

FLORIDA: SCDD FIVE YEAR STATE PLAN

SECTION I: COUNCIL IDENTIFICATION

State Plan Period:

Start Period	2021-10-01
End Period	2026-09-30

Contact Information

Contact Person	Valerie Breen
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Date of Establishment:	Date (1995-12-15)
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Authorization:	State Statute (2)
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Authorization Citation:	Chapter 393 F.S., Governor's Executive Order 95-478
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Council Membership Rotation Plan:	
<p>Governor appointments are for four year terms with the ability for the Governor to re-appoint for an additional four years. However, the Governor may appoint anytime within the particular four year term based on the Governor's discretion and seat availability. The Council staff applies the same recording methodology as the Governor's appointment office based on seat assignment by number. Minimally the Council staff reaches out to the Governor's office annually and or sooner if a term is expiring and/or a resignation is received. The Governor's office must open a seat in their system before someone can be accepted for consideration. The Council submits their recommendations for consideration based on seat availability and openings. No appointments have been made by the Governor's office since 2019. The Council's Applicant Task Force, appointed by the Chair of the Council, reviews applications submitted to the Council for consideration at least annually based on upcoming and/or available seats. Several agency seats are vacant because persons appointed to those seats were moved to other agencies. However, the seats have not been released from the Governor's office so others can be appointed in those seats. The Governor's appointment database system requires a seat to be open in the system for another person to be accepted. Members for appointment have already been identified for seats by the various agencies and those individuals attend Council meetings but are unable to vote on issues.</p>	

Council Members:

Name	Gender	Race/Ethnicity	Geographical	Agency/Org/Citizen Rep Code	Agency/Org Name	App t. Date	Appt. Expired Date	Alt/Proxy for State Agency Rep Name
Laurie Harlow	F	D1	E1	B3		2012-09-20	2019-09-30	
Vacant Vacant	O	D8	E2	B3			2019-09-30	
Yolanda Herrera	F	D5	E1	B3		2018-11-16	2022-09-30	
Louis Towson	M	D2	E2	C1		2013-08-29	2019-09-30	
Susan Kabot	F	D1	E1	B3		2010-10-07	2014-09-30	
Frank Shalett	M	D1	E1	B1		2015-01-22	2022-09-30	
Kali Wilson	F	D1	E1	B2		2018-11-16	2022-09-30	
Sarah Goldman	F	D1	E1	B1		2018-11-16	2022-09-30	
Vacant Vacant	O	D8	E2	B3				
Eddie Hall	M	D1	E1	B1		2015-01-22	2022-09-30	
Connie Dahn	F	D1	E1	B3		2012-09-20	2019-09-30	

Jack Kosik	M	D1	E1	B3		2012-09-23	2019-09-30	
Lise Fox	F	D1	E1	A6	Florida Center for Inclusive Communities- University of South Florida	2013-08-29		Elizabeth Perkins
Amanda Baker	F	D1	E1	B1		2016-03-14	2019-09-30	
Vacant Vacant	O	D8	E1	A4	Agency for Healthcare Administration			
Allison Flanagan	F	D1	E1	A1	Division of Vocational Rehabilitation			Jan Pearce
Vacant Vacant	O	D8	E1	A1	Department of Elder Affairs			Ginnifer Barber
Vacant Vacant	O	D8	E1	A2	Department of Education-Bureau of Exceptional Education and Student Services			Victoria Gaitanis
Cherie Hall	F	D1	E1	A5	Disability Rights Florida	2018-09-27		Peter Sleasman
Elly Hagen	F	D1	E1	B3		2018-11-16	2022-09-30	
Kevin Johnson	M	D1	E1	A7	Bishop Grady Villas	2015-01-22	2022-09-30	

Dennis Hart	M	D1	E1	B1		2018-11-16	2019-09-30	
Thomas Moon	M	D1	E1	B1		2013-02-13	2019-09-30	
Vacant Vacant	O	D8	E1	B1			2019-09-30	
Jean Sherman	F	D1	E1	A6	The Mailman Center-University of Miami			
Lisa Miller	F	D1	E1	B2		2018-09-27	2019-09-30	
Barbara Palmer	F	D1	E1	A9	Agency for Persons with Disabilities			Tom Rice
Vacant Vacant	O	D9	E1	A8	Children Medical Services-Florida Department of Health			
Victoria Zepp	F	D1	E1	B3		2012-09-20	2019-09-30	
Richard Bradley	M	D1	E1	A9	ARC of Florida	2012-09-20	2018-09-30	

Council Staff:

Name	Position/Working Title	FT Status	% PT	Gender	Race/Ethnicity	Disability
Valerie Breen	Executive Director	1		F	D1	N
Lisa Taylor	Chief Financial Officer	1		F	D1	Y
Sheila Gritz-Swift	Deputy Director of Programs & Compliance	1		F	D1	Y
Margaret Hooper	Director Public Policy & Advocacy	1		F	D1	N
Kristen Conlin	Manager of Human Resources & Information Systems	1		F	D1	N
Vanda Jenkins	Manager of Administration	1		F	D2	N
Misty Grimm	Accountant	1		F	D1	DWA
Susan DeBeaugrine	Director Program & Contracts	2	.75	F	D1	N
Jamie Mayersohn	Director Program & Contracts	2	.75	F	D1	N
vacant vacant	Vacant Position-Director Programs & Contracts	2	.75	O	D8	DWA
vacant v vacant	Vacant Position- Director Programs & Contracts	2	.75	O	D8	DWA
vacant v vacant	Vacant Position-Director Programs & Contracts	2	.75	O	D8	DWA
vacant v vacant	Vacant Position-Contract Coordinator	1		O	D8	DWA

SECTION II: DESIGNATED STATE AGENCY

The DSA is:	The Council (1)
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Agency Details:

Agency Name	
State DSA Official's Name	
Address	
Phone	
FAX	
E-mail	

If DSA is other than the Council, does it provide or pay for direct services to persons with developmental disabilities?	
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If yes, describe the general category of services it provider (e.g. health, education, vocational,	
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residential, etc.) (250 character limit)	
Does your Council have a memorandum of Understanding/Agreement with your DSA?	No (0)
If DSA is other than the Council, describe (250 character limit).	
PART E - Calendar Year DSA was designated [Section 125(d)(2)(B)]	1995

SECTION III: COMPREHENSIVE REVIEW AND ANALYSIS

Introduction:	
<p>The Council undertook a very thorough process for conducting the Comprehensive Review and Analysis (CRA) and developing its goals, objectives, and activities for the 2022-26 state plan. This process began in 2019 with an Invitation for Proposals, and award to the North Central Florida Health Planning Council, Inc. d/b/a WellFlorida Council, as the contractor selected to develop the CRA, including solicitation of public input, and facilitation of the Council's work in prioritizing and developing its goals, objectives, and activities. The 18-month strategic planning initiative to gather information required to develop the new state plan was initially planned for mostly in-person dialogue and planning. Due to the rise in COVID cases in the latter part of February 2020, WellFlorida moved to a virtual planning process, requiring creative formats for information gathering via easy to complete electronic surveys, a variety of Zoom platform listening/feedback /polling sessions and multiple meetings to ensure inclusion and feedback by all those participating in the process. The compilation of work performed by WellFlorida resulted in a 268 page Comprehensive Review and Analysis and a 419 page Technical Appendix. In-text source citations are included throughout the Council's 2022-26 state plan. The full reference list of sources is provided within the 419 page Technical Appendix and available upon request. The process began with WellFlorida collecting primary and secondary data to complete analyses regarding the availability and quality of services for persons with I/DD, as well as their families. The public input phase of the assessment process collected primary data through culturally diverse representation of key informant interviews; state-wide surveys of self-advocates and their caregivers and family members; and focus group discussions with several groups, including advocates from Partners in Policymaking (PIP), self-advocate members of the state self-advocacy organization, and aging caregivers of persons with I/DD. Surveys were made available in Spanish and promoted and distributed state-wide. Additionally, Easy Read versions of the surveys were developed and issued state-wide. All of the primary data collection methods incorporated questions to better understand gaps in services, unmet needs of persons with I/DD and their families and caregivers, barriers to filling those needs, and which, if any, groups or populations experienced greater needs and/or impediments in accessing services and supports. Demographic representation was captured among the survey respondents. Of the 121 self-advocate survey respondents, there was wide diversity among the age groups with the majority of respondents falling into the 18-29 and 40-49 age brackets respectively. There were 65 female and 55 male respondents with one prefer not to answer response. The race of respondents found the majority being White at 96 respondents, followed by Black with 9 respondents. Hispanic ethnicity was reported by 28</p>	

respondents. Geographic representation wasn't reported for the self-advocates, but living situations were reported as follows: 60 respondents lived in a family home; 47 lived in their own home or apartment; 11 lived in a group home; 2 lived in assisted living or nursing home; and 1 lived in an ICF/DD. Of the 553 caregiver/family member respondents, there was wide diversity among the age groups with the majority of respondents falling into the 50-59 and 40-49 age brackets respectively. There were 494 female respondents and 51 male respondents. The race of respondents found the majority being White at 427 respondents, followed by Black with 48 respondents. Hispanic ethnicity was reported by 83 respondents. There was at least one respondent from all but one urban county. Of Florida's 32 rural counties, 20 had no respondents, although some respondents indicated they provided caregiver services for individuals living among otherwise non-responding rural counties. Secondary data was collected from a multitude of reports among various sources, including, but not limited to, national agencies and sources, Florida state agencies and organizations, and regional/community state agency representatives and organizations. Some of the secondary data sources reviewed were only available at a state-wide level. However, WellFlorida was able to partition and analyze some data at both the county and regional levels. Secondary data on the I/DD population in isolation was found to be limited. As such, secondary data on persons with disabilities in general was also utilized when specific data on I/DD was unavailable. The report was prepared encompassing all areas of emphasis to identify the extent to which services, supports and other assistance are available; the extent of unmet needs, including those of underserved and unserved populations; and the adequacy of the current services, systems, and supports to address the needs. At the May 2020 Council meeting, WellFlorida presented highlights from the CRA that included state information on developmental disabilities in Florida and a portrait of health care, employment, informal and formal services and supports, interagency initiatives, education and early intervention, quality assurance, housing, transportation, childcare, and recreation. Findings and themes from the public input phase of the assessment were also shared. These included highlights from a focus group of self-advocate leaders and 16 key informant interviews, along with summary findings from the state-wide self-advocate surveys and caregiver/family member surveys. The presentation slides, a recording of the presentation, and supporting data compendium were made available to Council members for their further study and review. Council members requested that WellFlorida seek additional in-depth information from focus groups with self-advocates and aging caregivers of persons with I/DD following the May 2020 Council meeting. Two focus groups were subsequently convened in June 2020, and the information gained was analyzed and shared. A week in advance of the virtual August 2020 Council Strategic Planning meeting, a virtual drop in session was held in which Council members could ask any remaining questions about the CRA, primary or secondary data, or findings presented to date. The virtual Strategic Planning Council meeting was held on August 20, 2020, for the purposes of state plan development. At this meeting, the CRA findings were further discussed and organized into themes. This was accomplished via electronic survey whereby Council members scored the 26 agreed upon key issues and themes. Each key issue was rated for magnitude, including importance and urgency; and secondly, each issue was rated for confidence in ability to successfully address the issue considering its potential impact, feasibility, and resource availability, as agreed upon by the Council for prioritizing issues. Council members individually ranked the top three priority issues, using a weighted scoring rubric that generated a priority list. At the September 2020 Council meeting, prioritization survey results were presented and discussed. A facilitated consensus discussion afforded Council members the opportunity to ask questions, review data, challenge thinking, advocate for issues, consolidate, remove duplicative topics, and organize themes into issue areas with commonalities such as shared root causes or potential shared strategies for addressing the areas. Council members refined the issues to group them more concisely. The strategic priority issue areas identified then moved forward for consideration in developing the 5-year state plan goals, objectives, and activities, including the Council's identified targeted disparity population of individuals with a dual diagnosis (i.e., persons

with I/DD and maladaptive behaviors or co-occurring mental illness). Council members discussed and acknowledged that many of the strategic priority issues have shared root causes, related contributing factors, and will be addressed by common strategies that will have the potential to address multiple issues simultaneously. In order to develop the 5-year state plan draft goals, objectives, and activities, a small workgroup including Council staff and Council members met over the course of several months between September and January. The workgroup used the compilation of input from the full Council's prioritization surveys that narrowed down the priority areas, along with key analysis data associated with the priority areas, to develop a comprehensive draft. The 5-year state plan draft goals, objectives, and activities were presented to the full Council in January 2021. The Council voted to approve the draft 5-year state plan goals, objectives, and activities in the priority areas of Access to Services, Home- and Community-Based Services, Aging Caregivers, Self-Advocacy Leadership, and Broad Systems Change, and to move forward with the required 45-day public review and comment period. A public comment survey was developed and made available in four formats to meet the diverse needs of potential respondents: English standard, English Easy Read, Spanish standard, Spanish Easy Read. All versions were accessible on computers, tablets, cellular phones and with assistive devices. The Council promoted the survey and distributed the link through a variety of means including social media, listservs, email distribution lists, web site postings, and collaborative partner networks. The electronic survey was available from March 15 through April 5, 2021. At the conclusion of the 45-day public comment period, 141 completed surveys were analyzed. The proposed 5-year state plan goals, objectives, and activities received strong support from the survey respondents. The analysis was presented to the full Council at the May 2021 meeting, and based on review of the public comments received, a determination was made that no further changes were warranted. The 5-year state plan goals, objectives, and activities were then adopted at the Council's May 2021 meeting. The final 2022-2026 State Plan goals, objectives, and activities' funding allocations were developed and approved by the Council at its September 2021 meeting.

Describe how the DSA supports the Council:	
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Poverty Rate:	14.8
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(i) Racial and Ethnic Diversity of the State Population

Percentage of Population (White, alone)	75.4
Percentage of Population (Black or African American alone)	16.1
Percentage of Population (American Indian and Alaska Native alone)	0.3
Percentage of Population (Asian alone)	2.7
Percentage of Population (Native Hawaiian and Other Pacific Islander alone)	0.1
Percentage of Population (Some other race alone)	2.8
Percentage of Population (Two or more races:)	2.6
Percentage of Population (Two races including Some other race)	0
Percentage of Population (Two races excluding	0

Some other race, and three or more races)	
Percentage of Population (Hispanic or Latino (of any race))	25.2

(a) Prevalence of developmental disabilities in the state:	1.58
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Explanation (of % of prevalence):	
<p>In Florida in 2018, there were an estimated 336,529 persons with I/DD. This calculation was based on the prevalence rate of 1.58 percent of the general population as reported by Larson and colleagues (Larson & Lakin, 2001). The general population used in these calculations was based on the U.S. Census Bureau ACS Single-Year Population Estimates for 2016-2018, Table DP05, 2016-2018. This overall prevalence rate is recommended for use in the development of five year plans by the NACDD (National Association of Councils on Developmental Disabilities, Information and Technical Assistance Center for Councils on Developmental Disabilities, 2020). Based on this prevalence rate, the number of persons with I/DD has increased as Florida's population grows. For comparison, the methodologies used by Zablotsky and colleagues were examined. To calculate the estimated prevalence of I/DD by age groups, Zablotsky recommends applying 6.99 percent to the noninstitutionalized population from birth to 17 years of age (Zablotsky, 2017) and Larson applies 0.79 percent to the noninstitutionalized population ages 18 years and older (Larson & Lakin, 2001). Again, using the U.S. Census Bureau ACS Single-Year Population Estimates for 2016-2018, as well as the aforementioned rates, the prevalence of I/DD among Florida's children, is calculated at 295,528 (from birth through 17 years of age in 2018) and 134,864 for adults (18 years of age and older in 2018). (2016 NHIS (Zablotsky, et. al., 2017 and 1994/1995 NHIS-D (Larson, et al, 2001); United States Census Bureau. American Community Survey 1-Year Survey, Table DP05, 2016-2018). Recent national studies have found increases in the diagnosis of developmental disabilities among children in the U.S. (National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, 2019). From 2009-2011 to 2015-2017, the percent of children aged 3-17 years diagnosed with developmental disabilities rose by 7.4 percent overall, from 16.2 to 17.8 percent. There were marked increases by specific diagnoses, such as attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD). The diagnosis of ADHD among children for that same period rose by 11.8 percent, while ASD diagnoses grew by 127.3 percent and intellectual disabilities by 33.3 percent. The reasons for these increases were not examined in the current study, but previous research has found improved awareness, screening, diagnosis, and service accessibility may contribute to the increases seen. (Centers for Disease Control and Prevention. 2019, September 16. Increase in Developmental Disabilities Among Children in the United States. Retrieved from https://www.cdc.gov/ncbddd/developmentaldisabilities/features/increase-in-developmental-disabilities.html).</p>	

(b) Residential Settings:

Total Served (2017)	55519
A. Number Served in Setting of under 6 (per 100,000) (2017)	6682
B. Number Served in Setting of over 7 (per 100,000) (2017)	4178
C. Number Served in Family Setting (per 100,000)	38917

(2017)	
D. Number Served in Home of Their Own (per 100,000) (2017)	5742
Total Served (2016)	55745
A. Number Served in Setting of under 6 (per 100,000) (2016)	6682
B. Number Served in Setting of over 7 (per 100,000) (2016)	4144
C. Number Served in Family Setting (per 100,000) (2016)	39177
D. Number Served in Home of Their Own (per 100,000) (2016)	5742
Total Served (2015)	54750
A. Number Served in Setting of under 6 (per 100,000) (2015)	5884
B. Number Served in Setting of over 7 (per 100,000) (2015)	4462
C. Number Served in Family Setting (per 100,000) (2015)	38661
D. Number Served in Home of Their Own (per 100,000) (2015)	5743

(c) Demographic Information about People with Disabilities:

Percentage (Population 5 - 17 years)	5.7
Percentage (Population 18 - 64 years)	10.0
Percentage (Population 65 years and over)	33.1

Race and Hispanic or Latino Origin of people with a disability

Percentage (White alone)	14.2
Percentage (Black or African American alone)	12.0
Percentage (American Indian and Alaska Native alone)	20.1
Percentage (Asian alone)	7.2
Percentage (Native Hawaiian and Other Pacific Islander alone)	9.8
Percentage (Some other race alone)	9.2
Percentage (Two or more races)	10.7
Percentage (Hispanic or Latino (of any race))	10.8

Employment Status Population Age 16 and Over

Percentage with a disability (Employed)	19.1
Percentage without a disability (Employed)	62.3
Percentage with a disability (Not in labor force)	77.9

Percentage without a disability (Not in labor force)	33.8
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Educational Attainment Population Age 25 and Over

Percentage with a disability (Less than high school graduate)	19.9
Percentage without a disability (Less than high school graduate)	10.1
Percentage with a disability (High school graduate, GED, or alternative)	33.9
Percentage without a disability (High school graduate, GED, or alternative)	27.6
Percentage with a disability (Some college or associate's degree)	27.8
Percentage without a disability (Some college or associate's degree)	30.5
Percentage with a disability (Bachelor's degree or higher)	18.4
Percentage without a disability (Bachelor's degree or higher)	31.7

Earnings in Past 12 months Population Age 16 and Over with Earnings

Percentage with a disability (\$1 to \$4,999 or less)	15.0
Percentage without a disability (\$1 to \$4,999 or less)	7.8
Percentage with a disability (\$5,000 to \$14,999)	21.9
Percentage without a disability (\$5,000 to \$14,999)	15.4
Percentage with a disability (\$15,000 to \$24,999)	16.8
Percentage without a disability (\$15,000 to \$24,999)	17.0
Percentage with a disability (\$25,000 to \$34,999)	13.6
Percentage without a disability (\$25,000 to \$34,999)	15.6

Poverty Status Population Age 16 and Over

Percentage with a disability (Below 100 percent of the poverty level)	19.0
Percentage without a disability (Below 100 percent of the poverty level)	12.3

Percentage with a disability (100 to 149 percent of the poverty level)	13.0
Percentage without a disability (100 to 149 percent of the poverty level)	8.9
Percentage with a disability (At or above 150 percent of the poverty level)	68.1
Percentage without a disability (At or above 150 percent of the poverty level)	78.9

(i) Health/Healthcare:	
<p>Florida operates and provides health coverage to approximately 3.78 million Floridians through its Medicaid Managed Care (SMMC) program comprised of three separate entities: Managed Medical Assistance (MMA), Long-Term Care* (LTC), and Dental. The transition to managed-care enrollment of Medicaid beneficiaries captured approximately 78% of enrollees (approximately 2.99 million). In comparison, nearly 22% (approximately 844,000) of Medicaid beneficiaries receive care through fee-for-service Medicaid. *LTC is included in Total Medicaid Enrollment. As of December 2019, there were 3,779,655 Floridians enrolled in Medicaid. Approximately 19% of Floridians are enrolled in Medicaid, whereas the national average is 21% (Kaiser Family Foundation, 2019). According to a June 2019 issue brief from the Kaiser Family Foundation, 51% of children with special health care needs are covered by Medicaid in Florida, compared to the national average of 47% (Musumeci, 2019). Children's Medical Services (CMS), operated by WellCare, is the managed-care delivery system of Medicaid to children with special health care needs (SCHN) in Florida. As of December 2019, 59,874 children were enrolled in the CMS plan, which includes, but is not limited to, children with intellectual and developmental disabilities (I/DD). Healthy Start, operating statewide under the Florida Department of Health, offers home visitations, prenatal and parenting education, and interconception education. Families and caregivers of persons with I/DD may also access resources and services through Healthy Families Florida, a nationally accredited home visiting program for expectant parents and families with newborns experiencing stressful life situations. The Children's Special Health Care section of the Florida Agency for Health Care Administration (AHCA) reports that more than 93% of families were satisfied with the care provided under the program in 2018-19. AHCA is responsible for Florida's Medicaid program that serves nearly 5 million people and licenses almost 50,000 health care facilities. Under Title XXI of the Social Security Act, State Children's Health Insurance Program (SCHIP), AHCA reports that 216,350 children were enrolled in the KidCare program in 2018-2019, with 28,089 also enrolled in the MediKids program, and 11,732 in the Children's Medical Service (CMS) Network. CMS is a division of the Florida Department of Health, offering six (6) programs for children with SHCN. Through its Medicaid Services for individuals in 2018-19, AHCA reports that more than 2 million children received the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services and that 73% of eligible children completed the EPSDT screenings (AHCA, 2019). Children's Mental Health services are provided by the Florida DCF. The Children's Mental Health Program provides for in-home and community-based outpatient services, crisis services, and residential treatment, including psychiatric residential treatment facilities, Therapeutic Foster Care, and Therapeutic Group Homes through joint Medicaid and Mental Health Program contracts with behavioral health managed entities and providers. Public mental health and substance use services in Florida are administered and provided by the Florida DCF, Substance Abuse and Mental Health Program (SAMH). According to the Substance Abuse and Mental Health Services Administration (SAMHSA) and based on the National Survey on Drug Use and Health, only 38.9% of adults with mental illness in Florida were</p>	

reported as receiving mental health services between 2017 and 2019. (SAMHSA, Behavioral Health Barometer: Florida, Volume 6, 2012-2019, 2020, December 28). The Florida DCF Mental Health Program Office is responsible for planning, managing, and evaluating a state-wide program of mental health services. The public mental health system is funded by federal block grant dollars and the Florida Legislature. Public funds are contracted through local Mental Health Program Offices, mostly with non-profit local Community Mental Health Centers. People who need services get them by going to those providers directly. (DCF, Adult Mental Health (AMH), State of Florida (n.d.). <https://www.myflfamilies.com/service-programs/samh/adult-mental-health/> According to the Agency for Persons with Disabilities (APD), rates of Baker Acts for persons with I/DD is highest among persons who receive Behavior Scores 5 and 6 on the Questionnaire for Situational Information (QSI). In calendar years 2015-20, there were 66,781 APD consumers. Of those consumers, 22,227 had Behavior Scores 5 or 6 and 44,554 had Scores of 4 and below. In total, 2,870 APD consumers were Baker Acted. Even though persons with I/DD with Behavior Scores of 5 and 6 only represent 33% of APD consumers, they represent 80.55% of Baker Acts (Agency for Persons with Disabilities (n.d.), APD Report, 2015-20). In other words, persons with I/DD who receive high Behavior Scores on the QSI may be in need of additional services related to maladaptive behaviors. It is estimated that there are approximately 336,529 people living with I/DD in Florida, indicating the number of persons with I/DD who were Baker Acted from 2015-20 could be much higher (APD (n.d.), APD Report, 2015-20). With the implementation of the Patient Protection and Affordable Care Act (ACA), Florida chose not to expand Medicaid, which would have made more individuals in the state eligible based on their income. Because of this, Florida has a much higher percentage of individuals with no coverage compared to the United States as a whole. Existing data regarding persons with I/DD enrolled in private insurance coverage is lacking. For that reason, the data pertaining to insurance is applicable to any type of disability. Florida falls behind the national average in both private and publicly funded insurance. Although Florida does have higher coverage for persons with disabilities than those without, those who are insured are still not insured at a rate that is commensurate with the rest of the US, either privately or publicly. The US' Medicaid Long-Term Services and Supports (LTSS) is a compilation of programs housed under what is known as Home and Community-Based Services (HCBS). These services are comprised of: Section 1915(c) waiver services; Community First Choice; rehabilitative services; and institutional services, such as nursing facilities and intermediate care facilities for persons with intellectual disabilities (ICF/IID) (Eiken, 2018). While each of these services would grant monetary provisions from the federal government, states have discretion to determine which services they choose to operate. Florida gives persons with I/DD only two pathways to receive HCBS under Medicaid, either through a Section 1915(c) waiver or within an ICF/IID. As an alternative to institutionalization in an ICF/IID, Medicaid Waivers for persons with I/DD began in the early 1980s (Thach, 2018). Eiken et al. (2018) detailed each state's profile of services in Medicaid Expenditures for Long-Term Services and Supports in FY 2016 (CMS, 2016). The data used comes directly from CMS-64 reports that were then examined by the Medicaid Innovation Accelerator Program at IBM Watson Health. This data remains the most recent government-approved report regarding LTSS in the US. Florida's version of the Section 1915(c) waiver, the iBudget Florida waiver, was signed into law in 2010 under the 2009-2010 General Appropriations Act (APD, 2012). The iBudget Florida is currently operated by APD. As of October 2019, there are 34,919 persons receiving services through the iBudget (Delia & Gerbrant, 2020). Currently, the system utilizes individual choice, with the support of an individual's family/caretaker and a Waiver Support Coordinator (WSC). The WSC is responsible for overseeing the process of receiving support from the iBudget once the individual has been accepted for services under the APD's eligibility criteria. Greater detail is provided in the Eligibility Criteria for Services. The Consumer Directed Care Plus (CDC+) Waiver exists as an alternative to the iBudget (HCBS) waiver. It is a long-term care program that involves the person throughout the entire process. Participants choose: What is being purchased; who provides the supports and services; when they will

be provided, as well as the quantity of supports/ services; where they will be provided; and how they will be provided. The iBudget waitlist first reached over 20,000 persons in May of 2011. As of January 2021, 22,718 Floridians were reported on the DD Waitlist for services. The waitlist's large and growing numbers are fueled by a limited budget as dictated by the Florida Legislature. More details about the iBudget waiting list can be found in the Analysis of State Issues and Challenges. Data were analyzed from the National Core Indicators' (NCI) state-specific report. There were 967 persons surveyed in Florida and 25,568 surveyed across the nation for the NCI Adult In-Person survey. When comparing Florida to the NCI national average for regular and preventative screenings, Florida surpassed the average in most elements, excluding four: having an eye exam in the past year (48.0 versus 58.0%); a hearing test in the past 5 years (48.0 to 56.0%); a Fecal Occult Blood test in the past year (3.0 to 5.0%); or a flu vaccine in the past year (60.0 to 74.0%). Data regarding medications were also analyzed from the survey. When comparing Florida to the NCI national average, Florida did not meet or surpass the average, excluding two, which were: number of medications taken for at least one of the following: mood, anxiety, psychotic disorder (1-2 medications) (79.0 and 68.0%); and number of medications taken for behavioral challenges (1-2 medications) (86.0 and 78.0%). Florida CHARTS data provides rural, urban, state-wide, and regional counts nursing home, hospital, acute care, rehab, intensive residential treatment facility (IRTF), adult psychiatric, child adolescent psychiatric, and adult substance abuse beds. Disparity was found between rural and urban counties in each bed type, excluding total nursing home beds. Florida operates 83,779 nursing home beds (i.e., 77,691 urban and 6,088 rural); 64,585 hospital beds (i.e., 62,900 urban and 1,595 rural); and 52,174 acute care beds (i.e., 50,613 urban and 1,561 rural). Only urban counties provide the following beds: rehab, 140 IRTF, 4,377 adult psychiatric, 644 child adolescent psychiatric, and 376 adult substance abuse. Florida's waitlist for services continues to be an impediment to receiving adequate services and supports, ranking 43rd in the nation on spending for HCBS and last in LTSS. Disparities exist for individuals with I/DD with behavioral challenges, and the current practice of invoking the Baker Act to receive adequate mental health services must be addressed. Much work remains to be done to assure individuals are provided with proactive options.

(ii) Employment:	
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<p>The Florida Department of Education, Bureau of Exceptional Student Education, (FDOE, BESE), maintains career planning resources and courses to prepare youth with I/DD for employment, including a continuum of career courses targeted to students with more significant disabilities. In 2016-2017, of the students with disabilities who exited Florida public schools the previous year, 51.0% were found enrolled in higher education or competitively employed. While employment and postsecondary education are not separated, and the percentage includes all students with disabilities, this represents a gain of 16.0% in one academic year (FDOE, BESE, 2019). The Florida Department of Education, Division of Vocational Rehabilitation, (VR) leads Florida's federal and state partnership efforts to help persons with disabilities prepare for, secure, and advance in jobs. VR's programs and services include the Transition Youth Program to help students with documented disabilities prepare and plan for post-high school employment; Deaf, Hard of Hearing, and Deaf-Blind Services that include training for both the employee and employer; Supported Employment services that aim to assist individuals with the most significant disabilities in securing competitive employment; Independent Living Program services through a state-wide network of locally based Centers for Independent Living (CILs); and the Florida Alliance for Assistive Services and Technology (FAAST) which provides assistive technology devices and services. The Workforce Innovation and Opportunity Act (WIOA) strengthened transition requirements for VR, allowing for Pre-Employment Transition Services, without requiring that students with disabilities apply or be determined eligible. These services include career exploration counseling, work readiness training, self-advocacy training, postsecondary educational counseling, and community-based work</p>
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experiences. In 2018-2019, VR served almost 50,000 individuals, including more than 22,000 transition-age youth. VR assisted 5,924 Florida residents in becoming successfully employed (FDOE, VR, 2019). Florida's Agency for Persons with Disabilities (APD) offers many programs and services to promote training and employment support for persons with disabilities. The Employment Enhancement Program (EEP), legislatively funded for the past 5 years, aims to assist individuals on the APD Waiting List and young adults leaving school to obtain and maintain competitive employment. In the 2019-2020 Fiscal Year, APD dedicated \$900,000 from the legislative EEP appropriation for employment services, which is comparable to previous years. Adult Day Training (ADT) initiatives provide volunteer opportunities, job skills training and job exploration, and access to community services. Adult Day Training programs are offered locally by APD partners and stakeholders, including local Arcs. Through the iBudget Florida and CDC+, APD offers individual and family training, as well as job supports. In 2017-18, APD reported it had placed 2,957 individuals in competitive employment, representing 5.0% of individuals served by the agency. About 9.2% of individuals receiving ADT services were in competitive employment in 2017-18; this represented a decrease of about 18.5% that may be attributed to a variance in data collection. For that same period, APD reported that 7,682 individuals who wanted employment were not employed. (Agency for Persons with Disabilities, n.d., APD CARES Report, 2014-2015 - 2017-2018). In the Agency's 2019 Long Range Program Plan, APD reported 13,792 persons with disabilities served in Adult Day Training Service. In Fiscal Year 2017-2018, the Florida Department of Children and Families, Substance Abuse and Mental Health, (DCF, SAMH), reported that 2,081 individuals received employment services. These employment services were primarily focused on supported employment which includes the individual placement and support model, and mental health clubhouse services for persons with severe mental illnesses (Florida Employment First Collaborative Team, Employment First Annual Report, 2018). Persons with disabilities in Florida may find services that aid with job supports, worksite accommodations and technology, and career planning from a variety of organizations, with VR and the Florida Alliance for Assistive Technology (FAAST) being primary sources for youth and adults. In 2019, FAAST indicated that approximately 5.7% of device loans were made to the employment sector and about 1% of device demonstrations and trainings were provided to that sector. (Center for Assistive Technology Act Data Assistance, 2019, March 9, Annual Progress Report Florida 2019). Persons who are blind may seek vocational services through the Florida Division of Blind Services (DBS). This state agency provides vocational training, job placement, on-the-job training, orientation and mobility training, career counseling and guidance, and job modification services, including assistive technology. The DBS has shown annual growth in their employment outcomes over time, often exceeding their annual targets. (Employment First Annual Report, 2017-18). CareerSource Florida provides oversight and policy direction to the Florida Department of Economic Development (DEO), who administers Florida's 24 Local Workforce Development Boards, in supporting employers and helping Floridians gain and retain employment and advance in their careers. Workforce Development Boards offer career and job placement support through their disability employment specialists. For the Fiscal Year 2017-2018, DEO reported serving 41,402 persons with disabilities across Florida with 7,832 persons with disabilities placed in employment. (Employment First Annual Report, 2017-18). Florida's WIOA Unified State Plan includes commitment to Employment First Florida and describes initiatives designed to support individuals with I/DD, including the Florida Unique Abilities Partner Program that recognizes businesses committed to providing career and financial opportunities to individuals with unique abilities and the organizations that support them. The Florida Association of Rehabilitation Facilities (FARF) manages the RESPECT of Florida Program to employ persons with disabilities in the production of products and services sold to state and local government agencies. In 2017-2018 through the Respect of Florida Program, 1,246 individuals were employed with an additional 689 individuals in supported employment and 15 in competitive employment (Florida Association of Rehabilitation Facilities, n.d.). The FARF/RESPECT of Florida has worked to improve access to competitive employment and implemented

an annual Micro Enterprise award with funding for individuals with I/DD to start or expand their own business for at least the past 5 years. The total number of entities holding 14(c) certificates has decreased as follows: 51 in 2018, 32 in 2019, and 29 in 2020. A decrease was seen in the number of community rehabilitation programs holding certificates as follows: 48 in 2018, 29 in 2019, and 27 in 2020. Other certificates were held by patient (i.e., hospital/residential care center) workers. Additionally, the total number of people with disabilities working under 14(c) entities decreased as follows: 4,088 in 2018, 2,961 in 2019, and 1,918 in 2020, reflecting a positive decrease in sub-minimum wages. (National Disability Institute, Inc. LEAD Center WIOA Policy Development, Office of Disability Employment Policy, U.S. Department of Labor, Contract No. 1605DC-19-F-00341, Florida State Data, Wage and Hour Division: 14(c) Certificate-Holding Entities Outcomes). Florida secured an Employment First Executive Order in 2013; an Interagency Cooperative Agreement in 2014 with nine agency and organization partners, which was renewed in 2019 with 11 partners; and legislation, the Employment First Act, which was codified in 2016. Through Florida's Employment First collaborative partnerships with key state agencies and organizations, new resources are now available to individuals with I/DD who are seeking employment and employers seeking to hire them (e.g., Abilities Work, Help Desk, Employment First Communications Plan). Florida's Division of Management Services, through legislation and a subsequent partnership with Employment First, developed training for state agency and human resources personnel in hiring practices specifically pertaining to individuals with I/DD in their effort to improve employment within state government. More information is provided on Employment First in Interagency Initiatives. Additional collaborative transition initiatives designed to culminate in paid employment for youth with I/DD include Project SEARCH and a multitude of postsecondary program options. Project SEARCH is available at 41 sites in Florida and has led to an average 70% employment rate for program completers. Postsecondary models, implemented under the Higher Education Opportunities Act and other Florida-specific postsecondary frameworks and legislatively mandated and funded programs, include opportunities in career and technical education centers and colleges, Florida colleges (i.e., community colleges), and the State University System. Information and training are provided on work incentives, benefits planning, asset development, and Florida ABLE via Florida's Employment First Collaborative Training Initiative; The Changing Face of Benefits online web course, workbook, and supplement; and by selected agencies and organizations offering benefits counseling (e.g., VR, CareerSource Florida). The National Core Indicators show that despite all efforts in Florida, persons with disabilities in general, and persons with I/DD in particular, are not finding employment to the extent they desire. About 19.0% of persons 16 years of age and older with a disability in Florida are employed, while more than 62% of persons without a disability are in the workforce. In 2018 in Florida, about 34% of civilians with disabilities of all types were employed, compared to 75.6% for civilians in Florida without disabilities. Of civilians in Florida with cognitive disabilities, only 24.4% were employed, which was lower than the national rate of 27.8%. In 2017-2018 service data, APD documents that more than 7,600 clients who wanted employment were unemployed (APD CARES Report, 2017-18). National Core Indicators (NCI) data for Florida point to lagging performance in employment for persons with I/DD. Only 10.0% of NCI Florida participants reported having a paid community job compared to 18.0% nationwide. About 6.0% said they have a group job with or without publicly funded support, whereas nationwide that figure was 27.0%. Fewer Floridians reported attending a day program or workshop at 48.0% contrasted with 57.0% nationally. Only 19.0% of Floridians reported having community employment as a goal in their service plan, while 29.0% nationally strive for employment. While Florida has achieved great strides in employment, work remains to be done in this area and will continue through Florida's Employment First collaborative efforts, the Workforce Innovation and Opportunity Act (WIOA), and the host of state and local agencies and organizations dedicated to improving inclusive competitive employment options and outcomes.

(iii) Informal and formal services and supports:	
<p>People with developmental disabilities and their families and caregivers in Florida are served by numerous governmental, private, nonprofit, volunteer, service organizations, agencies, and associations. Florida's Agency for Persons with Disabilities (APD) is tasked specifically with serving the needs of Floridians with developmental disabilities. In addition to administering the iBudget Florida program and extensive Medicaid Home-Based and Community Services (HBCS), APD's Home and Community Services Administration provides other supports and resources, including support coordination, adult day training services, adult and child respite services, specialized assessments, and therapies, along with needed equipment and supplies. Funding of Direct Support Professionals (DSPs) with an average hourly rate of \$11.09, along with the lack of a formalized and comprehensive system of competency-based training for DSPs, has a direct impact on the ability to adequately deliver these services. The Florida Department of Children and Families (DCF) partners with local communities to protect vulnerable populations; promotes strong families; and supports self-sufficiency, recovery, and resiliency for those individuals and families. DCF's Florida Abuse Hotline accepts reports 24 hours a day, 7 days a week of known or suspected child abuse, neglect, or abandonment, or suspected abuse, neglect, or exploitation of a vulnerable adult. The hotline accepted 493,319 calls in 2018-2019; this count includes reports impacting persons with I/DD. In the same timeframe, DCF reported that 48,968 investigations were undertaken, which included the investigation of abuse, neglect, or exploitation of persons with disabilities and the frail elderly. Also in that year, 5,654 people, including those with disabilities and the elderly, received protective supervision and protective intervention services from DCF (Florida Department of Children and Families, 2019). Florida's Medical Foster Care Program (MFC) is a coordinated effort between the Florida Medicaid Program within the Agency for Health Care Administration; the Children's Medical Services, Department of Health; and the Child Welfare and Community Based Care Program within the Department of Children and Families (DCF). The purpose of MFC is to enhance the quality of life for medically complex foster children allowing them to develop to their fullest potential in a home-based program. The program provides family-based care for medically complex children, under the age of 21, in foster care who cannot safely receive care in their own homes. MFC programs are located in all areas of the state and include nursing and social worker staff who provide 24 hour/day oversight and case management services to the children and families. Each program has a medical director who reviews each child's medical needs in the program and provides medical direction to staff and families. In addition, each child has a primary care physician, and in most cases, several medical specialists are assigned to the child. MY Future, MY Choice provides youth with living options, leadership development, and guidance to assist them with the transition to adulthood. Young adults with a diagnosed and documented disability may continue to reside in extended foster care up to their 22nd birthday. The program additionally provides financial and academic support services to former and current foster care young adults who are pursuing postsecondary educational opportunities; and re-entry through their 21st birthday, if they meet the program's requirements. MY Future, MY Choice works in tandem with the normalcy changes instituted with 2013 legislation, promoting greater access to general community activities. The Florida Department of Elder Affairs (DOEA) serves more than 5 million residents of Florida who are 60 years of age and older. Most direct services are provided through the Division of State-wide Community-Based Services through 11 Area Agencies on Aging (i.e., Aging and Disability Resource Centers, ADRCs) and local service providers. The DOEA offers a wide range of programs that address general and specific needs of elders, including persons with disabilities. Through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) program, the medical and long-term care needs of seniors are assessed by healthcare professionals to determine the appropriate level of care needed and care options. In 2018, DOEA reported performing 99,247 nursing home applicant assessments. The Program of All-Inclusive Care (PACE) works to provide individuals who would otherwise qualify for Medicaid nursing home placement</p>	

with home and community-based services. Individuals in PACE may have their needs managed through a single provider. In 2019, there were 2,565 PACE slots statewide (Florida DOE, 2019). The Office of Public and Professional Guardians (OPPG) is found within DOE and provides guardianship services to those who cannot afford guardian services or have no able family or friends to serve in that role. In Fiscal Year 2017-2018, there were 550 registered professional guardians and 17 contracted public guardian offices. In the same period, OPPG served 3,846 individuals of all abilities (Florida DOE, OPPG, 2019). The many programs offered through the DOE include the Elder Abuse Prevention Program, Home Care for the Elderly Program, and the National Family Caregiver Support Program. Compared to the United States, Florida has the highest percentage of persons on a waiting list for HCBS Waivers living with aging caregivers. An aging caregiver is defined as an individual over the age of 60 who is caring for their adult child. Because of this, there are impacts to the overall family unit, as caregivers must wait until they reach age 70 for their aging, adult children to receive iBudget services. Additionally, Florida ranks 49th out of 50 states in fiscal effort or I/DD funding. As a comparison, New York, which is ranked 1st out of 50 states, spends \$9.06 per \$1,000 of personal income; Florida spends \$1.99 per \$1,000 of personal income (Tanis, State of the States in Intellectual Disabilities, Florida Profile, 2021). Additionally, Florida's overall fiscal effort has decreased by approximately 10% since 2007 (Perkins, 2019). Aging caregivers, an aging population of adults with I/DD, and a significant shortfall of long-term care funding individually and collectively create a significant growing concern of an imminent cliff for individuals with I/DD and their families/caregivers. 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 in a society without barriers. The FND serves all persons with disabilities state-wide and offers five major programs across Florida. Disability support services can be accessed at all Florida State Colleges and include services such as extended time on exams, alternate formatted texts, sign language interpreters or note takers. University student disability resource centers provide accommodations for students with disabilities at all Florida universities. Florida's Centers for Autism and Related Disabilities (CARD) provide information, referral, training, consultation, and resources for families and professional for individuals of any age with a current diagnosis of Autism Spectrum Disorders (ASD) and related disabilities. Seven (7) regional CARD sites are funded by the Florida Legislature through the Florida DOE. Sites include Florida Atlantic University, Florida State University, University of Central Florida, the University of Florida at Gainesville and Jacksonville, University of Miami, and the University of South Florida. The Division of Vocational Rehabilitation (VR) of the Florida Department of Education manages the independent living program for persons with disabilities. The program provides services through a network of private nonprofit, non-residential, locally-based and consumer-controlled Centers for Independent Living (CILs). There are 16 CILs in Florida that offer four categories of core services, which include: information and referral, independent living skills training, individual and systems advocacy, and peer counseling. CILs may offer other services to support independent living, as determined by community needs and resources. In Fiscal Year 2018-2019, CILs served a total of 17,151 individuals with significant disabilities (US Department of Education, WIOA State Plan, Florida PYs 2020-2023, Vocational Rehabilitation Program (Combined or General), p.4, Actual Performance). <https://wioaplans.ed.gov/node/46511> The Florida Association of Centers for Independent Living (FACIL) is the statewide association that advocates for and provides support and resource development for Florida's 16 CILs. Among the services offered through the CILs are information and referral, independent living skills development, peer mentoring and networking, advocacy, and transition services. In Fiscal Year 2017-2018, the CILs served 22,780 individuals with information and referral services. During the same period, independent living skill development services were delivered to 4,930 individuals, and 3,080 individuals were served by peer mentoring and networking supports. Another 3,790 individuals benefited from transition services (Florida Association of Centers for Independent Living, n.d.). Disability Rights Florida (DRF) is the protection and advocacy organization that

serves persons with disabilities in Florida through advocacy, education, investigation, and litigation to protect and advance rights, dignity, equal opportunity, choice, and self-determination. DRF provides free and confidential services and supports to individuals statewide. DRF worked collectively with the Florida Developmental Disabilities Council to provide training on voting for individuals with intellectual and developmental disabilities, and is sustaining training efforts related to voting, including self-advocates trained as presenters to deliver the training. Although volunteer opportunities are available throughout Florida, according to NCI data, at 21.0% fewer Floridians with developmental disabilities volunteer than their national counterparts at 31.0%. (National Core Indicators, n.d., 2017-18 In-Person Survey State Outcomes, pp. 27-29). Volunteer Florida, operating as the state's official volunteer organization, provides opportunities for Floridians to participate in national service programs such as AmeriCorps, VISTA and Senior Corps, in-state emergency management volunteer efforts, and numerous local projects. The Volunteer Florida Foundation raises funds to support Volunteer Florida and the Governor's special initiatives such as Black History Month and Hispanic Heritage Month events. The Florida Faith-Based and Community-Based Advisory Council functions as a formal advisory body to the Executive Office of the Governor and to the Legislature. This council partners with state agencies to provide volunteer opportunities to communities (Florida Faith-Based and Community-Based Advisory Council, n.d.). Special needs ministry programs through local churches and synagogues are also available. Consistent with the 2017-2021 State Plan Comprehensive Review and Analysis findings, there is no clearinghouse to connect individuals to services and programs. With Florida's continued waitlist and lack of DSPs, along with no clearinghouse that assists individuals with I/DD and their families in knowing where and how to access alternative services and programs, informal and formal services and supports continue to present unmet needs.

(iv) Interagency Initiatives:

Collaboration and cooperation are important to: leverage resources, close service gaps, avoid duplication, implement best and innovative practices, promote supportive policy, and advocate for positive change for all people and communities. A shared vision and mission to improve the quality of life for persons with I/DD and their families and caregivers are at the core of each of the federally-assisted and other state interagency initiatives described below. Participation by individuals with I/DD and their family members is described where known. Aging and Disability Resource Centers (ADRCs): The Florida Department of Elder Affairs' 11 Area Agencies on Aging operate the ADRCs which serve as a single, coordinated system for information and service access for all Floridians seeking long-term care support. Through the ADRCs, Floridians have access to information and assistance with federal and state benefits. Greater collaboration between the ADRCs and the community of agencies and organizations serving individuals with I/DD is emerging as an area of need to improve the coordination of supports and services for Florida's community of aging caregivers and adults with I/DD. A collaborative team with diverse representation was initiated in 2020 to begin addressing this need. CareerSource Florida and the Florida Department of Economic Opportunity (DEO): Local Workforce Development Boards (24 in Florida) assist employers and job seekers with employment services, labor market information and provide disadvantaged adults, youth, dislocated workers, and individuals transitioning to employment. CareerSource Florida and DEO are partners to Florida's Employment First work and individuals with I/DD serve on Local Workforce Development Boards. Early Learning Advisory Council (ELAC) Office of Early Learning (OEL), Florida Department of Education: ELAC members bring business and community-focused perspectives to early learning. The ELAC makes recommendations to OEL on using local, state, and federal funds; content of professional development training programs; and best practices. Membership requirements are prescribed in Florida Statute and include key stakeholders with early childhood interests. Employment First Florida - Employment First Coalition, Employment First Collaborative Team,

and Grassroots Group: A trifecta of collaborative members work together to achieve Florida's Employment First goals consistent with Florida's Employment First Interagency Collaborative Agreement and the Employment First Act. Eleven state agencies and organizations are represented on the Coalition and Collaborative Team, comprised of the Florida Agency for Persons with Disabilities; Florida Department of Education, Bureau of Exceptional Student Education; Florida Department of Education, Division of Vocational Rehabilitation; Florida Department of Education, Division of Blind Services; Florida Department of Economic Opportunity; CareerSource Florida; Florida Department of Children and Families, Substance Abuse and Mental Health Office; Florida Developmental Disabilities Council, Inc.; Florida Association of Rehabilitation Facilities, Inc. (FARF)/RESPECT of Florida; Florida Commission on Transportation Disadvantaged; and The Arc of Florida. The Grassroots group includes diverse, grassroots membership among all stakeholders, including individuals with I/DD and their families. Family Care Council Florida (FCCF): Family Care Councils were established in Florida Statute in 1993 and members are Governor appointed. Each Council consists of individuals with developmental disabilities, as well as parents, siblings, grandparents, and guardians of people with developmental disabilities who qualify for APD services. Each Council is comprised of 10 - 15 members and reflects Florida's geographic diversity, representative of 15 areas. The Family Care Councils educate and empower individuals with developmental disabilities and their families, partnering with APD, to bring quality services to individuals with dignity and choice. Florida Alliance for Assistive Services and Technology (FAAST): Florida's primary resource for Assistive Technology (AT) provides information and assistance, AT device demonstrations, AT group training, AT device loans, and AT funding assistance. FAAST is administered through the Florida Department of Education Division of Vocational Rehabilitation. In the past year, FAAST loaned 3,825 devices, held 1,543 AT trainings, reported a 447% return on investment, and held 4,385 device demonstrations. (FAAST, n.d.). The current FAAST Executive Director is a person with I/DD, and the FAAST Board of Directors includes representation of individuals with I/DD. Florida Association of Centers for Independent Living (FACIL): FACIL is a capacity building advocacy organization that provides support and resource development for 16 Centers for Independent Living (CILs) throughout Florida. CILs are community-based, nonprofit agencies that empower persons with disabilities to move from dependence to independence. FACIL provides information and referral, independent living skills, peer mentoring, advocacy, and transition services. Two of the 16 Centers for Independent Living (CILs) are collaboratively engaged in the Florida Developmental Disabilities Council's Employment First Collaborative Training Initiative and plan to serve as part of a state-wide technical assistance center for future Employment First training. Florida Association of Rehabilitation Facilities (FARF): FARF promotes the interests of individuals with disabilities by acting as a public policy change agent. FARF promotes and serves the interests of community human service providers. Member agencies provide a full spectrum of services to support the various needs of individuals with disabilities including employment, community-based supports, residential, therapies, and educational services. FARF administers multi-million dollar programs annually that result in employment of thousands of individuals with disabilities and houses a cadre of professionals providing a variety of services to its members and the industry. Florida Commission for the Transportation Disadvantaged (CTD): Florida's CTD is a coordinated state-wide effort for shared ride services. Transportation services are available in all 67 Florida counties. Federal, state, and local agencies work together to provide transportation to medical appointments, employment, education, and other life sustaining services. The Florida Developmental Disabilities Council has worked closely with Florida's CTD over the past 5 years in implementing the Council's Transportation Goal, and significant progress has been made legislatively in adding services specifically for individuals with intellectual disability. Additionally, while the CTD has always required representation of persons with disabilities, the Governor appointed a member with I/DD in 2019. Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT): Florida Department of Health, Children's Medical Services Early Steps Program maintains the FICCIT to advise the program by identifying resources, assuring

accountability, and promoting interagency collaboration. Membership must include a minimum of 20% representation of parents with children under the age of 12, and at least one parent representative of an infant, toddler, or child under the age of 6. Florida Rehabilitation Council (FRC), Florida Department of Education: The FRC is committed to increasing employment, enhancing independence, and improving the quality of life for Floridians with disabilities. The FRC works with the Division of Vocational Rehabilitation in planning and developing state-wide rehabilitation programs and services and promotes high standards and expectations for every area of service delivery. Membership includes representatives of disability groups or individuals and a representative of a parent training and information center. Florida Health and Transition Services (HATS): Florida HATS is a program of the Florida Department of Health, Children's Medical Services operating through four regional coalitions. HATS' mission is to ensure successful transition from pediatric to adult health care for all youth and young adults in Florida, including youth with disabilities, chronic health conditions or other special health care needs. Originally established through a legislatively mandated task force, the work has been sustained and numerous publications and resources on health care transition are available to individuals with I/DD and their families. Florida Independent Living Council (FILC): FILC is a federal- and state-mandated council that collaborates with the Florida Department of Education and other state agencies on planning and evaluating the independent living programs, preparing annual reports, and conducting public forums. The Council is comprised of 14 voting members appointed by the Governor, with the majority of voting members consisting of individuals with disabilities who are not employed by the organization or a state agency. Florida Children and Youth Cabinet, Office of the Governor: The Cabinet ensures that the public policy of Florida relating to children and youth promotes interdepartmental collaboration and program implementation in order for services designed for children and youth to be planned, managed, and delivered in a holistic and integrated manner to improve the self-sufficiency, safety, economic stability, health, and quality of life of all children and youth in Florida. Membership includes state executive level staff, five individuals who represent children and youth advocacy organizations, and five ex-officio members named in statute. State Advisory Committee for Education of Exceptional Students (SAC), Florida Department of Education: The SAC is a committee appointed by the Commissioner of Education, commensurate with the Individuals with Disabilities Education Improvement Act (IDEA 2004), to provide policy guidance on the provision of exceptional education and related services for Florida's children with disabilities. The Committee operates under the auspices of the Bureau of Exceptional Student Education (BESE). The Committee representation includes parents of children with disabilities and individuals with disabilities. The Florida Developmental Disabilities Council serves as a member with a Council member, who is also a parent, currently serving in this position. State Secondary Transition Interagency Committee (SSTIC): The SSTIC is a state-level interagency team created by the Florida Department of Education, BESE to facilitate inter-organizational understanding, identify needs using data, realign capacity-building resources, foster collaboration and shared responsibility while avoiding duplication, and improve secondary transition. The Committee includes a diverse group of secondary transition stakeholders, including family members. The Florida Developmental Disabilities Council is represented on the Committee by staff. Persons with I/DD, their families, and the organizations who serve them have overall good representation on state, regional, and local interagency initiatives in Florida.

(v) Quality Assurance:	
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<p>The Agency for Health Care Administration (AHCA) currently contracts with Qlarant to administer the Statewide Quality Assurance Program to examine the state's developmental disabilities service system. The AHCA works in partnership with the Agency for Persons with Disabilities in this endeavor. Qlarant conducts periodic person-centered reviews (PCR) and provider reviews (PDR) to examine adherence to protocols and aspects of customer service satisfaction. The PCR consists of an interview with the person</p>
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with a disability, the person's support coordinator, and a review of records maintained by the support coordinator. Qlarant's third-quarter report, published in May 2018, showed that average scores on all review components (i.e., interviews, observations, and record reviews) were at 90% or higher. The review identified issues with providers having policies in place for background screening procedures (about 19.0% of providers reviewed), and 16.0% of providers had elements missing from the required documentation for at least one employee. Qlarant hosts online resource centers for individuals and families and providers, supplies a training center, and convenes an in-person quality council (Qlarant, 2018). In the spring of 2020, APD announced that it would be launching a new system of Individual Comprehensive Assessment (ICA) tools, processes, and resources that will replace the current Questionnaire for Situational Information (QSI). The ICA will result in quicker access to more actionable information for support coordinators and providers. The U.S. Department of Justice, Office for Victims of Crime, reports that the rate of violent victimization against persons with disabilities was 2.5 times higher than for persons without disabilities and that 20% of crime victims with disabilities believed they were targeted because of their disability. Further, data from 2011-2015 showed that persons with cognitive disabilities suffered the highest victimization rate among the disability types examined for violent crimes, serious violent crime, and simple assault (US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2017). The Florida Department of Children and Families' (DCF) Abuse Hotline fielded almost half a million calls in Fiscal Year 2018-2019. During that same timeframe, DCF conducted nearly 50,000 investigations, including those that examined potential cases of abuse, neglect, or exploitation of persons with disabilities and the frail elderly. DCF provided protective supervision and protection intervention services to 5,654 persons, including persons with disabilities and the elderly also during that Fiscal Year. (Florida Department of Children and Families, 2019, September 30, Long Range Program Plan). Since 2006, APD has employed the Zero Tolerance training model to educate direct care providers, support coordinators, and persons providing care or support to an APD client. The curriculum focuses on recognizing and preventing abuse, neglect, and exploitation of persons with I/DD. The Florida Department of Elder Affairs sponsors the Elder Abuse Prevention Program. Disability Rights Florida provides investigative and education services to persons with disabilities, formulates legislative priorities, and engages in advocacy and education of elected leaders. The Florida Department of Health's (DOH) Violence and Injury Prevention Section funds local services for victims of sexual violence that include crisis intervention, referrals, advocacy and accompaniment, counseling, therapy, and support groups. DOH's Refugee Health Program conducts health assessments and related services for foreign-born victims of trafficking. The Florida Department of Education, Bureau of Exceptional Student Education (FDOE, BESE) provides information on topics related to protecting the rights and security of students with disabilities. Since at least 2013, the Florida Developmental Disabilities Council, Inc. (FDDC) has opposed restraint as a planned intervention in education plans for students with disabilities and opposed the use of seclusion, mechanical restraints and prone restraint entirely. The FDDC has maintained various legislative platforms and provided educational awareness and advocacy toward improvement. Florida's Law Enforcement Basic Recruit Training has been strengthened to focus on prevention, detection, and response in protecting persons with disabilities and is available in all 40 officer training schools. The National Core Indicators (NCI) Results on Safety, Rights, Self-Direction-Related Factors for Florida and NCI as a whole, reflect the following: In the area of Safety, Florida results were 10% and NCI results were 19% for the factor has at least one place where the person feels afraid or scared; Florida results were 97% and NCI results were 94% for the factor has someone to go to for help if they feel afraid or scared. In Rights and Respect for Individuals, Florida results were 89% and NCI results were 91% for Can use phone and Internet when he/she wants; Florida results were 94% and NCI results were 93% for Staff treat person with respect; Florida results were 20% and NCI results were 24% for Attended self-advocacy troupe, meeting, conference or event; Florida results were 36% and NCI results were 37% for Has voted in a local or national election. In the area of Self-Direction, Florida results

were 97% and NCI results were 88% for Can make changes to individual budget or services if needed; Florida results were 100% and NCI results were 98% for Took part in last service planning meeting; Florida results were 92% and NCI results were 79% for Was able to choose services they get as part of the service plan. For the area of Service Coordination, Florida results were 97% and NCI results were 88% for Case manager asks the person what he/she wants; Florida results were 89% and NCI results were 84% for Understood what was discussed at last service planning meeting. Overall, the greatest disparity was found in the factor pertaining to choosing services as part of the service plan where Florida participant results were 13% greater than NCI as a whole (National Core Indicators, n.d., 2017-18 Adult In-Person Survey State Outcomes). Interagency coordination and systems integration efforts are described within Informal and Formal Supports and Interagency Initiatives. Numerous efforts that incorporate person-centered planning services and training in self-advocacy and self-determination are in place in Florida. The FDOE, BESE, maintains a K-12 self-determination curriculum. Additionally, the state requires instruction or the provision of information beginning no later than age 14 per Rule 6A-6.03028(3)(h)8., F.A.C.; s. 1003.5716, F.S. The FDDC addresses self-determination and self-advocacy leadership through the following: Florida Self-Advocates Network'D (FL SAND), the state-wide self-advocacy organization, which delivers self-advocacy training; Partners in Policymaking, which builds leadership skills, advocacy, and self-determination among family and self-advocate participants; Project SALT, a self-advocacy leadership curriculum developed in conjunction with the Mailman Center at the University of Miami; Route to Self-Determination, a training curriculum available for live or online training, which teaches basic self-determination skills; the DD Network Leadership Cadre, a program designed to build the next generation of leaders among self-advocates; and the FYI Transition Website, an online training resource targeted to students that includes lessons on self-determination and self-advocacy. Though efforts are underway and being expanded, work remains to be done to assure that person-centered and self-directed planning result in the ability of individuals with I/DD to choose their own services.

(vi) Education/Early Intervention:	
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<p>The Florida Department of Health Children's Medical Services (CMS) Early Steps program assists families with accessing needed programs and services for infants and toddlers who are deemed high risk or who meet the eligibility criteria for developmentally delayed or who have an established condition. The program identifies infants early, develops Individualized Family Support Plans (IFSP), and coordinates services and supports. Individuals with Disabilities Education Act (IDEA) Part C program services fall under the Early Steps umbrella. In 2019, 36,199 children were screened and 18,610 were determined eligible. There were 57,009 children active in the Early Steps program in 2019 with 36,050 children served with an IFSP (Florida Department of Health Children's Medical Services. Early Steps Annual Report. December 1, 2020). In Fiscal Year 2018-2019, about 95.0% of infants and toddlers had made progress towards their IFSP goals (Florida Department of Health Children's Medical Services, 2019). The Children's Forum and Florida's Office of Early Learning sponsor the Help Me Grow Florida program in 31 Florida counties to provide free developmental and behavioral screenings for children to 8 years of age and connect families to services. Since 2014, Help Me Grow Florida facilitated 23,434 developmental screenings, made 19,437 referrals, and served 23,147 children (Help Me Grow Florida, 2019). Child Find is a service offered through the FDOE, BESE' Florida Diagnostic and Learning Resources System (FDLRS). Child Find, working with local school districts, locates children who are potentially eligible for IDEA services and links them to those services. There are 30 Early Learning Coalitions throughout Florida that provide services such as Voluntary Prekindergarten (VPK), school readiness, and childcare resource referrals. IDEA Part B, for school-aged children from 3 to 21 years of age, provides services through BESE. For the school year 2017-18, there were 349,764 students aged 6 through 21 years who received</p>

Part B services in Florida schools. According to the 2019 State Education Agency (SEA) Profile, there were 2,846,857 students in Florida's pre-kindergarten through 12th grade population, of which 14.0%, or 401,745, were students with disabilities. Students with intellectual disability represent about 7.1% of all students with disabilities; that is, students with intellectual disability numbered 28,523 in 2019. Race and ethnicity of all students with disabilities and students with intellectual disability are as follows: White (All Students with Disabilities 38%; Students with Intellectual Disability, 32%); Black (All Students with Disabilities 25%; Students with Intellectual Disability, 36%); Asian (All Students with Disabilities 1%; Students with Intellectual Disability, 2%); American Indian/Alaskan Native (All Students with Disabilities < 1%; Students with Intellectual Disability, < 1%); Native Hawaiian/Other Pacific Islander (All Students with Disabilities < 1%; Students with Intellectual Disability, < 1%); Two or more races (All Students with Disabilities 4%; Students with Intellectual Disability, 3%); Hispanic (All Students with Disabilities 32%; Students with Intellectual Disability, 27%). (Florida Department of Education, Bureau of Exceptional Education and Student Services, State Education Agency (SEA) Profile, 2019). In 2018-19, about 76.0% of students with disabilities were in regular classes (i.e., spent 80.0% or more of the school day with students without disabilities) and 14.0% were in separate classes (i.e., spent between 40.0 and 80.0% of the school day with students without disabilities). The standard diploma graduation rate in 2017-18 for Florida students with disabilities was 80.0%, a notable increase of 21.2% from approximately 66.0% in 2016-2017. The dropout rate for students with disabilities fell to 13.0% in 2017-2018 from 17.0 and 16.0% in 2015-16 and 2016-2017, respectively. Post-school outcome data in 2016-17 show 24.0% of Florida students with disabilities who exited school the previous year were enrolled in higher education, 51.0% were enrolled in higher education or were competitively enrolled, and 59.0% were enrolled in higher education or some other postsecondary education or training program or competitively employed (FDOE BESE, 2019). According to BESE in 2016-17, when examined by exceptionality, students with emotional/ behavioral disabilities (EBD) were involved in the most incidents of use of restraints at 42.0% and seclusion at 55.0% followed by students with autism spectrum disorder at 24.0% and 18.0%, respectively. In that school year state-wide, there were 8,700 restraint incidents involving 3,239 students and 1,351 seclusion incidents involving 503 students. Restraint use increased by about 14.0% from the previous school year, while seclusion incidents decreased by an almost equal percent at 13.6% (FDOE BESE, 2017). According to the Florida Department of Education's 2018-19 School Year Private School Annual Report, there were 380,295 students in prekindergarten through 12th grade private school enrollment. This represents about 11.8% of the total Florida school enrollment, with the complementary 88.2% (2,846,857 students) enrolled in public schools. Private schools in Florida have seen an increase in the number of schools (increased by 39 schools) and the number of students (enrollment increase of 10,129 students) when compared to the previous school year (FDOE, n.d.). During the 2018-19 school year, more than 31,000 Florida students in grades K-12 with special needs benefited from the McKay Scholarship Program for Students with Disabilities. This program was established to provide the option to attend a public school other than the one assigned, or to extend a scholarship to a private school of choice to students with disabilities who have an individual educational plan (IEP) or for whom an accommodation plan has been issued under Section 504 of the Rehabilitation Act of 1973. Family Empowerment Scholarships for Unique Abilities provide eligible students with the means to purchase services to design a customized educational program. These scholarships can be used for approved services such as speech or occupational therapy, instructional materials, tuition at an eligible private school, and contributions to a prepaid college account. Eligibility criteria include Florida residency, being eligible to enroll in kindergarten through Grade 12 in a public school in Florida, and having a disability (including autism spectrum disorder, Down syndrome, and other disabilities as defined in Florida Statute 1002.385 (FDOE, n.d.). In 2016-17, 93.4% of Florida teachers employed to work with students receiving special education under IDEA Part B were classified as highly qualified; this is on par with the national figure of 93.2% (US Department of Education, 2018, May 31, Part B

Personnel, 2016-17). <https://www2.ed.gov/programs/osepidea/618-data/state-level-data-files/index.html#part-c-menu> The FDOE, BESE, funds 34 major discretionary projects to provide technical assistance, support, and training for educators and other stakeholders. Additional training and supports are provided by local school districts, universities, and state and national organizations. While progress continues to be made in most educational areas, it is important to note that restraint and seclusion continue to be of concern, particularly for students served under the categories of emotional/behavioral disability (EBD) and autism spectrum disorder (ASD).

(vii) Housing:

The shortage of affordable, safe housing has been a persistent issue in Florida. More than 35 years ago, the state Legislature created the Florida Housing Finance Corporation (i.e., Florida Housing) to provide a range of affordable housing options and opportunities. Multifamily development includes incentives for the development of rental housing, loans and mortgage bond programs, elderly housing community loans, low-income tax credits, and grants to serve persons with I/DD. The State Housing Initiatives Partnership (SHIP) makes funds available to local governments to form partnerships that preserve and create affordable homes and multifamily housing. SHIP dollars are distributed to all 67 counties and 52 community development block cities in Florida, where they are invested in housing assistance programs and policy and ordinance development. SHIP funds can be used for emergency repairs, new construction, rehabilitation, fees, financing, matching dollars for federal housing programs, and homeownership counseling. A confluence of factors drives the housing decisions of persons with I/DD and their families and caregivers. Housing affordability may be among the top factors individuals and families deal with in this area. Almost 1% of Floridians live at or below the Federal Poverty Level and the incomes of persons with disabilities and without disabilities lag behind national figures (United States Census Bureau. American Community Survey 5-Year Survey, Table S1811, 2014-2018). Residents in rural Florida counties have higher rates of poverty than those in the 35 urban counties (United States Census Bureau. American Community Survey 5-Year Survey, Table B17001, 2014-2018). In Florida, more than 86% of persons with I/DD who live in individualized settings live in a family home (Larson, et al., 2018, In-home and residential long-term supports and services for persons with intellectual or developmental disabilities: Status and trends through 2016. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration). In 2017, the average Supplemental Security Income (SSI) monthly payment for Floridians was \$773, which did not cover the average rent for a one-bedroom apartment, starting at \$850 (Schaak, et al., 2017, December, Priced Out: The Housing Crisis for People with Disabilities, pp.44-45, Technical Assistance Collaborative, Inc.). A recent national study found that about 75.0% of adults with I/DD live with a parent or caregiver and are not connected to services and supports available through public programs. Five factors ranked as the most important to persons with I/DD when deciding where to live included: safety, security and freedom from crime; cost; location; proximity to family; and quality of services and supports. The dream home setting of 61.8% of study participants was their own home or apartment, followed by a supervised group home (14.4%) and home of family member or friend (11.9%) (Friedman, 2019, There's no place like home: A national study of how people with intellectual and/or developmental disabilities and their families choose where to live. Washington, DC and Towson, MD: The Arc of the United States and The Council on Quality and Leadership). In Fiscal Year 2019-20, the Agency for Persons with Disabilities reported that 4,794 clients were served in supported living, which exceeded the agency's approval standard of serving 4,000 individuals. (2019-20 OPPAGA Program Summary, Agency for Persons with Disabilities). <https://oppaga.fl.gov> The Florida Developmental Disabilities Council in conjunction with the Florida Housing Coalition worked over the past 4 years with a State-wide Stakeholder Work Group to conduct training and create resources to better engage individuals with intellectual and developmental

disabilities and their families in the Consolidated Plan process for housing. A Community-Based Planning Guide was developed in 2018, and a Community Engagement Plan was developed in 2019. The Community Engagement Plan detailed the most effective means for individuals, families, and advocates to become active in housing policy discussions and decision-making to ensure that funding for safe, affordable, and inclusive housing for individuals with intellectual and developmental disabilities is prioritized in each city's and/or county's Consolidated Plan for housing. The effort contributed to the knowledge base on how to impact funding decisions and become involved in planning processes which ultimately determine local government investment in housing. Training was developed and provided to individuals with disabilities, families, and other stakeholders in 2020 to increase their knowledge of how to engage effectively in local planning processes surrounding Housing and Urban Development (HUD) funds and to advocate for long-term policy change state-wide. In 2020, \$250 million in CARES Act funding for rental and mortgage assistance was allocated to affordable housing programs. These funds enabled housing program administrators to activate their disaster strategies with guidance from the Florida Housing Finance Corporation and assistance from the Florida Housing Coalition, helping local communities to respond to housing emergencies in terms of keeping families out of homelessness by staying in their rental housing and in their homes. In 2021, training was developed and conducted with local governmental agencies and organizations to assist them in better understanding the need to include individuals with intellectual and developmental disabilities and their families in all aspects of Consolidated Plan development. The long-term outcomes of this work should result in greater involvement and access to safe and affordable housing for individuals with intellectual and developmental disabilities in Florida.

(viii) Transportation:

Created by the Florida Legislature in 1989, the Commission for the Transportation Disadvantaged develops policies and procedures for the coordination of transportation services for the transportation disadvantaged. The Commission operates under the Florida Department of Transportation. Through the establishment of a planning agency for each service area and relationships with Community Transportation Coordinators (CTC), the Commission assures that local planning is aligned with its mission and that transportation disadvantaged riders receive services. Per Florida Statute 427.011, transportation disadvantaged funds may be used for: planning, Medicaid transportation, administration, operation, procurement and maintenance of vehicles, and capital investments. The statute stipulates that paratransit consists of those elements of public transit that provide service between specific origins and destinations as selected by the individual rider with service being provided at an agreed-upon time. Paratransit services can be provided by taxis, limousines, dial-a-ride services, buses, and other arrangements classified as demand-responsive with non-fixed route operations. Riders include older adults, persons with disabilities (physical or developmental), people with low income, and at-risk children. Chapter 427 Florida Statutes and Commission guidelines are used to determine rider eligibility, which must be established before services can be provided. The Americans with Disabilities Act (ADA) requires that public transit systems be accessible to individuals with disabilities. The ADA mandates that public transit entities that provide fixed-route rail or bus services also provide complementary paratransit services. However, individuals with disabilities must apply and be deemed eligible for paratransit services. The eligibility process is determined by the transit system as described above. State-wide from 2017-2018, almost 3 million trips were provided for persons with disabilities (Commission for the Transportation Disadvantaged, 2019, January 1, 2018, Annual Performance Report p.26-31). The highest percentage of unmet trip requests in Florida were related to employment and medical care. Unmet trip requests were higher in rural counties (Commission for the Transportation Disadvantaged, 2019, January 1, 2018, Annual Performance Report pp.52-55). In Fiscal Year 2018-2019,

the Agency for Persons with Disabilities reported serving more than 10,000 individuals with I/DD in the Adult Transportation program and nine children with disabilities in Children Transportation (Florida Agency for Persons with Disabilities, 2019). Recognizing the unmet transportation needs in Florida, particularly for individuals with intellectual and developmental disabilities, the State Legislature passed the 2017-2018 General Appropriations Act in 2017, mandating a Task Force on Transportation Disadvantaged Services. The Task Force examined the design and use of transportation disadvantaged services and provided input into the Transportation Disadvantaged State-Wide Service Analysis. The Florida Developmental Disabilities Council's Executive Director and an individual with I/DD served on the Task Force. As a result of the work of the Task Force and related educational efforts by the Florida Developmental Disabilities Council, self-advocates, and other stakeholders, two recommendations from the Transportation Disadvantaged State-Wide Service Analysis were legislatively funded in 2018 for the following purposes: 1) To establish a new innovative grant program through the Commission for the Transportation Disadvantaged (the Commission) for services specifically relevant to the market for individuals with intellectual and developmental disabilities; 2) To redesign the Agency for Persons with Disabilities (APD) transportation model and transition the agency toward a collaborative partnership with the Transportation Disadvantaged Coordinated System and community transportation coordinators providing mobility management services. Acting on the key recommendation made by the Task Force and funded during the 2018 Legislative session was the redesign and transition of the Agency for Persons with Disabilities Transportation Business Model toward a collaborative partnership with the Transportation Disadvantaged Coordinated System and Community Transportation Coordinators providing Mobility Management Services. The Agency for Persons with Disabilities initiated a Transportation Study Team with the following goals: 1) To provide an assessment of APD's current transportation business; 2) To provide an analysis comparing APD negotiated transportation waiver rates with transportation rates of the transportation disadvantaged coordinated system and community transportation coordinators; 3) To design a new APD transportation business model to include a functional implementation plan with associated cost, infrastructure, resource allocation and timeline for implementation. Subsequently, at the end of 2019, Governor DeSantis appointed an individual with I/DD to the Florida Commission on Transportation Disadvantaged. Additionally, \$10 million in funding was allocated to the Transportation Disadvantaged Trust Fund to conduct a broader competitive grant program for Community Transportation Coordinators and Transportation Network Companies. CS/HB 411 was passed in 2019 authorizing certain Transportation Network Companies to provide Medicaid non-emergency transportation services to a Medicaid recipient as cited in Section 316.87, Florida Statutes. Legislation also resulted in more stringent requirements for transportation network providers, requiring background screening for drivers. The Florida Developmental Disabilities Council (FDDC), in collaboration with the Florida Department of Transportation, funded two pilot transportation voucher projects in 2016-17 that were designed to provide greater transportation options for Florida's residents with I/DD. While both projects resulted in positive outcomes, the urban model, HARTPlus Customer Choice Voucher Program, operated by the Hillsborough Area Regional Transit Authority (HART) resulted in long-term and sustainable systems change outcomes with improved access to transportation for individuals with I/DD. The HARTPlus Customer Choice Voucher Program provides door-to-door transportation for people with disabilities and needs that prevent them from using the HART local fixed route buses through Yellow Cab of Tampa. At the culmination of 1 year of funding, the project had provided 27,813 trips at \$16.00 a trip; an operational cost of \$445,008 versus the history of \$1,001,268 through other means; and a total savings of \$556,260 with 8% growth. In January 2020, the HARTPlus Customer Choice Voucher Program reported that it continued to be self-sustainable with an average of 7,000 trips provided per month and an estimated 3.3 million in cost savings since the inception. Individuals seeking community access (e.g., employment, postsecondary education, general community activities) receive priority access to the transportation voucher program. Additional efforts were

initiated in 2020 by the FDDC to further expand the Transportation Voucher model in Florida. In summation, transportation options within the state have been greatly expanded over the past 5 years. New and innovative transportation options specifically for individuals with intellectual and developmental disabilities have emerged with plans for expansion, and in some cases, legislative recurring funding for long-term continuation. Greater awareness by multiple agency partners, policy makers, and the public should result in safe, affordable, and reliable transportation options for individuals with intellectual and developmental disabilities, providing them with a wide range of opportunities for access to their communities.

(ix) Child Care:

Early care services, along with before- and after-school care services, are concerns for persons with I/DD and their families and caregivers. The U.S. Department of Health, and Human Services, Administration for Children and Families, Office of Child Care serves as a starting point in the search for quality, affordable childcare for a child with a disability (HHS, Administration for Children and Families, Office of Child Care, n.d.). Florida has three Parent Training and Information Centers (PTI) and two Community Parent Resource Centers (CPRC) that provide information and support services. The Florida Department of Children and Families (DCF) regulates childcare providers and offers resources for choosing a child care provider (Florida Department of Children and Families, n.d.). The Florida Department of Education Office of Early Learning offers guidance and referrals for finding quality childcare. There are 30 Early Learning Coalitions throughout Florida that provide childcare resource referrals. Through the Family Caregiver Support Program, the Florida Department of Elder Affairs provides child day care and/or sitter services for a child under 18 years of age with a disability living with a grandparent. The agency reports having provided 8,877 hours of day care services and 16,047 hours of sitter services for the Fiscal Year 2018-2019 (Department of Elder Affairs, State of Florida. (2019, January). Summary of Programs and Services. Retrieved from http://elderaffairs.state.fl.us/doea/pubs/pubs/sops2019/2019_SOPS_web.pdf). Families of children with disabilities face challenges with childcare, according to a 2020 study. More than one-third (34.0%) of parents of children with disabilities report having difficulty finding childcare, compared to 25.0% of parents of children with no disabilities. About 34% of parents of children with disabilities report not being able to find care, while 29.0% of parents of children with no disabilities report not finding care. Among the almost two-thirds (66.0%) of parents of children with disabilities who did find care, many had to rely on a patchwork of childcare comprised of paid care, family and friends covering care, and parents missing work. Relatedly, the parents of children with disabilities were found to be three (3) times more likely to experience job disruptions (e.g., arriving late, leaving abruptly or early, needing time off, and/or requesting schedule changes) because of childcare issues (Novoa, 2020). While data is not yet readily available to gauge the impact of the COVID-19 pandemic on child care services, it is anticipated that the availability of day services and respite for families, including adult day programs, will have been significantly impacted.

(x) Recreation:

A variety of organizations in Florida support and promote recreation services for persons with disabilities. These include the Florida Disabled Outdoors Association, Florida Special Olympics, and the Florida State Park Service, along with its national counterpart, the National Park Service, and local (i.e., county and city) parks and recreation agencies or organizations. One of the best known programs offered by the Florida Disabled Outdoors Association is SportsAbility, which provides opportunities for people of all ages and abilities along with their families or friends to participate in recreational activities.

SportsAbility features a resource expo, indoor and outdoor sports, leisure activities, and clinics. Activities include, but are not limited to, golf, tennis, martial arts, horseback riding, basketball, pontoon boat rides, sit water skiing, sailing, kayaking, target sports, personal watercraft rides, and fishing. The goal of SportsAbility is to show people what they can do and to introduce activities that can be pursued to live a healthier lifestyle. SportsAbility is sponsored by community partners and activity providers and there is no charge to participants. Other programs offered by the Florida Disabled Outdoors Association include, but are not limited to, the following: The Recreation Activity Program for Adults with Disabilities (RAPAD); a hunting program for individuals who are mobility impaired (ALLOUT); Community-based Therapeutic Program for People with Brain and Spinal Cord Injuries; and Miracle Sports. It is important to note that some programs are only offered in selected areas of the state. Another important aspect of the Florida Disabled Outdoors Association is their advocacy and educational efforts that promote accessible and inclusive recreation opportunities through universal design and accessible and inclusive use of public and private lands. Such efforts lead to greater accessibility to recreational opportunities in one's home community. Special Olympics Florida serves about 58,000 athletes and has more the 38,000 coaches and volunteers. They offer ongoing training and sports competitions in 11 fall and summer sports categories with a complement of additional competitions offered at various county and local levels. Special Olympics Florida brings their Unified Champion Schools education program to public schools and offers the Healthy Athletes program to Special Olympic athletes to improve and maintain fitness. The Little ELITES program (Elementary Level Introduction to Entry-level Sports) guides young athletes from ages 2 to 7 years into the Special Olympics program for those 8 years of age and older (Special Olympics, Florida, n.d.). Diverse inclusive recreational, social, and leisure activities are also available for youth and adults with disabilities through community-funded and provided recreational center activities in their home communities. Participation in elective courses and activities within Florida's public schools and postsecondary programs are also available and often expanded by after-school bus availability. The Florida Park Service is the division of the Florida Department of Environmental Protection responsible for operation of Florida State Parks. There are 175 state parks and state trails covering more than 800,000 acres that provide a variety of recreational opportunities. Reasonable accommodations, modification of policies, along with adapted equipment availability upon request, provide greater opportunities for individuals with intellectual and developmental disabilities to participate in festivals, special events, interpretive programs, nature trails, boat tours, and other Florida State Park events. Eighty-four percent of Florida's participants in the National Core Indicators' 2017-18 Adult In-Person Survey indicated the ability ...to go out and do the things s/he likes to do in the community. This was comparable to the national reported average of 85%. Florida's percentage was greater than the national percentage for the question on the ability ...to go out and do the things s/he likes to do in the community as often as s/he wants with Florida reporting 84%, and the national average reported at 79%. In summation, most individuals with I/DD in Florida, as well as their families, have not reported recreation as a high level of need over time. Results from the NCI data support this assessment.

(i) Criteria for eligibility for services:	
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<p>The eligibility criteria, taken from the Agency for Health Care Administration's website (Florida Agency for Health Care Administration, 2021), is described below for Florida's iBudget Home- and Community-Based Services (HCBS) Waiver services and supports and the Consumer Directed Care Plus (CDC+) Waiver. To be eligible for Florida's iBudget (HCBS) Waiver services and supports, individuals must meet the eligibility requirements in accordance with Chapter 393, F.S.; meet the Level of Care criteria for placement in an Intermediate Care Facility for individuals with Intellectual Disabilities (ICF/IID); be eligible for Medicaid under one of a variety of categories described in the Florida Medicaid Provider</p>
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General Handbook; be diagnosed with one or more of the following qualifying disabilities: the individual's intelligence quotient (IQ) is 59 or less; or the individual's IQ is 60-69 inclusive and the individual has a secondary handicapping condition that includes: Down syndrome, cerebral palsy, Prader-Willi syndrome, spina bifida, epilepsy, autism, or ambulation, sensory, chronic health, and behavioral problems; or has an IQ of 60-69 inclusive and the individual has severe functional limitations in at least three major life activities including self-care, learning, mobility, self-direction, understanding and use of language, and capacity for independent living; or the individual is eligible under the category of autism, cerebral palsy, Down syndrome, Prader-Willi syndrome or spina bifida and the individual has severe functional limitations in at least three major life activities including self-care, learning, mobility, self-direction, understanding and use of language, and capacity for independent living. The Consumer Directed Care Plus (CDC+) Waiver exists as a program alternative to the iBudget (HCBS) Waiver. It is a long-term care program that involves the person throughout the entire process, such that they are leading the planning of their supports and services, with greater control of the supports and services. Participants of the CDC+ Waiver are able to choose: What is being purchased; who provides the supports and services; when they will be provided, as well as the quantity of supports/ services; where they will be provided; and how they will be provided. Eligibility criteria for persons who wish to utilize the CDC+ program are as follows: Be a current consumer under the Medicaid Waiver program; live in a family home or own their own home; elect a representative, if needed; complete CDC+ trainings; select a Waiver Support Coordinator trained to provide CDC+ consultant services; pass readiness review test with a score of 85% or better. Criteria for serving individuals on the HCBS Waiver waiting list include assessment of the 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. To be eligible for the Statewide Medicaid Managed Care Long-Term Care program (SMMC LTC) program, administered through the Agency for Health Care Administration, individuals must meet the following requirements: Age 65 and over and eligible for Medicaid; or Age 18 and over and eligible for Medicaid due to a disability; and Determined by the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program at the Department of Elder Affairs (DOEA) to be at nursing home level of care or hospital level of care for persons with cystic fibrosis. The DOEA determines medical eligibility for Medicaid, and the Department of Children and Families (DCF) determines financial eligibility for Medicaid. Eligibility for the Part C Early Intervention Program in Florida requires a 1.5 standard deviation in two or more developmental domains or 2.0 standard deviations below the mean in one or more domain as measured by appropriate diagnostic instruments and procedures and informed clinical opinion. Historically, Florida's eligibility criterion has been the most restrictive of definitions when compared with other states. Each school district is responsible for providing services to students who are determined eligible for the following exceptional student education programs: Autism Spectrum Disorder (ASD); Deaf or Hard-of-Hearing (DHH); Ages Birth-5 Years (Birth Through Two Years - Established Conditions or Developmentally Delayed); Ages Three through Five Years - Developmentally Delayed); Dual-Sensory Impairment (DSI), Deaf-Blind; Emotional/Behavioral Disability (E/BD); Gifted; Homebound or Hospitalized (HH); Intellectual Disability (InD); Language Impairment (LI); Other Health Impairment (OHI); Orthopedic Impairment (OI); Specific Learning Disability (SLD); Speech Impairment (SI); Traumatic Brain Injury (TBI); and Visual Impairment (VI), Blind and Partially Sighted. Definitions and guidelines for determining eligibility are found in Florida's State Board of Education Rules, Chapter: 6A-6. For Vocational Rehabilitation services, an Order of Selection is utilized and individuals with the most significant disabilities are served first. Florida's Working People with Disabilities program for adults who receive services under Florida's Medicaid 1915(c) Waiver programs was approved by the Centers for Medicare and Medicaid Services (CMS) via an amendment for implementation beginning July 2020. Working People with Disabilities allows individuals enrolled in HCBS Waiver programs to still qualify for

the waiver even if their income and assets increase due to work. Approved provisions allow for an increase in the monthly income limit up to 550% of the Federal Benefit Rate for individuals with earned income through paid employment, with cash assets up to the amount of \$13,000 for a single individual and \$24,000 for a couple, and the ability for participants to have a retirement account recognized by the Internal Revenue Service. This provision was a direct outcome of the Florida Developmental Disabilities Council's efforts to explore how to address income limits identified via eligibility criteria concerns identified in the previous state plan. Local communities determine their preferences for the category of applicants to receive Housing and Urban Development (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. Access to services can be overwhelming for families who have immediate needs and must work through the cumbersome application and eligibility requirements to gain approval for services. Some families and individuals with I/DD simply give up; others turn to peers, advocates, or state and local agencies and organizations with the wherewithal to serve as an advocate and/or assist them with negotiating the process. With waitlists for services and supports, coupled with limitations upon the full range of services and supports available within allowable funding sources, and particularly HCBS Waiver services and supports, Florida desperately needs alternatives to state-funded services and supports.

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

Multiple approaches were used to identify unserved and underserved populations in Florida. The public input phase of the assessment process collected primary data through key informant interviews; surveys of self-advocates and their caregivers and family members; and focus group discussions with several groups, including advocates from Partners in Policymaking (PIP), self-advocate members of the state self-advocacy organization, and aging caregivers of persons with I/DD. Surveys were available in Spanish and promoted and distributed statewide to Spanish-speaking groups. Additionally, Easy Read versions of the surveys were developed and issued statewide. All of the primary data collection methods incorporated questions to better understand gaps in services, unmet needs of persons with I/DD and their families and caregivers, barriers to filling those needs, and which, if any, groups or populations experience greater needs and/or impediments in getting the services and supports they need. In the secondary data collection and analysis process, whenever possible, indicators that could be aggregated by age, gender, race, and ethnicity were used. In addition, geographic sorting, by county and by service region, was conducted to identify differences by location and rural and urban settings. Poverty was another secondary data filter that was applied when feasible to spotlight any populations showing higher risks for negative outcomes and/or barriers to resources. These primary and secondary data results were shared and reviewed with the FDDC members at their regular meeting in May 2020. Council members examined assessment data and findings to identify where data pointed to common themes, converged on related issues and populations, and diverged or pointed to the need for further investigation. Using a facilitated consensus discussion process, Council members cataloged themes and issues of strategic importance and noted groups that merit focused interventions. Three populations were identified as being unserved or underserved: aging caregivers for persons with I/DD, individuals with I/DD residing in rural areas of Florida and their families and caregivers, and persons with I/DD who have maladaptive behaviors and/or mental illness (dual diagnosis). Secondary data show that more than 20% of Florida's population is 65 years of age or older (United States Census Bureau. American Community Survey 1-Year Survey, Table DP05,2016-2018). In the super senior age group (those 80 years

and older), since 1970 Florida's population has seen increases of 77.6% in the 80 to 84 years of age group. The 80 to 84 years of age group represented 2.5% of Florida's total population in 2018 and an increase of more than 300.0% in the 85 years and older age group to reach the 2018 proportion of the population at 2.6% (Florida Department of Health, 2020). From 2016-2018, the numbers of adults 18 years of age and older with I/DD have increased by about 2.0% each year (Zablotsky et al., 2017) and 1994/1995 NHIS-D (Larson et al., 2001); United States Census Bureau, American Community Survey 1-Year Survey, Table DP05, 2016-2018). The documented prevalence of I/DD in Florida is conservative and likely an underestimate. In Florida, at the highest percentage in the U.S., about 33.0% of those living with family caregivers have aging caregivers aged 60 years and older (Perkins, 2019). Public input data clearly pointed to aging caregivers as a population of concern. Focus groups also articulated concerns for aging self-advocates as well as the family members who care for them. Almost 50.0% of caregiver/family survey respondents said among their highest concerns were fatigue, stress, and burnout, and worrying about the future, while more than one-third were concerned about financial issues. Another 20.0% cited managing other family responsibilities and their own physical health as top concerns. Resource needs for aging caregivers were also reported by these survey respondents. Almost 30.0% said they need respite care. About one-quarter need resources to meet the health care needs of the person in their care, local community-based services, and daily caregiving task assistance. Nearly 20.0% cited aging caregiver support as a top need (FDDC Caregiver/Family Survey, 2020). According to the latest U.S. Census estimates, Florida's 32 rural counties are home to about 1.1 million people. About 18,041 persons with I/DD live in rural Florida. Data show that Florida's rural population faces challenges with poverty, as a greater percentage live below the poverty level (16.4%) compared to Florida's urban counties (13.1%) (United States Census Bureau. American Community Survey 5-Year Survey, Table B17001, 2014-2018). Florida's rural population is older, with 21.3% of the population at 65 years of age or older compared to 19.6% in urban areas (United States Census Bureau. American Community Survey 5-Year Survey, Table B01001, 2014-2018). The 2020 County Health Rankings scored 16 of Florida's rural counties in the bottom quartile for the quality of health outcomes and health factors when compared and ranked with all Florida counties. None of Florida's rural counties ranked among the top 10 in the annual rankings (University of Wisconsin Population Health Institute 2020, 2020 County Health Rankings Report, <http://www.countyhealthrankings.org>). While these rankings do not specifically look at population disability factors, they provide an overarching look at the health and social environment and resources available to all persons. Public input pointed to challenges and barriers faced by persons with I/DD who live in rural areas. Focus group participants voiced concerns about the overall lack of access to services and supports linked to the limited providers and organizations that provide community-based services. Transportation was raised as a persistent issue, although noted to be a problem in both rural and urban areas. Information access, particularly in areas where Internet service is limited, was also raised as a barrier. Key Informant Interview participants equally expressed concerns for meeting the needs of rural Floridians in effective and cost-efficient ways. According to the Agency for Persons with Disabilities, rates of Baker Acts, Florida's law for involuntary crisis commitment for persons with I/DD, is highest among persons who receive Behavior Scores 5 and 6 on the Questionnaire for Situational Information (QSI). In calendar years 2015 - 2020, there were 66,781 APD consumers. Of those consumers, 22,227 had Behavior Scores 5 or 6 and 44,554 had Behavior Scores of 4 and below. In total, 2,870 APD consumers were involuntary committed for observation. Even though persons with I/DD with Behavior Scores of 5 and 6 only represent 33% of APD consumers, they represent 80.55% of Baker Acts (Agency for Persons with Disabilities (n.d.), APD Report, 2015-20). In other words, persons with I/DD who receive high Behavior Scores on the QSI may be in need of additional services related to maladaptive behaviors. The APD does not serve all Florida residents with I/DD. It is estimated that there are approximately 336,529 people living with I/DD in Florida, indicating the number of persons with I/DD who were Baker Acted from 2015 - 2020 could be much higher (APD (n.d.), APD Report, 2015-20).

Concerns for persons with I/DD and a dual diagnosis were discussed by two focus groups: Partners in Policymaking and the aging caregivers focus group. According to focus group participants, persons with I/DD and maladaptive behaviors or co-occurring mental illness (i.e., dual diagnosis), may exhibit disruptive behaviors that may be misunderstood by law enforcement leading to restraint and seclusion or placement in restrictive settings. Similarly, data from the Florida Department of Education, Bureau of Exceptional Student Education, reflect higher numbers for restraint and seclusion among students with behavioral issues. Furthermore, focus group participants discussed the need for additional services for this I/DD population expressing concerns that managing significant behavioral challenges requires many services and supports throughout the lifespan. This issue reached the level of significance within the past state plan that the Council has already initiated a study in this area.

(iii) The availability of assistive technology:

Assistive technology services and devices are available to Floridians through several means. The Florida Alliance for Assistive Services and Technology, Inc. (FAAST) is a nonprofit organization funded through the Assistive Technology Act of 2004 and the Florida general revenue funds under Florida Statute 413.407. FASST is administered through the Florida Department of Education, Division of Vocational Rehabilitation. FAAST's mission focuses on improving the quality of life for all Floridians with disabilities through increasing access to assistive technology services and equipment. Core services include assistive technology (AT) device loan programs, AT device refurbishing and recycling programs, AT device exchange, skills development and transition trainings, AT device demonstrations, AT information and technical assistance, and the New Horizon Loan Program. The device loan program allows customers to try out devices at home to ascertain if such devices are a match for their specific needs. FAAST device demonstrations start with a personalized AT assessment to make recommendations that suit the user, their needs, and budget. Information services include a help desk, blog, classified section, and website. FAAST offers trainings in group settings and focuses on information technology and telecom technology as well as the application of AT in transition, including postsecondary, workplace, and aging. The New Horizon Loan program is a finance program designed to provide assistance to persons with disabilities with purchasing AT with reasonable interest rates; in 2019, the program made 40 such loans. There are six regional demonstration centers (RDCs) that offer FAAST services locally. Sites include the Atlantic RDC at the University of Central Florida in Orlando, Central Florida RDC at Tampa General Hospital Rehabilitation Center in Tampa, Gulf Coast RDC at the Center for Independent Living Disability Resource Center in Pensacola, Northeast RDC at Hope Haven Children's Clinic in Jacksonville, Northwest RDC at The Family Caf in Tallahassee, and the South Florida RDC at the University of Miami Mailman Center in Miami. In 2019, 97.5% of FAAST customers rated their satisfaction with services as satisfied or highly satisfied. During that same time period, about 470 devices were exchanged, netting customers combined savings of nearly \$70,000. Device refurbishments numbered nearly 1,300, resulting in combined net savings for consumers of more than \$250,000. FAAST's 1,087 demonstrations reached more than 3,300 individuals, and 13,334 participants benefited from trainings. FAAST trainings were concentrated in Florida's metropolitan areas, where 78.0% of trainings took place (Center for Assistive Technology Act Data Assistance, 2019. Annual Progress Report Florida 2019, https://catada.info/apr_reports19/florida_2019). As part of their mission to help people with disabilities find and maintain employment and enhance their independence, the Florida Department of Education (DOE) Division of Vocational Rehabilitation (VR) provides AT for community and independent living, workplaces, and education settings. Types of AT that VR can provide include vehicle modifications, customized mobility devices aids, such as wheelchairs and scooters, worksite accommodations, and adaptive equipment. In 2019, VR invested 9.0% of its client services expenditures on AT (Florida Department of Education, Division of Vocational Rehabilitation, 2019). Florida DOE, BESE, assures that

students with disabilities have access to assistive technology devices and accompanying services. Services include conducting needs assessments, procuring appropriate assistive technology, designing and adapting equipment, training on equipment use, and maintaining and coordinating use with other services. Assistive devices come in a range, from low technology (e.g., pencil grips, tactile rules, light pens, page holders, visual supports that increase independent functioning), mid-level technology (e.g., timers, digital recorders, calculators, switch-operated appliances, and communication systems), and complex technology (e.g., computers, mobile devices, alternative keyboards, graphic, and text-to-speech software) (Florida DOE, BESE, 2013). Similarly, provisions are in place that allow for certain technology devices to transition with the student upon graduation and exit from public schools. The Florida Diagnostic and Learning Resources System (FDLRS), a discretionary project of the Florida DOE, BESE, offers services for the appropriate use of numerous technologies for students, teachers, professional staff, and parents. Technology specialists at the 19 FDLRS centers throughout the state provide support in the areas of assistive technology, instructional technology, Universal Design for Learning (UDL), Accessible Instructional Materials/National Instructional Materials Accessibility Standards (AIM/NIMAS) services, and virtual/online instruction. Through FDLRS, students and teachers have access to a state-wide assistive technology lending library. Persons with I/DD may have access to AT services through Medicaid and the iBudget Florida HCBS Waiver. The AT options that may be available include ambulatory aids, vehicle adaptation, wheelchairs, carriers, and lifts. Home technologies could include adaptive switches for equipment operation, doors locks and openers, and communication devices.

(iv) Waiting Lists: required per Section 124(c)(3)(C)(v)

State Pop (100,000) (2017)	205.56
Total Served (2017)	33812
Number Served per 100,000 state pop. (2017)	164.5
National Average served per 100,000 (2017)	264.8
Total persons waiting for residential services needed in the next year as reported by the State, per 100,000 (2017)	100.8
Total persons waiting for other services as reported by the State, per 100,000 (2017)	N/A
State Pop (100,000) (2016)	202.31
Total Served (2016)	32820
Number Served per 100,000 state pop. (2016)	162.3
National Average served per 100,000 (2016)	250.0
Total persons waiting for residential services needed in the next year as reported by the State, per 100,000 (2016)	101.3
Total persons waiting for other services as reported by the State, per 100,000 (2016)	N/A
State Pop (100,000) (2015)	198.98
Total Served (2015)	32277
Number Served per 100,000 state pop. (2015)	162.2
National Average served per 100,000 (2015)	241.7
Total persons waiting for residential services needed in the next year as reported by the State, per 100,000 (2015)	107.2

Total persons waiting for other services as reported by the State, per 100,000 (2015)	N/A
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a. Entity who maintains waitlist data in the state for the chart above:

State Agencies	4

b. There is a statewide standardized data collection system in place for the chart above:	Yes (1)
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c. Individuals on the wait-list are receiving (select all that apply) for the chart above:	Inadequate services (3)
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d. To the extent possible, provide information about how the state places or prioritizes individuals to be on the waitlist:

Other (please specify)	2
	<p>Florida's method for prioritizing individuals on the waitlist for the Developmental Disabilities iBudget HCBS Waiver is based on a system of categories defined in Florida 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</p>

	<p>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 HCBS 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. Funds are available to provide some services to individuals on the 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. As of February 2020, 22,865 individuals were found on the iBudget Waiver waitlist in the following categories: Category 1, Crisis, 0; Category 2, Children in the Welfare System, 0; Category 3, Intensive Needs, 904; Category 4, Caregiver Over Age 70, 230; Category 5, Transition from School, 59; Category 6, Age 21 and Over, 11,455; Category 7, Age Under 21, 10,192; and Priority Not Yet Assessed, 25. The waitlist for Vocational Rehabilitation, under Order of Selection, uses three categories to prioritize individuals for services. VR's 2019-2020 Annual Report's definition of the three categories and waitlist are described below and reflected only 454 individuals waiting for services in Category 3. Category 1 - Most Significant Disabilities (0): Limits three or more functional capacities in terms of work; requires three or more primary services; lasts at least 12 months. Category 2 - Significant Disabilities (0): Limits one or two functional capacities in terms of work; requires two or more primary services; lasts at least 6 months. Category 3 - Other Disabilities (454): Does not seriously limit functional capacity in terms of work; lasts less than 6 months.</p>
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Use the space below to provide any information or data available to the related response above:	Data is provided in the information on prioritization above.
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e. Description of the state's wait list definition, including the definitions of 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.
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f. Individuals on the wait list have gone through an eligibility and needs assessment:	Yes (0)
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Use the space below to provide any information or data available to the related response above:	
Individuals placed on the waitlist have been determined eligible for the 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 (0)
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h. Specify any other data or information related to wait lists	
With submission of the 2017-21 Council State Plan, 20,486 individuals with intellectual and developmental disabilities were on the DD waitlist for iBudget HCBS Waiver services. As of February 2020, the waitlist had grown to 22,865 persons waiting for services. Vocational Rehabilitation continued to reduce its waitlist from 1,275 in Category 3 with submission of the 2017-21 state plan reflecting the May 2016 waitlist, to 454 in Category 3 in 2019-20. Access to services and supports, with a growing waitlist for iBudget HCBS Waiver services in Florida, continues to be a critical area of concern.	

i. Summary of Waiting List issues and challenges	
One challenge with the waitlist is that there may never be sufficient HCBS Waiver dollars to fund every individual with intellectual and developmental disabilities and their families in the state who need	

services and supports, and to adequately fund the services and supports needed by individuals who are removed from the waitlist. The focus on the waitlist, therefore, needs to not only include continued educational and advocacy efforts for the legislature to provide additional funding for HCBS Waiver services, but also strategies for addressing the unmet needs of individuals and their families through other means that may reduce the reliance on the HCBS Waiver. A major issue for the iBudget is the lack of fiscal support it receives from the Florida Legislature, causing many individuals to be placed on a waitlist until they are able to receive services. Approximately 60% of persons receive services, while 40% are on the waitlist (Agency for Persons with Disabilities, 2020). As of February 2020, the waitlist had 22,865 persons on it, where the total of all individuals waiting for services were separated into categories to assess individuals with the highest level of need first. Individuals deemed to be in crisis receive priority in accessing services. Compared to the United States, Florida has the highest percentage of persons on a waiting list living with aging caregivers. An aging caregiver is defined as an individual over the age of 60 who is caring for their adult child. Because of this, there are impacts to the overall family unit, as caregivers in Florida must wait until they reach age 70 for their aging, adult children to be prioritized to receive iBudget services. The iBudget HCBS Waiver waitlist continues to be a significant concern for the Florida Council's current and future work. Medicaid expansion has been implemented in other states to address the waiting list of services issue. However, Florida has not considered implementation of Medicaid expansion for many factors, even though the Council addressed this issue in our two prior state plans.

(v) Analysis of the adequacy of current resources and projected availability of future resources to fund services:

At the time of this assessment, Florida, the United States, and the world are in the midst of the response to a global coronavirus pandemic and in various stages of recovery in citizens' health, healthcare, and social system resource availability, as well as economic impact. In Florida, the current unemployment rate in April 2020 rose to nearly 13.0% from the February rate of 2.3%. March sales tax revenues were more than \$770 million less than planned with April losses expected to be larger. Medicaid enrollments are surging and predictions of up to one billion dollars in additional Medicaid spending are reported (Sexton, C., News Service of Florida, 2020). Florida's Fiscal Year 2020-2021 budget of \$92.2 Billion, was signed into law on June 29, 2020 (Governor Ron DeSantis Staff, 2020). The analysis that follows uses fiscal projections made before the pandemic. Many of these projections will likely change; however, for planning purposes, the following information provides a history and baseline for projections. According to Florida's 3-year outlook for fiscal years 2020-2021 through 2022-2023, prepared jointly by The Senate Committee on Appropriations, The House Appropriations Committee, and The Legislative Office of Economic and Demographic Research, Florida will need an additional \$6.18 billion in general revenue over those 3 years to cover services in 10 policy areas. As shown below, general revenue needs in prekindergarten through Grade 12 education, as well as human services, are predicted to increase to 18.5% and 22.9%, respectively, of overall general revenue spending. Many of the services vital to persons with I/DD are financed through these policy areas. Specific to the Agency for Persons with Disabilities, a projected increase of \$22.4 million in general revenue will be needed for each of these 3 fiscal years, in an effort to finance the following: a reduction of the waitlist for services for persons with I/DD, administrative service to manage growth in the iBudget Florida Waiver services, supported employment and internship programs, and rate increases for Medicaid Waiver providers. Florida's total spending for intellectual and development disability services has risen. The comparative proportions of non-Medicaid spending and Home- and Community-based Services (HCBS) Waiver, Intermediate Care Facility for Persons with Intellectual Disabilities and related Medicaid spending have remained relatively

static since 2001 when those proportions reached 20% and 80%, respectively (Tanis, E.S., Lulinski, A., Wu, A., Braddock, D., and Hemp, R., 2021). The sources for public spending for intellectual and developmental disability services in Florida are 35% state funded and 65% federally funded. Trends in fiscal efforts for community and institutional spending for intellectual and developmental disability services show a divergence since the year 2000 with spending on institutional services falling and community service spending increasing exponentially based on dollars spent per \$1,000 personal income (Tanis et al., 2021.) Special education and related services for school-aged children from 3 to 21 years of age are provided by the Florida Department of Education, Bureau of Exceptional Student Education (BESE) supported by the Individuals with Disabilities Education Act (IDEA) Part B funding. There were 349,764 students aged 6 through 21 years who received Part B services in Florida schools during academic year 2017-2018. According to the 2019 State Education Agency (SEA) Profile, there were 2,846,857 students in Florida's pre-kindergarten through twelfth grade population, of which 14.0%, or 401,745, were students with disabilities. Students meeting eligibility for services with intellectual disability represent about 7.1% of all students with disabilities, numbering 28,523 in 2019 (Florida Department of Education, Bureau of Exceptional Student Education (BESE), 2019). According to the Florida Department of Education's State Report Card, total costs per student for the 2019-2020 school year were \$8,859 (Florida Department of Education, 2020). Sources of funding for school districts in 2018-2019 were 39.9% from state sources, about 48.8% from local sources, and 11.3% from federal sources. Program cost factors are used to assure an equitable distribution of funds in relation to relative costs per student. Basic program cost factor weights for kindergarten and grades 1, 2 and 3 (cost factor weight 1.124) are the same as programs for exceptional student education, and this holds true for basic programs and grades 4, 5, 6, 7 and 8 with exceptional student education services (cost factor weight 1.000) as well as grades 9, 10, 11 and 12 with exceptional student education services (cost factor weight 1.012). Programs for exceptional student education at support levels 4 (cost factor weight 3.644) and 5 (5.462) reflect a cost investment for these students (Florida Department of Education, n.d.). Florida Department of Education's federal fiscal year 2021 annual state application for IDEA Part B funding shows state fiscal year 2019 state financial support for special education and related services for students with disabilities at 1.002 billion dollars or \$2,471.43 per student receiving these services. Small increases were reported for the 2020 state fiscal year at 1.073 billion dollars and \$2,552.38 per student (Florida Department of Education, 2021). The Special Education Expenditure Project report found that nationally per pupil education expenditures vary by disability category and that spending per student is about 1.9 times higher for those who receive special education services (Center for Special Education Finance, 2003). Numerous agencies dedicate their work to helping assure that persons with disabilities, including I/DD, have opportunities to train, find employment, and get the services and supports to enhance employment prospects. The Florida Department of Education, Division of Vocational Rehabilitation (VR), is a leader in our state. VR lists among its programs and services the Transition Youth Program to help students prepare and plan for post-high school employment; Deaf, Hard of Hearing, and Deaf-Blind Services that include training for both the employee and employer; Supported Employment services that aim to assist those with the most significant disabilities be successful in competitive employment; Independent Living Program services through a statewide network of locally-based Centers for Independent Living (CILs); and the Florida Alliance for Assistive Services and Technology (FAAST), which provides assistive technology devices and services so that persons with disabilities can fully participate in independent living, education, work, and recreation through their lives. Other agencies that support employment opportunities for persons with I/DD include the Florida Division of Blind Services, Florida's 24 Local Workforce Development Boards through the state's Department of Economic Development, and the Florida Association of Rehabilitation Facilities (Florida ARF) that manages the RESPECT of Florida program. According to the National Report on Employment Services and Outcomes (Winsor, 2019), in Florida, about 23.5% of working-age persons with a cognitive

disability are employed, compared to 33.3% of those with any disability, and 73.2% of persons with no disability. Employment outcomes for working-age Floridians show that the percentage of persons with no disability living below the poverty line in 2017 was 12.0%, 25.4% for persons with any disability, and highest for persons with a cognitive disability at 28.3%. VR reports in 2017 that the average number of days from eligibility to case closure into employment for persons with I/DD was 689 days with 29.2% of closures for persons with I/DD resulting in employment (Winsor, 2019). The percent of supported employment for persons with I/DD is at a low of 12% with the numbers of participants down noticeably (Tanis et al., 2021). This is consistent with the newly released State Data: The National Report on Employment Services and Outcomes Through 2018, which indicated that the percentage of individuals with intellectual and developmental disabilities served by APD in integrated employment dropped from 20% in 2011 to 10% in 2018 (Winsor, J., Timmons, J., Butterworth, J., Migliore, A., Domin, D., Zalewska, A., & Shepard, J., 2021). Data from the National Core Indicators (NCI) survey of persons with I/DD in Florida point to continuing challenges with transportation barriers not only for accessing essential services but also in connection with staying in contact with friends and socializing. For example, 47% of NCI survey respondents said lack of transportation was a barrier to seeing friends as compared to 38% nationally. Lack of transportation was the biggest barrier, outscoring money, time, support staff, and rules or regulations. Only 20% of persons with I/DD who responded to the NCI survey reported having attended a self-advocacy meeting or event and about 36% reported having voted in a local or national election (National Core Indicators, 2019). The legislative allocation of \$10 million in proposed recurring funding to the Transportation Disadvantaged Trust Fund to conduct a broader competitive grant program for Community Transportation Coordinators and Transportation Network Companies, which was initiated in 2019, as well as endeavors by the Florida Council in implementing Transportation Voucher projects, should assist in meeting some future transportation needs. Focus group participants, key informants, and survey respondents expressed concerns related to the availability and accessibility of resources. Most notably, concerns related to the iBudget Waiver and waitlist were themes present in all public input opportunities. Concerns related to services and resources for transportation, education, employment, housing, and recreation were also common themes. Overall, there is an abundance of need, but limited resources to meet all the needs of persons with I/DD. Florida's fiscal resources to support persons with I/DD in finding services and supports have historically been among the lowest in the nation with a decrease in fiscal effort of about 10% since 2007 (Perkins, 2019). Population growth compounds funding inadequacy as Florida's population expands in numbers and diversity. While the Florida Legislature has recently acknowledged and increased funding for the Agency for Persons with Disabilities to specifically serve persons with I/DD, overcoming long-term gaps, addressing population growth, rising costs, and workforce issues will be a continuing challenge requiring systems change and collaboration among federal, state, regional, local and community partners.

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

Over the past 50 years, shifts in scientific research, public awareness, policy and legislative changes, and strong self-advocacy from persons with I/DD and their families spurred institutional reform and significant growth in community living for persons with I/DD. Nationally, about 75% of adults with I/DD live with parents or other family members, with the majority not receiving any formal services or supports (Friedman, 2019). According to Tanis et al. in *The State of the States in Intellectual and Developmental Disabilities* (Tanis, 2021), in 2017 in Florida, more than 30,000 persons with I/DD resided in nursing facilities, state institutions, private ICF/IDs, other residential facilities, and supported living

facilities. The Florida APD has continued to operate two developmental disability centers for people who need structured care 24 hours a day (i.e., Tacachale in Gainesville and Sunland in Marianna). Residents at the centers receive medical care, therapy, and may participate in social outings, team sports, community events, vocational training, and onsite work experience. Per the FDDC's 2017-21 State Plan, from FY 2000 to January 1, 2015, there had been a 42.7% decrease in residents living at Sunland and Tacachale, down from 1,483 to 850 individuals. A downward trend has continued with the APD reporting 650 individuals served by the two developmental disability centers in September 2017, and 528 individuals served by both centers in September 2020. (APD Long Range Program Plan. September, 2017.]; APD Long Range Program Plan. September, 2020.]). Review of the 2020 Annual Licensure and Certification reports for Tacachale and Sunland reflected that most of the standards not met centered around Fire/Life/Safety. Most of these pertained to maintenance needs and placement of materials in storage that could present hazards in certain circumstances, and most noted deficiencies were addressed in a timely manner. Concerns emerged, however, for the Sunland Facility I. The number of deficiencies reported at this center were exceptionally high in both November and December 2020, and were not reflected as corrected in AHCA's database as of September 2021. Of particular concern were the report findings related to the presence of mold within at least four housing buildings and the Unit 1 Learning Center. At the time of the findings, Maintenance staff stated that air scrubbers and dehumidifiers were placed in the housing units to purify the air, but that the mold remediation work had not yet begun. Within the ACHA report, the Superintendent further stated that No other mitigation work had started except for installing the air scrubbers and dehumidifiers...no additional testing had been performed. The Council initiated follow up on concerns regarding these findings, and AHCA's Deputy Secretary responded, indicating that The onsite revisit to verify correction of Sunland Facility I's outstanding deficiencies is pending... Moreover, in August 2021, the U.S. Department of Labor found the Sunland Center, that holds 14(c) certificates authorizing subminimum wage pay for workers with disabilities, was not in compliance with requirements of the Fair Labor Standards Act. As a penalty, the state will be required to pay the full federal minimum wage for every hour the residents worked. An article in the Tallahassee Democrat stated That means \$304,466 to 163 of those Sunland resident-workers (Capital Bureau, USA Today Network - Florida, as cited in the Tallahassee Democrat. 2021, August 24). Sunland Center in Marianna to pay more than \$300,000 in back wages (tallahassee.com). Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) deliver rehabilitative and health services to persons with I/DD in protected, residential settings. The need for active treatment, which consists of ongoing, consistent, specialized and generic training, treatment, and health services, is a requirement for Medicaid coverage for ICF/IID care. ICF/IIDs are designed to provide the highest levels of support and interventions for persons with I/DD paid for using federal dollars. According to the Florida Association of Rehabilitation Facilities (Florida ARF), there are 87 ICF/IIDs in Florida with a total of 2,071 licensed beds. The occupancy rate for ICF/IIDs is approximately 95%. Florida's ICF/IIDs include 38 six (6) bed homes, 27 cluster facilities, six 64-bed campuses, and 16 other facilities with variations of these models. Six bed homes are located in residential areas with operations similar to group homes where residents can be involved in community activities. Clusters are comprised of three (3) homes located close together but operating as separate living units. Four (4) semi-private rooms make up each home. Clusters tend to specialize in serving medically fragile persons with I/DD and provide extensive medical and rehabilitative services. Four (4) separate living units each with eight (8) semi-private rooms make up the 64-bed campus model where residents can be active in day programs and community activities (Florida Association of Rehabilitation Facilities, n.d.). In 2020, APD reported serving 1859 individuals in ICF/IIDs (2019-20 OPPAGA Program Summary, Agency for Persons with Disabilities, <https://oppaga.fl.gov>). In Florida, the number of ICF/IDD beds has remained frozen by a licensure moratorium, though an exception was made with the 2020 legislative session that amends s. 408.036, F.S., to create a certificate of need (CON) exemption for a new ICF/IDD which has a total of 24 beds,

comprising three eight-bed homes, for use by individuals exhibiting severe maladaptive behaviors and co-occurring psychiatric diagnoses requiring increased levels of behavioral, medical, and therapeutic oversight. The bill limits the number of CON exemptions authorized to three. The bill includes sunset provisions to repeal the continued licensure requirements and the statutory authority for AHCA to grant the CON exemption created by the bill on July 1, 2022, unless reviewed and saved from repeal by the Legislature. To obtain the exemption, the applicant must not have had a license denied, revoked, or suspended within the 36 months preceding the request for exemption and must have at least 10 years of experience serving individuals with severe maladaptive behaviors in this state. It is unknown how many providers would meet these two criteria and be eligible to apply for a CON exemption under the bill. The bill also amends s. 400.962, F.S., to establish additional licensure and application requirements for an ICF/IDD with a CON exemption under the bill, including: 1) Each eight-bed home must be co-located on the same property with two other eight-bed homes and must serve individuals with severe maladaptive behaviors and co-occurring psychiatric diagnoses, 2) The total number of beds per home within the facility may not exceed eight, with each resident having his or her own bedroom and bathroom, 3) A minimum of 16 beds within the facility must be designated for individuals with severe maladaptive behaviors who have been assessed using the Matrix with a score of at least Level 4 through Level 6 or assessed using criteria deemed appropriate by the AHCA regarding the need for a specialized placement in an ICFDD, 4) A state-approved staff training curriculum and monitoring requirements specific to the individuals whose behaviors require higher intensity, frequency, and duration of services, 5) Available medical and nursing services 24 hours per day, 7 days per week, 6) Demonstration of a history of using interventions that are least restrictive and that follow a behavioral hierarchy, and 7) Maintenance of a policy prohibiting the use of mechanical restraints. Individuals with developmental disabilities charged with committing a felony crime may be court-ordered into the agency's Developmental Disabilities Defendant Program (DDDP). DDDP is a 146-bed secure facility located in Chattahoochee for defendants with developmental disabilities who are deemed incompetent to participate in their own defense or stand trial. In this program, residents with a secure court order receive competency training and other services in accordance with their needs. This is not a voluntary residential setting. The agency also has 34 secure beds in the Pathways program located at Sunland. In September 2017, the agency reported a daily average population of 120 individuals served. During Fiscal Year 2019-20, the average daily population to whom the DDDP provided services was slightly lower at 106 individuals served (2019-20 OPPAGA Program Summary, Agency for Persons with Disabilities. <https://oppaga.fl.gov>). In October 2018, the Carlton Palms Educational Center, a for-profit home licensed by APD as the state's largest transitional facility serving 230 individuals with developmental disabilities and behavior disorders, was permanently closed. Residents were moved into group homes ahead of the state mandated schedule to stop operation by March 2019. The Florida Developmental Disabilities Council and Disability Rights Florida, among other state entities with concerns, conducted numerous observational visits prior to its closing. Disability Rights Florida produced a report citing 14 state abuse investigations at the facility in 2015, and 28 more in 2016, which assisted in facilitating closure of the facility (Hudak, S. 2018, October 25, Plagued by abuse claims and deaths, Carlton Palms closes doors to Florida's disabled. Orlando Sentinel, <https://www.orlandosentinel.com/news/lake/os-ne-carlton-palms-closes-20181025-story.html>). Within the article, APD staff stated that 21 new group homes were opened all around the state, allowing most residents to move closer to their families. Similar for both the institutions and private ICF/IIDs is the issue of insufficient effort towards building the capacity of individuals with intellectual and developmental disabilities for self-determination and independence. Individuals with intellectual and developmental disabilities are also residing in nursing homes. In the past, this has been a particularly acute issue for children. Following up on the July 2013 Federal Department of Justice 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, the case appears to have stalled in the courts in 2019. No changes have been reported beyond the Agency for Health Care Administration's announcement that rules for alternative residential options for these children would be developed. In September 2021, seven APD clients under the age of 18 were reflected with a living setting of nursing home. Previous numbers indicated that nursing homes serving children decreased from six to three with 230 children served in nursing homes in July 2012 to 145 children served in nursing homes in July 2016 (FDDC, 2017-2021 State Plan). In summary, Florida's population growth, an aging population of both persons with I/DD and their caregivers, rising health and related service costs, workforce challenges, and competing funding priorities contribute to escalating concerns about the adequacy and sustainability of the health care and other services and supports for persons with I/DD in facilities. Increases in total funding, as seen in recent years, are insufficient to close existing gaps while accommodating persons with I/DD who may need specialized care provided in facilities. The Council will continue to pursue unanswered questions emerging related to the Sunland Center, children in nursing homes, and will keep the pulse on individuals with developmental disabilities and behavioral issues that result in their placement in IDF/IIDs.

(vii) 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(s))):

In fiscal year 2017 in Florida, of the 1.53 billion dollars spent by federal and state Medicaid on intellectual and developmental disability services, about 58% was in the Medicaid HCBS category, and 22% in Medicaid Intermediate Care Facilities for Persons with Intellectual Disabilities, followed by 16% in other federal spending and 4% in other state Medicaid spending (Tanis, 2021). HCBS Waiver costs by fiscal year per participant in Florida were most recently reported at \$32,700 with a total of 35,073 individuals in the community who were active on Florida's iBudget HCBS Waiver as of June 30, 2020. Data from the National Residential Information Systems Project (RISP) indicated that from 2005 through 2016, the vast majority of persons with I/DD who lived in individualized settings, resided in a family home. As Florida's population grows, the prevalence of I/DD will increase, placing increasing demand on home- and community-based supports and services. Florida's numbers of individuals who live in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) remained relatively constant from 1982 to 2017. The waitlist for iBudget Florida waivers hovers above 20,000 individuals, while the APD caseload, including persons living in the home of a family while on the waitlist, increased incrementally to more than 58,000 persons (University of Minnesota, Residential Information Systems Project (RISP), Research and Training Center on Community Living, Institute on Community Integration, 2017). Many data sets underscore the need for investments in HCBS in Florida. 75% of persons with I/DD live with a family caregiver. Only one-third, 33%, of persons with I/DD live with family caregivers under the age 41 and almost as many 31% live with aging caregivers, that is, a caregiver aged 60 and above. In 2017 in Florida, there were more than 350,000 caregiving families with only about 6% receiving support from APD. The 2017 legislative session resulted in \$3.4 million dollars of state general revenue to draw down a 60% federal Medicaid match for receiving HCBS iBudget Waiver funding and resulted in approximately 350 individuals coming off the HCBS iBudget Waiver waitlist. \$15.7 million was allocated for the Department of Labor hourly adjustment and provider rate increases were made, including \$4.4 million of this allocation for personal supports, residential habilitation, adult day training and supported employment rate increases, though these funds were non-recurring. \$750,000 was allocated for the

Employment Enhancement Project (EEP) to fund employment internships and supported employment services to assist with bringing additional individuals off the waitlist. In 2018, \$89.3 million was requested in HCBS iBudget Waiver Funding, but \$0 funding was allocated. Additionally, \$21.9 million was requested to serve additional clients on the waitlist, with \$0 funding allocated. \$1 million was requested for the Employment Enhancement Program, and \$900,000 was allocated. \$41 million was requested and obtained to maintain existing service rates partially funded with non-recurring funds from the 2017 General Appropriations Act. Requests were made for provider rate increases, but funding for rate increases were not addressed. In 2019, the Florida House and the Senate expressed concerns about the HCBS iBudget Waiver and the challenge to contain the cost of the additional needs that waiver recipients need as they age or experience life changes. \$22 million was requested in HCBS iBudget Waiver funding, and \$18,842,000 million was allocated. \$15.8 was requested to serve additional clients on the waitlist, but \$0 was allocated. \$900,000 was requested and allocated for the EEP. HCBS Waiver rate funding was requested for personal supports in the amount of \$27 million, but \$0 was allocated. Waiver rate funding was requested for residential habilitation in the amount of \$16 million, and \$11 million was allocated. In 2020, the Florida Legislature vetoed provider rate increases, but provided generous funding, including federal matching funds, for Resources for Persons with Unique Abilities in the amount of \$58,034,834; Serving Additional Clients on the HCBS Waiver Waitlist in the amount of \$30,223,451; and funding for the APD deficits from the past 2 years in the amount of \$241 million dollars. In 2021, the Florida Legislature provided one of the largest funding increases to transition individuals off the HCBS iBudget Waiver waitlist in history! Florida lawmakers agreed to spend \$95 million a year to provide more people with intellectual and developmental disabilities access to services they need to live in their communities and out of institutions. Unfortunately, there were no provider rate increases. Florida has experienced a 51% turnover in direct support providers and many providers have a critical number of vacancies for personal support staff. With the number of vacancies at these levels, there are critical concerns about meeting the needs of individuals with intellectual and developmental disabilities who are coming off the waitlist. There were no utilization increases for those who are on the HCBS iBudget Waiver who may have significant additional needs for more or different services. There was also no attempt to put any HCBS iBudget Waiver services into for-profit managed care in 2021. Florida ranks 49th out of 50 states in fiscal effort or I/DD funding. As a comparison, New York, which is ranked 1st out of 50 states, spends \$9.06 per \$1,000 of personal income; Florida spends \$1.99 per \$1,000 of personal income (Tanis, State of the States in Intellectual Disabilities, Florida Profile, 2021). Additionally, Florida's overall fiscal effort has decreased by approximately 10% since 2007 (Perkins, 2019). With inadequate funding for the HCBS iBudget Waiver services, exasperated by inadequate funding for direct service providers and compounded by COVID-19, many provider organizations have been forced to significantly reduce their services or close their doors. Bold leadership and creative systems change efforts will be needed to thwart the further erosion of health, safety, and quality of life for persons with I/DD and those who care for them in Florida.

Part D. Rationale for Goal Selection [Section 124(c)(3)(E)]	
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<p>The Florida Developmental Disabilities Council members approached the selection of strategic priorities for the next 5 years using a methodical, data-driven, and collaborative process. The first step included sharing, reviewing, and discussing the primary and secondary data from the comprehensive review and analysis (CRA), Parts A and B. At the May 2020 Council meeting, WellFlorida Council, the consultant engaged to complete the CRA, presented highlights that included state information on developmental disabilities in Florida and a portrait of health care, employment, informal and formal services and supports, interagency initiatives, education and early intervention, quality assurance, housing,</p>

transportation, childcare, and recreation. Findings and themes from the public input phase of the assessment were also shared. These included highlights from a focus group of self-advocate leaders and 16 key informant interviews, along with summary findings from the state-wide self-advocate survey and caregiver/family member survey. The presentation slides, a recording of the presentation, and supporting data compendium were made available to Council members for their further study and review. The catalog of initial issues discussed at the May 2020 Council meeting included the following: transportation, access to information about available services, access to services, system coordination for continuity of services, aging caregivers, aging self-advocates, dual diagnosis (i.e., persons with I/DD and maladaptive behaviors or co-occurring mental illness), transition to adulthood for self-advocates, iBudget preservation, managed care role in providing community support services, critical analysis of agency spending on services and supports, emergency preparedness, and emerging threats. Intersecting themes or major needs and issues for persons with I/DD and their families and caregivers were also considered in the identification and prioritization of potential strategic issues. Primary intersecting themes, needs, and issues were as follows: 1) access to community services and supports, including availability and access to services, supports, providers; meeting basic housing and transportation needs; recreational opportunities; and social acceptance and supports; 2) iBudget preservation, including managed care and service delivery systems; and the Medicaid HCBS waitlist; 3) system complexity and accessibility, including funding and fiscal accountability of agencies; elimination of mistreatment, bias, and discrimination in systems and practices; service quality, uniformity, and continuity; 4) aging caregivers and aging self-advocates, including caregiver fatigue and burnout; financial burdens for self-advocates and families; and rights of self-advocates and caregivers; 5) education, job training, and employment, including postsecondary transition; 6) populations with identified disparity or disparities, including persons with dual diagnosis of I/DD and mental health issues and/or exhibiting maladaptive behaviors or severe behavioral issues; emerging issues, including systems change and flexibility to address emergencies and changing conditions. Council members requested additional in-depth information from two groups: self-advocates and aging caregivers of persons with I/DD, following the May 2020 Council meeting. Two focus groups were subsequently convened in June 2020, and the information gained was analyzed and shared. A week in advance of the August 2020 Strategic Planning Council meeting for state plan development, a virtual drop in session was held in which Council members could ask any remaining questions about the CRA, primary or secondary data, or findings presented to date. At the virtual August 2020 Strategic Planning Council meeting, the CRA findings were further discussed and organized into themes. This was accomplished via electronic survey whereby Council members scored the 26 agreed upon key issues and themes. Each key issue was rated for magnitude, including importance and urgency; and secondly, each issue was rated for confidence in ability to successfully address the issue considering its potential impact, feasibility, and resource availability, as agreed upon by the Council for prioritizing issues. Council members individually ranked the top three priority issues, using a weighted scoring rubric that generated a priority list. At the September 2020 Council meeting, prioritization survey results were presented and discussed. The strategic priority issue areas identified then moved forward for consideration in the 5 year state plan as follows: 1) Access to Services, including community support services (i.e., services that keep persons with I/DD in the home and community); meeting basic housing and transportation needs; system complexity and support for agencies that provide services including the professionals who provide care and services; service quality, uniformity, continuity and assurance of freedom from bias and discrimination; and waitlist; 2) iBudget Preservation, including managed care and service delivery systems, including Medicaid, fiscal accountability of agencies; 3) Aging Caregivers, including aging self-advocates; caregiver fatigue and burnout; and financial planning and financial burden relief for self-advocates, families, and caregivers; 4) Emerging Issues, including systems change, flexibility to address emergencies and changing conditions; 5) Targeted Disparity Population of Persons with Dual Diagnosis

of I/DD and Mental Health Issues, including resources and services for persons with severe behavioral challenges and/or maladaptive behaviors. As part of the assessment process, a number of recommendations and considerations for planning and implementation emerged as a result of discussions among Council members. As the FDDC moved forward with planning, the following were considered: 1) Promote a culture of mutual support as a system of many diverse partners and systems; 2) Foster a unifying community organizing principle and capacity building system around shared outcomes and measures; 3) Create a core system of metrics to monitor the performance of the system and to inform collective and individual entity investments in serving persons with I/DD and their families and caregivers; 4) Develop resource availability and educate on the appropriate utilization of services and programs; 5) Enhance or create programs to more effectively and efficiently manage related chronic health conditions including those found in aging populations; 6) Enhance or create policy, programs, and environmental change to address accessibility and safety in communities where persons with I/DD live, work, and play; 7) Create initiatives to increase the availability of therapies and primary, specialty, dental, and mental health professionals and services; and 8) Consider policy, environmental change, interventions, and programs to address root causes that include social determinants of health, and also examine social structures and institutions that contribute to inequities. In order to develop the 5-year state plan draft goals, objectives, and activities, a small workgroup including Council staff and Council members met over the course of several months between September and January. The workgroup used the compilation prioritization surveys that narrowed down the priority areas, along with key analysis data associated with the priority areas, to develop a comprehensive draft. The 5-year state plan draft goals, objectives, and activities were presented to the full Council in January 2021; approved; and moved for the 45 day public review and comment period. The analysis of public comments received from 141 respondents was presented to the full Council, and based on review of the public comments received and the determination that no further changes were warranted, the 5-year state plan goals, objectives, and activities were approved at the Council's May 2021 meeting.

Rationale for Particular Goal Areas

1. Access to Services: The Council's 2017-2021 CRA findings identified access to services as an unmet need, but it was not identified as a critical priority area for the previous state plan. The Council's 2022-2026 CRA findings propelled this area to a significant level of need. With Florida's continued waitlist and lack of direct service providers, along with no clearinghouse that assists individuals with I/DD and their families in knowing where and how to access alternative services and programs, informal and formal services and supports continued to present unmet needs. Access to services was identified as overwhelming for families who have immediate needs and must work through the cumbersome application and eligibility requirements to gain approval for services. With waitlists for services and supports, coupled with limitations upon the full range of services and supports available within allowable funding sources, and particularly HCBS iBudget Waiver services and supports, Florida desperately needs alternatives to state-funded services and supports. As such, the Council prioritized this area in their rankings to identify key goal areas.

2. Home- and Community-Based Service Delivery Systems: The Council's 2022-26 CRA findings reported that individuals who are on the HCBS iBudget Waiver may have significant additional needs for more or different services, and there was no attempt to put any HCBS iBudget Waiver services into for-profit managed care in 2021. The CRA also found that personal supports and behavioral services throughout Florida must be improved to provide the level of support and care required for individuals with I/DD to maintain a safe quality of life by addressing their system of care and delivery of services. Concerns for persons identified as dually diagnosed (i.e., I/DD and maladaptive behaviors or co-occurring mental illness) indicated that there are significant disparities in services and outcomes for this underserved population and noted that the current practice of invoking the Baker Act to receive adequate mental health services must be addressed. While dual diagnosis was also identified as an unmet need in developing the previous state plan, it reached a tipping point for the 2022-26 state plan as an emergency issue rank ordered as a priority area for

addressing a targeted disparity by the Council. 3. Aging Caregivers: The Council's 2022-26 CRA pointed to aging caregivers as a critical area of concern with regard to unserved and underserved populations. Almost 50% of caregiver/family survey respondents indicated it as a concern. Data reflected that Florida has the highest percentage of aging adults with I/DD living with aging caregivers. While also an area identified as an unmet need in developing the previous state plan, the area has reached a level of critical concern that resulted in the Council rank ordering it as a priority goal area for 2022-26. 4. Self-Advocacy Leadership: This goal provides for the Council's initiatives to meet the DD Act self-advocacy requirements. Needs identified through the CRA for this goal area include strengthening the state self-advocacy organization members' skills to lead the organization, expanding self-advocacy leadership training and delivery of training to other self-advocates, and enhancing the capacity of Partners in Policymaking (PIP) to include more self-advocates with significant disabilities in the PIP program. 5. Broad Systems Change/Emerging Needs: This goal provides the Council with an avenue to address emerging or emergency issues that were not apparent during the development of the 2022-26 state plan. It is also allows for completion of some 2017-2021 initiatives, which are using FY 2020 and FY 2021 funds that will be expended after September 30, 2021, and reported in the 2022 PPR.

Collaboration [Section 124(C)(3)(D)]	
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<p>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, will partner formally on the Council's Access to Services goal, which will require collaboration among all state entities with a charge for delivering services or supports to individuals with I/DD across the lifespan. The Florida DD Network partners will serve in a steering committee capacity over the life of this state plan and engage in work to identify and build Florida's proposed Access to Services through Knowledge (ASK) system. This collaboration is formalized within Objective 1.1 of the Access to Services goal. The Council's Aging Caregivers goal will require collaboration among both the aging and DD networks. Both the University of Miami Mailman Center and the Florida Center for Inclusive Communities (FCIC) at the University of South Florida, have already committed to serve on the Council's Aging Caregivers Roadmap Initiative and have been integral partners in assisting the Council with developing a strategic plan, or roadmap, that will assist in action on this goal rapidly in 2022, and throughout the life of the 2022-26 state plan. It is anticipated that the DD Network partners will continue collaboration in supporting and monitoring their previous efforts related to Florida's DD Network collaborative initiative that focused on strengthening leadership in Florida by building the next generation of top leaders. Mid-career institutional leaders, including individuals with intellectual and developmental disabilities, who had shown real promise and were willing to make a long-term commitment became a part of the DD Network Leadership Cadre and received extensive training to effectively influence practice and policy in our state. Leadership staff from each of the DD Network partners served as steering committee members for the DD Network collaborative initiative over the past 4 years. During the 2022-26 state plan, the DD Network partners will continue to make use of the work developed through this partnership (e.g., White Paper on Employment, Easy Read materials). Partners will also follow the leaders trained and work toward incorporating them into our state-wide systems change efforts, as well as other forums to influence practice and policy for individuals with intellectual and developmental disabilities. Ongoing collaboration will continue to support each of the DD Network partner's efforts to develop self-advocacy in Florida, as well as strengthening each of our capacities to influence systems change. The Council's previously funded Project VOTE initiative was implemented in collaboration with Disability Rights Florida. Collaborative planning and delivery of Project VOTE training sessions, drawing from the self-advocates involved in the Council-funded Florida SAND, the state's self-advocacy organization, resulted in Disability Rights Florida assuming much of the</p>	
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work during the final years of the 2017-21 state plan. It is anticipated that the Council will continue to support linkages with Florida SAND members and other self-advocates to remain engaged in any voter training, which furthers self-advocates leadership and capacity to train others. Continued collaboration on legislative and public policy issues, including meeting and strategizing avenues to support each other's efforts, will also remain in place. The Council and FCIC will continue collaboration on the iBudget HCBS Waiver Waitlist. FCIC created a Waitlist campaign via website and social media. The Council built grassroots advocacy for educating legislators about the Waitlist issues, and while positive impacts have been achieved through the collaborative efforts, ongoing collaborative advocacy and educational efforts are anticipated. The Council and the Mailman Center previously collaborated on the Council-funded Project SALT training initiative, and it is possible that further collaboration will be needed during the life of the 2022-26 state plan. The nature of the goals selected for the 2022-26 state plan will require collaboration among not only the Florida DD Network partners, but also many other state agencies and organizations. Some Council initiatives being carried forward for completion in 2022 will require elements of interagency collaboration to support and monitor long-term sustainability. Such efforts will include collaboration among Florida Employment First partners; Florida's postsecondary initiative partners; housing and transportation stakeholders; and the workforce (i.e., direct support providers). Additionally, the Council hosts regular Developmental Disabilities (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 provide a valuable venue for sharing information, identifying commonalities in positions, developing consensus on many issues, and coordinating advocacy and educational 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 Florida's Support Coordinator Association. The Council convenes a Consortium meeting annually of a broader group of state agencies and organizations to share information on legislative priorities for the upcoming year and identifies opportunities for collaboration on critical issues. The Council partners with various entities on DD Awareness Day. Past partnerships have included the Arc of Florida, Disability Rights Florida, FCIC, the Agency for Persons with Disabilities, and the Florida Commission for the Transportation Disadvantaged. Other planned collaborators that were too extensive to be included in the annual work plans by goal are indicated below. Goal 2, Home and Community-Based Service Systems: Individuals with I/DD; Family members of individuals with I/DD, including at least one family member represented on the Florida Developmental Disabilities Council; Florida Department of Education; Florida Association of Rehabilitation Facilities; Arc of Florida; Florida Department of Children and Families, Substance Abuse and Mental Health; Florida Department of Children and Families, Child Welfare; Florida Department of Children and Families, Foster Care; Florida Department of Children and Families, Behavioral Health Managing Entities; Florida Agency for Healthcare Administration; Florida Department of Juvenile Justice; Florida Law Enforcement, First Responders, and other Receiving Agencies; Hospitals (public/private) or association representatives; Psychiatric hospitals/centers/receiving entities or their association representatives; and National Alliance on Mental Illness (NAMI) Florida. Goal 5, Broad Systems Change/Emerging Needs: Florida Department of Transportation; The Commission on Transportation Disadvantaged; Florida Department of Education, Bureau of Exceptional Student Education; Florida Department of Education, Division of Vocational Rehabilitation; Florida Department of Education, Division of Blind Services; Florida Department of Children and Families, Substance Abuse and Mental Health; Florida Agency for Healthcare Administration; Florida Department of Economic Opportunity; CareerSource Florida; Florida Alliance for Assistive Services and Technology, Inc.; Florida Association of Centers for Independent Living, Inc.; Family Network on Disabilities; Family Care Council of Florida; Florida Department of Education, Division of Career and Adult Education; Florida Department of Education, Division of Florida Colleges; Florida

Department of Education, State University System; Project 10: Transition Education Network; Project 10 State Secondary Transition Interagency Committee; Florida Diagnostic and Learning Resources System; University of Central Florida, Center for Students with Unique Abilities; Florida Centers for Autism and Related Disabilities; The Arc of Florida; Red Cross; Volunteer Florida; and Florida State Emergency Operations Center.

Identify the 5 year state plan goals, objectives, and outcomes.

Goal 1. ACCESS TO SERVICES

Description

Goal 1: Individuals with intellectual and developmental disabilities (I/DD) and their families will have knowledge of and increased access to community resources and services across the lifespan.

Expected Goal Outcome

Goal 1 Outcome Statement: By the end of the five-year state plan, a minimum of 150 individuals with intellectual and developmental disabilities and their families will use the "Access to Services through Knowledge" or ASK delivery system to access appropriate community resources and services across the lifespan to increase community participation and inclusion.

Objectives

Objective 1.

Objective 1.1: By September 30, 2026, an Access to Services through Knowledge (ASK) I/DD information and resource delivery system across the lifespan will be established through a collaborative with the Developmental Disabilities (DD) network partners and effectively utilized by a minimum of 150 family members state-wide.

Goal 2. HOME AND COMMUNITY-BASED DELIVERY SYSTEMS

Description

Goal 2: Individuals with intellectual and developmental disabilities (I/DD) will have increased access to personal support and behavioral services throughout Florida to provide the level of support and care required to maintain a safe quality of life.

Expected Goal Outcome

Outcome 2.1 - By the end of the five-year state plan, a minimum of 150 individuals with intellectual and developmental disabilities throughout Florida will have access and availability to appropriate personal support and behavioral services needed to maintain a safe quality of life in the most inclusive community settings and environments. Outcome 2.2 - By the end of the five-year state plan, a minimum of 50 individuals with significant behavioral challenges receive evidence-based services and remain in appropriate settings or move to less restrictive settings.

Objectives

<i>Objective 1.</i>	Objective 2.1: By September 30, 2026, a minimum of 150 individuals with I/DD will have increased access to, and availability of, personal support service providers and behavioral services across the lifespan that allow them to remain in their homes and communities.
<i>Objective 2.</i>	Objective 2.2: By September 30, 2026, the provision of quality services for individuals with I/DD who have significant behavioral issues will be improved in a minimum of one environment and/or setting where they are served.
<i>Objective 3.</i>	Objective 2.3: By September 30, 2026, effective practices for a minimum of 50 individuals with significant behavioral challenges will be in place to address the targeted disparity of individuals with a dual diagnosis (i.e., developmental disability and mental health) being placed in unnecessary and restrictive settings (i.e., hospitals, institutions, and inpatient programs).

Goal 3. AGING CAREGIVERS	
<p>Description</p> <p>Goal 3: Establish a sustainable interagency collaborative between the intellectual and developmental disabilities (I/DD) and aging networks, addressing the aging of both individuals and families that will increase their access to services and supports.</p>	
<p>Expected Goal Outcome</p> <p>Goal 3 Outcome Statement: By the end of the five-year state plan, working in collaboration with the intellectual and developmental disabilities (I/DD) and aging networks, the Council will increase seamless access to appropriate services and supports for a minimum of 50 individuals with I/DD and their aging caregivers resulting in increased community participation and inclusion.</p>	
Objectives	
<i>Objective 1.</i>	Objective 3.1: By September 30, 2026, a minimum of 50 individuals with I/DD and/or their families will report increased access to services or supports through research and planning, training, and systemic changes supported by an aging and I/DD network that operates as a seamless service delivery and support system.

Goal 4. SELF_ADVOCACY LEADERSHIP	
<p>Description</p> <p>Goal 4: The number of individuals with intellectual and developmental disabilities (I/DD) active in Florida's state self-advocacy organization, trained as leaders and providing leadership training, and engaged in leadership roles will be increased.</p>	
<p>Expected Goal Outcome</p> <p>Outcome 4.1 - By the end of the five-year state plan, working in collaboration with the Florida's state self-advocacy organization, the Council will increase the number of self-advocates in leadership roles that positively impact systems change resulting in improved self-determined ability to achieve full community participation and inclusion. Outcome 4.2 - By the end of the five-year state plan, working in collaboration with the Florida's state self-advocacy organization, the Council will increase the number of individuals with I/DD who participate in cross-disability and culturally diverse leadership coalitions.</p>	
Objectives	
<i>Objective 1.</i>	Objective 4.1: By September 30, 2026, the state self-advocacy organization will increase the number of leaders trained and providing leadership training by 80%.
<i>Objective 2.</i>	Objective 4.2: By September 30, 2026, a minimum of 200 dedicated policy leaders among individuals with I/DD and family members of individuals with I/DD will increase their knowledge and provide evidence of their impact within public advocacy, cross disability, and culturally diverse settings.

Goal 5. BROAD SYSTEMS CHANGE/EMERGING NEEDS
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<p>Description</p> <p>Goal 5: Community inclusion for individuals with intellectual and developmental disabilities (I/DD) will be increased by systemic changes at the state, regional, or local level.</p>	
<p>Expected Goal Outcome</p> <p>Outcome 5.1 - 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>Outcome 5.2 - By the end of the five-year state plan, one or more emerging issues or emergencies will have been addressed in a timely manner through Council activities.</p>	
<p>Objectives</p>	
Objective 1.	Objective 5.1: By September 30, 2026, one (1) or more emerging needs of individuals with I/DD will have been addressed through one (1) or more state, regional, or local level systemic change.
Objective 2.	Objective 5.2: By September 30, 2026, a minimum of five state, regional, or local level systemic changes will have been achieved that improve the lives of individuals with intellectual and developmental disabilities.

Self-Advocacy Goal(s)/Objectives	
<p>The Council's state plan addresses the self-advocacy requirements through Goal 4, Objective 4.1, and Objective 4.2. Goal 4: The number of individuals with intellectual and developmental disabilities (I/DD) active in Florida's state self-advocacy organization, trained as leaders and providing leadership training, and engaged in leadership roles will be increased. Objective 4.1: By September 30, 2026, the state self-advocacy organization will increase the number of leaders trained and providing leadership training by 80%. Objective 4.2: By September 30, 2026, a minimum of 200 dedicated policy leaders among individuals with I/DD and family members of individuals with I/DD will increase their knowledge and provide evidence of their impact within public advocacy, cross disability, and culturally diverse settings. The Council will support the state self-advocacy organization, Florida SAND, annually throughout this 5-Year State Plan. Annual activities include strengthening evaluation to accurately identify membership, leadership training provided to leaders, training provided by self-advocate leaders to other self-advocates, and participation in cross-disability and culturally diverse leadership coalitions; assisting self-advocate leaders in developing and delivering training to other self-advocates; and training and mentoring self-advocate leaders to manage the state self-advocacy organization, Florida SAND. The Council will support Partners in Policymaking (PIP) annually throughout this state plan to educate self-advocates and family members on self-determination, disability systems, and influencing policy. PIP has produced great results over time with self-advocate and family member alumni developing leadership skills to impact systems change efforts and attain membership on cross-disability and culturally diverse leadership coalitions. Additionally, a new curriculum strand based upon the Council's Project SALT leadership curriculum will be developed in the second year of the state plan, piloted, and implemented thereafter to enhance the program and foster participation of individuals with more significant disabilities.</p>	

Targeted Disparity	
<p>Objective 2.3 within Goal 2 of the Council's state plan addresses targeted disparity. Objective 2.3: By September 30, 2026, effective practices for a minimum of 50 individuals with significant behavioral challenges will be in place to address the targeted disparity of individuals with a dual diagnosis (i.e., developmental disability and mental health) being placed in unnecessary and restrictive settings (i.e., hospitals, institutions, and inpatient programs). Several activities associated with Objectives 2.1 and 2.2 also peripherally support the targeted disparity objective. Objective 2.1: By September 30, 2026, a minimum of 150 individuals with I/DD will have increased access to, and availability of, personal support service providers and behavioral services across the lifespan that allow them to remain in their homes and communities. Objective 2.2: By September 30, 2026, the provision of quality services for individuals with I/DD who have significant behavioral issues will be improved in a minimum of one environment and/or setting where they are served. Through the Comprehensive Review and Analysis, the population of individuals with both a developmental disability and a mental health diagnosis (i.e., dual diagnosis) were found to have a significant disparity in the rate of involuntary commitments. Rates of Baker Acts, Florida's law for involuntary crisis commitment for persons with I/DD, is highest among persons who receive Behavior Scores 5 and 6 on the Questionnaire for Situational Information (QSI). In calendar years 2015 - 2020, there were 66,781 APD consumers. Of those consumers, 22,227 had Behavior Scores 5 or 6 and 44,554 had Behavior Scores of 4 and below. In total, 2,870 APD consumers were involuntary committed for observation. Even though persons with I/DD with Behavior Scores of 5 and 6 only represent 33% of APD consumers, they represent 80.55% of Baker Acts (Agency for Persons with Disabilities (n.d.), APD Report, 2015-20). In other words, persons with I/DD who receive high Behavior Scores on the QSI need additional services related to maladaptive behaviors. The APD does not serve all Florida residents with I/DD. It is estimated that there are approximately 336,529 people living with I/DD in Florida, indicating the number of persons with I/DD who were Baker Acted from 2015 - 2020 could be much higher (APD (n.d.), APD Report, 2015-20). Additional concerns emerged from focus groups and the Florida Department of Education, Bureau of Exceptional Student Education. Concerns for persons with I/DD and a dual diagnosis were discussed by two focus groups: Partners in Policymaking and the aging caregivers focus group. According to focus group participants, persons with I/DD and maladaptive behaviors or co-occurring mental illness (i.e., dual diagnosis), may exhibit disruptive behaviors that may be misunderstood by law enforcement leading to restraint and seclusion or placement in restrictive settings. Similarly, data from the Florida Department of Education, Bureau of Exceptional Student Education, reflect higher numbers for restraint and seclusion among students with behavioral issues. Furthermore, focus group participants discussed the need for additional services for this I/DD population expressing concerns that managing significant behavioral challenges requires many services and supports throughout the lifespan. This issue reached the level of significance within the past state plan so that the Council has already initiated a study in this area. Based on the findings, the Council identified individuals with a dual diagnosis (i.e., developmental disability and mental health) as the subpopulation of individuals with developmental disabilities with a disparity in access to effective practices (e.g., evidence-based practices and services such as Positive Behavior Supports) to address significant behavioral challenges that could avert placement in restrictive and non-inclusive environments (i.e., hospitals, institutions, and inpatient programs). Key activities will include investigating the issues, developing a plan of recommendations to improve service delivery, and implementing effective practices. Training will also be developed for first responders and medical personnel in dual diagnosis to include identification of dual diagnosis, communication strategies, de-escalation strategies, and safe physical management considering physical limitations. Additionally, the Council has carried forward work to be completed on the targeted disparity objective and associated activities from the 2017-2021 5-Year State Plan. (See Objective 5.2, Activity 5.2.4, within Goal 5, Broad Systems Change/Emerging Issues.)</p>	

DD Network Collaboration	
<p>Objective 1.1 within Goal 1 of the Council's state plan addresses DD Network Collaboration. Objective 1.1: By September 30, 2026, an Access to Services through Knowledge (ASK) I/DD information and resource delivery system across the lifespan will be established through a collaborative with the Developmental Disabilities (DD) network partners and effectively utilized by a minimum of 150 family members state-wide. The Council's objective to develop a comprehensive Access to Services through Knowledge (ASK) I/DD information and resource delivery system across the lifespan will be a monumental task. A steering committee comprised of the Council, the Mailman Center at the University of Miami, the Florida Center for Inclusive Communities at the University of South Florida, and Disability Rights Florida will be formed in Year 1 and will be continued annually throughout the 5-Year State Plan. The steering committee will meet formally at least four times per year. All DD Network partners will assist with guiding the development and implementation of the system and contributing and reviewing content as appropriate. Additional information on DD Network Collaboration can be found in the Comprehensive Review and Analysis, Section III, Part D, Collaboration.</p>	

Evaluation Plan [Section 125(c)(3) and (7)]:	
<p>The Florida Developmental Disabilities Council (FDDC) will utilize multiple methods of formative and summative evaluation to measure the success of our 5-year state plan. Formative evaluation will examine the ongoing process implementation and progress achieved. Summative evaluation will measure the outcomes and impact of the 5-year state plan on individuals with intellectual and developmental disabilities, their family members, community members, State agencies and organizations, policies, procedures, and systems. In a state as diverse as Florida, evaluation must be culturally and linguistically sensitive, so care will be given to utilize culturally competent and accessible materials throughout the evaluation. It is important to note that individuals with intellectual and developmental disabilities and their family members will provide much of the formative and summative evaluation data and will play leadership roles in determining the extent to which goals and objectives have been satisfactorily achieved. For example, self-advocates and family members will evaluate the acceptability and impact of various communication products produced during the 5-year duration of the plan. Formative evaluation of processes and progress will be used to: (1) determine the extent to which state plan goals, objectives, and activities were achieved; (2) describe implementation strategies that contributed to meeting the goals, objectives, and activities; and, (3) describe barriers that may have impeded progress. Methods used to evaluate processes and progress will include periodic reviews of reports, documents, products, meeting agendas and minutes, analysis of training rosters, pre- and post-training knowledge tests, surveys, interviews, validation studies and other techniques that will allow evaluators to make formative decisions and adjust processes as indicated by progress data. In other words, data collected during formative process and progress evaluations will be used to inform individuals with intellectual and developmental disabilities, their family members, Council members, FDDC staff, funding agencies, project partners, and other key state plan stakeholders about the extent of progress made, what strategies worked, or if adjustments will be needed to the 5-year state plan. All projects funded by the Council include the state plan goals, objectives, activities, evaluation methods, and performance measures for the specific project, and work is evaluated quarterly and annually on progress made toward achieving the Council's desired outcomes. New evaluation strategies have been added to this state plan for the self-advocacy initiatives that will include strong provisions for establishing baseline data early in 2022; provisions for annual follow-up on improvements over baseline; and methods to provide more accurate data on leadership opportunities and engagement (e.g., self-</p>	

advocates trained and training other self-advocates), participation in cross-disability and culturally diverse leadership coalitions, and strengthened ownership of the State self-advocacy organization. Additionally, an evaluation consultant will work closely with the Council's self-advocacy projects throughout this state plan. Updates will be reviewed at regularly scheduled Council meetings for staff led state plan activities as well as activities conducted by project partners (i.e., contracted providers or consultants). The Council will assess the overall progress toward the accomplishment of the 5-year state plan, including updates to the Comprehensive Review and Analysis (CRA); determine the status of each goal, objective, and associated activities as achieved, in progress, or not achieved; and make recommendations about modification to the Council's initiatives and state plan in response to findings and emerging trends and needs. The Council findings and decisions will be incorporated into meeting minutes, funded project's contracts or consulting agreements, and state plan updates or amendments as warranted. In this way, ongoing formative evaluation will be used to continuously improve processes and outcomes, as well as to identify emerging trends and needs that impact the community inclusion of people with intellectual and developmental disabilities and progress in meeting the state plan goals' intended outcomes. The summative evaluation involves the collection of data that measure intended outcomes and impact of the 5-year state plan on people and systems. Summative evaluation methods will involve collection and analysis of a variety of data. Data will be collected and analyzed from existing State databases (e.g., Baker Act data), and by project partners (i.e., contracted providers or consultants) using surveys, interviews, and focus groups. In addition, some outcomes will be evaluated by examining baseline intervention changes measured by reliable and valid assessment instruments such as the ARC Self-Determination Survey-Adult Version. Evaluation methods will be adapted as needed to accommodate the diverse needs of participants, assuring accessibility and culturally and linguistically competent methods (e.g., Spanish translation, Easy Read). Project partners (i.e., contracted providers or consultants) who collect outcome and impact data will be trained to use data collection procedures and evaluation methods. Ongoing support for data collection and analysis will be provided by FDDC staff and other qualified project partners (e.g., evaluation subcontractors or consultants). As noted in the formative evaluation, individuals with intellectual and developmental disabilities and their family members will provide much of the summative evaluation data and will play leadership roles in determining the social validity of outcomes and impact achieved. If these individuals indicate that an outcome has not made significant improvements in their lives or changed systems to make them more responsive to their needs, the information will be used to adjust strategies, identify emerging trends, and identify systemic barriers that need to be addressed. In this way, summative evaluation data will be used to improve the quality of life for people with intellectual and developmental disabilities. This continuous feedback from the Council as well as their ongoing data collection and analysis will provide a robust review and identification process for emerging trends and needs as a mean for updating the 5-year state plan, including the CRA. The Florida Developmental Disabilities Council will review the 5-year state plan during their tri-annual meetings. The feedback of the Council as well as additional data provided by individuals with intellectual and developmental disabilities and their family members will be incorporated into updates or amendments to the 5-year state plan as needed. The logic model informed the design of the evaluation of the 5-year state plan. It shows human and financial resources as well as partnerships with local, state, and federal agencies and organizations that support the activities and evaluation of the 5-year state plan. It is important to note that the input of individuals with intellectual and developmental disabilities, their family members, and advocates are key inputs and resources in the model. Activities and strategies in the logic model are methods and action steps necessary to produce the intended results of the 5-year state plan. These include, but are not limited to, coordination, collaboration, training, research, and technical assistance across a variety of individuals, agencies, and organizations on goals and objectives targeted in the 5-year state plan. Identification and elimination of systemic barriers to community inclusion are other activities that will be undertaken during the 5-year

state plan. The outputs column of the logic model lists the products and services that will result from implementation of the 5-year state plan. Specific outputs such as numbers of individuals trained, studies conducted, reports produced, networks established, and enhanced system collaboration are listed. Short-term outcomes list initial changes in individuals, the community, or organizational conditions that occur over the first one to 3 years of state-plan implementation. The outcomes listed here will be used to evaluate interim progress toward achieving long-term outcomes and the ultimate impact of the 5-year state plan on individuals, family members, stakeholders, and the community. In the long-term outcomes column, the intended ultimate outcomes and achievements of the 5-year state plan are listed. Finally, the logic model describes the desired impact on individuals, services, policies, and systems intended by the 5-year state plan.

Logic Model	2022-2026.Logic Model Composite for State Plan.9.28.21.sgs.pdf
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SECTION IV: PROJECTED COUNCIL BUDGET

Goal	Subtitle B \$	Other(s) \$	Total
ACCESS TO SERVICES	\$707472	\$235822	\$943294
HOME AND COMMUNITY-BASED DELIVERY SYSTEMS	\$1030016	\$343339	\$1373355
AGING CAREGIVERS	\$200429	\$66813	\$267242
SELF-ADVOCACY LEADERSHIP	\$502136	\$167379	\$669515
BROAD SYSTEMS CHANGE/EMERGING NEEDS	\$1038814	\$346272	\$1385086
General management (Personnel, Budget, Finance, Reporting)	\$728610	\$242870	\$971480
Functions of the DSA	\$0	\$0	\$0
Total	\$4207477	\$1402495	\$5609972

SECTION V: ASSURANCES

Written and Signed Assurances	Written and signed assurances are on file at the Council and will be made available to the Office on Intellectual and Developmental Disabilities, Administration for Community Living, United States Department of Health and Human Services upon request, regarding compliance with all requirements specified in Section 124 (C)(5)(A) (N) in the Developmental Disabilities Assurance and Bill of Rights Act. (true)
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Approving Officials for Assurances	For the Council (Chairperson) (1)
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Designated State Agency	A copy of the State Plan has been provided to the DSA (true)
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SECTION VI: PUBLIC INPUT AND REVIEW

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.	
<p>FDDC deployed an electronic survey to solicit and document public input on the proposed 5-Year State Plan slated to commence on October 1, 2021 and run through September 30, 2026. Included in the 15-item survey of five demographic items and 10 questions were descriptions of the plan's goals, objectives, and key activities for each of five priority areas. Using the Qualtrics platform, the electronic survey was distributed, data collected and analyzed, and reports generated. The electronic survey was available in four versions: English, English Easy Read, Spanish, and Spanish Easy Read. All versions were accessible on computer, tablets, cellular phones and with assistive devices. FDDC promoted the survey and distributed the link through a variety of means including social media, listservs, email distribution lists, web site postings, and collaborative partner networks. The electronic survey was available from March 15 through April 5, 2021. To be eligible to take the survey, participants must have been Florida residents and 18 years of age or older. At the conclusion of the 45-day public comment period, 141 completed surveys were analyzed. A summary of responses to the Council's proposed goals, objectives, and key activities is provided below. Agreement with Goal 1, Objective 1.1., and associated activities planned for State Plan Priority #1, Access to Service, was rated favorable by 99.3% of the respondents with 82.3% rating strongly agree and 17% rating agree. Agreement with Goal 2, Objectives 2.1., 2.2., and 2.3., and associated activities planned for State Plan Priority #2, Home and Community-Based Delivery Systems, was rated favorable by 99.3% of the respondents with 86.5% rating strongly agree and 12.8% rating agree. Agreement with Goal 3, Objective 3.1., and associated activities planned for State Plan Priority #3, Aging Caregivers, was rated favorable by 97.9% of the respondents with 80.1% rating strongly agree and 17.8% rating agree. Agreement with Goal 4, Objectives 4.1., 4.2., and associated activities planned for State Plan Priority #4, Self-Advocacy Leadership, was rated favorable by 97.9% of the respondents with 65.3% rating strongly agree and 32.6% rating agree. Agreement with Goal 5, Objectives 5.1., 5.2., and associated activities planned for State Plan Priority #5, Broad Systems Change/Emerging Issues, was rated favorable by 93.6% of the respondents with 70.2% rating strongly agree and 23.4% rating agree.</p>	
Describe the revisions made to the Plan to take into account and respond to significant comments.	
<p>The proposed 5-year state plan goals, objectives, and activities received strong support from the survey respondents. The analysis was presented to the full Council at the May 2021 meeting, and based on review of the public comments received, a determination was made that no further changes were warranted. The 5-year state plan goals, objectives, and activities were then adopted at the Council's May 2021 meeting.</p>	

ANNUAL WORK PLANNING

Fiscal Year 2022 Planning

Goal 1: ACCESS TO SERVICES

Quality Assurance	true
Education and Early Intervention	true
Child Care	true
Health	true
Employment	true
Housing	true
Transportation	true
Recreation	true
Community Supports	true
Outreach	true
Training	true
Technical Assistance	false
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	true
System Design	true
Coalition Development	true
Informing Policymakers	false
Demonstration	false
Other Activities	false
Advocacy	false
System Change	true
Self Advocacy	false
Targeted Disparity	false
Collaboration	true
Rights	false
Capacity Building	false
State Protection	true
University Centers	true
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	Family Care Council of Florida
Other 2	false
Other 3	false

Objectives

Objective 1.1:	Objective 1.1: By September 30, 2026, an Access to Services through
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	Knowledge (ASK) I/DD information and resource delivery system across the lifespan will be established through a collaborative with the Developmental Disabilities (DD) network partners and effectively utilized by a minimum of 150 family members state-wide.
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Performance Measures

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	0
SC 1.5	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

Key Activities

Key Activity 1.1.1:	1.1.1: Establish a steering committee comprised of the Council, the Mailman Center at the University of Miami, the Florida Center for Inclusive Communities at the University of South Florida, and Disability Rights Florida who will contribute to all facets of the ASK project.
Key Activity 1.1.2:	1.1.2: Plan and conduct an Access to Services through Knowledge (ASK) state-wide research project designed to identify key community resources along the lifespan.
Key Activity 1.1.3:	1.1.3: Develop and implement advocacy and communication efforts in conjunction with Florida's family members and other key stakeholders to address systems change efforts that improve outcomes for individuals with I/DD.

Expected Outputs

Expected Output 1.1.1:	1.1.1.1. A list of DD Network steering committee members will be
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	available.
Expected Output 1.1.2:	1.1.1.2. Four ASK steering committee meetings will be held.
Expected Output 1.1.3:	1.1.1.3. Minutes or reports from the ASK Steering Committee meetings that convey collaborative input and assistance from the DD Network with all facets of developing the ASK system will be evident.
Expected Output 1.1.4:	1.1.2.1. A draft report from the 15 focus groups and/or structured interviews held will be available.
Expected Output 1.1.5:	1.1.2.2. Descriptions of community resources identified from each of the 15 areas will be available for use in developing content for an online repository.
Expected Output 1.1.6:	1.1.2.3. A report on existing web-based platforms used to access resources and evaluation of the useability of these platforms or need to develop a new platform that would result in a user-friendly platform for families will be available.
Expected Output 1.1.7:	1.1.3.1. Documentation of support provided to family members or other key stakeholders to participate in any related advocacy efforts regarding Access to Services will be available.
Expected Output 1.1.8:	1.1.3.2. Easy Read and Spanish Translation materials developed and disseminated, if applicable, will be available.
Expected Output 1.1.9:	1.1.3.3. Relevant communication materials developed and disseminated, if applicable, will be available.

Expected Sub-Outcomes

Expected Sub-Outcome 1.1.1:	1.1.1. Collaborative input and assistance from the DD Network with all facets of developing the ASK system will be achieved..
Expected Sub-Outcome 1.1.2:	1.1.2. Content for online repository of community resources will be available; Key elements of the ASK system platform will be identified.
Expected Sub-Outcome 1.1.3:	1.1.3. Accessible and culturally competent materials will be available; Materials will be reviewed by family members and other advocacy stakeholders for appropriateness and ease of use.

Data Evaluations

Data Evaluation 1.1.1:	Objective 1.1. Training rosters; Number of family members served by region/location; Individual and family member surveys/interviews.
Data Evaluation 1.1.2:	1.1.1. Agendas and minutes, including a summary of discussions and meeting outcomes, from at least four steering committee meetings.
Data Evaluation 1.1.3:	1.1.2. Focus groups and/or structured interview protocols and summaries; Research reports that verify community resources are identified in each of the 15 areas; Descriptions of community resources identified, Elements of existing and new web-based platforms available for review.
Data Evaluation 1.1.4:	1.1.3. Review of data on ease of use by relevant stakeholders during product development.

Goal 2: HOME AND COMMUNITY-BASED DELIVERY SYSTEMS

Quality Assurance	true
Education and Early Intervention	false
Child Care	false
Health	false
Employment	false
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	false
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	true
System Design	true
Coalition Development	false
Informing Policymakers	true
Demonstration	false
Other Activities	false
Advocacy	false
System Change	true
Self Advocacy	false
Targeted Disparity	true
Collaboration	false
Rights	false
Capacity Building	true
State Protection	true
University Centers	true
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	See Collaboration section.
Other 2	false
Other 3	false

Objectives

Objective 2.1:	Objective 2.1: By September 30, 2026, a minimum of 150 individuals with I/DD will have increased access to, and availability of, personal support service providers and behavioral services across the lifespan
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	that allow them to remain in their homes and communities.
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Performance Measures

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	0
SC 1.3.2	2
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	0
SC 1.5	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

Key Activities

Key Activity 2.1.1:	2.1.1.: Establish and fully implement a best practice, quality case management system for individuals with I/DD.
Key Activity 2.1.2:	2.1.2: Establish and implement a system that allows individuals with I/DD and families to access services via a provider pool that includes individuals certified to provide personal care, companion, and/ or respite services in the State's billable categories.
Key Activity 2.1.3:	2.1.3: Develop and implement advocacy and communication efforts in conjunction with Florida's self-advocates, family members, and other key stakeholders to address systems change efforts that improve outcomes for individuals with I/DD.

Expected Outputs

Expected Output 2.1.1:	2.1.1.1. A list of stakeholder workgroup members will be available.
Expected Output 2.1.2:	2.1.1.2. Minutes or reports from the stakeholder workgroup meetings that convey input into development of the case management competency tool will be available.
Expected Output 2.1.3:	2.1.1.3. Documentation that research has been initiated to identify

	and/or develop the case management competency tool will be available.
Expected Output 2.1.4:	2.1.2.1. A list of best practices among provisions of access to personal care, companion, and respite services that work in private and public sectors will be available.
Expected Output 2.1.5:	2.1.2.2. Documentation that research has been initiated to identify and build pool registries for Medicaid approved and non-Medicaid certified individuals for building a direct service personnel registry for delivery of services aligned with the 15 Family Care Council areas will be available.
Expected Output 2.1.6:	2.1.3.1. Documentation of support provided to family members or other key stakeholders to participate in any related advocacy efforts regarding Home and Community-Based Delivery Systems will be available.
Expected Output 2.1.7:	2.1.3.2. Easy Read and Spanish Translation materials developed and disseminated, if applicable, will be available.
Expected Output 2.1.8:	2.1.3.3. Relevant communication materials developed and disseminated, if applicable, will be available.

Expected Sub-Outputs

Expected Sub-Outcome 2.1.1:	2.1.1. Documentation that research has been initiated to identify and/or develop the case management competency tool is available; Best practices among provisions of access to services are identified.
Expected Sub-Outcome 2.1.2:	2.1.2. Development of a pool of personal care, companions, and respite providers in each of the 15 Family Care Council areas is underway.
Expected Sub-Outcome 2.1.3:	2.1.3. Family members and other advocacy stakeholders express satisfaction and ease of use for any accessible and culturally competent materials developed and/or disseminated.

Data Evaluations

Data Evaluation 2.1.1:	2.1.1. Agendas and minutes, including a summary of discussions and meeting outcomes, from the stakeholder workgroup meetings will be reviewed; Reports documenting progress on development of the competency tool will be reviewed.
Data Evaluation 2.1.2:	2.1.2. Best practices identified will be reviewed; Assessment of progress toward establishing pool registries will be conducted.
Data Evaluation 2.1.3:	2.1.3. Individual and family member satisfaction and ease of use surveys; Analysis of results.

Objective 2.2:	Objective 2.2: By September 30, 2026, the provision of quality services for individuals with I/DD who have significant behavioral issues will be improved in a minimum of one environment and/or setting where they are served.
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Performance Measures

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	0
SC 1.3.2	2
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	0
SC 1.5	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

Key Activities

Key Activity 2.2.1:	2.2.1: Conduct research and develop quality measures that lead to the provision of services in all environments and/or settings where individuals with I/DD are served.
Key Activity 2.2.2:	2.2.2: Establish a collaborative task force between one or more universities and applied behavior analysis (ABA) therapists, the Florida Association for Applied Behavior Analysts, and the Agency on Health Care Administration to identify and address unmet needs and ensure quality services through improved access to ABA therapists in all Florida counties.
Key Activity 2.2.3:	2.2.3: Develop and implement advocacy and communication efforts in conjunction with Florida's self-advocates, family members, and other key stakeholders to address systems change efforts that improve outcomes for individuals with I/DD.

Expected Outputs

Expected Output 2.2.1:	2.2.1.1. Documentation of research study status will be available.
Expected Output 2.2.2:	2.2.1.2. A list of stakeholder workgroup members will be available.
Expected Output 2.2.3:	2.2.1.3. Minutes or reports from the stakeholder workgroup meetings that convey input on development of the quality measures tool will be

	available.
Expected Output 2.2.4:	2.2.2.1. A list of collaborative task force members will be available.
Expected Output 2.2.5:	2.2.2.2. Minutes or reports from the collaborative task force meetings will be available.
Expected Output 2.2.6:	2.2.2.3. Documentation that research has been initiated to investigate legislative rules, policy briefs, and certification requirements for the practice of behavior analysis and to identify at what level of practitioner the shortages of personnel are occurring, the barriers to the supply, and ways to increase the number of available personnel (e.g., increase training sites, reimbursement rates) will be available.
Expected Output 2.2.7:	2.2.3.1. Documentation of support provided to family members or other key stakeholders to participate in any related advocacy efforts regarding Home and Community-Based Delivery Systems will be available.
Expected Output 2.2.8:	2.2.3.2. Easy Read and Spanish Translation materials developed and disseminated, if applicable, will be available.
Expected Output 2.2.9:	2.2.3.3. Relevant communication materials developed and disseminated, if applicable, will be available.

Expected Sub-Outputs

Expected Sub-Outcome 2.2.1:	2.2.1. A quality measures tool is under development.
Expected Sub-Outcome 2.2.2:	2.2.2. Research has been initiated to begin plans for increasing access to behavioral analysts state-wide.
Expected Sub-Outcome 2.2.3:	2.2.3. Family members and other advocacy stakeholders express satisfaction and ease of use for any accessible and culturally competent materials developed and/or disseminated.

Data Evaluations

Data Evaluation 2.2.1:	2.2.1. Agendas and minutes, including a summary of discussions and meeting outcomes, from the stakeholder workgroup meetings; Assessment of work to date in developing the quality measures tool.
Data Evaluation 2.2.2:	2.2.2. Agendas and minutes from collaborative task force meetings; Study results to date.
Data Evaluation 2.2.3:	2.2.3. Individual and family member satisfaction and ease of use surveys; Analysis of results.

Objective 2.3:	Objective 2.3: By September 30, 2026, effective practices for a minimum of 50 individuals with significant behavioral challenges will be in place to address the targeted disparity of individuals with a dual diagnosis (i.e., developmental disability and mental health) being placed in unnecessary and restrictive settings (i.e., hospitals, institutions, and inpatient programs).
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Performance Measures

IA 1.1	0
IA 1.2	0

IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	0
SC 1.5	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

Key Activities

Key Activity 2.3.1:	2.3.1: Investigate the dual diagnosis issue as an unmet need to prevent unnecessary interventions, ensuring that an agency and stakeholder collaborative group provides oversight and convenes to plan implementation of recommendations to improve service delivery for individuals with intellectual and developmental disabilities (I/DD) and mental health (MH) diagnoses and/or in crisis.
Key Activity 2.3.2:	2.3.1. Develop and implement advocacy and communication efforts in conjunction with Florida's self-advocates, family members, and other key stakeholders to address systems change efforts that improve outcomes for individuals with I/DD.

Expected Outputs

Expected Output 2.3.1:	2.3.1.1. Agency and stakeholder group will be organized.
Expected Output 2.3.2:	2.3.1.2. Documentation of agency and stakeholder group input and recommendations will be reviewed.
Expected Output 2.3.3:	2.3.1.3. Research study that identifies existing systems and community-based crisis management strategies will be completed and submitted.
Expected Output 2.3.4:	2.3.1.4. Strategic plan for wide scale implementation will be available.
Expected Output 2.3.5:	2.3.2.1. Documentation of support provided to family members or other key stakeholders to participate in any related advocacy efforts regarding Home and Community-Based Delivery Systems will be

	available.
Expected Output 2.3.6:	2.3.2.2. Easy Read and Spanish Translation materials developed and disseminated, if applicable, will be available.
Expected Output 2.3.7:	2.3.2.3. Relevant communication materials developed and disseminated, if applicable, will be available.

Expected Sub-Outputs

Expected Sub-Outcome 2.3.1:	2.3.1. Community-based crisis management strategies that avert unnecessary interventions will be identified and recommended for state-wide implementation.
Expected Sub-Outcome 2.3.2:	2.3.2. Family members and other advocacy stakeholders express satisfaction and ease of use for any accessible and culturally competent materials developed and/or disseminated.

Data Evaluations

Data Evaluation 2.3.1:	2.3.1. Surveys and/or structured interviews will be conducted with agency and stakeholder collaborative group members to assess the level of satisfaction with group meetings and processes; The Research Study will be reviewed to determine that all identified areas were included and that the Research Design and data collection methods were properly utilized; The Strategic Plan will be reviewed to determine the number and type of strategies identified to promote interagency collaboration and coordination of access to services.
Data Evaluation 2.3.2:	2.3.2. Individual and family member satisfaction and ease of use surveys; Analysis of results.

Goal 3: AGING CAREGIVERS

Quality Assurance	true
Education and Early Intervention	false
Child Care	false
Health	true
Employment	false
Housing	true
Transportation	true
Recreation	true
Community Supports	true
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	true

System Design	true
Coalition Development	true
Informing Policymakers	true
Demonstration	false
Other Activities	false
Advocacy	false
System Change	true
Self Advocacy	false
Targeted Disparity	false
Collaboration	false
Rights	false
Capacity Building	true
State Protection	true
University Centers	true
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	Agency for Health Care Administration
Other 2	true
Other 2 Specify	Florida Department of Elder Affairs
Other 3	true
Other 3 Specify	Family Care Councils of Florida

Objectives

Objective 3.1:	Objective 3.1: By September 30, 2026, a minimum of 50 individuals with I/DD and/or their families will report increased access to services or supports through research and planning, training, and systemic changes supported by an aging and I/DD network that operates as a seamless service delivery and support system.
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Performance Measures

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1

SC 1.3.3	0
SC 1.3.4	0
SC 1.4	0
SC 1.5	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

Key Activities

Key Activity 3.1.1:	3.1.1.: Convene and facilitate key stakeholder groups to include a state level coalition, collaborative team, and grassroots level group for Florida's Aging Caregivers Initiative who will work toward systemic changes to improve services and supports provided by both networks.
Key Activity 3.1.2:	3.1.2: Conduct a study at the state and national levels to identify promising practices in providing services and supports to individuals with I/DD and their families throughout the aging process.
Key Activity 3.1.3:	3.1.3: Develop and deliver cross network collaborative training to minimally include agency and organization staff, providers, individuals with I/DD, parents, siblings, caregivers, and grandparents serving as primary caregivers.
Key Activity 3.1.4:	3.1.4: Develop and implement advocacy and communication efforts in conjunction with Florida's self-advocates, family members, and other key stakeholders to address systems change efforts that improve outcomes for individuals with I/DD.

Expected Outputs

Expected Output 3.1.1:	3.1.1.1. A list of key stakeholder membership from the state level coalition, collaborative team, and grassroots level group for Florida's Aging Caregivers Initiative will be available.
Expected Output 3.1.2:	3.1.1.2. A minimum of one state level coalition meetings will be held.
Expected Output 3.1.3:	3.1.1.3. A minimum of six collaborative team meetings will be held.
Expected Output 3.1.4:	3.1.1.4. Up to four grassroots group forums will be held.
Expected Output 3.1.5:	3.1.2.1. A Strategic Implementation Plan for Florida developed from the State and National Findings Report, Aging Caregivers Roadmap Report, and a collaboratively established framework will be available.
Expected Output 3.1.6:	3.1.3.1. Any cross network collaborative training developed will be available.
Expected Output 3.1.7:	3.1.3.2. The number and identification of any cross network collaborative training sessions held will be available.
Expected Output 3.1.8:	3.1.4.1. Documentation of support provided to family members or other key stakeholders to participate in any related advocacy efforts regarding Aging Caregivers will be available.
Expected Output 3.1.9:	3.1.4.2. Easy Read and Spanish Translation materials developed and

	disseminated, if applicable, will be available.
Expected Output 3.1.10:	3.1.4.3. Relevant communication materials developed and disseminated, if applicable, will be available.

Expected Sub-Outputs

Expected Sub-Outcome 3.1.1:	3.1.1 and 3.1.2. Collaborative stakeholders are satisfied that the Strategic Implementation Plan and collaborative framework will provide a basis for achieving next steps working toward an executive order, interagency cooperative agreement, and/or legislation; Improved knowledge among aging and I/DD Network evident.
Expected Sub-Outcome 3.1.2:	3.1.3. Cross network training participants increase their knowledge of appropriate services and supports.
Expected Sub-Outcome 3.1.3:	3.1.4. Accessible and culturally competent materials available; Materials reviewed by self-advocates, family members and other advocacy stakeholders for appropriateness and ease of use.

Data Evaluations

Data Evaluation 3.1.1:	Objective 3.1. Individual and family member surveys/interviews; Review of existing agency data, if available.
Data Evaluation 3.1.2:	3.1.1. Agendas and minutes, including a summary of discussions and meeting outcomes, from a minimum of one coalition meeting, six collaborative team meetings, and grassroots group forums.
Data Evaluation 3.1.3:	3.1.2. Review and approval of the Strategic Implementation Plan and collaborative framework by all stakeholder groups.
Data Evaluation 3.1.4:	3.1.3. Training rosters examining caregiver roles and agency affiliations; Pre- post-training knowledge surveys; Analysis of training rosters and pre- post-training survey data.
Data Evaluation 3.1.5:	3.1.4. Review of data on ease of use by relevant stakeholders during product development.

Goal 4: SELF-ADVOCACY LEADERSHIP

Quality Assurance	true
Education and Early Intervention	false
Child Care	false
Health	false
Employment	false
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	true

Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	false
System Design	false
Coalition Development	true
Informing Policymakers	true
Demonstration	false
Other Activities	false
Advocacy	true
System Change	false
Self Advocacy	true
Targeted Disparity	false
Collaboration	false
Rights	false
Capacity Building	true
State Protection	true
University Centers	true
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	Family Care Council of Florida
Other 2	false
Other 3	false

Objectives

Objective 4.1:	Objective 4.1: By September 30, 2026, the state self-advocacy organization will increase the number of leaders trained and providing leadership training by 80%.
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Performance Measures

IA 1.1	50
IA 1.2	0
IA 2.1	40%
IA 2.2	0%
IA 2.3	40%
IA 2.4	40%
IA 2.5	20%
IA 3.1	45%
IA 3.2	0%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	0
SC 1.3.2	0

SC 1.3.3	0
SC 1.3.4	0
SC 1.4	0
SC 1.5	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

Key Activities

Key Activity 4.1.1:	4.1.1: Establish baseline data on the state self-advocacy organization.
Key Activity 4.1.2:	4.1.2: Utilize the Fellows Program model to train new Fellows to assume leadership skills in developing and delivering training to other self-advocates.
Key Activity 4.1.3:	4.1.3: Conduct regional and/or state-wide training activities for other self-advocates.
Key Activity 4.1.4:	4.1.4: Develop an annual, end-of-year state self-advocacy organization report.
Key Activity 4.1.5:	4.1.5: Manage the state-wide self-advocacy organization.

Expected Outputs

Expected Output 4.1.1:	4.1.1.1. A detailed report on baseline data that provides discrete and aggregate data.
Expected Output 4.1.2:	4.1.2.1. Agendas, training materials, training rosters, quarterly reports, and a final report on all efforts to train new Fellows to assume leadership skills in developing and delivering training to other self-advocates, including, but not limited to, Breaking Barriers Academy Training and integration of the Route to Self-Determination training into the Fellows Program to establish a cadre of trained trainers.
Expected Output 4.1.3:	4.1.3.1. Agendas, training materials, training rosters, quarterly reports, and a final report on any regional and/or state-wide training activities for other self-advocates conducted by Fellows.
Expected Output 4.1.4:	4.1.4.1. An annual, end-of-year state self-advocacy organization report.
Expected Output 4.1.5:	4.1.5.1. An outreach plan for Fellows training and networking opportunities.
Expected Output 4.1.6:	4.1.5.2. Quarterly reports and a final report on all components related to the Fellows' management of the state-wide self-advocacy organization.

Expected Sub-Outputs

Expected Sub-Outcome 4.1.1:	4.1.2 and 4.1.3. Four new leaders are trained annually and provide leadership training.
Expected Sub-Outcome 4.1.2:	4.1.1 and 4.1.4. End-of-year data shows increases above baseline in

	multiple facets of self-determination and self-advocacy requirements.
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Data Evaluations

Data Evaluation 4.1.1:	Objective 4.1 Data Evaluation and Measurement: Training rosters; Number of family members served by region/location; Individual and family member surveys/interviews.
Data Evaluation 4.1.2:	4.1.1. A survey will be used to seek input on the proposed data collection system and to establish baseline data for the self-advocacy organization; Baseline data will be collected on leaders using the ARC Self-Determination Scale-Adult Version assessment tool.
Data Evaluation 4.1.3:	4.1.2. Pre-and post-training knowledge tests will be used for training of Fellows; Follow-up surveys or interviews will be used to assess outcomes for trained Fellows.
Data Evaluation 4.1.4:	4.1.3. Pre-and post-training knowledge tests will be used for all self-advocates participating in training delivered by the Fellows; Follow-up surveys or interviews will be used to assess outcomes for self-advocates post-training.
Data Evaluation 4.1.5:	4.1.4. Surveys will be issued to collect comparative data for the self-advocacy organization that conveys growth or changes from baseline measures; The ARC Self-Determination Scale-Adult Version will be used with leaders to assess changes over time.
Data Evaluation 4.1.6:	4.1.5. Progress made by Fellows in all aspects of managing the self-advocacy organization will be assessed via surveys and/or structured interviews.

Objective 4.2:	Objective 4.2: By September 30, 2026, a minimum of 200 dedicated policy leaders among individuals with I/DD and family members of individuals with I/DD will increase their knowledge and provide evidence of their impact within public advocacy, cross disability, and culturally diverse settings.
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Performance Measures

IA 1.1	5
IA 1.2	30
IA 2.1	5%
IA 2.2	30%
IA 2.3	35%
IA 2.4	35%
IA 2.5	18%
IA 3.1	5%
IA 3.2	30%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	0

SC 1.3.2	0
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	0
SC 1.5	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

Key Activities

Key Activity 4.2.1:	4.2.1: Utilize Partners in Policymaking to educate individuals with intellectual and developmental disabilities (I/DD) and family members of individuals with I/DD on self-determination, disability systems, and influencing policy.
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Expected Outputs

Expected Output 4.2.1:	4.2.1.1. Sign-in sheets, agendas, and training materials will be reviewed.
Expected Output 4.2.2:	4.2.1.2. A report on satisfaction by participants with Partners in Policymaking will be reviewed.
Expected Output 4.2.3:	4.2.1.3. A report on graduate activities, provisions of technical assistance, and graduate outcomes will be available.
Expected Output 4.2.4:	4.1.1.4. A report on graduates and alumni that reflects outcomes on systems and policy, including cross disability and culturally diverse coalition membership and leadership roles will be available.

Expected Sub-Outputs

Expected Sub-Outcome 4.2.1:	4.2.1. Forty new policy leaders will increase their knowledge and provide evidence of their impact within public advocacy, cross disability, and culturally diverse settings.
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Data Evaluations

Data Evaluation 4.2.1:	Objective 4.1 Data Evaluation and Measurement: Surveys/Interviews of policy leaders; ARC Self-Determination Scale-Adult Version Assessment; Analysis of data to assess increases in knowledge and impact on self-determination, disability systems, and influencing policy; Analysis of data to assess participation and impact in cross-disability and culturally diverse leadership coalitions.
Data Evaluation 4.2.2:	4.2.1. Pre- and Post-knowledge tests of self-determination, disabilities systems and educating and influencing public policy makers will be conducted and aggregated for review; Follow-up surveys with graduates and alumni to include outcomes on systems and policy, including cross disability and culturally diverse coalition membership and leadership roles will be implemented; Follow-up surveys with

	graduates and alumni to include outcomes on systems and policy, including cross disability and culturally diverse coalition membership and leadership roles will be implemented; Post-surveys will be conducted with the 2021-22 class on 1) satisfaction with course; 2) policymakers with whom students developed a relationship; 3) program or activity implemented or planned for implementation, systems change outcomes achieved or anticipated, and evaluation of a written work plan to complete the program/activity.
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Goal 5: BROAD SYSTEMS CHANGE/EMERGING NEEDS

Quality Assurance	true
Education and Early Intervention	true
Child Care	false
Health	true
Employment	false
Housing	true
Transportation	true
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	true
System Design	true
Coalition Development	true
Informing Policymakers	true
Demonstration	false
Other Activities	false
Advocacy	true
System Change	true
Self Advocacy	false
Targeted Disparity	false
Collaboration	false
Rights	false
Capacity Building	true
State Protection	true
University Centers	true
State DD Agency	true
justification	

Other 1	true
Other 1 Specify	See Collaboration section.
Other 2	false
Other 3	false

Objectives

Objective 5.1:	Objective 5.1: By September 30, 2026, one (1) or more emerging needs of individuals with I/DD will have been addressed through one (1) or more state, regional, or local level systemic change.
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Performance Measures

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	0
SC 1.3.2	0
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	0
SC 1.5	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

Key Activities

Key Activity 5.1.1:	5.1.1: Develop and implement advocacy and communication efforts in conjunction with individuals with I/DD, family members and other key stakeholders to address needed changes to statutes, rules, policies, procedures, practices, and/or funding/staffing issues that improve outcomes for individuals with I/DD.
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Expected Outputs

Expected Output 5.1.1:	5.1.1.1. Information will be developed and distributed through developmental disabilities networks.
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Expected Output 5.1.2:	5.1.1.2. Ad Hoc committees and/or stakeholder groups will be organized
Expected Output 5.1.3:	5.1.1.3. Research will be submitted.
Expected Output 5.1.4:	5.1.1.4. White papers will be developed.
Expected Output 5.1.5:	5.1.1.5. Project reports will be available.

Expected Sub-Outputs

Expected Sub-Outcome 5.1.1:	5.1.1. The emerging or emergency need will have been addressed in a timely manner.
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Data Evaluations

Data Evaluation 5.1.1:	Objective 5.1. Review reports to document outcomes and recommendations, including legislative activities and communication efforts; Stakeholder surveys/interviews to assess appropriateness of supports provided and associated outcomes; Annual analysis of reports and survey results.
Data Evaluation 5.1.2:	5.1.1. Document the emerging need or emergency need; Document the implementing procedure(s); Survey communities or involved stakeholders to evaluate effectiveness of activities.

Objective 5.2:	Objective 5.2: By September 30, 2026, a minimum of five state, regional, or local level systemic changes will have been achieved that improve the lives of individuals with intellectual and developmental disabilities.
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Performance Measures

IA 1.1	75
IA 1.2	75
IA 2.1	75%
IA 2.2	75%
IA 2.3	75%
IA 2.4	50%
IA 2.5	0%
IA 3.1	75%
IA 3.2	75%
SC 1.1	14
SC 1.2	0
SC 1.3	
SC 1.3.1	11
SC 1.3.2	12
SC 1.3.3	3
SC 1.3.4	3
SC 1.4	244
SC 1.5	10
SC 2.1	19

SC 2.2	21
SC 2.1.1	10
SC 2.1.2	9
SC 2.1.3	9
SC 2.1.4	12

Key Activities

Key Activity 5.2.1:	5.2.1: Complete implementation of initiatives started in the 2017-2021 state plan and report on systems change outcomes resulting from the work completed.
Key Activity 5.2.2:	5.2.2: Develop and implement advocacy and communication efforts in conjunction with Florida's self-advocates, family members, and other key stakeholders to address systems change efforts that improve outcomes for individuals with I/DD.

Expected Outputs

Expected Output 5.2.1:	5.2.1.1. A final report of transportation services provided by three Transportation Voucher Replication projects and plans for long-term sustainability.
Expected Output 5.2.2:	5.2.1.2. A historical timeline and a final report that reflects revisions of dated policies, procedures, statues and/or rules that impede Employment First; measures of systems change reported by all partners; and steps for shifting long-term facilitation to another state-wide partner will be provided by the Employ Me 1st project.
Expected Output 5.2.3:	5.2.1.3. A final report on outcomes of the Employment First Collaborative Training Initiative, lessons learned, and recommended next steps for long-term sustainability, including the planned State-wide Technical Assistance Center, will be available.
Expected Output 5.2.4:	5.2.1.4. A final report on implementation, outcomes to date, and plans for long-term sustainability of the Florida Project SEARCH Adult Model will be available.
Expected Output 5.2.5:	5.2.1.5. A final report on Improving Postsecondary Outcomes - Targeted Disparity that includes plans for sustainability of resources developed and ongoing evaluation of impact on student outcomes will be available.
Expected Output 5.2.6:	5.2.1.6. A final report on expansion of Postsecondary Models and plans for sustainability of resources developed will be available.
Expected Output 5.2.7:	5.2.1.7. A Comprehensive Final Report of Research Findings with Recommendations from the Identification of Black ASD Children Research Study will be available.
Expected Output 5.2.8:	5.2.1.8. A final report that includes information on outreach and use of the updated FYI Transition Website will be available.
Expected Output 5.2.9:	5.2.1.9. A final report on evaluation of short-term impacts of the Disaster Preparedness and Recovery Summit will be available.
Expected Output 5.2.10:	5.2.1.10. A report on post-summit systems change activities and impact of the Advocacy Summit will be developed and reviewed.
Expected Output 5.2.11:	5.2.1.11. Assessment of use of the Housing and Consolidated Planning

	Community Involvement Training Initiative's Online Suite for Effectively Engaging Individuals with Disabilities in Consolidated Planning and the impact on changes to policies or procedures that engage individuals with intellectual and developmental disabilities and their families in the Consolidated Planning Process will be available.
Expected Output 5.2.12:	5.2.2.1. Documentation of support provided to family members or other key stakeholders to participate in any related advocacy efforts regarding Access to Services will be available.
Expected Output 5.2.13:	5.2.2.2. Easy Read and Spanish Translation materials developed and disseminated, if applicable, will be available.
Expected Output 5.2.14:	5.2.2.3. Relevant communication materials developed and disseminated, if applicable, will be available.

Expected Sub-Outputs

Expected Sub-Outcome 5.2.1:	5.2.1.1. Safe and affordable transportation options for individuals with intellectual and developmental disabilities will be expanded to a minimum of five areas of the state.
Expected Sub-Outcome 5.2.2:	5.2.1.2. Policies, procedures, statutes and/or rules that facilitate Employment First as a priority and long-term sustainability will be secured via transition to a state-level partner.
Expected Sub-Outcome 5.2.3:	5.2.1.3. Systemic changes that result in improved access to competency based training and technical assistance that culminates in employment for individuals with intellectual and developmental disabilities will be attained.
Expected Sub-Outcome 5.2.4:	5.2.1.4. Four Project SEARCH Adult Models will be operational and program participants will have achieved competitive employment in their communities.
Expected Sub-Outcome 5.2.5:	5.2.1.5. Resources for reducing the disparity in postsecondary education and training enrollment and completion, particularly within the Florida College System, for youth who meet the eligibility criteria for autism spectrum disorder and are served under the classification of Hispanic/Latino, will be available for use in impacting access and completion of postsecondary programs.
Expected Sub-Outcome 5.2.6:	5.2.1.6. Resources will be available to impact expansion of the diversity of models (i.e., State University System, Florida Colleges and Career and Technical Centers) for providing postsecondary education and training for the wide range of students with intellectual and developmental disabilities.
Expected Sub-Outcome 5.2.7:	5.2.1.7. Critical information from a diverse group of counties (i.e., rural, urban, and suburban) that will assist key stakeholders and decision makers in understanding the issues and effectively planning strategies for addressing the identified issues pertaining to early identification of Black children with ASD will be attained and recommendations that lead to earlier identification and eligibility determinations and appropriate interventions and services will be available.
Expected Sub-Outcome 5.2.8:	5.2.1.8. Greater awareness of key transition components and

	knowledge learned and applied by students with intellectual and developmental disabilities, families, and educators to improve secondary transition to post-school adult life will be attained through the FYI Transition Website.
Expected Sub-Outcome 5.2.9:	5.2.1.9. Systems change impacts will begin to be achieved by key stakeholders who implement their action plans to address key unmet needs related to natural and man-made disasters.
Expected Sub-Outcome 5.2.10:	5.2.1.10. Self-advocates and family members will work more collaboratively in each region of the state, and in some cases in their cities/counties, through advanced knowledge in advocacy and public policy issues and commonly agreed-upon priorities that will be utilized in the Council's systems change efforts via local and regional implementation
Expected Sub-Outcome 5.2.11:	5.2.1.11. Stakeholders will have the information needed to understand the community-based strategic planning mandates; and impact 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.
Expected Sub-Outcome 5.2.12:	5.2.2. Accessible and culturally competent materials available; Materials reviewed by family members and other advocacy stakeholders for appropriateness and ease of use.

Data Evaluations

Data Evaluation 5.2.1:	Objective 5.2. Annual review of statutes, rules, policies, procedures, practices, and/or funding/staffing issues impacting community inclusion of individuals with I/DD; Surveys/ Interviews of individuals with intellectual and developmental disabilities (I/DD) to assess their improved community inclusion.
Data Evaluation 5.2.2:	5.2.1.1. Quarterly and final reports, including satisfaction surveys and outcome data.
Data Evaluation 5.2.3:	5.2.1.2. Meeting agendas and minutes; documentation of provisions of technical assistance and training; a final report, including results from structured interviews; and a documentation of a transition plan for long-term sustainability.
Data Evaluation 5.2.4:	5.2.1.3. Quarterly reviews of completed needs assessment; pre- and post-knowledge surveys at each site to gauge knowledge gained through 1) training, 2) provisions of technical assistance, and 3) mentoring; satisfaction surveys from each site to evaluate satisfaction with 1) training, 2) technical assistance, and 3) mentoring activities; surveys and/or structured interviews at each site to determine systems change results, including changes to policies, practices, and procedures as a result of receiving training, technical assistance, and mentoring activities; surveys and or/structured interviews conducted at each site to determine the number of individuals with intellectual and developmental disabilities who received services (e.g., Discovery) and the number of individuals with intellectual and developmental disabilities who obtained employment as a result of the initiative; final

	report; documentation of transition to a state-level partner or partners for long-term sustainability.
Data Evaluation 5.2.5:	5.2.1.4. Results from a comprehensive research study being conducted by National Project SEARCH will be available.
Data Evaluation 5.2.6:	5.2.1.5. Review of baseline data and targets; pre- and post-knowledge assessments and satisfaction surveys conducted with completers of the online training/webinars; surveys disseminated to students, family members, secondary educators, postsecondary faculty and staff, and other stakeholders, and results will be evaluated to assess systems change improvements.
Data Evaluation 5.2.7:	5.2.1.6. Data on utilization and outcomes of the online modules, including pre- and post-tests, action plans, and a six-month post-module completion survey that addresses systems change will be collected; data on awareness and outreach efforts including activities completed, media/distribution partners engaged, and categories of audiences reached (e.g., IHE administrators [Presidents/Chancellors, Provost, Student Affairs, faculty, Disability Services personnel], special education directors, transition leaders, students with IDD and families, and the general public; and results from evaluation activities conducted, including systems change outcomes and expansion of postsecondary options for students with IDD.
Data Evaluation 5.2.8:	5.2.1.7. Results from a comprehensive research study being conducted by the Florida Atlantic University, Center for Autism and Related Disabilities, will be available.
Data Evaluation 5.2.9:	5.2.1.8. A report on use of the FYI Transition Website by user (i.e., student, family, educator, other stakeholders) and a follow-up survey to measure satisfaction with and use of information learned will be conducted.
Data Evaluation 5.2.10:	5.2.1.9. Satisfaction surveys from the Summit will be evaluated and post-Summit surveys and/or interviews will be conducted to assess progress on implementation of action plans and any preliminary improvements.
Data Evaluation 5.2.11:	5.2.1.10. Pre- and post-summit knowledge surveys; post-summit satisfaction surveys; and follow-up surveys and/or structured interviews to evaluate regional and local impact post-summit will be conducted.
Data Evaluation 5.2.12:	5.2.1.11. A product review will be conducted; an outcome report will reflect impact on change to policies and procedures used by local governments to engage individuals with intellectual and developmental disabilities in the Consolidated Planning process, as well as impact of the outcomes on Consolidated Plans where possible.
Data Evaluation 5.2.13:	5.2.2. Accessible and culturally competent materials available; Materials reviewed by family members and other advocacy stakeholders for appropriateness and ease of use.

Fiscal Year 2023 Planning

Goal 1: ACCESS TO SERVICES

Quality Assurance	true
Education and Early Intervention	true
Child Care	true
Health	true
Employment	true
Housing	true
Transportation	true
Recreation	true
Community Supports	true
Outreach	true
Training	true
Technical Assistance	false
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	true
System Design	true
Coalition Development	true
Informing Policymakers	false
Demonstration	false
Other Activities	false
Advocacy	false
System Change	true
Self Advocacy	false
Targeted Disparity	false
Collaboration	true
Rights	false
Capacity Building	true
State Protection	true
University Centers	true
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	Family Care Council of Florida
Other 2	false
Other 3	false

Objectives

Objective 1.1:	Objective 1.1: By September 30, 2026, an Access to Services through Knowledge (ASK) I/DD information and resource delivery system
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	across the lifespan will be established through a collaborative with the Developmental Disabilities (DD) network partners and effectively utilized by a minimum of 150 family members state-wide.
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Performance Measures

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	0
SC 1.5	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

Key Activities

Key Activity 1.1.1:	1.1.1. Continue to convene the steering committee comprised of the Council, the Mailman Center at the University of Miami, the Florida Center for Inclusive Communities at the University of South Florida, and Disability Rights Florida who will contribute to all facets of the ASK project.
Key Activity 1.1.2:	1.1.2. Continue to conduct an Access to Services through Knowledge (ASK) state-wide research project designed to identify key community resources along the lifespan.
Key Activity 1.1.3:	1.1.3. Continue to develop and implement advocacy and communication efforts in conjunction with Florida's family members and other key stakeholders to address systems change efforts that improve outcomes for individuals with I/DD.

Expected Outputs

Expected Output 1.1.1:	1.1.1.1. An updated list of DD Network steering committee members
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	will be available.
Expected Output 1.1.2:	1.1.1.2. Four ASK Steering Committee meetings will be held.
Expected Output 1.1.3:	1.1.1.3. Minutes or reports from the ASK Steering Committee meetings that convey collaborative input and assistance from the DD Network with all facets of developing the ASK system will be evident.
Expected Output 1.1.4:	1.1.2.1. A comprehensive final report from the 15 focus groups and/or structured interviews held will be available.
Expected Output 1.1.5:	1.1.2.2. Content for an online repository based on the community resources identified from each of the 15 areas will be fully developed.
Expected Output 1.1.6:	1.1.2.3. A final report of recommendations on existing web-based platforms or the need to develop a new platform with consensus from the ASK Steering Committee will be available.
Expected Output 1.1.7:	1.1.3.1. Documentation of support provided to family members or other key stakeholders to participate in any related advocacy efforts regarding Access to Services is available.
Expected Output 1.1.8:	1.1.3.2. Easy Read and Spanish Translation materials developed and disseminated, if applicable, will be available.
Expected Output 1.1.9:	1.1.3.3. Relevant communication materials developed and disseminated, if applicable, will be available.

Expected Sub-Outputs

Expected Sub-Outcome 1.1.1:	1.1.1. Collaborative input and assistance from the DD Network with all facets of developing the ASK system will be achieved.
Expected Sub-Outcome 1.1.2:	1.1.2. Content for online repository of community resources will be available; Key elements of the ASK system platform will be identified.
Expected Sub-Outcome 1.1.3:	1.1.3. Accessible and culturally competent materials will be available; Materials will be reviewed by family members and other advocacy stakeholders for appropriateness and ease of use.

Data Evaluations

Data Evaluation 1.1.1:	Objective 1.1. Training rosters; Number of family members served by region/location; Individual and family member surveys/interviews.
Data Evaluation 1.1.2:	1.1.1. Agendas and minutes, including a summary of discussions and meeting outcomes, from at least four steering committee meetings.
Data Evaluation 1.1.3:	1.1.2. Focus groups and/or structured interview protocols and summaries; Research reports that verify community resources are identified in each of the 15 areas; Descriptions of community resources identified, Elements of existing and new web-based platforms available for review.
Data Evaluation 1.1.4:	1.1.3. Review of data on ease of use by relevant stakeholders during product development.

Goal 2: HOME AND COMMUNITY-BASED DELIVERY SYSTEMS

Quality Assurance	true
Education and Early Intervention	false
Child Care	false
Health	false
Employment	false
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	false
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	true
System Design	true
Coalition Development	false
Informing Policymakers	true
Demonstration	false
Other Activities	false
Advocacy	false
System Change	true
Self Advocacy	false
Targeted Disparity	true
Collaboration	false
Rights	false
Capacity Building	true
State Protection	true
University Centers	true
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	See Collaboration section.
Other 2	false
Other 3	false

Objectives

Objective 2.1:	Objective 2.1: By September 30, 2026, a minimum of 150 individuals with I/DD will have increased access to, and availability of, personal support service providers and behavioral services across the lifespan that allow them to remain in their homes and communities.
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Performance Measures

IA 1.1	0
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IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	2
SC 1.3.2	2
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	100
SC 1.5	2
SC 2.1	0
SC 2.2	0
SC 2.1.1	0
SC 2.1.2	0
SC 2.1.3	2
SC 2.1.4	2

Key Activities

Key Activity 2.1.1:	2.1.1.: Establish and fully implement a best practice, quality case management system for individuals with I/DD.
Key Activity 2.1.2:	2.1.2: Establish and implement a system that allows individuals with I/DD and families to access services via a provider pool that includes individuals certified to provide personal care, companion, and/ or respite services in the State's billable categories.
Key Activity 2.1.3:	2.1.3: Develop and implement advocacy and communication efforts in conjunction with Florida's self-advocates, family members, and other key stakeholders to address systems change efforts that improve outcomes for individuals with I/DD.

Expected Outputs

Expected Output 2.1.1:	2.1.1.1. An updated list of stakeholder workgroup members will be available.
Expected Output 2.1.2:	2.1.1.2. Minutes or reports from the stakeholder workgroup meetings that convey input on the case management competency tool will be available.
Expected Output 2.1.3:	2.1.1.3. A draft case management competency tool will be available.
Expected Output 2.1.4:	2.1.1.4. Results from a pilot of the competency tool identifying the primary competencies that individuals providing case management perceive to be practical and sustainable for use with individuals with

	intellectual and developmental disabilities will be available.
Expected Output 2.1.5:	2.1.1.5. A final version of the competency tool will be available.
Expected Output 2.1.6:	2.1.1.6. A report on progress toward adoption of the competencies for state-wide use will be available.
Expected Output 2.1.7:	2.1.1.7. A plan for collecting data on short- and long-term outcomes, including direct impact on individuals with intellectual and developmental disabilities and their families will be available.
Expected Output 2.1.8:	2.1.2.1. A direct service personnel registry for delivery of services aligned with the 15 Family Care Council areas will be available.
Expected Output 2.1.9:	2.1.2.2. Evidence that essential training, meeting the requirements for delivery of services, has been developed and delivered to all individuals included in the provider pool (i.e., direct service personnel registry) will be available.
Expected Output 2.1.10:	2.1.2.3. A plan for evaluating and reporting the increase in access to services by families and individuals with I/DD will be available.
Expected Output 2.1.11:	2.1.3.1. Documentation of support provided to family members or other key stakeholders to participate in any related advocacy efforts regarding Home and Community-Based Delivery Systems will be available.
Expected Output 2.1.12:	2.1.3.2. Easy Read and Spanish Translation materials developed and disseminated, if applicable, will be available.
Expected Output 2.1.13:	2.1.2.3. Relevant communication materials developed and disseminated, if applicable, will be available.

Expected Sub-Outputs

Expected Sub-Outcome 2.1.1:	2.1.1. A case management competency tool, piloted and validated, is available for state-wide use.
Expected Sub-Outcome 2.1.2:	2.1.2. A direct service personnel registry of trained personal care, companions, and respite providers in each of the 15 Family Care Council areas is available for state-wide use.
Expected Sub-Outcome 2.1.3:	2.1.3. Family members and other advocacy stakeholders express satisfaction and ease of use for any accessible and culturally competent materials developed and/or disseminated.

Data Evaluations

Data Evaluation 2.1.1:	2.1.1. Agendas and minutes, including a summary of discussions and meeting outcomes, from the stakeholder workgroup meetings will be reviewed; Competency tool validation study; Case manager surveys to assess implementation and outcomes of use of competency tool results will be reviewed.
Data Evaluation 2.1.2:	2.1.2. Pre-and post-knowledge assessment of provider pool training results; implementation reports, including individual and family assessments, will be reviewed.
Data Evaluation 2.1.3:	2.1.3. Individual and family member satisfaction and ease of use surveys; Analysis of results.

Objective 2.2:	Objective 2.2: By September 30, 2026, the provision of quality services for individuals with I/DD who have significant behavioral issues will be improved in a minimum of one environment and/or setting where they are served.
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Performance Measures

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	2
SC 1.3.2	2
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	0
SC 1.5	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

Key Activities

Key Activity 2.2.1:	2.2.1: Conduct research and develop quality measures that lead to the provision of services in all environments and/or settings where individuals with I/DD are served.
Key Activity 2.2.2:	2.2.2: Establish a collaborative task force between one or more universities and applied behavior analysis (ABA) therapists, the Florida Association for Applied Behavior Analysts, and the Agency on Health Care Administration to identify and address unmet needs and ensure quality services through improved access to ABA therapists in all Florida counties.
Key Activity 2.2.3:	2.2.3: Develop and implement advocacy and communication efforts in conjunction with Florida's self-advocates, family members, and other key stakeholders to address systems change efforts that improve outcomes for individuals with I/DD.

Expected Outputs

Expected Output 2.2.1:	2.2.1.1. Research study results will be available.
Expected Output 2.2.2:	2.2.1.2. A draft quality measures tool will be available.
Expected Output 2.2.3:	2.2.1.3. A report on the outcomes from piloting the quality measures tool will be available.
Expected Output 2.2.4:	2.1.1.4. A final quality measures tool, incorporating and revisions warranted by the pilot, will be available.
Expected Output 2.2.5:	2.2.1.5. An updated list of stakeholder workgroup members will be available.
Expected Output 2.2.6:	2.2.1.6. Minutes or reports from the stakeholder workgroup meetings that convey ongoing input into development of the quality measures tool will be available.
Expected Output 2.2.7:	2.2.1.7. A plan for seeking agency and/or legislative support for state-wide implementation will be available.
Expected Output 2.2.8:	2.2.2.1. An updated list of collaborative task force members will be available.
Expected Output 2.2.9:	2.2.2.2. Minutes or reports from the collaborative task force meetings will be available.
Expected Output 2.2.10:	2.2.2.3. Research study results will be available.
Expected Output 2.2.11:	2.2.2.4. Recommendations to increase the number of behavior analysts to assure state-wide access will be available.
Expected Output 2.2.12:	2.2.3.1. Documentation of support provided to family members or other key stakeholders to participate in any related advocacy efforts regarding Home and Community-Based Delivery Systems will be available.
Expected Output 2.2.13:	2.2.3.2. Easy Read and Spanish Translation materials developed and disseminated, if applicable, will be available.
Expected Output 2.2.14:	2.2.3.3. Relevant communication materials developed and disseminated, if applicable, will be available.

Expected Sub-Outputs

Expected Sub-Outcome 2.2.1:	2.2.1. A quality measures tool is developed, piloted, and available for state-wide implementation.
Expected Sub-Outcome 2.2.2:	2.2.2. Recommendations are available to begin plans for increasing access to behavioral analysts state-wide.
Expected Sub-Outcome 2.2.3:	2.2.3. Family members and other advocacy stakeholders express satisfaction and ease of use for any accessible and culturally competent materials developed and/or disseminated.

Data Evaluations

Data Evaluation 2.2.1:	2.2.1. Agendas and minutes, including a summary of discussions and meeting outcomes, from the stakeholder workgroup meetings; Assessment of quality measures tool.
Data Evaluation 2.2.2:	2.2.2. Agendas and minutes from collaborative task force meetings, study results, recommendations report.
Data Evaluation 2.2.3:	2.2.3. Individual and family member satisfaction and ease of use

	surveys; Analysis of results.
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Objective 2.3:	Objective 2.3: By September 30, 2026, effective practices for a minimum of 50 individuals with significant behavioral challenges will be in place to address the targeted disparity of individuals with a dual diagnosis (i.e., developmental disability and mental health) being placed in unnecessary and restrictive settings (i.e., hospitals, institutions, and inpatient programs).
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Performance Measures

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	1
SC 1.2	0
SC 1.3	
SC 1.3.1	0
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	0
SC 1.5	1
SC 2.1	2
SC 2.2	2
SC 2.1.1	1
SC 2.1.2	1
SC 2.1.3	1
SC 2.1.4	1

Key Activities

Key Activity 2.3.1:	2.3.1: Investigate the dual diagnosis issue as an unmet need to prevent unnecessary interventions, ensuring that an agency and stakeholder collaborative group provides oversight and convenes to plan implementation of recommendations to improve service delivery for individuals with intellectual and developmental disabilities (I/DD) and mental health (MH) diagnoses and/or in crisis.
Key Activity 2.3.2:	2.3.1. Develop and implement advocacy and communication efforts in conjunction with Florida's self-advocates, family members, and other key stakeholders to address systems change efforts that improve

	outcomes for individuals with I/DD.
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Expected Outputs

Expected Output 2.3.1:	2.3.1.1. An updated membership list, agendas, and minutes from ongoing agency and stakeholder group meeting will be available.
Expected Output 2.3.2:	2.3.1.2. Quarterly and annual updates on the strategic plan for implementation of wide scale community-based crisis management strategies will be available
Expected Output 2.3.3:	2.3.2.1. Documentation of support provided to family members or other key stakeholders to participate in any related advocacy efforts regarding Home and Community-Based Delivery Systems will be available.
Expected Output 2.3.4:	2.3.2.2. Easy Read and Spanish Translation materials developed and disseminated, if applicable, will be available.
Expected Output 2.3.5:	2.3.2.3. Relevant communication materials developed and disseminated, if applicable, will be available.

Expected Sub-Outputs

Expected Sub-Outcome 2.3.1:	2.3.1. Community-based crisis management strategies that avert unnecessary interventions will be fully implemented state-wide.
Expected Sub-Outcome 2.3.2:	2.3.2. Family members and other advocacy stakeholders express satisfaction and ease of use for any accessible and culturally competent materials developed and/or disseminated.

Data Evaluations

Data Evaluation 2.3.1:	2.3.1. Surveys and/or structured interviews will be conducted with agency and stakeholder collaborative group members to assess the level of satisfaction with ongoing group meetings and processes; The Strategic Plan will be reviewed to determine if strategies are improving outcomes and reducing the number of individuals with I/DD and significant behavioral challenges being placed in restrictive settings.
Data Evaluation 2.3.2:	2.3.2. Individual and family member satisfaction and ease of use surveys; Analysis of results

Goal 3: AGING CAREGIVERS

Quality Assurance	true
Education and Early Intervention	false
Child Care	false
Health	true
Employment	false
Housing	true
Transportation	true
Recreation	true

Community Supports	true
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	true
System Design	true
Coalition Development	true
Informing Policymakers	true
Demonstration	false
Other Activities	false
Advocacy	false
System Change	true
Self Advocacy	false
Targeted Disparity	false
Collaboration	false
Rights	false
Capacity Building	true
State Protection	true
University Centers	true
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	Agency for Health Care Administration
Other 2	true
Other 2 Specify	Florida Department of Elder Affairs
Other 3	true
Other 3 Specify	Family Care Councils of Florida

Objectives

Objective 3.1:	Objective 3.1: By September 30, 2026, a minimum of 50 individuals with I/DD and/or their families will report increased access to services or supports through research and planning, training, and systemic changes supported by an aging and I/DD network that operates as a seamless service delivery and support system.
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Performance Measures

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%

IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	2
SC 1.2	0
SC 1.3	0
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	50
SC 1.5	1
SC 2.1	2
SC 2.2	2
SC 2.1.1	1
SC 2.1.2	1
SC 2.1.3	1
SC 2.1.4	1

Key Activities

Key Activity 3.1.1:	3.1.1.: Continue to convene and facilitate key stakeholder groups to include a state level coalition, collaborative team, and grassroots level group for Florida's Aging Caregivers Initiative who will work toward systemic changes to improve services and supports provided by both networks.
Key Activity 3.1.2:	3.1.2: Facilitate collaborative activities identified within the Strategic Implementation Plan and collaboratively established framework on implementing promising practices providing services and supports to individuals with I/DD and their families throughout the aging process.
Key Activity 3.1.3:	3.1.3: Continue to develop and deliver cross network collaborative training to minimally include agency and organization staff, providers, individuals with I/DD, parents, siblings, caregivers, and grandparents serving as primary caregivers.
Key Activity 3.1.4:	3.1.4: Continue to develop and implement advocacy and communication efforts in conjunction with Florida's self-advocates, family members, and other key stakeholders to address systems change efforts that improve outcomes for individuals with I/DD.

Expected Outputs

Expected Output 3.1.1:	3.1.1.1. An updated list of key stakeholder membership from the state level coalition, collaborative team, and grassroots level group for Florida's Aging Caregivers Initiative will be available.
Expected Output 3.1.2:	3.1.1.2. A minimum of one state level coalition meetings will be held.
Expected Output 3.1.3:	3.1.1.3. A minimum of six collaborative team meetings will be held.
Expected Output 3.1.4:	3.1.1.4. Up to four grassroots group forums will be held.
Expected Output 3.1.5:	3.1.2.1. Quarterly progress reports and a comprehensive annual

	progress report of Strategic Implementation Plan and the collaboratively established framework activities will be available.
Expected Output 3.1.6:	3.1.3.1. Cross network collaborative training developed will be available.
Expected Output 3.1.7:	3.1.3.2. The number and identification of cross network collaborative training sessions held will be available.
Expected Output 3.1.8:	3.1.4.1. Documentation of support provided to family members or other key stakeholders to participate in any related advocacy efforts regarding Aging Caregivers will be available.
Expected Output 3.1.9:	3.1.4.2. Easy Read and Spanish Translation materials developed and disseminated, if applicable, will be available.
Expected Output 3.1.10:	3.1.4.3. Relevant communication materials developed and disseminated, if applicable, will be available.

Expected Sub-Outputs

Expected Sub-Outcome 3.1.1:	3.1.1 and 3.1.2. Collaborative stakeholders are satisfied that progress is being made on activities identified within the Strategic Implementation Plan and collaborative framework.
Expected Sub-Outcome 3.1.2:	3.1.2. An executive order, interagency cooperative agreement, and/or legislation are secured and systemic changes are beginning to occur related to promising and/or best practices, policies and/or procedures, and statutes and/or rules.
Expected Sub-Outcome 3.1.3:	3.1.3. Cross network training participants increase their knowledge of appropriate services and supports.
Expected Sub-Outcome 3.1.4:	3.1.4. Accessible and culturally competent materials available; Materials reviewed by self-advocates, family members and other advocacy stakeholders for appropriateness and ease of use.

Data Evaluations

Data Evaluation 3.1.1:	Objective 3.1. Individual and family member surveys/interviews; Review of existing agency data, if available.
Data Evaluation 3.1.2:	3.1.1: Agendas and minutes, including a summary of discussions and meeting outcomes, from a minimum of one coalition meeting, six collaborative team meetings, and grassroots group forums.
Data Evaluation 3.1.3:	3.1.2: Review and approval of the Strategic Implementation Plan and collaborative framework by all stakeholder groups.
Data Evaluation 3.1.4:	3.1.3: Training rosters examining caregiver roles and agency affiliations; Pre- post-training knowledge surveys; Analysis of training rosters and pre- post-training survey data.
Data Evaluation 3.1.5:	3.1.4: Review of data on ease of use by relevant stakeholders during product development.

Goal 4: SELF-ADVOCACY LEADERSHIP

Quality Assurance	true
Education and Early Intervention	false
Child Care	false
Health	false
Employment	false
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	false
System Design	false
Coalition Development	true
Informing Policymakers	true
Demonstration	false
Other Activities	false
Advocacy	true
System Change	false
Self Advocacy	true
Targeted Disparity	false
Collaboration	false
Rights	false
Capacity Building	true
State Protection	true
University Centers	true
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	Family Care Council of Florida
Other 2	false
Other 3	false

Objectives

Objective 4.1:	Objective 4.1: By September 30, 2026, the state self-advocacy organization will increase the number of leaders trained and providing leadership training by 80%.
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Performance Measures

IA 1.1	50
IA 1.2	0

IA 2.1	40%
IA 2.2	0%
IA 2.3	40%
IA 2.4	40%
IA 2.5	20%
IA 3.1	45%
IA 3.2	0%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	0
SC 1.3.2	0
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	0
SC 1.5	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

Key Activities

Key Activity 4.1.1:	4.1.1: Update baseline data on the state self-advocacy organization.
Key Activity 4.1.2:	4.1.2: Utilize the Fellows Program model to train new Fellows to assume leadership skills in developing and delivering training to other self-advocates.
Key Activity 4.1.3:	4.1.3: Conduct regional and/or state-wide training activities for other self-advocates.
Key Activity 4.1.4:	4.1.4: Develop an annual, end-of-year state self-advocacy organization report.
Key Activity 4.1.5:	4.1.5: Manage the state-wide self-advocacy organization.

Expected Outputs

Expected Output 4.1.1:	4.1.1.1. A detailed report on updated baseline data that provides discrete and aggregate data.
Expected Output 4.1.2:	4.1.2.1. Agendas, training materials, training rosters, quarterly reports, and a final report on all efforts to train new Fellows to assume leadership skills in developing and delivering training to other self-advocates, including, but not limited to, Breaking Barriers Academy Training and integration of the Route to Self-Determination training into the Fellows Program to establish a cadre of trained trainers.
Expected Output 4.1.3:	4.1.3.1. Agendas, training materials, training rosters, quarterly reports, and a final report on any regional and/or state-wide training activities for other self-advocates conducted by Fellows.

Expected Output 4.1.4:	4.1.4.1. An annual, end-of-year state self-advocacy organization report.
Expected Output 4.1.5:	4.1.5.1. An updated outreach plan for Fellows training and networking opportunities.
Expected Output 4.1.6:	4.1.5.2. Quarterly reports and a final report on all components related to the Fellows' management of the state-wide self-advocacy organization.

Expected Sub-Outputs

Expected Sub-Outcome 4.1.1:	4.1.2 and 4.1.3. Four new leaders are trained annually and provide leadership training.
Expected Sub-Outcome 4.1.2:	4.1.1. and 4.1.4. End-of-year data shows increases above baseline in multiple facets of self-determination and self-advocacy requirements.

Data Evaluations

Data Evaluation 4.1.1:	Objective 4.1 Data Evaluation and Measurement: Training rosters; Number of family members served by region/location; Individual and family member surveys/interviews.
Data Evaluation 4.1.2:	4.1.1. A survey will be used to seek input on the proposed data collection system and to establish baseline data for the self-advocacy organization; Baseline data will be collected on leaders using the ARC Self-Determination Scale-Adult Version assessment tool
Data Evaluation 4.1.3:	4.1.2. Pre-and post-training knowledge tests will be used for training of Fellows; Follow-up surveys or interviews will be used to assess outcomes for trained Fellows.
Data Evaluation 4.1.4:	4.1.3. Pre-and post-training knowledge tests will be used for all self-advocates participating in training delivered by the Fellows; Follow-up surveys or interviews will be used to assess outcomes for self-advocates post-training.
Data Evaluation 4.1.5:	4.1.4. Surveys will be issued to collect comparative data for the self-advocacy organization that conveys growth or changes from baseline measures; The ARC Self-Determination Scale-Adult Version will be used with leaders to assess changes over time.
Data Evaluation 4.1.6:	4.1.5. Progress made by Fellows in all aspects of managing the self-advocacy organization will be assessed via surveys and/or structured interviews.

Objective 4.2:	Objective 4.2: By September 30, 2026, a minimum of 200 dedicated policy leaders among individuals with I/DD and family members of individuals with I/DD will increase their knowledge and provide evidence of their impact within public advocacy, cross disability, and culturally diverse settings.
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Performance Measures

IA 1.1	15
IA 1.2	30

IA 2.1	15%
IA 2.2	30%
IA 2.3	45%
IA 2.4	45%
IA 2.5	18%
IA 3.1	15%
IA 3.2	30%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	0
SC 1.3.2	0
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	0
SC 1.5	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

Key Activities

Key Activity 4.2.1:	4.2.1: Utilize Partners in Policymaking to educate individuals with intellectual and developmental disabilities (I/DD) and family members of individuals with I/DD on self-determination, disability systems, and influencing policy.
Key Activity 4.2.2:	4.2.2: Develop a Partners in Policymaking curriculum strand specifically for individuals with I/DD.

Expected Outputs

Expected Output 4.2.1:	4.2.1.1. Sign-in sheets, agendas, and training materials will be reviewed.
Expected Output 4.2.2:	4.2.1.2. A report on satisfaction by participants with Partners in Policymaking will be reviewed.
Expected Output 4.2.3:	4.2.1.3. A report on graduate activities, provisions of technical assistance, and graduate outcomes will be available.
Expected Output 4.2.4:	4.2.1.4. A report on graduates and alumni that reflects outcomes on systems and policy, including cross disability and culturally diverse coalition membership and leadership roles will be available.
Expected Output 4.2.5:	4.2.2.1. A PIP curriculum specifically for individuals with I/DD that includes or is built upon the Council's Project SALT curriculum will be available.
Expected Output 4.2.6:	4.2.2.2. A report on the pilot of the curriculum will be available.

Expected Sub-Outputs

Expected Sub-Outcome 4.2.1:	4.2.1. Forty new policy leaders will increase their knowledge and provide evidence of their impact within public advocacy, cross disability, and culturally diverse settings.
Expected Sub-Outcome 4.2.2:	4.2.2. A minimum of 10 individuals with significant disabilities will increase their leadership skills and knowledge from having participated in the pilot of the new PIP curriculum strand.

Data Evaluations

Data Evaluation 4.2.1:	Objective 4.1 Data Evaluation and Measurement: Surveys/Interviews of policy leaders; ARC Self-Determination Scale-Adult Version Assessment; Analysis of data to assess increases in knowledge and impact on self-determination, disability systems, and influencing policy; Analysis of data to assess participation and impact in cross-disability and culturally diverse leadership coalitions.
Data Evaluation 4.2.2:	4.2.1. Pre- and Post-knowledge tests of self-determination, disabilities systems and educating and influencing public policy makers will be conducted and aggregated for review; Follow-up surveys with graduates and alumni to include outcomes on systems and policy, including cross disability and culturally diverse coalition membership and leadership roles will be implemented; A pre- and post-training study of randomly selected leaders using the ARC Self-Determination Scale-Adult Version assessment tool will be conducted; Post-surveys will be conducted with the 2021-22 class on 1) satisfaction with course; 2) policymakers with whom students developed a relationship; 3) program or activity implemented or planned for implementation, systems change outcomes achieved or anticipated, and evaluation of a written work plan to complete the program/activity;
Data Evaluation 4.2.3:	4.2.2. Pre- and Post-knowledge tests of self-determination, disabilities systems and educating and influencing public policy makers will be conducted and aggregated for review from pilot participants; Assessments of the pilot will be conducted and reviewed to determine what components of the curriculum need to be revised.

Goal 5: BROAD SYSTEMS CHANGE/EMERGING NEEDS

Quality Assurance	true
Education and Early Intervention	true
Child Care	false
Health	true
Employment	false
Housing	true
Transportation	true
Recreation	false

Community Supports	true
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	true
System Design	true
Coalition Development	true
Informing Policymakers	true
Demonstration	false
Other Activities	false
Advocacy	true
System Change	true
Self Advocacy	false
Targeted Disparity	false
Collaboration	false
Rights	false
Capacity Building	true
State Protection	true
University Centers	true
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	See Collaboration section.
Other 2	false
Other 3	false

Objectives

Objective 5.1:	Objective 5.1: By September 30, 2026, one (1) or more emerging needs of individuals with I/DD will have been addressed through one (1) or more state, regional, or local level systemic change.
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Performance Measures

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	0

SC 1.2	0
SC 1.3	
SC 1.3.1	0
SC 1.3.2	0
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	0
SC 1.5	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

Key Activities

Key Activity 5.1.1:	5.1.1: Develop and implement advocacy and communication efforts in conjunction with individuals with I/DD, family members and other key stakeholders to address needed changes to statutes, rules, policies, procedures, practices, and/or funding/staffing issues that improve outcomes for individuals with I/DD.
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Expected Outputs

Expected Output 5.1.1:	5.1.1.1. Information will be developed and distributed through developmental disabilities networks.
Expected Output 5.1.2:	5.1.1.2. Ad Hoc committees and/or stakeholder groups will be organized
Expected Output 5.1.3:	5.1.1.3. Research will be submitted.
Expected Output 5.1.4:	5.1.1.4. White papers will be developed.
Expected Output 5.1.5:	5.1.1.5. Project reports will be available.

Expected Sub-Outputs

Expected Sub-Outcome 5.1.1:	5.1.1. The emerging or emergency need will have been addressed in a timely manner.
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Data Evaluations

Data Evaluation 5.1.1:	Objective 5.1. Review reports to document outcomes and recommendations, including legislative activities and communication efforts; Stakeholder surveys/interviews to assess appropriateness of supports provided and associated outcomes; Annual analysis of reports and survey results.
Data Evaluation 5.1.2:	5.1.1. Document the emerging need or emergency need; Document the implementing procedure(s); Survey communities or involved stakeholders to evaluate effectiveness of activities.

Objective 5.2:	Objective 5.2: By September 30, 2026, a minimum of five state,
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	regional, or local level systemic changes will have been achieved that improve the lives of individuals with intellectual and developmental disabilities.
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Performance Measures

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	0
SC 1.3.2	0
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	0
SC 1.5	0
SC 2.1	0
SC 2.2	21
SC 2.1.1	0
SC 2.1.2	9
SC 2.1.3	0
SC 2.1.4	12

Key Activities

Key Activity 5.2.1:	5.2.1: Annually assess sustainability and impact outcomes of initiatives from the 2017-2021 state plan completed in 2022.
Key Activity 5.2.2:	5.2.2: Develop and implement advocacy and communication efforts in conjunction with Florida's self-advocates, family members, and other key stakeholders to address systems change efforts that improve outcomes for individuals with I/DD.

Expected Outputs

Expected Output 5.2.1:	5.2.1.1. Annual update report from three transportation voucher replication programs sustained efforts.
Expected Output 5.2.2:	5.2.1.2. Annual update report from Florida's Employment First sustained efforts.
Expected Output 5.2.3:	5.2.1.3. Annual report from Employment First Collaborative Training State-wide Technical Assistance Center's sustained efforts.
Expected Output 5.2.4:	5.2.1.4. Final report on all research conducted on the Florida Project

	SEARCH Adult Model based on lag data outcomes reported in 2023 and annual report on sustained efforts.
Expected Output 5.2.5:	5.2.1.5. Annual update report from Improving Postsecondary Goals - Targeted Disparity sustained efforts.
Expected Output 5.2.6:	5.2.1.6. Annual update report from Postsecondary Models sustained efforts.
Expected Output 5.2.7:	5.2.1.7. Annual update report on changes to practices in the Identification of Black ASD Children as a result of the study.
Expected Output 5.2.8:	5.2.1.8. Annual update report on use of the FYI Transition Website.
Expected Output 5.2.9:	5.2.1.9. Annual update report from the Disaster Preparedness and Recovery Summit's sustained efforts and impact.
Expected Output 5.2.10:	5.2.1.10. Annual update report from the Advocacy Summit's sustained efforts and impact.
Expected Output 5.2.11:	5.2.1.11. Annual update report from the Housing and Consolidated Planning Community Involvement Training Initiative's sustained efforts and impact.
Expected Output 5.2.12:	5.2.2.1. Documentation of support provided to family members or other key stakeholders to participate in any related advocacy efforts regarding Access to Services will be available.
Expected Output 5.2.13:	5.2.2.2. Easy Read and Spanish Translation materials developed and disseminated, if applicable, will be available.
Expected Output 5.2.14:	5.2.2.3. Relevant communication materials developed and disseminated, if applicable, will be available.

Expected Sub-Outputs

Expected Sub-Outcome 5.2.1:	5.2.1.1. Increased access to safe and reliable transportation will continue to be evident.
Expected Sub-Outcome 5.2.2:	5.2.1.2. Systemic changes that prioritize employment for individuals with intellectual and developmental disabilities will continue to be evident.
Expected Sub-Outcome 5.2.3:	5.2.1.3. Systemic changes that result in improved access to competency based training and technical assistance that culminates in employment for individuals with intellectual and developmental disabilities will continue to be evident.
Expected Sub-Outcome 5.2.4:	5.2.1.4. Four Project SEARCH Adult Models will continue to be operational, program participants will have achieved competitive employment, and systems change for expansion will be underway or evident.
Expected Sub-Outcome 5.2.5:	5.2.1.5. Increase in access to and completion of postsecondary education, particularly within the Florida College System, for youth who meet the eligibility criteria for autism spectrum disorder and are served under the classification of Hispanic/Latino, will begin to be evident.
Expected Sub-Outcome 5.2.6:	5.2.1.6. Diversity of models (i.e., State University System, Florida Colleges and Career and Technical Centers) for providing postsecondary education and training for the wide range of students with intellectual and developmental disabilities will continue to be

	expanded.
Expected Sub-Outcome 5.2.7:	5.2.1.7. Recommendations that lead to earlier identification and eligibility determinations and appropriate interventions and services for Black ASD Children will begin to be implemented.
Expected Sub-Outcome 5.2.8:	5.2.1.8. Users of the FYI Transition Website will express increased knowledge of secondary transition that will lead to improved postsecondary outcomes.
Expected Sub-Outcome 5.2.9:	5.2.1.9. Unmet needs related to natural and man-made disasters will begin to be addressed.
Expected Sub-Outcome 5.2.10:	5.2.1.10. Systems change impacts will be attained through Advocacy Summit participants' engagement in local and regional implementation activities.
Expected Sub-Outcome 5.2.11:	5.2.1.11. Individuals with intellectual and developmental disabilities will be more engaged in the Consolidated Planning process and local government entities with responsibility for Consolidated Planning will have changed their policies and procedures to include individuals with I/DD and their families in the process.
Expected Sub-Outcome 5.2.12:	5.2.2. Accessible and culturally competent materials available; Materials reviewed by family members and other advocacy stakeholders for appropriateness and ease of use.

Data Evaluations

Data Evaluation 5.2.1:	Objective 5.2. Annual review of statutes, rules, policies, procedures, practices, and/or funding/staffing issues impacting community inclusion of individuals with I/DD; Surveys/ Interviews of individuals with intellectual and developmental disabilities (I/DD) to assess their improved community inclusion.
Data Evaluation 5.2.2:	5.2.1.1. Review of reports, including satisfaction surveys.
Data Evaluation 5.2.3:	5.2.1.2. Surveys, structured interviews, and/or tracking reports.
Data Evaluation 5.2.4:	5.2.1.3. Surveys, structured interviews, and/or tracking reports.
Data Evaluation 5.2.5:	5.2.1.4. Surveys, structured interviews, and/or tracking reports.
Data Evaluation 5.2.6:	5.2.1.5. Surveys, structured interviews, and/or tracking reports.
Data Evaluation 5.2.7:	5.2.1.6. Surveys, structured interviews, and/or tracking reports.
Data Evaluation 5.2.8:	5.2.1.7. Surveys, structured interviews, and/or tracking reports.
Data Evaluation 5.2.9:	5.2.1.8. Surveys and/or tracking reports.
Data Evaluation 5.2.10:	5.2.1.9. Surveys, structured interviews, and/or tracking reports.
Data Evaluation 5.2.11:	5.2.1.10. Surveys, structured interviews, and/or tracking reports.
Data Evaluation 5.2.12:	5.2.1.11. Surveys, structured interviews, and/or tracking reports.
Data Evaluation 5.2.13:	5.2.2. Accessible and culturally competent materials available; Materials reviewed by family members and other advocacy stakeholders for appropriateness and ease of use.