

FL State Council for Department of Disabilities

Five Year State Plan

For Year 2017

FL State Council for Department of Disabilities

Identification

* - Required field

| | | |
|---------|----------------------------|---|
| Part A: | State Plan Period: | 10-01-16 through 09-30-21 |
| Part B: | Contact Person: | Debra Dowds |
| | Contact Number: | 8504884180 |
| | Contact Email: | debrad@fddc.org |
| PART C: | Council Establishment | |
| | Date of Establishment: | 12-29-95 |
| | Authorization Method: | State Statute |
| | Authorization Citation: | Chapter 393 F.S., Governor's Executive Order 95-478 |

Council Membership [Section 125(b)(1)-(6)]

* - Required field

Council Membership Rotation Plan *

Members of the Council can be appointed by the Governor for a four year term and may be reappointed to a second successive term. The Council submits recommendations to the Governor for reappointments, as well as for replacement candidates. The recommendations also include the membership requirements of the DD Act. Contact is maintained with the Governor's Office throughout the process, which provides reminders of the time frame. The Governor has historically requested three recommended candidates for each opening and usually uses many of the Council's recommendations. The Council can recommend to the Governor that a member be removed for non-attendance; violation of the Council By-Laws, Code of Ethics and Decorum, or Conflict of Interest policy; or taking other actions to the detriment of the Council. Council members continue to serve until their replacements are appointed, unless the member has notified the Council or Governor's Office of the resignation in writing.

Agency/Organization

- Rehab Act : A1
- IDEA : A2
- Older Americans Act : A3
- SSA, Title XIX : A4
- P&A : A5
- University Center(s) : A6
- NGO/Local : A7
- SSA/Title V : A8
- Other : A9
- Individual with DD : B1
- Parent/Guardian of child : B2
- Immediate Relative/Guardian of adult with mental impairment : B3
- Individual now/ever in institution : C1
- Immediate relative/guardian of individual in institution : C2

Gender

- Male : M
- Female : F
- Other : O

Geographicals

- Urban : E1
- Rural : E2

Race/Ethnicity

- White, alone : D1
- Black or African American alone : D2
- Asian alone : D3
- American Indian and Alaska Native alone : D4
- Hispanic/Latino : D5
- Native Hawaiian & Other Pacific Islander alone : D6
- Two or more races : D7
- Race unknown : D8
- Some other race : D9
- Do not wish to answer : D10

Council Members

| First Name | Last Name | MI | Gender | Race/Ethnicity | Geographical | Agency/Organization Code/Citizen Member Representative | Agency/Organization Name | Appt Date | Appt Expired Date | Alt/Proxy for State Agency Rep Name |
|----------------|--------------|----|--------|----------------|--------------|--|---|-----------|-------------------|-------------------------------------|
| Rixys | Alfonso | | F | D5 | E1 | B2 | | 10-07-10 | 09-30-18 | |
| Pat | Archer | | M | D1 | E1 | B1 | | 10-07-10 | 09-30-18 | |
| Amanda | Baker | | F | D1 | E1 | B1 | | 03-14-16 | 09-30-19 | |
| Richard "Dick" | Bradley | | M | D1 | E2 | A7 | Arc of Florida | 09-20-12 | 09-30-18 | |
| Ronni | Bianco | | F | D1 | E1 | B2 | | 12-23-07 | 09-30-15 | |
| Conney | Dahn | | F | D1 | E1 | B3 | | 09-20-12 | 09-30-19 | |
| Lise | Fox | | F | D1 | E1 | A6 | University of South Florida, Florida Center for Inclusive Communities | 08-29-13 | 09-30-30 | Elizabeth Perkins |
| Eddie | Hall | | M | D1 | E2 | B1 | | 01-22-15 | 09-30-18 | |
| Laurie | Harlow | | F | D1 | E1 | B3 | | 09-20-12 | 09-30-19 | |
| Shevaun | Harris | | F | D2 | E2 | A4 | Agency for Health Care Administration | 02-12-13 | 09-30-30 | |
| Sylvia | James-Miller | | F | D2 | E1 | B2 | | 10-07-10 | 09-30-19 | |
| Kevin | Johnson | | M | D1 | E1 | A7 | Bishop Grady Villas | 01-22-15 | 09-30-18 | |
| Maggie | Reilly | | F | D1 | E1 | A9 | N/A | 08-29-13 | 09-30-18 | |
| Tricia | Riccardi | | F | D1 | E1 | B1 | | 10-07-10 | 09-30-19 | |

| | | | | | | | | | |
|----------------|--------------|---|-----|----|----|--|----------|----------|------------------|
| Frank | Shalett | M | D1 | E1 | B1 | | 01-22-15 | 09-30-18 | |
| Jean | Sherman | F | D1 | E1 | A6 | University of Miami Mailman Center | 02-13-13 | 09-30-30 | |
| Phil | Stevens | M | D1 | E1 | B2 | | 03-14-16 | 09-30-19 | |
| Louis | Towson | M | D2 | E1 | C1 | | 08-29-13 | 09-30-19 | |
| Monica | Verra-Tirado | F | D5 | E2 | A2 | Department of Education | 09-20-12 | 09-30-30 | April Katine |
| Victoria | Zepp | F | D1 | E1 | B2 | | 09-20-12 | 09-30-19 | |
| Sue | Kabot | F | D1 | E1 | B3 | | 10-07-10 | 09-30-14 | |
| Vacant | Vacant | F | D10 | E1 | A3 | Department of Elder Affairs | 12-15-05 | 09-30-30 | |
| John "Jack" | Kosik | M | D1 | E1 | B3 | | 09-23-12 | 09-30-19 | |
| Kathy | Leigh | F | D1 | E1 | B1 | | 10-07-10 | 09-30-18 | |
| Maryellen | McDonald | F | D1 | E1 | A5 | Disability Rights Florida | 04-02-15 | 09-30-30 | |
| Aleisa | McKinlay | F | D1 | E1 | A1 | Division of Vocational Rehabilitation | 09-20-12 | 09-30-30 | Jan Pearce |
| Thomas "TJ" | Moon | M | D1 | E1 | B1 | | 02-13-13 | 09-30-19 | |
| Bernadette | Moran | F | D1 | E1 | B3 | | 09-20-12 | 09-30-18 | |
| Barbara | Palmer | F | D1 | E1 | A9 | Agency for Persons with Disabilities | 09-20-12 | 09-30-30 | Denise Arnold |
| Vacant | Vacant | F | D10 | E1 | A4 | Department of Health | 12-15-05 | 09-30-30 | |

Council Staff [Section 125(c)(8)(B)]

* - Required field

Disability data of Council staff will be collected. Response is voluntary and information shared will be kept confidential and serve for data purposes only. Self-identification of disability will be captured in the following manner:

Race/Ethnicity

- White, alone : D1
- Black or African American alone : D2
- Asian alone : D3
- American Indian and Alaska Native alone : D4
- Hispanic/Latino : D5
- Native Hawaiian & Other Pacific Islander alone : D6
- Two or more races : D7
- Race unknown : D8
- Some other race : D9
- Do not wish to answer : D10

Disability Options

- Yes : Y
- No : N
- Does not wish to answer :
DWA

Gender

- Male : M
- Female : F
- Other : O

Council Staff

| Position or Working Title | FT | PT | Last Name of person in position | First Name of person in position | MI | Gender | Race/Ethnicity | Disability |
|--|---|---|--|---|-----------|---------------|-----------------------|-------------------|
| Receptionist |  |  %PT 56 | Jackson | Jarl | | M | D1 | Y |
| Accounting Assistant |  |  | Grimm | Misty | | F | D10 | DWA |
| Deputy Director of Finance |  |  | Taylor | Lisa | | F | D10 | Y |
| Self Advocacy Program Manager |  |  | Smith | Patricia | | F | D1 | N |
| Child Development Program Manager |  |  | Lockenbach | Rick | | M | D1 | N |
| Special Projects Manager |  |  %PT 56 | Tan | Cindy | | F | D1 | N |
| Community Living Program Manager |  |  | Broxton | Safee | | F | D2 | N |
| Health Care Program Manager |  |  | Hohmeister | Holly | | F | D1 | N |
| Senior Staff Assistant |  |  | Jenkins | Vanda | | F | D2 | N |
| Executive Director |  |  | Dowds | Debra | | F | D1 | N |
| Communication Coordinator |  |  | Bivins | Richard | | M | D1 | N |
| Public Policy Coordinator |  |  | Hooper | Margaret | | F | D1 | N |
| Deputy Director of Programs |  |  | Gritz-Swift | Sheila | | F | D1 | Y |
| Employment & Transportation Manager |  |  | Coomer | Tracy | | F | D1 | Y |
| Records Management & Compliance Assistant |  |  | Williams | Carolyn | | F | D1 | N |
| Staff Assistant |  |  | Vacant | Vacant | | O | D10 | DWA |

The Designated State Agency [Section 125(d)]

* - Required field

The DSA is *Council Itself ☒ Other Agency ☐**Memorandum of Understanding/Agreement [Section 125(d)(3)(G)] *****Does your Council have a Memorandum of Understanding/Agreement with your DSA?**Yes ☒ No ☐**Calendar Year DSA was designated [Section 125(d)(2)(B)]* 1995**

State Information

* - Required field

Comprehensive Review and Analysis Introduction:

The Council undertook a very thorough process for conducting the Comprehensive Review and Analysis (CRA) and developing its goals, objectives and activities. This process began in 2014 with the Request for Proposal for Phase I - the research and analysis of the areas of emphasis. Analytica, as the contractor for Phase I, compiled and analyzed existing written materials, data and reports, including but not limited to numerous Florida state agency reports, national reports, Council reports, Florida state agency plans, and other sources. A 232 page report was prepared encompassing for all the areas of emphasis the extent to which services, supports and other assistance are available; extent of unmet need; and adequacy of the current services, systems and supports to address the needs. Phase II of the CRA was an extensive public input process to collect input that included, but was not limited to, the following: surveys, three webinar focus groups for families, a webinar focus group for providers, and a face-to-face state agency and organization public forum. The surveys were available in Easy Read and in Spanish. Outreach to self-advocates, families and providers included, not only sending requests through the Council's list serve, website and Facebook, but also the annual Self-Advocacy conference in Orlando, FL SANDS groups, personal invitations, and requests of numerous organizations to disseminate the information to their constituents. Some examples of these organizational requests included Partners in Policy Making graduates, school district contacts, Early Steps providers, FDLRS, Special Olympics contacts, Project SEARCH contacts, Institute for Small and Rural Districts, Equality Florida Outreach, state agencies, Family Care Council, and many more. While the race and ethnicity of the webinar participants was not available, it was captured on the surveys. The respondents of the annual Self-Advocacy conference surveys reflected 17% Black or African American, 8 % other race alone, 5% two or more races, and 12% other or multiple races. The respondents of the on-line survey reflected 8% Black or African American, 8% Hispanic, and 8% other or multiple races. Phase III was an internal assessment from each of the Council's five area of emphasis task forces, which included other community resource members, regarding what had been learned from the current state plan, what issues or needs currently being worked on were systems change and should be continued into the next 5 year state plan, and what other system change issues or needs should be the Council be addressing. A two-day meeting was held with over 40 self-advocates, families, providers, state agencies, Council members, and other stakeholders on May 12th and 13th, 2015. The purpose of this meeting was to examine what the research, public input and internal assessment from Phase I, II and III told us; discuss what systems change issues or needs should be targeted; and identify the top priorities for system change and individual and family advocacy issues or needs. The results of this stakeholder meeting were presented to the Council at its May 28th and 29th, 2015 State Plan Development Meeting. Council members and staff deliberations identified five (5) system change goal areas: transportation, transition, housing, employment, and workforce that would be the focus of the next five (5) year state plan, in addition to the self-advocates and family advocacy goal. Each of the Council task forces dedicated most of their summer and fall meetings to developing the specific goals, objectives, and activities, that were reviewed by the full Council at its September and January meetings, with approval at its February 2016 webinar. The Council approved goals, objectives and activities were disseminated for public comment in March and April, while the task forces continued to work on development of the Action Steps and funding allocations. The final 2017-2021 State Plan goals, objectives, activities, action steps and funding allocations were approved by the Council at its May 5th and 6th, 2016 meeting. A major priority of the Council members throughout this entire process was shifting the work of the Council to system change outcomes, significantly reducing the goals and objectives, and, in general, focusing more effort on fewer goals for greater systems' impact.

Racial and Ethnic Diversity of the State Population

| Race/Ethnicity | Percentage Of Population |
|---|--------------------------|
| White, alone* | 77.8 % |
| Black or African American alone* | 16.6 % |
| Asian alone* | 2.7 % |
| American Indian and Alaska Native alone* | 0.3 % |
| Hispanic or Latino (of any race)* | 24.1 % |
| Native Hawaiian & Other Pacific Islander alone* | 0.1 % |
| Race unknown* | 0 % |
| Two or more races * | 2.5 % |
| Some other race* | 2.5 % |
| Do not wish to answer* | 0 % |
| Total | 126.6 % |

Poverty Rate* 16.5%

State Disability Characteristics

* - Required field

Prevalence of Developmental Disabilities in the State* 314.314

Explanation* The developmental disabilities prevalence rate of 1.58%, based on the National Health Interview Survey-Disability Supplement, was applied to the total Florida population of 19,893,297.

Residential Settings* ?

| Year* | Total Served* | A. Number Served in Setting of 6 or less (per 100,000)* | B. Number Served in Setting of 7 or more (per 100,000)* | C. Number Served in Family Setting (per 100,000)* | D. Number Served in Home of Their Own (per 100,000)* |
|-------|---------------|---|---|---|--|
| 2014 | 55164 | 7466 | 4633 | 37323 | 5742 |
| 2013 | 55205 | 7055 | 4853 | 37424 | 5872 |
| 2012 | 62118 | 14293 | 4860 | 37082 | 5883 |

Demographic Information about People with Disabilities

* - Required field

| People in the State with a disability | Percentage |
|---------------------------------------|------------|
| Population 5 to 17 years | 5.4% |
| Population 18 – 64 years | 10.1% |
| Population 65 years and over | 33.7% |

| Race and Ethnicity | Percentage |
|--|------------|
| White alone | 14.1% |
| Black or African American alone | 12% |
| American Indian and Alaska Native alone | 24% |
| Asian alone | 7% |
| Native Hawaiian and Other Pacific Islander alone | 7.9% |
| Some other race alone | 9.4% |
| Hispanic or Latino (of any race) | 9.7% |

| | |
|-----------------------|-------|
| Two or more races | 10.4% |
| Do not wish to answer | 0% |

| Educational Attainment Population Age 25 and Over | Percentage with a disability | Percentage without a disability |
|--|-------------------------------------|--|
| Less than high school graduate | 21.3% | 10.7% |
| High school graduate, GED, or alternative | 34.2% | 28.4% |
| Some college or associate's degree | 27.5% | 31.1% |
| Bachelor's degree or higher | 17% | 29.7% |

| Employment Status Population Age 16 and Over | Percentage with a disability | Percentage without a disability |
|---|-------------------------------------|--|
| Employed | 17.9% | 61.3% |
| Not in labor force | 78.5% | 33.7% |

| Earnings in Past 12 months Population Age 16 and Over with Earnings | Percentage with a disability | Percentage without a disability |
|--|-------------------------------------|--|
| Earning \$1 to \$4,999 or less | 16.4% | 8.7% |

| | | |
|------------------------------|-------|-------|
| Earning \$5,000 to \$14,999 | 22.8% | 17.5% |
| Earning \$15,000 to \$24,999 | 17.7% | 18.4% |
| Earning \$25,000 to \$34,999 | 13.3% | 15.1% |

| Poverty Status Population Age 16 and Over | Percentage with a disability | Percentage without a disability |
|--|------------------------------|---------------------------------|
| Below 100 percent of the poverty level | 20.6% | 13.7% |
| 100 to 149 percent of the poverty level | 13.3% | 9.6% |
| At or above 150 percent of the poverty level | 66.1% | 76.7% |

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

* - Required field

Health/Healthcare *

Virtually all of the over 3.7 million Floridians enrolled in Medicaid are now receiving their Medicaid and Home and Community Based Services (HCBS) waiver services through the Statewide Medicaid Managed Care (SMMC) program. The SMMC has two components: the Long Term Care Managed (LTC) program and the Managed Care Assistance (MMA) program. Currently exempted from SMMC are individuals with intellectual and developmental disabilities receiving services or on the waitlist for the Developmental Disabilities (iBudget) HCBS waiver. Individuals with intellectual and developmental disabilities may choose to receive their state plan Medicaid services through the SMMC program. The iBudget HCBS waiver, which is operated through the Agency for Persons with Disabilities (APD), uses an individualized budget system, known as iBudget, to allocate HCBS waiver resources from which waiver recipients can use to purchase waiver services. For 2014, the average expenditure per person on the iBudget HCBS waiver was \$28,319.

Children in Florida receive health insurance coverage through four Kid Care Programs, which include Medicaid, MediKids, Healthy Kids, and the Children's Medical Services (CMS) Network. The CMS Network has been the provider network that has historically had the expertise required for children with special health care needs. However, the children eligible for the CMS Network was recently reduced and they were transitioned to another MMA plan. Historically, the CMS Network has served between 75,000 and 80,000 children, but as of January 2016, 63,096 children were enrolled. Fortunately, the 2016 Legislature restored the clinical eligibility and provided \$5,000,000 to serve the additional children who would again be eligible for the Children's Medical Services Network.

Regarding private insurance, the Affordable Care Act has been beneficial to individual with disabilities; however, Florida has not taken advantage of the Medicaid Expansion provision. Recent figures are that there are approximately 1.1 million uninsured individuals who could benefit from either the expanded Medicaid coverage or subsidized private coverage under the Affordable Care Act. Also, Florida did not adopt a definition of "Habilitation Services" and, therefore, has significant flexibility as to the interpretation of the habilitation services that will be provided.

Florida offers a number of maternal and child health initiatives. Healthy Start offers universal risk screening to pregnant women and infants; care coordination; childbirth, breastfeeding and substance abuse counseling; psychosocial, nutritional and smoking cessation counseling; and home visiting. A total of 180,902 women and 207,331 infants were screened for Healthy Start in 2014. Another new initiative is Help Me Grow Florida (HMGF) which focuses on early detection through surveillance and screening of children and building connections to community-based developmental and behavioral services and supports. In its second year, HMGF has expanded the number of counties served from two (2) to 27 counties. Maintaining and improving health wellness is an important component in preventing secondary health conditions. A Community Wellness Needs Assessment conducted by the Council recommended integrating health promotion into community environments for individuals with intellectual and developmental disabilities with a focus on physical activity and healthy eating.

The Early Steps Program, which is administered by the Department of Health, provides early intervention services for infants and toddlers ages 0-3 with developmental delays or established conditions. Over 45,000 children are referred to local Early Steps offices across the state. During 2015 and 2016, there were major changes to the Early Steps program. First, the local contracts were restructured (greatly restricting their ability to provide services); while at the same time the state Early Steps staff were drastically reduced. Second, the 2015 Legislature appropriated an historical

increase in funding of over \$13 million. Third, the 2016 Legislature adopted legislation that provided clear intent and commitment to these early intervention services.

Mental health services for children and adults are administered by the Department of Children and Families, Substance Abuse/Mental Health (SAMH) program. For adults, Managing Entities at the regional level are responsible for merging all existing substance abuse and mental health programs into one integrated system of care. The children's mental health system provides for screening and assessment to promote early identification and treatment of mental health issues for children who are seriously emotionally disturbed, emotionally disturbed, or at-risk of becoming emotionally disturbed.

Institutional care options in Florida for individuals with intellectual and developmental disabilities include the Developmental Disability Centers (which includes the public ICF/DDs and Secure Forensic), private ICF/DDs, and nursing homes. There are two Developmental Disability Centers: Sunland Centers and Tacachale. As of January 1, 2015, there were 203 individuals in Secure Forensic and non-ICF/DD beds, and 647 individuals in ICF/DD beds at Sunland and Tacachale. The average cost per person at the two Developmental Disabilities Centers for FY 2014 was \$128,115. There are 86 private ICF/DDs with 2,068 licensed beds throughout the state. The average cost per person for the ICF/DDs in 2014 was \$117,321. There are individuals with intellectual and developmental disabilities in nursing homes. Of particular concern has been the children with medically complex conditions for whom the nursing home has become their residents. In July 2013, the U.S. Department of Justice filed a formal lawsuit against Florida alleging that nearly 200 children with disabilities were being unnecessarily segregated in nursing homes when they could be served in their family homes or other community settings. The Council has conducted research on options for effective community based service delivery and extensive advocacy with the state agencies and legislature.

The National Core Indicators for Florida show a significant increase in the percentage of individuals with intellectual and developmental disabilities who are African American and Hispanic who describe their health as excellent or very good from 2010-2011 to 2013-2014 (34% to 60% for Hispanic origin and 37% to 58% for African American). The percentage of African Americans reporting as having a primary care doctor remained high at 98%. However, the percentage of Hispanic individuals reporting having a primary doctor decreased from 99% in 2010-2011 to 97% in 2013-2014. Health was a frequently identified unmet need in the public input process, which included lack of dental services, health care providers not adequately trained in intellectual and developmental disabilities, providers not accepting Medicaid, and lack of physicians serving individuals with intellectual and developmental disabilities.

Employment *

The most utilized services in Florida to train or prepare, place, and provide supports for the employment of individuals with intellectual and developmental disabilities are provided by the Division of Vocational Rehabilitation (VR), Agency for Persons with Disabilities (APD), and the Bureau of Exceptional Education and Student Services (BEESS) of the Department of Education. VR is the primary employment resource and support service agency that is charged with assisting individuals with disabilities or injuries in employment training and placement, as well as short-term support once employed. Examples of their services include training and education after high school, job-site assessment and accommodations, job placement, job coaching, on-the-job training, assistive technology and devices, and supported employment. In 2013-2014, 7,214 (of the 53,141)

individuals served by VR were gainfully employed in competitive integrated employment earning at least minimum wage, of which 97.3% were individuals with significant or most significant disabilities. APD administers the Developmental Disabilities (iBudget) Home and Community Based Services (HCBS) Waiver, which includes supported employment and adult day training. In 2013, 2,019 individuals received supported employment services and 11,473 individuals received adult day training services. Adult day training can include volunteering, job exploration, and accessing community resources, as well as day activities and training in daily living, adaptive skills, social skills and employment. In Florida, there are 74 adult day training programs. Of those 74, 31 are paying a subminimum wage. Some of the adult day training programs have chosen not to pay a subminimum wages and some are paying both subminimum wages and minimum wages. BEESS administers programs for the education of students with disabilities, including but not limited to IDEA services. Of the 1,747 2013-2014 public school graduates with a special diploma who could be tracked, 19% were found to be employed.

A number of other agencies, services and programs provide work assistance, worksite accommodations, and benefits planning initiatives. Some of these are as follows: Florida Alliance for Assistive Services and Technology – provides assistive technology device loans and funding for assistive technology, as well as information, referrals, education programs and publications; Division of Blind Services –provides employment services to individuals who are blind or visually impaired; Department of Economic Opportunity –provides a Disability Employment Specialist in each local workforce board; The ABLE Trust – supports a diversity of projects, including on-the-job coaching, supported employment, job skills-training, job development, employer outreach, ADA facility compliance, skills evaluation and programs leading to employment; and Florida ABLE – administers the recently adopted ABLE Act accounts. The Council's initiatives have also contributed significantly to services and resources available including the following: Rural Routes to Employment -- mentors community stakeholders to develop and implement strategic plans to increase employment opportunities for individuals in the rural communities; and The Changing Face of Benefits – provides information on Social Security Disability and Medicare/Medicaid benefits to support informed decision making through an on-line course and workbook.

Efforts to transition students with intellectual and developmental disabilities from school to employment include VR's Third Party Agreements with local school districts to deliver community-based work experiences, job retention supports, and job coaching services to students with the most significant needs. During the 2014-2015 school-year, Employment Specialists with 20 school districts served approximately 224 students who would not have otherwise received any work experience. VR's Pre-Employment Transition Services expands the array of services that youth with disabilities may access while in high school and served over 19,000 transition students during the 2014-2015 school year. APD's Employee Enhancement Project assists students and adults on the waitlist to find jobs and internships. In addition, one of the Council's initiatives has built the capacity of 21 communities to offer Project SEARCH to high school students which combines classroom instruction, career exploration, and hands-on training through worksite rotation, and averages 74% employment outcomes.

Even with these services and resources, individuals with intellectual and developmental disabilities in Florida are not gaining and maintaining competitive integrated employment. While the percentage of individuals without a disability in Florida who are employed in 2013 was 69.8%, only 29.9% of individuals with a disability and only 18.3% of individuals with a cognitive disability were employed. There is also an employment disparity within the group of individuals with disabilities based on ethnicity and race. Of the national civilian labor force with a disability that are unemployed, 17.4 % are Black or African American, 13.3% are Hispanic or Latino, 7.4% are Asian, and 9.6% are White. Exasperating this further is the very low and declining utilization or provision of the Supported Employment service, which could enable individuals to achieve employment. Specifically, only 3,351 individuals received APD's Supported Employment services in 2009 and this number declined even further to 2,019 (of 21,131) in 2013. The \$6.2 million funding spent on APD supported employment in 2013 was less than half of the \$13.7 spent in 2009 and represented less than 1% of the agency funding. However, this same year, 11,473 individuals with intellectual and developmental disabilities were served in adult day training programs. Employment was identified as an unmet need across all public input venues, including the self-advocacy conference surveys (with 17%

African American and 12% other or multiple races), on-line survey (with 8% African American, 8% Hispanic, and 8% other or multiple races), the Spanish survey, and other public input venues. It was the highest identified unmet need in the on-line survey by 72% of the respondents. The barriers to employment identified included transportation, post-secondary opportunities, not being determined eligible for VR and Division of Blind Services, benefits planning, and the need to network.

However, Florida's Employment First initiative is seen as framework and impetus for creating the system changes that will improve individuals with intellectual and developmental disabilities becoming and maintaining employment. Significant headway has been made in implementing Employment First since the Governor signed an Executive Order in 2013 declaring that the employment is a priority for individuals with disabilities. Pivotal in Florida's Employment First efforts has been the strong collaboration between key state agencies and organizations including APD, BEESS, VR, Division of Blind Services, CareerSource Florida, Department of Economic Opportunity, Department of Children and Families' Substance Abuse and Mental Health Office, the Florida Association of Rehabilitation Facilities, and the Council. Accomplishments thus far have included development and execution of the Employment First Interagency Cooperative Agreement; formation of the Employment Partnership Coalition, the Employment First Collaborative Team, and the Florida Grassroots Group to carry out the scope of the Interagency Cooperative Agreement; development of an annual Strategic Action Implementation Plan; establishment of Baseline Employment Outcome Data among each partner to set targets for improvement during the five year agreement; supporting the development and implementation of the "Abilities Work" web portal and the Help Desk to assist employers in connecting candidates with disabilities; development of a multi-agency, long term communications plan; and establishment of four local pilots to help create a similar collaborative framework at the community level.

Informal and formal services and supports *

The Florida Department of Children and Families (DCF) provides a variety of programs and services that interact with or provide services to children and adults with intellectual and developmental disabilities. These include the Abuse Hotline, Adult Protective Services, Child Welfare, Child Care, Community-Based Care, Children's Legal Services, Homelessness, Foster Care, and Adoption. Foster Care is an example of the interconnection of services and supports between state agencies for individuals with intellectual and developmental disabilities. DCF served 4,500 children ages 13 to 17 in foster care in FY 2014-2015. At age 18, 618 young adults who were currently in a foster care placement chose the option of a foster care extended program. The young adults turning age 18 who meet the eligibility for the Developmental Disabilities (iBudget) HCBS Waiver can either choose the foster care extended program to receive services, the HCBS waiver or, as a result of recent legislation, can choose to receive services from both programs. The Department of Elder Affairs (DOEA) provides the National Family Caregiver Support Program for people with disabilities of any age, Adult Protective Services, the Elder Abuse Prevention Program, Senior Housing Facilities, the Transportation Program, and the Disaster Preparedness program, among many others. It also provides information on the Aging and Disability Resource Centers, which paired with APD to provide services in two locations to individuals with intellectual and developmental disabilities age 50 and older and to family caregivers age 55 and older. In addition, the Council has been partnering with DOEA to build a statewide coalition of respite stakeholders to improve the accessibility of respite services by more efficiently connecting family caregivers with available respite services and to expand the availability of high quality lifespan respite services across all disability types through the Lifespan Respite Care Program Grant. Florida currently has the highest number of people age 60 and older in the nation at 4.9 million. In 2015-2016, the DOEA estimated that by 2030 that number will have increased to 7.1 million. The Agency for Persons with Disabilities (APD) provides Medicaid HBCS Waiver services and is discussed in other sections. The Division of Vocational

Rehabilitation and the Florida Alliance for Assistive Services & Technology are also discussed in more detail in other sections.

Florida has 17 Centers for Independent Living (CILs) under the Division of Vocational Rehabilitation that provide services to enable individuals with disabilities to live and work in their communities. The four core services of CILs include information and referral, independent living skills development, peer mentoring and networking, and advocacy, and additional services may be offered depending on community needs. In 2013-2014, the Florida CILs served 659 individuals with significant disabilities, of which 328 were White, 181 were Black, 130 were 2 or more races, and 21 were Hispanic. Disability Rights Florida is the protection and advocacy system in Florida providing the following services: information and referral; self-advocacy support; technical assistance; investigations into complaints of abuse, neglect, and rights violations; dispute resolution support; negotiation and mediation support; and advocacy services. Recreation programs are primarily provided through community park and recreations programs. The mission of the Florida Recreation and Park Association is "To establish parks and recreation as a cornerstone of health, economic development, environmental sustainability and community throughout Florida." Special Olympics of Florida provide local training in 27 sports and competition in 22 for a total of 31,000 athletes with intellectual disabilities across accredited county programs in 11 regions. The Florida Disabled Outdoors Association provides accessible and inclusive recreational programs for all people. They provide information about recreational areas, facilities, programs, events, and opportunities that include individuals with disabilities.

The Family Network on Disabilities (FND) is a grassroots organization for individuals with disabilities and their families whose mission is to work toward complete integration and equality of individuals with disabilities. FND serves children with disabilities age birth through 26. Disability support services are provided at all Florida Colleges and include services such as extended time on exams, alternate formatted texts, sign language interpreters or note takers. Florida Colleges served a total of 19,694 students with disabilities in 2011 and 2012. University student disability resource centers provide accommodations for students with disabilities at all Florida universities. The FLORIDA Self-Advocates Network'D (Florida SAND) is a statewide self-advocacy organization comprised of 15 grassroots self-advocacy groups. The purpose of Florida SAND is to support local grassroots development, expand the Florida self-advocacy movement, provide a united voice for statewide issues and topics that are important to Florida's self-advocates, create community awareness, and promote inclusion for all. FL SAND is also working with the Self-Advocates Becoming Empowered (SABE) and Disability Rights Florida to develop grassroots training and voter education.

Community-Based volunteer opportunities are available through a number of avenues including a list of state agency programs on the Governor's website where Floridians can volunteer and Volunteer Florida which can link individuals to local volunteer centers throughout the state. Floridians can also volunteer in faith based efforts relative to addressing the needs of individuals with disabilities, such as at Joni and Friends of Florida. Additional faith based volunteering can be identified through the Christian Volunteering website. A focal point for the state's faith based community effort is through the Florida Faith-Based and Community-Based Advisory Council. This Council, which was created in 2006, is administered through the Executive Office of the Governor and is comprised of 25 members from faith-based organizations and representatives from faiths, foundations, corporations, municipalities, and community organizations. Examples of faith-based community efforts include the Christ Fellowship Special Needs Ministry that provides programs such as horseback riding, arts programs, and support groups for individuals with disabilities; and Florida Conference of Seventh-Day Adventists which provides disability ministries to support individuals with disabilities. NCI Adult Consumer Survey Results for 2014-2015 noted that 47% of individuals with disabilities reported that they attended an average of 3.7 religious services or spiritual practiced in the past month.

Statistics for 2013-2014 report that Americans who are black or Hispanic, or who have disabilities are twice as likely to live in poverty as those who are white non-Hispanic, Asian, or non-disabled. People with severe disabilities experience additional costs due to increased medical and supply expenses. In addition, those with disabilities may experience barriers to education, employment, transportation, and other supports and services as a

result of their disabilities. National Core Indicator (NCI) Adult Consumer Survey results showed that choice (49.5%) and community inclusion (62%) had the lowest scores. The public input recreation, more socialization opportunities, respite services, foster care, homelessness, no clearinghouse to connect individuals to services and programs, and, in general, informal and formal services and supports as unmet needs.

Interagency Initiatives *

Collaborative efforts in Florida are growing in importance because they raise awareness and understanding of various perspectives, programs, funding streams and new ideas. They also provide a forum for expressing views and building trust and relationships.

Some of the state-established collaborative initiatives include the following:

- State Advisory Committee for the Education of Exceptional Students : Provides policy guidance with respect to the provision of exceptional education and related service pursuant to IDEA.
- Florida Rehabilitation Council offers guidance and advocacy intended to improve vocational rehabilitation services.
- Florida Commission on the Transportation Disadvantaged: Coordinates transportation for individuals who are elderly or with a disability.
- Aging and Disability Resource Centers: Provides a single, coordinated system for information and access to long term care resources.
- Florida Interagency Coordinating Council for Infants and Toddlers: Provides advice in the implementation of a statewide system of early intervention services for infants and toddlers.
- Florida Alliance for Assistive Services and Technology: Provides assistive technology device loans and funding for assistive technology, as well as information, referrals, education programs and publications.
- Florida Association of Centers for Independent Living: Provides networking, capacity building, and advocacy for the Centers for Independent Living.
- Early Learning Advisory Council: Provides recommendations on the use of funds, content of professional training, and best practices.
- Regional Workforce Boards: Develops local workforce investment plans and oversees the one-stop delivery system.

Other interagency initiatives pursued by federally assisted state agencies to reduce overlap of service provision and address barriers and unmet needs include the following:

- The Florida Employment First Initiative: Focuses on the system redesign that supports employment of individuals with disabilities as their first option.
- State Secondary Transition Interagency Committee: Focuses on secondary transition.
- Florida Health and Transition Services: Promotes successful transition of youth with disabilities from pediatric to adult health care.
- Florida Children and Youth Cabinet: Promotes interdepartmental collaboration and program implementation that is holistic and integrated for Florida's children and youth.
- Family Care Council of Florida: Serves in an advisory capacity to the Agency for Persons with Disabilities relative to waiver and waitlist policy.

Barriers to individuals with intellectual and developmental disabilities and families participating in these collaborative initiatives include both organizational barriers and barriers that impact individuals' ability to fully participate. Organizational barriers include the history and culture of the organization, regulatory and funding boundaries, leadership styles, and resources and time. The various collaboratives identified were asked to provide a summary of the representation of individuals with intellectual and developmental disabilities, formal and informal

mechanisms for input, and barriers. Most of the respondents had some level of participation of individuals with intellectual and developmental disabilities. Mechanisms for input varied from user friendly website, social media, strategic planning activities, focus groups, parent surveys, and development of networks. Barriers identified that impact individuals and families' ability to fully participate included time away from work and other responsibilities, preparation time, being intimidated by the presence of "experts", transportation, upfront costs, the slow speed at which change is realized, re-processing at meetings due to changes in staff, lack of mentoring, and lack of necessary accommodations.

Quality Assurance

A number of agencies and organizations provide services, supports, and assistance to prevent abuse, neglect, exploitation and inappropriate use of seclusion and restraints. The Council's Abuse and Neglect Stakeholder Task Force produced the following outcomes in 2015: revisions to law enforcement and the Agency for Persons with Disabilities' (APD) Zero Tolerance training materials, initial development of a public awareness campaign, identification of a training model for self-advocates, and initial recommendations for policy change. Disability Rights Florida investigates complaints of abuse, neglect, and violations of rights of individuals with disabilities in residential or institutional facilities. In 2015, 13% (about 938) of calls received were about abuse and neglect. The Florida Department of Children and Families (DCF) sponsors the Florida Abuse Hotline for reporting abuse of children and adults. Child Welfare identified 16,253 children requiring DCF intervention through the 2015-2016 3rd Quarter. From January to June 2016, between 9% and 12 % of abuse reports received in the Adult Protective Services Program Office were for adults with disabilities. The Zero Tolerance Initiative to End Abuse, Neglect, and Exploitation against Floridians with Developmental Disabilities is supported through Agency for Persons with Disabilities (APD) and implemented in partnership with community stakeholders. APD provides required training for direct care staff, including Zero Tolerance Training, provider service-specific training, and required provider in-service training. The APD website also gives information on Common Signs and Symptoms of Abuse, Neglect, and Exploitation. National statistics for 2013 show people with disabilities were three times more likely to be victimized by violent crimes (rape/sexual assault, robbery, and aggravated assault) than those without. Across disabilities, persons with cognitive disabilities had the highest violent crime victimization rate. Also, whites and blacks with disabilities and Hispanics with and without disabilities were much more likely to be victims of violent crime than those without disabilities. The Florida Department of Health, Sexual Violence Protection Program administers federal and state funds to end sexual violence and provide supports and services through Florida organizations. One of its recipients, the Florida Council Against Sexual Violence (FCASV), provides training, technical assistance, and information about sexual violence. In 2010, the Florida Legislature created s. 1003.573, F.S., Use of restraint and seclusion on students with disabilities. The Florida Department of Education, Bureau of Exceptional Education and Student Services (FLDOE BEESS) features a brochure and a technical assistance paper on the requirements for documenting, reporting, and monitoring use of restraint and seclusion in school districts. APD provides training in Reactive Strategies Procedures (seclusion and restraint) to identified providers and links to Chapter 65G-8, Florida Administrative Code - Reactive Strategies. Major concerns exist about the abuse, neglect, and exploitation of individuals with intellectual and developmental disabilities. Concerns include lack of knowledge, skill gaps, and resulting problems with self-advocacy and reporting for individuals with developmental disabilities; lack of knowledge and skill gaps in caregivers and providers; lack of collaboration across entities; and need for system improvement.

The Delmarva Foundation administers the Florida Statewide Quality Assurance Program (FSQAP). The person centered discovery review process developed by Delmarva, Agency for Healthcare Administration (AHCA), and APD, collects information from individuals with disabilities served under the Home and Community-Based Services Waiver (HBCS) or Consumer Directed Care+ (CDC+) and their providers. Overall, results in all areas were high (over 90%). 2015 Person Centered Review Individual Interview scores were very high for Person Centered Supports for both the HBCS and

CDC+ waivers (92.7% and 95.3%, respectively). National Core Indicators (NCI) Consumer results showed a 79.1% Person Centered Approach score. The lowest results for individual with disabilities were in Community Participation and Person Centered Supports. Support coordinator interviews also reflected low Community Participation, and NCI data showed the lowest scores in Community Inclusion. The Quality Council provides oversight of Delmarva quality assurance activities; provides feedback; makes data-based recommendations for quality improvement; and raises awareness of community resources for persons with intellectual and developmental disabilities.

The Employment First Collaborative Team and Partnership Coalition and the Council's Abuse and Neglect Task Force are examples of interagency coordination and systems integration efforts that are resulting in improved and enhanced services. While stakeholders are making improvements, systems integration issues related to community access/inclusion (including service needs in transportation and social/relationship), choice, and person-centered planning remain. The new federal HCBS waiver rules regarding person centered planning are seen as an opportunity to improve the planning process for Florida's waiver services.

The Council supports the Partners in Policymaking leadership program for self-advocates with intellectual and intellectual and developmental disabilities and their families, as well as the Route to Self-Determination Project, which provides self-determination training for self-advocates in rural areas, those who are minorities, and/or who are Spanish speaking individuals. Train the Trainer sessions were also held for agency professionals in rural counties. The Able Trust with FDDC support sponsors the annual Youth Leadership Program for 10th and 11th graders to build leadership, citizenship, and social skills. Other organizations, such as the FL SAND (Self-Advocates Network'D), the Florida Self-Advocacy Alliance, Disability Rights Florida, and the Agency for Persons with Disabilities provide information, resources, or networking supports that help build advocacy skills.

Education/Early Intervention

The Department of Health, Children's Medical Services administers IDEA, Part C through the Early Steps program and served 13,251 children ages birth through 3 in 2012- 2013. In 2012-2013, Hispanic/Latino and Black/African America children with disabilities were disproportionately represented in Part C. Help Me Grow Florida serves children ages birth to 8 and their families by linking them with health, development, behavior, and/or learning supports through a 2-1-1 telephone access point. Between January 1, 2015 and December 31, 2015, Help Me Grow Florida served 4018 children, 65% of whom were aged birth to 3. Child Find, administered through the Florida Diagnostic Learning and Resources System (FDLRS), works with school districts to locate children ages birth through 21 who may be eligible for IDEA services. Florida's 30 Early Coalitions and the Redlands Christian Migrant Association (RCMA) provide local Early Learning services, including the School Readiness Program, which provides financial assistance to eligible low income families for early education and care, and the Voluntary Prekindergarten Education Program (VPK) and the VPK Specialized Instructional Services Education Program (for students with IEPs). In 2015-2016, the Readiness Program served 201,684 children, and VPK served 163,689 children. Despite the number of programs for children birth to kindergarten, concerns exist about parents not understanding the complexity of service systems, competing family priorities, lack of knowledge of and access to available services, how to locate information, and the need for culturally sensitive competency and outreach.

The Department of Education (DOE) has responsibility for the provision of K-12 public education, with the Bureau of Exceptional Education and Student Services (BEES) responsible for the education of students with disabilities. In 2014-2015, Florida's public schools served 357,067 (13%) students with disabilities under IDEA, Part B of whom 18,464 were identified with developmental disability and 30,642 identified with autism. Charter

schools, with a total enrollment of 230,189 students, served 20,787 students with disabilities in the 2013-2014 school year. During the 2014-2016 school years, the majority of students with disabilities (71%, 74% and 73%, respectively) spent their time in regular class settings. Black students with disabilities were twice as likely to be identified as having an intellectual disability and more than twice as likely to be disciplined as other students with disabilities. These findings raised concerns regarding diversity and the effect of poverty and low education as factors. Graduation rates with a standard high school diploma for all students with all disabilities rose from 58% in 2013 to 62% in 2015. Post-school outcome targets from 2013 through 2015 for youth with disabilities found in higher education or competitively employed within one year of leaving high school were 38.5%, 42%, and 44%, respectively. FDDC 2017-2021 State Plan Public Input indicated that the complexity of secondary transition regarding knowledge of providers, resources, and post-school options suggest a need for earlier transition planning. Postsecondary options for individuals with intellectual and developmental disabilities are limited, and none of the 17 existing non-traditional programs provide college credit. The Division of Florida Colleges reported post high school educational completions for the following: Autism - 67 and Physical Impairment - 543. The Florida Postsecondary Comprehensive Transition Program and Florida Center for Students with Unique Abilities took effect July 1, 2016, which provides funding for the creation of Florida Postsecondary Comprehensive Transition Programs (FPCTP) for individuals with Intellectual Disabilities ages 18-26 at eligible postsecondary institutions; establishes the Florida Center for Students with Unique Abilities; and establishes the Florida Postsecondary Comprehensive Transition Program Scholarship for eligible students.

The John M. McKay Scholarships for Students with Disabilities Program enables students in grades K-12 with IEP's or 504 plans to attend a private school or another public school. Enrollment for the 2015-2016 school year was 31,173 students with disabilities including Intellectual Disability (1,719), Autism Spectrum Disorder (3,713), Developmental Delays (2,053), or Other Health Impairments (4,047) for a total of 11,532. Enrollment was 68.5% male. Race/Ethnicity was 46.8% white, 22.1% Black/African American, 26.7% Hispanic, and 4.4% other. While participation in the scholarship program has increased, there are concerns that the protections that exist in public schools are not available in private schools.

The DOE, BEESS also funds 38 discretionary projects to provide technical assistance and support; training for educators, support personnel, individuals with disabilities, parents and family members, and community members; or other services for students with disabilities. Projects focus on a variety of areas including autism, a statewide conference for families, diagnostic and learning resources, inclusion, behavioral interventions, secondary transition, personnel development, and early childhood. Additional training, technical assistance, and supports are provided by local school districts, universities, and state and national organizations such as the Council for Exceptional Children and its subdivisions or the Association of People Supporting Employment First.

Housing

Florida's services and support to make housing more affordable include state and federal programs that assist with homeownership, such as the State Housing Initiatives Partnership (SHIP) program and First Time Homebuyer-Single Family Mortgage Revenue Bond, and rental subsidy, such as the Home-Tenant Based Rental (HOME) Program and Section 8 Housing Choice Vouchers. Home renovation and modification funding is available through local community programs funded with SHIP, HOME, and Community Development Block Grant funds. Weatherization assistance is also available through the local Community Action Agencies. Additional housing resources include a housing search data base to locate affordable housing, a Housing resource guide developed by the Council, and the inclusive housing corporation (Residential Options of Florida [ROOF])

established by the Council to connect those with a demand for housing to those entities that can develop appropriate housing. In addition to these services that directly assist individuals, there are state and federal programs that indirectly assist individuals with low incomes by providing funds to housing developers or owners of rental properties in exchange for their commitment to rent some or all of their apartments or sell their homes at a more affordable amount.

Historically, the Developmental Disabilities Home and Community Based Waiver system has been the primary source for housing services and supports. However, between 1996 and 2013, Florida increased the number of individuals living in residential settings by only 9,000. At the same time, the level of funding for Supported Living in Florida decreased from \$126.7 million in 2006 to \$98 million in 2013. As of 2013, only 5,872 individuals were living in their own home. Most individuals with intellectual and developmental disabilities cannot afford housing in the community without some support. This is because individuals with disabilities are more likely to have low incomes that cannot adequately provide for housing. Census statistics for 2014 report that Americans who are Black or Hispanic, or who have disabilities, are twice as likely to live in poverty (ranging from approximately 24% to 29%) as those who are White non-Hispanic, Asian or non-disabled (14.8%). The relationship between low income and inability to afford housing is evident from the analysis of the average 2015 apartment rents in Florida, which showed a range in costs from \$650 per month average in Pensacola (which is 88.6% of the federal monthly SSI payment) to \$1,400 in Miami-Dade (exceeding the SSI payment). Also adversely affecting income and housing are the health disparities in health access, insurance, and cost that exist between people with disabilities of racial or ethnic minority groups and people without disabilities.

In addition, individuals with intellectual and developmental disabilities and families want more than the traditional options and ones that provide more inclusion, as was reinforced in the public input, which included a culturally and linguistically diverse group of peoples [i.e., the self-advocacy conference surveys (with 17% African American and 12% other or multiple races), on-line survey (with 8% African American, 8% Hispanic, and 8% other or multiple races), and the Spanish survey]. The participants in the public input process also recognized that there is a lack of knowledge of the housing options and housing industry. The housing industry has resources and supports that the developmental disabilities community has not yet taken advantage of to improve the availability of affordable, accessible and inclusive housing. As an example, while some individuals with disabilities can access subsidized rental housing for low income individuals and families through the family units available, only 1% (approximately 2523 units) are targeted for individuals with disabilities. The HUD Consolidated Planning process in the local communities provides an avenue to integrate the needs of individuals with intellectual and developmental disabilities into the community's housing development design and into the federal funding for many of these housing resources and supports.

Transportation

Florida's transportation system for individuals with intellectual and developmental disabilities is comprised of three overall elements: transit and paratransit; non-emergency medical transportation; and private transportation. The Florida Commission on the Transportation Disadvantaged is the state-level policy agency responsible for overseeing implementation of coordinated transportation disadvantaged services in Florida. The Commission contracts with a Community Transportation Coordinator (CTC) and the planning agency for the actual arrangement and/or delivery of transportation services for individuals who are transportation disadvantaged, which includes individuals with disabilities and individuals who are elderly.

There are a multitude of federal, state, and local programs that support demand-response paratransit and fixed route transit. This wide array of programs breaks down into three general categories: public transportation programs, human service transportation programs, and other programs that provide system revenues. Non-Emergency Transportation services provide access to medical care for enrollees of Medicaid who do not have access to affordable transportation. Historically, this transportation service had been purchased through Florida's coordinated transportation system, but is now being provided by the individuals' managed health care plans.

The consistent emphasis of this system has been on coordinating the delivery of transit services, especially paratransit services, to reduce duplication and improve cost-efficiencies. However, significant barriers continue that challenge the inclusion and integration of individuals with intellectual and developmental disabilities into their local communities, including the fragmented nature of service delivery and the relatively high cost of paratransit, as well as limited fiscal resources and local transit systems that stay within their home county, with very limited exceptions. In urban settings, jobs are being moved away from the city core and, increasingly, into the suburbs. People of different ethnic and racial backgrounds and those with disabilities are "disproportionately disadvantaged" in these circumstances, in part due to health issues, lack of transportation, low income housing options, and isolation from services.

With Florida's 67 counties, there are essentially 67 paratransit systems. There are extended wait times for both departures and return trips with the paratransit system and these trips are more expensive due to the spread out nature of its customer base. In FY 2013-2014, the average cost per paratransit trip statewide was \$24.02, with trips ranging from \$7.68 in Brevard County to \$80.47 in Lafayette County. One of the most significant transportation issues is that the demand for transportation is critically unmet. The Center for Urban Transportation Research (CUTR) found in their application of a forecasting model that 75 percent of the actual demand for transportation was not serviced in FY 2013-2014. Based on this forecasting model, the actual demand met at the county level ranged from a low of 1.38 percent in rural Gilchrist County to a high of 289.94 percent in Miami-Dade County. Groups of individuals with intellectual and developmental disabilities who are particularly underserved by the existing transportation system include individuals in rural areas and with low incomes.

Transportation was identified as an unmet need across all public input venues, including the self-advocacy conference surveys (with 17% African American and 12% other or multiple races), on-line survey (with 8% African American, 8% Hispanic, and 8% other or multiple races), the Spanish survey, and other public input venues). The lack of transportation was an impediment to virtually every area of services and supports, including housing, education, health care, and employment. Strategies identified by the National Resource Center for Human Service Transportation Coordination centered around strengthening the coordinated transportation infrastructure; implementing new, cost effective and innovative ways to provide services; and reaching out to other non-traditional partners. This broader mobility management approach can take Florida's coordinated transportation system to the next level by broadening the scope of methods and partners to address transportation needs.

Child Care

N/A

Recreation

N/A

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

* - Required field

Criteria for eligibility for services *

Individuals with intellectual and developmental disabilities rely on a broad spectrum of specialized and generic services. The programs offering these services have varied eligibility requirements based in large part on funding and perceptions of need for services. Two of the most widely relied on programs (i.e., the Developmental Disabilities [iBudget] HCBS waiver and IDEA Part C) have very narrow definitions of the disabilities or delays to qualify the individual for services. The iBudget HCBS Waiver uses a condition based definition and only serves individuals with intellectual disabilities, cerebral Palsy, Autism, Prader Willi Syndrome, Downs Syndrome, Spina Bifida, and Phelan-McDermid Syndrome. While Florida has had a Disabled Adult HCBS Waiver with a broader eligibility (i.e., 18 and over, meets nursing home facility level of need and has a designation of disability by the Social Security Administration), this waiver has historically not served many individuals with disabilities (in 2013, only 1,602 individuals with disabilities up to age 59 years were being served). This waiver has been incorporated into the Statewide Medicaid Managed Care Long-Term Care program (SMMC LTC) with the elderly long term care services and, as of 2014, the Aged and Disabled Adult Waiver enrollees represented 21.7% in the SMMC LTC program. The eligibility for the Part C Early Intervention Program requires a 1.5 standard deviation in two or more of the domains or a 2 standard deviation in one of the domains, along with established conditions. Nationally, Florida's eligibility is in the most restrictive categories of definitions when compared with other states and serves only 2.04% of children under the age of three, below the national average of 2.82%. The result of these eligibility definitions is that adults with disabilities who do not meet one of the specific iBudget HCBS waiver conditions and infants and toddlers with developmental delays that are not significant, do not receive the disability specific services they need.

Criteria for serving individuals on waiting lists often use severity of the disability or of the situation. The iBudget HCBS Waiver utilizes priority categories starting with 1) crisis cases, 2) foster children to be adopted, 3) intensive needs, 4) aging caregiver, 5) transitioning out of school, 6) over 21, and 7) children under 21. For Vocational Rehabilitation Services, if an order of selection is utilized, individuals with the most significant disabilities would be served first. Local communities determine their preferences for the category of applicants to receive HUD Section 8 housing vouchers from their waiting lists. These preferences can include homelessness, substandard housing, or paying more than 50% of income for rent.

Income limit requirements can also prevent individuals with intellectual and developmental disabilities from receiving the Medicaid and long term care services needed, and impede their ability to work and earn a living wage. The current HCBS waiver income limit is \$2,199 per month, allowing an individual with intellectual and developmental disabilities to only earn up to \$26,388 annually. This is even less than the income allowed for Supplemental Security Income Benefits of \$30,750. Termination of Supplemental Security Income Benefits results in termination of Medicaid and even this \$30,750 is not sufficient to support the health care needs of many individuals. In addition to promoting utilization of Social Security Administration work incentives, Florida needs to explore how to address these income limits to allow individuals to earn an adequate wage without loss of their waiver services and/or Medicaid.

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

Florida has a number of groups of individuals with intellectual and developmental disabilities who are unserved or underserved based on disparities in not only access to services but outcomes, such as completing postsecondary education programs. These disparities can be the result of diverse racial/ethnic backgrounds, geography, type of disability, health conditions, or other factors. Our Comprehensive Review and Analysis identified individuals with intellectual and developmental disabilities in the rural communities as an underserved group that will have less access to both transportation and housing options because these systems are much more constrained in the rural communities. Transportation trip volumes are low relative to the critical need demand but trip costs are relatively high due to smaller population sizes and lower trip densities in rural communities, which discourages expansion of services as quickly as in urban areas. To illustrate this, of the 29 Florida counties serving 6% or less of the demand for transportation services through the Transportation Disadvantaged system, 21 are rural with a population of 50,000 or less. Also, new housing stock is generally not created as quickly as in urban areas, due to smaller population sizes in rural communities.

An example of health condition disparities is that individuals with disabilities in Florida report having had heart attacks, angina or coronary heart disease, and strokes at a higher proportion (12.4%, 14.7%, and 9.4% respectively) than individuals without disabilities (3.2%, 2.5% and 1.4% respectively). Barriers to health care are experienced far more often by individuals with disabilities than by individuals without disabilities, including obtaining transportation to doctor's offices (14%/1.2%), getting into the building (8%/2%), getting on the examination table (22%/3%), communicating or talking with the doctor (8%/1%), and finding a doctor who understands the person's health condition (15%/2.7%).

Disparities also exist in health issues between individuals with disabilities and individuals with disabilities of a racial or ethnic minority as these individuals are experiencing the barriers and difficulties of both a person with a disability and a person of a different racial or ethnic background. Disability related health disparities can occur as a result of inaccessible physical environments, social assumptions and prejudices, and inflexible policies and procedures. While only 6% of the general population nationally report fair or poor health, 31% of individuals with disabilities report fair or poor health. Of the adults with disabilities reporting fair or poor health, 55.2% are Hispanic individuals and 46.6% are African Americans, as compared to 36.9% who are white.

For the Council's State Plan targeted disparity, the focus will be the education system, particularly access to and completion of post-secondary education and training programs by students with intellectual and developmental disabilities who identify as Autism Spectrum Disorder and Hispanic/Latino. There is clear and convincing data to substantiate the Council's focus on this group. Of the 30,642 students with Autism in Florida's K-12 system, 9,603 were identified as Hispanic/Latino, 5,322 as Black or African American, 833 as Asian, 33 as Native Hawaiian or other Pacific Islanders, 82 American Indian or Alaska native, and 1,068 as two or more races. However, students with Autism completing post-secondary education and training represent a very small portion of the students with disabilities completing some form of post high school credential. The 2014 Division of Florida College data reflects only 67 of the 3,691 students with disabilities were students who were identified as having the disability of Autism Spectrum Disorder. The report "Characteristics of Two-Year College Students on the Autism Spectrum and their Support Services Experiences" further substantiates the consistently lower number of enrollments within post-secondary education for youth identified with Autism and Hispanic/Latino, particularly in regard to two year colleges, where students with Autism identified as Hispanic/Latino, compared to White, Black or other races, had the lowest enrollment rates.

This disparity of students with Autism who are not completing post-secondary education and training is expected to grow as evidenced by the number of younger students with Autism in our schools compared to the older students with Autism. Specifically, the student enrollment in 2015 for students with Autism who were 21 years of age was only 345; however, the number of students with Autism in each of the descending age brackets gradually increases with a total of 1,800 students with Autism who were 14 years of age enrolled in 2015. In addition, Florida's Hispanic population is growing. In 1990, individuals identified as Hispanic represented 12.2 % of the state's population. This percentage increased to 22.5% based on the

2010 census and is forecasted to represent 28% of the state's population by 2030. These two disparities together will result in a significant increase in the number of students with Autism who are identified as Hispanic/Latino who do not access or complete the post-secondary education and training needed to improve their outcome for employment.

The availability of assistive technology *

In Florida, a wide range assistive technology devices and services are provided through multiple entities and at both the state and local levels. The Florida Alliance for Assistive Services and Technology (FAAST), funded through the Assistive Technology Act of 2004, is focused solely on provision of assistive technology related services. Through its state headquarters, FAAST offers a statewide device loan program so individuals can determine if the device will meet their needs; information and referral relative to devices, services and funding sources; an on-line assistive technology exchange to find new and used assistive technology devices; reutilization of assistive technology devices; financial loans for the purchase of assistive technology devices and services; and assistive technology demonstration and training services. FAAST services are also available throughout the state via six (6) Regional Demonstration Centers that provide the FAAST information and referral, assistive technology equipment loans, and device demonstration and training at the local level. During FY 2014-2015, 11,240 individuals with disabilities received information and/or assistance from FAAST, along with 429 family members, guardians and authorized representatives. In addition, 15,796 representatives of agencies and organizations received information and/or assistance from FAAST, 15,022 of whom were representatives of community living type of agencies/organizations.

The Department of Education (DOE) Division of Vocational Rehabilitation (VR) provides rehabilitation technology to address barriers experienced by individuals with disabilities in employment, education, rehabilitation, transportation and independent living. The categories of rehabilitation technology services provided include building and worksite modification; adaptive equipment and products; customized wheelchairs, scooters and mobility aids; computers and related items such as software adaptations and training; accessible vehicles; and vehicle modification. For FY 2014-2015, 8% of the VR purchased client services funds were expended on assistive technology and services/rehabilitation technology.

DOE Bureau of Exceptional Education and Student Services (BEESS) provides assistive technology devices and services for students with disabilities. The assistive technology services include, but are not limited to, evaluation of student needs; acquisition of the assistive technology devices; any designing, adapting and maintenance of the devices; coordination with other services; and training and technical assistance for students and professionals. The range of assistive technology devices provided include simple or low technology (such as pencil grips, tactile rulers, light pens, page holders, paper communication systems), mid technology (such as timers, talking photo albums, digital recorders, spell checkers, calculators, switch-operated appliances, and message communication systems requiring simple training), and high or complex technology (such as computers, mobile devices, alternative keyboards, communication devices, text-to-speech software, and text scanners).

Another arm of DOE, is the Florida Diagnostic and Learning Resources System (FDLRS), which provides assistance and support in the use of a variety of technologies for students, teachers, professional staff, and parents. FDLRS provides its services through 19 local FDLRS Associate Centers, each with a Technology Specialist. The technology services provided by FDLRS includes, but is not limited to, accommodations/modifications, assistive technology, augmentative communication, accessible instructional materials, technology tools and strategies, Universal Design for Learning (UDL), and visual strategies and communication. FDLRS also offers an Assistive Technology and UDL Loan

Library with on-line UDL assistive technologies to support students with disabilities to participate and progress in the core curriculum. The Council has assisted in facilitating the use of UDL in Florida's schools with funding to purchase UDL technologies and provide training in multiple school districts. Outcomes of this initiative included an increase in students with intellectual and developmental disabilities being taught in inclusive educational settings and academic gains of these students. FDLRS assisted with the training and on-going technical assistance to this UDL initiative.

Technologies to assist individuals with intellectual and developmental disabilities are also available through Medicaid (such as augmentative and alternative communication systems, and ambulatory aids) and the Developmental Disabilities iBudget HCBS Waiver (such as van adaptations, wheelchairs, wheelchair carriers, lifts, and some smart home technologies, such as adaptive switches and buttons to operate equipment, communication devices and environmental controls, adaptive door openers and locks, and environmental safety devices). Some local Centers for Independent Living offer assistive technology services, such as assessments and training, short-term loans, and alternative finance options for purchase of assistive technology. At least one Center for Independent Living operates a FFAST Device Loan program.

Waiting Lists *

| Numbers on Waiting Lists in the State | | | | | | |
|---------------------------------------|---------------------|--------------|-------------------------------------|-------------------------------------|--|--|
| Year | State Pop (100,000) | Total Served | Number Served per 100,000 state pop | National Average served per 100,000 | Total persons waiting for residential services needed in the next year as reported by the State, per 100,000 | Total persons waiting for other services as reported by the State, per 100,000 |
| 2014 | 199.1 | 30281 | 0.00152 | 0.00238 | 0 | 0.00106 |
| 2013 | 193.5 | 28849 | 0.00149 | 0.00225 | 0 | 0.00116 |
| 2013 | 191 | 28618 | 0.0015 | 0.00174 | 0.00023 | 0.0011 |

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

Case Management authorities ☒ Providers ☐ Countries ☐ State Agencies ☐ Other ☐

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

Yes ☒ No ☐**c. Individuals on the wait-list are receiving (select all that apply) for the chart above**

- ☐ No Services
- ☐ Only case management services
- ☒ Inadequate services

d. To the extent possible, provide information about how the state places or prioritizes individuals to be on the wait-list

- ☐ Comprehensive services but are waiting for preferred options
- ☒ Other

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

Florida's method for prioritizing individuals to be on the waitlist for the Developmental Disabilities iBudget HCBS Waiver is a system of categories which are defined in state statute. These categories are as follows: Category 1 includes individuals who are in crisis; Category 2 includes individuals from the child welfare system who are at least 18 but not yet 22 years of age who withdrew their consent to remain in the extended foster care system or who are either transitioning out of the child welfare system due to an adoption or reunification with a family member, permanent placement with a relative, or guardianship with a nonrelative, or are at least 18 but not yet 22 years of age and need both extended foster care and waiver services; Category 3 includes individuals whose caregivers will be unable to provide care, who are at substantial risk of incarceration or court commitment without supports, whose needs place them or their caregiver at risk of serious harm, or who will be discharged from a state mental hospital or skilled nursing home and require a caregiver; Category 4 includes individuals whose caregivers are 70 years of age or older; Category 5 including individuals who are expected to graduate within the next 12 months from secondary school; Category 6 includes individuals who are 21 years of age or older and do not meet one of the other Categories; and Category 7 includes individuals who are younger than 21 years of age and do not meet one of the other categories. Individuals who received HCBS waiver services in another state, who are eligible for Florida HCBS waiver services, and whose parents or legal guardians are active duty military service members who are transferred to Florida, are eligible to receive HCBW waiver services. As funding is added to move individuals from the waitlist to the HCBS waiver, if there are not sufficient funds to provide services to all the individuals in a Category a Waitlist Prioritization Tool, which rates the Questionnaire for Situational Information (QSI) assessment, severity risk factors, and family risk factors, has been used. For the funding provided for FY 2016-2017 to move individuals in Category 6 of the waitlist to the waiver, the following specific criteria was stipulated for who would receive waiver services: individual is 30 years of age or older, resides in family home, has been on the waitlist at least 10 continuous years and is classified at a level of need 3, 4 or 5 on the QSI. Funds are available to provide some services to individuals on HCBS waitlist. These services include but are not limited to respite care for children, consumable medical supplies, durable medical equipment, adult day training, transportation, personal supports, dental, residential habilitation, behavioral supports, and in-home subsidies. The waitlist for vocational rehabilitation services also uses categories to prioritize individuals for services, referred to as Order of Selection. These categories are as follows: Category 1 are individuals with the most significant disability defined as a disability which seriously limits three or more functional capacities in terms of work, requires three or more primary services, services must be provided for at least 12 months, and is not likely to be corrected through surgical intervention and/or other treatment modes; Category 2 are individuals with significant disabilities defined as a disability which seriously limits one or two functional capacities in terms of work, requires two or more primary services, and services must be provided for at least 6 months, or the individual is a recipient of Social Security Disability Benefits or Supplemental

Security Income as a result of disability or blindness; and Category 3 are individuals with a disability defined as a disability which does not seriously limit functional capacity in terms of work and/or services are expected to last less than 6 months. Individuals with intellectual and developmental disabilities meet the definition of Category 1.

e. Description of the state's wait-list definition, including the definitions for other wait lists

The state's waitlist definition is the same as the state's method for prioritizing individuals on the waitlist. See the response to d. above for the state's waitlist definition.

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

Yes ☒ No ☐

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

Individuals placed on the waitlist have been determined eligible for Developmental Disabilities iBudget HCBS waiver services. A needs assessment, referred to as the Questionnaire for Situational Information (QSI) is conducted. This assessment gathers information regarding life changes and community inclusion, functional status, behavioral status, and physical status. A short version of a support plan is developed. Annually thereafter, the individuals receive an Annual Status Review, which provides them with an update on their waitlist status and requests information to better understand their current needs.

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 ☐

h. Specify any other data or information related to wait-lists

These last five years have seen major movement forward in addressing the HCBS Waiver waitlist. The Florida Legislature has provided funding each of the last four years specifically to move individuals from the waitlist to the waiver: FY 2013-2014 \$36 million, FY 2014-2015 \$20 million, FY 2015-2016 \$40 million, and FY 2016-2017 \$38 million. Since FY 2013-2014, offers for waiver service have been sent to 5,372 individuals with 3,855 individuals being added to the waiver. In examining the current 20,486 individuals on the waitlist by the prioritization categories, 46.6% of the individuals are in Category 6 and 45.2% of the individuals are in Category 7. The additional funding allocated for FY 2016-2017 will provide waiver services to any individuals who have come onto the waitlist in Categories 1, 2, 3, 4, and 5, and will start moving individuals in Category 6 from the waitlist to the waiver. The Legislature has also provided funding for specific services for individuals on the waitlist including the Arc of Florida Dental Services program and the Agency for Persons with Disabilities' Employment Enhancement program. Regarding the Vocational Rehabilitation waitlist, the number of individuals on their waitlist has been reduced significantly from 11,126 in June 2015 (9,364 in Category 2 and 1,762 in Category 3) to 1,275 as of May 2016 (all of whom are in Category 3). There have not been any individuals in Category 1 waiting for services.

i. Summary of Waiting List Issues and Challenges

One challenge with the waitlist is that there will never be sufficient HCBS waiver dollars to fund every individual with intellectual and developmental disabilities and their families in the state who need services. The focus on the waitlist, therefore, needs to not only include educating the legislature to provide additional funding for HCBS waiver services, but also how to address individuals and families' issues that contribute to the need for waiver services and, in turn, reduce the reliance on the HCBS waiver. The Council undertook an initiative during the

last 5 year State Plan to research the waitlist situation and develop and implement a strategic plan to both move individuals from the waitlist to the waiver and address the needs of individuals and families waiting for services. From this research, a comprehensive analysis of individuals on the waitlist, a comprehensive assessment of other states' efforts to reduce their HCBS waitlist, and an environmental scan that identified the barriers and challenges related to the Florida waitlist were produced. A Waitlist Strategic Plan Task Force of Florida's stakeholders reviewed the research and information and developed a strategic plan which they have been implementing. Some of the key accomplishments of this work have included working with the Agency for Persons with Disabilities on a different model for assignment of waitlist individuals to the waitlist support coordinators to improve the timeliness and efficiency in addressing the needs of waitlist individuals. Also, the Task Force worked with the Department of Elder Affairs and was awarded the Lifespan Respite Care Program Grant by the U.S. Department of Health and Human Services to build a statewide coalition of respite stakeholders and improve the accessibility of respite services. This Task Force provided the forum for a strong collaborative advocacy effort for additional waitlist funds from the Legislature, which significantly contributed to the success in waitlist funding these past four years. The major challenge as we move forward with the legislative advocacy for additional waitlist funding is that even with moving individuals off the waitlist, the waitlist remains near 20,000. As individuals are added to the waiver, new individuals are added to the waitlist. The legislators have started questioning the continued additional funding when it does not appear that the waitlist issue is being eliminated.

Analysis of the adequacy of current resources and projected availability of future resources to fund services *

An Economic Overview presented by the Florida Office of Economic and Demographic Research reflects an economy that is recovering and growing, but slowly. This growth is reflected in the recent funding levels for Florida's budget of \$78.7 billion for 2015-2016, \$75.5 billion for 2014-2015, and \$66.5 billion in 2013-2014. Indication that this growth will continue includes a real growth gain in the state Gross Domestic Product of 2.7%, which is above the national average of 2.2% for the second year in a row, and personal growth of 5.0% over the prior year, above the national average of 4.4%. Also, Florida's population growth, which is the primary contributor to economic growth (including employment and income growth) is expected to remain above 1.5%, which is lower than the 3% experienced from 1970 to 1995 but higher than the national average of .75%. However, employment is mixed with Florida still at -1.0% below its 2007 peak and with only 19 of 67 counties gaining employment to their 2007 levels. In examining Florida's sources of revenue, it is worth noting that 82.1% of the state tax collection revenue was from sales and gross receipts in 2014 and federal funding accounted 31.5% of the state's general revenue in 2013.

Florida's expenditure of these revenues includes a significant portion going to health and education; two major services used by individuals with intellectual and developmental disabilities. Medicaid spending represented 32% of the state budget in 2014, up from 29.2% in 2011. K-12 education spending accounted for 19.2% of the 2014 budget, down from 21.8% in 2011. The specific revenue sources and proportions of these sources funding the services used by individuals with intellectual and developmental disabilities varies from program to program, often based on the type of federal funding. The intellectual and developmental disabilities services provided by the Agency for Persons with Disabilities for 2013 was funded with 38% state funds and 62% federal funds, including HCBS Waiver, ICF/DD, Title XX/Social Services Block Grant, and SSI and Adult Disabled Child benefits for HCBS Waiver participants. The Exceptional Student Education (ESE) funding includes federal IDEA funding, state ESE guaranteed funding, and local dollars. Of the \$1.5 billion in combined state and federal revenue for ESE, the federal IDEA funds accounted for 37% of this total and state ESE guaranteed funds accounted for 63%. Florida's IDEA Part C Early Intervention program received 49.1% of its 2012-2013 funding from the federal IDEA Part C funds, 5% from Medicaid, and 29.4% from state general funds. When compared with the other six (6) large states, the percentage of state general funding was close to the 27% average. However, the other states reported between 3.9% and 24.8% of its funding from

the federal IDEA Part C dollars and between 26% and 34% in Medicaid funds, reflecting Florida's proportionately higher reliance on Part C dollars and proportionately lower reliance on Medicaid funds. Note, after a long history of level funding or infrequent minimal increases, the 2015 legislature allocated a significant funding increase for the Part C Early Intervention program by \$13 million. The Vocational Rehabilitation services use federal Rehabilitation Act funding that requires only a 20% state match. Florida has been able to draw the full 100% of the federal Rehabilitation Act funding for Florida since FY 2013-2014. This is an increase from FY 2012-2013 when the state funding allocated was only able to draw 83.9% of the federal funding. The Transportation Disadvantaged program utilizes much more varied funding sources. The largest sources of funding are from local governments and a state trust fund from fees related to vehicle related renewals. Additional funding includes federal funds, state agency funds for transportation for their services, local non-government, and co-pays.

Florida has been moving from a budget reduction environment to one where some fiscal resources have become available to begin addressing waitlists and some past extremely tight budgets. However, there are service and infrastructure needs yet to be addressed, as well as an interest in using these additional resources to reduce taxes. While the economy is growing, Florida will be wrestling with where to apply its financial growth.

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

Florida has two state developmental disabilities institutions remaining: Sunland Center and Tacachale. Individuals with intellectual and developmental disabilities residing at these centers include individuals who have committed a felony and have been determined incompetent to stand trial (secure forensic), individuals with intense behavioral needs with forensic backgrounds (post forensic), and other individuals for whom the institution was their placement (traditional). Of the traditional individuals who are eligible for ICF/DD as of January 2015, 62.2% are 55 years of age or over, 95.7% are 40 years of age or over, and 81.2% have severe or profound level of intellectual disabilities. From FY 2000 to January 1, 2015, there had been a 42.7% decrease in residents living at Sunland and Tacachale from 1,483 to 850. During this same period, the secure forensic and non ICF/DD individuals increased 56.2% from 130 to 203. Review of the last Annual Licensure and Certification reports for Tacachale and Sunland reflected that most of the standards not met centered around development and active implementation of individual program plans that will build the individuals' self-determination and independent living skills. All of the noted deficiencies were addressed at subsequent visits. Disability Rights Florida noted that the new director for Sunland has made tremendous strides toward community inclusion, both increasing involvement with the community and moving residents into the community. The challenge as community inclusion efforts continue is the lack of settings in the community that are capable of meeting the significant medical needs of some of these individuals.

There are approximately 89 private Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD). These ICF/DD facilities include six-bed homes located in residential neighborhoods and operated similarly to group homes. Cluster facilities which feature three homes located in close proximity but operated as separate living units. These Cluster facilities specialize in extensive medical care and rehabilitative services to provide care to more medically complex individuals. Sixty-Four Bed Campuses have four separate living units, each with eight semi-private rooms. There are other variations of these models with more than 12 residents per home. There is one site that has 120 residents housed in multiple buildings and apartments. Approximately 23% of the ICF/DD residents require 24 hour nursing services and a medical care plan, in addition to their service plans. A sample of the Annual Licensure Certification and Life Safety Surveys were reviewed that identified a wide range of standards that

were not met. However, the issue that was most prevalent was that the ICF/DDs were not adequately implementing and updating the active treatment plans to address inappropriate behaviors and, more often, to build capabilities and skills of the individual to function with optimal self-determination and independence in the community. As with the state institutions, with subsequent visits the deficiencies cited had been addressed. Similar for both the institutions and private ICF/DDs is the issue of insufficient effort towards building the capacity of individuals with intellectual and developmental disabilities for self-determination and to be independent.

Individuals with intellectual and developmental disabilities are also residing in nursing homes. This has been a particularly acute issue for children. In July 2013 the federal Department of Justice filed a lawsuit against the State of Florida alleging that the state was in violation of the ADA in its administration of its service system for children with significant medical needs, resulting in nearly 200 children with disabilities being unnecessarily segregated in nursing homes when they could be served in their family homes or other community settings. It further alleged that the state's policies and practices place other children with significant medical needs in the community at serious risk of institutionalization in nursing facilities. Specific to the children who are residing in the nursing homes, the lawsuit alleged that these children spend most of their days with only limited interaction with children without disabilities; receive education services which consist of classes in an activity room within a nursing facility; reside in facilities where the interior resembles a hospital; and do not receive the stimulation and variety of interactions that occur in the community and contribute to the full development of a child. Initially there were six (6) pediatric nursing homes, now there are three (3). Improvements have been made in the system and services to encourage and facilitate placement of these children with medically complex and fragile conditions in the community. The most recent is the Agency for Health Care Administration's announcement that rules for alternative residential options for these children would be developed. In July 2012 there were 230 children in nursing homes. As of July 2016, there were 145 children in nursing homes.

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

The Agency for Persons with Disabilities, which administers the developmental disabilities [ibudget] HCBS Waiver, has been the focus of extensive legislative scrutiny, particularly the management of the waiver budget within the appropriated funding and controlling and minimizing costs. This combined with the recession has resulted in continuous reductions in services and reimbursement levels that accumulate each year. Since 2007 chore services, non-residential support services, homemaker services, and message therapy have been eliminated; and supported living coaching, support coordination, and personal care assistance have been limited. A four-tiered waiver system was implemented in 2008, which, with the exception of Tier 1, capped the funding individuals and families could receive. This tier system was replaced by an Individual Budgeting allocation process in 2013, which resulted for many in reductions in service levels to remain within their allocation, particularly transportation.

Provider reimbursement rates have also been significantly reduced. Some of these reductions have included a 14.3% reduction in Residential Habilitation rates and 7% reduction in Live-in Residential Habilitation rates in 2003; 3% reduction for Support Coordination and Residential Habilitation services and 7.21% for other waiver services in 2008; a 3% rate reduction for waiver services in 2009; and a 4% across the board rate cut for all waiver services in 2011. While funding was added to move individuals from the waitlist to the HCBS waiver and some minimal rate increases were authorized, compounded across the years, these rate reductions as of 2015 have resulted in reimbursement rates that are on the average 14.3% lower than they were in 2003. In addition to reductions in reimbursement rates, providers are facing increased insurance costs, increased minimum wage levels, and the addition of multiple unfunded responsibilities in the form of additional billing requirements, background

screening costs for staff, licensure standards, and staff training. Remaining on the current path will continue to the deterioration of a network that exists to provide for Florida's most vulnerable citizens. Florida has seen a 29.8% drop in the number of providers actually providing services since 2007-2008; and agencies that are providing multiple (two or more) services show a 42% reduction over the last 8 years. With the 2016 legislative session, only three service provider categories received a rate increase and that was only 3%.

Florida's expenditures on its most vulnerable individuals are very low compared to other states recovering from the recession. Specifically, Florida's spending in 2013 for intellectual and developmental disabilities services per \$1,000 of aggregate statewide income ranked 50th out of 51 states and the District of Columbia. Florida's fiscal effort for intellectual and developmental disabilities services has decreased 13% since 2011.

Exasperating these critically low reimbursement rates is the implementation of the Department of Labor (DOL) In-Home Care rule which requires that Medicaid service providers be paid at least minimum hourly wage. For supported living, personal supports and companion service providers, their daily rate works out to be lower than minimum wage. This issue particularly impacts when services are provided on a 1:1 or 1:2 staff to individual ratio and, in turn, the more independent living/non-congregate settings. The 2016 Florida Legislature allocated funds for the DOL issue, however, it is not yet clear the extent to which this funding will adequately address this issue. If sufficient funding is not provided to pay minimum wage for the service providers, provision of service will move to more congregate settings for cost efficiency, losing ground in our efforts for full integration and inclusion in the community.

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

* - Required field

Rationale for Goal Selection *

From the beginning of the Council's development of the 2017-2021 State Plan, every discussion started with highlighting both the shifting to a focus on system change and individual and family advocacy, and significantly reducing the goals and objectives to focus more effort on fewer goals for great systems' impact. After completion of the comprehensive review and analysis and extensive public input, a two-day stakeholder meeting was held on May 12th and 13th 2015 with over 40 self-advocates, families, state agencies, providers, Council members and other stakeholders. The purpose of this meeting was for the stakeholders of Florida's developmental disability community to collaboratively examine with the Council what was learned from the comprehensive review and analysis and public input, and identify recommended issues for the Council to consider for its 2017-2021 State Plan goals. Twenty-seven (27) issue areas were identified. The top eleven issues were as follows: integrated approach/ collaboration/ braided funding; transition across the lifespan; clear vision and direction; safe and affordable housing; benefits/income limits; provider network – rates and training; waitlist; self-advocacy network- empowerment; employer training/awareness/buy-in; transportation across all domains; and aging caregiver support.

The Council members held its' State Plan Development meeting on May 28th and 29th, 2015 to develop the 2017-2021 State Plan goals. The recommendations from the Stakeholder meeting were presented, along with a synopsis of the public input. Their goal was to identify only five (5) system change goals for 2017-2021, one (1) to three (3) Individual and Family Advocacy Goals, and a goal to address emerging needs. In determining whether an issue should be included in the State Plan, consideration was given to the following: whether there was a role for the Council to promote systems change, whether there was sufficient data and/or input that there was a need, whether progress could be made in five (5) years, and whether there was sufficient support from other collaborative partners that would commit to working with the Council on the issue. Council members worked in small groups and as a full group. Each Council member identified their top issues for the System Change goals. The top five (5) issues that were identified the most were as follows: transportation for accessing the entire community, including transportation disadvantage and other transportation systems; employment through a broad partnership, including Employment First and employers; workforce for direct service providers, including best practices, effective services, comparable pay, and sustainable, qualified provider base; transition for elementary through postsecondary, including promotion of consistent practices statewide, increasing options, and early planning; and housing, including increasing safe, affordable, and inclusive housing with choice encouraged and financial support. Benefits/Income limits was identified as a self-advocacy issue.

Rationale for Particular Goal Areas

1. **Employment Goal:** Employment was identified as an unmet need in the public input process more often than any other issue and was in the top 11 issues of the stakeholders from the May 12th and 13th meeting. In addition, implementation of Employment First has been making significant headway and was seen as a framework and impetus for creating the system changes that will improve employment for individuals with intellectual and developmental disabilities. Considering the stark disparity between the 78.5% of individuals with disabilities who are not in the workforce compared with 33.7% of individuals without disabilities, this was clearly an issue that needs continued attention.
2. **Elementary through Postsecondary Transition Goal:** Transition was one of the highest ranked issues from the May 12th and 13th Stakeholders meeting. The need for earlier transition services was also identified through public input. This is an area the Council has made tremendous strides in developing postsecondary models for individuals with intellectual and developmental disabilities that result in employment related credentials. In addition, legislation was recently passed that provided for development of postsecondary education and training programs statewide for student with

disabilities. The Council wants to ensure this new postsecondary system and the transition services to prepare students for this opportunity will adequately serve individuals with the most significant disabilities.

3. **Self-Advocacy Leadership Goal:** This goal provides for the Council's initiatives to meet the DD Act self-advocacy requirements. It is also providing for a new three (3) tiered level of advocacy training for self-advocates and other stakeholders, which builds upon the Partners in Policymaking (first level) and provides a Partners in Policymaking Plus (second level), as well as a next generation leadership training in collaboration with our DD Network (third level).

4. **Self-Advocacy Systems Change Goal:** This goal is focusing on the public policy advocacy of self-advocates and other stakeholders to change the income limit requirements that currently restrict significantly the earnings permitted by individuals with intellectual and developmental disabilities, if they are to continue receiving Medicaid and HCBS waiver services. The income limits and fear of loss of benefits, along with benefits planning, was one of the top issues identified at the May 12th and 13th Stakeholders meeting.

5. **Housing Goal:** Housing was one of the highest ranked issues from the May 12th and 13th Stakeholders meeting. It was also one of the most identified issues and needs from the public input process. In addition, through the Council's work in establishing the housing non-profit organization, it was recognized that so many of the decisions regarding the use of public housing dollars are being determined at the local level. Therefore, the housing system needs to be also tackled at the local level.

6. **Workforce Goal:** The May 12th and 13th Stakeholders included as a high priority the lack of education/training for providers of services for individuals with intellectual and developmental disabilities. The issue of providers not being adequately trained and the need for a stronger provider network was also identified through the public input. Retaining a qualified workforce is reaching crisis proportion with increased turnover rates, little service availability and the closure of group homes and other provider businesses. The Council also recognized that the solution is more than rate increases. It is building a more stable and qualified workforce that leads to more choices for individuals with intellectual and developmental disabilities.

7. **Broad Systems Change Goal:** This goal is providing the Council with an avenue to address emerging or emergency issues that were not apparent during the development of the State Plan. It is also capturing the finishing of some 2012-2016 initiatives, which are using FY 2015 and FY 2016 funds that will be expended after October 1st, 2016 and, therefore, reported in the 2017 PPR.

8. **Transportation Goal:** Transportation was identified as an unmet need across all public input venues. The lack of transportation was an impediment to virtually every area of service and supports, including housing, education, health care and employment. The Council was not going to be successful at addressing any of the goals identified if there are not improvements in transportation.

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

The Florida DD Network partners, which includes the Council, the University of Miami Mailman Center, Florida Center for Inclusive Communities (FCIC) at the University of South Florida, and Disability Rights Florida, began planning its collaborative initiative at a face-to-face meeting in November 2015 and jointly developed the objectives, key activities and actions steps through multiple conference calls. The DD Network collaborative initiative focuses on strengthening the leadership in Florida by building the next generation of top leaders who can effectively influence practice and policy for individuals with intellectual and developmental disabilities in this state. Each of the DD Network partners will identify one self-advocate and one mid-career institutional leader who have shown real promise and are willing to make the long-term commitment for an initial cohort of eight (8) leader trainees. These leader trainees, referred to as the DD Network Leadership Cadre, will receive training through multiple sources, such as attending a national leadership training or having national leadership training tailored for and delivered in Florida. Each of the DD Network

partners will be responsible for introducing the cohorts to a wide breath of experiences and providing mentoring based on each leader trainees' interest and expertise. This trained cohort of leaders will be available to assist each of the DD Network partners with our state-wide systems change efforts, as well as participate in forums to influence practice and policy for individuals with intellectual and developmental disabilities. They will also turn around and provide statewide experiences and mentoring to a new cohort of leader trainees.

Each DD Network partner brings resources to ensure the success of this initiative. This initially includes dedicating staff who will continue as the team to plan and implement this initiative, identifying candidates they believe will be most successful, and providing state experiences and mentoring to leader trainees. Additional resources to be provided by each of the partners will be determined as the planning continues. This initiative supports each of the network partners' efforts to develop self-advocacy in Florida, as well as strengthening each of our capacities to influence systems change.

Collaboration with each of the DD Network Partners:

The Council and Disability Rights Florida will continue our collaboration to promote self-advocacy by improving voting participation through Project VOTE. Disability Rights Florida and Council staff have been jointly planning Project VOTE training sessions, drawing from the self-advocates involved in the Council funded Florida SANDS, the state's self-advocacy organization. This collaborative initiative has been included in the 2017-2021 State Plan. In addition, the Council and Disability Rights Florida have and will continue to collaborate on legislative and public policy issues including meeting and strategizing avenues to support each other's efforts.

The Council and FCIC will be collaborating on the development and utilization of policy briefs that the Council can use in its advocacy of one or more of its systems change goals. The Council and FCIC are currently and will continue to collaborate on Waitlist advocacy. FCIC is creating a Waitlist campaign via website and social media. The Council through its Waitlist Strategic Plan Task Force has been working to build the grassroots advocacy for educating legislators about the Waitlist issues. FCIC and the Council have begun merging these efforts including using the FCIC waitlist campaign to help build this grassroots effort and using the task force stakeholders to assist FCIC with thinking about their campaign. It is likely that one of the policy briefs will be around the waitlist issue.

The Council and the Mailman Center have been collaborating on the self-advocacy leadership training, as the Mailman Center is the contractor for the Council funded Project SALT. The Council will not be continuing Project SALT, however, the Mailman Center will be sustaining Project SALT by incorporating this training into its LENDS program.

Collaboration with other Entities

The Florida DD Network partners collaborate with other entities in the state in a number of ways. First, the Council hosts regular DD Stakeholder conference calls of the major state level organizations serving or representing individuals with intellectual and developmental disabilities to discuss key legislative, state agency, and Governor policy development or issues. These DD Stakeholder conference calls, which are held weekly during the legislative session and monthly during the non-session months, provide a valuable venue for sharing information, identifying commonalities in positions, developing consensus on many issues, and coordinating advocacy efforts. Entities at the table usually include the Council, Disability Rights Florida, Florida Family Care Council, The Arc of Florida, Florida Association of Rehabilitative Facilities, and Support Coordinator Association. Second,

the Council convenes a Consortium meeting each year of a broader group of state agencies and organizations to share information on legislative priorities for the upcoming year and identify opportunities for collaboration on particular issues. Third, the Council will be partnering with a number of organizations for the 2017 Developmental Disabilities Awareness Day including The Arc of Florida, Disability Rights Florida, FCIC, and the Agency for Persons with Disabilities. Fourth, there are several Council initiatives that are and will continue to utilize representatives from various state agencies and organizations to collaboratively examine and work to improve systems affecting individuals with intellectual and developmental disabilities, such as the provider rate advocacy effort and Employment First. Finally, it will be apparent in the projected collaborators for each of the Council's 2017-2021 State Plan goals that all of our system change efforts provide for greater collaboration among state agencies and organizations, including non-disability partners. Many of these partnerships have already been built. Some have an interagency collaborative agreement in place (i.e., Employment First); others are in various stages with collaborative efforts (e.g., postsecondary education and training, housing).

5 Year Goals

Goal #1: Goal 2: Employment

Descripton *

By the end of the five-year state plan, working in collaboration with the nine signatory partner agencies/organizations to Florida's Employment First efforts, the Council will provide technical assistance and training to individuals with intellectual and developmental disabilities, family members, employers and other key stakeholders to increase the number of individuals with intellectual and developmental disabilities gaining competitive employment at or above minimum wage by 25% over the 2014 Employment First baseline data.

Expected Goal Outcome *

- Outcome 1: Data from each of the nine signatory partner agencies/organizations to Florida's Employment First efforts will reflect a 25% increase in the number of individuals with intellectual and developmental disabilities gaining employment at or above minimum wage over the established 2014 Employment First baseline data.

Objectives

Objective 1. By the end of each fiscal year in the five- year state plan, one or more of the nine signatory partner agencies/organizations to Florida's Employment First efforts will have implemented at least one major policy or practice change that shifts or improves their services and system to increase competitive, integrated employment of Floridians with disabilities at minimum wage or greater.

Goal #2: Goal 3: • Elementary through Postsecondary Transition

Descripton *

By the end of the five-year state plan, the Council will have contributed to the implementation of at least four new improvements to transition services and two or more policies or practices that assist students with intellectual and developmental disabilities from elementary through post-school transition into meaningful post-school outcomes with adequate services and supports.

Expected Goal Outcome *

- Outcome 1: A minimum of four new improvements to transition services that assist students from elementary through post-school transition for students from elementary through post-school transition will be achieved, resulting in meaningful post-school outcomes with adequate services and supports for students with intellectual and developmental disabilities. • Outcome 2: Two or more policies or practices will be improved or developed to assist students with intellectual and developmental disabilities, elementary through post-school, attain meaningful post-school outcomes with adequate services and supports.

Objectives

Objective 1. Throughout the five-year State Plan, collaborate with agencies, school districts, and programs to create or expand two or more practices designed to improve transition outcomes for students with intellectual and developmental disabilities from elementary through postsecondary education/training.

Objective 2. Improve access to and completion of postsecondary education and training programs by a minimum of a 10 % increase over baseline data for students who identify as Autism Spectrum Disorder and Hispanic/Latino to address targeted disparity found in completing postsecondary education and training programs, particularly programs within the Division of Florida Colleges, through outreach efforts to identify key barriers and proposed solutions and marketing and implementing programs, supports and/or strategies based on findings to improve outcomes.

Goal #3: Goal 4: • Self Advocacy Leadership

Descripton *

By the end of the five-year state plan, a minimum of 250 Floridians with intellectual and developmental disabilities and a minimum of 100 family members or allies who are not currently participating in leadership and advocacy will participate in leadership, advocacy and systems change activities in culturally diverse or cross-disability coalitions.

Expected Goal Outcome *

• Outcome 1: The Florida SAND state self-advocacy organization led by individuals with intellectual and developmental disabilities will have developed the infrastructure to sustain as an independent, non-profit organization. • Outcome 2: A cadre of trained leaders representative of the diverse geographic regions of the state will be established and available to provide leadership training to individuals with intellectual and developmental disabilities who desire to become leaders. • Outcome 3: The number of individuals with intellectual and developmental disabilities and their family members participating in cross-disability and culturally diverse leadership coalitions, including participation on local- and state-level systems change boards, coalitions and teams representative of areas of emphasis, will be increased. • Outcome 4: The number of individuals representative of outcomes 1 – 3 above will increase by a minimum of 250 Floridians with intellectual and developmental disabilities and 100 family members or allies.

Objectives

Objective 1. In each year of the state plan, support the statewide self-advocacy organization, Florida SAND, to encourage its members and their circles of support to participate in at least one grassroots effort to inform the community of issues affecting full inclusion or advocacy and engage in at least one specific public policy activity.

Objective 2. By the end of the five-year state plan, a minimum of 100 individuals with intellectual and developmental disabilities and people in their circles of support will increase their knowledge of self-advocacy, public advocacy, leadership and self-determination

Objective 3. Throughout the five-year plan, collaborate with all DD Network Partners to implement and sustain a leadership training program and efforts to build the next generation of top leaders among a minimum of eight self-advocates and eight mid-career institutional leaders.

Objective 4. Throughout the five-year plan, collaborate with Disability Rights Florida, the DD Network State-wide Advocacy Center, to promote voting access for people with intellectual and developmental disabilities via training and opportunities to improve public speaking skills as Project VOTE co-trainers, building leadership and advocacy skills among a minimum of 25 self-advocates.

Objective 5. By the end of the five-year state plan, through collaboration with the Florida Center for Inclusive Communities, and other DD Network Partners if determined appropriate, a minimum of one systemic change will have been made for one high priority issue impacting the lives of individuals with intellectual and developmental disabilities through the development and dissemination of policy briefs to be used by self-advocates and families.

Goal #4: Goal 5: • Self-Advocacy Systems Change

Description *

By the end of the five-year state plan, there will have been at least one systemic change to federal and/or state statutes, rules, policies or procedures designed to mitigate the income limits imposed on people with intellectual and developmental disabilities in federal and state programs and restore their ability to independently control their income.

Expected Goal Outcome *

- Outcome 1: A minimum of one systemic change to federal and/or state statutes, rules, policies or procedures mitigating the income limits on people with intellectual and developmental disabilities will be implemented resulting in restoration of their ability to independently control their income.

Objectives

Objective 1. By the end of the five-year state plan, collaboratives of stakeholders, including individuals with intellectual and developmental disabilities, and state self-advocacy organizations will educate a minimum of 50 policy-makers at the federal and/or state level on the impact of waiver income limits and the benefits of the Medicaid Buy-In.

Goal #5: Goal 6: Housing

Description *

By the end of the five-year state plan, Florida will have made at least one systemic change to statutes, rules, policies or procedures designed to improve choice and provide for financial support for safe, affordable and inclusive housing with access to support services for individuals with intellectual and developmental disabilities.

Expected Goal Outcome *

- Outcome 1: A minimum of one systemic change to statutes, rules, policies or procedures designed to improve choice and provide for financial support for safe, affordable and inclusive housing with access to support services for individuals with intellectual and developmental disabilities will be achieved.

Objectives

Objective 1. By the end of the five-year state plan, the Council will have collaborated with profit, nonprofit, and governmental housing organizations to prioritize the needs of individuals with intellectual and developmental disabilities by monitoring and influencing the development of key federal and state housing plans and allocation of resources in a minimum of three (3) cities and three (3) counties representative of three (3) different geographical areas of the state.

Goal #6: Goal 7: Workforce

Description *

By the end of the five-year state plan, one or more improvements will be made to practices, services and compensation for community-based service providers to ensure that individuals with intellectual and developmental disabilities have access to, and receive services and supports from, a sustainable, qualified provider base.

Expected Goal Outcome *

- Outcome 1: One or more improvements will be made to practices, services and compensation for community-based service providers to ensure that individuals with intellectual and developmental disabilities have access to, and receive services and supports from, a sustainable, qualified provider base.

Objectives

Objective 1. By the end of the five-year plan, in collaboration with stakeholders, identify recommendations and advocate for competitive compensation for a minimum of two (2) categories of community-based service providers.

Objective 2. By the end of the five-year plan, in collaboration with stakeholders, identify, develop, and implement evidence-based training for at least 250 community-based service providers (i.e., personal care attendants and residential habilitation/group home staff) and 25 supervisors, representing agencies/organizations of diverse sizes.

Goal #7: Goal 8: Broad Systems Change

Description *

By the end of the five-year state plan, a minimum of six systemic changes to statutes, rules, policies or procedures at the state, regional or local levels designed to improve community inclusion for individuals with intellectual and developmental disabilities will have been achieved.

Expected Goal Outcome *

- Outcome 1: In partnership with individuals with developmental disabilities, their families and community stakeholders the Council will support interagency collaboration and demonstration of new approaches to increase access to affordable, accessible, transportation options for Floridians with developmental disabilities.
- Outcome 2: In partnership with individuals with developmental disabilities, their families, advocates and key stakeholders, the Council will

educate and provide training and technical assistance to employers and stakeholders that will enable individuals with developmental disabilities to obtain and sustain employment at or above minimum wage. • Outcome 3: In partnership with children and youth with developmental disabilities, their families and community child care providers, the Council will research, and provide training and technical assistance to stakeholders to increase the number of children and youth in inclusive educational and child care settings. • Outcome 4: In partnership with individuals with developmental disabilities, their families, advocates, and stakeholders the Council will conduct research and provide training and technical assistance to stakeholders to promote person centered transition planning, expand opportunities for post-secondary education and employment that meets the life goals of individuals with developmental disabilities. • Outcome 5: In partnership with individuals with developmental disabilities, families and other community partners, the Council will provide training, technical assistance and support to build capacity of individuals with developmental disabilities for self-determination, independence and meaningful participation with their communities. • Outcome 6: In partnership with individuals with developmental disabilities and their families, the Council will provide education and outreach to stakeholders, provide education to policy makers and facilitate coalition development and interagency collaboration to increase the available Developmental Disabilities Home & Community Based Waiver services and non-waiver supports to respond to the needs of individuals on the Waitlist. • Outcome 7: In partnership with individuals with developmental disabilities, their families and community stakeholders the Council will support education, training and technical assistance regarding legal rights and responsibilities and abuse and neglect issues for Floridians with developmental disabilities. • Outcome 8: In partnership with individuals with developmental disabilities, their families and stakeholders, the Council will provide training and technical assistance to health care professionals and stakeholders to assist individuals with developmental disabilities and their families to gain and maintain skills that ensure their health and safety.

Objectives

- Objective 1.** At the end of year one of the 2017-21 five-year state plan, initiatives started in the 2012-16 five-year state plan, will have been completed and a minimum of one systemic change from the work will be achieved in the area of transportation.
- Objective 2.** At the end of year one of the 2017-21 five-year state plan, initiatives started in the 2012-16 five-year state plan will have been completed and a minimum of one systemic change from the work will be achieved in the area of employment.
- Objective 3.** At the end of year one of the 2017-21 five-year state plan, initiatives started in the 2012-16 five-year state plan will have been completed and a minimum of one systemic change from the work will be achieved in the area of child development and education.
- Objective 4.** At the end of year one of the 2017-21 five-year state plan, initiatives started in the 2012-16 five-year state plan will have been completed and a minimum of one systemic change from the work will be achieved in the area of self-advocacy leadership.
- Objective 5.** At the end of year one of the 2017-21 five-year state plan, initiatives started in the 2012-16 five-year state plan will have been completed and a minimum of one systemic change from the work will be achieved in the area of community living.
- Objective 6.** At the end of year one of the 2017-21 five-year state plan, initiatives started in the 2012-16 five-year state plan will have been completed and a minimum of one systemic change from the work will be achieved in the area of health care and prevention.
- Objective 7.** By the end of the five-year state plan, one or more emerging needs of individuals with intellectual and developmental disabilities will have been addressed through the provision of technical assistance and supports, resulting in one or more systemic changes.
- Objective 8.** By the end of the five-year state plan, one or more emerging needs of individuals with intellectual and developmental disabilities will have been addressed through the provision of technical assistance and supports, resulting in one or more systemic changes.

Goal #8: Goal 1: Transportation**Description ***

By the end of the five-year state plan, the Council will work in collaboration with agencies and organizations to develop and implement a minimum of three sustainable transportation solutions to develop and implement at least one infrastructure change and advocate for increased funding to increase access to safe and affordable methods of transportation for individuals with intellectual and developmental disabilities.

Expected Goal Outcome *

- Outcome 1: A minimum of three sustainable transportation solutions are developed and implemented for individuals with intellectual and developmental disabilities.
- Outcome 2: A minimum of one infrastructure change, resulting in increased access to safe and affordable transportation for individuals with intellectual and developmental disabilities, is executed.

Objectives

Objective 1. By the end of the five-year state plan, a mobility manager structure will be in place state-wide that will provide evidence of increased access to the community and satisfaction with transportation services for two or more life activities (e.g., employment, postsecondary education, recreation, leisure activities, shopping, etc.) for individuals with intellectual and developmental disabilities.

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

* - Required field

Evaluation Plan *

- Outline How the Council Will Examine the Progress Made in Achieving the Goals of the State Plan:

Our plan for the evaluation of the achievement of the State Plan now focuses more solidly on outcomes of the goals and objectives, instead of successful completion of the contract and its activities as in the past. A new organizational configuration was adopted to provide an operational structure for the Council that would ensure a comprehensive focus and emphasis on achievement of the State Plan goals and objectives. With this new configuration the Program Planning and Evaluation Committee will become the State Plan Committee with a shift in emphasis from approving specific project proposals to reviewing and ensuring progress in achieving the State Plan goals and objectives. The Council Task Forces have had the direct responsibility of examining the progress of the projects or contracts in achievement of the State Plan goals, identifying the barriers and impediments to that progress, and determining revisions or additions needed to the strategies. These task forces will become Goal Subcommittees under the State Plan Committee. New to the Goal Subcommittees will be the comprehensiveness of their responsibility for achievement of the goals and objectives, not just the projects and contracts. As an example of this comprehensiveness, the Council's communication and public policy efforts will no longer be separate activities with their own committees. The Communication and Public Policy Committee will be eliminated and the Goal Subcommittees will be responsible for the communication and public policy activities needed to achieve the goals.

There are formal processes in place for the ongoing examination of work being conducted and progress in achievement of the goals and objectives, providing for a formative evaluation that enables the Council to decide whether and how to modify the course of work for improvements. Incorporated into each contract is the specific State Plan goal and objective the initiative is intended to address, as well as the related outcomes, outputs, performance measures, and evaluation measures as included in the State Plan. Most contracted initiatives will have an assigned Council or Resource member with whom the staff consults on issues and who reviews key products. A comprehensive Deliverable Review Form is completed for the authorization of payment for each deliverable that records information on the quality of the deliverable, work plan review, budget review, other monitoring questions, evaluation results, the contract status, and any problems noted. Updates on each initiative are presented at each Task Force/Goal Subcommittee meeting and often there is a presentation by one of the contractors. An Annual Public Policy Plan and Annual Communication Plan will be developed for each goal and reviewed by the Goal Subcommittee to identify the public policy and communication activities to be undertaken toward achievement of the goal. A mid-point review is conducted for each contract that provides a more detailed examination of the progress, difficulties and concerns, evaluation results to date, and outcomes anticipated to be achieved. Contractors will be required to provide with their quarterly deliverables consumer satisfaction and performance measure data.

For each goal and objective in the State Plan, activities and action steps have been developed with expected outputs, outcomes, and evaluation methods for the objectives and activities. There is a clear linkage between each of these components leading to achievement of the goal, which will enable the Goal Subcommittee to determine the strategies that are effectively contributing to achieving the goals and objectives, those that need modifications, and those that need to be replaced. There will be a separate Goal Subcommittee dedicated to ensuring the achievement of the self-advocacy related goals, including meeting the DD Act requirements, using the same processes noted above. The Self-Advocacy Leadership Task Force/Goal Subcommittee will pay close attention to the outputs, outcomes, and evaluation methods for the objectives related to Florida SANDS, the

state-wide self-advocacy organization led by individuals with intellectual and developmental disabilities; support opportunities provided for leaders to provide leadership training to others who may become leaders; and support and expansion of participation of individuals with intellectual and developmental disabilities in cross-disability and culturally diverse leadership coalitions. Support for expansion of participation of individuals with intellectual and developmental disabilities in cross-disability and culturally diverse leadership coalitions will also be evaluated and measured within each Systems Change Goal as the Council seeks to build opportunities for self-advocates and their family members to become active members of local, regional and state boards, coalitions, and committees related to the Council's systems change areas of emphasis (e.g., Transportation Disadvantaged Boards). A provider webinar will be conducted to review the Council's focus on systems change outcomes and the strengthening of the evaluation component in the contracts. The Goal Subcommittees will each present updates on the progress of achieving the State Plan goals and objectives to the State Plan Committee at their tri-annual meetings.

- Explain the methodology, which may be qualitative or quantitative, that will be used to determine if the needs identified and discussed are being met and if the Council results are being achieved.

The formal processes described above for examining the progress made in achieving the goals and objectives, incorporates the procedures used to monitor the progress. In addition to these processes and procedures, the Council developed a Master Evaluation Framework, which is based on a Tripod Evaluation Model. The Tripod Evaluation Model combines elements of the Route to Success Systems Change (RSSC) model with elements of the Context, Input, Process, Product (CIPP) evaluation model and the Complex Adaptive Systems (CAS) model. There are five (5) phases to the evaluation process with this framework: 1) Needs Assessment, 2) Project Planning and Support Building, 3) Implementation, 4) General Outcome Evaluation, and 5) Systems Change Outcome Evaluation.

The Master Evaluation Framework approach uses multiple methods to collect data and information to measure achievement of the goal outputs, outcomes and performance measures, and ultimately the objective and goal. For this State Plan, these summative evaluation methods include, but are not limited to, the following:

- o Surveys and structured interviews to collect and maintain the number of self-advocates and families interested in particular goal areas.
- o Follow-up surveys and structured interviews of self-advocates, families and other stakeholders to evaluate increased knowledge, advocacy efforts, and/or inclusion on cross-disability and culturally diverse boards, coalitions or groups.
- o Other surveys (including pre/post surveys), questionnaires and/or structured interviews to gauge satisfaction, assess effectiveness or knowledge gained; determine quality of stakeholder input or project efforts; and/or collect demographic data or data on need.
- o Number of publications developed and disseminated to assist with advocacy efforts.
- o Number and type of communication activities.
- o Review of policies, procedures, statutes and rules created or changed.
- o Meeting agendas and minutes to document technical assistance or training.
- o Reports on recommendations, literature reviews and final reports.
- o Consideration will also be given to partnering with a state university for a standardized research process, if determined appropriate for any of the Council initiatives.

Note: The methods to measure achievement of the targeted disparity objective include 1) collecting baseline data and determining targets for annual improvement; 2) using surveys, focus groups or other forums to identify the barriers and possible solutions; and 3) surveying of students, family members, secondary and postsecondary educators to assess improvements to the system.

Information from the above sources will be collected and analyzed throughout the implementation of the initiatives to document outputs, short-term and intermediate outcomes, and eventually the goal/long-term outcomes and impact, as delineated in the Logic model. The Council is in the final stages of development of a web-based data management system to automate and support development of the project evaluation plans and collection of key data from contractors.

- Describe the Council's role in reviewing and commenting on the progress towards reaching the goals of the plan.

The Council employs a multi-faceted approach in continuously reviewing the activities of every initiative, at the Task Force (now Goal Subcommittee), Committee, and full Council levels. The vast majority of the Council initiatives include an advisory committee with Council members, Resource members, and staff representation, content experts, grantees, and key stakeholders, which provides guidance on the project implementation. Reports and updates on the Council initiatives are provided to the Task Force/Goal Subcommittee at each meeting and mid-way through the contract. The Council staff consults with the designated Council member during the course of the project regarding progress and any issues or concerns. Each Task Force/Goal Subcommittee meeting and full Council meeting usually includes a presentation from one of the projects on the project activities, issues or barriers impacting the project, sustainability, lessons learned, and progress toward meeting the intended outcomes. Council members have the opportunity to ask questions, make comments, and offer suggestions and/or recommendations. Based on the feedback obtained from the advisory committees, reviews at Task Force/Goal Subcommittee, Committee, and Council levels, changes, adjustments and/or amendments are made to the initiatives, where indicated, in order to move toward achieving the intended outcomes. This comprehensive review used by the Council provides members with an on-going opportunity to closely monitor, review, and comment on the progress made toward reaching the goals and objectives of the State Plan.

- Describe how the annual review will identify emerging trends and needs as a means for updating the Comprehensive Review and Analysis.

The Council uses data from numerous sources to assess on-going needs, identify emerging trends and needs that would impact the issues included in the Comprehensive Review and Analysis (CRA) and, in turn the Council's goals and objectives. Webinars and an on-line survey are used to gather input and public comment on ongoing needs, new and emerging issues, and trends. Notice of the webinars and surveys is sent to the Council's list serve of over 3,000 individuals. A report on key national and state policy issues is also prepared and provided to each of the Goal Subcommittees. Council members receive either verbal or written reports from the state and sister agencies on their services and programs at each of the Council meetings.

In addition, Council staff conduct a thorough analysis for each goal and objective of the progress to date toward reaching the outcomes; if progress is not being made, why not; what has been learned; and what changes are needed. This information is discussed by the Task Forces/Goal Subcommittees to determine if amendments are needed to the State Plan. The Task Forces/Goal Subcommittees also receive a synthesis of the information from the data sources noted above to consider in their annual review of the State Plan.

Logic Model

* - Required field

Logic Model *

The link below takes you to the logic model.

<https://www.dropbox.com/s/nj50eoi9h9v12jr/Logic-Model.Composite.8.11.16.pdf?dl=0> (<https://www.dropbox.com/s/nj50eoi9h9v12jr/Logic-Model.Composite.8.11.16.pdf?dl=0>)

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

* - Required field

| Goal | Subtitle B \$ | Other(s) \$ | Total |
|--|----------------|----------------|----------------|
| Goal 2: Employment | \$255,032.00 | \$85,011.00 | \$340,043.00 |
| Goal 3: • Elementary through Postsecondary Transition | \$649,172.00 | \$216,391.00 | \$865,563.00 |
| Goal 4: • Self Advocacy Leadership | \$890,860.00 | \$296,953.00 | \$1,187,813.00 |
| Goal 5: • Self-Advocacy Systems Change | \$77,281.00 | \$25,760.00 | \$103,041.00 |
| Goal 6: Housing | \$494,607.00 | \$164,869.00 | \$659,476.00 |
| Goal 7: Workforce | \$494,607.00 | \$164,869.00 | \$659,476.00 |
| Goal 8: Broad Systems Change | \$91,697.00 | \$30,566.00 | \$122,263.00 |
| Goal 1: Transportation | \$293,673.00 | \$97,891.00 | \$391,564.00 |
| General management (Personnel, Budget, Finance, Reporting) | \$417,755.00 | \$139,252.00 | \$557,007.00 |
| Functions of the DSA | \$0.00 | \$0.00 | \$0.00 |
| Total | \$3,966,892.00 | \$1,322,298.00 | \$5,289,190.00 |

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

* - Required field

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

Approving Officials for Assurances

☒ For the Council (Chairperson)

Designated State Agency

☒ A copy of the State Plan has been provided to the DSA

Public Input And Review [Section 124(d)(1)]

* - Required field

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 *

The Council made available to the public not only the State Plan goals and objectives, but also the Key Activities for each goal and objective. Information on the public comment process was posted on the front page of the Council's website on March 7, 2016. Notices inviting public comment sent out through the Council's list serve on March 9th and March 21st, posted on Facebook on March 8th and March 21st, and sent out through FDDC Google on March 21st. Multiple opportunities and formats were offered to provide public comment. Input could be provided using a general public survey monkey. An Easy Read version of the Public Input Survey was provided, as well as a Spanish version of the general public survey and the Easy Read survey. In addition, two webinars were offered for the public to verbally provide their comments. Public comment was also invited through emails and phone calls (including using the Council's TDD number). The deadline for public comment was April 22nd, 2016.

Describe the revisions made to the Plan to take into account and respond to significant comments *

Most of the comments received were very supportive of the Council's proposed goals, objectives and activities. Across all the goals, between 91% and 97% of the general survey responses agreed with the goals. All comments received were reviewed by one of the Council's task forces for recommendation to the Council's Program Planning and Evaluation Committee. Many of the comments either reinforced the proposed goals, objectives and activities, or provided ideas and thoughts that would be valuable in implementation. Multiple comments were received regarding the upper age limit of 30 years included in the Employment objective and activity relative to providing per-employment skills training. As a result of these comments the upper age limit was removed. The Workforce objective and activity relative to identifying competencies and implementing training for community based service providers was revised to ensure that person-centered processes were used. The specific sources of data for identifying the category of providers for the advocacy efforts relative to compensation were removed to broaden the intended scope of sources. The title of the Transition Goal was changed to Elementary through Post-secondary Transition Goal and edits were made to targeted disparity objective to clarify further the target group. The remaining comments included recommendations that were considered by the task forces but determined to be not the system's change focus intended or would counter the goal of narrowing, in order to intensify, the Council's areas of work.



FDDC 5-Year Plan Logic Model: Transportation

| Inputs <i>Resources to support activities</i> | Outputs <i>Products of activities; items delivered</i> | | Outcomes – Impact <u>Individuals with intellectual and developmental disabilities will have increased access to safe and affordable transportation.</u> | | |
|--|---|--|---|--|--|
| | Activities | Outputs | Short-term 1-2 years | Long-term 3-4 years | Impact 5+ |
| <ul style="list-style-type: none"> - AIDD Funding - Council staff - Council members - Individuals with intellectual and developmental disabilities - Family members of individuals with intellectual and developmental disabilities - Policy-makers - Service providers - General public - Grantees – time, leveraged resources - Council listserv, website and social media - Agency for Persons with Disabilities - Florida Department of Transportation - The Commission on Transportation Disadvantaged - Florida Department of Education - Division of Vocational Rehabilitation - Florida Department of Education - Division of Blind Services - Florida Department of Children and Families | <ol style="list-style-type: none"> 1. Systems design and redesign to develop and implement a mobility management system 2. Support advocacy and communication efforts that empower self-advocates and their family members to engage in advocacy, including serving on transportation-related commissions, boards or advisory committees 3. Support development of travel training curriculum and train-the-trainer trainings 4. Support development of data collection system or database to readily identify the unmet transportation needs to be used for advocacy efforts | <ol style="list-style-type: none"> 1. Conceptual framework and recommendations for full implementation of mobility management system, including mobility managers 2. A pool of self-advocates and family members desiring to impact transportation; materials, including Easy Read and Spanish translations; communication materials promoting transportation 3. Travel training curriculum developed and state-wide travel trainers available 4. Data collection system or database established and used to identify unmet transportation needs | <ol style="list-style-type: none"> 1. Agreed upon infrastructure developed; strategies and regions identified for regional implementation; resources developed and disseminated 2. Self-advocates and family members begin to engage in advocacy efforts 3. Travel trainers receive training 4. Self-advocates, family members and other stakeholders have preliminary data on unmet transportation needs to use for advocacy efforts | <ol style="list-style-type: none"> 1. Key stakeholders buy-in and initiate systems change efforts to redesign system 2. Self-advocates and family members fully engage in advocacy efforts on behalf of transportation, including serving on transportation-related commissions, boards or advisory committees 3. Individuals with intellectual and developmental disabilities begin to access travel training for transportation 4. Self-advocates, family members and other stakeholders have extensive data that conveys the unmet transportation needs to use for advocacy efforts | <p>A minimum of three sustainable transportation solutions are implemented for individuals with intellectual and developmental disabilities and a minimum of one infrastructure change, resulting in increased access to safe and affordable transportation for individuals with intellectual and developmental disabilities, is executed.</p> |

FDDC 5-Year Plan Logic Model: Employment

| Inputs <i>Resources to support activities</i> | Outputs <i>Products of activities; items delivered</i> | | Outcomes – Impact <u>Integrated, competitive employment for individuals with intellectual and development disabilities is increased.</u> | | |
|---|--|---|---|---|--|
| | Activities | Outputs | Short-term 1-2 years | Long-term 3-4 years | Impact 5+ years |
| <ul style="list-style-type: none"> - AIDD Funding - Council staff - Council members - Individuals with intellectual and developmental disabilities - Family members of individuals with intellectual and developmental disabilities - Policy-makers - Service providers - General public - Grantees – time, leveraged resources - Council listserv, website and social media - Agency for Persons with Disabilities - Florida Department of Education - Division of Vocational Rehabilitation; - Bureau of Exceptional Education and Student Services, Division of Blind Services - Florida Department of Children and Families, Substance Abuse and Mental Health - Florida Association of Rehabilitation Facilities - Florida Department of Management Services - Florida Department of Financial Services | <ol style="list-style-type: none"> 1. Systems design and redesign to provide technical assistance and training to fully implement Employment First 2. Systems design and redesign to increase Supported Employment providers 3. Support development and implementation of a train-the-trainer curriculum for informed choice that facilitates movement from sub-minimum to integrated, competitive employment 4. Provide extensive training for agency and organization leadership to transform the system to support Employment First 5. Support advocacy and communication efforts that empower self-advocates and their family members to engage in advocacy, including serving on employment-related commissions, boards or advisory committees | <ol style="list-style-type: none"> 1. Annual action plans targeted to assist state agencies with revisions policies, procedures, statutes and/or rules that impede Employment First 2. An implementation plan for systems design and redesign to increase Supported Employment providers 3. A train-the-trainer curriculum for informed choice with models that culminates in statewide implementation 4. A model and methods that incentivize movement to Employment First 5. A pool of self-advocates and family members desiring to impact employment identified; materials, including Easy Read and Spanish translations; communication materials promoting transportation | <ol style="list-style-type: none"> 1. Improvements begin to be made in areas targeted for improvement within the annual action plans 2. Strategies identified to increase Supported Employment providers 3. A greater number of individuals who traditionally received sub-minimum wage have increased knowledge of their option to move into integrated, competitive employment 4. Providers begin to embrace moving their organizations toward Employment First 5. Self-advocates and family members begin to engage in advocacy efforts | <ol style="list-style-type: none"> 1. Policies, procedures, statutes and/or rules are developed or changed 2. Strategies implemented increase Supported Employment providers 3. A greater number of individuals who traditionally received sub-minimum wage move into integrated, competitive employment 4. Providers make changes to their policies and/or procedures that move their organizations into Employment First 5. Self-advocates and family members fully engage in advocacy efforts on behalf of employment, including serving on employment-related commissions, boards or advisory committees | <p>Data from each of the nine signatory partner agencies/organizations to Florida's Employment First efforts will reflect a 25% increase in the number of individuals with intellectual and developmental disabilities gaining employment at or above minimum wage over the established 2014 Employment First baseline data.</p> |

FDDC 5-Year Plan Logic Model: Elementary through Postsecondary Transition

| Inputs <i>Resources to support activities</i> | Outputs <i>Products of activities; items delivered</i> | | Outcomes – Impact <u>Individuals with intellectual and developmental disabilities will receive quality elementary through postsecondary transition services.</u> | | |
|---|--|---|---|---|--|
| | Activities | Outputs | Short-term 1-2 years | Long-term 3-4 years | Impact 5+ years |
| | <p>1. Systems design and redesign for elementary through postsecondary transition services</p> <p>2. Technical assistance and support to increase expansion of and access to at least three models of postsecondary education and training opportunities</p> <p>3. Support advocacy and communication efforts that empower self-advocates and their family members to engage in advocacy, including serving on transition-related commissions, boards or advisory committees</p> <p>4. For students with Autism Spectrum Disorder and Hispanic/Latino: 1) Research and outreach to identify barriers and proposed solutions; and 2) implementation of programs, supports and/or strategies identified through research and outreach to reduce the disparity in enrollment and completion of postsecondary education and training</p> | <p>1. Conceptual framework; information and resources; assessment and curricula</p> <p>2. Annual report reflecting student enrollment, outcomes, barriers, solutions and satisfaction with each of the three different models of postsecondary education and training programs</p> <p>3. A pool of self-advocates and family members desiring to impact transition identified; materials, including Easy Read and Spanish translations; communication materials promoting transportation</p> <p>4. Marketing materials; report on barriers and proposed solutions; report on the types of programs, supports and/or strategies being implemented and their outcomes on systems change efforts</p> | <p>1. Framework for critical transition services, including recommended assessments and curricula</p> <p>2. Three models for postsecondary education and training that ensure improved and equitable access</p> <p>3. Self-advocates and family members begin to engage in advocacy efforts</p> <p>4. For students with Autism Spectrum Disorder and Hispanic/Latino, expanded efforts to address identified barriers and proposed solutions to reduce the disparity for enrollment in and completion of postsecondary education and training</p> | <p>1. Framework for critical transition services, including recommended assessments and curricula, adopted and included in Florida's CPALMS</p> <p>2. Florida Career and Technical Centers, State Colleges and the State University System offer an expanded number of model programs that provide access for the full range of students with intellectual and developmental disabilities</p> <p>3. Self-advocates and family members fully engaged in advocacy efforts on behalf of transition, including serving on transition-related commissions, boards or advisory committee</p> <p>4. For students with Autism Spectrum Disorder and Hispanic/Latino, identified barriers addressed and proposed solutions implemented that significantly reduce disparity in postsecondary education and training</p> | <p>A minimum of four new improvements to transition services that assist students from elementary through post-school transition for students from elementary through post-school transition will be achieved, resulting in meaningful post-school outcomes with adequate services and supports for students with intellectual and developmental disabilities.</p> <p>Two or more policies or practices will be improved or developed to assist students with intellectual and developmental disabilities, elementary through post-school, attain meaningful post-school outcomes with adequate services and supports.</p> |

FDDC 5-Year Plan Logic Model: Self-Advocacy Leadership

| Inputs <i>Resources to support activities</i> | Outputs <i>Products of activities; items delivered</i> | | Outcomes – Impact <u>Florida SAND becomes a fully independent organization; trained leaders are available statewide to engage in advocacy efforts; and self-advocates and family members become members of diverse leadership coalitions.</u> | | |
|---|--|--|---|--|--|
| | Activities | Outputs | Short-term 1-2 years | Long-term 3-4 years | Impact 5+ years |
| <ul style="list-style-type: none"> - AIDD Funding - Council staff - Council members - Individuals with intellectual and developmental disabilities - Family members of individuals with intellectual and developmental disabilities - Policy-makers - Service providers - General public - Grantees – time, leveraged resources - Council listserv, website and social media - State Protection and Advocacy System – Disability Rights Florida - University of South Florida Center for Inclusive Communities - The Mailman Center at the University of Miami - Agency for Persons with Disabilities - Family Network on Disabilities - Family Care Council of Florida | <ol style="list-style-type: none"> 1. Support and strengthen Florida SAND and its grassroots groups, the State Self-Advocacy Organization, to conduct public policy activities and become an independent organization 2. Support Partners in Policymaking and build Partners in Policymaking Plus 3. Collaborate with DD Network Partners to build a leadership training program 4. Collaborate with Disability Rights Florida to strengthen and implement Project VOTE 5. Collaborate with the FCIC on high priority issue policy briefs | <ol style="list-style-type: none"> 1. Annual reports, communication hub, inventory of participation on boards, coalitions, councils, assessment of training 2. Reports on satisfaction, graduate activities and outcomes, technical assistance, new leaders providing leadership training, Partners Plus curriculum 3. Documentation of training; completed assessments matching interests to Partners' goals; list of mentors; resources, support and activities 4. Final report and list of trained trainers and trainings 5. Policy briefs and report of use in advocacy efforts | <ol style="list-style-type: none"> 1. Florida SAND begins to undertake public policy activities, gains knowledge to operate independently, assumes responsibility for the communication hub and begins to gain knowledge and resources to serve in leadership roles and as trainers and mentors 2. Graduates share information with policy-makers and complete projects to impact systems change, and a curriculum for Partners Plus is developed and piloted 3. A trained DD Network Leadership Cadre is available to assist with systems change efforts and train another cadre of leaders 4. Growing number of Project VOTE self-advocate trainers and larger number of self-advocates voting 5. Self-advocates and family members have policy briefs for use in advocacy efforts | <ol style="list-style-type: none"> 1. Florida SAND is fully engaged in public policy activities and assuming greater responsibility toward full independence; members are serving in leadership roles and as trainers and mentors 2. Partners Plus becomes fully established with leaders providing training and Partners in Policymaking and Partners Plus graduates engaging in advocacy efforts 3. The original DD Network Leadership Cadre is established and assisting with training of a second tier Leadership Cadre 4. Project VOTE is becoming self-sustaining with a team of trained trainers 5. High priority issues addressed through changes to policies, practices, rules and/or statutes | <p>The Florida SAND state self-advocacy organization will have developed the infrastructure to sustain as an independent, non-profit organization.</p> <p>A cadre of trained leaders will be established and available to provide leadership training to individuals who desire to become leaders.</p> <p>The number of individuals and their family members trained to participate in cross-disability and culturally diverse leadership coalitions, including local- and state-level systems change boards, coalitions and teams, will be increased.</p> |

FDDC 5-Year Plan Logic Model: Self-Advocacy Systems Change

| Inputs <i>Resources to support activities</i> | Outputs <i>Products of activities; items delivered</i> | | Outcomes – Impact <u>Individuals with intellectual and developmental disabilities will be able to independently control their income.</u> | | |
|--|--|---|--|--|--|
| | Activities | Outputs | Short-term 1-2 years | Long-term 3-4 years | Impact 5+ years |
| <ul style="list-style-type: none"> - AIDD Funding - Council staff - Council members - Individuals with intellectual and developmental disabilities - Family members of individuals with intellectual and developmental disabilities - Policy-makers - Service providers - General public - Grantees – time, leveraged resources - Council listserv, website and social media - University of South Florida Center for Inclusive Communities - Agency for Persons with Disabilities - Family Network on Disabilities - Florida Agency for Health Care Administration - Florida Department of Children and Families | <ol style="list-style-type: none"> 1. Systems design and redesign to impact waiver income limits and facilitate Medicaid Buy-in for Florida 2. Support advocacy and communication efforts that empower self-advocates and their family members to engage in advocacy | <ol style="list-style-type: none"> 1. Review of needed legislative changes 2. Self-advocates, family members and other stakeholders interested in engaging in advocacy for waiver income limits and Medicaid Buy-in identified; 10 new policy-makers educated; communication materials available and disseminated in accessible formats | <ol style="list-style-type: none"> 1. Policy-makers and stakeholders informed of the critical issue's impact on the lives of individuals with intellectual and developmental disabilities; changes in legislative policies impacting Medicaid Buy-In and income limits identified 2. Self-advocates and family members begin to engage in advocacy efforts | <ol style="list-style-type: none"> 1. Key stakeholders and policy-makers support and initiate systems change efforts to mitigate income limits and facilitate Medicaid Buy-in for Florida 2. Self-advocates and family members fully engaged in advocacy efforts on behalf of waiver income limits and Medicaid Buy-in | <p>A minimum of one systemic change to federal and/or state statutes, rules, policies or procedures mitigating the income limits on people with intellectual and developmental disabilities will be implemented resulting in restoration of their ability to independently control their income.</p> |

FDDC 5-Year Plan Logic Model: Housing

| Inputs | Outputs | | Outcomes – Impact | | |
|---|--|--|---|---|--|
| <i>Resources to support activities</i> | <i>Products of activities; items delivered</i> | | <u>Individuals with intellectual and developmental disabilities will have choices and financial support for safe, affordable and inclusive housing with access to support services.</u> | | |
| | Activities | Outputs | Short-term 1-2 years | Long-term 3-4 years | Impact 5+ years |
| <ul style="list-style-type: none"> - AIDD Funding - Council staff - Council members - Individuals with intellectual and developmental disabilities - Family members of individuals with intellectual and developmental disabilities - Policy-makers - Service providers - General public - Grantees – time, leveraged resources - Council listserv, website and social media - Agency for Persons with Disabilities - University for Florida Shimberg Center for Housing - Florida Alliance of Community Development Corporations - Florida Housing Coalition - Florida Housing Authorities - The Commission on Transportation Disadvantaged - Housing Leadership Council - Florida Housing Finance Corporation - Habitat for Humanity - Florida Department of Elder Affairs - Florida Association of Centers for Independent Living - Florida Association of Housing and Redevelopment Officials | <ol style="list-style-type: none"> 1. Comprehensive research on community-based strategic planning mandates, including the Consolidated Plan process 2. Stakeholder workgroup and training to assist stakeholders with developing strategies for community involvement based on research findings 3. Support advocacy and communication efforts that empower self-advocates and their family members to engage in advocacy, including serving on housing-related commissions, boards or advisory committees | <ol style="list-style-type: none"> 1. Research report, including summary of findings and recommendations 2. A core team of state-wide stakeholders representative of three cities and three counties in three different geographic areas of the state 3. A pool of self-advocates and family members desiring to impact housing; materials, including Easy Read and Spanish translations; communication materials promoting housing | <ol style="list-style-type: none"> 1 and 2. Stakeholders have information needed to understand the community-based strategic planning mandates and the Consolidated Plan process 3. Self-advocates and family members begin to engage in advocacy efforts | <ol style="list-style-type: none"> 1 and 2. Self-advocates, family members and other stakeholders have a unified understanding of community-based strategic planning mandates and the Consolidated Plan process, become members of city and county planning commissions and establish a voice in housing planning matters 3. Self-advocates and family members fully engage in advocacy efforts on behalf of housing, including serving on housing-related commissions, boards or advisory committees | <ol style="list-style-type: none"> A minimum of one systemic change to statutes, rules, policies and/or procedures designed to improve choice and provide for financial support for safe, affordable and inclusive housing with access to support services for individuals with intellectual and developmental disabilities will be achieved. |

FDDC 5-Year Plan Logic Model: Workforce

| Inputs | Outputs | | Outcomes – Impact | | |
|---|--|---|--|---|--|
| <i>Resources to support activities</i> | <i>Products of activities; items delivered</i> | | <u>Individuals with intellectual and developmental disabilities will have access to, and receive services and supports from, a sustainable, qualified workforce.</u> | | |
| | Activities | Outputs | Short-term 1-2 years | Long-term 3-4 years | Impact 5+ years |
| <ul style="list-style-type: none"> - AIDD Funding - Council staff - Council members - Individuals with intellectual and developmental disabilities - Family members of individuals with intellectual and developmental disabilities - Policy-makers - Service providers - General public - Grantees – time, leveraged resources - Council listserv, website and social media - Agency for Persons with Disabilities - Florida Association of Rehabilitation Facilities - The Arc of Florida - Florida Department of Economic Opportunity - CareerSource Florida - National Alliance for Direct Support Professionals - Family Care Council of Florida - Florida Agency for Health Care Administration | <ol style="list-style-type: none"> 1. Establish a workgroup and use national and state research recommendations to identify two categories of providers to impact in advocacy efforts for competitive compensation 2. Support advocacy and communication efforts that empower self-advocates, their family members and stakeholders to engage in advocacy 3. Review state and national evidence-based and best practice training materials for direct services providers 4. Collaborate with stakeholders to identify competencies and implement training that ensures person-centered planning processes are used in all training and provision of services | <ol style="list-style-type: none"> 1. Workgroup established, detailed report of national and Florida compensation findings, two categories of providers determined for compensation advocacy efforts; plan for guiding efforts 2. A pool of self-advocates, family members and stakeholders desiring to impact provider practices, services and compensation; advocacy plan; materials, including Easy Read and Spanish translations; communication materials promoting provider compensation 3. Report on evidence-based and best practice training materials for providers 4. Competencies for personal care attendants and residential habilitation/group home staff identified by stakeholder workgroup; evidence-based and best practices for training, which ensures person-centered planning processes are used in all training and services, identified or developed and delivered by agencies; development and implementation of a credentialing process | <ol style="list-style-type: none"> 1. Initial implementation of the plan for improving compensation for advocacy efforts for two categories of direct and community-based service providers begins 2. Self-advocates, family members and stakeholders begin to engage in advocacy efforts 3. Evidence-based and best practice training materials available for planning purposes 4. Competencies identified or developed and training developed and piloted; a credentialing process is considered by key credentialing agencies | <ol style="list-style-type: none"> 1. Key stakeholders initiate systems change efforts and plans are under development for systemic changes to occur 2. Self-advocates, family members and stakeholders fully engage in advocacy efforts on behalf of selected providers 3. N/A (See item 4.) 4. Competency based training and credentialing process adopted and implemented in Florida | <p>One or more improvements will be made to practices, services and compensation for community-based service providers to ensure that individuals with intellectual and developmental disabilities have access to, and receive services and supports from, a sustainable, qualified provider base.</p> |

FDDC 5-Year Plan Logic Model: Broad Systems Change (Page 1)

| Inputs <i>Resources to support activities</i> | Outputs <i>Products of activities; items delivered</i> | | Outcomes – Impact <u>Systemic changes are made to statutes, rules, policies or procedures that improve community inclusion and emerging needs or emergencies are addressed in a timely manner.</u> | | |
|---|---|--|---|---|---|
| | Activities | Outputs | Short-term 1-2 years | Long-term 3-4 years | Impact 5+ |
| <ul style="list-style-type: none"> - AIDD Funding - Council staff - Council members - Individuals with intellectual and developmental disabilities - Family members of individuals with intellectual and developmental disabilities - Policy-makers - Service providers - General public - Grantees – time, leveraged resources - Council listserv, website and social media - Relevant state agencies - Relevant state organizations | Year 1 Complete the following: <ul style="list-style-type: none"> - Transportation Voucher Pilots - Transportation Options Research Project - Rural Routes to Employment - Benefits Planning and Asset Development Train-the-Trainer - Project SEARCH - UDL Regional Trainings - First Steps - Early Steps - Project SALT - Route to Self-Determination | Year 1 <ul style="list-style-type: none"> - Two operational transportation voucher programs with capacity for sustainability and expansion through the Florida Department of Transportation - Research report on transportation for use in future activities - Established, sustainable Rural Routes to Employment models with a replication guide available for other rural counties - Benefits Train-the-Trainer curriculum, updated materials and trained trainers - Fifteen new Project SEARCH sites representing a minimum of 20 counties and long-term sustainability established through agency and organization partners - UDL trainings expanded and capacity built for sustainability through FDLRS links and regional trained educators - Updated First Steps guide for families - Competency-based curriculum and online materials for Early Steps, which may be transitioned to a credentialing process - Project SALT training materials - Route to Self-Determination Online module for training trainers | Year 1 <ul style="list-style-type: none"> - Increased transportation services available; knowledge of implementing transportation vouchers available for legislative and sustainability purposes; research report with evidence-based practices for future use - Increased knowledge and opportunity for employment in rural communities - Increased knowledge and resources available for benefits planning and asset development training and information - Increased capacity and sustainability of Project SEARCH state-wide - Increased number of schools implementing UDL and sustainability built through FDLRS and regional trained educators - Increased availability of a First Steps guide that walks parents through critical steps from identification to postsecondary - Increased availability of trained early intervention evaluators with access to competency-based training - Increased number of trained self-advocate leaders engaged in leadership roles - Increased number of trainers available to provide self-determination training, and greater capacity for self-advocates in rural areas and who are Spanish speaking | Year 1 N/A for completion objectives and activities | By the end of the five-year state plan, a minimum of six systemic changes to statutes, rules, policies or procedures at the state, regional or local levels designed to improve community inclusion for individuals with intellectual and developmental disabilities will have been achieved. |

FDDC 5-Year Plan Logic Model: Broad Systems Change (Page 2)

| Inputs | Outputs | | Outcomes – Impact | | |
|--|---|---|---|---|--|
| <i>Resources to support activities</i> | <i>Products of activities; items delivered</i> | | <u>Systemic changes are made to statutes, rules, policies or procedures that improve community inclusion and emerging needs or emergencies are addressed in a timely manner.</u> | | |
| | <p>Activities</p> <p>Year 1 Complete the following: - Task Force on HCBS Waiver Waitlist - Community Coalitions - Abuse and Neglect - Lighting the Way - Community Health and Wellness - Improved Coordination of Medicaid State Plan and Community-Based Services - Nurse Practitioner Training Program</p> <p>Years 1 – 5 - Support advocacy and communication efforts that empower self-advocates, family members and other stakeholders to address emerging needs or emergencies relates to statutes, rules, policies, procedures, and/or funding/staffing issues that result in better outcomes</p> | <p>Outputs</p> <p>Year 1 - Updated Strategic Plan with provisions for future advocacy work to be assumed by partners - Established Community Coalitions; final report to include facilitators and barriers - Final report with recommendations for future work and transfer of work to appropriate agency partners - Lighting the Way curriculum and online training, including an online module for educators, to ensure that stakeholders have access to information on guardianship alternatives - Community Health and Wellness model established in a fully inclusive Fitness Center and resources available to be shared on success, encouraging replication in other areas of the state - Improved Coordination of Medicaid State Plan and Community Services Implementation Plan for coordinating medical and HCBS Waiver services</p> <p>Years 1 – 5 - Information developed and distributed through networks - Ad Hoc committees and/or stakeholder groups - Research and white papers</p> | <p>Short-term 1-2 years</p> <p>Year 1 - Service needs of individuals on the HCBS Waiver Waitlist addressed through alternative methods and advocacy continues to alleviate the waitlist - Successful community coalitions continue efforts in their local communities - Key agency partners continue work related to abuse and neglect - Abuse and neglect efforts are assumed by appropriate agency partners - A curriculum and training materials and resources result in alternatives to guardianship chosen for individuals with intellectual and developmental disabilities - The greater community becomes aware that inclusive health and wellness programs are obtainable - An implementation plan for coordinating medical and HCBS Waiver services is available for future use.</p> <p>Years 1 – 5 - Emerging or emergency needs for Floridians with intellectual and developmental disabilities and/or their community addressed in a timely manner</p> | <p>Long-term 3-4 years</p> <p>Year 1 N/A for completion objectives and activities</p> <p>Years 1 – 5 - Emerging or emergency needs for Floridians with intellectual and developmental disabilities and/or their community addressed in a timely manner</p> | <p>Impact 5+</p> <p>By the end of the five-year state plan, a minimum of six systemic changes to statutes, rules, policies or procedures at the state, regional or local levels designed to improve community inclusion for individuals with intellectual and developmental disabilities will have been achieved.</p> <p>By the end of the five-year state plan, one or more emerging needs of individuals with intellectual and developmental disabilities will have been addressed through the provision of technical assistance and supports, resulting in one or more systemic changes.</p> |

Annual State Plan Work Plan

Federal Fiscal Year 2017

State Plan Goals [Section 124(4); Section 125(c)(5)]

Goal 2: Employment

Description : By the end of the five-year state plan, working in collaboration with the nine signatory partner agencies/organizations to Florida's Employment First efforts, the Council will provide technical assistance and training to individuals with intellectual and developmental disabilities, family members, employers and other key stakeholders to increase the number of individuals with intellectual and developmental disabilities gaining competitive employment at or above minimum wage by 25% over the 2014 Employment First baseline data.

Area Of Emphasis:

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

Activities to be used in achieving each goal:

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

- ☒ Systems Design and Redesign
- ☒ Coalition Development and Citizen Participation
- ☒ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ☐ Demonstration of Projects or Activities
- ☐ Other Activities

This goal addresses:

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

Collaborators Planned for this goal(if known):

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

Other collaborator

1. Florida Department of Education, Division of Vocational Rehabilitation
2. Florida Department of Education, Bureau of Exceptional Education and Student Services
3. Florida Department of Education, Division of Blind Services
4. Florida Department of Economic Opportunity
5. CareerSource Florida
6. Florida Department of Children and Families, Substance Abuse and Mental Health Office
7. Florida Association of Rehabilitation Facilities, Inc.
8. Florida Department of Management Services

9. Florida Department of Financial Services

Objective #1: By the end of each fiscal year in the five- year state plan, one or more of the nine signatory partner agencies/organizations to Florida's Employment First efforts will have implemented at least one major policy or practice change that shifts or improves their services and system to increase competitive, integrated employment of Floridians with disabilities at minimum wage or greater.

Key Activities

1. Provide technical assistance and training to fully implement the Employment First Act at both state and local levels, and align with Workforce Innovation and Opportunity Act requirements and implementation.
2. Use the recommendations of the Supported Employment Provider Rate Options study to increase the number of Florida's supported employment providers and ensure a sustainable system
3. Implement a program for individuals with intellectual and developmental disabilities ages 22 and older that provides pre-employment skills training in the community, as well as real world work experiences in a business setting with the intent of developing the skills needed to gain and sustain integrated, competitive, employment.
4. Provide extensive provider training and mentoring to agency and organization leadership for development of transformation models that result in a system that supports Florida's Employment First philosophy.
5. Develop and implement advocacy and communication efforts in conjunction with Florida's self-advocates, family members and other key stakeholders to address needed changes to statutes, rules, policies, procedures and/or funding/staffing issues that improve employment outcomes for individuals with intellectual and developmental disabilities.

Expected Outputs

1. Activity 1: 1. Two state-wide Employment First Partnership Coalition meetings will be held. 2. Twelve Employment First Collaborative Team meetings will be held. 3. Four Grassroots Group webinars will be held. 4. The Employment First Collaborative Strategic Action Implementation Plan will be updated. 5. Three new local Employment First pilot sites will be established. 6. An action plan targeted to assist state agencies with revisions of at least one dated policy, procedure, statute and/or rule that impedes Employment First will be developed and implemented.
2. Activity 2: 1. One Florida findings report. 2. One comparison report to comparable states. 3. One strategic plan for Florida.
3. Activity 3: 1. A train-the-trainer curriculum will be available. 2. Five sites will implement the curriculum.

4.Activity 4: 1. Five sites, one in each education region of the state, will be selected to implement the Employment First Collaborative Training Toolkit. 2. Self-assessments will be completed by the five sites. 3. A needs analysis based on self-assessments will be completed. 4. Individualized plans will be developed and implemented in each of the five sites. 5. Training and technical assistance will be provided for each of the five sites. 6. One or more methods for incentivizing the shift to Employment First will be identified. 7. Community resources will be used to increase awareness of employment opportunities and employer education.

5.Activity 5: 1. An updated list of self-advocates, family members and other stakeholders interested in engaging in advocacy for employment will be available. 2. Materials, including Easy Read and Spanish Translations, if determined necessary, will be available to assist with advocacy efforts. 3. Communication materials promoting improved transportation for individuals with intellectual and developmental disabilities will have been developed and disseminated.

6.

Expected Objective Outcomes

1.Activity 1: 1. New or enhanced services and service innovation will be implemented; training and technical assistance will be provided; and interagency collaboration and partnerships will be maintained and enhanced. 2. A minimum of one policy, procedure, statute and/or rule update or change to facilitate Employment First will be achieved.

2.Activity 2: 1. Supported Employment research report that will identify programs and resources that reflect promising practices leading to new approaches to increase supported employment services and growth of the provider network for these services and a strategic plan for Florida. 2. The knowledge base of stakeholders involved in the delivery of supported employment services for individuals with disabilities, including those with developmental disabilities, will be increased.

3.Activity 3: 1. Collaborative training materials and resources that reflect evidence-based and promising practices leading to improved employment outcomes for individuals with disabilities will be available. 2. The knowledge base of individuals with intellectual and developmental disabilities regarding employment options will be increased. 3. Employment for individuals with disabilities, including intellectual and developmental disabilities, will be improved.

4.Activity 4: 1. Collaborative training and resources that reflect evidence-based and promising practices leading to improved employment outcomes for individuals with disabilities will be available in multiple modalities for agency and organization staff and direct services personnel. 2. The knowledge base of stakeholders involved in the delivery of employment services to youth and adults with disabilities, including intellectual and developmental disabilities will be increased. 3. Employment for individuals with disabilities, including intellectual and developmental disabilities will be improved.

5.Activity 5: 1. Self-advocates, family members and other stakeholders interested in advocating for employment will have the resources and capacity to engage in systems change advocacy.

Data Evaluation And Measurement

1.

- Activity 1: 1. Meeting agendas, minutes and other documentation of provisions of technical assistance for state-wide Employment First Partnership and Collaborative Teams that facilitate implementation of the annual strategic plan areas of focus will be reviewed. 2. Meeting agendas, minutes and other documentation of technical assistance and training provided to existing local sites will be reviewed. 3. A final report reflecting an increase from four to seven local sites implementing Employment First and documenting provisions of technical assistance directed toward policy, procedure, statute and/or rule updates or changes among state agency and organization partners will be reviewed.
2. Activity 2: 1. Literature and content analysis of national and state findings relating to supported employment for individuals with disabilities. 2. Final report with strategic plan.
3. Activity 3: 1. A product review will be conducted. 2. Training evaluations from pilot participants to assess satisfaction and content of training will be reviewed. 2. Surveys and/or structured interviews to determine impact on the selected sites and partner organizations will be reviewed. 4. A final report to include lessons learned, number of individuals trained and recommendations for next steps will be reviewed.
4. Activity 4: 1. Quarterly reviews will be used to assess site selection; completion of the self-assessment and needs analysis; and delivery of and satisfaction with training. 2. Pre- and post-knowledge surveys and structured interviews will be conducted to gauge effectiveness of the training. 3. The final report will be reviewed to identify state-wide needs and lessons learned, as well as suggestions for incentivizing employment. The report findings will also be used to evaluate the training provided, including the impact on individuals and communities receiving services and the overall effectiveness of community resources used to educate employers. 1. Surveys and structured interviews will be conducted and data will be collected and maintained on the number of self-advocates and family members interested in employment. 2. Follow-up surveys and structured interviews will be conducted with self-advocates, family members and other stakeholders to evaluate increased knowledge, advocacy efforts and inclusion on cross-disability and culturally diverse local, regional or state level employment-related boards, coalitions or groups for the purposes of systems change advocacy efforts. 3. The number of publications developed and disseminated to assist with advocacy efforts will be tracked. 4. The number of and types of communication activities to promote advocacy efforts will be tracked.
5. Activity 5: 1. Surveys and structured interviews will be conducted and data will be collected and maintained on the number of self-advocates and family members interested in employment. 2. Follow-up surveys and structured interviews will be conducted with self-advocates, family members and other stakeholders to evaluate increased knowledge, advocacy efforts and inclusion on cross-disability and culturally diverse local, regional or state level employment-related boards, coalitions or groups for the purposes of systems change advocacy efforts. 3. The number of publications developed and disseminated to assist with advocacy efforts will be tracked. 4. The number of and types of communication activities to promote advocacy efforts will be tracked.

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

Individual & Family Advocacy (IA)

| | |
|---------|------------|
| | FFY 2017 |
| IA Code | Targeted # |

System Change (SC)

| | |
|---------|------------|
| | FFY 2017 |
| SC Code | Targeted # |

| | |
|----------|----|
| IA 1.1 | 30 |
| IA 1.2 | 0 |
| IA 2.1 | 5 |
| IA 2.2 | 0 |
| IA 2.2.1 | 25 |
| IA 2.2.2 | 5 |
| IA 2.2.3 | 3 |
| IA 3.1 | 25 |
| IA 3.2 | 0 |

| | |
|----------|----|
| SC 1.1.1 | 1 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 2 |
| SC 1.3.2 | 2 |
| SC 1.3.3 | 0 |
| SC 1.3.4 | 0 |
| SC 1.4.1 | 45 |
| SC 1.5.1 | 1 |
| SC 2.1 | 1 |
| SC 2.2 | 1 |
| SC 2.1.1 | 0 |
| SC 2.1.2 | 0 |
| SC 2.1.3 | 1 |
| SC 2.1.4 | 1 |

Goal 3: • Elementary through Postsecondary Transition

Description : By the end of the five-year state plan, the Council will have contributed to the implementation of at least four new improvements to transition services and two or more policies or practices that assist students with intellectual and developmental disabilities from elementary through post-school transition into meaningful post-school outcomes with adequate services and supports.

Area Of Emphasis:

- ☒ Quality Assurance
- ☒ Education and Early Intervention
- ☐ Child Care
- ☐ Health
- ☒ Employment

- ☐ Housing
- ☐ Transportation
- ☐ Recreation
- ☒ Formal and Informal Community Supports

Activities to be used in achieving each goal:

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

This goal addresses:

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

Collaborators Planned for this goal(if known):

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

Other

Other collaborator

1. Florida Department of Education, Bureau of Exceptional Education and Student Services (BEESS)
2. BEESS State Advisory Committee
3. Florida Department of Education, Division of Accountability, Research, and Measurement
4. Florida Department of Education, Division of Vocational Rehabilitation
5. Florida Department of Education, Division of Blind Services
6. Florida Department of Education, Division of Career and Adult Education
7. Florida Department of Education, Division of Florida Colleges
8. Florida Department of Education, State University System of Florida
9. Family Network on Disabilities, Inc.
10. Project 10: Transition Education Network
11. Project 10 State Secondary Transition Interagency Committee
12. Florida Diagnostic and Learning Resources System
13. University of Central Florida, Florida Consortium on Postsecondary Education and Intellectual Disabilities
14. University of Central Florida Center for Students with Unique Abilities
15. Florida Inclusion Network
16. Centers for Autism and Related Disabilities

Objective #1: Throughout the five-year State Plan, collaborate with agencies, school districts, and programs to create or expand two or more practices designed to improve transition outcomes for students with intellectual and developmental disabilities from elementary through postsecondary education/training.

Key Activities

1. Develop a system to provide transition services to students with intellectual and developmental disabilities, with an emphasis on students with the most significant disabilities, including youth previously thought unemployable.

2. Provide technical assistance and support to increase expansion of and access to at least three models of postsecondary education and training opportunities (e.g., career and technical within technical centers, career and technical within Florida Colleges, TPSID in various settings, including State University System), ensuring improved and equitable access for students with the most significant disabilities.
3. Develop and implement advocacy and communication efforts in conjunction with Florida's self-advocates, family members and other key stakeholders to address needed changes to statutes, rules, policies, procedures and/or funding/staffing issues to improve transition services and outcomes for individuals with intellectual and developmental disabilities.

Expected Outputs

1. Activity 1: 1. Council staff and/or the selected provider will participate in two or more meetings of the State Secondary Transition Interagency Committee and one or more meetings of the Florida Department of Education Bureau of Exceptional Education and Student Services State Advisory Committee. 2. A gap analysis of transition practices and needs by age group and stakeholder needs will be conducted and used for strategic planning purposes. 3. A framework of nationally recognized evidence-based practices at each age range and specific to Florida's needs will be available to inform future planning efforts. 4. A strategic plan for improving transition services for each age range will be developed. 5. The final report of key findings and recommendations will be reviewed to determine next steps.
2. Activity 2: 1. An annual report reflecting student enrollment, outcomes, barriers, solutions and satisfaction with each of the three different models of postsecondary education and training programs will be developed.
3. Activity 3: 1. An updated list of self-advocates, family members and other stakeholders interested in engaging in advocacy for elementary through postsecondary transition will be available. 2. Materials, including Easy Read and Spanish Translations, if determined necessary, will be available to assist with advocacy efforts. 3. Communication materials promoting improved elementary through postsecondary transition for individuals with intellectual and developmental disabilities will have been developed and disseminated.

Expected Objective Outcomes

1. Activity 1: 1. The Florida educational system will adopt and implement a framework for providing critical transition services to students with intellectual and developmental disabilities, with an emphasis on students with significant disabilities in elementary, middle, secondary and postsecondary settings.
2. Activity 2: 1. Three models (i.e., career and technical within technical centers, career and technical within Florida Colleges, TPSID in various settings, including the State University System) for providing postsecondary education and training will be developed or enhanced to ensure improved and equitable access for students with the most significant disabilities.
3. Activity 3: 1. Self-advocates, families and other interested individuals will gain the skills, knowledge and tools to advocate for systems changes needed to improve transition services for students in K-12 and postsecondary education and training settings.

Data Evaluation And Measurement

- 1.Activity 1: 1. A literature review and content analysis of nationally recognized and state materials and associated resources will be conducted and reviewed. 2. Surveys, structured interviews and/or questionnaires to determine the quality of stakeholder input and collaboration, project efforts and project products will be reviewed and evaluated to determine next steps for implementation.
- 2.Activity 2: 1. Data will be collected through surveys, structured interviews and/or questionnaires to determine: 1) growth of models within career and technical centers, Florida Colleges and the State University System; 2) the disability type and geographic regions served by the state's programs; 3) needs and supports of the existing programs and 4) need for and provisions of technical assistance or site visits for postsecondary providers wishing to replicate existing models supported by the Council with an emphasis on improved and equitable access for students with the most significant disabilities.
- 3.Activity 3: 1. Surveys and structured interviews will be conducted and data will be collected and maintained on the number of self-advocates and family members interested in elementary through postsecondary transition. 2. Follow-up surveys and structured interviews will be conducted with self-advocates, family members and other stakeholders to evaluate increased knowledge, advocacy efforts and inclusion on cross-disability and culturally diverse local, regional or state level elementary through postsecondary transition-related boards, coalitions or groups for the purposes of systems change advocacy efforts. 3. The number of publications developed and disseminated to assist with advocacy efforts will be tracked. 4. The number of and types of communication activities to promote advocacy efforts will be tracked.

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

Individual & Family Advocacy (IA)

| IA Code | FFY 2017 |
|----------|------------|
| | Targeted # |
| IA 1.1 | 10 |
| IA 1.2 | 10 |
| IA 2.1 | 8 |
| IA 2.2 | 8 |
| IA 2.2.1 | 8 |
| IA 2.2.2 | 8 |
| IA 2.2.3 | 0 |
| IA 3.1 | 8 |
| IA 3.2 | 8 |

System Change (SC)

| SC Code | FFY 2017 |
|----------|------------|
| | Targeted # |
| SC 1.1.1 | 2 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 0 |
| SC 1.3.2 | 0 |
| SC 1.3.3 | 0 |
| SC 1.3.4 | 3 |
| SC 1.4.1 | 5 |
| SC 1.5.1 | 3 |
| SC 2.1 | 3 |
| SC 2.2 | 3 |
| SC 2.1.1 | 0 |

| | |
|----------|---|
| SC 2.1.2 | 0 |
| SC 2.1.3 | 3 |
| SC 2.1.4 | 3 |

Objective #2: Improve access to and completion of postsecondary education and training programs by a minimum of a 10 % increase over baseline data for students who identify as Autism Spectrum Disorder and Hispanic/Latino to address targeted disparity found in completing postsecondary education and training programs, particularly programs within the Division of Florida Colleges, through outreach efforts to identify key barriers and proposed solutions and marketing and implementing programs, supports and/or strategies based on findings to improve outcomes.

Key Activities

1. Conduct research to establish baseline data and set targets for annual improvement.
2. Conduct outreach to students who identify as Hispanic/Latino and their families to identify key barriers and proposed solutions to accessing and completing postsecondary education and training programs.
3. Collaborate with all stakeholders to create, market and implement programs, supports and/or strategies to improve access to and completion of postsecondary education and training programs, particularly those offered within the Florida College System, to ensure outcomes are achieved and efforts are sustainable long-term.

Expected Outputs

1. Activity 1: 1. A comprehensive report with baseline data on enrollment and completion of postsecondary education and training for students who identify as Autism Spectrum Disorder and Hispanic/Latino across all races and ethnicities as well as secondary enrollment of students 14 and older by grade level, exceptionality and race/ethnicity will be available and used to set targets for annual improvement.
2. Activity 2: 1. Outreach materials will be developed and disseminated. 2. A compilation report of findings reflecting key barriers and proposed solutions will be used for decision-making purposes.
3. Activity 3: 1. A plan for marketing and implementing programs, supports and/or strategies to improve outcomes will be available and used throughout implementation.

Expected Objective Outcomes

- 1.1. A data-based plan, reflecting the desires of individuals and the families to be impacted, will be available for marketing and implementing programs, supports and/or strategies to eliminate the disparity in postsecondary education and training enrollment and completion, particularly within the Florida College system, for youth who identify as Autism Spectrum Disorder and Hispanic/Latino

Data Evaluation And Measurement

1.1. Baseline data and targets for improvement will be reviewed and used for monitoring progress. 2. A compilation report of findings to include results of surveys, focus groups and other forums deemed appropriate will be reviewed and used for addressing barriers and implementing solutions. 3. Surveys will be disseminated to students, family members, secondary and postsecondary educators and returns will be evaluated to assess improvements to the system.

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

Individual & Family Advocacy (IA)

| IA Code | FFY 2017 Targeted # |
|----------|---------------------|
| IA 1.1 | 75 |
| IA 1.2 | 50 |
| IA 2.1 | 0 |
| IA 2.2 | 0 |
| IA 2.2.1 | 0 |
| IA 2.2.2 | 0 |
| IA 2.2.3 | 0 |
| IA 3.1 | 70 |
| IA 3.2 | 45 |

System Change (SC)

| SC Code | FFY 2017 Targeted # |
|----------|---------------------|
| SC 1.1.1 | 0 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 1 |
| SC 1.3.2 | 0 |
| SC 1.3.3 | 0 |
| SC 1.3.4 | 0 |
| SC 1.4.1 | 0 |
| SC 1.5.1 | 1 |
| SC 2.1 | 0 |
| SC 2.2 | 0 |
| SC 2.1.1 | 0 |
| SC 2.1.2 | 0 |
| SC 2.1.3 | 0 |
| SC 2.1.4 | 0 |

Goal 4: • Self Advocacy Leadership

Description : By the end of the five-year state plan, a minimum of 250 Floridians with intellectual and developmental disabilities and a minimum of 100 family members or allies who are not currently participating in leadership and advocacy will participate in leadership, advocacy and systems change activities in culturally diverse or cross-disability coalitions.

Area Of Emphasis:

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

Activities to be used in achieving each goal:

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

This goal addresses:

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

Collaborators Planned for this goal(if known):

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

Other collaborator

1. Family Network on Disabilities
2. Family Care Council of Florida

Objective #1: In each year of the state plan, support the statewide self-advocacy organization, Florida SAND, to encourage its members and their circles of support to participate in at least one grassroots effort to inform the community of issues affecting full inclusion or advocacy and engage in at least one specific public policy activity.

Key Activities

1. Facilitate State Self-Advocacy Organization activities that increase self-advocacy by conducting at least one public policy activity to promote inclusion annually, and by supporting local grassroots groups through education and training on fundraising, membership recruitment, retention, outreach and facilitating operation as an independent organization.
2. Encourage members to participate in cross-disability leadership coalitions and support at least two (2) such members annually to mentor self-advocates in leadership.

Expected Outputs

- 1.

Activity 1: 1. An annual report will reflect 1) identification of legislative priorities; 2) dissemination methods (e.g., presentations, newsletters, traditional and social media) of information on legislative priorities; 3) collaboration with the Public Policy Coordinator to execute a minimum of one public policy activity; 4) collaboration with the Communications Coordinator to promote Florida SAND's activities; and 5) education and training provided to Florida SAND on strategies to facilitate their operation as an independent organization. 2. The Florida Self-Advocacy Alliance communication hub will be updated and maintained. 3. A report on activities describing collaboration that facilitates awareness of and participation in cross-disability and culturally diverse leadership coalitions with DD Network Partners, state and local organizations.

2. Activity 2: 1. An inventory of cross-disability and culturally diverse boards, coalitions and councils will be available for self-advocates and their family members. 2. An assessment of existing state and national training on self-advocacy, leadership, self-determination and community organizing will be available. 3. An annual report will reflect 1) resources and supports for at least two members from each self-advocacy group to participate in cross-disability and culturally diverse boards, coalitions and councils; and 2) resources and supports for self-advocacy group members to become trainers, mentors and to develop their presentation skills.

Expected Objective Outcomes

1. Activity 1: 1. Florida SAND, the state self-advocacy organization, will have led at least one grassroots effort to inform the community of issues affecting full inclusion or advocacy and engage in at least one specific public policy activity. 2. Florida SAND members will gain knowledge to increase their capacity for fundraising, membership recruitment, retention, outreach and facilitating their operation as an independent organization.

2. Activity 2: 1. Florida SAND members will have knowledge of and participate in cross-disability and culturally diverse leadership boards, coalitions and councils. 2. Florida SAND members will have access to resources and supports to become trainers and mentors.

Data Evaluation And Measurement

1. Activity 1: 1. Agendas and minutes will be reviewed. 2. Quarterly monitoring will be conducted to ensure the Florida Self-Advocacy Alliance (FSAA) communication hub is maintaining regular updates, blog posts and interaction among self-advocates and any other communication efforts. 3. The number of referrals to the Council's systems change efforts based on interest in specific areas of emphasis will be collected.

2. Activity 2: 1. An annual report will include data of 1) dissemination of the inventory of cross-disability and culturally-diverse boards, coalitions and councils; 2) provision of resources and support for at least two members from each self-advocacy group to serve on cross-disability and culturally diverse boards, coalitions and councils; and 3) provisions of resources and supports for self-advocacy group members to become trainers, mentors and develop their presentation skills. 2. Surveys, structured interviews and/or focus groups will be conducted with self-advocates and their family members to assess the impact of information that enabled them to become trainers and mentors and serve on cross-disability and culturally diverse boards, coalitions or councils.

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

Individual & Family Advocacy (IA)

System Change (SC)

| IA Code | FFY 2017 Targeted # |
|----------|------------------------|
| IA 1.1 | 25 |
| IA 1.2 | 5 |
| IA 2.1 | 15 |
| IA 2.2 | 3 |
| IA 2.2.1 | 20 |
| IA 2.2.2 | 30 |
| IA 2.2.3 | 2 |
| IA 3.1 | 25 |
| IA 3.2 | 5 |

| SC Code | FFY 2017 Targeted # |
|----------|------------------------|
| SC 1.1.1 | 0 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 0 |
| SC 1.3.2 | 0 |
| SC 1.3.3 | 0 |
| SC 1.3.4 | 0 |
| SC 1.4.1 | 0 |
| SC 1.5.1 | 0 |
| SC 2.1 | 0 |
| SC 2.2 | 0 |
| SC 2.1.1 | 0 |
| SC 2.1.2 | 0 |
| SC 2.1.3 | 0 |
| SC 2.1.4 | 0 |

Objective #2: By the end of the five-year state plan, a minimum of 100 individuals with intellectual and developmental disabilities and people in their circles of support will increase their knowledge of self-advocacy, public advocacy, leadership and self-determination

Key Activities

- 1.Utilize Partners in Policymaking to educate individuals with intellectual and developmental disabilities and their circles of support on self-determination, disability systems and influencing policymakers.
- 2.Create Partners in Policymaking Plus, a leadership cohort of Partners in Policymaking graduates, who will receive advanced training in advocacy and public policy issues that will be utilized in the Council's systems change efforts.

Expected Outputs

- 1.

Activity 1: 1. Sign-in sheets, agenda and training materials will be reviewed. 2. A report on satisfaction by participants with Partners in Policymaking will be reviewed. 3. A report on graduate activities, provisions of technical assistance and graduate outcomes will be available.

2. Activity 2: 1. Membership roster, agenda and meeting minutes from Partners in Policymaking Plus workgroup will be reviewed. 2. A report of national Partners in Policymaking (PIP) graduate outcomes will be available. 3. A revised PIP graduate survey will be available. 4. A synopsis of Florida PIP graduate-led projects or initiatives will be available. 5. Training techniques and materials designed to prepare participants for active leadership roles in the Council's public policy work will be available. 6. A final workgroup report with recommendations for full implementation of Partners in Policymaking Plus will be available for use in planning next steps.

Expected Objective Outcomes

1. Activity 1: 1. PIP students will indicate they built their knowledge and capacity in self-determination, disabilities systems, educating and influencing public policymakers. 2. PIP graduates will develop a relationship with a policymaker as a mechanism for sharing information on disabilities topics to educate and influence public policies. 3. PIP graduates will initiate a project for systems change to positively impact individuals with intellectual and developmental disabilities.

2. Activity 2: 1. A framework for developing a leadership cohort of Partners in Policymaking graduates who will receive advanced training in advocacy and public policy issues will be available with recommendations for implementation.

Data Evaluation And Measurement

1. Activity 1: 1. Pre- and Post-knowledge tests of self-determination, disabilities systems and educating and influencing public policy makers will be conducted and aggregated for review. 2. Post-surveys will be conducted on 1) satisfaction with course; 2) policymakers with whom student developed a relationship; 3) program or activity implementing, systems change anticipated, and a written work plan to complete the program/activity.

2. Activity 2: 1. Surveys and/or structured interviews will be used with the Partners in Policymaking Plus workgroup to determine the effectiveness of the stakeholder workgroup meetings and satisfaction with materials received from which to develop the framework for training and implementation.

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

Individual & Family Advocacy (IA)

| IA Code | FFY 2017 Targeted # |
|---------|---------------------|
| IA 1.1 | 10 |
| IA 1.2 | 15 |
| IA 2.1 | 10 |

System Change (SC)

| SC Code | FFY 2017 Targeted # |
|----------|---------------------|
| SC 1.1.1 | 0 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 0 |

| | |
|----------|----|
| IA 2.2 | 15 |
| IA 2.2.1 | 25 |
| IA 2.2.2 | 15 |
| IA 2.2.3 | 5 |
| IA 3.1 | 8 |
| IA 3.2 | 10 |

| | |
|----------|---|
| SC 1.3.2 | 0 |
| SC 1.3.3 | 0 |
| SC 1.3.4 | 0 |
| SC 1.4.1 | 0 |
| SC 1.5.1 | 0 |
| SC 2.1 | 0 |
| SC 2.2 | 0 |
| SC 2.1.1 | 0 |
| SC 2.1.2 | 0 |
| SC 2.1.3 | 0 |
| SC 2.1.4 | 0 |

Objective #3: Throughout the five-year plan, collaborate with all DD Network Partners to implement and sustain a leadership training program and efforts to build the next generation of top leaders among a minimum of eight self-advocates and eight mid-career institutional leaders.

Key Activities

- 1.Facilitate development of a leadership training program or model that addresses participation of the leadership cadre in national leadership training or participation of the leadership cadre in leadership training created by national experts specifically for Florida and provides for intermittent technical assistance and at least one face-to-face follow-up meeting/training
- 2.Facilitate participation of leadership cadre in statewide experiences for which all are responsible (e.g., state level legislative action during session) and matching interests and expertise with DD Network Partners' goals (e.g., Transportation, Employment, Housing...).
- 3.Facilitate participation in mentoring to learn about institutional, local, regional and state level leadership challenges and solutions.
- 4.Facilitate linkages with Partners in Policymaking graduates, Florida SAND regional group contacts, or other identified groups to further expand and build a larger leadership cadre among a broader group of self-advocates and mid-career institutional leaders.

Expected Outputs

- 1.

- Activity 1: 1. Four self-advocates and four mid-career institutional leaders will be identified to form the DD Network leadership cadre. 2. One national leadership training program will be identified or developed specifically for the DD Network leadership cadre. 3. The DD Network leadership cadre will participate in one national leadership training, a minimum of three follow-up technical assistance calls or webinars and a minimum of one follow-up face-to-face meeting.
2. Activity 2: 1. Completed assessments will be available that match each leadership cadre members' interests with the DD Network Partners' goals. 2. A list of opportunities for statewide experiences to use newly acquired leadership skills to impact systems change will be available. 3. An implementation plan will be available.
3. Activity 3: 1. A list of staff and self-advocates willing to serve as mentors will be developed. 2. A matrix to identify mentor's key areas of expertise and interest in local, regional and state level leadership challenges and solutions will be developed. 3. A framework for accessing mentors (e.g., calls, e-mails, etc.) will be available.
4. Activity 4: 1. Provisions for resources and support that enable the leadership cadre to engage with Partners In Policymaking and Florida SAND monthly will be established. 2. Activities will be promoted and new potential leaders recruited through the self-advocate communication hub, media outreach and professional networking.

Expected Objective Outcomes

1. Activity 1: 1. Florida will have a leadership training program to build the next generation of top leaders among a minimum of four self-advocates and four mid-career institutional leaders.
2. Activity 2: 1. The DD Network Partners will have trained self-advocate and mid-career institutional leaders who are available to assist with state-wide systems change efforts based on their interests.
3. Activity 3: 1. A framework for mentoring will be established to make the best use of expertise and interest in local, regional and state level leadership efforts.
4. Activity 4: 1. A system, including resources and supports, will be established that facilitates information sharing and potential recruitment for building a larger leadership cadre through existing Partners in Policymaking and Florida SAND efforts.

Data Evaluation And Measurement

1. Activity 1: 1. A list of the DD Network leadership cadre reflecting a minimum of four self-advocates and four mid-career institutional leaders will be available. 2. Pre- and post- tests and/or structured interviews will be conducted to evaluate competencies achieved through the national leadership training program. 3. Follow-up surveys and/or structured interviews will be conducted to evaluate the effectiveness of the national leadership training, follow-up technical assistance calls or webinars and the follow-up face-to-face meeting.
2. Activity 2 and 3: 1. Surveys and/or structured interviews will be conducted with leadership cadre participants to ascertain satisfaction with the implementation plan for systems change efforts and mentoring efforts.

3.Activity 4: 1. Data will be collected to evaluate the number of resources and supports provided to Partners in Policymaking and Florida SAND and the number of new recruits for leadership activities.

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

Individual & Family Advocacy (IA)

| IA Code | FFY 2017 Targeted # |
|----------|---------------------|
| IA 1.1 | 4 |
| IA 1.2 | 0 |
| IA 2.1 | 4 |
| IA 2.2 | 0 |
| IA 2.2.1 | 4 |
| IA 2.2.2 | 4 |
| IA 2.2.3 | 1 |
| IA 3.1 | 4 |
| IA 3.2 | 0 |

System Change (SC)

| SC Code | FFY 2017 Targeted # |
|----------|---------------------|
| SC 1.1.1 | 0 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 1 |
| SC 1.3.2 | 0 |
| SC 1.3.3 | 0 |
| SC 1.3.4 | 0 |
| SC 1.4.1 | 4 |
| SC 1.5.1 | 4 |
| SC 2.1 | 0 |
| SC 2.2 | 0 |
| SC 2.1.1 | 0 |
| SC 2.1.2 | 0 |
| SC 2.1.3 | 0 |
| SC 2.1.4 | 0 |

Objective #4: Throughout the five-year plan, collaborate with Disability Rights Florida, the DD Network State-wide Advocacy Center, to promote voting access for people with intellectual and developmental disabilities via training and opportunities to improve public speaking skills as Project VOTE co-trainers, building leadership and advocacy skills among a minimum of 25 self-advocates.

Key Activities

1.

Serve as a liaison between the DD Network Statewide Advocacy Center and the State-wide Self Advocacy Organization to facilitate partnership between self-advocacy groups and the statewide protection and advocacy program and to oversee the training, implementation, dissemination and evaluation of Project VOTE training.

2. Recruit and educate self-advocates to lead or co-facilitate training on voter registration, voter rights and responsibilities, voting methods, resources and other components of Project VOTE, in collaboration with Disability Rights Florida.

Expected Outputs

1. Activity 1: 1. A final report reflecting collaborative training efforts and outcomes of Project VOTE between the Council, Disability Rights Florida and Florida SAND will be available.

2. Activity 2: 1. A list of self-advocate trainers available to lead or co-facilitate training for other self-advocates on voter registration, voter rights and responsibilities, voting methods, resources and other components of Project VOTE will be available.

Expected Objective Outcomes

1. Activity 1: 1. Collaborative efforts among the Council, Disability Rights Florida and Florida SAND will result in an established process for sponsoring Project VOTE training with a growing number of self-advocate trainers available to lead or co-facilitate training for other self-advocates.

2. Activity 2: 1. A larger number of self-advocates will be trained in all aspects of voting through the self-advocate led/co-facilitated trainings.

Data Evaluation And Measurement

1. Activities 1 and 2: 1. Surveys and/or structured interviews will be used to assess self-advocate trainers' satisfaction and self-advocate participants' satisfaction with training in Project VOTE. 2. Pre- and post-tests will be used to evaluate knowledge gained through provisions of training and/or technical assistance for both self-advocate trainers and self-advocate participants.

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

Individual & Family Advocacy (IA)

| IA Code | FFY 2017 Targeted # |
|---------|---------------------|
| IA 1.1 | 15 |
| IA 1.2 | 0 |
| IA 2.1 | 10 |
| IA 2.2 | 0 |

System Change (SC)

| SC Code | FFY 2017 Targeted # |
|----------|---------------------|
| SC 1.1.1 | 0 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 0 |
| SC 1.3.2 | 1 |

| | |
|----------|----|
| IA 2.2.1 | 10 |
| IA 2.2.2 | 5 |
| IA 2.2.3 | 2 |
| IA 3.1 | 10 |
| IA 3.2 | 0 |

| | |
|----------|---|
| SC 1.3.3 | 0 |
| SC 1.3.4 | 0 |
| SC 1.4.1 | 0 |
| SC 1.5.1 | 0 |
| SC 2.1 | 1 |
| SC 2.2 | 0 |
| SC 2.1.1 | 0 |
| SC 2.1.2 | 0 |
| SC 2.1.3 | 1 |
| SC 2.1.4 | 0 |

Objective #5: By the end of the five-year state plan, through collaboration with the Florida Center for Inclusive Communities, and other DD Network Partners if determined appropriate, a minimum of one systemic change will have been made for one high priority issue impacting the lives of individuals with intellectual and developmental disabilities through the development and dissemination of policy briefs to be used by self-advocates and families.

Key Activities

- 1. Develop and disseminate to stakeholders a minimum of two policy briefs for high priority issues (e.g., waitlist, transportation, employment) to be used by self-advocates and families to impact a minimum of one systems change.

Expected Outputs

- 1. Activity 1: 1. Two policy briefs on high priority issues for use by self-advocates and their families to impact a minimum of one systems change effort will be made available collaboratively by the Florida Center for Inclusive Communities and the Council.

Expected Objective Outcomes

- 1. Activity 1: 1. Self-advocates and family members will have policy briefs to impact systems change efforts supporting the Florida Center for Inclusive Communities and Council's collaborative policy efforts.

Data Evaluation And Measurement

- 1.

- Activity 1: 1. Follow-up surveys and/or structured interviews will be conducted to evaluate increased knowledge and advocacy efforts based on the topical briefs developed.

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

Individual & Family Advocacy (IA)

| IA Code | FFY 2017 Targeted # |
|----------|---------------------|
| IA 1.1 | 15 |
| IA 1.2 | 5 |
| IA 2.1 | 10 |
| IA 2.2 | 5 |
| IA 2.2.1 | 15 |
| IA 2.2.2 | 15 |
| IA 2.2.3 | 5 |
| IA 3.1 | 15 |
| IA 3.2 | 5 |

System Change (SC)

| SC Code | FFY 2017 Targeted # |
|----------|---------------------|
| SC 1.1.1 | 0 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 0 |
| SC 1.3.2 | 0 |
| SC 1.3.3 | 0 |
| SC 1.3.4 | 0 |
| SC 1.4.1 | 0 |
| SC 1.5.1 | 0 |
| SC 2.1 | 0 |
| SC 2.2 | 0 |
| SC 2.1.1 | 0 |
| SC 2.1.2 | 0 |
| SC 2.1.3 | 0 |
| SC 2.1.4 | 0 |

Goal 5: • Self-Advocacy Systems Change

Description : By the end of the five-year state plan, there will have been at least one systemic change to federal and/or state statutes, rules, policies or procedures designed to mitigate the income limits imposed on people with intellectual and developmental disabilities in federal and state programs and restore their ability to independently control their income.

Area Of Emphasis:

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

Activities to be used in achieving each goal:

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

This goal addresses:

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

☐ Capacity Building
Collaborators Planned for this goal(if known):

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

Other collaborator

1. Family Network on Disabilities
2. Florida Agency for Health Care Administration
3. Florida Department of Children and Families

Objective #1: By the end of the five-year state plan, collaboratives of stakeholders, including individuals with intellectual and developmental disabilities, and state self-advocacy organizations will educate a minimum of 50 policy-makers at the federal and/or state level on the impact of waiver income limits and the benefits of the Medicaid Buy-In.

Key Activities

- 1.Track, report, and analyze the changes in legislative policies relating to income limits and Medicaid Buy-In and determine recommendations for future systems change activities.
- 2.Advocate for legislative developments that support policies which enable individuals with intellectual and developmental disabilities to control their income.
- 3.Engage in communication efforts to facilitate systems change.

Expected Outputs

- 1.Activity 1: 1. An annual report of changes identified or created in legislative policies related to income limits and Medicaid Buy-In will be available.
- 2.Activity 2: 1. Self-advocates, family members and other stakeholders interested in engaging in advocacy efforts will be identified. 2. A minimum of 10 policy-makers will be educated on the need to support policies enabling individuals to control their income.
- 3.

Activity 3: 1. Communication materials will be available and disseminated in accessible formats, including Easy Read, for a variety of audiences.

Expected Objective Outcomes

1.Activities 1 – 3: 1. Policy-makers and stakeholders will be informed of the critical issue’s impact on the lives of individuals with intellectual and developmental disabilities. 2. Changes in legislative policies impacting Medicaid Buy-In and income limits will be identified.

Data Evaluation And Measurement

- 1.Activity 1: 1. A review of legislative changes identified, created or changed will be conducted.
- 2.Activity 2: 1. Surveys and structured interviews will be conducted and data will be collected and maintained on the number of self-advocates, family members and other stakeholders interested in impacting the Medicaid Buy-in and Income limits through advocacy efforts. 2. Follow-up surveys and structured interviews will be conducted with self-advocates, family members and other stakeholders to evaluate increased knowledge and advocacy efforts.
- 3.Activity 3: 1. The number of publications developed and disseminated to assist with advocacy efforts will be tracked. 2. The number of and types of communication activities to promote advocacy efforts will be tracked.

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

Individual & Family Advocacy (IA)

| IA Code | FFY 2017 Targeted # |
|----------|---------------------|
| IA 1.1 | 20 |
| IA 1.2 | 10 |
| IA 2.1 | 15 |
| IA 2.2 | 5 |
| IA 2.2.1 | 20 |
| IA 2.2.2 | 20 |
| IA 2.2.3 | 5 |
| IA 3.1 | 15 |
| IA 3.2 | 10 |

System Change (SC)

| SC Code | FFY 2017 Targeted # |
|----------|---------------------|
| SC 1.1.1 | 0 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 0 |
| SC 1.3.2 | 0 |
| SC 1.3.3 | 0 |
| SC 1.3.4 | 0 |
| SC 1.4.1 | 10 |
| SC 1.5.1 | 3 |
| SC 2.1 | 0 |
| SC 2.2 | 0 |

| | |
|----------|---|
| SC 2.1.1 | 0 |
| SC 2.1.2 | 0 |
| SC 2.1.3 | 0 |
| SC 2.1.4 | 0 |

Goal 6: Housing

Description : By the end of the five-year state plan, Florida will have made at least one systemic change to statutes, rules, policies or procedures designed to improve choice and provide for financial support for safe, affordable and inclusive housing with access to support services for individuals with intellectual and developmental disabilities.

Area Of Emphasis:

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

Activities to be used in achieving each goal:

- ☒ Outreach
- ☒ Training
- ☒ Technical Assistance
- ☒ Supporting and Educating Communities
- ☒ Interagency Collaboration and Coordination
- ☒ Coordination with Related Councils, Committees and Programs



- ☒ Barrier Elimination
- ☒ Systems Design and Redesign
- ☒ Coalition Development and Citizen Participation
- ☒ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ☐ Demonstration of Projects or Activities
- ☐ Other Activities

This goal addresses:

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

Collaborators Planned for this goal(if known):

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

Other collaborator

1. University of Florida - Shimberg Center for Housing
2. Florida Alliance of Community Development Corporations
3. Florida Housing Coalition
4. Florida Housing Authorities
5. The Commission on Transportation Disadvantaged
6. Housing Leadership Council
7. Florida Housing Finance Corporation

- 8. Habitat for Humanity
- 9. Florida Department of Elder Affairs
- 10. Florida Association of Centers for Independent Living
- 11. Florida Association of Housing and Redevelopment Officials

Objective #1: By the end of the five-year state plan, the Council will have collaborated with profit, nonprofit, and governmental housing organizations to prioritize the needs of individuals with intellectual and developmental disabilities by monitoring and influencing the development of key federal and state housing plans and allocation of resources in a minimum of three (3) cities and three (3) counties representative of three (3) different geographical areas of the state.

Key Activities

1. Conduct comprehensive research on the community-based strategic planning mandates, Consolidated Plan process, administered through the U.S. Department of Housing and Urban Development for safe, affordable and inclusive housing throughout the state of Florida.
2. Utilize the research from the Consolidated Plan process to develop or identify and implement training designed to assist stakeholders with developing strategies for community involvement in the Consolidated Plan process.
3. Develop and implement advocacy and communication efforts, including provisions of training, technical assistance and support for self-advocates and family members that empowers them to serve in leadership roles on housing-related issues and to serve on housing-related commissions, boards or advisory committees to provide a voice for the associated needs of individuals with intellectual and developmental disabilities and to ensure that they are addressed within the Consolidated Plan.

Expected Outputs

1. Activity 1: 1. A detailed report that includes a summary of findings, specific guidance and recommendations will be reviewed and used for planning next steps.
2. Activity 2: 1. A list of the core team of state-wide stakeholders minimally representative of three cities and three counties in three different geographic areas of the state and committed to actively participating in the Consolidated Plan process will be available. 2. Agendas and meeting minutes from a minimum of four state-wide stakeholder meetings will be reviewed and include documentation of review of research being conducted and recommendations for any additional questions to be answered related to housing. 3. A plan for impacting housing plans and funding at the local, state, and if determined appropriate, federal levels, will be available.

3.Activity 3: 1. A list of self-advocates, family members and other stakeholders interested in engaging in advocacy for housing will be available. 2. Materials, including Easy Read and Spanish Translations, if determined necessary, will have been identified or developed to assist with advocacy efforts. 3. Communication materials promoting safe, affordable and accessible housing with adequate supports for individuals with intellectual and developmental disabilities will have been developed and disseminated.

Expected Objective Outcomes

- 1.Activity 1: 1. Stakeholders will have the information needed to understand the community-based strategic planning mandates; and the Consolidated Plan process, administered through the U.S. Department of Housing and Urban Development for safe, affordable and inclusive housing throughout the state of Florida, which will provide them with the knowledge base to impact provisions for individuals with intellectual and developmental disabilities.
- 2.Activity 2: 1. A core team of state-wide stakeholders representative of three cities and three counties in three different geographic areas of the state and committed to actively participating in the Consolidated Plan process will be formed and have a plan for impacting housing plans and funding at the local, state, and if determined appropriate, federal levels.
- 3.Activity 3: 1. Self-advocates, family members and other stakeholders interested in advocating for housing will be identified and provided with the resources and capacity to engage in systems change advocacy.

Data Evaluation And Measurement

- 1.Activity 1: 1. Surveys, structured interviews and/or questionnaires will be used to determine pre-and post-project understanding of Consolidated Plan processes and HUD structures and systems relative to influencing of plans and resource allocations to address the needs of individuals with intellectual and developmental disabilities.
- 2.Activity 2: 1. Surveys and/or structured interviews will be used with the stakeholder group to determine the research report's usefulness, relevance and applicability to developing the plan to influence housing systems change and their perception of the effectiveness of the stakeholder workgroup meetings.
- 3.Activity 3: 1. Surveys and structured interviews will be conducted and data will be collected and maintained on the number of self-advocates and family members interested and willing to engage in housing advocacy efforts. 2. Follow-up surveys and structured interviews will be conducted with self-advocates, family members and other stakeholders to evaluate increased knowledge, advocacy efforts and inclusion on cross-disability and culturally diverse local, regional or state level housing-related boards, coalitions or groups, including Consolidated Plan boards, for the purposes of systems change advocacy efforts. 3. The number of publications developed and disseminated to assist with advocacy efforts will be tracked. 4. The number of and types of communication activities to promote advocacy efforts will be tracked.

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

| | |
|--|---------------------------|
| Individual & Family Advocacy (IA) | System Change (SC) |
|--|---------------------------|

| IA Code | FFY 2017 Targeted # |
|----------|------------------------|
| IA 1.1 | 5 |
| IA 1.2 | 2 |
| IA 2.1 | 5 |
| IA 2.2 | 2 |
| IA 2.2.1 | 4 |
| IA 2.2.2 | 4 |
| IA 2.2.3 | 4 |
| IA 3.1 | 5 |
| IA 3.2 | 2 |

| SC Code | FFY 2017 Targeted # |
|----------|------------------------|
| SC 1.1.1 | 0 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 0 |
| SC 1.3.2 | 0 |
| SC 1.3.3 | 0 |
| SC 1.3.4 | 0 |
| SC 1.4.1 | 0 |
| SC 1.5.1 | 1 |
| SC 2.1 | 0 |
| SC 2.2 | 0 |
| SC 2.1.1 | 0 |
| SC 2.1.2 | 0 |
| SC 2.1.3 | 0 |
| SC 2.1.4 | 0 |

Goal 7: Workforce

Description : By the end of the five-year state plan, one or more improvements will be made to practices, services and compensation for community-based service providers to ensure that individuals with intellectual and developmental disabilities have access to, and receive services and supports from, a sustainable, qualified provider base.

Area Of Emphasis:

- ☒ Quality Assurance
- ☐ Education and Early Intervention
- ☐ Child Care

- ☐ Health
- ☐ Employment
- ☐ Housing
- ☐ Transportation
- ☐ Recreation
- ☒ Formal and Informal Community Supports

Activities to be used in achieving each goal:

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

This goal addresses:

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

Collaborators Planned for this goal(if known):

- ☐ State Protection and Advocacy System

- ☐ University Center(s)
☒ State DD agency
☒ Other

Other collaborator

1. Florida Association of Rehabilitation Facilities
2. The Arc of Florida
3. Florida Department of Economic Opportunity
4. Career Source Florida
5. National Alliance for Direct Support Professionals
6. Family Care Council of Florida
7. Florida Agency for Health Care Administration

Objective #1: By the end of the five-year plan, in collaboration with stakeholders, identify recommendations and advocate for competitive compensation for a minimum of two (2) categories of community-based service providers.

Key Activities

1. Using recommendations from data collected and other relevant sources, identify a minimum of two (2) categories of direct and community-based service providers to be included in advocacy efforts.
2. Develop and implement advocacy and communication efforts in conjunction with Florida's self-advocates, family members and other key stakeholders to address needed changes to statutes, rules, policies and/or procedures that improve compensation for community-based service providers.

Expected Outputs

1. Activity 1: 1. Agendas and minutes from workgroup meetings will be reviewed. 2. A detailed report of findings to include recommendations from national and state research will be available. 3. The workgroup will identify two categories of providers for targeting advocacy efforts.
2. Activity 2: 1. An advocacy plan with input from the stakeholder workgroup will be developed and implemented.

Expected Objective Outcomes

- 1.Activity 1: 1. Two categories of direct and community-based service providers will be identified for advocacy efforts to improve compensation.
- 2.Activity 2: 1. A plan for improving compensation for the two categories of direct and community-based service providers identified will be available and guide advocacy efforts.

Data Evaluation And Measurement

- 1.Activity 1: 1. Surveys will be conducted with workgroup members to assess collaborative workgroup members' level of satisfaction with workgroup practices, processes and outcomes.
- 2.Activity 2: 1. Surveys and structured interviews will be conducted and data will be collected and maintained on the number of self-advocates and family members interested in provider rates and services. 2. Follow-up surveys and structured interviews will be conducted with self-advocates, family members and other stakeholders to evaluate increased knowledge, advocacy efforts and inclusion on cross-disability and culturally diverse local, regional or state level stakeholder groups for the purposes of systems change advocacy efforts. 3. The number of publications developed and disseminated to assist with advocacy efforts will be tracked. 4. The number of and types of communication activities to promote advocacy efforts will be tracked.

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

Individual & Family Advocacy (IA)

| FFY 2017 | |
|----------|------------|
| IA Code | Targeted # |
| IA 1.1 | 2 |
| IA 1.2 | 2 |
| IA 2.1 | 2 |
| IA 2.2 | 2 |
| IA 2.2.1 | 2 |
| IA 2.2.2 | 2 |
| IA 2.2.3 | 0 |
| IA 3.1 | 2 |
| IA 3.2 | 2 |

System Change (SC)

| FFY 2017 | |
|----------|------------|
| SC Code | Targeted # |
| SC 1.1.1 | 1 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 0 |
| SC 1.3.2 | 0 |
| SC 1.3.3 | 0 |
| SC 1.3.4 | 0 |
| SC 1.4.1 | 0 |
| SC 1.5.1 | 2 |
| SC 2.1 | 0 |
| SC 2.2 | 0 |
| SC 2.1.1 | 0 |

| | |
|----------|---|
| SC 2.1.2 | 0 |
| SC 2.1.3 | 0 |
| SC 2.1.4 | 0 |

Objective #2: By the end of the five-year plan, in collaboration with stakeholders, identify, develop, and implement evidence-based training for at least 250 community-based service providers (i.e., personal care attendants and residential habilitation/group home staff) and 25 supervisors, representing agencies/organizations of diverse sizes.

Key Activities

1. Collaborate with stakeholders, including state agencies, supervisors, individuals with intellectual and developmental disabilities, and families/caregivers to develop or acquire evidence-based and best practices training materials for direct service providers.

Expected Outputs

1. Activity 1: 1. Written report(s) reflecting a review and analysis of state and national research, and Florida's existing competencies and current trainings, including strengths and weaknesses. 2. Resource map comparing state and national research with Florida's existing competencies and training content and offerings, identifying gaps and weaknesses in content, approaches, strategies and materials. 3. Matrices of relevant national and state training materials and resources related to self-determination, and person-centered planning and services, including face-to-face trainings, online modules, and print and electronic resources 4. Written report(s) reflecting review and analysis of state and national research, identifying effective strategies for supporting workforce quality and workforce retention, including models for job shadowing and mentoring for direct support professionals. 5. Detailed written report of findings and specific recommendations to guide the future development, provision, and delivery of training materials, programs, packages and methodologies.

Expected Objective Outcomes

- 1.1. Evidence-based training for at least 250 community-based service providers (i.e., personal care attendants and residential rehabilitation /group home staff) and 25 supervisors, representing agencies/organizations of diverse sizes, will be identified or developed.

Data Evaluation And Measurement

- 1.1. A literature review and content analysis of national and state training materials and associated resources will be conducted and reviewed. 2. Surveys and/or structured interviews to determine training gaps, strengths and weaknesses, as well as the quality of stakeholder input and collaboration will be reviewed and evaluated to determine next steps for implementation.

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

Individual & Family Advocacy (IA)

| IA Code | FFY 2017 |
|----------|------------|
| | Targeted # |
| IA 1.1 | 0 |
| IA 1.2 | 0 |
| IA 2.1 | 0 |
| IA 2.2 | 0 |
| IA 2.2.1 | 0 |
| IA 2.2.2 | 0 |
| IA 2.2.3 | 0 |
| IA 3.1 | |
| IA 3.2 | |

System Change (SC)

| SC Code | FFY 2017 |
|----------|------------|
| | Targeted # |
| SC 1.1.1 | 0 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 0 |
| SC 1.3.2 | 0 |
| SC 1.3.3 | 1 |
| SC 1.3.4 | 0 |
| SC 1.4.1 | 0 |
| SC 1.5.1 | 1 |
| SC 2.1 | 0 |
| SC 2.2 | 0 |
| SC 2.1.1 | 0 |
| SC 2.1.2 | 0 |
| SC 2.1.3 | 0 |
| SC 2.1.4 | 0 |

Goal 8: Broad Systems Change

Description : By the end of the five-year state plan, a minimum of six systemic changes to statutes, rules, policies or procedures at the state, regional or local levels designed to improve community inclusion for individuals with intellectual and developmental disabilities will have been achieved.

Area Of Emphasis:

- ☒ Quality Assurance
- ☒ Education and Early Intervention

- ☐ Child Care
- ☒ Health
- ☒ Employment
- ☒ Housing
- ☒ Transportation
- ☐ Recreation
- ☒ Formal and Informal Community Supports

Activities to be used in achieving each goal:

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

Provide justification for selecting Demonstration of Projects or Activities

Transportation Voucher Pilot Projects • Through collaboration on a report entitled, "Innovative Approaches for Increasing Transportation Options for Persons with Disabilities in Florida," the Council's Transportation Stakeholders Workgroup felt that a voucher program could work in Florida that would potentially lead to expansion in the state. The Florida Department of Transportation agreed to co-fund two model demonstration projects in Florida for these purposes, and the Council supported this initiative. Two providers were jointly selected to implement these initiatives. The projects were initiated on September 17, 2015, and it is anticipated that the projects will end on or before September 30, 2017. Health and Wellness • Traditional health and wellness models seen in Florida only provided services to adults or children in segregated settings. The Florida Developmental Disabilities Council issued a Request for Proposals with the intent to prove that an inclusive health and wellness program could be implemented successfully in a community setting. The proposal that was selected included a detailed plan to include adults with intellectual and developmental disabilities in the provider's Health and Fitness Center

gymnasium that was available for use by the entire community. The provider was funded as a model demonstration project with the intended outcome of proving that a fully inclusive model for health and wellness is viable for others in the state to replicate. The project was initiated on February 15, 2016, and it is anticipated that the project will end on or before September 30, 2017.

This goal addresses:

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

Collaborators Planned for this goal(if known):

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

Other collaborator

1. Florida Department of Education, Division of Vocational Rehabilitation
2. Florida Department of Education, Bureau of Exceptional Education and Student Services
3. Florida Department of Education, Division of Blind Services
4. Florida Department of Education, Career and Adult Education
5. Florida Department of Economic Opportunity
6. CareerSource Florida
7. Florida Department of Children and Families, Substance Abuse and Mental Health Office
8. Florida Association of Rehabilitation Facilities, Inc.
9. Florida Department of Management Services
10. Florida Department of Financial Services

Objective #1: At the end of year one of the 2017-21 five-year state plan, initiatives started in the 2012-16 five-year state plan, will have been completed and a minimum of one systemic change from the work will be achieved in the area of transportation.

Key Activities

1. Complete implementation of initiatives started in the 2012-16 state plan and report on progress of systems changes resulting from work. 1. Complete Transportation Voucher Pilots. 2. Complete Transportation Options Research Project.

Expected Outputs

1. Transportation Voucher Pilots 1. Two operational transportation voucher programs (one rural and one urban). 2. A minimum of 20 satisfaction surveys of stakeholders using the vouchers. 3. A report of transportation services provided in both programs that includes barriers and successful outcomes. 4. A minimum of \$150,000 of Department of Transportation dollars leveraged.

2. Transportation Options Research Project 1. A literature and content analysis of national and state findings relating to transportation options for individuals with disabilities. 2. Final report.

Expected Objective Outcomes

1. Transportation Voucher Pilots 1. Increased transportation services for individuals with intellectual and developmental disabilities in the catchment areas, particularly for less available services (e.g., employment, postsecondary education or training). 2. Knowledge of nuances of implementing transportation voucher programs in rural and urban areas, including effectiveness and sustainability options that can be taken to legislators and other potential funders to impact systems change.

2. Transportation Options Research Project 1. Transportation research report that will identify programs and resources that reflect evidence-based and promising practices leading to new approaches to increase access to affordable, accessible, transportation options for Floridians with developmental disabilities. 2. The knowledge base of stakeholders involved in the delivery of transportation services for individuals with disabilities, including individuals with developmental disabilities, will be increased.

Data Evaluation And Measurement

1. Transportation Voucher Pilots 1. Stakeholders surveys. 2. Project evaluation to include number of trips provided, number of trips per user, unduplicated users, types of rides provided, cost of trips and trip miles.

2. Transportation Options Research Project 1. The work plan, deliverable reviews, advisory committee input and final report will be used to evaluate the project.

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

Individual & Family Advocacy (IA)

| IA Code | FFY 2017 |
|----------|------------|
| | Targeted # |
| IA 1.1 | 0 |
| IA 1.2 | 0 |
| IA 2.1 | 20 |
| IA 2.2 | 0 |
| IA 2.2.1 | 10 |
| IA 2.2.2 | 0 |
| IA 2.2.3 | 0 |
| IA 3.1 | 10 |
| IA 3.2 | 0 |

System Change (SC)

| SC Code | FFY 2017 |
|----------|------------|
| | Targeted # |
| SC 1.1.1 | 2 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 2 |
| SC 1.3.2 | 2 |
| SC 1.3.3 | 0 |
| SC 1.3.4 | 0 |
| SC 1.4.1 | 0 |
| SC 1.5.1 | 3 |
| SC 2.1 | 2 |
| SC 2.2 | 2 |
| SC 2.1.1 | 1 |
| SC 2.1.2 | 0 |
| SC 2.1.3 | 1 |
| SC 2.1.4 | 2 |

Objective #2: At the end of year one of the 2017-21 five-year state plan, initiatives started in the 2012-16 five-year state plan will have been completed and a minimum of one systemic change from the work will be achieved in the area of employment.

Key Activities

1. Complete implementation of initiatives started in the 2012-16 state plan and report on progress of systems changes resulting from work. 1. Complete Rural Routes to Employment. 2. Complete Benefits Planning and Asset Development Train-the-Trainer. 3. Complete Project SEARCH.

Expected Outputs

- 1.

- 1. Rural Routes to Employment 1. Five trainings 2. Ten individuals trained 3. Twenty surveys 4. Outcome data on individuals seeking and acquiring employment through the project
- 2. Benefits Planning and Asset Development Train-the-Trainer 1. Train-the-trainer materials developed and approved 2. 100 individuals trained via online module 3. 100 copies of the workbook disseminated and /or downloaded from website
- 3. Project SEARCH 1. A minimum of 15 new Project SEARCH sites representing a minimum of 20 counties 2. Number of students participating 3. Number of students employed 4. Number of staff trained 5. Surveys

Expected Objective Outcomes

- 1. Rural Routes to Employment 1. Increase knowledge of stakeholders in rural communities relating to employment for individuals with developmental disabilities. 2. Increase employment opportunities for individuals with developmental disabilities living in rural areas in each site.
- 2. Benefits Planning and Asset Development Train-the-Trainer 1. Increase knowledge among individuals with developmental disabilities and stakeholders concerning benefits planning and asset building. 2. Increase the number of individuals with DD working since the completion of training. 3. Increase in the number of individuals with developmental disabilities accumulating assets as a result of trainings. 4. Increase in the number of individuals using Social Security work incentives in Florida.
- 3. Project SEARCH 1. Key staff and partners of Project SEARCH sites will be trained on building capacity and sustainability. 2. Key staff and partners of Project SEARCH programs report an increase in knowledge and skills, in order to support and sustain the stability of the program as a result of the training and technical assistance. 3. As a result of key staff trained, there is an increase in the number of students with developmental disabilities completing the Project SEARCH program and employed at or above minimum wage

Data Evaluation And Measurement

- 1. Rural Routes to Employment 1. Follow-up surveys and interviews to determine increase in employment opportunities 2. Follow-up surveys and interviews to evaluate implementation results 3. Employment outcome reports
- 2. Benefits Planning and Asset Development Train-the-Trainer 1. Pre-test at the start of the training and a post-test at the end of the training 2. Questionnaires administered three months after completion of training 3. Questionnaires administered six months after completion of training
- 3. Project SEARCH 1. Semiannual data collection reports from May and October with Florida-specific outcome data to be reported in June/July and November/December. 2. Outcomes of efforts to market and select students to ensure unserved and/or underserved populations are included. 3. Additional data as determined reasonable to assist in collecting and reporting student participant and outcome data consistent with the requirements of the Workforce Innovation and Opportunity Act.

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



Individual & Family Advocacy (IA)

| IA Code | FFY 2017 |
|----------|------------|
| | Targeted # |
| IA 1.1 | 4 |
| IA 1.2 | 0 |
| IA 2.1 | 4 |
| IA 2.2 | 0 |
| IA 2.2.1 | 4 |
| IA 2.2.2 | 0 |
| IA 2.2.3 | 0 |
| IA 3.1 | 4 |
| IA 3.2 | 0 |

System Change (SC)

| SC Code | FFY 2017 |
|----------|------------|
| | Targeted # |
| SC 1.1.1 | 18 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 0 |
| SC 1.3.2 | 0 |
| SC 1.3.3 | 0 |
| SC 1.3.4 | 8 |
| SC 1.4.1 | 45 |
| SC 1.5.1 | 14 |
| SC 2.1 | 2 |
| SC 2.2 | 25 |
| SC 2.1.1 | 1 |
| SC 2.1.2 | 7 |
| SC 2.1.3 | 1 |
| SC 2.1.4 | 18 |

Objective #3: At the end of year one of the 2017-21 five-year state plan, initiatives started in the 2012-16 five-year state plan will have been completed and a minimum of one systemic change from the work will be achieved in the area of child development and education.

Key Activities

1. Complete implementation of initiatives started in the 2012-16 state plan and report on progress of systems changes resulting from work. 1. Complete UDL Regional Trainings. 2. Complete First Steps. 3. Complete Early Steps.

Expected Outputs

1. UDL Regional Trainings 1. UDL Regional Trainings will be designed and presented. Technical assistance will follow trainings.

2. First Steps 1. 4,000 copies of the First Steps guide

3. Early Steps 1. Instructional materials for mentoring 2. Revised curriculum and training processes 3. Online-accessible, competency-based, training modules

Expected Objective Outcomes

1. UDL Regional Trainings 1. Increase in the number of schools implementing UDL instructional strategies. 2. Increase in the number of educators trained in UDL instructional strategies. 3. Increase in the number of students with developmental disabilities participating in general education classes through the use of UDL instructional strategies

2. First Steps 1. There will be an increase in the number of Floridians accessing Council products. 2. There will be an increase in the ability of Floridians, especially members of the developmental disability community, to advocate for themselves and others (particularly their children), and/or address a need that supported meaningful participation in all aspects of life as a result of Council products.

3. Early Steps 1. The online training modules for the credentialing process for Early Intervention evaluators will be available. 2. Early Intervention Evaluators or practitioners desiring to become Early Intervention evaluators will access and complete the online training modules. 3. Evaluators trained will provide feedback and report on the benefits of the online trainings for Early Intervention evaluator credentialing. 4. A performance evaluation model will be developed and pilot tested with the support of the LES's. 5. A coaching/mentoring process will be defined, operationalized and implemented with a pilot group of new evaluators.

Data Evaluation And Measurement

1. UDL Regional Trainings 1. Data collected will show the content of the trainings and technical assistance provided. 2. Data collected will demonstrate the number of school districts and individual schools participating in the training and receiving the ongoing technical assistance. 3. Data will show the number of teachers participating in the training and receiving technical assistance. 4. Data will describe UDL implementation and the number of students with developmental disabilities positively impacted through inclusive educational opportunities.

2. First Steps 1. Surveys to reflect how the guide was used and satisfaction. Early Steps 1. Data tracking of individuals accessing the online training. 2. Improved knowledge via pre-and post-surveys of knowledge gain for training modules and guidebook sections. 3. Actionable information supporting training processes and suggestions for change obtained via training follow-up interviews. 4. Coaching/mentoring data to assess novice evaluators' skill changes via the structured coaching relationship.

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

Individual & Family Advocacy (IA)

| | |
|---------|------------|
| | FFY 2017 |
| IA Code | Targeted # |

System Change (SC)

| | |
|---------|------------|
| | FFY 2017 |
| SC Code | Targeted # |

| | |
|----------|------|
| IA 1.1 | 0 |
| IA 1.2 | 1000 |
| IA 2.1 | 0 |
| IA 2.2 | 0 |
| IA 2.2.1 | 0 |
| IA 2.2.2 | 0 |
| IA 2.2.3 | 0 |
| IA 3.1 | 0 |
| IA 3.2 | 0 |

| | |
|----------|----|
| SC 1.1.1 | 7 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 0 |
| SC 1.3.2 | 0 |
| SC 1.3.3 | 0 |
| SC 1.3.4 | 2 |
| SC 1.4.1 | 23 |
| SC 1.5.1 | 8 |
| SC 2.1 | 2 |
| SC 2.2 | 4 |
| SC 2.1.1 | 1 |
| SC 2.1.2 | 2 |
| SC 2.1.3 | 1 |
| SC 2.1.4 | 2 |

Objective #4: At the end of year one of the 2017-21 five-year state plan, initiatives started in the 2012-16 five-year state plan will have been completed and a minimum of one systemic change from the work will be achieved in the area of self-advocacy leadership.

Key Activities

1.Complete implementation of initiatives started in the 2012-16 state plan and report on progress of systems changes resulting from work. 1. Complete Project SALT. 2. Complete Route to Self-Determination.

Expected Outputs

1.Project SALT 1. Marketing materials. 2. Applications. 3. Training materials. 4. Evaluations instruments. 5. Final report and recommendations.

2.Route to Self-Determination 1. Online training module of the Route to Self-Determination training for trainers. 2. Provision of technical assistance to a minimum of four trainers who will providing training for rural and non-English speakers.

Expected Objective Outcomes

1. Project SALT 1. Six self-advocates are trained each year on providing training to individuals with developmental disabilities to become trainers. 2. Leadership skills trainings provided to individuals with developmental disabilities on becoming leaders by self-advocate trainers. 3. Individuals with developmental disabilities trained report an increase in their leadership knowledge and skills gained as a result of the training. 4. Individuals with developmental disabilities trained will report seeking leadership roles and responsibilities in their local community.
2. Route to Self-Determination 1. Twenty individuals with developmental disabilities, family members and community stakeholders in rural areas and those who are non-English speakers who participated in the trainings will demonstrate increased knowledge in self-determination. 2. Twenty individuals with developmental disabilities, family members and community stakeholders in rural areas and/or who are non-English speakers who participated in the trainings will have applied knowledge gained by using self-determination skills in their daily lives. 3. At least five individuals with developmental disabilities in rural areas join self-advocacy organizations and use their self-determination skills learned. 4. At least one entity replicates the training in an additional community to reach individuals with developmental disabilities, family members and community stakeholders in rural areas and those who are non-English speakers.

Data Evaluation And Measurement

1. Project SALT 1. Documentation of self-advocates trained. 2. Pre-and Post-surveys of trainings conducted. 3. Pre-and post-knowledge tests of leadership and skills gained. 4. Follow-up survey tied to outcomes.
2. Route to Self-Determination 1. Pre- and post-training surveys. 2. Satisfaction surveys. 3. Training evaluations.

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

Individual & Family Advocacy (IA)

| IA Code | FFY 2017 Targeted # |
|----------|---------------------|
| IA 1.1 | 6 |
| IA 1.2 | 0 |
| IA 2.1 | 6 |
| IA 2.2 | 0 |
| IA 2.2.1 | 6 |
| IA 2.2.2 | 6 |
| IA 2.2.3 | 4 |
| IA 3.1 | 6 |
| IA 3.2 | 0 |

System Change (SC)

| SC Code | FFY 2017 Targeted # |
|----------|---------------------|
| SC 1.1.1 | 0 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 0 |
| SC 1.3.2 | 0 |
| SC 1.3.3 | 0 |
| SC 1.3.4 | 0 |
| SC 1.4.1 | 0 |
| SC 1.5.1 | 0 |
| SC 2.1 | 0 |
| SC 2.2 | 0 |

| | |
|----------|---|
| SC 2.1.1 | 0 |
| SC 2.1.2 | 0 |
| SC 2.1.3 | 0 |
| SC 2.1.4 | 0 |

Objective #5: At the end of year one of the 2017-21 five-year state plan, initiatives started in the 2012-16 five-year state plan will have been completed and a minimum of one systemic change from the work will be achieved in the area of community living.

Key Activities

1. Complete implementation of initiatives started in the 2012-16 state plan and report on progress of systems changes resulting from work. 1. Complete Task Force on HCBS Waiver Waitlist. 2. Complete Community Coalitions. 3. Complete Abuse and Neglect. 4. Complete Lighting the Way.

Expected Outputs

- 1. Task Force on HCBS Waiver Waitlist 1. One Updated Strategic Plan. 2. Surveys (of stakeholders). 3. Policy-makers educated.
- 2. Community Coalitions 1. Pre-test and Post-test o Eighty percent (80%) of the individuals who complete the Leadership team training will indicate that they are “satisfied” or “very satisfied” with the training. o Eighty percent (80%) of the leadership team members statewide (for the new coalitions) will indicate that they are “satisfied” or “very satisfied” with the progress of the coalitions. o Eighty percent (80%) of the leadership team and board members statewide (for the existing coalitions) will indicate that they are “satisfied” or “very satisfied” with the technical assistance provide. 2. Interview and focus groups
- 3. Abuse and Neglect 1. Task Force established 2. 50 individuals with developmental disabilities will receive education on abuse prevention 3. One (1) training opportunity for law enforcement 4. One (1) training opportunity for caregivers 5. Policy makers informed
- 4. Lighting the Way 1. Updated training materials 2. 1000 guides distributed

Expected Objective Outcomes

- 1. Task Force on HCBS Waiver Waitlist 1. Increased knowledge among organizational stakeholders related to the needs for services and the barriers related to providing services for individuals with developmental disabilities who are on the HCBS Waiver Waitlist. 2. There is an established task force dedicated to addressing the needs of individuals on the HCBS Waitlist. 3. A strategic plan to address the needs of individuals on the Waitlist is developed. 4. Support for the implementation of a strategic plan to address the needs of individuals on the Waitlist. 5. The findings of the task force will be distributed to stakeholders.

2.

Community Coalitions 1. Increased collaboration of available community resources to assist individuals with developmental disabilities who are on the HCBS Waiver Waitlist. 2. Increased utilization of available community resources to assist individuals with developmental disabilities who are on the HCBS Waiver Waitlist. 3. An additional six (6) new coalitions will be established with a cohesive leadership team.

3. Abuse and Neglect 1. Strategies are implemented that work toward moving forward Florida's system of prevention, detection and response to abuse and neglect for individuals with developmental disabilities. 2. Strategies are implemented that work toward linking individuals with developmental disabilities and families to resources and supports to prevent abuse and neglect.

4. Lighting the Way 1. Increased knowledge of individuals and families and community stakeholders regarding guardianship, guardianship advocacy and other legal alternatives.

Data Evaluation And Measurement

1. Task Force on HCBS Waiver Waitlist 1. Pre- and post-tests and surveys. 2. Documentation of advocacy strategies that impacted legislation changes.

2. Community Coalitions 1. Pre-test and post-test regarding level of collaboration; survey regarding utilization of available services or resources. 2. Interviews and focus groups, surveys.

3. Abuse and Neglect 1. Documentation of activities implemented and appropriate evaluation methods to demonstrate impact of such activities.

4. Lighting the Way 1. Pre-test and post-test for online modules. 2. Follow up surveys from online modules. 3. Track number of updated manuals disseminated.

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

Individual & Family Advocacy (IA)

| IA Code | FFY 2017 Targeted # |
|----------|---------------------|
| IA 1.1 | 60 |
| IA 1.2 | 15 |
| IA 2.1 | 30 |
| IA 2.2 | 10 |
| IA 2.2.1 | 30 |
| IA 2.2.2 | 30 |
| IA 2.2.3 | 10 |

System Change (SC)

| SC Code | FFY 2017 Targeted # |
|----------|---------------------|
| SC 1.1.1 | 4 |
| SC 1.2.1 | 2 |
| SC 1.3.1 | 0 |
| SC 1.3.2 | 2 |
| SC 1.3.3 | 1 |
| SC 1.3.4 | 1 |
| SC 1.4.1 | 10 |

| | |
|--------|----|
| IA 3.1 | 30 |
| IA 3.2 | 15 |

| | |
|----------|---|
| SC 1.5.1 | 9 |
| SC 2.1 | 3 |
| SC 2.2 | 4 |
| SC 2.1.1 | 2 |
| SC 2.1.2 | 2 |
| SC 2.1.3 | 1 |
| SC 2.1.4 | 2 |

Objective #6: At the end of year one of the 2017-21 five-year state plan, initiatives started in the 2012-16 five-year state plan will have been completed and a minimum of one systemic change from the work will be achieved in the area of health care and prevention.

Key Activities

- 1.Complete implementation of initiatives started in the 2012-16 state plan and report on progress of systems changes resulting from work.
Action Steps: 1. Complete Community Health and Wellness. 2. Complete Improved Coordination of Medicaid State Plan and Community-Based Services. 3. Complete Nurse Practitioner Training Program.

Expected Outputs

- 1.Community Health and Wellness 1. Technical assistance plan 2. Number of individuals participating in community health and wellness activities
- 2.Improved Coordination of Medicaid State Plan and Community-Based Services 1. Implementation plan
- 3.Nurse Practitioner Training 1. Number of Advanced Registered Nurse practitioners trained. 2. Number of continuing education programs utilizing training. 3. Number of academic programs utilizing training.

Expected Objective Outcomes

- 1.Community Health and Wellness 1. Increase in the knowledge of the needs of community health and wellness entities and stakeholders for individuals with developmental disabilities to have access and participate in community health and wellness activities. 2. Increase in the number of individuals with developmental disabilities participating in community health and wellness activities.
- 2.

Improved Coordination of Medicaid State Plan and Community-Based Services 1. An implementation plan with strategies to promote effective coordination of medical care and community services outside of a managed care system will be developed. 2. The recommendations in the plan will be used to advocate for changes to policies that result in a more effective outside delivery system for individuals with developmental disabilities.

3. Nurse Practitioner Training 1. The training program will be administered to Advanced Registered Nurse Practitioners. 2. The training program will be integrated into at least four academic programs for Advanced Registered nurse practitioners. 3. Increased knowledge of training participants in the best medical care for adults with developmental disabilities.

Data Evaluation And Measurement

1. Community Health and Wellness 1. Surveys: Data collection and pre and post program surveys to assess knowledge gained of community health and wellness entities and of participants to measure utilization of community health and wellness activities 2. Pre-and post-behavioral knowledge tests and behavior surveys

2. Improved Coordination of Medicaid State Plan and Community-Based Services 1. Review of implementation plan 2. Monitoring of legislation, rules, and policies

3. Nurse Practitioner Training Program 1. Review of records documenting training to Advanced Registered Nurse practitioners 2. Review of ARNP practitioners training program 3. Pre- and Post- knowledge tests/surveys of training participants 4. Pre- and post- assessment of capacity to serve individuals with developmental disabilities

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

Individual & Family Advocacy (IA)

| IA Code | FFY 2017 |
|----------|------------|
| | Targeted # |
| IA 1.1 | 10 |
| IA 1.2 | 0 |
| IA 2.1 | 0 |
| IA 2.2 | 0 |
| IA 2.2.1 | 0 |
| IA 2.2.2 | 0 |
| IA 2.2.3 | 0 |
| IA 3.1 | 8 |

System Change (SC)

| SC Code | FFY 2017 |
|----------|------------|
| | Targeted # |
| SC 1.1.1 | 2 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 0 |
| SC 1.3.2 | 2 |
| SC 1.3.3 | 0 |
| SC 1.3.4 | 0 |
| SC 1.4.1 | 190 |
| SC 1.5.1 | 0 |

| | |
|--------|---|
| IA 3.2 | 0 |
|--------|---|

| | |
|----------|---|
| SC 2.1 | 2 |
| SC 2.2 | 3 |
| SC 2.1.1 | 2 |
| SC 2.1.2 | 1 |
| SC 2.1.3 | 0 |
| SC 2.1.4 | 2 |

Objective #7: By the end of the five-year state plan, one or more emerging needs of individuals with intellectual and developmental disabilities will have been addressed through the provision of technical assistance and supports, resulting in one or more systemic changes.

Key Activities

1. Develop and implement advocacy and communication efforts in conjunction with Florida's self-advocates, family members and other key stakeholders to address needed changes to statutes, rules, policies, procedures, and/or funding/staffing issues that result in better outcomes for individuals with intellectual and developmental disabilities.

Expected Outputs

1.1. Information will be developed and distributed through developmental disabilities networks. 2. Ad Hoc committees and/or stakeholder groups will be organized. 3. Research will be submitted. 4. White papers will be developed.

Expected Objective Outcomes

1.1. The emerging or emergency needs of Floridians with intellectual and developmental disabilities and/or their community will have been addressed in a timely manner.

Data Evaluation And Measurement

1.1. Document the emerging need or emergency event. 2. Document the implementing procedure(s). 3. Survey communities or involved stakeholders to evaluate effectiveness of activities.

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

Individual & Family Advocacy (IA)

| |
|----------|
| FFY 2017 |
|----------|

System Change (SC)

| |
|----------|
| FFY 2017 |
|----------|

| IA Code | Targeted # |
|----------|------------|
| IA 1.1 | 0 |
| IA 1.2 | 0 |
| IA 2.1 | 0 |
| IA 2.2 | 0 |
| IA 2.2.1 | 0 |
| IA 2.2.2 | 0 |
| IA 2.2.3 | 0 |
| IA 3.1 | |
| IA 3.2 | |

| SC Code | Targeted # |
|----------|------------|
| SC 1.1.1 | 0 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 0 |
| SC 1.3.2 | 0 |
| SC 1.3.3 | 0 |
| SC 1.3.4 | 0 |
| SC 1.4.1 | 0 |
| SC 1.5.1 | 0 |
| SC 2.1 | 0 |
| SC 2.2 | 0 |
| SC 2.1.1 | 0 |
| SC 2.1.2 | 0 |
| SC 2.1.3 | 0 |
| SC 2.1.4 | 0 |

Goal 1: Transportation

Description : By the end of the five-year state plan, the Council will work in collaboration with agencies and organizations to develop and implement a minimum of three sustainable transportation solutions to develop and implement at least one infrastructure change and advocate for increased funding to increase access to safe and affordable methods of transportation for individuals with intellectual and developmental disabilities.

Area Of Emphasis:

- ☒ Quality Assurance
- ☐ Education and Early Intervention
- ☐ Child Care

- ☐ Health
- ☐ Employment
- ☐ Housing
- ☒ Transportation
- ☐ Recreation
- ☒ Formal and Informal Community Supports

Activities to be used in achieving each goal:

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

This goal addresses:

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

Collaborators Planned for this goal(if known):

- ☐ State Protection and Advocacy System

☐ University Center(s)

☒ State DD agency

☒ Other

Other collaborator

1. Florida Department of Transportation
2. The Commission on Transportation Disadvantaged
3. Florida Department of Education - Division of Vocational Rehabilitation
4. Florida Department of Education - Division of Blind Services
5. Florida Department of Children and Families
6. Florida Agency for Healthcare Administration
7. Florida Department of Economic Opportunity
8. Florida Department of Elder Affairs
9. Florida Alliance for Assistive Services and Technology, Inc.
10. Florida Association of Centers for Independent Living, Inc.
11. Aging and Disability Resource Centers
12. Family Network on Disabilities
13. Family Care Council of Florida

Objective #1: By the end of the five-year state plan, a mobility manager structure will be in place state-wide that will provide evidence of increased access to the community and satisfaction with transportation services for two or more life activities (e.g., employment, postsecondary education, recreation, leisure activities, shopping, etc.) for individuals with intellectual and developmental disabilities.

Key Activities

1. Develop and implement a consistent structure of roles, responsibilities and training for mobility managers within Florida's Transportation Disadvantaged system to support consistent services across the state.
- 2.



Develop and implement advocacy and communication efforts in conjunction with Florida's self-advocates, family members and other key stakeholders to address needed changes to statutes, rules, policies, procedures and/or funding/staffing issues and empower self-advocates and family members to serve on transportation-related commissions, boards or advisory committees.

Expected Outputs

- 1.Activity 1: 1. An Advisory Committee will be formed and a minimum of four meetings will be held. 2. A conceptual framework of roles and responsibilities for local mobility managers will be developed. 3. A needs analysis based on the framework will be completed and will identify resources needed for implementation. 4. A report of recommendations will be available that identifies regions for implementation and action steps for addressing resource needs.
- 2.Activity 2: 1. A list of self-advocates, family members and other stakeholders interested in engaging in advocacy for transportation will be available. 2. Materials, including Easy Read and Spanish Translations, if determined necessary, will have been identified or developed to assist with advocacy efforts. 3. Communication materials promoting improved transportation for individuals with intellectual and developmental disabilities will have been developed and disseminated.

Expected Objective Outcomes

- 1.Activity 1: 1. A structure for implementing local mobility management for transportation will be established. 2. Strategies and regions will be identified to move forward with regional implementation and development and dissemination of necessary resources.
- 2.Activity 2: 1. Self-advocates, family members and other stakeholders interested in advocating for transportation will be identified and provided with the resources and capacity to engage in systems change advocacy.

Data Evaluation And Measurement

- 1.Activity 1: 1. Advisory Committee sign-in sheets, meeting agendas and minutes will be reviewed to ensure a minimum of four meetings were held and to document stakeholder decision-making for the framework and needs analysis. 2. A completed needs analysis will be reviewed to identify resources needed for implementation. 3. A report of recommendations to be used by the key stakeholders for future planning of regional implementation will be reviewed and acted upon to begin operationalizing the mobility management system. 4. Structured interviews will be conducted to assess the applicability of the recommendations. 5. Participant surveys will be issued and evaluated to gauge the project advisory committee's satisfaction with project practices, processes and outcomes.
- 2.Activity 2: 1. Surveys, structured interviews and/or focus groups will be conducted and data will be collected and maintained on the number of self-advocates and family members interested in transportation. 2. Follow-up surveys and structured interviews will be conducted with self-advocates, family members and other stakeholders to evaluate increased knowledge, advocacy efforts and inclusion on cross-disability and culturally diverse local, regional or state level transportation-related boards, coalitions or groups for the purposes of systems change advocacy efforts. 3. The number of publications developed and disseminated to assist with advocacy efforts will be tracked. 4. The number of and types of communication activities to promote advocacy efforts will be tracked.

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

Individual & Family Advocacy (IA)

| IA Code | FFY 2017 Targeted # |
|----------|------------------------|
| IA 1.1 | 0 |
| IA 1.2 | 0 |
| IA 2.1 | 2 |
| IA 2.2 | 2 |
| IA 2.2.1 | 2 |
| IA 2.2.2 | 2 |
| IA 2.2.3 | 2 |
| IA 3.1 | 2 |
| IA 3.2 | 2 |

System Change (SC)

| SC Code | FFY 2017 Targeted # |
|----------|------------------------|
| SC 1.1.1 | 1 |
| SC 1.2.1 | 0 |
| SC 1.3.1 | 0 |
| SC 1.3.2 | 0 |
| SC 1.3.3 | 0 |
| SC 1.3.4 | 1 |
| SC 1.4.1 | 0 |
| SC 1.5.1 | 1 |
| SC 2.1 | 0 |
| SC 2.2 | 0 |
| SC 2.1.1 | 0 |
| SC 2.1.2 | 0 |
| SC 2.1.3 | 0 |
| SC 2.1.4 | 0 |

