



**FIVE YEAR STATE PLAN
2017 - 2021**

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ABOUT THE STATE PLAN

Every five years, the Indiana Governor's Council for People with Disabilities is required by federal law to develop a strategic plan which guides the Council's projects and activities over the 5-year period. With public input and guidance from the Administration on Intellectual Developmental Disabilities (AIDD), the state plan is developed in accordance with requirements of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act).

The 2017-2021 State Plan covers the time period from October 1, 2016 to September 30, 2021. It addresses specific information required by AIDD, and includes the Council's determination of areas of emphasis and resulting goals and objectives for the five-year time period. The Council must spend a minimum of 70 percent of its federal funding to address the Plan objectives. All programs and projects of the Council are to be conducted in a manner that respects individual differences and cultural diversity.

STATE PLAN REQUIREMENTS

The DD Act, which provides the framework for how goals and objectives are developed, requires that state plans:

- Be developed through data-driven strategic planning;
- Be derived from the unmet needs of individuals with developmental disabilities and their families;
- Focus on advocacy, capacity building and systems change;
- Reflect the diversity of the state;
- Address needs of populations who are considered unserved and underserved. According to the DD Act, this includes populations such as individuals from racial and ethnic minority backgrounds, disadvantaged individuals, individuals with limited English proficiency, individuals from underserved geographic areas (rural or urban) and specific groups of individuals within the population of individuals with developmental disabilities.

In addition, the State Plan must include annual activities that:

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

THE DEVELOPMENT OF THE STATE PLAN

The Indiana Governor's Council for People with Disabilities Comprehensive Review and Analysis included a variety of activities by Board Members, staff, contractors and partners. The Council participates in annual and periodic review of surveys of participants in Council sponsored programs and activities to glean both formative and summative evaluation information that members used to consider future priorities.

The Council reviewed quantitative data from several sources to inform the 2017 Five-Year State Plan including, but not limited to, the US Census, the 2015 Annual Disability Statistics Compendium, 2016 Kids Count in Indiana Data Book, The State of the States in Developmental Disabilities: 2015, and the 2013 Disability Status Report, and a collection of commissioned reports and studies from Griffin Hammis Associates.

While these data sets gave insight into the state of affairs for people with disabilities in Indiana, the qualitative data received through the public input process was the driving force behind the Council's plan. Through contractors, public input was solicited from Hoosiers with disabilities, family members and other advocates related to the barriers and gaps to full community inclusion and services.

Work began on the 2017-2021 State Plan in December 2014 where nearly 250 people with disabilities and members of the public gathered at the Council's Conference for People with Disabilities for a town hall meeting in order to have a frank and open conversation about topics including health care, transportation, employment, education, and community support. Four additional town halls were held in 2015 throughout Indiana in Evansville, Fort Wayne, Fishers, and Indianapolis. Three community forums were held in Muncie, Lafayette, and Gary. The following topic areas were discussed: transportation, employment, community supports, housing, health care, education, recreation and family support.

People raised a number of issues at the forums that cut across many different topics. These cross-cutting issues and themes came up in the discussion of every topic area. The following issues were important in all of the town halls and community forums: rights, accountability, advocacy for people with disabilities, lack of information about services and supports, and public awareness. Nearly 600 individuals in total provided public input in person through one of the Council's town halls, community forums, or focus groups. Of those that participated in person, approximately 55% were people with disabilities, about 25% were family members, and the rest were service providers, professional advocates, or support staff.

The Council also conducted a statewide "Focus on the Indiana Disability Plan" poll involving more than 430 participants. The results of the public forums and quantitative research were analyzed and discussed by Council Members throughout the process resulting in the initial draft of the State Plan which included five goal areas. The Council contracted with Indiana University Public Policy Institute which conducted six focus groups to review the draft State Plan and further explore issues and challenges for people with disabilities in

Indiana. The focus groups helped identify best practices, creative approaches, and effective efforts, and generated recommendations to further refine the draft State Plan.

The Council discussed the focus group results, made revisions and voted to approve a draft plan. The draft State Plan was distributed for public input. The findings of the public input process were provided to the Council Board for review. In July 2016, the Council Board met and discussed the public input and made minor adjustments to clarify relevant objectives. The final draft plan was adopted by the full Council on July 27, 2016.

RATIONALE FOR GOAL SELECTION

The Council believes it is vital to obtain input from stakeholders in the service system. Primarily that involves collecting input in variety of settings using a number of different mechanisms from people with disabilities and family members. Other stakeholder groups who have provided information include: advocates, state agency representatives, community service provider representatives, and DSP representatives. From this input collected over nearly a two-year period, using various techniques, several key service system issues/topics arose.

These service system topics were derived from the unmet needs of individuals with disabilities and their family members as identified during the comprehensive review and analysis of the Indiana service system. The Council obtained data using the following activities: needs assessment surveys (mailed and on-line), project summary reports, research results, program evaluations, a series of person-centered planning approaches, review of Developmental Disability Network agency state plans, customer satisfaction surveys and stakeholder forums.

Through this process we learned that Indiana has a plethora of needs. From the information on needs, the proposed goals and objectives for the next five years were developed and prioritized. Council members identified self-directed community supports, employment, healthcare, transportation, and inclusion and advocacy as primary areas to work on during the next five years.

The Council also focused in on information dissemination and education outreach as an area of effort to address the needs identified in the data. The rational for the Council's goals is based on addressing the needs revealed by our data and needs assessment activities, and is summarized as follows:

GOAL 1. COMMUNITY SUPPORTS

Promote a comprehensive system that results in self-directed community supports and engagement for people with disabilities.

The Council heard clearly from self-advocates and family members about their objections to the current situation in which the choice and control of many people with disabilities and their families for support with critical aspects of life (from housing to personal assistance to employment) is proscribed by systemic limitations.

Based on an analysis of state data, too many people are still receiving segregated services in disability settings instead of working in the community and being a part of community life while the state spends more than necessary for segregated group living arrangements in the community. As a result many people with disabilities and their families are forced to accept unsatisfactory living conditions and to wait years for alternative options. Current community capacity to meet the increasing needs of people with disabilities who desire to live in their communities including those on waiting lists, those living with aging parents and those living in group settings and institutions is inadequate.

By supporting self-directed community supports and community engagement, the Council hopes to improve the quality of life of people with disabilities by giving people with disabilities and their families the “power of the purse”. This means people with disabilities and families themselves will decide who will provide services to their loved ones and whether that service or support is worthy of continued financial investment. In addition to improving quality of life outcomes, the Council has identified the following objectives as a means to improving the support system as a whole by promoting the importance of self-determination, respect, and autonomy of individuals with disabilities and increasing access to safe, affordable, integrated and accessible housing and community infrastructure.

GOAL 1 OBJECTIVES

- 1.1 Convene a home and community based services workgroup of consumers and key stakeholders to guide the development of policy recommendations and educational materials for legislators and policymakers.
- 1.2 Advocate for a minimum of (5) five new or amended state or public programs, policies, or practices including improvements to home and community based supports and services, and funding changes that support self-directed community living.
- 1.3 Support a minimum of (10) ten programs and policies that increase safe, accessible, affordable, and integrated housing and community infrastructure.

- 1.4 Develop and promote educational and information resources that facilitate community engagement and accessibility.
- 1.5 Engage with community partners to educate a minimum of 400 people with disabilities and family members about legal rights and remedies to home and community based services and equitable access to services.
- 1.6 Educate a minimum of 100 direct care providers and families on the importance of recognizing and respecting the autonomy of individuals with disabilities.

GOAL 2: EMPLOYMENT

Increase resources, access and options for competitive, integrated employment at a living wage for people with disabilities.

Employment was selected as a goal because consumers reported obtaining and maintaining competitive, integrated employment at a decent wage as a top issue. People with disabilities want economic self-sufficiency in order to fully participate in the community. They possess skills that match business and community needs; however, individuals with disabilities have few options for jobs that promote dignity and financial independence. Many youth with disabilities have fewer choices for education and employment after high school.

Employment can be an avenue out of poverty for many individuals, and transition from education to employment is critical in keeping individuals from becoming impoverished. Transition to employment, however, must start earlier for young adults and include creative approaches and a full exploration of career pathways that meet the skills and desire of the individual.

By using collaborative approaches, exploring innovative solutions to systems change, and supporting important efforts such as the Employment First initiative, the Council hopes to make competitive, integrated employment a real option for many more individuals with disabilities.

GOAL 2 OBJECTIVES

- 2.1 Work with partners, including policymakers, employers, and Chambers of Commerce, to develop and implement a plan to double the number of individuals with developmental disabilities who are employed in competitive, integrated employment at minimum wage or higher by 2021.
- 2.2 Through collaboration with the Indiana Institute on Disability and Community, Indiana Disability Rights, and the Council, the Developmental Disabilities Network will work with Indiana Association of People Supporting Employment First (INAPSE) and other partners to advocate for the adoption and implementation of a statewide Employment First initiative.
- 2.3 Increase the employment of youth transitioning from high school to adult life through business, industry, and government partnerships by 10%.
- 2.4 Promote opportunities for youth and adults with disabilities to develop career pathways that match their interests, skills, and desires.

- 2.5 Educate a minimum of 50 people with disabilities about opportunities to become self-employed or create a microenterprise.
- 2.6 Educate a minimum of 250 people with disabilities and family members on work incentives and financial options such as ABLE accounts and special needs trusts.
- 2.7 Provide information to a minimum of 1,500 educators, guidance counselors, employers, family members, and educational support staff that addresses attitudinal barriers and misperceptions, as well as highlights successes, about the employment of people with disabilities.
- 2.8 Advocate to abolish the sub-minimum wage while expanding other employment options.

GOAL 3. HEALTH CARE

Reduce disparities through ensuring equal access, health promotion, illness prevention, and treatment of acute and chronic illnesses for people with disabilities.

The Council heard and state data supports that individuals with disabilities have fewer health care and wellness options and the current service system inadequately reflects the preference of individuals with disabilities. Quality, affordable, accessible health care that meets the needs and choices of people with disabilities and chronic conditions, including home and community-based alternatives in long term care, is an essential ingredient for participating fully in all aspects of life.

Approaches to improving health care must include mental health. A recent Griffin Hammis report stated that mental health needs and the lack of investment in mental health is “so evident that Indiana may be one of the worst places in the United States to live if you have a mental health need, ranking just ahead of Texas, Florida, and Georgia in providing needed care”. Indiana ranks 7th highest in suicides among all states and ranks 5th highest in children with emotional behavioral issues. 247,000 Hoosiers with the most serious mental health needs are eligible for mental health care but because they live in Indiana their mental health needs are not met by the Affordable Care Act.

In reviewing consumer feedback and state reports, it also became clear that the prevalence of disparities in health care for women with disabilities is significant. Women, especially those with disabilities, have unique health care needs or issues that require special focus. Data supports the need to enhance the response of the health system to women's needs, especially those with disabilities; better understand differences between the health care needs of women and men; better understand and eliminate disparities in health care; and provide evidence to inform women in their health care decisions.

Through an approach that involves policy change at the state level and education at the consumer and health care provider level, the Council intends to promote healthier living by reducing health disparities, lack of equal access, and poor illness prevention and treatment for people with disabilities.

GOAL 3 OBJECTIVES

- 3.1 Identify and encourage the use of at least (3) three emerging approaches that promote increased access to health care such as telemedicine and home visits.
- 3.2 Promote healthy lifestyles and illness prevention through patient-focused health care, education, and equitable wellness incentives.

- 3.3 Identify at least (4) four barriers to women's health care, including preventative screening and healthcare access for women who have disabilities, and develop recommendations to address disparities through outreach, education, and changes to policies and practices.
- 3.4 Identify and address at least (4) four policy, practice, or funding systems barriers to access to mental health and addiction services for people with disabilities.
- 3.5 Identify and address at least (5) five educational needs and policy changes to improve appropriate access and respect for people with disabilities in hospitals and other healthcare settings.

GOAL 4. TRANSPORTATION

Increase resources, access, and options for transportation for people with disabilities.

Safe, affordable, and reliable transportation is a critical component to community inclusion but continues to be identified a barrier. People with disabilities, like other Indiana citizens, deserve practical options for getting from place to place in order to live, work and play in their community of choice. There continues to be regulatory issues in local communities and concerns regarding reliability, timeliness and professionalism of providers. Safety was also a concern when riders have long waits in isolated areas in early morning and late evening hours. It was reported that individuals want transportation for employment and community participation that is timely, reliable and safe. They want para-transit service regulations to give priority for employment and community participation. They are interested in alternative transportation models like vouchers. Many individuals are more than willing to use the public transportation systems, but want more safeguards put in place like marked bus stops in smaller communities, better trained drivers, and training programs for individuals to help them develop independent transportation skills.

Over the next five years, the Council will engage in systems change efforts to identify and reduce barriers to safe, affordable, and reliable transportation.

GOAL 4 OBJECTIVES

- 4.1 Identify and address at least (4) four transportation-related policies, practices, or funding barriers to community employment or participation and conduct activities to improve access to transportation and mobility.
- 4.2 Advocate for changes in Medicaid and waiver regulations and policies related to transportation.
- 4.3 Identify and train at least 25 transportation service providers on disability etiquette, respect, and rider rights.
- 4.4 Increase transportation options by recommending policy changes that reduce multijurisdictional issues, promote ride-sharing, and support additional funding sources.

GOAL 5. INCLUSION AND ADVOCACY

Promote full inclusion through educating people with disabilities, their families, and their communities.

Survey data, focus groups, and research data indicate that people with disabilities and families wish to be informed and positioned to influence public policy; to make decisions that will improve their lives; to be valued contributing members of their community and society; to grow the next generation of leaders and to be a part of the change that is necessary to create a truly inclusive community.

However, individuals with disabilities and family members often lack the knowledge and skills to advocate for themselves and others. They often do not have the opportunities and skills needed to take leadership roles in their communities and in the design of their services and supports, and often lack the opportunities to develop friendships and relationships with others not paid to support them.

Leadership training is the key to moving forward in any area of effort. The Council clearly heard that its self-advocacy and leadership training activities are among its most important and effective endeavors. While Indiana has a well-established self-advocacy membership organization and leadership development program (Partners in Policymaking), it is critical to broaden the base of support (political, financial, and practical), as well as to expand the role of self-advocates and the scope of issues of concern.

For individuals to become leaders in all aspects of society and in their own lives they must be informed. Individuals with disabilities and family members need to be informed about current issues that may affect their lives and need access to up-to-date information about services and supports.

By supporting leadership training, self-advocacy development, cross-disability statewide advocacy efforts, and other efforts to promote inclusion within the community, the Council hopes to move closer to making the goal of a fully integrated and inclusive society a reality.

GOAL 5 OBJECTIVES

- 5.1 Support a statewide organization(s) led by self-advocates who will train other self-advocates to become leaders and expand participation of individuals with development disabilities in cross-disability and culturally diverse coalitions.
- 5.2 Assist at least 400 individuals with disabilities and family members to gain the knowledge, skills, and opportunities to influence decisions that affect the lives of people with disabilities.

- 5.3 Promote mutual understanding and appreciation between people with and without disabilities through a comprehensive campaign and other effort that result in participation of at least 2,000 individuals per year in disability awareness events and activities.
- 5.4 Support the growth and development of a cross-disability statewide advocacy network to disseminate information and achieve change through nonpartisan political action, community engagement, and public issue forums.
- 5.5 Serve as a statewide resource to individuals with disabilities, their caregivers, and others by providing educational materials and information about state and community-based resources.
- 5.6 Promote programs that educate at least 250 law enforcement and first responders on how to properly engage with individuals with disabilities.

EVALUATION PLAN

Over the course of the five years, the Council will implement a multi-method approach to conducting formative and summative evaluation of our Council.

Formative Evaluation: The purpose of a formative evaluation plan is: (1) to determine the extent to which objectives were achieved; (2) to provide a description of the strategies that contributed to achieving the objectives; and (3) to provide a description of factors that may have impeded progress.

Two types of formative evaluation approaches will be used; process and progress evaluation. Process-based evaluation measures the extent to which a critical project activity is implemented as planned and proposed. Progress-based evaluation assesses the extent to which programs meet goals and how they could progress in the future. Results of our process evaluation will be used to inform the Board and other stakeholders as to whether critical activities have been conducted within proposed timelines. The process-based evaluation will address the question of the extent implementation has differed significantly from what was planned and if changes or adjustments are needed.

Summative Evaluation: A summative evaluation involves the collection of data that measures intended project outcomes. In summative evaluation, programs or projects are assessed at the end of an operating cycle, and findings typically are used to help decide whether a program should be adopted, continued, or modified for improvement. Outcomes will be evaluated through multiple methods including the following:

Face-to-face/telephone interviews. In some instances, face-to-face and/or telephone interviews will be conducted with some stakeholders, particularly when the stakeholder group is a small and targeted group. Interviews will collect data not only on stakeholders' perceptions of outcome attainment of the specific objective, but also on the needs groups have for information, education, training, technical assistance, policy revision, etc., in better serving people with developmental disabilities and their families. In the case of interviews with individuals with developmental disabilities and family members themselves, questions will also focus on how our work can better serve them.

Pre-tests will be used to measure participants' assessments of the gains they make from participating in Council education and training programs. Pre-tests will be designed to demonstrate participants' increased knowledge and skills, changed attitudes, and/or increased motivation in alignment with program specific outcomes.

Surveys. Outcome data will be collected through administration of a post-course or post-workshop survey of participants. These surveys will focus on participants' assessments of knowledge and skill gains acquired through participation in the Council activity. Other surveys will measure the extent to which the Council activity enhanced programs'/agencies'/capacity to serve individuals with developmental disabilities, and the extent to which project activities have increased consumer and stakeholder awareness of diverse issues related to areas in developmental disabilities.

Follow-up interviews will be utilized for some activities. The follow-up interviews will be developed to obtain more in-depth information regarding the outcomes of education and training and participants' use and application of what they have gained or learned in the training.

Follow-up surveys will be administered on a widespread basis to participants of designated Council activities. Survey instruments will be used to obtain data on the extent to which participants are applying knowledge and skills or applying new practices acquired through training.

Product review will be used if the primary outcome of an objective is products. Outcome attainment will be assessed by an in-depth review of the product for completion, quality and relevance through the use of Product Review instruments assessing the extent to which products address the Councils five year goals and the needs of people with developmental disabilities.

Other data will be collected and will supplement the formative and summative evaluation of the Council's progress. Additional data will include Council member surveys, Council staff surveys, grantee and subcontractor surveys, as well as stakeholder focus groups as directed through the Consumer Satisfaction toolkit provided by Administration on Intellectual and Developmental Disabilities (AIDD).

Quarterly and annual project reports will be reviewed during regularly scheduled Council meetings and incorporated into the AIDD Annual Program Performance Report template under their respective goals and objectives. The Council review will have several goals: (1) to review overall progress toward the accomplishment of the five-year plan in meeting identified needs and achieving intended results, (2) to assist in the determination of the status of each goal as achieved, in progress, or not achieved, and (3) to make recommendations about modification to the plan in response to emerging trends and needs. The Council findings and decisions will then be incorporated into applicable reports and state plan revisions.

Continuous feedback as well as the ongoing data collection of the Council will provide a strong review and identification process for emerging trends and needs as a mean for updating the State Plan.