff can recommend that the Council establish an **ad hoc committee**. This is a time-limited and objective-specific committee created to help GCDD accomplish its work. This might include examining issues of potential GCDD involvement, monitoring GCDD supported projects for performance, or determining how GCDD will expend funds for a potential project. The full Council must approve the establishment of a team. In the case of emerging issues, the Executive Board may establish a team, but it must be approved at the next meeting of the full Council. The Council chairperson shall appoint the team chairperson from the voting members who volunteered to participate. If possible, the committee should be comprised of at least 60% individuals with disabilities and their 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. GCDD members will work between meetings on issues of importance based on the following principles:

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

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 GCDD. This will help engage members in the work of the organization and provide a way to recognize members for their work.

The **Executive Committee** is comprised of the Council chairperson, vice-chairperson, and three at-large members. At least one of the at-large members shall be an advisory committee member. The Executive Committee is responsible for developing governance policies that support the membership development,

providing oversight of Council operations and policies and working in support of, or occasionally in place of, the full board. The Executive Team is also responsible for ongoing review and recommendations to enhance the quality of the members and for developing rules for members' conduct. Finally, the Executive Team is responsible for assisting GCDD in ensuring the organization is in good fiscal health and in compliance with State and Federal financial rules and regulations.

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

Role of Council Staff

As the Georgia Council on Developmental Disabilities begins the implementation of the new strategic plan, we are redefining the relationship between GCDD staff and the initiatives funded by the organization. GCDD staff provides technical assistance and grants management for supported initiatives. This requires intimate knowledge of, and a close working relationship with, communities and projects. Staff builds long-term relationships with local communities and their members and identifies the assets in each community and network that people are already connected to. This means capitalizing on learning moments and helping leaders and others build off of these efforts. In addition, GCDD will utilize a pool of consultants in order to increase the breadth of experiences and have access to specialized help. The goal of staff and technical assistance support is to (a) increase communities' abilities to solve problems and create a better quality of life; (b) develop efforts by individuals to solve problems creatively and build relationships; (c) help people invest in their own judgments and efforts to learn more deeply; and, (d) provide assistance to facilitate leaders.

Staff

Table 3: GCDD Staff

#	Position or Working Title	FT	PT	% PT	Last name of person in position	First name of person in position	MI	Gender	Race	Disability
1	Executive Director	X	☐		Jacobson	Eric		M	D1	N
2	Deputy Director	X	☐		Vacant					
3	Fiscal Officer	☐	X	75%	Childers	Gary		M	D1	N
4	Public Information Director	X	☐		Meadows-Suber	Valerie		F	D2	Y
5	Public Information Assistant	X	☐		Vacant					

6	Public Policy Director	X	☐		Alford	Dawn		F	D1	Y
7	Community Organizing Director	X	☐		Karimi	Sumaya		F	D9	N
8	Executive Secretary	X	☐		Person	Kim		F	D2	N
9	Planning and Policy Associate	X	☐		Rosenfeld	Hanna		F	D!	N
10	Receptionist	X	☐		Foss	Eric		M	D1	Y
11	Grants Manager	X	☐		Eaves	Lisa		F	D2	N
12	Organizing Assistant	X	☐		Melnick	Gabby		F	D1	N

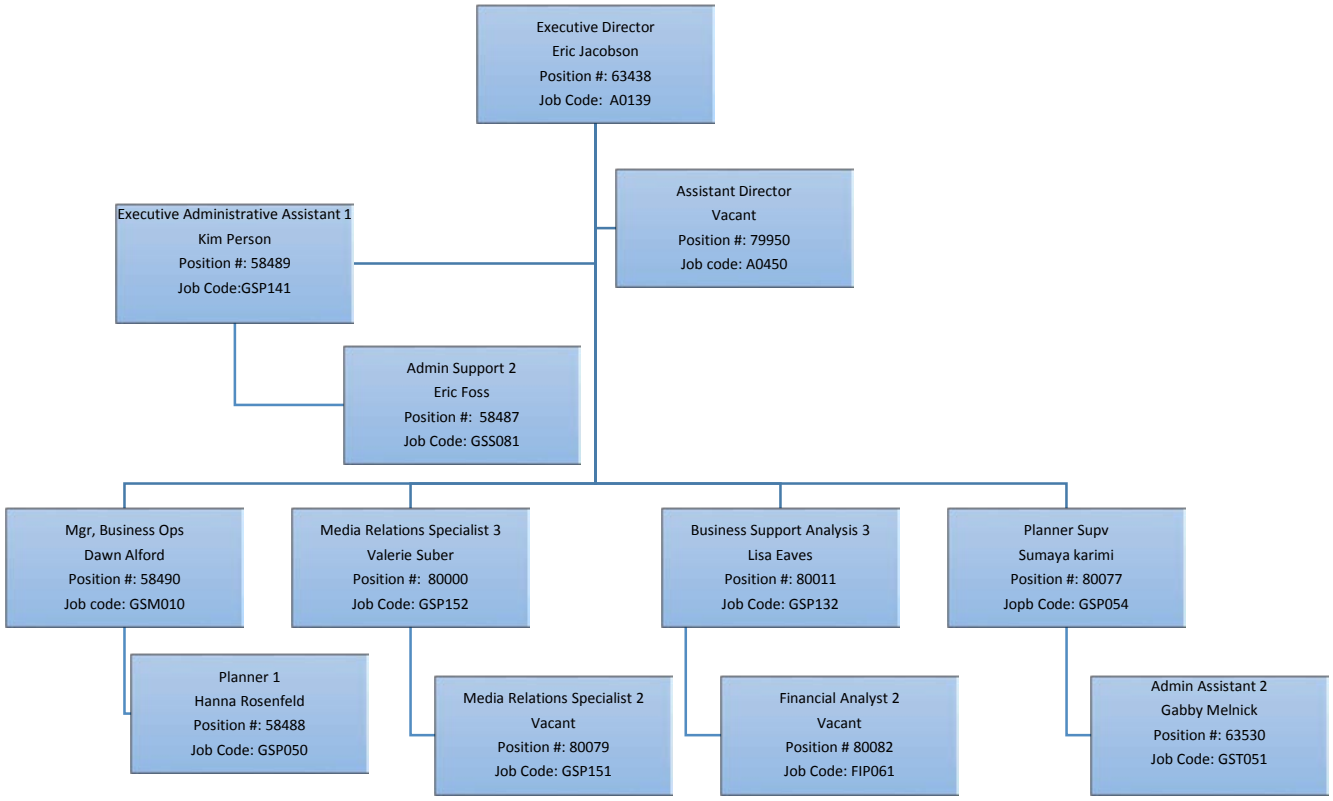


Figure 1: GCDD Organizational Chart

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

PART A. The Designated State Agency (DSA).

The DSA is:

X **The Council**

☐ **Other agency:**

1. **Agency Name:**
2. **State DSA Official's Name:**
3. **Address:**
4. **Phone:**
5. **FAX:**
6. **E-mail:**

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

If DSA is other than the Council, does it provide or pay for direct services to persons with developmental disabilities?

☐ **No**

☐ **Yes**

If yes, describe the general category of services it provides (eg. Health, education, vocational, residential, etc.). (250 character limit)

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

Does Your Council have a Memorandum of Understanding/Agreement with your DSA?

☐ **No**

☐ **Yes**

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

If DSA is other than the Council, describe (250 character limit).

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

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

INTRODUCTION:

John McKnight wrote that "When democracy was young, the best observers of humanity concluded that people could not hope to realize their full human potential unless they were involved in the work of shaping with their neighbors the shared conditions of their lives" (McKnight). This supports the belief of the Georgia Council on Developmental Disabilities that "disability is a natural part of the human experience and in no way diminishes a person's right to full participate in society." All people, including those with developmental disabilities, share common human aspirations of freedom, dignity, and equality.

For the past decade, the Georgia Council on Developmental Disabilities has been involved in a multitude of efforts for the purpose of changing and improving the publicly funded system of services for people with intellectual/developmental disabilities and their families. These efforts have revolved around issues such as the waiting list for home and community based services, the need for increased employment, housing, transportation, and educational opportunities.

The strategic plan for 2017-22 will allow GCDD to focus its efforts on providing advocates and policy makers with a framework for thinking about public policy, advocacy, and community development related to services and supports for individuals with developmental disabilities and their families.

Publicly funded services should support the implementation of community integration principles. This must begin with a vision founded upon beliefs of what is possible for people with intellectual/developmental disabilities and their families. The vision of services and supports for people with intellectual/developmental disabilities begins with Community First and holds that individuals have access to real homes, real careers, real learning experiences, and real choices in their lives. The system should reflect and promote the values of dignity, recognize the need for interdependence and independence, individual responsibility, options based on values, and self-direction. This means that the focus of funding and service planning is on the individuals who use those funds and services, and not on the services themselves, or providers.

> *If we see people with intellectual/developmental disabilities as fundamentally vulnerable and incapable, then the role of the provider is to take care of them, protect them and make decisions. The role of the system is to create rules, incentives, mechanisms of inspection, and enforcement around safety. However, if we see people as capable of contributing to community, the role of the provider is one partner in discovering and offering supports and interest based opportunities. They system holds the responsibility of investing public funds that are sufficient and flexible to sustain individualized supports, develop an adequate supply of capable and ethical providers and other safeguards to peoples autonomy and community membership.* (Meissner, Creating Blue Space)

Individuals with and without disabilities universally include the following four indices of what constitutes quality in their lives:

1. A safe place to call home with authority over anyone who enters and especially anyone who needs to touch their body
2. Real membership in and contribution to the community with control over the means of transportation
3. The support needed to continue relationships and forge new ones including intimate ones
4. Support to end near total impoverishment

We must continue the foundation of person-centered supports and emphasize approaches based on concepts that services are based on individual needs and built upon talents and strengths. The system must get beyond a reliance on Medicaid, the support of nursing facilities and institutions, lack of flexibility, and address growing economic concerns about Medicaid growth.

GCDD believes that the goal of any initiative is to support integrated life in the community for people with disabilities and the people who support them. Based on this vision and community integration principles, individuals with developmental disabilities should have the opportunity to live like people without developmental disabilities. They should have equal opportunities for employment, have a place to call home, and be engaged in the community with family and friends.

Community Integration can be defined as the opportunity to live in the community and be valued for one's uniqueness and abilities, like everyone else (Salzer, 2006). Funding should support the implementation of the following principles ((Harkin).

1. Individuals should have the opportunity to live like people without disabilities. They should have the opportunity to be employed, have a place to call home, and be engaged in the community with family and friends.
2. Individuals should have control over their own day, including which job or educational or leisure activities they pursue.
3. Individuals should have control over where and how they live, including the opportunity to live in their own apartment or home. Living situations that require conformity to collective schedule or that restrict personal activities limit the right to choose.
4. Individuals should have the opportunity to be employed in non-segregated, regular workplaces. Virtually all individuals can be employed and earn the same wages as people without disabilities. When needed for such employment, they should have access to supported or customized employment. They should be afforded options other than sheltered work, day treatment, club houses, and other segregated programs.
5. Virtually all individuals can live in their own home with supports. Like people without disabilities, individuals with disabilities should get to decide where they live, with whom they live, when and what they eat, and who visits and where.
6. To this end, individuals should have access to housing other than group homes, other congregate arrangements, and multi-unit buildings or complexes that are primarily for people with disabilities. They should have access to "scattered site" housing, with ownership or control of a lease. Housing should not be conditional on compliance with treatment or with a service plan.
7. Individuals should have the opportunity to make informed choices. They must have full and accurate information about their options, including what services and financial support are available in integrated settings. They should have the opportunity to visit integrated settings and talk to individuals with similar disabilities working and living in integrated settings. Their concerns about integrated settings should be explored and remain in their communities.

The Unlock the Waiting List Campaign, staffed and supported by GCDD for over fifteen years, adopted a set of principles adapted from the Community Integration for People with Disabilities Key Principles ((Judge David L. Bazelon Center for Mental Health)

Individuals with developmental disabilities should have the opportunity to live full, self-determined lives. This means they want the chance:

I. To Be Employed
   a. In regular workplaces- not in settings with only other workers with disabilities
   b. Earning the same wages as people without disabilities
   c. With access to supported or customized employment services

II. To have a place to call home
   a. In typical apartments or houses in the community that they have chosen
   b. With the opportunity for ownership or control of the lease
   c. Alone or with others that they've chosen – and no one else
   d. Where they decide who visits and when
   e. Without the threat of losing that home because they didn't comply with a treatment plan

III. To be engaged in their communities with families and friends
   a. Who understand and appreciate their gifts and contributions
   b. With access to an array of educational and leisurely pursuits
   c. And be able to go to a full range of locations and activities that they have chosen

IV. To have control over how they spend their day
   a. With adequate information so that they make informed choices from an array of meaningful options
   b. With a schedule of activities based on their personal priorities, interests and contributions

And

V. What individuals with developmental disabilities don't want is:
   a. To be offered sheltered work, day treatment, and other segregated programs as the only options
   b. To be offered group homes, other congregate arrangements, and multi-unit complexes for people with disabilities as the only options
   c. To have their daily activities determined by a collective schedule
   d. To hear that "we've always done it this way"

VI. And, what individuals with developmental disabilities and those who support them in advocacy DO want is:
   a. To have their legitimate concerns and fears respected – and responded to with accurate information
   b. To continue to learn about the options available to them and what those have meant for others with developmental disabilities
   c. For government funding to support these principles rather than the continued institutional bias that perpetuates antiquated models of service.

PICTURE OF GEORGIA

One of the most important socio-economic factors for Georgia is a rebounding economy. In Governor Nathan Deal's 2017 Recommended Budget, he outlines the following information about Georgia's economy: "Georgia's economy generally follows the overall trends of the U.S. economy, although it tends to grow more quickly during expansions and fall further during recessions. Georgia's employment situation has improved significantly in the last year. Georgia's unemployment rate is 5.7% as of October, a significant improvement from October 2014's reading of 6.8%. Growth leaders include leisure and hospitality, trade, transportation and utilities, professional and business services, and education and health. Georgia tax revenues growth in FY 2015 was strong. Total tax revenue grew by 6.6% and General Fund revenues also grew by 6.6%. Individual income tax revenues, the single largest component grew by 8.0% and corporate income tax revenues grew by 6.0%. Sales tax revenues grew by 5.2%. Revenue growth has continued in FY 2016. The Department of Revenue has reported tax revenue growth of 9.1% year-to-date through November 2015. Most Georgia metro areas are also seeing net job growth, with Atlanta, Savannah and Gainesville having the highest year over year job growth on a three month moving average basis as of October. Valdosta, Albany and Hinesville are the only metro areas experiencing net job losses on a year over year basis as of October." (Deal)

PART A. State Information

It is estimated that in 2014, 10,097,343 people live in Georgia. Between 2010 and 2030, Georgia's population is projected to grow by an additional 4.6 million people to 14.7 million people. Net migration is the leading contributor to population growth. Forty-three percent of Georgians are projected to live in the 10 county Atlanta Regional Commission Area. The United State Census Bureau reports that 24.7% of Georgians are under age 18, 52.9% are between the ages of 18 and 64, and 12.4% are 65 years old and over. Approximately 18.2% of Georgians were living below the poverty line from 2009 to 2013 (United States Census Bureau).

Table 4: CMS Region 2014 Population	
State	Total Population
Alabama	4,849,377
Georgia	10,097,343
Kentucky	4,413,457
Mississippi	2,994,079
North Carolina	9,943,964
South Carolina	4,832,482
Tennessee	6,549,352
Florida	19,893,297

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

The overall population is 63% white, while African-Americans make up 33% of the population. Georgia has a growing Hispanic/Latino (9.3%) and Asian (3.8%) population. Changing demographics based on an increase in the number of people moving to Georgia from other parts of the United States and from other countries means that by 2013, 13% of Georgians spoke a language other than English at home, including Spanish/Spanish Creole (8%), Other Indo-European (3%), Asian and Other Pacific Island (2%) (United States Census Bureau).

Table 5: Race/Ethnicity	**%age of Population**
White, alone	55
Black or African American alone	30.4
American Indian and Alaska Native alone	.2
Asian alone	3.5

Native Hawaiian and Other Pacific Islander alone	.01
Two or more races:	1.6
Hispanic or Latino (of any race)	9.1

Picture of Developmental Disability in Georgia

a) Prevalence of Developmental Disabilities in the State:

The Research and Training Center on Community Living at the University of Minnesota reported that in 2013, the National Prevalence Rate of people with intellectual/developmental disabilities is 14.9 per 1,000. Based on this rate, it is estimated that in Georgia there are 148,883 individuals with a developmental disability.

The following tables describe the population of people with intellectual/developmental disabilities in Georgia and are required by the United States Administration on Intellectual and Developmental Disabilities as part of the planning process. Most of the data was collected through the United States Census Bureau, American Fact Finder.

b) Residential Settings (Table 6):

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)
2014	9718	14.31	40.06	30.51	11.37
2013	9456	39.83	14.0	29.26	11.52
2012	11,414	10.53	14.1	55.47	13.77

c) Demographic Information about People with Disabilities (Table 7)

People in the State with a disability	%age
Population 5 to 17 years	5.0%
Population 18 – 64 years	10.7%
Population 65 years and over	38.3%

(Table 8)

Race and Hispanic or Latino Origin of people with a disability	%age
White alone	12.8%
Black or African American alone	12.4%
American Indian and Alaska Native alone	16.8%
Asian alone	4.6%
Native Hawaiian and Other Pacific Islander Alone	12.2%
Some other race alone	3.9%
Two or more races	10.3%
Hispanic or Latino (of any race)	5.1%

(Table 9)

Employment Status Population Age 16 and Over	%age with a disability	%age without a disability
Employed	20.9%	63.5%
Not in labor force	73.9%	29.2%

(Table 10)

Educational Attainment Population Age 25 and Over	%age with a disability	%age without a disability
Less than high school graduate	27.7%	12.0%
High school graduate, GED, or alternative	34.7%	27.2%
Some college or associate's degree	24.2%	29%
Bachelor's degree or higher	13.4%	31.7%

(Table 11)

Earnings in Past 12 months Population Age 16 and Over with Earnings	%age with a disability	%age without a disability
$1 to $4,999 or loss	16.9%	10.6%
$5,000 to $14,999	22.6%	16.2%
$15,000 to $24,999	16.7%	15.9%
$25,000 to $34,999	13.5%	14.3%

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

The Publicly Funded System of Services

Since the 1980's, the Federal and State government, through the Medicaid program, has become the primary funder of services for people with intellectual/developmental disabilities and their families. Prior to the creation of the Medicaid Waiver, Georgia was among the leaders in using state dollars to fund innovations such as supported employment and community residential opportunities. Medicaid changed the rules; while increasing the amount of federal resources available, it resulted in states like Georgia reducing their financial resources, and Medicaid included restrictions that states did not have prior to the Waiver program.

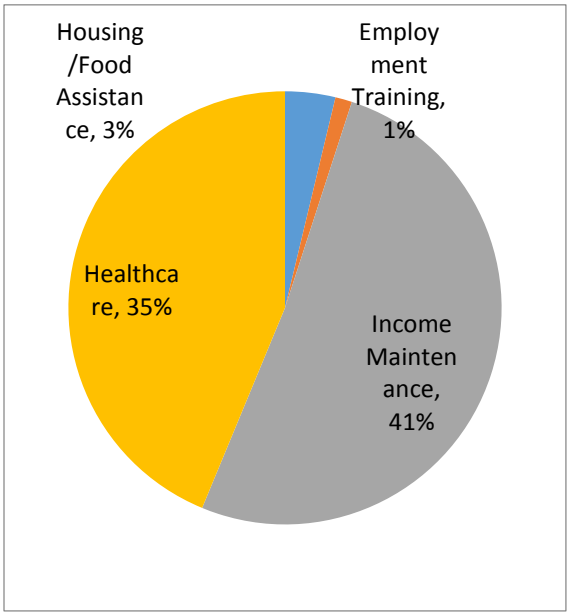


Figure 2: %age Spent By Medicaid (United States Census Bureau)

During the summer of 2015, the Georgia Chapter of the American Association on Intellectual and Developmental Disabilities gathered stakeholders representing the DD Network, the state publicly funded systems of services, providers, advocates, individuals, and families. This group reviewed the current state of services in Georgia and made the following conclusions (Georgia Chapter of the American Association on Intellectual and Developmental Disabilities):

- Georgia's IDD service system has seen improvement over the years, but there is still critical work to be done around access, collaboration, communication, community engagement, data collection and sharing, provider quality, transitions, and braiding funding.
- There is a strong indication that advocates, leaders, service providers, families, and legislators in Georgia want to collaborate to address some of the intractable issues facing persons with intellectual and developmental disabilities, such as deinstitutionalization, community integration, transitions, housing, jobs and employment, and waiting lists.
- Gaps exist in services for some persons with intellectual and developmental disabilities, including those with dual diagnoses, senior citizens, and students transitioning from high school to work. In addition, some that are receiving services are having their needs met on a partial basis due to limited funding and/or delivery models. Some of the gaps include a lack of collaboration among agencies, setbacks when transitioning from one services system to the next, failure to collect and share data, lack of qualified providers, a high turnover rate in the workforce, and services are not equally distributed across the state – rural areas are especially limited in access to services.
- There is a lack of awareness of available services and an inability to navigate the systems by many individuals and families.

Public Policy Issues

There are three major trends explored here in this Comprehensive Review and Analysis: (1) people with intellectual/developmental disabilities and their families most often live in poverty; (2) states must change the publicly funded system to meet the requirements of the Home and Community Based Settings Rule; and (3) we must recognize that people are not just identified by their disability, and we must recognize there is an intersection where disability meets issues such as gender, race, religion, economics status, and sexual orientation..

1. People with developmental disabilities live in poverty

Georgia, like most southern and rural states, tends to be a poor state. Georgia has the 12th highest poverty rate in the nation and 16.5% of kids born in Georgia live in poverty. This includes 33% of African American children and 42% of Latino children living in Georgia (United States Census Bureau).

Poverty Status (Table 12) **Population Age 16 and Over**	**%age with a disability**	**%age without a disability**
Below 100 % of the poverty level	23.6%	14.9%
100 to 149 % of the poverty level	14.6%	9.1%
At or above 150 % of the poverty level	61.8%	76.0%

Disability is both a fundamental cause and consequence of income poverty. According to a National Disability Institute study, over half of all working-age adults experience poverty report a disability (National Disability Institute). People with disabilities experience two to five times more poverty. Nearly two-thirds of those working age adults who experience income poverty have one 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. About 1 in 5, of the 2.67 million families that live below the poverty rate have a member or a child with a disability Almost 40% of those with a cognitive disability live below the poverty line compared to 16% for those with no disability and 29% of those with any kind of disability (American Community Survey).

2. New Home and Community Based Settings Rule

In 2014, the Centers for Medicaid and Medicare Services (CMS) published new rules about where and how residential and day services funded by Medicaid are to be provided. For the first time, CMS describes the characteristics for home and community based setting versus non home and community based settings. Particular attention is paid to defining which services would be considered non home and community based because they isolate or segregate individuals with intellectual/developmental disabilities from the general community. The Home and Community Based Services (HCBS) Settings Rule requires that services provided through waivers support individuals to have full access to the greater community. All home and community based settings are to (1) be integrated in and facilitate full access to the greater community; (2) optimize individual independence in making life choices; (3) allow for services to be chosen from among publicly funded services and nondisability services; (4) allow individuals the opportunity to seek competitive employment; (5) allow for individual privacy in homes; and (6) allow individuals in provider owned homes to have privacy, lock bedroom and bathroom doors, have control over schedules, and have visitors (Learn About New Rules) .

States must submit a transition plan to CMS and have until March 2019 to come into compliance with the Settings Rule. The transition plan required states to identify every setting in each waiver, assess settings to determine if they follow the Rule, fix settings to meet the Rule requirements, and include those receiving services to take part in the planning and implementation process.

At this time, Georgia has submitted its initial transition plan and has received feedback from CMS. The Department of Community Health is currently working with a stakeholder group to revise the plan, and it is expected that public comment will be allowed during the fall of 2016.

3. Intersectionality and Diversity

Former GCDD Community Organizing Director, Caitlin Childs, introduced the organization to the concept of intersectionality. This concept is vital to GCDD's approach to systems change for people with intellectual/developmental disabilities. As Ms. Childs wrote, "intersectionality is a theory that looks at the many ways people who experience oppression are impacted by many factors that are compounded when one lives at the intersection of multiple marginalized identities" (Childs). Intersectionality seeks to help us understand the many lens that determine an individual's cultural context i.e. race, gender, disability, class, sexual and gender identity, immigration status, etc. People with intellectual/developmental disabilities live at the intersection of those multiple identities. In other words, an individual is not just a person with a disability, but also may Asian-American, female, and a lesbian who is a practicing Christian. This tells us much more about an individual's journey and story that just a disability identity.

Intersectionality creates opportunities to build the base of allies by building solidarity between people with intellectual/developmental disabilities and people without disabilities, who are concerned with social justice. This allows us to forge new relationships with groups that appear to share little in common. It means we cannot succeed with the disability agenda of integration and civil rights without working toward a shared vision with groups working to end racism, classism, poverty, and other issues because people with disabilities belong to each of these groups. None of the pressing social justice issues can be productively advanced through traditional frameworks. Equally important is that some social problems are not exclusive to one set of people.

The African American Policy Forum wrote in its article, "A Primer on Intersectionality," that the goals of social justice "can be advanced by using an intersectional prism to (1) analyze social problems more fully; (2) shape more effective interventions; and (3) promote more inclusive coalitional advocacy" (African American Policy Forum).

Using an intersectional approach means forging new relationships between individuals and groups that appear to share very little in common, taking the time to connect to issues that the whole community cares about, and bringing people from the Margins to the Center (Hooks). It means going outside of narrowly focused disability-specific agendas, language, and systems to create spaces where *everyone* is welcome and *all* of who they are is welcome and celebrated. Casting people into simple categories is actively avoided because we know that people are more complex. It means we understand that we cannot succeed at our agenda of supporting people with intellectual/developmental disabilities to be fully included without also acknowledging the way that racism, classism, homophobia, etc. impact people with disabilities lives, too.

(i) **Health/Healthcare:**

Health has a broad set of parameters. Individuals with developmental disabilities have been excluded until recent years from this larger environment. Preventive health care for children and adults, the transition from pediatric to adult health providers and then into the aging system, nutrition, exercise, and emotional and mental wellness are all essential to health and well-being.

> As Cindy Zeldin: "We cannot make progress as a state if 15 % of our population is uninsured. Too many Georgians fall into a coverage gap our leaders can fix. Medicaid expansion should be on the table, not as a perfect solution, but as a necessary first step." (Zeldin)

GCDD contracted with Jean Logan to produce ***Health System Analysis 2017-22 State Plan.*** The information in this section is taken from that publication. The health of individuals with developmental disabilities can be understood broadly as a state of complete physical, mental, and social well-being, not merely the absence of disease or disability. The term "health care" encompasses physical, mental, behavioral, vision, hearing, oral and dental health care, substance abuse and addiction services, and services and supports that assist in attaining, maintaining, and improving kills, function, and community participation (Logan, Health System Analysis: 2017-22 State Plan).

Health care services are primarily delivered through three state agencies: Departments of Community Health, Public Health, and Behavioral Health and Developmental Disabilities. State funding for these three agencies totals nearly $4.3 billion in 2016, which is about 20 % of total state spending. Georgia will spend about $987 million on behavioral health and developmental disabilities. In 2016, while over 60% of those served by Medicaid qualify through the Low Income Medicaid Program, 55% of the dollars spent are for those who qualify though the Aged, Blind and Disabled Program (comprise only 26% of members) (Georgia Budget Primer 2016).

New coverage options from the Affordable Care Act resulted in more than 450,000 Georgians enrolling in health insurance for 2015. Nearly nine in ten Georgians enrolled through the Marketplace receive tax credits that make their health insurance more affordable. About 120,000 more children are expected to get coverage through Medicaid compared to 2013, and potentially 100,000 young adults stayed covered through their parent's health insurance as a result of the law. However, nearly 300,000 uninsured Georgians fall into a coverage gap, as their income is too low to qualify for Medicaid.

Discussions about health usually begin by looking at the insurance available to pay for medical care and services. For individuals with developmental disabilities, that is either Medicaid/SCHIP or their parents' own private health insurance up to age 26. Within the insurance context, questions about which services are covered, out-of-pocket costs for private insurance, and eligibility for specialty care are all significant subtexts. Medicaid is also the funding source for Home and Community Based Services, permissible through waivers designed by the state and approved CMS.

More than half of the individuals with developmental disabilities, who are enrolled in the basic state plan, are on the waiting list for the HCBS waiver and have little interaction with a case manager except to update their eligibility. The person working with individuals on the HCBS waivers is focused primarily on the services paid by the waiver, not health care received on a fee for service basis. To address this, *Annual Health Screening Recommendations* are now included for all adults with intellectual/ developmental disabilities in the Medicaid nursing services policy. When wheelchairs or other assistive technologies are inadequate for the individual's needs, those expenditures are driven by the federal Medicaid rules, and neither the Agency for Health Care Administration (ACHA) nor the Department of Community Health's Medicaid program has the authority to challenge those rules.

Every major report addressing the poor health of people with disabilities has called for improvements in the training of health care providers about adults with disabilities. Improved training of health care providers can support earlier identification and intervention for children with disabilities, improve services for youths with disabilities transitioning into the adult care system, and improve health care and health promotion for adults with disabilities. During times of emergency or in disaster situations, people with disabilities are less likely to be evacuated and can be especially vulnerable. Emergency preparedness means planning for the different phases of multiple disaster scenarios that could be natural or man-made. It also requires individual-level planning and training in advance of, during, and following events. Coordinated efforts and explicit planning across HHS agencies could lead to better addressing the needs of people with various limitations.

Because people with some types of disabilities require more health care to manage their disabling condition or who are at increased risk of chronic conditions, delay in receiving needed care is as important as comparing receipt of care. People with disabilities consistently report higher rates of obesity, lack of physical activity, and smoking. Some also have higher rates of newly diagnosed cases of diabetes, and their percentages of cardiovascular disease are 3 to 4 times higher. Although they have higher rates of chronic diseases than the general population, adults with disabilities are significantly less likely to receive preventive care. As an example, people with cognitive limitations are up to 5 times more likely to have diabetes than the general population while potentially receiving less adequate management care. Inclusion of people with disabilities is critically important as agencies coordinate efforts to prevent and manage chronic diseases and conditions like diabetes, cardiovascular disease, and hypertension.

Logan identified major themes that will affect the quality of life for individuals with developmental disabilities in their quest for health and well-being.

1. A number of states are moving rapidly to contain costs in their Medicaid programs by contracting with national insurance companies through managed care organizations (MCO). It is too soon to measure the qualitative impact on the affected client populations, and advocates for persons with disabilities are appropriately apprehensive that cost containment will override quality of services.
2. People with disabilities are a health disparity population.
3. There is a critical lack of primary care, dental, and specialty medical personnel to treat the health care needs of individuals with disabilities, especially in Georgia's rural communities.
4. Transitions from pediatric to adult health care are at best difficult and negatively affect health outcomes. The aging of Georgia's individuals with disabilities adds a further transition to this challenge, one that has received little attention from health care providers.
5. Inter-agency collaboration does not yet function at a system of care level. Resource challenges that affect an individual's quality of life (i.e. mental health services for individuals with developmental disabilities) are not yet addressed jointly or at a level of detail that resolves problems for individuals (Logan, Health System Analysis: 2017-22 State Plan).

(ii) **Employment:**

People with intellectual/developmental disabilities want to work, however, 70% of people with disabilities in the United States are unemployed. As one participant at a recent national conference for Developmental Disability Councils stated, "Real jobs are the key to inclusion." Since the 1990's, funding for employment services for individuals with developmental disabilities has been through home and community-based waivers and the vocational rehabilitation program. According to the Centers for Medicaid and Medicare Services, a goal of the Medicaid Waiver program for people with disabilities is to promote integrated employment options. Kathleen Martinez, former Director of the Office of Disability Employment Policy

suggested “we want to start from the point of view of presuming that people, even those with the most significant disabilities, can work, until they show they can’t.” (Wohl)

Georgia was a leader in supported and competitive employment opportunities for people with intellectual/developmental disabilities. In the 1980’s and 1990’s, people with intellectual/developmental disabilities receiving supported employment were working are being paid at or above minimum wage in integrated jobs in communities throughout Georgia (Supported Employment Leadership Network). In the 1990’s more than 3,000 Georgians with developmental disabilities were in supported employment. One reason for the surge in employment was that professionals were allowed the flexibility to be innovative and had opportunities for continued learning that lead to new designs and opportunities for individuals.

Today, Georgia lags behind the nation when it comes to employing people with intellectual/developmental disabilities. In 1999, 22.3% of those receiving services from the Department of Behavioral Health and Developmental Disabilities (DBHDD) were in integrated employment. In State Fiscal Year 2015, DBHDD allotted more than $9.2 million to 195 providers who supported 2483 (or 13%), individuals through employment services. This compares to 16,985 people served in non-work and facility based settings. While supported employment is a service funded under the NOW and COMP waivers, there is a disincentive for employment because the rates paid supported employment are among the lowest of any services under the waivers. The State currently pays $6,912 for supported employment services, while it pays almost $17,000 for day services.

The other state agency providing employment services to people with intellectual/developmental disabilities is the Georgia Vocational Rehabilitation Agency (GVRA). Prior to 2012, rehabilitation services were provided through the Georgia Department of Labor. In 2012, the legislature passed House Bill 1146 that created the GVRA and this legislation defines supported employment as competitive employment in an integrated setting with on-going supports for the employee as long as they are employed at that job (Georgia House Bill 1146). Supported employment services typically include job coaching, specialized job training, natural supports, individually tailored supervision, and extended services. The agency has taken on increased leadership around employment issues and is currently creating a strategic plan in hopes of reshaping vocational services for Georgians with disabilities.

Georgia has taken several steps to improve its efforts to assist individuals with developmental disabilities who want to work. DBHDD and GVRA signed a memorandum of understanding about how to work together and are exploring methods of leveraging their resources toward common goals. In addition, DBHDD joined the State Employment Leadership Network (SELN). This network of state developmental disability agencies focuses on increasing integrated employment opportunities and assisting states to succeed in this goal. According to the SELN, the issues in Georgia that are impeding the progress of people with intellectual/developmental disabilities working in competitive integrated employment are: (1) limited technical/leadership resources in Georgia to support employment opportunities for people with intellectual/developmental disabilities. The report suggested that “employment does not appear to be a high priority among competing demands for DBHDD attention;” (2) confusion about the relationship between waiver and VR funds. and believe that only one source is available; (3) a need for better data on the number of people with intellectual/developmental disabilities who are receiving employment services and on the numbers actually working; (4) a need for capacity building that includes expansion of supported employment providers and the capacity of DBHDD staff; (5)a need to develop a funding strategy for individual, integrated employment that provides flexibility in funding allocation while building an expectation that supports will fade over time; and (6) specific issues to be addressed including: (a) rates for individual employment; (b) maintenance rate for ongoing support;(c) maximum amount for employment versus

workshop through the Waivers; (e) determining billable activities; and, (e) role of state grant in aid funds (SELN).

Employment First Policy: The concept of Employment First is that employment in integrated settings within the community should be the priority service option for people with intellectual/developmental disabilities. In some states, this has resulted in employment being the first or preferred service option considered for service recipients. Employment First policies support the idea of improved effectiveness through better coordination and alignment of practices and strategies. It needs to include a coordinated effort to collecting data about the number of people working and the kind of work situations. Partnerships with vocational rehabilitation services, schools, and other agencies improve the chance that working age people will get jobs. Employment First policies anchor the service delivery system, focus funding, resources allocation, training, daily assistance, and the provision of residential supports on the overall objective of employment. This strengthens the capacity of individuals receiving publicly funded services to enter the workforce and become contributing members of society.

The DD Network continues to work with the Georgia Vocational Rehabilitation Agency and advocates throughout the state to create an Employment First policy and initiative in Georgia. This work culminated in a legislative study in 2015, chaired by State Rep. Katie Dempsey. The committee issued its report in December 2015 and recommended that Governor Deal create a council, under the leadership of GVRA, to develop more detailed recommendations, leading to an Employment First policy. The coalition continues to work with the Governor's office to implement the recommendations.

Transition: The focus of employment must be turned to those currently in middle school and high school. The transition process for students with developmental disabilities should begin early in identifying options for post-secondary education and employment. It should be the expectation that work is the goal for those leaving high school, and that DBHDD is willing to do what it takes for individuals to be successful**.**

Each year, over 700 students with disabilities graduate from Georgia high schools. Many do not expect to pursue higher education opportunities, but instead want to pursue employment. However, for students with significant disabilities, there have not been the proper supports and processes put in place while in high school and many will not find work, instead either ending up at home or in more segregated workshops. The Georgia Department of Education (DOE) issued a report that analyzed the post-school outcomes of 5,322 special education graduates. Of these graduates, 379 were working or attending post-secondary institutions, 437 were attending a college or university; 706 were attending technical/vocational schools; 1410 were working full time (including military); 414 were working part-time; 250 were involved in sheltered employment or day rehabilitation programs; 121 were unemployed or on a waiting list; 338 were unemployed but seeking employment; 316 were unemployed and not seeking employment, and 789 were unable to be contacted. Based on the assessment, DOE established the following performance goals for improving successful transition of students: 91) decrease the %age of students with disabilities who drop out of school (25.75%); (2) increase the %age of students with disabilities who earn a regular education diploma; and (3) increase the %age of students with disabilities who transition to their desired post-school outcome (Georgia Department of Education).

GVRA has been working closely with DOE to develop a collaborative plan to enhance transition services statewide. The main objective of this plan has been to improve and expand services that support secondary and post-secondary schools. Based on the feedback that GVRA has received, there were some common statewide needs identified for youth and students with disabilities, including: (1) increase and enhance transition services overall, especially to younger students, ages 14-16; (2) improve the quality of GVRA's transitional staff who are provided to the local school districts to ensure greater consistency of services; (3)

expand the array of transition services made available to schools; (4) develop outreach efforts that engage youth with disabilities who have dropped out of school; and (5) improve alignment of GVRA's transition services with the needs of the local school districts. (6) Improve alignment of the VR program's training programs with the GaDOE's occupational clusters and career pathways.

The "Georgia Career Pathways to Work—Explore, Engage, Employ (E3) " project is a 5-year, $4.8 million grant from Office of Special Education and Rehabilitation Services (OSERS): Rehabilitation Services Administration (RSA). As part of the project, GVRA and its partners, Burton Blatt Institute, Poses Family Foundation, the Georgia Department of Education, and the Center for Leadership in Disability, are working to customize the landscape of career pathways for youth and young adults with disabilities in Georgia. The project's goals include: (1) increasing the number of customized career pathways in occupational clusters, aligned with real jobs in the community, available to youth and young adults with disabilities (ages 14-22); (2) increasing the number of youth and young adults who achieve competitive integrated employment within occupation clusters through existing, customized, and/or alternative career pathways; and, (3) increasing the average wage and employer benefits for participating youth and young adults in each occupational clusters (Georgia Department of Economic Development, Workforce Division).

Project Search**:** Project SEARCH is a high school transition model that was developed out of the Cincinnati Children's Hospital. It is currently being replicated in thirty states including Georgia, the United Kingdom, and Australia. This model is a partnership with a business, a school system, vocational rehabilitation, and a supported employment agency. It is a full year program for students where they rotate through three unpaid internships at the business to develop marketable, transferable, and competitive work skills. The goals of Project SEARCH are employment for the interns and the opportunity to change the business culture to be more accepting of hiring people with disabilities.

In its previous five year plan, GCDD worked to develop a statewide initiative to replicate Project SEARCH across Georgia. GCDD statewide initiative has expanded Project SEARCH sites in rural and urban communities in Georgia. While most Project Search sites are located in hospitals, Georgia's initiative has been working with manufactures and other businesses to create sites for students and adults with disabilities.

(iii) Formal and Informal Supports

The role of the publicly funded services is to support the inclusion of all people into their communities. People with intellectual/developmental disabilities are frequently reliant on the wide range of public services including health care, transportation, employment, and special education. Many who rely on the publicly funded system of services often find it alienating, bureaucratic, and excessively regulated and standardized.

GCDD recognizes that people with intellectual/developmental disabilities are contributing citizens who enrich their communities across their lifespans. While great strides have been made to help people connect with each other, many people still lack solid, mutual relationships. They often feel excluded from decision-making processes regarding their services. Even the idea of person centered services has been so over used that just about anything can be considered person-centered.

Implementation of the US v Georgia Settlement Agreement: The most important issues concerning the publicly funded, developmental disabilities system is the agreement between the State of Georgia and the United States Department of Justice to close all state institutions and transition individuals with intellectual/developmental disabilities into the community. Over the last five years, the leadership of the publicly funded developmental disabilities system has been focused on implementing the Settlement requirements. The original Department of Justice settlement required Georgia to stop admissions to state hospitals by July 1, 2011 and fund 750 Medicaid Waivers to move those residing in the state hospitals into

the community by July 1, 2015. In addition, it required funding for 400 Waivers to deflect those who were at risk of institutionalization, six new mobile crisis units, and two new crisis respite homes in each of the 6 regions.

During the initial phases of transition and closure, 79 individuals died while being transitioned from institutions to the community (United States' Memorandum In Support of Motion for Order to Show Cause). Many of the death reports document poor assessments, care, and oversight across the state. The State imposed two temporary moratoriums on placements because of evidence of poor placements. The State responded by creating the Pioneer Project, which is a set of policies, protocols, and practices established to support movement and provides ongoing attention to post-transition implementation of the Individual Support Plan.

On June 1, 2016, the State of Georgia and the US Department of Justice agreed to an Extension to the Settlement Agreement. Under this agreement, “there will continue to be emphasis on the development of a responsive system of community-based supports for individuals with a developmental disability included in the target population.” (Consent Order Entering Extension of Settlement Agreement). The Extension agreement focused on the implementation of community-based clinical interventions and oversight, enhancing support coordination, the monitoring of transitions, and provider recruitment.

According to the United States Department of Justice, as of June 17, 2016 there have been 524 people that have moved out of hospitals over the five-year period and approximately 230 remain institutionalized. The DOJ identified the following concerns: (1) Individual Service Plans do not adequately identify and address the care and treatment needs individuals. The document indicts the "State’s near-universal failure to develop appropriate ISPs and ensure the needed supports and services called for in the plans;" (2) The state has created 11 crisis respite homes that function as "long-term, nonintegrated placements for persons whose community placements were insufficient." DOJ found the quality management not in compliance with the requirements of the agreement. This includes not meeting the support coordination provision in which only 18.6% of individuals had a “person centered focus supported in documentation.” Sixty-two point eight percent had their “human and civil rights maintained, 42.1 % had means to identify health status and safety needs, and 7% of plans supported real community integration. Of the 225 cases reviewed by the Independent Reviews nurses, they found that 40 % of cases showed evidence of harm and neglect, 47 % had serious health needs not being met, and 61 % of nursing services do not meet professional standards of care. This means that provider staff were not properly trained, licensed, credentialed, experienced and competent. The Report found that fifty-two % of all staff having direct connect with individuals did not have all required annual training within the first sixty days and annually thereafter (Consent Order Entering Extension of Settlement Agreement).

Increasing Demand for Home and Community Based Services: The demand for publicly funded services for individuals with developmental disabilities is growing at a rate greater than the population alone. The turnover among individuals receiving services is reduced so there is less capacity to absorb new demand for services. This increase is being driven by aging baby boomers and people who are living longer, many of whom have survived traumas that they would have died from in the past.

There is a current reliance on the high cost, low value services and supports. Services that require brick and morta,r that traditionally housed people for residential or employment service,s have been determined to be ineffective and reduce the dignity of the people who are being served. Georgia continues to provide funding to segregated work places where people are paid sub minimum wage. In 2014, Georgia spent $141,341,746 on day services and

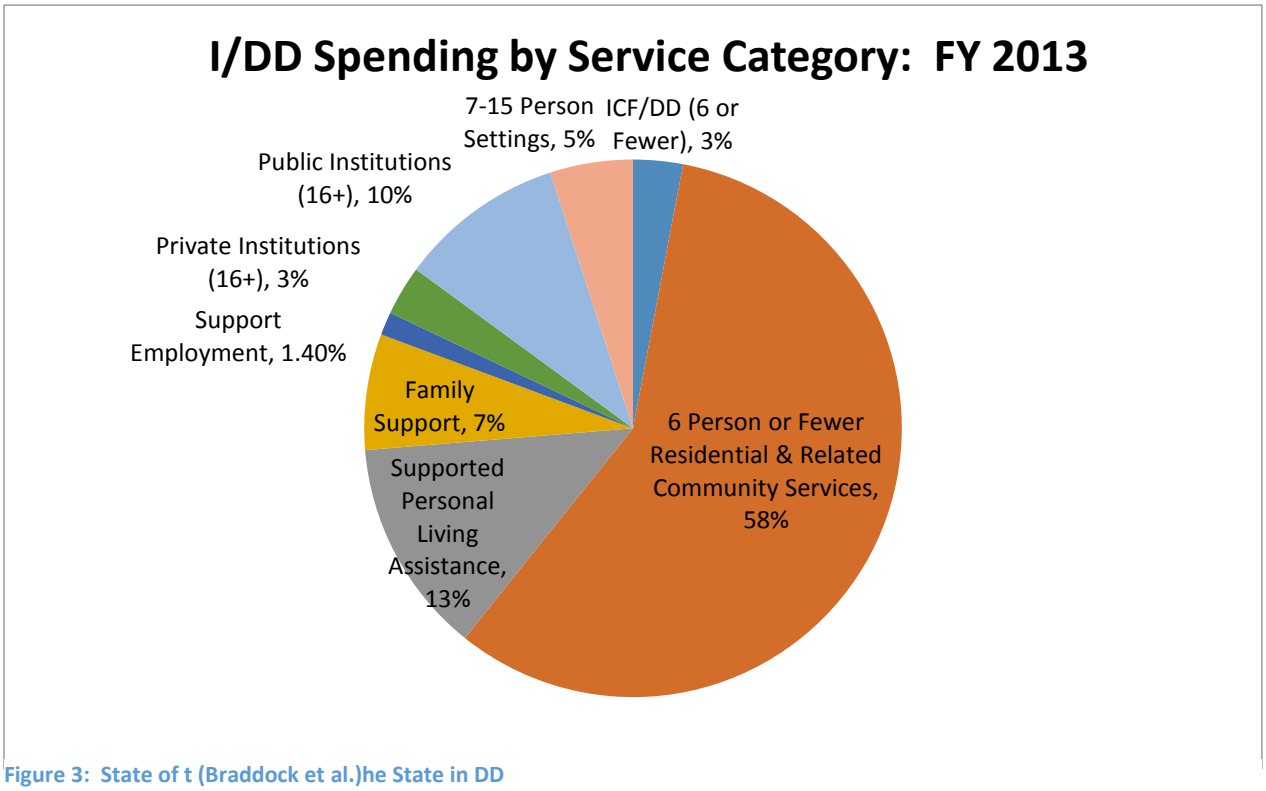
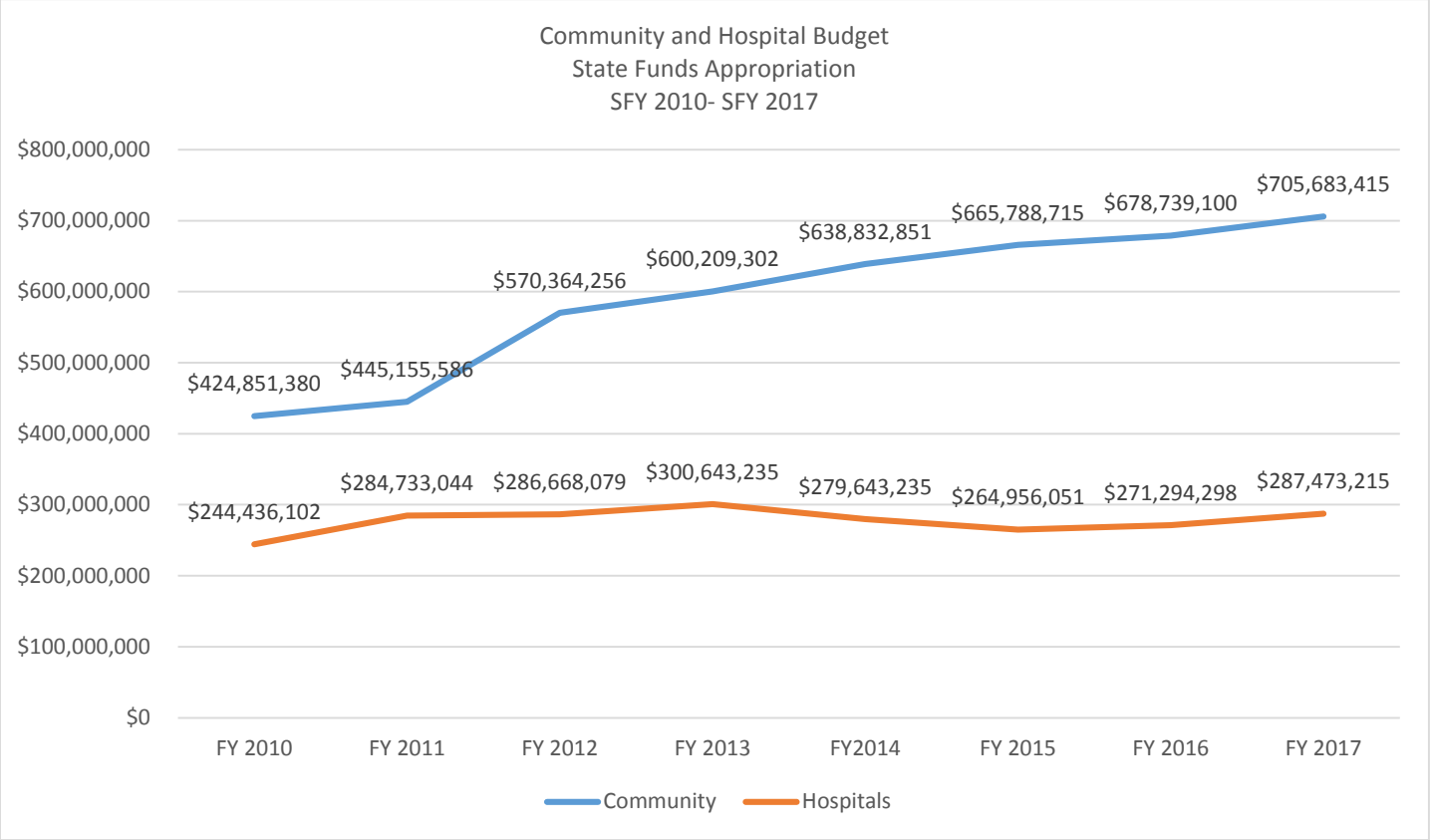


Figure 3: State of t (Braddock et al.)he State in DD

employment, but only $8,646,143, or 6.1%, was spent on integrated employment. In order to address decreasing resources, we must also reduce our reliance on high cost, low valued services. As a state, we must decide which services should receive public funding.

In 2013, DBHDD served 8,784 individuals in home and community-based services through its Medicaid comprehensive (COMP) and supports (NOW) waivers and spent $307,651,561, or $38,132 per person. Only 3.9% of adults with intellectual/developmental disabilities were served by the system and 3.9% of children. This means that 82 people per every 100,000 are served, ranking Georgia as the second worst state. Georgia uses the Supports Intensity Scale to provide individual budgets for 10,527 individuals on the state's waivers. These waivers helped 8,735 individuals receive supported living, 2,777 individuals are in supported employment and 3,273 individuals receive family supports. Thirty-three families per 100,000 in population received services (State of the State in Intellectual and Developmental Disabilities). This is in the bottom five of all states.



Provided by the Department of Behavioral Health and Developmental Disabilities, Proposed AFY 17 & AFY18 Budgets August 18, 2016

According to the State of the States in Intellectual and Developmental Disabilities, Georgia increased its spending for community services by 19.9% ($655,346,776 to $810,848,458) between 2011 and 2013. Georgia ranked 11th in the country in increased spending during this period. Georgia became one of the states where at least 90% of our resources are spent for community services. The United Cerebral Palsy's *Case for Inclusion* ranked Georgia 11th in terms of including people with disabilities in the community (The Case for Inclusion). This is up substantially from 2007 when Georgia was ranked 30th.

DBHDD has instituted a number of initiatives to address the needs of individuals with intellectual/developmental disabilities through Medicaid approved waiver programs. These include: (1) implementing a supplement to the NOW and COMP Waivers which offers services and goods that are not covered by Medicaid such as dental services, medication co-pays, doctor visits or vision services to those who are receiving either the NOW or COMP Waiver. The goal to help increase access to services and goods and to achieve an increased quality of life. Goods and services should not exceed $3,000 per fiscal year; (2) creating an intensive support coordination program through amendments to the COMP Waiver. Each Intensive Support Coordination team will consist of one ISC clinical supervisor and five ISC coordinators. Each team will serve approximately 100 individuals, with no more than 20 waiver participants on each ISC coordinator's caseload.

(Braddock et al.)

Public /Private 16+ Institutions (Table 13)			Community			Total		
2011	2012	2013	2011	2012	2013	2011	2012	2013
-8.4%	-15.5%	-17.7%	0.9%	8.8%	10.2%	-0.2%	6.1%	7.7%

Most People Live At Home: Most people with intellectual/developmental disabilities continue to live at home and will do so throughout their lives. This means that the systems must recognize that families are providing most of the care, and that any services and supports must take into account the entire family living in a household. It must also recognize that as caregivers age there will be new needs that must be met. At least 57% of people receiving services from state developmental disability service systems were living with their families. In Georgia, the publicly funded system of services is only serving approximately 3% of the estimated 118,188 families, ranking Georgia 30th in the nation. According to the Money Follow the Person Initiative, one of the primary reasons that individuals do not transition back into the community is because there is a lack of support for and from their family members (Grubbs).

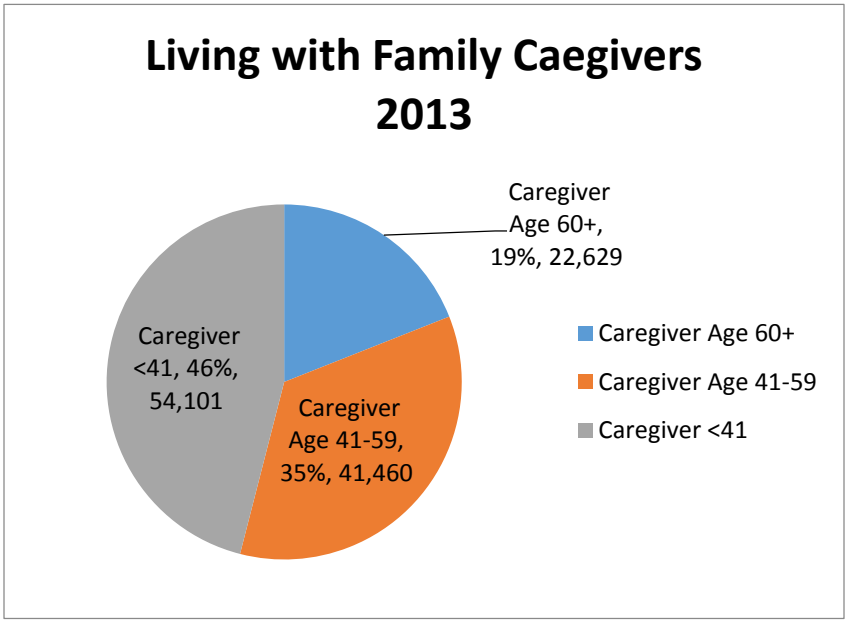


Figure 4: (Braddick) State of the State in DD

According to State of the State in Developmental Disabilities families support 60% of individuals with intellectual disabilities in their own homes (Braddick). Only a fraction is in out of the home placements. The philosophy of Family Support is now considered to be an essential element of service delivery to individuals with developmental disabilities. A network of formal and informal Family Support services needs to be developed and offered to all families with developmental disabilities in the state. A family that is caring for an adult with a developmental disability at home faces the challenge of helping that person to become as self-sufficient as possible while proving care and support. Family Support is not a crisis-driven service but a long-term approach to solving problems that may prevent individuals with disabilities from being cared for at home. The idea is to provide whatever it takes for families of people with disabilities, so that they can live as much like other families as possible. The supports that families receive need to be determined by the individual family based on their culture, values, preferences, and specific needs at any given time.

Policies should create and support family networks, provide family centered support coordination, expand services available in the home, and strengthen the role of families in all models of services. The goal of providing supports to families is to maximize their capacity, strengths, and unique abilities, so they can best support, nurture, love, and facilitate opportunities for the achievement of self-determination, interdependence, productivity, integration, and inclusion in all facets of community life. The needs of families adjust and change as their family members age. As needs change across the lifespan, families need information, education and training on best practices, opportunities to connect with and network with other

families, and access to needed goods and services. A family-centered approach views individuals and their family members as interdependent parts of a family system. There is a new paradigm that recognizes the need to focus on the entire family and not just the individual with a disability.

There is an Increasing Need for Direct Support Professionals: One hurdle to expanding home and community-based services is the shortage of direct-care professionals who provide day-to-day supports to people with intellectual/developmental disabilities and their families. Direct support professionals often receive low wages, are rarely provided retirement benefits, and often lack health insurance or paid sick or annual leave. Several factors impact the direct support profession: (1) they are not viewed as professionals with valuable information bases; (2) they are not compensated adequately enough to support a family on one job; (3) they do not have access to benefits; (4) they are not additionally compensated for advanced training; and in fact, the state now requires only minimal training; and (5) they are not seen as valuable parts of the management team for how services are delivered to people with intellectual/developmental disabilities, although they know them the best. Direct support professionals have a crucial role to play in a quality service system that efficiently provides services while promoting core values. Because these persons are so deeply involved in the daily lives of individuals with developmental disabilities and their families, direct support professionals are capable of enhancing the self-sufficiency, self-direction, and dignity of the individuals they assist, as well as developing the individual's connections to supports already available in the community.

According to the National Core Indicators of 10 states surveyed, Georgia had approximately 2,167 direct support professionals. (National Association of State Directors of Developmental Disabilities Services and Human Services Research Institute).The DBHDD Rate Study reported that the average wage for direct support professionals in Georgia is $10.63 per hour plus 36.3% for mostly mandatory benefits such as FICA, unemployment and workers compensation. (Burns & Associates) This study also identified a total pay package for DSPs that includes days off (25), health insurance ($375 per month), other benefits ($60 per month) and mandatory benefits that includes FICA, unemployment insurance and worker compensation. In most cases, the community service boards, Georgia's quasi-public provider, pays modestly higher wages than non-CSBs. Many providers have claimed that the current rate and billing system make it difficult to pay direct support professionals any more. Agencies are only allowed to bill for time spent with a client and must pay out of pocket expenses for travel time and staff meetings.

Median Wages

Nursing Aid	Home Health Aid	Direct Support Professional
$23,850	$20,460	$17,000

The number of people self-directing their services is increasing: According to National Association of State Directors of Developmental Disability Services (NASDDDS), studies conducted of self-directed services demonstrated both high levels of satisfaction and significant cost savings as people take more responsibility for how their resources are utilized. Studies have also found that individuals who have more control over the services and supports they receive are more satisfied with the services and have a better quality of life. Key aspects of self- directed services include mechanisms for individuals to control the financial resources (fiscal intermediary, consumer control of a formal bidding mechanism) and consumer choice of resources (state authorized vendors only, any vendor, any source - - including family, friends or generic community resources).

The State needs to support the implementation and expansion of a self-directed system to any individual or family with developmental disabilities who chooses to self-direct their services. A wide variety of public, private, traditional, and non-traditional providers should be available to those individuals and families seeking to self-direct their services (Robert M. Gettings).

In Georgia, there are currently 1,887 individuals and their families self-directing services through either the NOW and COMP Waiver programs. Self-direction promotes personal choice and control over the delivery of waiver services for those who live in their own home or that of a family member. This allows individuals and family members control over who delivers services hiring direct support professionals and vendors who provide supplies, goods, and other services.

The State needs to promote self-direction among people with intellectual/developmental disabilities by helping individuals engage in personal decision making and plan collective roles in setting service system policies. In addition, the regulatory barriers that are currently preventing the implementation of a statewide self-determination system need to be identified and removed.

(iii) Interagency Initiatives*:

Over the last five years there has been great progress made among state agencies working together toward common goals. Changes in federal statute and funding resulted in better working relationships among agencies such as the Georgia Vocational Rehabilitation Agency, Department of Education, and Department of Economic Development. Settlement of the Department of Justice case meant that the Department of Behavioral Health and Developmental Disabilities and the Department of Community Affairs needed to collaborate on housing issues. Agencies have created a memorandum of understanding, collaborated on funding, and met on a more regular basis to determine the direction of services and supports. One example of this collaboration is GVRA is working with DOE to develop a collaborative plan to enhance transition services statewide for students with disabilities. The main objective of this agreement is to improve and expand the VR services that support secondary and post-secondary schools.

Increased collaboration also took place among councils and nonprofits who worked together as advocates for change and to ensure that funding cuts did not disproportionately impact those in need. Collaborations such as the Unlock the Waiting List Campaign, organized by GCDD, the Statewide Independent Living Center, the ARCGA, the Council on Aging, and others work towards an end to the waiting list. This collaboration is being strengthened as we recognize the power that is possible when we work together on issues.

Tools for Life: Georgia's Assistive Technology Program: Tools for Life, also known as Georgia's Assistive Technology Act program, loans equipment for clients to try prior to purchasing the equipment. Additionally, GVRA is one of the pilot sites for Tools for Life and the State ADA office to test equipment that is under consideration for purchase by the State. Tools for Life provides training to VR's Assistive Work Technology team.

Tools for Life **"**gives 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 or more kinds of assistive technology because of the severity of their disabilities. The local Assistive Technology Resource Center works 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 (Tools for Life).

Georgia's Aging and Disability Resource Connection (ADRC):A partnership program with the Georgia Division of Aging Services provides resources and assistance for older adults as caregivers and aging individuals with intellectual/developmental disabilities. Information about Aging and Disability Services is available from the local Area Agency on Aging (AAA). 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. ADRCs serve older adults, their family members and caregivers, people with disabilities, and professionals. In Georgia, the access system to information and assistance is referred to as "Gateway" which contains over 24,000 resources related to aging and disability services.

Each local ADRC has a developmental disabilities resource specialist who meets with staff at least monthly, and is available for consultation on requests that are complex. Referrals are made to the developmental disabilities program when a caller is in need of those services. The data shows that there has been a significant increase in the use of the ARDC resources over a four year period; and between 2014 and 2015 usage more than doubled.

Table 14: Requests for Assistance by Individuals with Various Disabilities

State Fiscal Year	MR/DD /ID	Physical	Mental Illness	Traumatic Brain Injury	Multiple Disabilities	No Disability	Unknown	Refused to provide	Grand Total
SFY 2012		230	1	1	65	7	8,595		8,899
SFY 2013	1	320	2		81	7	9,479	1	9,891
SFY 2014	1	502	2	1	136	12	10,334	1	10,989
SFY 2015	68	7,785	119	88	2,189	584	12,858	14	23,704
Grand Total	68	7,865	119	88	2,207	585	36,588	14	47,533

(iv) Education/Early Intervention:

The Georgia Department of Special Education, Division for Special Education services and supports includes programs and services that support local school districts in their efforts to provide special education and related services to students with disabilities. Student enrollment ages 6-21 show children with disabilities as numbering 173,059 or 11.4% of all students. According to the Department, students with intellectual/developmental disabilities account for 10.5% of students receiving special education. Over half or 55.3% spent less than 40% of their day in a regular classroom, slightly higher than the national average of 49.1%. Almost 29% of students in special education leaving high school received a special education certificate versus a regular education diploma.

The Department of Early Care and Learning reported that in 2015, there were 3,057 enrolled in pre-kindergarten programs who had an individual education plan. In addition, 1818 children live in families that receive state or federal means tested supports such as Medicaid or SNAP. There are 2,291 children in Head Start programs that have a disability out of a total enrollment of 27,194 children (Georgia Department of Early Care and Learning).

GNETS: On July 15, 2015, the United States Department of Justice sent a letter to Governor Nathan Deal outlining its investigation of the Georgia Network of Educational and Therapeutic Support (GNET) found that over children with emotional and behavioral disabilities were unnecessarily segregated from their peers in violation of Title II of the ADA. ,self-containedFor Students in GNETS, graduation rates are 10 % lower than other students, dropout rates are higher than 40 %, and a maximum of 28 % of students pass from one grade to the next. According to a 2010 state audit of the GNETS program, there have not been any significant improvements for students behaviorally, academically, or socially. The same audit found that the state spends about $70 million a year on the program and the same students could be educated in their home schools with supports for about $42 million a year.

An article in the Atlanta Journal Constitution found that 54% of students in Georgia's psychoeducational programs are African American, compared to 37% in all public schools statewide. In half of the 24 programs, enrollment of African-American students exceeds 60%. In one, nine of every 10 students are African American (Judd).

African Americans Disproportionately in Special Education: According to the US Department of Education, Office of Civil Rights, African American students, particularly males, are more likely to be enrolled in special education programs and more likely to be disciplined. Students of color are more likely to be identified as having a disability and face harsher discipline than white classmates. According to the report, black students are 1.9 times more likely to be expelled from school without educational services and 2.3 times more likely to receive a referral to law enforcement. The Equity in IDEA rule would require states to identify districts with significant disproportionality in special education. In Georgia, 48.1% of students with disabilities who drop out of school before graduation are African American. African American students are more likely to receive a special education certificate. In 2014, out of 11,638 students with disabilities leaving school, almost 5,000 were African American; 1,684 students received a regular education diploma; 1616 dropped out before completion; and, 1,667 received a special education certificate (Georgia Department of Education).

> Georgia's public schools assign a vastly disproportionate number of African American students to psychoeducational programs, segregating them not just by disability but also by race, an investigation by The Atlanta Journal-Constitution found. (Judd)

Table 14: Number of Students Graduating from Special Education 2015

	Regular Diploma	Drop Out	Special Education Certificate	Total
American Indian	7	5	6	18
Asian	82	18	38	138
African American	1684	1616	1667	4967
Hispanic	435	282	284	1001
2 or More	145	103	54	302
Pacific Islander	2	3	0	5
White	2859	1336	1012	5207
	5214	3363	3061	11638

Post-Secondary Opportunities: Beginning in 2008, GCDD began working with a group at Kennesaw State University (KSU) to develop opportunities for students with intellectual/developmental disabilities, who did not receive regular diploma, to attend university and participate on campus life. Kennesaw State University was the first university to participate and began their program with a $25,000 grant from GCDD. Over the next 8 years, three additional higher education facilities Georgia Tech (GT), Columbus State University (CSU), and East Georgia State College (EGSC) have offered students the opportunity to attend college. It is expected that during the 2016-2017 academic year, at least 75 students will enroll in one of 6 programs: KSU, University of Georgia, Georgia Tech, CSU, EGSC, and Albany Technical College.

This has been a collaborative effort between GCDD, the Center for Leadership and Disability at Georgia State University (CLD), Georgia Department of Education, Georgia Rehabilitation Agency, and universities already operating a program for students with intellectual/developmental disabilities or those interested in creating a post-secondary program. The purpose of the Georgia Inclusive Post-Secondary Consortium (GAIPSEC) is to create opportunities for students who "have historically not had access to post-secondary educational opportunities." The members of the Consortium have been working with educational institutions, individuals and families to provide information and training about inclusive post-secondary education.

The GAIPSEC has also been a collaborative effort in funding efforts at each university. The following have added funds to this efforts: (1) the Department of Behavioral Health and Developmental Disabilities provided funding in the first four years to support mentors at Kennesaw State University; (2) the Georgia legislature has allocated $200,000 that has been used to support the KSU and EGSC program as well as provide scholarships to students; (3) the Georgia Vocational Rehabilitation Agency and the Department of Education have provided funding for teachers and rehabilitation counselors to be on each campus to support the program; and (4) in 2015, CLD received a five year $500,000 grant from the US DOE Transition and Post-Secondary Programs for Students with Disabilities initiative to help expand and support operations (United States Department of Education).

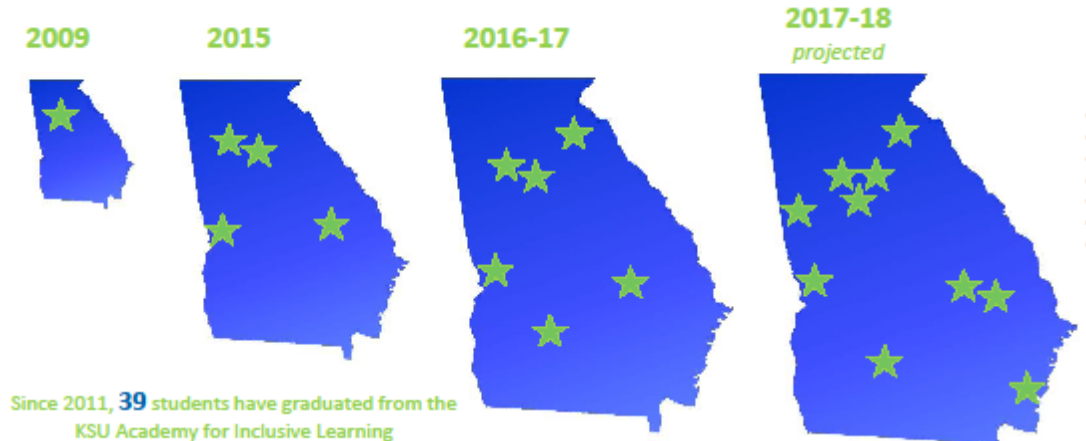
GAIPSEC

Georgia Inclusive Postsecondary Education Consortium

Georgia college options for students with intellectual and developmental disabilities

www.gaipsec.org

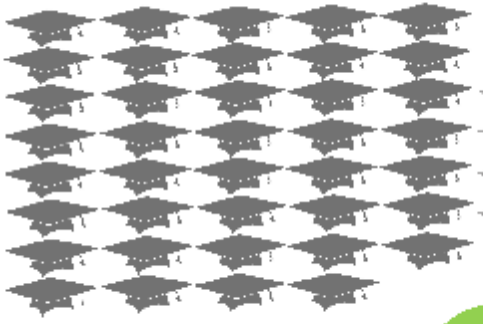
The Georgia Inclusive Postsecondary Education Consortium seeks to create opportunities for students who have historically not had access to post-secondary educational opportunities. Members of the Consortium are committed to providing information and training resources for individuals, families, colleges & universities, and agencies to achieve the goal of inclusive post-secondary education opportunities for all.



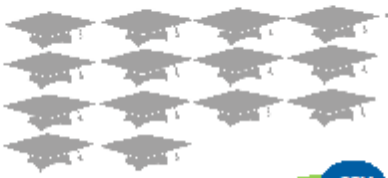
Georgia Colleges & Universities with established or future IPSE Programs

- Kennesaw State University (KSU)
- Georgia State University (GSU)
- East Georgia State College (EGSC)
- Columbus State University (CSU)
- Georgia Institute of Technology (GT)
- University of Georgia (UGA)
- Albany Technical College (ATC)

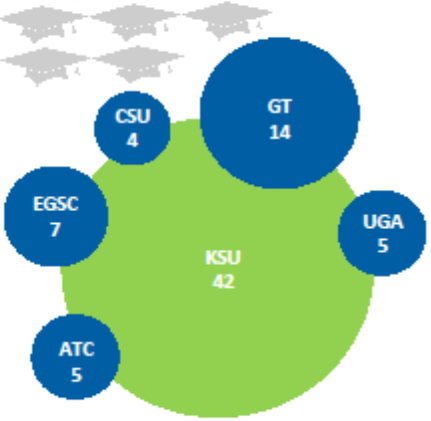
Since 2011, **39** students have graduated from the KSU Academy for Inclusive Learning

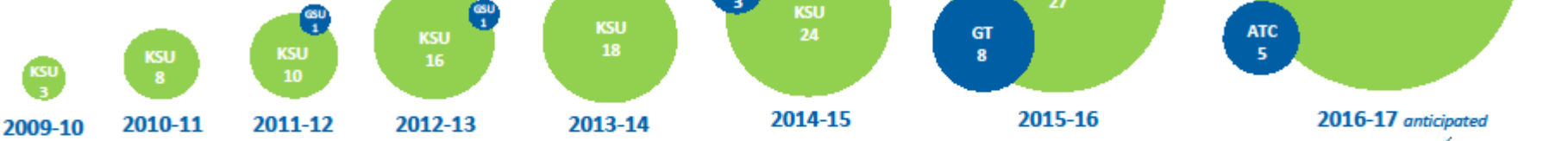


In 2016-17, **15** Students are anticipated to graduate from IPSE programs across Georgia.



In 2016-17, **5** students are completing their second certificate.





2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 *anticipated*

Project of Georgia State University Center for Leadership in Disability

(v) **Housing:**

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. Many studies have shown that it is almost impossible for people with disabilities receiving SSI to obtain decent, safe, affordable, and accessible housing without a subsidy.

In 2010, a coalition of advocates produced *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 there is: 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. This coalition still meets and is working to end the disparity in housing for people with disabilities. (Shut Out, Priced Out and Segregated)

Virtually all individuals with intellectual/developmental disabilities can live in their own homes with supports. Like people without disabilities, they should get to decide where they live, with whom they live, when and what they eat, who visits and when, etc. Individuals should have access to housing other than group homes, congregate arrangements, and multi-unit buildings, or complexes that are primarily for people with disabilities. According to a recent United States Department of Housing and Urban Development paper, housing for people with disabilities must be in integrated settings, which are places that provide individuals with disabilities opportunities to live, work, and receive services in the greater community, like those without disabilities. Examples of integrated housing are scattered site apartments providing supportive housing, rental subsidies that enable individuals to obtain housing on the open market, and apartments for individuals with disabilities scattered throughout housing developments. HUD will no longer fund segregated settings that are occupied exclusively or principally by people with disabilities.

Compliance with a service plan should not be a condition of housing. To live in, and contribute to, communities of their choice, people with intellectual/developmental disabilities deserve decent, safe and affordable housing as well as access to the necessary supports and services.

(vi) Transportation:

In forums across the state, transportation was one of the most discussed issues. Regardless of where an individual lives, both rural and urban transportation systems continues to be a significant barrier to getting the needed health care, support services, employment, and educational opportunities. Unless you have access to an automobile, chances are you have trouble getting where you need to go. In addition, Georgian citizens are at odds about how to solve this problem. In places like Atlanta, and some of its surrounding counties, access to public transit may be a solution to the grid lock that exists on interstates; however, there has been little desire to increase tax revenue to expand and improve the MARTA and other local public transit systems. In other parts of the state, a vote to determine if special local option sales taxes would be funded was defeated. In 2015, Georgia changed the way it collects automobile value added taxes and how local gasoline taxes could

be used. This has resulted in additional dollars being allocated by the State Department of Transportation for local road, bridge, and public transit systems.

For many people with intellectual/developmental disabilities, current public transit systems are not an option. MARTA's para transit system has been outsourced to a private entity, and it requires individuals to make reservations in advance for a ride. There have been many complaints filed about customer service and access to the para-transit system. Some transit systems require individuals to find a ride to bus stops, or park and rides, again making it inaccessible to many individuals.

The primary method that many individuals with intellectual/developmental disabilities access transportation, especially for health care and services, is the rural and human services (RHST) transportation system. This is a coordinated effort between the Georgia Department of Transportation, Department of Human Services and the Department of Community Health. In 2015, 111 counties operated Rural Public Transportation systems. There are 23 counties that are served by fixed public transportation systems. The purpose of the Governor's Development Council and Coordinating Council for Rural and Human Services is to identify methods to increase rural and human services coordination and cost-effectiveness. In 2015, $ was s. The RHST estimates that it will require a t . (Governor's Development Council and Georgia Coordinating Council for Rural and Human Services Transportatation)

According to the RHST report, whuman service transportation agencies -es, - (Governor's Development Council and Georgia Coordinating Council for Rural and Human Services Transportatation)

In the future, many individuals and families believe that transportation needs to be expanded through car pools and services such as Uber and Lyft; however, it must be affordable, and drivers need to be educated about accessibility requirements for many individuals.

PART C.

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

(i) Criteria for eligibility for services:

We need to recognize the difference between the old versus the new paradigm of disability policies. The old paradigm suggests we need to "fix" people or that people with disabilities were "defective." The new

paradigm recognizes that disability is a natural part of the human experience, and the responsibility of society is to build social and political environments by providing the necessary services, supports, and accommodations. The impact of changes or benefits sought for people as a result of policy changes are improved services, systems, and positive social and physical conditions. There are a set of public policy decisions that must be made to determine the direction of the publicly funded system of services and supports in Georgia. The policy decisions are based on the concept that if we expect people to be independent, productive, and contributing members of communities, then we need to make sure that there are opportunities for real careers, real homes, real learning experiences, and real influence over daily decisions.

Table 14: ABD Eligibility by Age--February 2016 (Logan, Report is based on eligibility data for Feb-2016 provided by Medicaid Program office)

Grouping by age	Member Count
Total	315,508
0 to 5	11,090
6 to 10	16,194
11 to 17	24,260
18 to 25	23,808
26 to 39	38,443
40 to 64	118,009
65 to 74	39,572
greater 75	40,551
Katie Beckett	2,970

The Medicaid Waiver Program is the primary method for funding long term services and supports that are focused on meeting these public policy decisions. In FY 2016, the Age Blind and Disabled population accounts for 18.9% of the Medicaid beneficiaries, but consumes 53.1% of the expenditures. FY 2016 expenditures for the total ABD population are estimated as $1,638,816,761 (Georgia Department of Community Health).

Currently Georgia has five waiver programs under the 1915© plans: Community Care Services Program (CCSP), Comprehensive Supports Program (COMP), Independent Care Waiver Program (ICWP), New Option Waiver (NOW) and Service Options Using Resources in a Community Environment (SOURCE). Waiver programs help people who are elderly (CCSP and SOURCE) and those with physical (ICWP) and intellectual/developmental disabilities (COMP and NOW) to live in the community instead of an institutional or nursing facility. Each Waiver offers core services such as service coordination, personal supports, home health, emergency response services, and respite care.

The NOW and COMP Waivers offer home and community based services for people with intellectual/developmental disabilities. The Department of Behavioral Health and Developmental Disabilities is responsible for two Medicaid Waivers and a set of state funded services. Analyzing the Medicaid claims and expenses for persons enrolled in the NOW and COMP waivers, identifies 46,553 claims for a total expense of $523,063,971.25 from April 2015 to February 2016.

Table 15: Average Expenditure Per Month for Enrolled Waiver Members (Alter)

Number of enrollees	11,969
Average Expenditure per month (11 months)	$47,551,270.11

Average expenditure per member per month	$3,972.87
Annualized average expenditure per member	$47,674.43

In order to be eligible for the COMP or NOW Waiver, the individual must have a diagnosis of an intellectual disability (ID) and/or a developmental disability (DD) that is closely related to intellectual disability which is defined as follows: (1) Intellectual Disability**:** The individual has a diagnosis of an intellectual disability based on onset and full manifestation before the age of 18 years and assessment findings of significantly sub-average general intellectual functioning and significantly impaired adaptive functioning in at least two of the following skill areas: self-care, communication, home living, self-direction, functional academic skills, social/interpersonal skills, use of community resources, work, leisure, health, and safety; and/or (2) DD Closely Related to ID**:** The individual has a diagnosis of a condition found to be closely related to an intellectual disability that is attributable to severe forms of: cerebral palsy, epilepsy, autism, or any other neurological condition, other than mental illness; likely to continue indefinitely; based on onset and full manifestation before the age of 22 years; and based on assessment findings of substantial impairment of general intellectual functioning or adaptive behavior similar to that of persons with an intellectual disability. There must be substantial limitations in adaptive functioning in three or more of the following areas of functioning: self-care, receptive and expressive language, learning, mobility, self-direction, and capacity for independent living. The three adaptive impairments must be directly related to the developmental disability and cannot be primarily attributed to mental/emotional disorders, sensory impairments, substance abuse, personality disorder, specific learning disability, or attention deficit/hyperactivity disorder.

Individuals who meet the eligibility criteria for waiver services are eligible to receive state funded developmental disabilities services. Individuals who do not meet the developmental disabilities waiver criteria may receive state funded developmental disabilities services depending upon the availability of funding, if the following criteria are met: (1) Most in Need**:** The individual demonstrates a substantial risk of harm to self or others; substantial inability to demonstrate community living skills at age appropriate level; or substantial need for supports to augment or replace insufficient or unavailable natural resources; and (2) Diagnosis or Sufficient Evidence of a Developmental Disability: The individual has an established developmental disability diagnosis or determination of sufficient evidence of a developmental disability, as assessed by a professional licensed to make the diagnosis or determination.

The NOW waiver program offers services and supports to enable individuals to remain in their own or in their family's home, participate in the community, and have less intense support needs than those who receive the COMP Waivers. Individuals who receive services through the NOW program are able to self-direct their services if they choose.

The COMP program serves individuals with more intensive support needs, primarily providing residential care for individuals with intellectual/developmental disabilities. Individuals who receive services through the COMP program often need out-of-home residential support and supervision or intensive levels of in-home services to remain in the community (Georgia Department of Community Health).

The SOURCE program links primary medical care and case management with approved long-term services in a person's home or community. A SOURCE participant must be eligible for the State Medicaid program and meet nursing home level of care. SOURCE provides home and community based services to frail elderly and individuals with physical disabilities who meet the intermediate level of care (Georgia Department of Community Health).

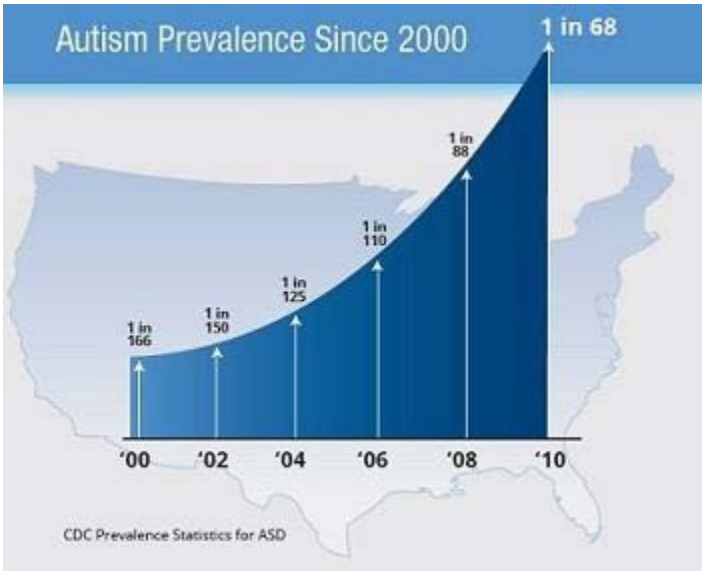
The Independent Care Waiver Program offers services that help individuals with physical disabilities live in their own homes or their communities instead of hospitals or nursing facilities. Individuals with traumatic brain injury may also be eligible for ICWP. The ICWP is designed for individuals between the ages of 21 and 64, who are capable of managing their own services; i.e. self-directed, have limits of one or more activities of daily living, and are medically stable (Georgia Department of Community Health).

The Community Care Services Program provides community-based social, health, and support services to individuals as an alternative to institutional placement in nursing facilities. CCSP is primarily available for individuals over 65 years of age. The Georgia Department of Community Health's Division of Medical Assistance Plans partners the Division of Aging Services (DAS) within the Department of Human Services (DHS) for the operational management of the program. While DCH is responsible for provider reimbursement, enrollment, and utilization review, DAS executes the day-to-day operations of the CCSP waiver program. Eligible consumers may receive a combination of Medicaid-funded CCSP and other community services. The care coordinator assesses eligibility for CCSP, develops a consumer-focused comprehensive plan of care in collaboration with the primary physician, and based on identified needs, arranges for delivery of services. The care coordinator monitors the services delivered to the program participant.

(ii) Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families*:

Step 1: Identify people with I/DD who are unserved and underserved (State/Territory)

Based on the feedback that GVRA received during its planning process, there were some common statewide needs identified for minorities with limited English proficiency, or who have communication impediments, including those who use ASL. These concerns include: (1) Improve overall communication and cultural sensitivity for minorities; (2) Increase access to appropriate evaluation testing tools that document disabilities and associated functional limitations as well as recommendations to overcome limitations in regards to communication; and (3) Increase number of providers who can fairly administer evaluations for clients with limited English proficiency (including ASL).



The Department of Behavioral Health and Developmental Disabilities and Emory University have worked together around the issues of people with autism. They established a study group because they were hearing from families that it is hard to find high-quality developmental disability care for adults living with autism; there is a lack of high-quality developmental disability care for Autistic adults; and there is an expectation that the number of adults with ASD is expected to grow rapidly in the upcoming years.

In the article "Keeping Special Ed in Proportion", African American students were almost twice as likely as white students to be classified with emotional or intellectual disabilities. In addition, students of color were less likely than their white classmates to be returned to the regular classroom once they were placed in special education. African American males are move likely to live in poverty, live with only one parent, drop of high school and be unemployed (My Brothers Keeper Task Force).

Step 2: Of the people with I/DD who are identified in the CRA as unserved/underserved, identify a sub-population that is vulnerable to disparities

GCDD has chosen to focus its targeted disparity work on African-American males with intellectual and developmental disabilities in the school system. This is based on the current issues with the GNETs system and the work on Real Communities around the issue of the school to prison pipeline. Both of these issues indicate that African American males are more likely to have a diagnosis of intellectual disability, end up in special education services, and more likely to be assigned to a GNETs school and then drop out with a higher potential to end up in the prison system.

Developmental Disabilities as Primary Diagnosis Code	50,790
Traumatic Brain Injury as Primary Diagnosis Code	6,649
Autism Spectrum Disorder as Primary Diagnosis Code	8,260

In the prison system, issues of mass incarceration and re-integration of individuals coming out of prisons are incredibly pressing social justice issues in Georgia. There are many connections between issues of concern in the disability community and advocates addressing criminalization and incarceration. We know the death penalty and prison sentences in general are more often handed down to people of color, specifically black men, people with less financial resources to hire defense attorneys, and people with disabilities are also disproportionally impacted by these issues in their lives. As the disability community grapples with how to successfully support those moving out of institutions and segregated services and into typical community spaces, people working to address the rapidly growing prison system are grappling with the same problem in welcoming people back to the community from prison – an institution that is parallel to the institutions that segregate and isolate people with disabilities. Like people with disabilities, people with criminal records face incredible barriers to housing, employment, and education, and they are often seen as having nothing to offer.

Step 3: Identify the problem for the identified sub-population

African-American males are more likely to be placed in special education and identified with an intellectual/developmental disability. This problem highlights the intersection of social issues such as gender, race, social class and disability. The educational system widens the opportunity gap and puts African American boys at greater risk for school failure

Step 4: State how you will address the targeted disparity

Targeted Disparity Statement: GCDD will partner with the DD Network, civil rights, organizations and groups throughout Georgia to develop and implement a plan of action to reduce the number of African-American males in special education classes and who are at risk for dropping out of school by 10%.

The goal is to support the social and emotional development and school readiness for African American youth. This means creating a task force consisting of academics, researchers, policymakers, families, and individuals that will focus on a culturally-responsive, strength based framework. The focus is on what students know and can do as opposed to what they cannot do or what they do not know. Cultural, family and individual strengths contribute to the school readiness of young African American boys. It could support implementation of effective instructional and management practices in the classroom.

Table 16: Number of Students Graduating in Special Education by Disability (Georgia Department of Education)

	Regular Diploma	**Drop Out**	**Special Education Certificate**
Autism	428	72	261
Deaf/Blind	1	0	2
EBD	452	808	305
Hearing Impaired	97	14	27
Intellectual Disability	394	355	799
OHI	1268	654	514
Orthopedic	48	4	17
Specific Learning	2396	1413	1067
Speech	72	36	85
TBI	17	9	17
Visual Impairment	41	4	17

(iii) The availability of assistive technology:

According to Tools For Life, Georgia's Assistive Technology program, Assistive Technology (AT) is any item or piece of equipment that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities in all aspects of life, including at school, at work, at home and in the community. Assistive Technology ranges from low tech to high tech devices or equipment. AT devices or equipment that range in the middle of the continuum may have some complex features, be electronic or battery-operated, require some training to learn how to use, and are more expensive than the low-tech devices. Tools for Life works to

improve access to and the acquisition of Assistive Technology (AT) in the areas of education, employment, community living, information technology & telecommunications.

The Tools for Life Assistive Technology Resource Centers (ATRCs) are a community resource to Georgians with disabilities, families, friends, health care professionals, support circles, and others who are interested learning about assistive technology devices and equipment. Tools for Life services all ages and all disabilities, so that people can live, learn, work, and play where they choose. The purpose of Tools for Life is to increase access to, and acquisition of, assistive technology. They also offer a loan closet so that people who cannot afford to purchase assistive technology can borrow and return technology.

Each ATRC is a hands-on learning center for assessment, demonstration, education, information and assistance, and training of assistive technology available on the market today. Tools for Life has found that the majority of Georgians with disabilities need the opportunity to try out different devices and tools before purchasing them. One of the primary barriers to assistive technology is the lack of funding. Credit Able, Brain and Spinal Trust Fund, and Georgia Vocational Rehabilitation Agency are sources of funding for assistive technology.

(iv) Waiting Lists:

Since 2006, advocates for individuals with developmental disabilities, physical disabilities, and older adults have been working to address the growing waiting list for home and community based services. The Department of Behavioral Health and Developmental Disabilities maintains a planning list for those who are transitioning from state institutions to the community and those in the community waiting for services. The Department is also required to maintain a list of individuals who are considered to be at a higher risk because of their medical or behavioral complexities.

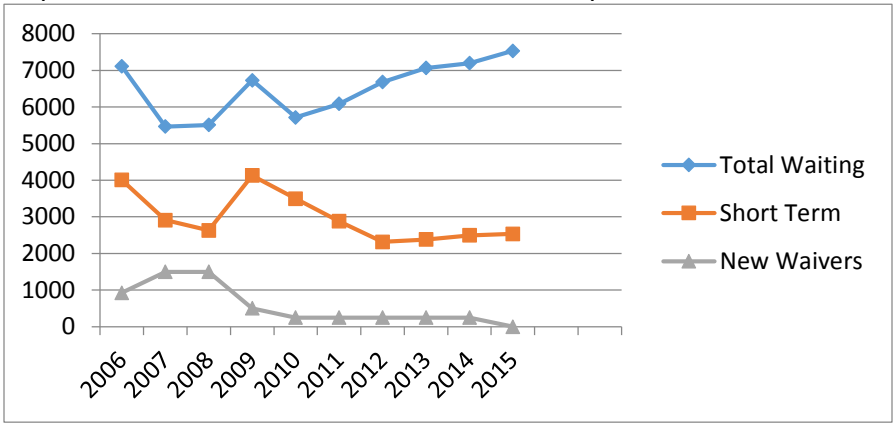


Figure 5: GA Waiting List (Braddick)

Prior to 2010, Georgia was making a small but focused effort to address waiting list issues. For individuals waiting for the NOW and COMP programs, the Department of Justice Settlement meant that the number of new waivers was negligible. The Governor, legislature, and the Department of Behavioral Health and Developmental Disabilities only appropriated funding for the minimum amount required by the DOJ agreement. This meant that there were waivers for those moving out of institutions and a few for those at risk of institutionalization. While advocates were able to get an annual average of between 50 and 100 new waivers through the legislative budget process, and the department was able to stretch resources, there has not been much progress. In addition, providers were concerned about capacity issues to serve more people in light of low rates and were not supportive of advocacy efforts. In 2016, the department did receive a substantial allocation to increase the rate for comprehensive services but only for those already in services.

Georgia has a waiting list for individuals waiting on the NOW and COMP waivers that would require the program to grow by 147% on average to accommodate the need. Advocates did propose that state dollars already being allocated for waiver like services be converted to Medicaid funded services in order to address

the Waiting List. This was not supported by the department and there has been a lack of data available for both advocates and legislators.

Persons on the COMP and NOW waiting lists may be on either a long term or short term planning list which is determined by the complexity of their needs. Individuals on the short term list are categorized into four levels:

a. PL Immediate: Immediate Need caused by death of only caregiver, only caregiver incapacitated, unable or unwilling caregiver, or the current placement posts immediate danger to health, safety, or family crisis with no caregiver support;
b. Level 1: Family crisis significantly jeopardizing capacity of caregiver, caregiver is ill and will soon be unable to care, person has behavioral issues posing potential serious bodily harm to self or others, or behavior is likely to come to attention of care givers;
c. Level 2: Caregiver is ill and will soon be unable to continue to provide care, person has a caregiver who would be unable to work if services are not provided, OR person is scheduled to leave prison, jail, DJJ or DBHDD forensic services in the next 6 months;
d. Level 3: Inappropriate placement, awaiting proper placement (can manage short term), person has aging caregiver (over 60), who will soon be unable to continue to provide care, and person has exited special education, or will exist within next 6 months.

The data for 2016 by region and type of waiver is below.

Table 17: Planning List--Numbers of Persons on Short Term & Long Term Lists by Regions as of January 1, 2016 (Georgia Department of Behavioral Health and Developmental Disabilities)

Region	LTPL	STPL Immediate	STPL Level 1	STPL Level 2	STPL Level 3	Total
Region 1	1,254	5	10	92	214	1,575
Region 2	579	23	70	114	286	1,072
Region 3	1,698	7	10	90	911	2,716
Region 4	453		22	83	220	778
Region 5	617	27	69	158	343	1,214

Region 6	696	7	48	39	159	949
Total	**5,297**	**69**	**229**	**576**	**2,133**	**8,304**

Table 18: Service Needs of Planning List Members as of November 1, 2015 (Logan, CIS as of November 1, 2015)

Services Need	LTPL	STPL	Total
Adult Occupational Therapy Services	40	38	78
Adult Physical Therapy Services	35	38	73
Adult Speech and Language Therapy Services	66	64	130
Behavioral Support Services	318	190	508
Behavioral Supports Consultation	4	11	15
Community Access Group Services	2,435	1,361	3,796
Community Access Individual Services	448	301	749
Community Living Support Services	1,394	854	2,248
Community Residential Alternative	1,068	603	1,671
Environmental Accessibility Adaptation	27	25	52
Financial Support Services	16	16	32
Georgia Crises Response System (GCRS)	4	22	26
Individual Directed Goods and Services	90	27	117
Natural Support Training Services	346	94	440
Prevocational Services	241	205	446
Respite Services	796	563	1,359
Specialized Medical Equipment	114	66	180
Specialized Medical Supplies	326	234	560
Supported Employment Group Services	938	429	1,367
Supported Employment Individual Services	449	233	682
Transition Services	9	10	19
Transportation	182	132	314
Vehicle Adaptations	15	10	25
Total	**9,361**	**5,526**	**14,887**

In the meantime, there has been progress made on the waiting list for people with physical disabilities where both the number of new waivers and their rates have been increased in order to keep pace with growth and rates from other waivers. A significant number of persons with various disabilities are waiting for the six Georgia waiver services. Their health needs are provided by basic Medicaid.

Table 19: Georgia Waiver Wait List Summary (Dowd)

Waiver Name	Population Served	Institution Waived	Active as of 9/30/15	Active as of 12/31/15	Wait List as of 12/31/15
Community Care Services Program	Elderly and disabled	Nursing facility	8,866	8,330	2,503
SOURCE	Elderly and disabled	Nursing facility	15,311	15,678	0
Independent Care Waiver Program	Severely physically disabled	Nursing facility Hospital	1,375	1380	115
New Options Waiver	Developmental disabilities	ICF-MR	4,620	4,570	STPL: 3,007 LTPL: 5,297 Total: 8,304
Comprehensive Supports Waiver	Developmental disabilities	ICF-MR	7,297	7,399	
Georgia Pediatric Program	Medically fragile children under age 5	Nursing facility/ Hospital	0	0	No Waiting list No current enrolled providers
Total			**37,469**	**37,357**	**19.226**

a. Entity who maintains wait-list data in the state for the chart above:

- ☐ **Case management authorities**
- ☐ **Providers**
- ☐ **Counties**
- ☐ **State Agencies**
- ☐ **Other_____**

c. There is a statewide standardized data collection system in place for the chart above:

- ☐ **yes**

☐ **no**

d. Individuals on the wait-list are receiving (select all that apply) for the chart above:

☐ **No services**

☐ **Only case management services**

☐ **Inadequate services**

e. To the extent possible, provide information about how the state places or prioritizesindividuals to be on the wait-list:

☐ **Comprehensive services but are waiting for preferred options (e.g., persons in nursing facilities, institutions, or large group homes waiting for HCBS)**

☐ **Other_____**

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

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

☐ **yes**

☐ **no**

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

☐ **yes**

☐ **no**

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

Health disparities refer to differences in health outcomes at the population level, differences that are linked to a history of social, economic, or environmental disadvantages, and for which there is a general agreement that these differences are avoidable. Adults with intellectual or other developmental disabilities face a cascade of health disparities and deserve quality, patient-centered health care. They often (University of Vanderbilt Kennedy Center):

- have complex or difficult-to-treat medical conditions;
- have difficulty accessing health care;
- may receive inadequate health care;
- may have difficulties expressing their symptoms and pain;
- may receive little attention to wellness, preventive care, and health promotion.

The fragmentation of the health care financing resources for individuals with developmental disabilities aggravates these disparities. Consumers are not the customer of Medicaid; the providers of services who are paid to provide care are the customers.

National Core Indicators

NCI™ is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. The core indicators (National Core Indicators) are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. The NCI program is also recognized as a uniquely valuable source of information about individuals with developmental disabilities receiving services across a large sample of states. The NCI database includes randomly-selected representative samples by state, with 39 states planning to contribute data this year.

NCI states and project partners continue to work toward a broader vision of utilizing NCI data not only to improve practice at the state level, but also to add knowledge to the field, to influence state and national policy, and to inform strategic planning initiatives for NASDDDS. Data from NCI are aggregated and used to support state efforts to strengthen long term care policies, inform the conduct of quality assurance activities, and compare performance with national norms.

Through participation in the program, NCI states make a commitment to share information with stakeholders so that data can be used for policy change and quality improvement. Surveys are done with individuals with developmental disabilities who are enrolled in the Medicaid Home and Community-Based Services waiver (HCBS).

The most recent results from Georgia are based on data collected in 2014-15. The following data represents items where Georgia varies from the national average. (See Data section for detailed graphs).

1. Georgia is doing very well on several indicators. Ninety-eight percent of respondents reported they have a primary care doctor, and only 2% reported in poor health. Ninety-three percent had a physical exam in the past year, and 77% had a dental exam.
2. It is important to note that on the preventive screening and vaccination questions, individuals with developmental disabilities are not receiving these measures at an adequate rate. Only 29 % have been vaccinated for pneumonia; 71 % have had a flu vaccine in the last year. This is significantly below the national average.
3. Individuals with developmental disabilities reported somewhat higher participation in other health screenings. Only 31 % of individuals age 50 or older had a Colorectal Cancer screening in the past year; 56 % of men had a PSA test. For women age 40 and over, 81% had a mammogram in the past two years, but 77 % had a pap test.
4. Individuals responded that 54% had a hearing screening in the past five years, and 66% had vision screening in the past year. These numbers were low compared to other states.
5. Georgia respondents ranked somewhat lower than the national average on exercise, but both rates are below desired levels. Respondents from Georgia went out for exercise an average of 7.3 times in the past month, and respondents across NCI states went an average of 10.5 times. 45% of respondents from Georgia and 55% across NCI states reported that they went out for exercise in the past month
6. Mental health issues were addressed in several ways. In the 2014-15 NCI data, the percentage of individuals taking at least one medication for mood disorders, anxiety, behavior challenges and/or

psychotic disorders is 47%, on a par with the national data. Georgia has a higher percentage, however, of respondents taking 3-4 medications (32%), and 5-10 medications (11%).

7. Overall, 22 % rated their health as excellent, 52 % rated their health as very good, and 24 % ranked it as fairly good.

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

PART E. 5-YEAR GOALS **[Section 124(4); Section 125(c)(5)]**

Framework

GCDD is charged with creating systems change for individuals with developmental disabilities and their family members through advocacy and capacity building activities. The desired outcomes for all GCDD initiatives are that people with intellectual and developmental disabilities and their families are 1) more interdependent; 2) have greater economic self-sufficiency or productivity; 3) are integrated and included in their communities; and 4) are self-determined in their lives.

GCDD members and staff hosted a series of forums during August through September 2015 for the purpose of gathering information about the issues impacting people with intellectual/developmental disabilities. In addition, over 400 people participated in an online survey. The results of these forums and surveys were presented at the October 2015 and April 2016 quarterly meetings of Council members. The issues identified were consistent with those determined by members to be the priority for 2016-2017: increased educational and employment opportunities, the lack of transportation,and, the need for quality developmental disability services and direct support professionals who are paid a livable wage. Finally, while many do not understand the Real Communities Partnership there was support for building communities that welcome and involve all people including those with intellectual/developmental disabilities.

Over the last five years, GCDD has spent many of its resources understanding how communities are organized and include people with intellectual/developmental disabilities in the work of community building. Real Communities Partnerships will continue to be a major focus of GCDD's work and in understanding how complex problems can be addressed. The work of building communities in Georgia is not short term. It builds on the insights of John and Connie O'Brien in person-centered planning, on the belief of 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 work of Real Communities Partnership resulted in GCDD recognizing that the disability rights movement is part of the larger civil rights effort in the United States. People with disabilities wear many labels in addition to those associated with disability, they are rich and poor (according to statistics, people with disabilities live in greater poverty than any other group), they are men, women, transgender, gay, lesbian and straight; they belong to every ethnic group, race and religion. For far too long, disability has been as the other civil rights issue. GCDD will examine its work through this lens of intersectionality; we will utilize our social media tools and efforts to highlight the roles of people with intellectual/developmental disabilities in the civil rights movement.

Georgia's vision for Long Term Services and Support System:

people with intellectual/developmental disabilities,,,s-,GCDD will utilize strategies that have greater opportunities to create systems change. 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 focuses on goals or outcomes; is usually a result of small steps over time; typically has a dedicated group of advocates or an individual champion; and; sees individual advocacy as essential. Systems changes strategies include[i]:

- 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, and 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.

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; (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.

GCDD's work in self-advocacy will focus on youth and their roles in social justice movements and understanding this idea of intersectionality.

GCDD continues to influence the direction of public policy at both the state and federal level, to support capacity building through technical assistance and grants, to bring people together to discuss how to create change, and to promote public awareness of those in need.

Advocacy: GCDD can be an effective advocate for change because of the funding capability, reputation, and board member prominence. The challenges we have are: how do we successfully engage others beyond disability in our work? How do we build true collaborations and the respect, trust, and friendships necessary to change how we deal with people and situations that challenge us? We must keep the needs and aspirations of those who are marginalized, including people with intellectual/developmental disabilities, at the forefront of any advocacy campaign. Advocacy efforts are built based on: (1) development of consensus around a common definition of the problem and possible policy options by an ever-widening constituency of people; (2) increased visibility of the issue in policy process, resulting in policy outcome; (3) shifts in societal norms such

as decreased discrimination; and (4) shifting population levels impact indicators such as an increase in the of people with intellectual/developmental disabilities who are working.

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

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

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

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

REAL CAREERS

REAL SUPPORT:

REAL LEARNING

REAL HOMES

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

GCDD will actively partner with organizations and individuals who are working to bring people on the margin into the center of 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 (CLD), and the University of Georgia Institute on Human Development and Disability (IHDD). This network will continue to work on initiatives such as the Children's Freedom Initiative, Unlock the Waiting List, Self-Advocacy, and Employment First Georgia. In addition, GCDD will 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, GeorgiaARC, 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.

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

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

2. Shared Measurement System: all participants agree on the ways success will be measured and reported with a short list of common indicators, identified and used for learning and improvement. Collecting data and measuring results consistently on a short list of indicators at the community level, and across all participating organizations not only ensures that all efforts remain aligned, but it also enables the participants to hold each other accountable and learn from each other's success and failures.

3. Mutually Reinforcing Activities Collective: a diverse set of stakeholders, typically across sectors, coordinates a set of differentiated activities through a mutually reinforcing plan of action. Encourage each participant to undertake the specific set of activities of which it excels in a way that supports and is coordinated with actions of others. This includes use of local knowledge to target communities.

4. Continuous Communication: all players engage in frequent and structured open communication to build trust, assure mutual objectives, and create motivation. Among the ways that coalitions can develop trust are by holding monthly meetings at the CEO level, or using Google groups to learn and solve problems together.

5. Backbone Support Organization: an independently funded staff provides ongoing support by guiding the initiatives strategies, supporting aligned activities, establishing shared measurement practices, advancing policy and mobilizing resources. Process that leads to effective decision making and using a process that allows for defining a common agenda, shared measures and plan of action. It also embodies the principles of adaptive leadership. This is the ability to focus people's attention and create a sense of urgency, the skill to apply pressure to stakeholders without overwhelming them, the competence to frame issues in a way that presents opportunities as well as difficulties, and the strength to mediate conflict among stakeholders (Duncan).

Using these five conditions, GCDD will create partnerships with entities that embody the values of the Developmental Disabilities Bill of Rights and Assistance Act, including insuring the active engagement of people with developmental/intellectual disabilities in the work itself, and should create a bridge between people with developmental/intellectual disabilities and other community associations and initiatives.

Over the last ten years, one of the major initiatives of the Federal DD Network has been to make sure that no child resided in a state or private institution or skilled nursing facility. In 2006, the DD Network came together to create the Children's Freedom Initiative. The goal of this initiative is to make sure all children are living in loving, stable homes. There are currently four skilled nursing facilities with one child residing in LaFayette, Rome, Colquitt, and Gainesville. There is one ICF/DD with 18 children under the age of 22. Parkwood receives $65,000 per year, or $108 per day. At this point, there are no more children living in state institutions, and we believe that by the end of 2017, all children will have been moved from nursing facilities and private ICF/DD's into family homes with the proper supports. As this collaboration is successful in transitioning children back home, the focus of the coalition's work will change to making sure that the doors are closed forever and that there is capacity in the community to provide supports for children and their families.

GCDD collaborates with other state agencies, including the Department of Behavioral Health and Developmental Disabilities, Georgia Vocational Rehabilitation Agency, Georgia Department of Community Health, Georgia Department of Community Affairs, and the Georgia Department of Education. We recognize that in order to create systems changes, state agencies must be involved. The development of the Home and Community Based Settings Rule and transition of services requires collaboration. GCDD will work with agencies to collect input from stakeholders, develop quality indicators, propose recommendations for systems change, and promote quality indicators through our public policy efforts. The end result is that Georgia's HCBS quality assurance system aligns with quality indicators and the federal requirements.

Inputs	Outputs	Outcomes -- Impact

	Activities	*Participation*	*Short (1-3 years)*	*Intermediate/Long (3-5 years)*	*Impact*
Federal AIDD allotment GCDD members, staff & infrastructure People with disabilities/families DD Network Partners--GAO, IHDD, CLD Collaborative partnerships Grantee staff, leveraged resources, and time Reporting and data systems Policy makers/Legislators <u>Messaging Technology</u>: Council website/ Media and Publications/Social Media Platforms/ Database Distribution and Management/Legislative Tracking System DD Act; Program guidance and instructions	Conduct outreach (e.g., Making a Difference, website, face book public awareness / media Provide training and technical assistance Provide leadership training using the concept of **intersectionality** Pilot innovative practices Collect data/evaluate impact Conduct community organizing/maintain a network of organizers including groups with diverse identities using asset based approaches Increase partnerships Advocate for policy and practice improvements and increased funding	People with intellectual and developmental disabilities (I/DD)/families based on intersectionality State and federal agencies Local communities and Community Builders Policymakers—legislators, state department leadership Service providers—employment providers, LTC providers, direct support professionals High schools—youth with I/DD in transition Parents and children with I/DD General public	More people with I/DD and their family members are involved in advocacy efforts Increased understanding of important issues impacting people's lives Increased number of individuals with I/DD making choices about their lives Increased number of individuals with I/DD who are part of network of community members Increased number of individuals who identify with the many intersections involved in advocacy activities Increase in the number of grassroots advocacy groups engaging in systems change. Policies, procedures, statute, and regulation changes are adopted	More people with I/DD serve in leadership positions More youth with I/DD are educated in an integrated setting with their typical peers More people with I/DD attend inclusive college programs in Georgia More people with I/DD are employed in integrated settings Closed sheltered workshops More people with I/DD receive formal and informal supports African American student disparity in schools and GNETs is decreased Policies, procedures, statute, and regulation changes are implemented Promising and best practices are implemented	People with developmental disabilities lead the lives they want and policies and support systems help make this happen People with developmental disabilities and their families have the information and skills to flourish and create change in their communities People with developmental disabilities achieve their full potential in all facets of community life side by side people without disabilities

Data source to document accomplishments	Surveys Sign- up sheets Community-Conversations	Pre-post surveys Quarterly reports NCI Data	NCI Data State data Surveys Quarterly reports	Interviews Surveys State data NCI

Goals and Objectives

I. **Education**: GCDD will support and advocacy efforts will result in significant and measureable increases in the number of children with intellectual/developmental disabilities who are fully included in classrooms with supports and actively involved in their local school communities

Federal Area of Emphasis: Education and Early Intervention, Quality Assurance

Federal Activities to be Used In Achieving Goal: Outreach, Training, Interagency Collaboration and Coordination, Coordination with Related Councils, Committees and Programs, Coalition Development and Citizen Participation, Informing Policymakers

Federal Outcomes: Individual/Family Advocacy, Systems Change, Targeted Disparity, DD Network Collaboration

Priority: 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 which must start prior to the beginning of high school, if students have hopes of completing it 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 advocate for themselves. Third, the state's graduation policies need to accommodate students who cannot complete high school by traditional routes but need diplomas 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.

GCDD will work to make sure that all children receive a free and appropriate public education and participate in all aspects of school life. All students throughout their lifetime, from K-12 to post-secondary, should have the opportunity to participate in all aspects of school life. This is

true no matter the age of the individual - whether they are in a day care setting, elementary school, or university. These are places to learn and should provide all students with equal access and equal opportunities. In the future, students with disabilities and their parents will have the choice to be fully included in Georgia preschools, elementary, middle and high schools, and colleges and universities. The activities offered by schools and other educational settings will be successful in including students with disabilities.

GCDD will be working to address the disparity of African-Americans, who are disproportionately identified in special education. They often end up in the GNET system because of disciplinary issues, drop out of school, and may end up in the prison system. This is a civil rights issue that will require a coalition of educational, civil rights and others interested in these issues.

Parents will have opportunities to be equal partners in their children's learning. This includes providing information and training so that parents have the necessary skills to participate in the education process.

Objective 1.1: By 2021, GCDD will partner with the DD Network, civil rights, and other organizations throughout Georgia to develop and implement a plan of action to reduce the number of African-American males in special education classes and who are at risk for dropping out of school by 10%

Implementation Activities	**Convene**	**Advocacy and Public Policy**	**Public Information**	**Capacity Building**
Convene groups to address African-American students with intellectual/developmental disabilities who are at risk for suspension or dropping out	NACCP, Urban League, Rainbow/PUSH, 100 Black Men, Gwinnett STOP, Dignity in Schools, My Brothers Keepers, DOE	GCDD funds advocacy, capacity building and systemic change initiatives that will focus on engaging specific racial, ethnic and cultural communities, advancing and sustaining cultural and linguistic competence, decreasing disparities in services and supports and decreasing disproportionality in special education	Investigate and use the latest technological advancements in communications that may include social networking. Show case the positive roles and contributions of people with intellectual/developmental disabilities Increased marketing efforts to ensure wide dissemination of Council products	Research who is dropping out Create a RFP to support this effort

Collaborate with the Department of Education to expand ASPIRE to include confidence and leadership development for students			Educate and inform targeted audiences about the issues and stories about people with intellectual and developmental disabilities Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	
DD Network Partners: Georgia Council on Developmental Disabilities (GCDD), Georgia Advocacy Office (GAO), Center for Leadership and Disability at Georgia State University (CLD) and the Institute for Human Development and Disability at the University of Georgia (IHDD) will support efforts to remove students from GNETS system and provides for a more inclusive and improved education.	Participate in coalition efforts around the GNETs	Participate in coalition efforts around the GNETs	Educate and inform targeted audiences about the issues and stories about people with intellectual and developmental disabilities Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	
Expected Outputs: 1. Convene 100 people from organizations such as NAACP, Rainbow/PUSH, 100 Black Men, Gwinnett STOP, Dignity in Schools and My Brothers Keepers that will participate in coalition activities 2. 75 students with disabilities will move to regular education activities per year 3. 2 GNET programs per year will close				
Expected Outcomes: intended or desired result for population				

1. African American male students with intellectual and developmental disabilities will have increased opportunities to participate in regular classrooms with the necessary supports. 2. There will be a decrease in the number of male African American students identified in special education and GNETS programs
Data Evaluation and Measurement: 1. GCDD members and staff will participate in an appreciative inquiry process asking participants about what has worked well and what is needed to replicate those things that have worked well. 2. Quarterly and annual reports will be used to review activities and outcomes from coalition efforts 3. Data will be collected on the number of people participating in the coalition 4. Stories will be collected and a process used to determine the most significant change

IFA 1: Output Measures		***2017***	***2018***
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems	50	50
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems	25	25

IFA 2: Outcome Measures

IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.	45	45
IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.	20	20
IFA 2	**Individual and Family Advocacy Sub-outcome Measures**	**2017**	**2018**
IFA 2.2.1	The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them	45	45

IFA 2.2.2	The percent of people who are participating now in advocacy activities	20	20
IFA 2.2.3	The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.		
IFA 3.1	The percent of people with developmental disabilities satisfied with a project activity	80	80
IFA 3.2	The percent of family members satisfied with a project activity.	80	80

SC 1: Output Measure

SC 1.1	**Policy and/or procedure changes**	**2017**	**2018**
SC 1.1.1	The number of policy and/or procedures created or changed.	1	1
SC 1.2.1	The number of statute and/or regulations created or changed	1	
SC 1.3.1	The number of promising practices created		
SC 1.3.2	The number of promising practices supported through Council activities	1	
SC 1.3.3	The number of best practices created		
SC 1.3.4	The number of best practices supported through Council activities		
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives	500	500
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	25	25
SC 2.1.1	The number of policy, procedure, statute, or regulation changes ***improved*** as a result of systems change.	1	1
SC 2.1.2	The number of policy, procedure, statute, or regulation changes ***implemented***		
SC 2.1.3	The number of promising and/or best practices ***improved*** as a result of systems change activities	1	1
SC 2.1.4	The number of promising and/or best practices that were ***implemented***		

Objective 1.2: By 2021, GCDD will work with the Georgia Inclusive Post-Secondary Inclusive Education Consortium to provide assistance to current colleges and universities and expand to 15 the number of colleges and universities that support students with intellectual/developmental disabilities to live, study, and participate in student activities.

Implementation Activities	Convene	Advocacy and Public Policy	Public Information	Capacity Building
Eliminate SPED certificate and other barriers for students who want to attend post-secondary institutions	Create a coalition of those interested from previous Transition Steering Committee/Community of Practice	Research and advocate for change in SPED certificate Promote efforts to remove the silos between regular and special education from a policy and practice perspective	Educate and inform targeted audiences about the issues and stories about people with intellectual and developmental disabilities Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	Fund related peer mentor training for students
Continue to support Georgia Inclusive Post-Secondary Consortium and member schools	Continue to work with the steering committee	Advocate for changes in funding and policy including "HOPE" and other resources to support programs and scholarships	Educate and inform targeted audiences about the issues and stories about people with intellectual and developmental disabilities Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	Fund 5 schools Find other funding for scholarships Provide technical assistance to programs Use GA College 411 for scholarship and application for all IPSE programs
Expected Outputs:				

1. 10 college programs per year

2. 100 students with intellectual/developmental disabilities educated per year

3. $500,000 per year leveraged to support programs

Expected Outcomes: intended or desired result for population

1. Students with intellectual/developmental disabilities will have expanded opportunities to attend and graduate from colleges and universities that lead to careers

2. Families will have access to financial supports to send students with intellectual/developmental disabilities to attend college and university programs.

Data Evaluation and Measurement:

1. GCDD members and staff will participate in an appreciative inquiry process asking students, families and administrators about what has worked well and what is needed to replicate those things that have worked well.
2. Quarterly and annual reports will be used to review activities and outcomes from GAISPE Consortium and university/college efforts
3. Data will be collected on the number of students in programs and graduating from programs
4. Stories will be collected and a process used to determine the most significant change

IFA 1: Output Measures		***2017***	***2018***
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems	100	125
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems	25	30

IFA 2: Outcome Measures

IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.		
IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.		

IFA 2	Individual and Family Advocacy Sub-outcome Measures	2017	2018
IFA 2.2.1	The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them		
IFA 2.2.2	The percent of people who are participating now in advocacy activities		
IFA 2.2.3	The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.		
IFA 3.1	The percent of people with developmental disabilities satisfied with a project activity	90	90
IFA 3.2	The percent of family members satisfied with a project activity.	90	90

SC 1: Output Measure

SC 1.1	Policy and/or procedure changes	2017	2018
SC 1.1.1	The number of policy and/or procedures created or changed.		
SC 1.2.1	The number of statute and/or regulations created or changed		
SC 1.3.1	The number of promising practices created	7	7
SC 1.3.2	The number of promising practices supported through Council activities		
SC 1.3.3	The number of best practices created		
SC 1.3.4	The number of best practices supported through Council activities		
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives	300	300
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	8	8
SC 2	Sub-outcome Measures		

SC 2.1.1	The number of policy, procedure, statute, or regulation changes ***improved*** as a result of systems change.		
SC 2.1.2	The number of policy, procedure, statute, or regulation changes ***implemented***		
SC 2.1.3	The number of promising and/or best practices ***improved*** as a result of systems change activities		
SC 2.1.4	The number of promising and/or best practices that were ***implemented***	4	4

Objective 1.3: By 2021, GCDD will leverage partnerships with organizations to increase knowledge of parents, employers, educators, and students with intellectual/developmental disabilities about school issues such as the Every Students Succeeds Act, transition options, and other issues that support students with intellectual/developmental disabilities in school.

Implementation Activities	Convene	Advocacy and Public Policy	Public Information	Capacity Building
Train general education counselors and transition counselors (Year 3)	Support efforts to convene the Transition Steering Committee		Educate and inform targeted audiences about the issues and stories about people with intellectual and developmental disabilities Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies Coordinate and implement a webinar series for school districts and other transition coordinators	Create or update Transition Workbook Explore ways to provide continuing education credits around transition Support others to attend and speak at conferences about transition

Educate students with intellectual/developmental disabilities and their family members about changes in special education			Provide information about Every Student Succeeds Act and its impact on special education services and supports	
DD Network Partners: Georgia Council on Developmental Disabilities (GCDD), Georgia Advocacy Office (GAO), Center for Leadership and Disability at Georgia State University (CLD) and the Institute for Human Development and Disability at the University of Georgia (IHDD) will work to improve the transition process and to cut off the pipeline to prison (Year 3)			Educate and inform targeted audiences about the issues and stories about people with intellectual and developmental disabilities Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	Work with Georgia Vocational Rehabilitation Agency to ensure success in serving 15% of the individuals they serve transition from school to either work or post-secondary education
Expected Outputs: 1. 2 trainings/webinars held per year 2. 150 transition counselors trained 3. 3 publications produced concerning transition and disseminated to 300 people per year				
Expected Outcomes: intended or desired result for population 1. Transition staff will have the knowledge to direct families to resources that will help the students lead self-determined lives 2. Students with intellectual/developmental disabilities and their families will be educated about transition from school to college or work				

Data Evaluation and Measurement:

1. Quarterly and annual reports will be used to review activities and outcomes
2. Data will be collected on the number and satisfaction of families and teachers

IFA 1:	***Output Measures***	***2017***	***2018***
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems		
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems		

IFA 2: Outcome Measures

IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.	30	30
IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.	300	300

IFA 2	**Individual and Family Advocacy Sub-outcome Measures**	**2017**	**2018**
IFA 2.2.1	The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them		
IFA 2.2.2	The percent of people who are participating now in advocacy activities	10	10
IFA 2.2.3	The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	75	75
IFA 3.1	The percent of people with developmental disabilities satisfied with a project activity		
IFA 3.2	The percent of family members satisfied with a project activity.		

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

II. **Employment**: GCDD will work with individuals with intellectual/developmental disabilities, their family members, and community stakeholders to develop and implement strategic action steps that will result people with intellectual/developmental disabilities acquiring meaningful jobs, livable wages, and career advancement opportunities.

Federal Area of Emphasis: Employment, Quality Assurance

Federal Activities to be Used In Achieving Goal: Outreach, Training, Interagency Collaboration and Coordination, Coordination with Related Councils, Committees and Programs, Coalition Development and Citizen Participation, Informing Policymakers, Demonstration of New Approaches to Services and Supports

Federal Outcomes: Individual/Family Advocacy, Systems Change, Capacity Building, DD Network Collaboration

Priority: All Georgians can work and need to work. Employment for people with intellectual/developmental disabilities in the future will recognize the need of the individual, use a network of natural and paid supports in the work place, rely on generic employment services, and provide both employees and employers the training for individuals with disabilities to be successfully employed in the workplace.

GCDD will work with individuals with intellectual/developmental disabilities, their families, and community entities to develop and strengthen opportunities that result in people having meaningful employment based on unique skills, interests, and talents in the marketplace and earn a livable wage with career advancement opportunities.

Students with intellectual/developmental disabilities will receive the necessary training and supports to transition from high school into either the work force or post-secondary environment. Policies will be improved to support transition of students from school to community employment. This includes access to job training, job development and coaching, placement services, assistive technology, and transportation.

The State will adopt an Employment First policy that brings Georgia closer to compliance with the Home and Community Based Settings Rule. As this policy is implemented, Georgia will decrease the use of sheltered workshops that pays individuals subminimum wages. This will support compliance with the Workforce Innovation and Opportunity Act (WIOA) enacted on July 22, 2014 and its 2016 policy on the limitation of payment of subminimum wages that said “employers may not continue to pay subminimum wage to persons with disabilities under section 14© of the Fair Labor Standards Act unless each worker, regardless of age, has been provided with career counseling and information about self-advocacy, self-determination, and peer mentoring training…” In addition, “WIOA prevents employers from hiring workers who are age 24 or younger unless the employer obtains, verifies, and maintains documents proving that these workers have completed specific requirements designed to improve their access to competitive integrated employment” (United States Department of Labor: Wages and Hour Division Key News)

Objective 2.1: By 2021, GCDD will strengthen and expand access to 25 Project Search programs for students transitioning from school to workforce and others for competitive employment

Expected Outputs:

1. 20 current sites supported to graduate a class
2. 5 new programs supported to create initiative
3. 1 new program will graduate a class

4. 25 stories will be collected about students who participate and the businesses involved with the project
Expected Outcomes: intended or desired result for population 1. 100 students will graduate from Project Search Sites 2. 75% of students who graduate will have a job
Data Evaluation and Measurement: 1. GCDD members and staff will participate in an appreciative inquiry process asking students, teachers and administrators about what has worked well and what is needed to replicate those things that have worked well. 2. Data will be collected on the number of students participating, that graduate from each site, and number offered a job 3. Stories will be collected and a process used to determine the most significant change

IFA 1: Output Measures		***2017***	***2018***
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems		
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems		

IFA 2: Outcome Measures

IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.		
IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.		
IFA 2	**Individual and Family Advocacy Sub-outcome Measures**		
IFA 2.2.1	The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them		

IFA 2.2.2	The percent of people who are participating now in advocacy activities		
IFA 2.2.3	The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.		
IFA 3.1	The percent of people with developmental disabilities satisfied with a project activity	90	90
IFA 3.2	The percent of family members satisfied with a project activity.	90	90
SC 1: Output Measure			
SC 1.1	**Policy and/or procedure changes**		
SC 1.1.1	The number of policy and/or procedures created or changed.		
SC 1.2	Statute or regulation changes		
SC 1.2.1	The number of statute and/or regulations created or changed		
SC 1.3.1	The number of promising practices created		
SC 1.3.2	The number of promising practices supported through Council activities		
SC 1.3.3	The number of best practices created	5	5
SC 1.3.4	The number of best practices supported through Council activities	20	20
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives		
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.		
SC 2	Sub-outcome Measures		
SC 2.1.1	The number of policy, procedure, statute, or regulation changes ***improved*** as a result of systems change.		
SC 2.1.2	The number of policy, procedure, statute, or regulation changes ***implemented***		

SC 2.1.3	The number of promising and/or best practices ***improved*** as a result of systems change activities		
SC 2.1.4	The number of promising and/or best practices that were ***implemented***		

Objective 2.2: By 2021, GCDD will support advocacy efforts that result in an Employment First statewide policy that creates increased opportunities for individuals with intellectual/developmental disabilities to participate in the workforce

Implementation Activities	**Convene**	**Advocacy and Public Policy**	**Public Information**	**Capacity Building**
Support a coalition that is working to create an Employment First policy	Support the Employment First coalition	Work to pass Employment First legislation Support Take Your Legislator to Work Month	Educate and inform targeted audiences about the issues and stories about people with intellectual and developmental disabilities Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies Create process for sharing content between GCDD and Employment First websites Create a campaign for Disability Employment Awareness month	Fund a convener and activities of the coalition

Collaborate with GVRA, DBHDD, DD Network, GAPSE and others to educate and provide assistance to providers who want to change from offering segregated employment to supported employment	Convene collaborators to develop and showcase effective and successful models utilizing the discovery process in their community to create meaningful employment to employees		Educate and inform targeted audiences about the issues and stories about people with intellectual and developmental disabilities Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	Develop a curriculum for job coaches (IHDD) Work with DBHDD to develop a fidelity scale Fund conferences and a technical assistance collaborative
Educate individuals with intellectual/developmental disabilities and families about the reasons for supported employment	Workforce development Transition Counselors GVRA		Develop materials Develop a PR Campaign both internal (disability community) and external (general community) Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	
Educate businesses about individuals with intellectual/developmental disabilities as part of a diverse workforce			Educate and inform targeted audiences about the issues and stories about people with intellectual and developmental disabilities	Create a RFP to support this effort

			Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	

Expected Outputs:

1. At least 5 providers will undertake transformation activities per year

2. At least 150 people will participate in Employment First Coalition activities

3. At least 150 people will advocate for passage of Employment First legislation

4. 1 new policy will be adopted by Georgia to support Employment First

Expected Outcomes: intended or desired result for population

1. Increase the number of providers shifting to a focus of providing competitive, integrated employment supports in Georgia.

2. Increase awareness of the Employment First movement among people with intellectual/developmental disabilities, families, service providers, policymakers and others.

3. Georgia will adopt and implement an Employment First program to support people with intellectual/developmental disabilities participating in competitive integrated employment.

Data Evaluation and Measurement

1. Quarterly and annual reports will be used to review activities and outcomes from coalition efforts
2. Data will be collected on the number of people who participate in coalition and legislative advocacy activities
3. Stories will be collected and a process used to determine the most significant change

IFA 1:	***Output Measures***	***2017***	***2018***
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems	30	30

IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems	120	120

IFA 2: Outcome Measures

IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.	80	80
IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.	80	80
IFA 2	**Individual and Family Advocacy Sub-outcome Measures**		
IFA 2.2.1	The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them	55	55
IFA 2.2.2	The percent of people who are participating now in advocacy activities		
IFA 2.2.3	The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.		
IFA 3.1	The percent of people with developmental disabilities satisfied with a project activity		
IFA 3.2	The percent of family members satisfied with a project activity.		
SC 1: Output Measure			
SC 1.1	**Policy and/or procedure changes**		
SC 1.1.1	The number of policy and/or procedures created or changed.	1	1
SC 1.2.1	The number of statute and/or regulations created or changed	1	1
SC 1.3.1	The number of promising practices created	1	1

SC 1.3.2	The number of promising practices supported through Council activities		
SC 1.3.3	The number of best practices created		
SC 1.3.4	The number of best practices supported through Council activities		
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives	800	800
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	25	25
SC 2	Sub-outcome Measures		
SC 2.1.1	The number of policy, procedure, statute, or regulation changes ***improved*** as a result of systems change.	***1***	
SC 2.1.2	The number of policy, procedure, statute, or regulation changes ***implemented***		1
SC 2.1.3	The number of promising and/or best practices ***improved*** as a result of systems change activities	***1***	
SC 2.1.4	The number of promising and/or best practices that were ***implemented***		1

Objective 2.3: By 2021, GCDD will collaborate with other agencies to strengthen financial inclusion and asset development efforts by increasing their knowledge, developing financial plans, and implementing the plan's goals. (Year 3)

Implementation Activities	Convene	Advocacy and Public Policy	Public Information	Capacity Building
Support efforts to develop financial literacy capacity for individuals with intellectual/developmental disabilities		Support implementation of ABEL Act	Educate and inform targeted audiences about the issues and stories about people with intellectual and developmental disabilities Apply GCDD communications platforms and media tools to	Create a RFP to support this effort

			fulfill diverse engagement and outreach strategies	

Expected Outputs:

1. 200 people with intellectual/developmental disabilities participate in trainings per year
2. 3 trainings per year will be held
3. 2 financial institutions per year will participate in efforts to educate people with intellectual/developmental disabilities
4. 3 publications per year will be published and disseminated to over 300 people

Expected Outcomes: intended or desired result for population

1. People with intellectual/developmental disabilities and families will better understand financial issues impacting their lives
2. Financial institutions will support efforts to educate individuals with intellectual/developmental disabilities and families about financial literacy options

Data Evaluation and Measurement:

1. Quarterly and annual reports will be used to review activities and outcomes from coalition efforts
2. Data will be collected on the number of people who open ABLE Accounts and those participating in financial literacy trainings
3. Stories will be collected and a process used to determine the most significant change

IFA 1:	***Output Measures***	***2019***	***2020***
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems		
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems		

IFA 2: Outcome Measures

IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.		
IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.		
IFA 2	**Individual and Family Advocacy Sub-outcome Measures**		
IFA 2.2.1	The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them		
IFA 2.2.2	The percent of people who are participating now in advocacy activities		
IFA 2.2.3	The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.		
IFA 3.1	The percent of people with developmental disabilities satisfied with a project activity		
IFA 3.2	The percent of family members satisfied with a project activity.		
SC 1: Output Measure			
SC 1.1	**Policy and/or procedure changes**		
SC 1.1.1	The number of policy and/or procedures created or changed.		
SC 1.2.1	The number of statute and/or regulations created or changed		
SC 1.3.1	The number of promising practices created		
SC 1.3.2	The number of promising practices supported through Council activities		
SC 1.3.3	The number of best practices created		

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

III. **<u>Formal Community Supports</u>:** GCDD will support efforts to increase access to quality long-term supports and services provided in the most integrated setting through both demonstration of new practices and public policy advocacy efforts.

Federal Area of Emphasis: Formal and Informal Supports, Housing, Transportation, Quality Assurance

Federal Activities to be Used In Achieving Goal: Outreach, Training, Interagency Collaboration and Coordination, Barrier Elimination, Systems Design and Redesign, Coordination with Related Councils, Committees and Programs, Coalition Development and Citizen Participation, Informing Policymakers, Demonstration of New Approaches to Services and Supports

Federal Outcomes: Individual/Family Advocacy, Systems Change, Capacity Building, DD Network Collaboration

Priority: GCDD will facilitate the development of a comprehensive and cohesive public policy and governmental structure that encourages informed choice and self-direction in the lives of persons with intellectual/developmental disabilities. This includes increasing opportunities to become self-sufficient and integrated in the community, strengthen supports for family caregivers, and making sure that there is a direct care professional network that is able to provide quality supports and make a livable wage. We will provide information to individuals and their family members about best practices for person centered supports throughout the life time process.

All Georgians want the power and control to make decisions they face on a daily basis. Some people with intellectual/developmental disabilities need some assistance with daily activities in order to exercise informed choice. In the future, the long term care system of supports will be more responsive to the needs of people with intellectual/developmental disabilities and their families. People will have more control over the resources to purchase services and supports, have greater responsibility in determining which services and supports are purchased, and have the information to make better decisions in their lives.

GCDD will work to increase opportunities for individuals and families, who are self-directing their services, to organize and develop methods to better understand and influence the process that allows people to self-direct services. This also includes increasing awareness and support for a statewide program that supports the entire family.

GCDD will work with providers and policymakers to increase their rates of retaining direct service professionals through better compensation and enhanced supervisory support.

While GCDD has no control over what the publicly funded system of services looks like or how it operates, it can use its influence and funds to support the principles that result in individuals becoming more independent, productive, included and integrated, and self-determined. This means individuals live in a location of their choice, have jobs, are paid a livable wage, are present in their neighborhoods, places of worship, and are recognized for their gifts and talents.

Objective 3.1: DD Network Partners: By 2021, the Georgia Council on Developmental Disabilities (GCDD), Georgia Advocacy Office (GAO), Center for Leadership and Disability at Georgia State University (CLD,) and the Institute for Human Development and Disability at the University of Georgia (IHDD) will support a statewide policy that moves all children living in a nursing facility or private ICF/DD into a loving stable home.

	Convene	**Advocacy and Public Policy**	**Public Information**	**Capacity Building**
Support for the Children's Freedom Initiative	Participate in the Children's Freedom Initiative	Educate policy makers and support efforts that provide funding to move children and promote diversion from facilities to community living	Educate and inform targeted audiences about the issues and stories about people with intellectual and developmental disabilities Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	

Expected Outputs:

1. Develop a work plan to promote awareness of community options for children and their families
2. Develop a fact sheet for use in educating policy makers about the number of kids still in facilities
3. Host a strategy session to determine the best ways to divert children who may end up in facilities
4. # of individuals educated

Expected Outcomes: intended or desired result for population

1. No child is living in a nursing facility or ICF/DD
2. Children currently living in a nursing facility or ICF/DD receive a Medicaid Waiver

Data Evaluation and Measurement:

1. Data will be collected on the number of children with disabilities living in nursing facilities and OCF/DD and the number of children who move out
2. Stories will be collected and a process used to determine the most significant change

IFA 1: Output Measures		***2017***	***2018***
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems		
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems		

IFA 2: Outcome Measures

IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.		

IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.		
IFA 2	**Individual and Family Advocacy Sub-outcome Measures**		
IFA 2.2.1	The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them		
IFA 2.2.2	The percent of people who are participating now in advocacy activities		
IFA 2.2.3	The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.		
IFA 3.1	The percent of people with developmental disabilities satisfied with a project activity		
IFA 3.2	The percent of family members satisfied with a project activity.		
SC 1: Output Measure			
SC 1.1	**Policy and/or procedure changes**		
SC 1.1.1	The number of policy and/or procedures created or changed.	1	1
SC 1.2.1	The number of statute and/or regulations created or changed	1	1
SC 1.3.1	The number of promising practices created		
SC 1.3.2	The number of promising practices supported through Council activities		
SC 1.3.3	The number of best practices created		
SC 1.3.4	The number of best practices supported through Council activities		
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives		
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.		

SC 2	Sub-outcome Measures		
SC 2.1.1	The number of policy, procedure, statute, or regulation changes ***improved*** as a result of systems change.		***1***
SC 2.1.2	The number of policy, procedure, statute, or regulation changes ***implemented***	1	
SC 2.1.3	The number of promising and/or best practices ***improved*** as a result of systems change activities	***1***	
SC 2.1.4	The number of promising and/or best practices that were ***implemented***		

Objective 3.2: By 2021, GCDD will strengthen its efforts to improve the quality of services and access to quality services and supports for individuals with intellectual and developmental disabilities throughout Georgia through improved wages and skills for direct support professionals, addressing the waiting list for home and community based services, and supporting efforts for families and individuals who self-direct services.

	Convene	**Advocacy and Public Policy**	**Public Information**	**Capacity Building**
Support opportunities that result in training and livable wages for direct support professionals (Year 2)	Support efforts that bring DSPs together with others who are paid subminimum wages including home care providers (aging) and 9 to 5	Support legislation that results in higher wages	Educate and inform targeted audiences about the issues and stories about people with intellectual and developmental disabilities Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	Explore the work that Beth Mount and John O'Brien are doing in New York to support DSPs
Collaborate with the Unlock Coalition to decrease the number of people on waiting list, increase the financial	Convene individuals, families, advocates, providers and others	Support a legislative agenda that is line with the goals of the Unlock Coalition and	Educate and inform targeted audiences about the issues and stories about people	Create a RFP to support this effort

resources available and continue efforts to make sure there are quality supports available	interested in the goals of the Unlock Coalition	support advocacy efforts around those issues Support six advocacy days that educate and inform about GCDD legislative agenda that is in line with the goals of the Unlock Coalition	with intellectual and developmental disabilities Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	
DD Network Partners: Georgia Council on Developmental Disabilities (GCDD), Georgia Advocacy Office (GAO), Center for Leadership and Disability at Georgia State University (CLD), the Institute for Human Development and Disability at the University of Georgia (IHDD) , stakeholders, DBHDD, and others to support implementation of the Department of Justice Settlement that results in the closure of institutions	GCDD will convene stakeholders in an effort to assist in the closure of remaining institutions in Georgia and the design of systems change activities needed to successfully transition people from institutions and divert those at risk of institutionalization		Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	
DD Network Partners: Georgia Council on Developmental Disabilities (GCDD), Georgia Advocacy Office (GAO), Center for Leadership and Disability at	Convene people with intellectual/developmental disabilities, family members, providers and others to understand the HCBS Settings Rule, develop	Support advocacy efforts, legislation and budgets that promote recommendations to improve services based on HCBS Settings Rule	Educate and inform targeted audiences about the issues and stories about people with intellectual and developmental disabilities	

Georgia State University (CLD), the Institute for Human Development and Disability at the University of Georgia (IHDD), ARCGA, stakeholders will convene and create recommendations around the HCBS Settings Rule	recommendations, and advocate for changes that result in people being more independent, productive, integrated and included and self-determined in their lives		Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	

Expected Outputs:

1. Annually create a legislative agenda adopted by GCDD

2. Host s minimum of three Unlock Coalition meetings per year

3. Produce and disseminate Public Policy for the People during the legislative session

4. Host quarterly meetings with DBHDD, the DD Network and others to discuss progress on closure of Gracewood State Hospital and strategies for improving the service system

5. Convene direct support professionals and others who make low wages to determine strategy for increasing the minimum wage in Georgia

6. # of individuals educated

7. # of individuals active in developing systems recommendations

8. Recommendations for QA system improvement

Expected Outcomes: intended or desired result for population

1. Decrease the number of people on the waiting list for home and community based services

2. Increase the number of people who are self-directing services

3. Increase the number of housing units that are available, affordable and accessible

4. The minimum wage in Georgia will be increased to $10 per hour

5. Increase the number of people with intellectual/developmental disabilities, families and others who are educating policymakers about the needs of people with intellectual/developmental disabilities

6. Increase the funding available for waivers and others services available to people with intellectual/developmental disabilities and their families.

Data Evaluation and Measurement:

1. Quarterly and annual reports will be used to review activities and outcomes each activity
2. Data will be collected on the dollars allocated for waivers from the legislature, the increase or decrease in the number of individuals on the waiting list, the number and satisfaction of people who participate in Advocacy Days
3. Stories will be collected and a process used to determine the most significant change

IFA 1: Output Measures		***2017***	***2018***
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems	90	90
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems	120	120

IFA 2: Outcome Measures

IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.	40	40
IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.	50	50
IFA 2	**Individual and Family Advocacy Sub-outcome Measures**		
IFA 2.2.1	The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them	50	50
IFA 2.2.2	The percent of people who are participating now in advocacy activities	60	60

IFA 2.2.3 The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.		
IFA 3.1 The percent of people with developmental disabilities satisfied with a project activity	85	85
IFA 3.2 The percent of family members satisfied with a project activity.	85	85
SC 1: Output Measure		
SC 1.1 Policy and/or procedure changes		
SC 1.1.1 The number of policy and/or procedures created or changed.	4	5
SC 1.2.1 The number of statute and/or regulations created or changed	4	4
SC 1.3.1 The number of promising practices created		
SC 1.3.2 The number of promising practices supported through Council activities		
SC 1.3.3 The number of best practices created		
SC 1.3.4 The number of best practices supported through Council activities		
SC 1.4.1 The number of people trained or educated through Council systemic change initiatives	750	750
SC 1.5.1 The number of Council supported systems change activities with organizations actively involved.	40	40
SC 2 Sub-outcome Measures		
SC 2.1.1 The number of policy, procedure, statute, or regulation changes ***improved*** as a result of systems change.	***4***	***4***
SC 2.1.2 The number of policy, procedure, statute, or regulation changes ***implemented***	2	2
SC 2.1.3 The number of promising and/or best practices ***improved*** as a result of systems change activities	***3***	***3***
SC 2.1.4 The number of promising and/or best practices that were ***implemented***		

Objective 3.3: By 2021, GCDD will strengthen its efforts to improve and support efforts to support the entire family and those families and individuals who self-direct services.

	Convene	**Advocacy and Public Policy**	**Public Information**	**Capacity Building**
Increase opportunities for individuals with intellectual/developmental disabilities to self-direct services	Support a learning community of individuals and families who are self-directing for the purpose of improving this option		Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	Fund a network of those who are self-directing services Develop materials to help individuals and families who are self-directing services or who are interested in self-directing services

Expected Outputs:

1. Convene stakeholders that self-direct services

Expected Outcomes: intended or desired result for population

1. Increase the number of people who are self-directing services

Data Evaluation and Measurement:

1. Quarterly and annual reports will be used to review activities and outcomes from activities
2. Data will be collected on the number of people self-directing.
3. Stories will be collected and a process used to determine the most significant change

IFA 1: Output Measures	***2017***	***2018***

IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems	5	5
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems	100	100

IFA 2: Outcome Measures

IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.		
IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.		
IFA 2	**Individual and Family Advocacy Sub-outcome Measures**		
IFA 2.2.1	The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them	75	75
IFA 2.2.2	The percent of people who are participating now in advocacy activities		
IFA 2.2.3	The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.		
IFA 3.1	The percent of people with developmental disabilities satisfied with a project activity	80	80
IFA 3.2	The percent of family members satisfied with a project activity.	80	80
SC 1: Output Measure			
SC 1.1	**Policy and/or procedure changes**		
SC 1.1.1	The number of policy and/or procedures created or changed.		
SC 1.2	Statute or regulation changes		

SC 1.2.1	The number of statute and/or regulations created or changed		
SC 1.3.1	The number of promising practices created	1	1
SC 1.3.2	The number of promising practices supported through Council activities	1	1
SC 1.3.3	The number of best practices created		
SC 1.3.4	The number of best practices supported through Council activities		
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives	150	150
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.		
SC 2	Sub-outcome Measures		
SC 2.1.1	The number of policy, procedure, statute, or regulation changes ***improved*** as a result of systems change.	***1***	
SC 2.1.2	The number of policy, procedure, statute, or regulation changes ***implemented***		1
SC 2.1.3	The number of promising and/or best practices ***improved*** as a result of systems change activities	***1***	
SC 2.1.4	The number of promising and/or best practices that were ***implemented***		1

IV. **Real Communities:** GCDD will enhance the capacity of local communities through a network of partners with and without disabilities that result in measureable improvement for all people in their communities.

Federal Area of Emphasis: Formal and Informal Supports, Housing, Transportation, Quality Assurance

Federal Activities to be Used In Achieving Goal: Supporting and Educating Communities, Outreach, Training, Systems Design and Redesign, Coalition Development and Citizen Participation,

Federal Outcomes: Systems Changes**,** Capacity Building,

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 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 GCDD

GCDD will continue its Real Communities Partnership, which uses Asset Based Community Development, to create collective action among people with and without intellectual/developmental disabilities. Using ABCD allows us to identify common issues that people want to work on and supports advocacy to create social change. GCDD will work in neighborhoods, schools, places of worship, cities, or counties where we can create shared connections and identifications.

GCDD should keep in mind the Real Communities Four Commitments that require all efforts to work alongside people with intellectual/developmental disabilities in efforts that leads to collective action and learning together:

a. People with intellectual/developmental disabilities are active members who influence the group's direction and participate in doing its work. Action is with people with intellectual/developmental disabilities, not for them.
   ... to keep asking "Whose gifts are missing?" and discovering how to reach out, invite and actively involve people who need personalized support in order to contribute to their community.
b. Action focuses on making the community better for everyone. The initiative is not about specialized responses to disability but about engaging people who care about working together on local issues of common interest. ... to listen carefully to fellow citizens outside the circle of those primarily concerned with disability to discover what local issues people care about enough to take action together.
c. Over time, the initiative builds up local capacity for collective action by creating and strengthening continuing relationships with a variety of associations and groups. The initiative is not about single victories but about building communities where people have a growing capacity to act together.
   ... to build and strengthen local alliances and networks.
d. Participants take responsibility for sharing what they are learning. The initiative creates new ways for people with intellectual/developmental disabilities to do the work of active citizenship and makes what they have found available to other communities. ... to reflect together on the work and identify and communicate its lessons.

GCDD is working to create a learning community for the communities we support as well as other interested people that includes networking, targeted technical assistance, and training opportunities. Real Communities works to transform society into an inclusive, accessible, diverse, supportive, informed, and just place that encourages everyone to come to a deeper understanding of what it means to be a human being. Real Communities is about the interconnectedness and inherent value of all people. Each person is able to exercise their own power to make

principled choices in daily lives that both impact the individual and the world. It values building relationships based on respect and love, where people can count on each other to give and receive support. It recognizes that each person already has many resources to support themselves and each other. It is a joining thing; people want to join their communities, not beg for involvement. It is about creating a place where people with disabilities can live and learn among family, friends, and loved ones in communities of their choosing. It is about supporting social justice efforts that bring people with disabilities together to understand more about intersectionality that exists by all those who are on the margin.

During the next five years, the Real Communities Partnership will continue to support the current communities through technical assistance and learning opportunities. The Partnership will also take the lead in supporting social justice and education about intersectionality. GCDD will expand the Partnership by at least two communities a year. In this expansion, and with our current communities, staff and consultants will explore supporting a more inclusive educational environment by providing training educators and families on Restorative Justice; engaging in direct democracy efforts and implementing participatory budget processes; and identifying partners interested in implementing social cooperatives.

Objective 4.1: By 2021 current Real Community sites in Clarkston, Macon, Savannah, and LaGrange will be self-sustaining.

	Convene	**Advocacy and Public Policy**	**Public Information**	**Capacity Building**
Provide technical assistance and staff support	Support a design team that is regularly examining the Real Communities initiatives and making recommendations for improvements Community builder and other retreats Continue to offer learning journeys to community members to learn what is happening in other places Develop study groups that allow people to come together and develop new ideas Facilitate processes that community can identify their common interest for their	Identify individuals who are interested in advocacy efforts and provide support for those interested in pursuing public policy efforts Involve Real Community participants in GCDD supported advocacy efforts	Educate and inform targeted audiences about the issues and stories about people with intellectual and developmental disabilities Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	Develop and administer contracts and grants Provide coaching and learning opportunities Offer trainings on issues such as ABCD, media relations, storytelling and other issues Create opportunities for Real Community Sites to engage in learning and implementation of approaches such as Restorative Discipline, direct democracy, and economic justice

	next phase of their community building efforts Support and facilitate regular communication among the Real Community sites Develop sustainability plan for each community			

Expected Outputs:
1. Number of purposeful learning opportunities
2. Number of learning conversations and coaching sessions
3. Number of retreats

Expected Outcomes: intended or desired result for population
1. Communities become self-sustaining
2. People with disabilities are in active leadership roles communities
3. Increase in the number of people without disabilities' engagement in community projects

Data Evaluation and Measurement:

1. GCDD members and staff will participate in an appreciative inquiry process asking participants in each community site about what is working well and what is needed to continue those things working well
2. Quarterly and annual reports will be used to review activities and outcomes from Real Community site activities
3. Data will be collected on the number of people with and without disabilities and the relationships developed from Real Community sites
4. Stories will be collected and a process used to determine the most significant change

IFA 1:	***Output Measures***	***2017***	***2018***
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems	40	40
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems	25	25

IFA 2: Outcome Measures

IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50	50
IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.	50	50
IFA 2	**Individual and Family Advocacy Sub-outcome Measures**		
IFA 2.2.1	The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them	60	60
IFA 2.2.2	The percent of people who are participating now in advocacy activities	75	75
IFA 2.2.3	The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	10	10
IFA 3.1	The percent of people with developmental disabilities satisfied with a project activity	60	60
IFA 3.2	The percent of family members satisfied with a project activity.	25	25
SC 1: Output Measure			
SC 1.1	**Policy and/or procedure changes**		
SC 1.1.1	The number of policy and/or procedures created or changed.	2	2
SC 1.2.1	The number of statute and/or regulations created or changed	2	2
SC 1.3	Promising and/or best practices	6	6
SC 1.3.1	The number of promising practices created	4	4
SC 1.3.2	The number of promising practices supported through Council activities	10	10

SC 1.3.3	The number of best practices created	4	4
SC 1.3.4	The number of best practices supported through Council activities	4	4
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives	150	150
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	10	10
SC 2	Sub-outcome Measures		
SC 2.1.1	The number of policy, procedure, statute, or regulation changes ***improved*** as a result of systems change.	***2***	***2***
SC 2.1.2	The number of policy, procedure, statute, or regulation changes ***implemented***	2	2
SC 2.1.3	The number of promising and/or best practices ***improved*** as a result of systems change activities	***6***	***6***
SC 2.1.4	The number of promising and/or best practices that were ***implemented***	10	10

Objective 4.2: By 2021, GCDD will provide financial and technical assistance to 10 additional communities using practices such as Asset Based Community Development that support the values of GCDD, encourage collective action and engage in purposeful learning to create change in communities.

	Convene	**Advocacy and Public Policy**	**Public Information**	**Capacity Building**
Identify new communities that willing to bring people with and without disabilities together to improve where they live	Outreach to find the right community group with right philosophy of community building and inclusion of people with and without disabilities Focus on different parts of Georgia and look for diversity in sites	Identify individuals who are interested in advocacy efforts and provide support for those interested in pursuing public policy efforts Involve Real Community participants in GCDD supported advocacy efforts		Look at the following as possible examples of new sites: health focused projects, youth organizing, slow money micro-financing, associational projects such as faith based efforts, restorative discipline, or direct democracy

Provide technical assistance and staff support	Communicate the four commitments as principles for participation		Educate and inform targeted audiences about the issues and stories about people with intellectual and developmental disabilities	Develop and administer contracts and grants Provide coaching and learning opportunities
Connect new community builders with those from existing communities	Develop connections linking people with existing networks Organize Community Builder and other retreats and offer learning journeys to community members to develop relationships and learn what is happening in other places Develop study groups from the community that allow people to come together and develop new ideas Facilitate process that community can identify their common interest Facilitate regular communication among the Real Community sites Continue to support community builders with disabilities and without disabilities		Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	

Expected Outputs:
1. Number of learning conversations with different communities in Georgia
2. Number of new partners for Real Communities
3. Number of learning journeys for new partners

Expected Outcomes: intended or desired result for population
1. Increase the number of communities find ways to involve people with and without disabilities together
2. Identification of new partners for Real Communities

Data Evaluation and Measurement:

1. GCDD members and staff will participate in an appreciative inquiry process asking participants in each community site about what is working well and what is needed to continue those things working well
2. Quarterly and annual reports will be used to review activities and outcomes from Real Community site activities
3. Data will be collected on the number of people with and without disabilities and the relationships developed from Real Community sites
4. Stories will be collected and a process used to determine the most significant change

IFA 1: Output Measures		***2017***	***2018***
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems	15	15
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems	10	10

IFA 2: Outcome Measures

IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.	15	15
IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.	10	10
IFA 2	**Individual and Family Advocacy Sub-outcome Measures**		
IFA 2.2.1	The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them	60	60

IFA 2.2.2	The percent of people who are participating now in advocacy activities	25	25
IFA 2.2.3	The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	25	25
IFA 3.1	The percent of people with developmental disabilities satisfied with a project activity	50	50
IFA 3.2	The percent of family members satisfied with a project activity.	25	25
SC 1: Output Measure			
SC 1.1	**Policy and/or procedure changes**		
SC 1.1.1	The number of policy and/or procedures created or changed.	2	2
SC 1.2.1	The number of statute and/or regulations created or changed	2	2
SC 1.3.1	The number of promising practices created	2	2
SC 1.3.2	The number of promising practices supported through Council activities	3	3
SC 1.3.3	The number of best practices created	2	2
SC 1.3.4	The number of best practices supported through Council activities	2	2
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives	150	150
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	2	2
SC 2	Sub-outcome Measures		
SC 2.1.1	The number of policy, procedure, statute, or regulation changes ***improved*** as a result of systems change.	***2***	***2***
SC 2.1.2	The number of policy, procedure, statute, or regulation changes ***implemented***	2	2
SC 2.1.3	The number of promising and/or best practices ***improved*** as a result of systems change activities	***2***	***2***

SC 2.1.4	The number of promising and/or best practices that were ***implemented***	2	2

V. **<u>Self-Advocacy</u>:** GCDD will strengthen the knowledge of individuals with intellectual and developmental disabilities to promote/encourage informed decision making and increase participation in advocacy and policy making activities

Federal Area of Emphasis: Formal and Informal Supports, Quality Assurance

Federal Activities to be Used In Achieving Goal: Outreach, Training, Coordination with Related Councils, Committees and Programs, Coalition Development and Citizen Participation, Informing Policymakers,

Federal Outcomes: Individual/Family Advocacy, Self-Advocacy Requirement, Capacity Building, DD Network Collaboration

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.

Mark Stears in the article "*Everyday Democracy*" defines (Stears) "a society in which we continuously forge new, dep and powerful relationships with those with whom we live. It offers a politics in which we discover shared goals even with those with whom we usually disagree." Stears goes on to write, "people are too divided both by their economic situations and their attitudes to be able to see their fellow citizens as potential partners in some shared political project experience." This means that the idea of collective action has come to undermine the "rugged individualistic" nature of American society.

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

According to the findings from the NLTS-2, only 12% of youth with disabilities were considered by school staff to have taken a leadership role during individual education planning meetings (Erin Vinoski). During the previous 5 year planning effort, GCDD funded Partnerships for Success in 20 schools in nine counties. The purpose of PFS was to bring students with and without disabilities together to participate in extracurricular activities such as recreation, socialization, and community services. PFS staff facilitated learning about self-determination skills for all students involved.

Building off the success of Partnerships for Success, GCDD recognizes the need for increased leadership opportunities for students with and without disabilities. GCDD will focus on two aspects of developing leadership skills among youth. The first is to bring together students with and

without disabilities. This follows the success of PFS and supports the premise that only by engaging all youth do we create a more integrated approach. The second is to focus on the intersectionality of youth meaning that we will convene youth with disabilities and youth without disabilities, youth of color and Caucasian youth, youth that are straight and those who are LGBT. According to Vinoski and associates, integrated youth leadership development will allow students without disabilities to learn to engage and communicate with people who are different from them. These kinds of activities should result in youth that have the information and skills to exercise leadership, self-advocacy, and self-determination.

Objective 5.1: By 2021, GCDD will provide financial support to self-advocacy organizations that provide information and training to individuals with intellectual/developmental disabilities about supported decision making.

	Convene	**Advocacy and Public Policy**	**Public Information**	**Capacity Building**
			Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies efforts using	that includes using the annual People First conference as a way to inform members about supported decision making
Create the space that allows a network self-advocates to emerge (Year 2)			Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	Create a RFP to support this effort Support a diverse membership
Operate a stipend program providing opportunities for individuals with intellectual/developmental disabilities and their families to develop their knowledge and leadership skills, to attend cross disability and			Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	Create a RFP to support this effort

culturally diverse leadership coalition events				

Expected Outputs:

1. A conference is held for self-advocates

2. 35 individuals with intellectual/developmental disabilities and their family members will attend learning opportunities and report back.

3. 10 communities will express interest in starting a self-advocacy organization

4. 25 individuals with intellectual/developmental disabilities will plan and carry out advocacy strategies on legislative issues

5. 50 individuals with intellectual/developmental disabilities will be trained each year
6. 100 their family members will be trained each year
7. Create and distribute materials about supported decision making

Expected Outcomes: intended or desired result for population

1. Self-advocates in Georgia will educate and train people with intellectual/developmental disabilities
2. There will be an increase in people with intellectual/developmental disabilities participating in advocacy actions
3. People with intellectual/developmental disabilities and families will participate in conference and other educational events and use that information to create change
4. People with intellectual/developmental disabilities will gain the skills to become leaders in the disability advocacy movement
5. People with intellectual/developmental disabilities will gain the knowledge and skills to start and maintain local self-advocacy groups

Data Evaluation and Measurement:

1. Data will be collected on the number and satisfaction of people with disabilities, and family members who participate in trainings and outreach efforts
2. Stories will be collected and a process used to determine the most significant change
3. Reports from each Partnership Fund grant will be reviewed and some recipients will give oral reports to Council

IFA 1:	***Output Measures***	***2017***	***2018***
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems		

IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems		

IFA 2: Outcome Measures

IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50	50
IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.	50	50
IFA 2	**Individual and Family Advocacy Sub-outcome Measures**		
IFA 2.2.1	The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them		
IFA 2.2.2	The percent of people who are participating now in advocacy activities	50	60
IFA 2.2.3	The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.		
IFA 3.1	The percent of people with developmental disabilities satisfied with a project activity		
IFA 3.2	The percent of family members satisfied with a project activity.		
SC 1: Output Measure			
SC 1.1	**Policy and/or procedure changes**		
SC 1.1.1	The number of policy and/or procedures created or changed.	1	1
SC 1.2.1	The number of statute and/or regulations created or changed		
SC 1.3.1	The number of promising practices created	1	1

SC 1.3.2	The number of promising practices supported through Council activities		
SC 1.3.3	The number of best practices created		
SC 1.3.4	The number of best practices supported through Council activities		
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives		
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.		
SC 2	Sub-outcome Measures		
SC 2.1.1	The number of policy, procedure, statute, or regulation changes ***improved*** as a result of systems change.		***1***
SC 2.1.2	The number of policy, procedure, statute, or regulation changes ***implemented***	1	
SC 2.1.3	The number of promising and/or best practices ***improved*** as a result of systems change activities		
SC 2.1.4	The number of promising and/or best practices that were ***implemented***		

Objective 5.2: By 2021, GCDD will support efforts that result in individuals with intellectual/developmental disabilities increasing their participation in systems change advocacy and the political process.

	Convene	**Advocacy and Public Policy**	**Public Information**	**Capacity Building**
Collaborate with Center for Leadership in Disability to provide training for individuals with intellectual/developmental disabilities to be members of boards, commissions, task forces and councils.				Provide funding to expand the number of people with intellectual/developmental disabilities who participate in training and are appointed to boards, commissions etc

Find opportunities and support individuals with intellectual/developmental disabilities to be appointed to boards, commissions, task forces and councils			Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	
Support efforts that connect individuals with intellectual/developmental disabilities with social justice movements (year 2)	Host an annual conference that brings together social justice advocates and people with intellectual/developmental disabilities		Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	
Support Get Out the Vote activities that increase the number of individuals with intellectual/developmental disabilities who vote and participate in the political process	Convene a coalition of organizations and individuals to inform and support people about getting out to vote	Develop relationships with elected officials about the potential of people with disabilities voting	Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	

Expected Outputs:

1. A conference is held for those working on social justice issues as it relates to intellectual/developmental disabilities
2. 500 people with intellectual/developmental disabilities will be registered to vote per year
3. 35 people with intellectual/developmental disabilities trained per year
4. 25 individuals with intellectual/developmental disabilities apply to be on boards, commissions, councils and task forces

Expected Outcomes: intended or desired result for population

1. People with intellectual/developmental disabilities will be educated on their rights and use that knowledge to make changes and impact their lives
2. People with intellectual/developmental disabilities will be educated to participate on boards, commissions and other organizations

3. People with intellectual/developmental disabilities will vote in numbers that reflect the size of the community 4. People with intellectual/developmental disabilities will gain the skills to become leaders in the disability advocacy movement 5. People with intellectual/developmental disabilities will gain the knowledge and skills to start and maintain local self-advocacy groups.
Data Evaluation and Measurement: 1. Data will be collected on the number of people with disabilities, and family members who participate in trainings and advocacy efforts 2. Data will be collected on the number of people registered to vote 3. Stories will be collected and a process used to determine the most significant change

IFA 1: Output Measures		***2017***	***2018***
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems	25	25
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems		

IFA 2: Outcome Measures

IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.	500	500
IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.	90	90
IFA 2	**Individual and Family Advocacy Sub-outcome Measures**		
IFA 2.2.1	The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them		
IFA 2.2.2	The percent of people who are participating now in advocacy activities	90	90
IFA 2.2.3	The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	10	10

IFA 3.1	The percent of people with developmental disabilities satisfied with a project activity		
IFA 3.2	The percent of family members satisfied with a project activity.		
SC 1: Output Measure			
SC 1.1	**Policy and/or procedure changes**		
SC 1.1.1	The number of policy and/or procedures created or changed.		
SC 1.2.1	The number of statute and/or regulations created or changed		
SC 1.3.1	The number of promising practices created		
SC 1.3.2	The number of promising practices supported through Council activities		
SC 1.3.3	The number of best practices created		
SC 1.3.4	The number of best practices supported through Council activities		
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives		
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.		
SC 2	Sub-outcome Measures		
SC 2.1.1	The number of policy, procedure, statute, or regulation changes ***improved*** as a result of systems change.		
SC 2.1.2	The number of policy, procedure, statute, or regulation changes ***implemented***		
SC 2.1.3	The number of promising and/or best practices ***improved*** as a result of systems change activities		
SC 2.1.4	The number of promising and/or best practices that were ***implemented***		

Objective 5.3: By 2021, GCDD will provide support to strengthen Georgia self-advocacy organizations/ initiatives, led by people with intellectual/developmental disabilities.

	Convene	Advocacy and Public Policy	Public Information	Capacity Building
Support a youth leadership initiative that is intentional in making sure there is a balance between youth with and without disabilities			Apply GCDD communications platforms and media tools to fulfill diverse engagement and outreach strategies	Create a Request for Proposal to support a youth leadership initiative that is intentional in having youth lead the development and curriculum and making sure there is a balance between youth with and without disabilities Might want to connect with the Clarkston Youth Summit

Expected Outputs:

1. A conference is held for self-advocates

2. 25 students will be trained and supported per year

Expected Outcomes: intended or desired result for population

1. Participating youth will exhibit increased confidence, self-efficacy and leadership skills
2. Participating youth will show increased confidence in directing their own lives and making their own choices
3. Graduates will be knowledgeable of the history of the disability movement and how it relates to other social justice efforts, best or promising practices around services and supports, and how to plan and implement advocacy strategies
4. An advocacy organization comprised of students with and without disabilities will be created
5. People with intellectual/developmental disabilities will gain the skills to become leaders in the disability advocacy movement

Data Evaluation and Measurement:

1. Data will be collected on the number of youth with and without disabilities who participate developing youth leadership curriculum
2. Stories will be collected and a process used to determine the most significant change

IFA 1: Output Measures	***2019***	***2020***

IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems		
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems		

IFA 2: Outcome Measures

IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.		
IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.		
IFA 2	**Individual and Family Advocacy Sub-outcome Measures**		
IFA 2.2.1	The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them		
IFA 2.2.2	The percent of people who are participating now in advocacy activities		
IFA 2.2.3	The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.		
IFA 3.1	The percent of people with developmental disabilities satisfied with a project activity		
IFA 3.2	The percent of family members satisfied with a project activity.		
SC 1: Output Measure			
SC 1.1	**Policy and/or procedure changes**		
SC 1.1.1	The number of policy and/or procedures created or changed.		
SC 1.2.1	The number of statute and/or regulations created or changed		

SC 1.3.1	The number of promising practices created		
SC 1.3.2	The number of promising practices supported through Council activities		
SC 1.3.3	The number of best practices created		
SC 1.3.4	The number of best practices supported through Council activities		
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives		
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.		
SC 2	Sub-outcome Measures		
SC 2.1.1	The number of policy, procedure, statute, or regulation changes ***improved*** as a result of systems change.		
SC 2.1.2	The number of policy, procedure, statute, or regulation changes ***implemented***		
SC 2.1.3	The number of promising and/or best practices ***improved*** as a result of systems change activities		
SC 2.1.4	The number of promising and/or best practices that were ***implemented***		

VI. **Efficient and Effective Council:** The Council will continue to improve its operations while meeting the requirements of the Developmental Disabilities Bill of Rights and Assistance Act

Federal Area of Emphasis: Quality Assurance

Federal Activities to be Used In Achieving Goal: Training, Interagency Collaboration and Coordination, Coordination with Related Councils, Committees and Programs, Coalition Development and Citizen Participation, Informing Policymakers,

Federal Outcomes: Capacity Building

Priority: Delivering valued services to people with intellectual/developmental disabilities, their families, advocates, and policy makers must continue to be the primary concern of the Council, its members, and staff. The Council must continue to make wise choices so that waste is eliminated and maximum benefits are derived from its financial and human resources. To ensure that the Council continues to become more

efficient and effective in the services it offers, members and staff must continue to focus on becoming more knowledgeable and ensure that programs are achieving desired and demonstrable results.

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

One of the ways GCDD will prepare itself and its work will be to promote cultural and linguistic competence in all of its work, including the projects it funds. Using the National Center for Cultural Competence Framework as its foundation, members will have opportunities to learn and create practices to support cultural competence throughout the organization. According to NCCC: 1) an organization must sanction the incorporation of cultural knowledge into policymaking, infrastructure, and practice; (2) cultural competence embraces the principles of equal access and no-discriminatory practices; (3) cultural competence is achieved by identifying and understanding the needs and help-seeking behaviors of individuals and families; and, (4) cultural competence involves working in conjunction with natural, informal support networks within culturally diverse communities (Goode).

GCDD will support these concepts of intersectionality and cultural competence throughout its work. Members and staff will become more educated and about the concepts and create learning opportunities and practices that reflect these principles. Coalitions supported by GCDD will be encouraged to promote and reflect the diversity of people and ideas. GCDD will incorporate cultural and linguistic diversity into its grant making operations.

Objective 6.1: GCDD will meet four times during the year, set strategic direction of the organization, learn more about the initiatives supported by the organization, and meet federal reporting requirements

GCDD members will monitor their performance including attendance at meetings and evaluation of meetings				

Staff will prepare quarterly summaries of GCDD supported initiatives, expenditures and other activities	Create a more transparent way of notifying people about Council meetings and minutes from meetings			
GCDD will work with the Governor's office to coordinate timely member appointments and make sure appointments reflect the diversity of Georgia	What is the current demographic makeup of GCDD? To what extent does GCDD reflect the racial, ethnic and cultural diversity of Georgia? Does the Council collect racial, ethnic and primary language data on its members? Are there members who represent the interests and needs of population that reside in the state who are considered marginalized or excluded?			

GCDD will recruit and select 3 advisory members to serve two year terms				
Support efforts to increase GCDD's internal capacity to respond to constituent calls				Examine alternatives for GCDD to do a better job of responding to constituent calls.

Objective 6.2: GCDD will become a learning organization by increasing leadership development opportunities for Council members and staff, including the participation in learning journeys on the state and national levels and providing support to the National Association of Councils on Developmental Disabilities.

GCDD Members will be supported to take learning journeys to increase knowledge about issues	What does it mean to be a learning organization?	Attend Disability Policy Seminar, NACDD Annual Conference and ITAAC meetings Participate on national boards		
GCDD Staff will be supported to take learning journeys to increase knowledge about issues		Attend Disability Policy Seminar, NACDD Annual Conference and ITAAC meetings		
GCDD Members and Staff will develop orientation and leadership development efforts		Do new members receive ongoing training on the role of cultural competence in: (1) achieving the core		

		functions of Councils and (2) related to guidance issued from AIDD?		
GCDD members and staff will ensure that all Council internal and external operations reflect intersectionality and diversity issues.	GCDD will complete and implement the "core functions of developmental disabilities councils: implications of cultural and linguistic competence	GCDD will write policies, practices and procedures to ensure that its training activities are culturally and linguistically appropriate	GCDD will provide technical assistance to assist public and private entities to advance and sustain cultural competence and linguistic competence	GCDD will include criteria for cultural and linguistic competence and cultural diversity in its granting authority

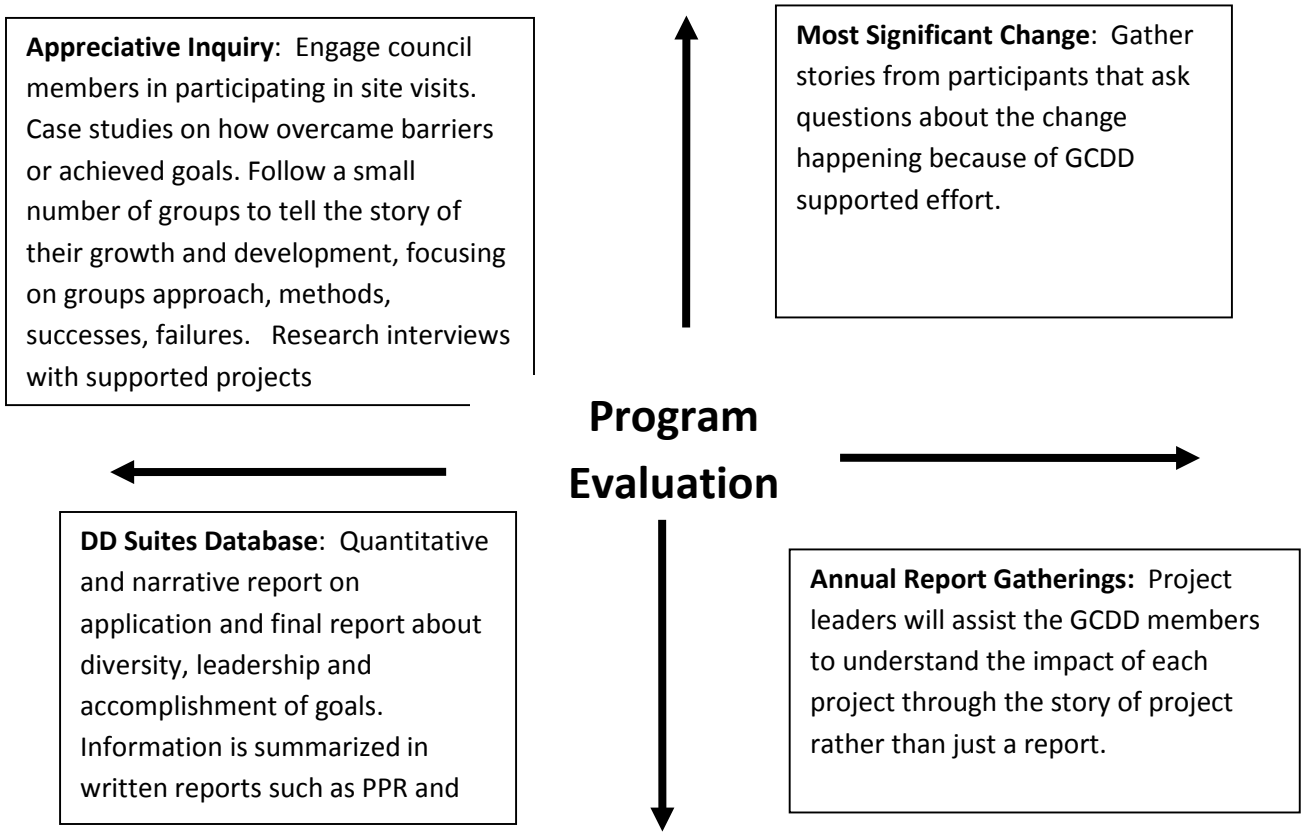
SECTION IV: EVALUATION PLAN **[Section 125(c)(3) and (7)]**

With a new strategic plan about to begin, 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 using 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

GCDD is developing a collaborative, participatory process that will allow members, staff, and partners engage in collective learning through on-going learning, collecting data, sharing stories. The planning and evaluation infrastructures must allow GCDD's grant making and project support to inform and influence a range of organizational activities. Engagement in evaluation design, data collection, and interpretation helps build

capacity. 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, GCDD members and staff will engage in a process of appreciative inquiry in which members and staff will meet with those who are participating in GCDD-supported initiatives. The participants will have an opportunity to tell the story of their growth and development focusing on the group's approach, methods, successes and failures. In addition, through mentoring and case studies, GCDD can target technical assistance through in-depth review and identify ideas and suggestions. Second, in order to assist projects to continue their learning processes, each project will work on collecting stories that indicate the most significant change that has been made by the initiative. This requires each GCDD-supported effort to regularly collect stories from those participating in the project and ask about the most significant change. Members and staff will then meet quarterly to review stories of change and identify the most significant change happening because of our support. Third, 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. Finally, on an annual basis GCDD



supported initiatives will present to Council members and staff on progress made toward the goals of the initiative. Grantees will be asked to provide both stories and data about their efforts. This will connect members to the initiative and give an annual review of what GCDD supports

SECTION V: PROJECTED COUNCIL BUDGET **[Section 124(c)(5) (B) and 125(c)(8)]**

					GEORGIA COUNCIL ON DEVELOPMENTAL DISABILITIES							
					FFY 2016 - 2017 Proposed BUDGET							
					1-Jul-16							
	Total	Council	Real Comn	Employmer	Public Info	Public Fun	Self Advoc	Education	TOTAL			
ALL INCOME*												
DDSA (	$2,050,711	$493,830	$505,396	$192,940	$313,862	$284,454	$85,219	$175,214	$2,050,915			
State App	$237,846	$5,404	$5,407	$5,407	$5,407	$5,407	$5,407	$205,407	$237,846			
State M	$377,442	$78,161	$58,599	$27,792	$40,746	$68,458	$51,719	$51,763	$377,238			
16 Uner	$314,348	$72,328	$27,991	$66,789	$15,234	$54,533	$64,234	$13,239	$314,348			
Local M	$160,822	$0	$45,000	$31,500	$53,322	$21,000	$10,000	$0	$160,822			
Grants/	$0					$0	$0	$0	$0			
TOTAL IN	$3,141,169	$649,723	$642,393	$324,428	$428,571	$433,852	$216,579	$445,623	$3,141,169			
ALL EXPENSES										ALL EXPENSES		
OPERATIC	Total	Council	Real Comn	Employmer	Public Info	Public Fun	Self Advoc	Education	TOTAL	OPERATIONS EXPENSES*		
Total Pers	$994,713	$239,425	$188,794	$90,136	$155,744	$186,894	$54,860	$78,860	$994,713	Total Personnel (3)		
Equipmer	$10,000	$10,000							$10,000	Equipment /Computer		
Real Esta	$47,051	$47,051							$47,051	Real Estate Rent		
Telephon	$15,000	$15,000	$0			$0	$0	$0	$15,000	Telephone		
Council M	$45,000	$45,000							$45,000	Council Meetings		
Travel	$35,000	$35,000	$0		$0	$0	$0	$0	$35,000	Travel		
Regular C	$85,086	$85,086	$0			$0	$0	$0	$85,086	Regular Operating		
Dues	$25,000	$25,000							$25,000	Dues		
Postage	$20,000	$20,000				$0			$20,000	Postage		
Indirect O	$25,000	$25,000							$25,000	Indirect Overhead (4)		
Support fr	$377,238	$78,161	$58,599	$27,792	$40,746	$68,458	$51,719	$51,763	$377,238	Support from DBHDD		
Total Dire	$684,375	$385,298	$58,599	$27,792	$40,746	$68,458	$51,719	$51,763	$684,375	Total Direct/Indirect		
TOTAL OF	$1,679,088	$624,723	$247,393	$117,928	$196,490	$255,352	$106,579	$130,623	$1,679,088	TOTAL OPERATIONS		
PROJECT EXPENSES		Council	Real Comn	Employmer	Public Info	Public Fun	Self Advoc	Education		PROJECT EXPENSES		
Contracts	$1,076,259	$0	$350,000	$175,000	$178,759	$157,500	$100,000	$115,000	$1,076,259	Contracts and Per diems		
Local Mat	$160,822	$0	$45,000	$31,500	$53,322	$21,000	$10,000	$0	$160,822	Local Match Projected		
Grants/Do	$200,000	$0	$0	$0	$0	$0	$0	$200,000	$200,000	Grants/Donations		
Total Proj	$1,437,081	$0	$395,000	$206,500	$232,081	$178,500	$110,000	$315,000	$1,437,081	Total Projects		
RESERVES	$25,000	$25,000							$25,000	RESERVES		
GRAND T	$3,141,169	$649,723	$642,393	$324,428	$428,571	$433,852	$216,579	$445,623	$3,141,169	GRAND TOTAL		
DIFFEREN	$0	$0	$0	$0	$0	$0	$0	$0	$0	DIFFERENCE		

SECTION VI: ASSURANCES **[Section [124(c)(5)(A)-(N)]**

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

The [insert state or territory] provides the following assurances to support the [insert Council name] Five Year Plan 2017-2021.

(B) USE OF FUNDS

(i) not less than 70 % of such funds will be expended for activities related to the goals of the Council Five Year State Plan;

(ii) such funds will contribute to the achievement of the purpose of Subtitle B of Public Law 106-402, The Developmental Disabilities Assistance and Bill of Rights Act of 2000 and in various political sub-divisions of the State;

(iii) such funds will be used to supplement, and not supplant, the non-Federal funds that would other-wise be made available for the purposes for which the funds paid under section 122 are provided;

(iv) such funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other State programs;

(v) part of such funds will be made available by the State to public or private entities;

(vi) at the request of any State, a portion of such funds provided to such State under this subtitle for any fiscal year shall be available to pay up to 1 /2 (or the entire amount if the Council is the designated State agency) of the expenditures found to be necessary by the Secretary for the proper and efficient exercise of the functions of the designated State agency, except that not more than 5 % of such funds provided to such State for any fiscal year, or $50,000, whichever is less, shall be made available for total expenditures for such purpose by the designated State agency; and (vii) not more than 20 % of such funds will be allocated to the designated State agency for service demonstrations by such agency that-

(I) contribute to the achievement of the purpose of this subtitle; and

(II) are explicitly authorized by the Council.

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

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

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

(F) PROGRAM ACCESSIBILITY STANDARDS. -Programs, projects, and activities funded under the plan, and the buildings in which such programs, projects, and activities are operated, will meet standards prescribed by the Secretary in

regulations and all applicable Federal and State accessibility standards, including accessibility requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), and the Fair Housing Act (42 U.S.C. 3601 et seq.).

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

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

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

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

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

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

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

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

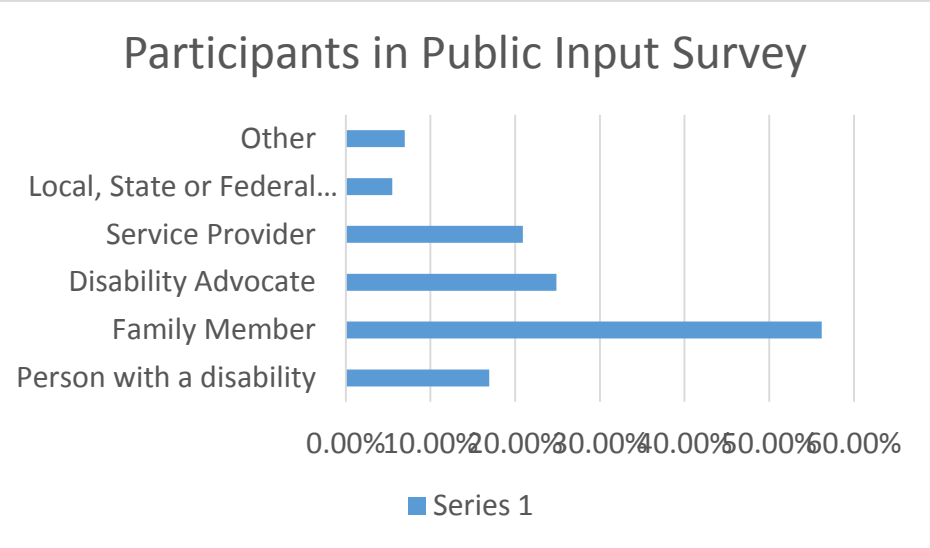
Council Chairperson Signature (if the Council operates as its own DSA) and Date

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

The DD Act requires public input and review of the Council Plan. Provide information on how the Council received and used public input on the Plan.

(i) **Describe how the Council made the plan available for public review and comment. Include how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.**

Over 200 individuals participated in an online survey and commented about GCDD's proposed goals and objectives for the next five years. GCDD used its database of over 7,000 individuals to notify stakeholders that GCDD was accepting comments about its plan. We heard from individuals across the state and reflected the diversity of Georgia. Individuals were asked about the proposed goals and objectives and what changes they would make. In addition, they were asked to prioritize the proposed goals: Education was ranked as the most important goal for GCDD to undertake, followed by Employment, the Publicly Funded System, Real Communities, and Self Advocacy.



(ii) **Describe the revisions made to the Plan to take into account and respond to significant comments.**

While GCDD did not receive a lot of negative comments about the plan, it did require members to rewrite the goals and objectives to reflect comments and concerns. Each goal and objective was revisited and many were reworded to reflect more measureable outcomes and better describe what is proposed.
One comment received said "I like that GCDD is specific in its goals and what they plan to do to meet those goals/objectives. They don't just write a plan, they use it and assess throughout the years. I feel GCDD really listens to its stakeholders and works to meet their needs."

Appendix A: Public Forums Held August – September 2015

CITY	DATE	VENUE	ADDRESS	CONTACT/#	STAFF/COUNCIL MEMBER
Albany	9/9	Albany ARC: AARC Training Room	3005 Old Dawson Rd. Albany, GA 31721	Sunny/229-888-6852	Tom and Teresa Caitlin
Macon	9/8	Hilton Garden Inn, Mercer		Talisa/478-742-8955	Evan Caitlin
Columbus	9/10	Columbus State University: Magnolia Room	4225 University Ave, Columbus, GA 31907	Gabriella/706-507-8329	Tom Caitlin, Jhai, Valerie
Augusta	9/29	Augusta Richmond County Library Headquarter Branch	823 Telfair Street Augusta, GA 30901	Aspasia/706-821-2600	Geneice Lisa
Athens	9/24	UGA Continuing Ed Ctr: Room R	1197 S Lumpkin St, Athens, GA 30602	Amanda/706-583-0178	Marcia Gabby, Valerie, Jhai
Savannah	9/28	Savannah Civic Center	301 W Oglethorpe Ave, Savannah, GA 31401	Keisha/912-525-2345	Mitzi Lisa
Gainesville	9/1	Lanier Career Charter Academy: Willow Room	2723 Tumbling Creek Rd, Gainesville, GA 30504	Sheree/770-537-2330 x126	Marcia

Dalton	8/31	Dalton State College: Brown Bldg 105	650 College Dr, Dalton, GA 30720	Phyllis/706-272-4436	Pam Dawn
Atlanta	9/2	Henry County Sheriffs Office			Debbie Hibben
Atlanta	9/30	Loudermilk Center			Erin
Epworth by the Sea	8/15	People First Conference			Gabby/Valerie
Parent to Parent	9/18	Spanish Language Forum			Bren

Appendix C: AIDD DD Council Performance Measures – June 2016

INDIVIDUAL and FAMILY ADVOCACY ANNUAL PERFORMANCE MEASURES

IFA 1: Output Measures[1]

IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems

IFA 2: Outcome Measures[2]

IFA 2.1	After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.
IFA 2.2	After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.

IFA 2: Sub-outcome measures:

IFA 2	Individual and Family Advocacy Sub-outcome Measures
IFA 2.2.1	The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them
IFA 2.2.2	The percent of people who are participating now in advocacy activities
IFA 2.2.3	The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.

IFA 3	The percent of people satisfied with a project activity
IFA 3.1	The percent of people with developmental disabilities satisfied with a project activity
IFA 3.2	The percent of family members satisfied with a project activity.

[1] **These two measures could be combined to report on the total number of participants but still collected by individuals with developmental disabilities and family members**

[2] **These two measures could be combined to report on the total number of participants increasing advocacy but still collected by individuals with developmental disabilities and family members**

SYSTEMS CHANGE ANNUAL PERFORMANCE MEASURES

SC 1: Output Measure
The number of Council **efforts** to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.
Notes: • *Output measures are numbers that reflect Council efforts. Data could include staff member efforts (activities) as well as sub-grantee efforts.* • *Systems change **efforts** are intended to be viewed as a continuum and could reflect community systems, statewide systems or one agency; systems from small to most broad.*

SC Sub-output measures

SC 1.1 Policy and/or procedure changes
Note: changes could include items created
SC 1.1.1 The number of policy and/or procedures created or changed.
Note: Data could include items drafted
Definitions:
***Policy*: A statement of how an organization or entity intends to conduct its services, actions, or business. Policies provide a set of guiding principles to help with decision making.** ***Procedure*: A description of how each policy will be put into action. Procedures often outline who will do what; what steps will be taken, and which forms to use.**
***Policy and/or procedure change:* A policy and/or procedure change reflects a course of action that has the potential to create or improve policies and/or procedures regarding services and supports that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.**
***Change:* The act of making or becoming different**
***Created:* To cause to come into being.**

SC 1.2 Statute or regulation changes
Note: changes could include items created

SC 1.2.1	The number of statute and/or regulations created or changed
Note: Data could include items drafted	
Definitions:	
***Statute*: A law or other enactment made by a legislature and expressed in a formal document.**	
***Regulation*: A rule or administrative code issued by governmental agencies at all levels, municipal, county, state, and federal. Regulations are not laws, but have the force of law since they are adopted under authority granted by statutes.**	
***Statute and/or regulation change:* A law and/or rule or administrative code that has the potential to improve laws, rules, or administrative codes regarding services, supports, and other assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.**	
***Change:* The act of making or becoming different**	
***Created:* To cause to come into being.**	

SC 1.3	**Promising and/or best practices**
SC 1.3.1	The number of promising practices created
SC 1.3.2	The number of promising practices supported through Council activities
SC 1.3.3	The number of best practices created
SC 1.3.4	The number of best practices supported through Council activities
Definitions:	
***Promising Practice:* a practice with an innovative approach that improves upon existing practice and positively impacts the area of practice. The practice should demonstrate a high degree of success and the possibility of replication in other agencies or settings, but has not been tested.**	
***Best Practice:* A technique or methodology that, through experience and research, has proven to reliably lead to a desired result.**	
***Created:* To cause to come into being.**	
***Supported:* Activities funded by the Council as based on the State Plan; Activities planned and funded by the Council as based on the State Plan.**	

SC 1.4	Training/Education
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives
Definition:	
Trained, or educated: **Training is an organized activity designed to give information and/or instructions to improve performance or help attain knowledge or skill; educated means to give information about something. This number would not include general public education (web-site hits, newspaper, social media, etc.)**	
Note: This number would reflect "others trained/educated"; it would not include people with DD or family member of people with DD – these numbers would be reported under IFA 1.1 and 1.2	

SC 1.5	Collaboration
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.

SC 2:Outcome Measures

SC 2.1	The number of Council efforts *that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3)*
Note: 2.1 outcomes would be considered short-term or immediate.	
SC 2.2	The number of Council efforts ***that were implemented*** to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. *(sub-measures 2.1.2; 2.1.4)*
Note: 2.2 outcomes would be considered intermediate or long-term; a demonstration of what the Council has been working on that has been transformed (result of experience).	

Sub-outcome measures

SC 2	Sub-outcome Measures
SC 2.1.1	The number of policy, procedure, statute, or regulation changes ***improved*** as a result of systems change.
Note: Data could include statewide changes and local or organizational level changes. Improvement could be a result of the creation of, or a change to, a policy, procedure, statute, or regulation.	

SC 2.1.2	The number of policy, procedure, statute, or regulation changes ***implemented***
SC 2.1.3	The number of promising and/or best practices ***improved*** as a result of systems change activities
SC 2.1.4	The number of promising and/or best practices that were ***implemented***
Definitions	
Change: **The act of making or becoming different**	
Created: **To cause to come into being.**	
Implemented: **To put into effect, put into action, put into practice, carry out, enact.**	
Improved: **To make or become better, to raise to a more desirable condition, or quality.**	

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