Rhode Island Developmental Disabilities Council

State Plan

For Federal Fiscal Year 2016

Submitted on: 2015-12-18 11:18:20

Rhode Island Developmental Disabilities Council
400 Bald Hill Road Suite 515
Warwick, RI
02886
Section I: Council Identification


PART B: Contact Person: Mary Okero

Phone Number: (401) 737-1238

E-Mail: MaryOkero@riddc.org

PART C: Council Establishment:

(i) Date of Establishment: 1971-10-01

(ii) Authorization: State Statute

(iii) Authorization Citation: RI General Law 40.1-1-9

PART D: Council Membership [Section 125(b)(1)-(6)].

(i) Council Membership rotation plan:

Council members shall have terms of three (3) years and may serve a maximum of three (3) consecutive full terms, except if elected to Council office when the total term of service may be extended for the duration of the member's service as a Council officer. The Council membership of agency representatives (as specified in Article IV, Section F), automatically ends with the termination of their agency affiliation.
## Council Members:

<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>Code</th>
<th>Organization</th>
<th>Appointed</th>
<th>Term Date</th>
<th>Alt/Proxy State Rep Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Murphy, Joseph</td>
<td>A1</td>
<td>RI Office of Rehabilitation Services</td>
<td>2014-10-01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Achin, Denise</td>
<td>A2</td>
<td>RI Department of Education</td>
<td>2006-10-01</td>
<td></td>
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<tr>
<td>3</td>
<td>Klees, Marie</td>
<td>A3</td>
<td>RI Div of Elderly Affairs</td>
<td>2006-03-10</td>
<td></td>
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<tr>
<td>4</td>
<td>Murphy, Joseph</td>
<td>A4</td>
<td>Medicaid</td>
<td>2014-10-01</td>
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<tr>
<td>5</td>
<td>Bandusky, Ray</td>
<td>A5</td>
<td>RI Disability Law Center</td>
<td>1997-10-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Rosenbaum, Claire</td>
<td>A6</td>
<td>Sherlock Center on Disabilities</td>
<td>2103-10-01</td>
<td></td>
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<tr>
<td>7</td>
<td>Mercurio, Arthur</td>
<td>A7</td>
<td>Bradley Hospital</td>
<td>2014-10-01</td>
<td>2017-09-30</td>
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<tr>
<td>8</td>
<td>Garneau, Deborah</td>
<td>A8</td>
<td>RI Department of Health</td>
<td>2004-12-13</td>
<td></td>
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<tr>
<td>9</td>
<td>Curran, Therese</td>
<td>A9</td>
<td>West Bay Transition Academy</td>
<td>2013-10-01</td>
<td>2016-09-30</td>
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<tr>
<td>10</td>
<td>Emond, Christine</td>
<td>A9</td>
<td>Div of Devel Disab</td>
<td>2013-10-01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Beaton, Rebecca</td>
<td>B1</td>
<td>Individual</td>
<td>2011-10-01</td>
<td>2017-09-30</td>
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<tr>
<td>12</td>
<td>Harvey Dennis</td>
<td>B1</td>
<td>Individual</td>
<td>2015-10-01</td>
<td>2018-09-30</td>
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<td>13</td>
<td>Lowe, Katherine</td>
<td>B1</td>
<td>Individual</td>
<td>2013-10-01</td>
<td>2016-09-30</td>
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<tr>
<td>14</td>
<td>Matracia, Michael</td>
<td>B1</td>
<td>Individual</td>
<td>2013-10-01</td>
<td>2017-09-30</td>
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<tr>
<td>15</td>
<td>Porcelli, Steven</td>
<td>B1</td>
<td>Individual</td>
<td>2011-10-01</td>
<td>2017-09-30</td>
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<tr>
<td>16</td>
<td>Reynolds, Megan</td>
<td>B1</td>
<td>Individual</td>
<td>2013-10-01</td>
<td>2016-09-30</td>
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<tr>
<td>17</td>
<td>Showstead, Heide</td>
<td>B1</td>
<td>Individual</td>
<td>2013-10-01</td>
<td>2016-09-30</td>
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<tr>
<td>18</td>
<td>Titon, Emily</td>
<td>B1</td>
<td>Individual</td>
<td>2013-10-01</td>
<td>2017-09-30</td>
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<tr>
<td>19</td>
<td>Donovan, Sue</td>
<td>B2</td>
<td>Parent</td>
<td>2013-10-01</td>
<td>2016-09-30</td>
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<tr>
<td>21</td>
<td>Susa, John</td>
<td>B2</td>
<td>Parent</td>
<td>2013-10-01</td>
<td>2017-09-30</td>
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<tr>
<td>22</td>
<td>Genco, Mary</td>
<td>B3</td>
<td>Parent</td>
<td>2014-10-01</td>
<td>2017-09-30</td>
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<tr>
<td>23</td>
<td>Killian, Robert</td>
<td>B3</td>
<td>Uncle</td>
<td>2013-10-01</td>
<td>2016-09-30</td>
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<td>24</td>
<td>Martin, Celest</td>
<td>B3</td>
<td>Parent</td>
<td>2011-10-01</td>
<td>2017-09-30</td>
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</tbody>
</table>

## PART E: Council Staff [Section 125(c)(8)(B)].

<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>Position or Working Title</th>
<th>FT/PT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nerney, Kevin</td>
<td>Assistant Director</td>
<td>100.00</td>
</tr>
<tr>
<td>2</td>
<td>Okero, Mary</td>
<td>Executive Director</td>
<td>100.00</td>
</tr>
</tbody>
</table>
PART A: The designated state agency is:

University of Rhode Island

Director, Office of Sponsored Projects, Research Office 70 Lower College Rd
Kingston, RI 02881

phone: (401) 874, fax: (401) 874
email: wnwangwu@uri.edu

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

N/A or No direct services are provided.

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

The DSA has a Memorandum of Understanding/Agreement with the Council.

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

Provides fiscal and grant accounting, federal financial reporting and state plan assurances.

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

2008
INTRODUCTION: A broad overview of the Comprehensive Review and Analysis conducted by the Council.

The Council obtained data from 10 different sources and activities using an Appreciative Inquiry (AI) Process, dedicating the Council Annual Meetings in 2008 and 2009 to this process. AI helps groups think about the best of the current system, challenges and solutions that work for people, and the future that members would like to see. This process is used across the country as a positive starting place for planning. Input was also collected from: focus groups with seven (7) Advocates in Action local self-advocacy groups, as well as a public opportunity at the Advocates in Action annual statewide conference in 2010; current Council project summary reports; national and local research results; the most recent PAL Quality of Life Survey; the 2010 DDNetwork Forum; the Council’s Cross-Disability Coalition’s identification of Priority Need Areas of People with Disabilities in RI; reviews of state agency plans; and the annual listening sessions held by the Governor’s Commission on Disabilities.

Participation in the most recent strategic planning for TechACCESS, the technology project in RI, yielded more information. THE SYSTEM OF SUPPORTS IS CHANGING AS THIS FORM IS BEING COMPLETED. RI has one of the first CMS 'block grants', known locally as the Consumer Compact Global Waiver, which has resulted in subtle (and some radical) cuts in funding which will result in changes in the human servs system, including DD supports, which we are just seeing. During the night on Saturday, June 25, 2011 the RI General Assembly voted on a budget that cuts enormously from human servs. "Human services spending took the brunt of the reductions, with more than half of the budget's $150 million in cuts coming from programs and services to help the elderly, disabled, and poor."(ProJo 6/25/2011). It now remains to be seen how those cuts affect the lives of individuals. Project Sustainability is our Division of Developmental Disabilities' system overhaul. Individuals newly eligible for supports from BHDDH will undergo a Supports Inventory Scale assessment which will establish need, a rate will be derived from that need 'level' and supports initiated. This is described more fully in Informal and Formal Supports. People can self-direct a la carte, or opt for provider 'menus', or mix'n'match. There are about 350 individuals self-directing in RI now under this program, out of about 3,600 served by the Division. There is a need for increased awareness and infrastructure around self-directing. The Council has several objectives that will address this need and is working collaboratively with the Sherlock Center and RI Parent Information Network to identify strategies to increase awareness about self-directed supports. Housing shortage and public transportation route/cost challenges due to RI's urban/rural geography are part of complexity. Health care access may change related to budget, in part involving definitions of eligibility which have not yet been announced. Employment is a significant challenge, complicated by employer’s lack of understanding about the potential of people with disabilities and need for increased education in general and information on incentives for hiring people with disabilities. Technology is underused in almost all capacities-independence, health, employment and social networking.

PART A: State Information

(i) Racial and Ethnic Diversity of the State Population:
### Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White alone</td>
<td>84.4%</td>
</tr>
<tr>
<td>Black or African American alone</td>
<td>6.5%</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone</td>
<td>1%</td>
</tr>
<tr>
<td>Asian alone</td>
<td>3.1%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander alone</td>
<td>0%</td>
</tr>
<tr>
<td>Hispanic or Latino of any race</td>
<td>11.4%</td>
</tr>
<tr>
<td>Some other race alone</td>
<td>0.7%</td>
</tr>
<tr>
<td>Two or more races:</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

(ii) Poverty Rate: 11.60

(iii) State Disability Characteristics:

a) Prevalence of Developmental Disabilities in the State: 16638

Based on Larsen et al's data from 2001 who stated a 1.58% prevalence rate for ppl with ID/DD in the US and RI population of slightly over 1,053,000.

b) Residential Settings:

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Served</th>
<th>A. Number Served in Setting of 6 or less (per 100,000)</th>
<th>B. Number Served in Setting of 7 or more (per 100,000)</th>
<th>C. Number Served in Family Setting (per 100,000)</th>
<th>D. Number Served in Home of Their Own (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>212</td>
<td>199.600</td>
<td>10.800</td>
<td>85.000</td>
<td>61.000</td>
</tr>
<tr>
<td>2007</td>
<td>201</td>
<td>183.800</td>
<td>15.300</td>
<td>79.000</td>
<td>56.000</td>
</tr>
<tr>
<td>2005</td>
<td>202</td>
<td>183.100</td>
<td>16.400</td>
<td>65.000</td>
<td>60.000</td>
</tr>
</tbody>
</table>

c) Demographic Information about People with Disabilities:

<table>
<thead>
<tr>
<th>People in the State with a Disability</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population 5 to 17 years</td>
<td>6.2%</td>
</tr>
<tr>
<td>Population 18 to 64 years</td>
<td>10.2%</td>
</tr>
<tr>
<td>Population 65 years and over</td>
<td>33.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race and Hispanic or Latino Origin of People with a Disability</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White alone</td>
<td>12.5%</td>
</tr>
<tr>
<td>Black or African American alone</td>
<td>11.8%</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone</td>
<td>9.5%</td>
</tr>
<tr>
<td>Asian alone</td>
<td>8.6%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander alone</td>
<td>0%</td>
</tr>
<tr>
<td>Some other race alone</td>
<td>12.1%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>11.9%</td>
</tr>
<tr>
<td>While alone, not Hispanic or Latino</td>
<td>12.7%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>11%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment Status Population Age 16 and Over</th>
<th>Percentage with a Disability</th>
<th>Percentage without a Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>23.9%</td>
<td>67.7%</td>
</tr>
<tr>
<td>Education Attainment</td>
<td>Percentage with a Disability</td>
<td>Percentage without a Disability</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Less than High School graduate</td>
<td>34.4%</td>
<td>11.2%</td>
</tr>
<tr>
<td>High School graduate, GED, or alternative</td>
<td>32.7%</td>
<td>27.2%</td>
</tr>
<tr>
<td>Some college or associate's degree</td>
<td>20.2%</td>
<td>27.5%</td>
</tr>
<tr>
<td>Bachelor's degree or higher</td>
<td>12.7%</td>
<td>34.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Earnings in the past 12 months</th>
<th>Percentage with a Disability</th>
<th>Percentage without a Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 1 to $4,999 or loss</td>
<td>26.4%</td>
<td>20.1%</td>
</tr>
<tr>
<td>$ 5,000 to $14,999</td>
<td>12.9%</td>
<td>7.5%</td>
</tr>
<tr>
<td>$15,000 to $24,999</td>
<td>16.7%</td>
<td>14.1%</td>
</tr>
<tr>
<td>$ 25,000 to $34,999</td>
<td>11.6%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poverty Status</th>
<th>Percentage with a Disability</th>
<th>Percentage without a Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 100 percent of the poverty level</td>
<td>20.5%</td>
<td>8.5%</td>
</tr>
<tr>
<td>100 to 149 percent of the poverty level</td>
<td>15.4%</td>
<td>6.4%</td>
</tr>
<tr>
<td>At or above 150 percent of the poverty level</td>
<td>64.1%</td>
<td>85.1%</td>
</tr>
</tbody>
</table>

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

(i) Health/Healthcare:

Global Medicaid Waiver (GW) was launched and promoted as a method to eliminate individually negotiated, population-based block grants (1115 waivers – RI had 11 of them), and provide RI with flexibility to deliver “the right care at the right time in the right place” to all individuals who are eligible for Medical Assistance (MA). BHDDH maintains a certain status for its populations from the general MA population. Categorization of eligibility has been re-defined according to level of care, highest, high, or preventive. GW has 3 major program goals: 1. To re-balance the system to increase access to home and community-based services and to decrease reliance on inappropriate institutional stays. 2. To ensure all MA beneficiaries have access to a medical home. 3. To implement payment and purchasing strategies that align with the program goals and that ensures sustainability. CHILDREN AT-RISK & with SHCN According to RI Dept of Health, 35,265 children, or 14.1% of RI children, have special health care needs. The ‘Katie Beckett’ option protects eligibility for home and community-based services for children with significant health-care needs. CEDARR Centers were developed to advance a positive family-centered system of care, encourage clinical excellence, improve health outcomes, and promote overall cost-effectiveness for children with sp. medical, behav, or developmental health care needs. Key to this is partnering with parents. Disparities exist in this system. Eligibility is needs-based. Families who exceed the income ‘cap’ are left on their own to navigate the system. This has given rise to parent-driven groups such as the RI Parent Information Network, and UCEDD Peer Navigator trainings. TRANSITION FROM PEDIATRIC TO ADULT HEALTH CARE In 2006-2007, the RI Dept of Health’s Off. of Sp. Healthcare Needs (OSHCN) conducted pedi and adult primary care surveys to understand transition and transfer of CSHCN from pediatric care to adult primary care. Family practice physicians who provide continued care reported significantly higher comfort levels in treating young adults with SHCN than internists or physicians of non-continued care family practices. 94% indicated that health plans never or rarely assist with the transfer of CSHCN and, 47% reported that these young adults always or sometimes experience gaps in care during the transfer from pediatric to adult care.

In January 2012 the Cross Disability Coalition identified the major health care issues and concerns of adults with disabilities in RI. This information is posted on our website and was included as foundation material for a federal
grant recently approved in July 2012 by CMS to URI to transform the health care system in RI and improve healthcare of adults with disabilities. The aim of this grant is to develop an innovative model of healthcare delivery to address the preventive and treatment needs of Rhode Islanders with special needs who lack easy access to medical care and supports. An integrated team of clinical and community providers will address the 3-part aims of better health, better care and lower costs through chronic care disease management. The Cross Disability Coalition and staff from the DDC will be involved as members of the advisory committee for this grant and the Cross Disability Coalition will receive a sub contract to develop and implement a Peer Mentor and Peer Life Coach training curriculum. The Coalition will also be involved in developing Satisfaction Surveys for participants and in sensitivity training for medical professionals in RI.

Council continues to develop new trainers for the Healthy Lifestyles curriculum, with 15 new trainers in February 2012, and, have already trained 12 new youth trainers, and trained another youth/parent group in August, a Regional adult/supports group of 22 is planned for Sept 2012.

(ii) Employment:
Having a job is a high concern for many people (ref. Cross-Disability Coalition, Self-advocacy focus groups, DDNetwork Forum.) The Office of Rehabilitation Services (ORS) is the public state and federally funded program that assists individuals with disabilities to choose, prepare for, obtain and maintain employment. Employment is the successful outcome of services provided through the public vocational rehabilitation (VR) program. From October 2009-September 2010 ORS provided services to 8,068 individuals with disabilities; youth with disabilities 14-21 years of age who received Transition Services =1,336 (1,702 in 2008-09); individuals with disabilities received services through authorized community vendors for evaluations, assessments, therapy support, personal assistance, job training and placement = 3,157; individuals obtained employment in jobs in the community = 568 (RI ORS, Annual Report. 2010). ORS lost a large number of personnel through retirements and other budget cuts, new counselors have less experience with people with developmental disabilities (RI State of Disability, 2009 FactBook, Rhodes to Independence). The RI Disability Law Center expressed concern about the capacity of ORS to meet the needs of the community. ORS uses an order of selection that prioritizes individuals with the most significant disabilities for services. The Council has offered to be a resource on Developmental Disabilities for training and development of new staff and existing practitioners. Individuals work with Rehabilitation Counselors to develop an employment plan, the Individualized Plan for Employment (IPE). ORS utilizes (and is an) “Employment Network” (EN). ENs are private organizations or government agencies that have agreed to work with Social Security for individuals to cash in their Ticket to Work, to accomplish evaluation and training. Rhodes to Independence (RTI), the RI MIG Grant, has been supporting a mini-grant initiative for agencies - some of which are ENs - to learn broader parameters for locating meaningful work opportunities for people with disabilities, specifically customized and self-employment. A Discovery process can be used in place of a conventional work evaluation to identify interests and possible natural and community supports in work to explore and secure employment, a process many people do through networking. The ORS is interested in Discovery, and its potential to get more people working in jobs that are personally meaningful. RTI held Employment First Summits in 2009, 2010 and 2011. RTI performed an environmental scan to compare the different funding sources for people with disabilities for employment services. ORS, netWORKrri (the Employment One-Stops), and Behavioral Health, Developmental Disabilities and Hospitals (BHDDH) all provided overviews of the programs. The RTI Employment Workgroup has two major goals: 1) demonstrate the ‘braiding’ of funding sources to maximize the services and supports and 2) eliminate duplication of services (Ibid). DDD is partnering with the Paul V. Sherlock Center (the UCEDD in RI) and the provider community to develop a baseline database on rates and type of employment of adults with developmental disabilities, so that, if indicated, changes can be made in the provider system for employment supports and practices. A survey was distributed to all DD providers in June 2011 and May 2012 to complete on each person with a disability who was working in a full or part time
job within a specified time period. Information was completed by all providers. A report on the results of the survey for 2011 is listed on the Sherlock website. Approximately 22% of adults with disabilities had full or part time jobs in RI in 2011. Results from 2012 are still pending. The DDC received a grant from Rhodes to Independence to assist 4 people with disabilities in opening their own business and to work collaboratively with RI Small Business Development Center.

(iii) Informal and informal services and supports:
Individuals and families in Rhode Island have choices for living, housing and working, however, resources are limited. The Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH), Division of Developmental Disabilities, is working on improving the eligibility process, services and supports, and transparency in rate-setting through Project Sustainability. Gaps in specific community services were identified as: waiting for respite, assistive technology and durable medical equipment (see Technology), and services targeted to the Hispanic/Latino communities. Additionally, the following issues were identified: the need for more review in DSP training; decrease in DSP turnover, but having input to the hiring and releasing of staff; and more consumer and self directed services. Supports are funded in Residential Services, Day/Employment Services, Family Supports and Respite. Services are provided to individuals by approximately 40 licensed state and private community organizations. Indiv. can choose any of these 40 agencies OR choose to self-direct supports by opting for one of three agencies as their fiscal intermediary. Due to the budget crisis in RI and high unemployment rate (12%), attempts have been made to contain costs without reducing services to people with disabilities. BHDDH contracted with a national consultant to review and restructure the existing rates for services which were effective in 2011 with some rate revisions in 2012. A pilot project began in 2008 to use the Supports Intensity Scale (SIS), a nationally recognized assessment tool, to assess the needs of 500 individuals with disabilities. After the Pilot Project, the Department decided to formally use this tool to assess the support needs of all individuals entering the adult system following eligibility determination. D.D.D. met with advocacy groups and provider agencies to obtain input to develop a rate-setting system that demonstrates consistency, transparency and predictability. While there seem to be opportunities for people with developmental disabilities and their families to participate, self-advocate representation on workgroups was small. The D.D. subcommittee of the Global Waiver Long-term Care Workgroup recommended an articulation of the system of care so that people with D.D. do not need to knock on a new door at every life stage (Early Intervention to Preschool; Pre-K to K-12; K-12 to Transition; Transition to Adult System). While there is a documented process for bridging the last link, there is a need for more information for families about what goes into the process, and what opportunities the services and supports can provide. This is another element to Project Sustainability. SELF DIRECTED SUPPORTS There is a small ‘veteran’ core, but quickly expanding, small group of individuals, families and caregivers who are interested in self-directing their state-provided funding resources. They feel that they can develop and manage services and supports within a planned framework that fits the needs and wishes of the individual in a more person-centered fashion than can incorporated providers. The Sherlock Center took the lead in establishing a statewide informational group for people involved with self-directed supports or families considering this as an option. Council Staff have been involved with these quarterly informational meetings. Some information is also shared on an email List Serve. The SAC is interested in developing a short video on self-directed supports and will be working on this over the next year. RESPITE CARE: There is a shortage of direct supports to provide Personal Assistant Supports and Services (PASS) and respite for children. The adult system does not report any wait times.

(iv) Interagency Initiatives:
HEALTH COLLAB: Dept of Health (HEALTH) collaborates with Dept of Human Servs (DHS) on many early
childhood initiatives, including ESPDT, CEDARR, PPEP (assists families in understanding rights in sp ed system), Family Voices. W/RIDE on Early Hearing Screening (EDHI), the Parent Information Network & Office of Special Health Care Needs (OSHCN) autism projects. Adolescent Health Transition (from pediatric to adult health care). Developed adolescent healthcare toolkit used by Transition Councils & their orgs. Participates on Sp Ed Adv Council. Administers behav. health surveys identifying risk & disparity. W/DCYF, impl new reg: screening young children with substantiated cases of abuse/neglect for EI eligibility. Convenes and sponsors opportunities for family involvement and stakeholder participation in children’s behavioral healthcare system and Family Care Coordinating Partnership (FCCP). RIHAP: at W&I Hospital support and follow-up for children with hearing imp identified through the newborn screen. Formed Family Voices Leadership Team to address barriers to coordinated CYSHCN servs delivery sys. RIPIN does training and administers the Parent Consultant Program placed in programs of Immunization, Birth Defects, and Adol Trans. W/the March of Dimes est statewide Prematurity Task Force. KIDSNET is a data source shared w/ all. TBI: Maintains a registry of ppl with TBI and sp cord injuries for the purpose accessing servs, including SSI and rehab servs. SILC COLLAB: ORS, 2 CILs, Older Blind Indep Living (OIB) services and avoids duplica by having OIB and the CILs' staffs meet concerning cross referral and utilization of funds. RIDE COLLAB: Participates in state-level early childhood interagency task force; W/DHS/ORS and URI, RIC and CCRI have redrafted their interagency agreement to meet the needs of ppl with disab who are jointly served. Clarifies roles and responsibilities for each party involved in fostering a seamless deliv sys supporting the Individual Plan for Employment. ADULT EDUCATION: Collab betw all partners establishes career pathway system including adult ed, career/technical ed, training, and post-sec ed and training providers, wrap-around support servs providers, industry partnership reps, and private partners. Responsive Integrated Skills and Education Strategy w/purpose to make English, literacy, numeracy, and technical skill development opportunities available to all eligible adults irrespective of their skill levels. ORS COLLAB:RI is one of 16 Pilot States chosen to be part of the Advanced Level Technical Assistance Shared Youth Vision Forum. Develop a coordinated infrastructure betw st and fed'l agencies for services to the highest risk youth: 47% minorities. Many w/disabilities. MOUs in place with BHDDH, VA, RIC, URI and CCRI, RIDE, DLT, and DOH. LABOR&TRAINING: DLT operates netWORKri One-Stop Career Center System in RI. Free pub empl service incl: staff-assisted or self-directed empl searches; empl counseling&testing; access to info and ref. to trng, local and nat'l job listings; resource area, The Council's Cross Disability Coalition has provided training to the Executive Director of DLT and his administrative staff on the employment issues and concerns of adults with disabilities at all of the netWORKri offices and they are working with the DLT Communications Director to update their website with more accessible information for people with disabilities. AT for people with disabilities. Partner agencies are RIDE; DHS; Goodwill Industries; ORS; Workforce Partnership of GrRI; and Workforce Solns. Employer Service Network, is a 70-member employer group dedicated to job devel. DEPT OF ELDER AFFAIRS COLLAB: Adults w/disab receiving servs from RI agencies are eligible for DEA at age fifty-five. Approx.116,000 adult Rhode Islander's have disab, representing 20% of population.

(v) Quality Assurance:
The Division of Developmental Disabilities is responsible for planning, providing, and administering supports for adults in Rhode Island with developmental disabilities and their families by safeguarding the well-being of people with developmental disabilities and protecting them from abuse, neglect and mistreatment; ensuring equitable access to, and allocation of available resources; and enhancing the quality of support so that people with disabilities can identify and move toward personal futures of inclusion and participation in community life. The QA section head position was recently posted after a long period of vacancy. The RIDDC, partnering with the provider network, is conducting a needs assessment in the area of law enforcement awareness and skills in identifying and responding to abuse of all kinds. The DDC Executive Director and Executive Committee members have been meeting quarterly with the director of BHDDH and his key staff to discuss quality issues and concerns. These meetings have been very productive and the department very supportive of Council ideas. Recently the DDC was invited to participate on the department’s quarterly Mortality Review Committee. The DDC
has recommended that the department re-convene a statewide Incident Management Trends Analysis
Committee that has not met for over three years. The department has been supportive of the
recommendation. HUMAN RIGHTS: As more individuals are moving into and around the community independently, hiring and firing supports, entering into roommate and shared living arrangements and self-directing supports there is also a need to learn about boundaries, safety, vulnerability and
rights/responsibilities. As citizens, people need to exercise their right to vote. The Council’s System Advocacy
Committee (SAC), and Individual and Family Advocacy Committee (IFAC) are working collaboratively to develop a Speakers Bureau which will include presentations by people with disabilities on Human Rights. The DDC website includes a presentation entitled “Our Bill of Human Rights” and another Rights presentation entitled “Life is Good!” ASSET AWARENESS/ FINANCIAL LITERACY. People with developmental disabilities who do not work, and many who do, typically live at or near the poverty level. With increasing interest in self-direction of financial resources supplied by public funds, information, workshops and support in the areas of financial literacy and asset development are needed. The DDC received a grant from Rhodes to Independence to develop a Financial Education curriculum, “That’s Money In The Bank!” which is 4 session literacy and education program. Two of these series have already taken place with two more planned for this year. LEADERSHIP DEVELOPMENT: Advocates in Action is the RI Statewide Self-Advocacy organization. The Council supports their efforts annually. The AinA leadership series graduates approx 25 new leaders annually. The Cross-Disability Coalition of RiDDC is working to bring together leaders from across disability groups to address common themes. PROMISING PRACTICES: The system of 40+ providers of different types of services is going to be shifting as the budget is crafted. There were large cuts to the Department of Developmental Disabilities ($25M or 10.8%. June 2011). How much of these cuts are passed along to providers remains to be seen, and how they respond in practice to shrinking resources will be critical to the maintenance of supports to, and quality of life for, people with DD. Practices that maintain supports and services with lean resources will be important to share. While some of these dollars were restored in July 2012 they still have had a serious impact on the system.

(vi) Education/Early Intervention:
Opportunities for personal development are cited as a critical element in being a self-determined individual. The Council focused this survey on transition, post-secondary, Adult Education (AE) and opportunities for lifelong learning. Anecdotal information identified: lack of resources and supports, DSPs and adult educators are interested in tools for activity in this area; few or scattered postsecondary education and lifelong learning opportunities; need for information about supports and reasonable accommodations. Stakeholders wanted: increased and improved opportunities to learn, specifically learning to read; professional development for those serving people with I/DD; and transition planning, with early links to ORS and the Division of Developmental Disabilities. Transition from School to the Adult World. RI has recently reorganized the Office of Special Populations into the Office of Student of Student, Community and Academic Supports (OSCAS). “The goal of the OSCAS is to ensure that children with diverse learning needs are provided equal access to a public education and that schools develop effective strategies for meeting the needs of these unique learners.” (ride.ri.gov/Special_Populations). Transition planning is part of the IEP planning process beginning at 14 years old, focused on the skills and services the student needs to successfully transition from school to adult life. RIDE has a new IEP form for students 14 and older, and partners with the community for outreach to parents and students. The RI Regional Transition Centers provide technical support, training and information on transition services to school personnel and assist in the development of training and information activities. They organize Trans Adv Committee (TACs) in four regions and Prov Pub Schools. TACs meet regularly, include a rep. from each h.s. in the region and adult service agency reps, and are utilized as the primary communication vehicle for sharing emerging transition practices and news. There are notable needs in reducing ‘seams’ in the transition process for students with learning differences. Most frequently cited are: comprehensive student-centered transition planning that includes all of the community agencies as well as natural supports and recognition of student interests, strengths and required accommodations to promote success. Presence at, and strong effective
links to adult service agencies via the IEP process are not systematic. POST-SECONDARY ED:RI must do better at graduating students with disabilities from h.s. The graduation rate of all students is 73.9%, but students with disabilities rate is 55.9%. For students with disabilities exiting school: 30% become employed; 21% attend Post Secondary; 28% do both; and 21% do neither. For students with intellectual disabilities, 15% become employed, 17% attend post secondary, 23% do both; 45% do neither. (RI DD Network MTARS 2009 State of the State). The last three years have seen the emergence of a statewide Dare to Dream conference. Students from all over RI go to URI campus to learn about a wide range of opportunities available to them. Thinkcollege.net is a new higher education project promoting a college experience for students with ID/D.D. This has large potential in RI. ADULT ED:Most programs continue to be GED-focused. 2011-2017 Workforce Board RFPs required all AE programs have liaison to the special education arm of RIDE. The Council’s involvement in successful advocacy for the inclusion of this kind of requirement to bring disability awareness and differentiated instruction to adult education is a leap forward for adults with LD/ID/D.D. in RI. RIDE held its first summit of the liaisons, to identify capacity and training needs. The Council sits on the LD Advisory Group for Adult Educators for promoting awareness and inclusion in adult education programs, with focus on basic literacy and life-long learning.

(vii) Housing:

"Priced Out in 2010" Report states that 4.4 million adults w/ disabilities who rely on SSI have incomes low enough to be completely priced out of every single rental housing market in the country. There is a critical lack of affordable housing throughout Rhode Island, specifically rental assistance for the general public and even moreso for people with disabilities. In 2005, each city and town was required to develop a plan to reach a minimum level of 10% of the housing units within their respective communities being affordable. D.D.D provides a variety of housing options in community settings for approximately 2000+ of the 4000+ adults with D.D. receiving supports. Ppl are being supported in increasingly smaller settings, many of the remaining 2000 adults with D.D. continue to live with their families. Approximately 40% of these individuals are living with a parent over the age of 60 who will require housing support at some point. In addition a growing number of younger indiv. with disab graduating from the pub ed system want their “own place to live” someday. This may not be attainable for them or others given only 18 % of adults are working and many do not have sufficient income. This general shortage of affordable rental housing hits hard for people with disabilities. Federal and state support for people with disabilities provides them with SSI/SSDI incomes far too low to access most decent market-rate housing. The lack of any significant federal help for the construction of affordable rental units, Home ownership and Sec 8 Vouchers and has left people with disabilities in a particularly vulnerable situation. RI was one of the first states to provide all services to adults with D.D. solely in community settings. In March 1994, the state institution, Ladd Center was closed and RI joined NH & VT as the 1st states to close their institutions. BHDDH, D.D.D. provides services/supports to approximately 4,390 adults with developmental disabilities ('09 data). The Division provides a variety of housing options for approx 2,140 adults. Over 70% of the budget is spent on various types of residential support. 47% of people with disabilities live at home with their families ('09 data). Housing support includes state and privately operated 24hr group homes, special care facilities, semi-indep apartments, homeownership, and shared living arrangements. D.D.D. has been focusing on expanding the array of integrated housing options available to include more opportunities for shared living and set-aside units in HUD-assisted housing. Approximately 200-250 people are determined eligible for services annually. Individuals and families request residential support and the state makes a concerted effort to meet the needs of people who have the greatest need. In order to meet people’s needs for housing support and to provide greater choice the Division needs more access to apartments, efficiencies, condos, co-ops, Section 8 and Homeownership Housing Vouchers and other options. Development of smaller integrated housing models as well as accessing existing housing such as HUD assisted housing, would need to be pursued. Primary need expressed in housing by self-advocates was in locating safe, affordable accessible housing. Registries exist for each municipality, but a centralized resource that is searchable by these three key attributes is lacking. Specific needs are: shortage of this kind of housing in general; development of partnerships with existing housing organizations; and of
partnerships with existing housing organizations; and the expansion of Section 8 vouchers. People want more ability to choose where they live and with whom they live. Aging parents and their adult children with D.D. specifically need more information about the supports available to them from D.D.D.

(viii) Transportation:
Transportation remains a critical issue for Rhode Islanders with disabilities, in terms of access to sufficient services, supports and activities, employment opportunities and inclusion. Members of the RI DD Council’s Cross Disability Coalition have identified Transportation as one of four major Priority Issues Areas that need to be addressed (’09 and ’10). People with various disabilities have expressed concerns regarding the need for more flexible routes, more affordable rates, other more creative transportation options, better working order for lifts, and more accessible options. All Rhode Island Public Transit Authority (RIPTA) vehicles are equipped with wheelchair lifts. RIPTA buses and trolleys can "kneel", lowering the front entrance of the vehicle to within inches from the ground for easy access by customers who have mobility impairments. To assist passengers with visual impairments, RIPTA bus operators make ADA stop announcements in compliance with the ADA. There is priority seating for passengers with disabilities. Other passengers must make these seats available upon request. Personal Care attendants for individuals with disabilities may ride RIPTA buses and trolleys free when accompanying an individual w/disabilities. For customers with certified physical, cognitive or visual disabilities who are functionally unable to independently use buses, RIPTA provides ADA Para transit Service. This service is limited to locations within 3/4 mile of RIPTA’s fixed-route service. RIPTA also coordinates and manages the statewide RiDe Para Transit Program-a partnership of the Dept of Elderly Affairs, the BHDDH, the Dept of Human Services and RIPTA. RIPTA has initiated Flex Service which will take riders anywhere within a community’s established Flex Zone, as well as connect with fixed bus routes. Flex Service is a new RIPTA pilot program designed to help serve the unmet mobility needs of communities across RI. Flex Service, offers passengers the option of calling for a ride or picking up the Flex Vehicle at one of its regularly scheduled Flex Stops. In March 2012 RI announced that 13 accessible Taxi’s were available in RI, greatly improving access to transportation for people who are mobility impaired. Members of the Council’s Cross Disability Coalition? and the Governors Commission on Disabilities have been advocating for many years for accessible taxis in RI along with many families of individuals who are mobility impaired. The current State Plan for RIPTA addresses some of the concerns of the Council to include: Too Late/early, have to schedule way ahead of time: Improved Scheduling & Dispatch Capabilities: New scheduling and dispatch software for RIPTA’s Paratransit and Flex divisions was installed in 2008, improving overall customer service with automated trip confirmation and providing better response to canceled trips, no-shows, or vehicle breakdowns. Other benefits include more efficient trip scheduling and enhanced safety due to improved vehicle communications. Disability awareness on the part of drivers: Safety & Security: All RIPTA Driver Safety Programs have been updated over the past three years, with new training requirements now in place for Fixed-Route, Paratransit and Flex drivers. In addition, a comprehensive safety and security evaluation of all RIPTA operations and properties was completed in 2008. Results indicated: Buses/RiDe vans lifts are broken, too few vehicles due to breakdowns: New Paratransit Operations & Support Center: A new paratransit support center is being constructed in Providence providing improved maintenance capabilities, indoor storage for up to 204 revenue vehicles, and an easily accessible, customer service center on Elmwood Avenue. Completion of the project in the Spring of 2010 should provide benefits including increased RiDe service reliability, extended vehicle life and reduced energy consumption. Anticipating increase in bus and paratransit svc in 2020.

(ix) Child Care:
No activities targeted.
Recreation:
Participation in meaningful leisure activities is one part of a healthy lifestyle. Some recreation is physically beneficial when it requires exertion; some recreation is social and emotionally refreshing. In either case, most people have some personally important pastime that they intentionally work into their lives. RI has an extremely active Special Olympics program, with year-round activities and Unified teams in many of the high schools. The Y’s are increasingly inclusive, with local facilities investing in equipment that is accessible and offering memberships on a sliding scale according to income levels, making a Y membership affordable. The Council Individual ad Family Advocacy Committee has ventured a partnership on training and staff capacity-building on disability awareness with one of our local Ys. The Council also participates on the Special Needs Health Care Collaborative (a misnomer, since its entire focus is physical activity for people with disabilities. The group is working on a new name.) Council grantee and Council members also facilitate Healthy Lifestyles, our inclusive Whole Health curriculum, based on Healthy Lifestyles for People with Disabilities out of Oregon Health Sciences University. Both the Y and the Collaboration are interested in bringing Healthy Lifestyles to their general population. Our goal is to establish inclusive groups, in which people with and without disabilities are engaged in active recreation, know where to go to become and stay connected, make new friends and keep fit. The varied calendars of these organizations keep a wide array of options cycling through the calendar year. The Cross Disability Coalition in collaboration with the Trudeau Center will be utilizing the Healthy Lifestyles Curriculum for part of the training for the Peer Mentors and Peer Life Coaches under the CMS federal healthcare Grant.

The RI Developmental Disabilities Council has a popular annual publication posted on the website, the Summer Recreation Guide, that pulls together inclusive leisure and educational activities in which individuals and families can engage during (mostly) the summer months. Parents, teachers and students find it helpful when school gets out to have a resource such as this in which to search for camps, family outings and natural outdoor environments. During our information-gathering, increased information about, and the availability of a centralized calendar for inclusive, accessible year-round recreation, social, and arts opportunities was cited as an on-going need. The Cross Disability Coalition had a direct role this year in researching and updating information for the Guide.

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

(i) Criteria for eligibility for services:
DEVELOPMENTAL DISABILITIES: BHDDH uses the federal definition of Developmental Disability in statute. Historically individuals underwent a Personal Capacity Inventory assessment conducted by a social worker, and a situational assessment for rate setting. New practice under Project Sustainability will utilize the Supports Intensity Scale (which is utilized by many different states and considered to be more reliable and objective instrument) to identify individual support needs and for a funding authorization. Currently, the BHDDH website states that requests for applications are mailed within 2 days. This information may not be accurate, however. Once the individual applies (and the application packet is complete with all required documentation) there is a review period of 30 to 45 days in which the Eligibility Committee meets and reviews applications. Notification of eligibility is stated to take place by the end of this time. The DDC has received a number of telephone calls from individuals stating the waiting time for their application to be approved is between 3-9 months. CASH AND COUNSELING: Many people who meet the federal definition of developmental disabilities who do NOT have ID use the Personal Choice, (Personal Care Assistant Program) through DHS. "... individuals with disabilities who qualify for Medicaid LTC (at the highest or high Level of Care) (have) the opportunity to receive self-directed home and community-based services using a “cash and counseling model.” www.dhs.ri.gov. This program was to be cut from the budget and through advocacy efforts was partially restored and administration redirected from Community-agencies to the Dept of Human Services. CEDARRS centers, comprehensive one-stop access to
children's services are income-capped. Families that exceed the financial eligibility must navigate the system without the support of this system. To be eligible for CEDARR Family Center services, a child must be eligible for Medical Assistance, under age 21, a Rhode Island resident, live at home and have a disabling or chronic condition that is cognitive, physical, developmental and/or psychiatric. KATIE BECKETT: To be eligible for Medical Assistance coverage through Katie Beckett, a child must: be under age 19, be a Rhode Island resident and U.S. citizen or eligible non-citizen, meet the income and resource requirements, meet the Social Security Administration’s definition of disability, live at home and require a level of care at home that is typically provided in a hospital, skilled nursing facility or an Intermediate Care Facility for Persons with Mental Retardation (ICF-MR). Only the child’s income and resources, not the parents’, are used to determine eligibility.

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

Unserved and Underserved: The RI Developmental Disabilities Council has identified large disparities in the type and level of services provided to the deaf, Southeast Asian and Hispanic populations. These disparities exist with regard to services and supports such as shortage of sign language, Spanish, and the very many SE Asian dialects represented in our schools. Effective translation for all of these populations in educational and advocacy situations, health and health care settings and caregiver respite provision is lacking. Another group that is underserved is parents of adult children who have never been part of the system. This was identified by interviewing personnel at the Division of Developmental Disabilities, specifically those who are the charged with providing for the adults when aging parents are no longer able to care for their adult children. The Council can be instrumental in outreach to these families.

This inequality is apparent in our work with the community of deaf individuals with intellectual disabilities, specifically Corliss Center in Warren, RI. Their input is included in Council meeting minutes and community survey input utilizing sign language interpreters provided by the Council, in order to gain their perspective. By working with RI Parent Information Network outreach in such projects as the Socio-Economic Development Center for Southeast Asians in Providence through the Special Needs Health Care Collaborative, where intellectual disability is a difficult subject for families to discuss and expectations are low. CHisPA (the RI Center for Hispanic Policy and Advocacy, in Providence), in cooperation with the Parent Support Network, Caregiver Respite curriculum in Johnston, RI, has helped us realize that people with intellectual and other disabilities are silent members of that community. At our DDNetwork Forum, parents with intellectual disabilities who are Spanish-speaking came to voice their concerns and needs for representation that is visibly lacking as the percentage of Hispanic population in RI grows, and they seek to have their voices heard.

(iii) The availability of assistive technology:

The Rhode Island Assistive Technology Access Partnership (ATAP) is designed as a statewide partnership of organizations, each with a targeted assistive technology focus, working together to improve access to and acquisition of assistive technology for individuals with disabilities. ATAP's main initiatives include: Device Demonstration, Device Loan, Device Re-Use, and Training, Public Awareness, Collaboration, Information & Referral Partners in this initiative (lead agency is Office of Rehabilitation Services) are: Adaptive Telephone Equipment Loan Program (ATEL), East Bay Educational Collaborative (EBEC), Ocean State Center for Independent Living (OSCIL), PARI Independent Living Center, and TechACCESS of RI.

TechAccess, RI's Assistive Technology Access Partnership demonstration center conducted a stakeholder retreat in 2008, in which the Council participated. In this Road Map for adult service, need areas were identified in: information and resources on assistive technology; opportunities for hands-on assessments; the need for
technology to be considered across all life areas; the ability to re-visit changing needs without the burdensome process of re-entering “the system”; technology considered as one part of the whole-person approach to self-determination.

Stakeholders in Council focus groups identified wait-times for delivery and repair of durable medical equipment as well as Assistive technology; support-staff knowledge about AT as need areas. In addition, technology is increasingly utilized in areas such as the netWORKri One-Stops for job searching, resume writing and the completion and submission of applications. The use of technology in the world of work grows generations in weeks. While there are economic considerations, just as for the general population, independence and success can be vastly facilitated with out the 1:1 support of another individual by enlisting an electronic device. Health and safety can be enhanced. Communication technology for social and employment networking, as well as for geographic location, accessing bus routes and generally utilizing applications that make our lives easier must be considered in vocational evaluations and work supports. People with developmental disabilities need to have access to, and support in enlisting, this fast-paced rate of growth in technology options.

(iv) Waiting Lists:

a. Numbers on Waiting Lists in the State:

<table>
<thead>
<tr>
<th>Year</th>
<th>State Pop. (100,000)</th>
<th>Total Served</th>
<th>Number Served per 100,000 state pop.</th>
<th>National Averaged served per 100,000</th>
<th>Total persons waiting for residential services needed in the next year as reported by the State, per 100,000</th>
<th>Total persons waiting for other services as reported by the State, per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>10.530</td>
<td>2237</td>
<td>212.400</td>
<td>143.100</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>2007</td>
<td>10.580</td>
<td>2129</td>
<td>201.300</td>
<td>145.100</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>2005</td>
<td>10.760</td>
<td>2170</td>
<td>201.600</td>
<td>138.700</td>
<td>0.000</td>
<td>0.000</td>
</tr>
</tbody>
</table>

b. Description of the State's wait-list definition, including the definitions for other wait lists in the chart above:
BHDDH does not keep a formal waitlist for eligibility, residential or day/family services that they publicly share. Office of Rehab Sevs uses order of selection for prioritizing people with most significant disabilities. Sec8 Housing had more than 17,000 ppl on the list. It is now closed for between 5-7 years. Independent Living has a current waitlist for Gift of Hearing because it is out of $ until Oct 1. There is no current waitlist for ppl to receive home mods because there is still ARRA funding for materials and construction. The wait now is due to staff shortage to do the work of processing requests, evaluating environments, managing bids, and construction. Once this funding runs out, there will be a shortage of materials resources in which decisions will have to be made to modify a bathroom OR put in a ramp. HBTS: 3-4mo wait. CEDARRS Personal Assistant Supports and Services 1-2 mos wait. RESPITE: For children, list closed, no new referrals taken.

c. To the extent possible, provide information about how the State selects individuals to be on the wait list:
While there is no formal waitlist for funding for residential, day or family supports, BHDDH seems to be prioritizing applications for residential supports on an urgency/risk basis, which is historically the process the
social service staff utilized given the need for residential supports is greater than the available resources. Individuals who are most in need or at the greatest risk are given priority for residential supports. Shared Living is being suggested as an option vs. the more costly and less integrated group home option. Some families have contacted the DDC to express concerns over the waiting time for applications to be reviewed and approved by the department, which in some cases has resulted in people not receiving any services for various time periods. Some resources for family support during this waiting time are provided. Eligible individuals then receive approval for funding to choose a provider for day supports OR to choose an agency for self-directed supports.

d. Entity who collects and maintains wait-list data in the State:

- Case management authorities
- Providers
- Counties
- State Agencies
- Other: Some municipalities collect housing request data

e. A state-wide standardized data collection system is in place:

- Yes/No

f. Individuals on the wait list are receiving (select all that apply):

- No services
- Only case management services
- Inadequate services
- Comprehensive services but are waiting for preferred options (e.g., persons in nursing facilities, institutions, or large group homes waiting for HCBS)
- Other: Some individuals who have had funding authorized by DDD receive non-funded day supports from community providers while they await actual release of funds.

Other services:
Some individuals who have had funding authorized by DDD receive non-funded day supports from community providers while they await actual release of funds.

Other services description(s):
In Providence for example, the Section 8 program is not accepting applications at this time, but the Providence Public Housing program is still \"open\". The family developments are accepting pre-applications and elderly/disabled developments are accepting formal applications. The approximate waiting period for a family development is 3-5 years and 1-2 years for our elderly/disabled buildings. Providence Housing Authority does not provide any services to applicants.
g. Individuals on the wait list have gone through an eligibility and needs assessment:

☑️ Yes/No

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

RI uses the federal definition of Developmental Disability in statute. This just survived legislative discussion to change the definition to entirely hinge on IQ. Currently, the website states that requests for applications are mailed within 2 days. Once the individual applies (and the application packet is complete) there is a review period of between 30 and 45 days in which the Eligibility Committee meets and reviews applications. Notification of eligibility is stated to take place by the end of this time. Social workers are currently in training to administer the SIS. The SIS will be administered after eligibility is determined, before the rate is set. Historically individuals underwent a Personal Capacity Inventory assessment conducted by a social worker, with a less-than-objective approach for rate setting. New practice under Project Sustainability will utilize the Supports Inventory Scale for rate determination.

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

☑️ Yes/No

i. Specify any other data or information related to wait lists:

DDC staff, RIPIN, Sherlock Center and others have assisted families with this information and provided some guidance for the interim waiting time period. Conversation with the largest fiscal intermediary reveals that while ppl are waiting for funding approval, many are getting up to speed with self-direction capacity through intermediary TA. Individual planning and recruitment of staff begins, with the support of the intermediary. Staff cannot be hired until funding is approved. There is no system-wide, organized training for individuals or parents. Sherlock Center has trained a small cadre of Peer-Support Navigators who can offer guidance.

j. Summary of waiting list Issues and Challenges:

DDD ELIGI: No official waitlist, anecdotally there may be signfi time elapse betw when the application is filed/approved/actually funded. Some providers initiate services, but some do not due to uncertainty of funding. SEC8 vouchers list now closed for 5-7 yrs. There is a diff betw \elderly\' housing (one must be over 65) and \disabled\' housing, w/no age definition, assuming these are accessible apartments on the \open market\, w/ no age defined. This means some will go to elders, reducing the # for ppl w/DD. Housing registries are decentralized, maintained at the municipal level. Ppl who hold Sec8 vouchers must take them from town to town seeking places on the local waitlist. Public transportation policy limits housing options. If an individual locates a landlord (not a housing authority) who will take a voucher, the location must be w/in the 3/4 mile of the fixed rte system to use the paratransit. RESPITE: Language, turnover, male workers, intensity.

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

RI has flattened and reduced resources allocated toward dev. disab over the past 5 years. For the most recent
years available (Braddock 2011, reporting years 2006-2009) RI registers the most significant reduction in spending for community services of all states (reducing spending 14% in three years), yet as of 2009 maintains a 16th place out of all states in number of people living in 1-6 person settings. In 2011 alone there have been three additional DD budget reductions. RI has adopted a reimbursement-rate matrix, and in the words of the Burns memo "we are forcing the providers to stretch their dollars without compromising the level of services to the individual". Providers will feel these cuts acutely, with the impact on individuals yet to be seen. There are about 200-250 new applicants to DDD each year, with 125-190 found eligible. Approx. 60-70 people expire or move out of state. There are more people entering the adult system annually than people leaving the adult system. Needs exceed resources. People in the system are aging, requiring services for longer periods of time and with a higher intensity. Along with the 're-balancing' of the LTC system in RI via the Global Waiver, there will need to be a projection to provide for these individuals. New data collection through Project Sustainability (utilization of the Supports Intensity Scale, and re-administering every 3 years) may provide individual baselines and document trajectory of system needs. There will need to be increased reliance on natural, social, faith- and family-based and community-based supports in the future. Initiatives such as the Lifespan Caregiver Respite Act, in which RI is a leader in developing an alternative economy of ability-based skill sharing will become mainstream, while promoting health and safety through social networks. In addition, DDD has invested in developing Shared Living Arrangements (SLAs), which match individuals w/DD w/family caregivers in the community. This approach, done well, can be an effective long-term mix of formal and informal supports. The Division is requesting that every person seeking residential placement first explore a SLA. Council has heard concerns expressed that the SLA is being promoted as a first-line solution rather than a personal choice. There was a large initiative for SLA in the past, which resulted in a few failed matches. Lessons must be learned from those experiences. Interview with DDD SLA team leaders reveals that they are acutely aware that they must proceed cautiously in order to regain the public trust in this approach, so that SLA does not become viewed or used as “adult foster care”.

(vi) Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive:
Rhode Island does not operate any of what are currently termed institutions. RI's only 'facilities' are two state-run general hospitals that currently house individuals with severe, chronic medical conditions, a small handful (literally 2 or 3, service < 10 people) of ICFMR group homes that maintain that certification, and a <30 bed pediatric facility for youngsters with serious health care needs.

(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(c))):
See Comprehensive Review of Systems. Formal supports are all in danger of reduced adequacy due to the condition of the state budget. DDD has published a fee schedule in which it delineates annual/monthly/15-minute increments of billable services and supports. There is an established Cash and Counseling program ay DHS (Personal Care Assistant program - Personal Choice - which has been targeted for reduction and there has been a $25M cut from the DD budget. Several opportunities for RI are emerging as the ACA is implemented. RI is awaiting final CMS approval of a Money Follows the Person demonstration grant (Conditional approval has been awarded), which will support more movement out of nursing homes into the community, but we do not know how this new $ will affect ppl currently at home, wanting to stay there. In some ways this will create a supply/demand conundrum, because while we seek more inclusive environments overall, capacity at a tipping point now (particularly see Housing, personal care). There are not enough respite providers, or independent or family supports. After years of availability, self-direction of funds from the DD system is nearly uncharted territory, and there is no infrastructure to support families wishing to undertake this kind of funding management. There is a
new group that meets monthly to share stories and strategies, but there is no entity that formally acts as a 'North Star'. Also, ACA's State Balancing Incentive Payments Program (SBIPP) provides enhanced federal matching funds to states that implement initiatives that increase the proportion of long-term care expenditures for HCBS. SBIPP is available starting on October 1, 2011. Requirements are: A single point of entry for accessing long term care services and supports (LTSS), A standardized assessment tool for determining eligibility for non-institutional LTSS that is used state wide, and A conflict-free case management system for consumers. Cuts in the DDD state budget will factor into how much match can be provided, based on state investment. As part of this initiative, RI Medicaid has requested guidance from CMS on the inclusion (or not) of services and supports to ppl w/ID/DD in the eligible cohort. Over the past two years, while the GW has moved forward to restructure the long-term care system, there has been inclusion of the DDD services/supports statistics in reporting, while simultaneously maintaining some distance from the system in other respects, most notably Project Sustainability and point of entry. If there is to be one point of entry into LTC, ripple changes will occur else-where in the system. Elements of the Community First option mirror RI's current self-directed model. CMS has not yet released final regulations on this, but there may be an effect (Possibly positive!) on the expansion of self-directed services to new populations ex: Children with Special Health Care needs. The DD Council participated on a GW Evaluation Group which developed a framework of questions to inform a formal evaluation, from the community perspective. Some questions we would like to have answered are - where are the ppl with disabilities who were not found eligible in the high, highest, and preventive categories? How are they doing? Were they referred to other state or community agencies? Are they surviving in other ways, are they hospitalized? These are elusive answers, and without the means to track those who did not 'qualify', there are going to be ppl who are marginalized and may remain unserved.

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

The Rhode Island Developmental Disabilities Council works within communities to promote change that: encourages, inspires, makes it possible for individuals with disabilities to: create, pursue, and achieve lives that are personally satisfying...lives that are Meaningful, Productive, Healthy, and Safe.

Goal selection was based on state and federal data as well as the portrait of state services and analysis of state issues and challenges. The Council then determined which priorities to focus on as Rhode Island is a minimal allotment state and developed five goal areas.

Council Goal 1. LEADERSHIP DEVELOPMENT: The Rhode Island Developmental Disabilities Council will collaborate with the statewide self-advocacy organization, the RI Division of Developmental Disabilities, Network partners, and other stakeholders to increase by 5 people each year of the plan the number of individuals who meaningfully participate in policymaking in leadership roles. - There is a need for individual leaders to emerge to advocate and inform the public and policymakers on a wide array of issues affecting individuals with developmental disabilities. This goal is meant to meet the needs of individuals and groups looking to attain the skills to become leaders as well as provide a structure of continual support through media and the DD network.

Council Goal 2. POLICY ADVISORY AND SYSTEMS CHANGE: The Rhode Island Developmental Disabilities Council will monitor state and federal legislation and policy, and inform policymakers as appropriate. The RI DDC will identify and advocate on three to five emerging issues that affect people with developmental disabilities. - It is imperative that the Council remain up to date and ensure that policymakers are fully informed. Emerging issues must be addressed in order to ensure that the current needs of individuals in the state are being met.
Council Goal 3. HUMAN RIGHTS, ASSET DEVELOPMENT, and EMPLOYMENT: The Rhode Island Developmental Disabilities Council will increase capacity of the system to promote human rights, asset development, and employment. Three issues that have either been at the forefront of topics or previously developed as emerging issues. The DD Council has determined that, based on the specific needs of the citizens of Rhode Island, these three topics require a specific focus to deliver the kind of advocacy and system change most appropriate and best suited for Rhode Island.

Council Goal 4. COMMUNITY INCLUSION: The Rhode Island Developmental Disabilities Council will support activities designed to build community capacity for participation by people with developmental disabilities, so that individuals and their families can participate fully in social, recreational, educational, employment, and civic opportunities. In each year of the plan, the Council will outreach to at least three organizations to work with the Council to increase capacity for full inclusion in their organization. Isolation and lack of relationships have lead to reduce health and safety for decades. Building real inclusive communities and relationships (including employment relationships) lead to better health and safety as well an improved quality of life.

Council Goal 5. SELF DETERMINATION and SELF ADVOCACY: The Rhode Island Developmental Disabilities Council will support self-determination and self directed services. The number of people with developmental disabilities who access self-directed supports will increase from 25 in the first year to 40 in the last year of the plan. People with developmental disabilities will have their voices heard at the state leadership level. It is imperative that individuals are fully informed of the options available to them and that they have the opportunity to participate as citizens of the state.

PART E: Collaboration [Section 124(c)(3)(D)]

(i) As a Network:

The RI Developmental Disabilities Council plans to continue the collaborative working group comprised of the DD Network Agencies, RI Developmental Disabilities Council (RIDDC), RI Disability Law Center (P&A) and Paul Sherlock Center at RI College (UCEDD) and other advocacy organizations. Collaborate on 1 event/year and 2 public education publications.

(ii) With each other: (e.g. Describe the plans the Council has to collaborate with the UCEDD(s). Describe the plans the Council has to collaborate with the P&A.)

Collaboration with the UCEDD: The Sherlock Center is the state's hub for school-age training and technical assistance, as well as supports to families. Council is represented on the Universal Design for Learning Team and attends the Self-Directed Supports User Group meetings. Network collaboration continues on supporting the goals of self-determination as well as promoting the self-directed support model. The DDC will be collaborating with Sherlock Center and Disability Law Center in developing a video on self-directed supports and to post additional information on Council’s website. In addition, network collaboration continues in the areas of Human Rights and Restraint/Seclusion and Guardianship. Network representation on the Division of Dev. Disabilities “Mortality Review Committee” is also an area of collaboration. Member from the UCEDD Sentinel Project participate on the RI DD Council's Cross-Disability Coalition. Collaboration with the Disability Law Center: The Council consults the P&A Center policy, regulations and matters of legal nature regarding people with
developmental disabilities surface, on an as-needed basis, especially with the Council Policy Advisory Committee. The P&A is also represented on the Council's Bylaws committee. Network collaboration on information sharing on self-determination as a broad umbrella: including but not limited to Human rights and Restraint/seclusion, aimed at different constituencies: Council focuses on youth in transition, Adults and their families; UCEDD on school age; DLC on policies and procedures.

(iii) With other entities: (e.g. network collaboration with other entities in the State, including both disability and non-disability organizations, as well as the State agency responsible for developmental disabilities services)

Membership of state agencies on the Council provides a flow of information between entities. New Council members who represent state and other disability agencies receive a section of orientation that clearly explains the need for and avenues for, communication on an on-going basis. When the opportunity arises for collaboration around conferences, trainings and public education initiatives, the DD Network reaches out to both disability and non-disability organizations as appropriate. UCEDD hosts the Interagency Coordinating Council on Early Intervention, which has membership overlap with the Council state representatives. Also is working with DDD and ORS on the current Employment/ay Services Initiative to update baseline information through a statewide individual survey on the characteristics of employment by people with DD in RI. Sherlock Ctr. also offers several comprehensive Employment Training programs specifically for community-agency and school staff, direct support professionals, managers, job developers, and educators supporting individuals with disabilities to become meaningfully employed. The Sherlock Cnter, Disability Law Center, DDC, BHDDH, RIDE and ORS meet quarterly to discuss employment issues and concerns and make recommendations for system change.
GOAL # 1: Leadership Development

1. The Rhode Island Developmental Disabilities Council will collaborate with the statewide self-advocacy organization, the RI Division of Developmental Disabilities, Network partners, and other stakeholders to increase by 5 people each year of the plan the number of individuals who meaningfully participate in policymaking in leadership roles.

<table>
<thead>
<tr>
<th>Area(s) of Emphasis:</th>
<th>Strategies to be used in achieving this goal:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Quality Assurance</td>
<td>☑ Outreach</td>
</tr>
<tr>
<td>☐ Education and Early Intervention</td>
<td>☐ Training</td>
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<td>☐ Child Care</td>
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<td>☐ Recreation</td>
<td>☐ Systems Design and Redesign</td>
</tr>
<tr>
<td>☑ Formal and Informal Community Supports</td>
<td>☑ Coalition Development and Citizen Participation</td>
</tr>
<tr>
<td>☐ Other Activities</td>
<td>☐ Informing Policymakers</td>
</tr>
<tr>
<td></td>
<td>☐ Demonstration of New Approaches to Services and Supports</td>
</tr>
</tbody>
</table>

Objective: 1.1

1.1. Leadership Development

Provide and support comprehensive advocacy training in leadership, public policy, and self-determination for individuals with developmental disabilities and their families.

Activities

Partner with local Self Advocacy leadership organizations such as Advocates in Action and the Cross-Disability Coalition by supporting individuals to participate in leadership training opportunities. Financially support individuals and their families to conduct or attend statewide and national workshops, meetings, conferences, and training sessions.
Identify, recruit, involve, support, and advance leaders who are people with developmental disabilities or a family member.

Establish and sustain multiple leadership development strategies, including mentoring of new Council members and experiential learning.

Timeline

Continuous outreach to individuals, with a quarterly review. Quarterly opportunities for leadership development. Established mentor program within year 2-3. Annual review of objective.

Objective: 1.2

1.2. Advocacy

Annually support/provide 3 opportunities in which people with developmental disabilities and their families can be engaged in advocacy activities with state and federal policy-makers regarding issues of interest to the Developmental Disabilities community. At least one of these opportunities annually will accommodate at least 30 people.

Activities

Partner with self advocacy organizations as well as other civic groups that share common concerns.

Establish connection with state and federal lawmakers

Host state and federal policy makers at Council or other functions.

Provide Opportunities for individuals to correspond with policy makers

Timeline

Annually establish partnerships with other civic groups. Immediate and ongoing connection with state and federal lawmakers. Host policy makers within year 2-3. Provide opportunity to correspond with policy makers semi-annually.

Objective: 1.3

1.3. DD Network

Collaborate with the Rhode Island Disability Law Center (P&A) and the Sherlock Center (UCEDD) to provide 1 event per year and 2 public education publications.

Activities

Annually Identify one statewide collaborative event/project
In each year, develop and publish two articles on major topic areas of interest to people with developmental disabilities and/or their families.

Plan and implement a conference with a focus on self-determination to publicize and educate people with developmental disabilities and their families about these options.

**Timeline**

Annually identify issues and publish materials. Within year 2-3 host a conference on self-determination.

---

**Objective: 1.4**

1.4. Public Input

Establish a Community Advisory Board for the RI Developmental Disabilities Council

**Activities**

- Identify purpose, functions and responsibilities of Advisory Board
- Identify community leaders who have the necessary skills, experience, and community contacts
- Visit and invite them to become part of Council Advisory Committee
- Involve these Advisory Board members in Council leadership development activities

**Timeline**

Establish function of the board in the first year. Identify individuals in years 1 and 2. Complete working board by year 2-3. Full involvement of board by year 3. Quarterly board activities.

---

**Objective: 1.5**

1.5. Public Education/Information

Establish a “Speakers Bureau” to provide presentations on issues affecting individuals with developmental disabilities.

Publish information through various media about issues affecting individuals with developmental disabilities.

**Activities**

Publish 12 articles/videos (or other media) annually that provide information about issues affecting individuals with developmental disabilities.
Establish topics and develop presentations on issues affecting individuals with developmental disabilities.

Speakers Bureau is 'booked' quarterly by various groups who wish to learn about topics of importance to people with developmental disabilities.

Timeline

Ongoing and continuous provide publications (12 annually), make presentations, and within 2 years establish a set quarterly presentation schedule.

Intermediaries/Collaborators Planned for this goal (if known):

- [x] State and P&A
- [x] University Center(s) for Excellence
- [ ] State DD Agency
2. The Rhode Island Developmental Disabilities Council will monitor state and federal legislation and policy, and inform policymakers as appropriate. The RI DDC will identify and advocate on three to five emerging issues that affect people with developmental disabilities.

### Area(s) of Emphasis:
- Quality Assurance
- Education and Early Intervention
- Health
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

### Strategies to be used in achieving this goal:
- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

#### Objective: 2.1
- Monitor state and federal legislation and policy, inform policymakers as necessary.

#### Activities
Monitor legislation and policies that impact individuals with developmental disabilities. Inform the public and policy makers as needed, the PAC will draft legislative or policy recommendations, and provide testimony.

#### Timeline
Ongoing and continuous as necessary

#### Objective: 2.2
- Annually identify one to three priority or emerging issues for system change and advocacy.
Activities

No later than November 30th of each year the Council will identify one to three priority or emerging system advocacy issues.

Timeline

Annually and as needed

Intermediaries/Collaborators Planned for this goal (if known):

✔ State and P&A
✔ University Center(s) for Excellence
☐ State DD Agency
GOAL # 3: Human Rights, Asset Development, and Employment

3. The Rhode Island Developmental Disabilities Council will increase the capacity of the system to promote human rights, asset development, and employment.

Area(s) of Emphasis:

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

Strategies to be used in achieving this goal:

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

Objective: 3.1

3.1. Provide at least 4 informational sessions in the areas of human rights such as, community safety, sexual abuse and, financial exploitation for individuals with developmental disabilities, their families, law enforcement and other first responders.

Activities

Identify human rights and health/safety issues.
Develop strategies and methods for providing information.
Provide informational sessions.

Timeline

Within the first year, and annually thereafter, identify human rights and safety issues. Within the first 2 years develop strategies. At least annually provide informational sessions.
Objective: 3.2
3.2. Collect at least four Promising Practices that highlight self-determination in community supports each year of the plan. Post quarterly on Council website.

Activities
Target at least four areas of practice that align with the Council Mission
Develop a process and protocol for individuals and/or organizations to submit an application for Promising Practices to the Council.
Develop a method for selection of a Promising Practice
Distribute the process and protocol for Promising Practices statewide
Select and Post quarterly on Council website.
Support poster sessions and provide electronic and other distribution of Promising Practices.

Timeline
Within the first two years identify target areas and develop process and methodology. After two years distribute on a quarterly basis through various media

Objective: 3.3
3.3. Promote asset development and employment activities to include statewide training and information sessions.

Activities
Develop at least one new community partnership in asset development.
Establish an asset development coalition.
Research funding opportunities to develop a state IDA program
Track status of amendments to federal Able Act.
Develop and provide information/trainings on asset development and employment.

Timeline
Within the first year establish partnership, within two years establish coalition. Within three years research state IDA program. Quarterly trainings on employment and asset development after the second year.

Intermediaries/Collaborators Planned for this goal (if known):
GOAL # 4: Community Inclusion

4. The Rhode Island Developmental Disabilities Council will support activities designed to build community capacity for participation by people with developmental disabilities, so that individuals and their families can participate fully in social, recreational, educational, employment, and civic opportunities. In each year of the plan, the Council will outreach to at least three organizations to work with the Council to increase capacity for full inclusion in their organization.

Area(s) of Emphasis:
- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

Strategies to be used in achieving this goal:
- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objective: 4.1

4.1. For each year of the Plan, the Council will identify and outreach to at least three organizations that will utilize the Council to learn how to increase participation by people with developmental disabilities within these organizations.

Activities

Yr. 1-5: Identify organizations that require technical assistance to provide an inclusive environment.
Yr. 2-5: Provide Technical assistance to the identified organizations.

Timeline

Identification of organizations will begin immediately and continue on a quarterly basis. Technical assistance will be provided at least annually.
Objective: 4.2

4.2. The Council will share social, recreational, educational, employment, and civic activities that promote participation for individuals with developmental disabilities on its website and other media.

Activities

Identify agencies/organizations that provide information to the public (Libraries, News Media, civic organizations)
Develop and launch new website, social and other media outlets
Broadcast the work of the Council and partner organizations as well as social, recreational, educational, employment, and civic opportunities

Timeline

Within the first year launch various forms of media. Update and provide content on a monthly basis.

Objective: 4.3

4.3. Identify two barriers and develop positive strategies for increasing the use of technology by people with developmental disabilities in social, recreational, educational, employment, and civic activities.

Activities

Yr. 1-2: Establish Baseline data on technology use through various surveys
Yr. 2-3: Identify 2 barriers that can be reduced through the use of technology
Yr. 2-5: Develop strategies to decrease the identified barriers; roll out the strategies to the broader community

Timeline

Within the first year, establish a baseline of data. In year 2-3 identify barriers. Within three years begin to roll out strategies to increase the use of technology.

Intermediaries/Collaborators Planned for this goal (if known):

- State and P&A
- University Center(s) for Excellence
- State DD Agency
5. The Rhode Island Developmental Disabilities Council will support self-determination and self-directed services. The number of people with developmental disabilities who access self-directed supports will increase from 25 in the first year to 40 in the last year of the plan. People with developmental disabilities will have their voices heard at the state leadership level.

Area(s) of Emphasis:

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

Strategies to be used in achieving this goal:

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

Objective: 5.1

5.1. Strengthen, through direct funding, a statewide self-advocacy group. Provide opportunities for individuals with developmental disabilities to participate in self-advocacy groups.

Activities

Provide direct financial support to a statewide Self-Advocacy organization in Rhode Island.
Provide financial assistance to individuals with developmental disabilities to attend programs sponsored by the statewide self-advocacy organization.

Timeline

Annually
Objective: 5.2

5.2. Support opportunities for people with developmental disabilities who are considered leaders to mentor and train other individuals who wish to take on a leadership role.

Activities

Yr. 1: Identify individual leaders who wish to mentor and train.
Yr. 2: Develop method to provide one on one mentoring.
Yr. 2-5: Provide opportunities for individuals to attend train the trainer programs.
Yr. 2-5: Sponsor leadership sessions.

Timeline

Within the first year identify potential mentors. By year 2 develop a program to connect individuals. Annually provide trainings and leadership sessions.

Objective: 5.3

5.3. Strengthen, by providing technical assistance, a Cross-Disability Coalition to address current and emerging issues related to meaningful, productive community inclusion.

Activities

Develop a 4-year agenda for systems change.
Develop an annual work plan to address the priorities and planned action of the Coalition.
Promote membership in the coalition by people with Developmental Disabilities from culturally diverse backgrounds.
Widely publicize the activities of the Coalition monthly on Council/Coalition website and other media.

Timeline

Within the first year develop a 4 year agenda. Annually develop an action plan. Continuously promote membership and publicize activities.

Objective: 5.4

5.4. Identify 2 challenges, barriers, and/or opportunities associated with self-directed services. Identify potential strategies or recommendations to address need areas.

Activities
Identify 2 challenges, barriers, and/or opportunities associated with self-directed services.
Identify potential strategies or recommendations to address need areas.
Develop a handbook on these options for families and distribute statewide to Rhode Island Division on Developmental Disabilities (RIDDD) service recipients including youth in transition and their families. Speaker's Bureau opportunities to address RIDDD social workers and case managers on self-direction, Distribute handbook.

Timeline
Within the first year identify challenges/opportunities. Within 2 years develop strategies, publish handbook, and develop presentation through the speakers bureau.
Annually provide information through handbook and speaker's bureau

Objective: 5.5
5.5. Increase by 100 individuals each year the number of people who receive information about self-determination concepts.

Activities
Develop basic informational materials and presentations on concepts of self-determination. Plan and implement with DD Network and other partners, a conference focused on self-determination With schools, state departments, and community partners, distribute published information to youth in transition, individuals newly eligible for supports from RIDDD, and adults with Developmental Disabilities.

Timeline
Within the first year develop basic materials, within the third year host a conference, ongoing (at least annually) provide information to individuals and groups.

Intermediaries/Collaborators Planned for this goal (if known):

☐ State and P&A
☐ University Center(s) for Excellence
☐ State DD Agency
Section V : Evaluation Plan  [Section 125(c)(3) and (7)]

• Outline how the Council will examine the progress made in achieving the goals of the State Plan.
• Explain the methodology, which may be qualitative or quantitative, that will be used to determine if the needs identified and discussed are being met and if the Council results are being achieved.
• Describe the Council's role in reviewing and commenting on progress towards reaching the goals of the Plan.
• Describe how the annual review will identify emerging trends and needs as a means for updating the Comprehensive Review and Analysis.

The Council has established measurable and specific outputs that will be used as monthly, quarterly, annual, and long range indicators to examine progress made in achieving each objective and goal of the State Plan. These measurable outputs directly align with established timelines and the desired outcome and are clearly articulated in the attached Logic Model.

The Council reviews goals and objectives at several levels. Any Committee active in an objective will monitor progress on a monthly basis. Each year at the Annual Meeting the full Council reviews on a broader scale. During the Annual Plan Amendment process, systems are reviewed and environmental updates that might affect the forward momentum of the plan are reported. During Periodic Performance Review, Council performance targets are reported and monitored. In another monitoring activity, the RI DDC has adopted the DD Suite, which will be increasingly enlisted to aggregate performance reports and examine Council progress toward goals. Each of these reviews offers an opportunity to evaluate and make necessary adjustments to the plan activities or the goals and objectives.

The Council uses both a formative and a summative approach to evaluation. Initially, the logic model developed (see attached) for this 5-Year plan will be utilized for the work plan for grantees and in-house staff during the RFP process as well as for periodic report submission. The Council has taken great care to write objectives in measurable terms, and/or with timeframes outlined.

Following a full system review, the Annual Plan amendment is submitted annually in August. At this time the 'landscape' is revisited for updates and to present a picture of the local environment so that ADD is informed of changes affecting Council Goal and Objective attainment.

The Council uses both quantitative and qualitative measures to determine if each goal and objective is on course and having the desired outcome. Many of the measurable outputs are quantitative (number of publications, number of individuals reached, etc.) which ensures work product completion. Strictly quantitative measures, however, will not provide adequate data, and so qualitative measures (e.g.: the effectiveness of a publication or presentation) will also be measured to ensure that the quantitative data indicates movement toward the desired outcomes.

This process ensures that the Council is responsive to the needs of the community, meets the established goals within required timelines, and remains at the forefront of advocacy and systems change within the state.

Please see the attached Logic Model for further detail.
## Section VI: Projected Council Budget [Section 124(c)(5)(B) and 125(c)(8)]

<table>
<thead>
<tr>
<th>Goal</th>
<th>Subtitle B</th>
<th>Non-Federal Share</th>
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<td>1. Leadership Development</td>
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<td>109,606</td>
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<tr>
<td>2. Policy Advisory and Systems Change</td>
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<tr>
<td>3. Human Rights, Asset Development, and Employment</td>
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<tr>
<td>4. Community Inclusion</td>
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<td>22,985</td>
<td>77,889</td>
</tr>
<tr>
<td>5. Self-Determination and Self-Advocacy</td>
<td>64,126</td>
<td>22,985</td>
<td>87,111</td>
</tr>
<tr>
<td>6. Functions of the DSA</td>
<td>9,590</td>
<td>40,449</td>
<td>50,039</td>
</tr>
<tr>
<td>7. General Management</td>
<td>132,304</td>
<td>0</td>
<td>132,304</td>
</tr>
<tr>
<td>Totals</td>
<td>472,981</td>
<td>162,446</td>
<td>635,427</td>
</tr>
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</table>
Written and signed assurances have been submitted to the Administration on Intellectual and Developmental Disabilities, Administration for Community Living, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124(c)(5)(A-N) in the Developmental Disabilities Assistance and Bill of Rights Act of 2000:

☑ Assurances submitted

**Approving Officials for Assurances**

☑ For the Council (Chairperson)

☑ For DSA, when not Council
PART A: How the Council made the plan available for public review and comment and how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.

The Council made available a summary of research and the Goals and Objectives developed by committees electronically, advertising the availability of alternate formats. There was a widely distributed electronic invitation to visit the posted research and plan on www.riddc.org and to provide comment. The public forum was held in an accessible building/central location. Attendees expressed concerns regarding the ability of providers to provide the historical level of services under the new reimbursement rates set out by the Division of Developmental Disabilities under Project Sustainability. They see a shift toward self-directed services for some individuals as a cost-effective alternative, one more reason to preserve and support this option. (Council G&O address this). One Shared Living provider cited slowness on the part of the Division in authorizing funds as a roadblock. The Council received written input via e-mail from our Self-advocacy organization, supporting Council efforts.

PART B: Revisions made to the Plan after taking into account and responding to significant comments.

There were no revisions made to the plan after the public comment.