

## Annual State Plan Work Plan

State Plan Yr. \_\_\_\_\_ (e.g.: 1, 2, 3, 4, 5); FFY \_\_\_\_\_ (Specify fiscal year)

### **SECTION IV: State Plan GOALS** [Section 124(4); Section 125(c)(5)]

**Goal #:**

- Identify State Plan Goal

**Area(s) of Emphasis:**

For each goal, check **all** the area(s) of emphasis that relate to the goal statement. See Appendix A for definitions of the area(s) of emphasis.

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

**Activities to be used in achieving each goal:**

Check **all** that apply.

- 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

**This Goal addresses**

(Check each box that applies)

- Individual Advocacy
- System Change
- Self-Advocacy Requirement
- Targeted Disparity
- Collaboration

**Collaborators Planned for this goal (if known):** Identify all organizations/agencies the Council plans to work with and/or has commitments from in addressing the goal.

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

**Objectives/Key Activities**

- For each goal that will be addressed the first two years of the state plan cycle (FFY 17 and FFY 18) and annually each year, identify if the efforts for the goal is Individual Advocacy, System Change, or both. For each goal, outline a plan of action that describes the key activities to accomplish the Council goals by listing for each objective, key activities, the expected outputs, sub-outcomes and targeted performance measures
  - The objectives should be more detailed, specific projections of how the Council will implement the goals. The objectives may include quantitative projections of the work to be accomplished (e.g., the number of people to be trained; the number of outreach activities) or they may provide qualitative projections of the work to be accomplished (convening coalitions; researching state service models).
  - The key activities should identify the major activities the Council will use to implement the objectives.
  - The expected outputs and sub-outcomes should identify the outputs and sub-outcomes the key activities intend to achieve.
  - The goals, objectives and outcomes can be updated annually through the State Plan Amendment process.

<b>Objective:</b>
<b>Key Activities:</b> 1. 2. 3. 4. 5.
<b>Expected Outputs:</b> 1. 2. 3.
<b>Expected Sub-Outcomes:</b> 1. 2.
<b>Data Evaluation &amp; Measurement:</b> 1. 2. 3.

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

<p><b>Individual &amp; Family Advocacy (IA)</b></p> <table border="1"> <thead> <tr> <th>IA Code</th> <th>Targeted #</th> </tr> </thead> <tbody> <tr><td>IA 1.1</td><td></td></tr> <tr><td>IA 1.2</td><td></td></tr> <tr><td>IA 2.1</td><td></td></tr> <tr><td>IA 2.2</td><td></td></tr> <tr><td>IA 2.2.1</td><td></td></tr> <tr><td>IA 2.2.2</td><td></td></tr> <tr><td>IA 2.2.3</td><td></td></tr> <tr><td>IA 2.2.4</td><td></td></tr> <tr><td>IA 2.2.5</td><td></td></tr> <tr><td>IA 2.2.6</td><td></td></tr> <tr><td>IA 2.2.7</td><td></td></tr> <tr><td>IA 2.2.8</td><td></td></tr> <tr><td>IA 2.2.9</td><td></td></tr> <tr><td>IA 2.2.10</td><td></td></tr> <tr><td>IA 2.2.11</td><td></td></tr> </tbody> </table>	IA Code	Targeted #	IA 1.1		IA 1.2		IA 2.1		IA 2.2		IA 2.2.1		IA 2.2.2		IA 2.2.3		IA 2.2.4		IA 2.2.5		IA 2.2.6		IA 2.2.7		IA 2.2.8		IA 2.2.9		IA 2.2.10		IA 2.2.11		<p><b>System Change (SC)</b></p> <table border="1"> <thead> <tr> <th>SC Code</th> <th>Targeted #</th> </tr> </thead> <tbody> <tr><td>SC 1.1.1</td><td></td></tr> <tr><td>SC 1.1.2</td><td></td></tr> <tr><td>SC 1.2.1</td><td></td></tr> <tr><td>SC 1.3.1</td><td></td></tr> <tr><td>SC 1.3.2</td><td></td></tr> <tr><td>SC 1.3.3</td><td></td></tr> <tr><td>SC 1.3.4</td><td></td></tr> <tr><td>SC 1.3.5</td><td></td></tr> <tr><td>SC 1.3.6</td><td></td></tr> <tr><td>SC 1.4.1</td><td></td></tr> <tr><td>SC 2.1</td><td></td></tr> <tr><td>SC 2.2</td><td></td></tr> <tr><td>SC2.3</td><td></td></tr> </tbody> </table>	SC Code	Targeted #	SC 1.1.1		SC 1.1.2		SC 1.2.1		SC 1.3.1		SC 1.3.2		SC 1.3.3		SC 1.3.4		SC 1.3.5		SC 1.3.6		SC 1.4.1		SC 2.1		SC 2.2		SC2.3	
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**Project the performance measure(s) that will be targeted for each objective**

<b>Individual &amp; Family Advocacy (IA)</b>		<b>System Change (SC)</b>	
<b>IA Code</b>	<b>Targeted #</b>	<b>SC Code</b>	<b>Targeted #</b>
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IA 1.2		SC 1.1.2	
IA 2.1		SC 1.2.1	
IA 2.2		SC 1.3.1	
IA 2.2.1		SC 1.3.2	
IA 2.2.2		SC 1.3.3	
IA 2.2.3		SC 1.3.4	
IA 2.2.4		SC 1.3.5	
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IA 2.2.9		SC2.3	
IA 2.2.10			
IA 2.2.11			



# DD Council Draft Performance Measures - July 2015

## INDIVIDUAL/FAMILY ADVOCACY ANNUAL PERFORMANCE MEASURES

### IA 1: Output Measures<sup>1</sup>

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

### IA 2: Outcome Measures<sup>2</sup>

IA 2.1	After participation in Council supported activities, the percent of <u>people with developmental disabilities</u> who report increasing their self-advocacy
IA 2.2	After participation in Council supported activities, the percent of <u>family members</u> who report increasing their advocacy

### IA 2: Sub-outcome measures:

IA 2: Individual Advocacy Sub-outcome Measures	
IA 2.2.1	The percent of people who are you better able to say what they want/say what is important to them
IA 2.2.2	The percent of people who had been participating in any advocacy group before involvement in Council supported activities?
IA 2.2.3	The percent of people who joined an advocacy group as a result of participation in Council supported activities
IA 2.2.4	The percent of people who are participating now in a group advocacy effort
IA 2.2.5	The percent of people who report that the Council supported activities helped to increase participation in the group advocacy effort or the advocacy group
IA 2.2.6	The percent of people who are on policy boards, advisory boards, governing bodies as a result of experience with the Council
IA 2.2.7	The percent of people who are serving in a leadership position within or for agencies and organizations
IA 2.2.8	For people serving on a policy board prior to participating in the Council funded activity, the percent who are you still serving and who are more effective as result
IA 2.2.9	The percent of people who are paid for their role
IA 2.2.10	The percent of people satisfied with a project activity
IA 2.2.11	The percent of people who indicate their life is better because of a project activity

<sup>1</sup> \*\*These two measures could be combined to report on the total number of participants but still collected by individuals with developmental disabilities and family members\*\*

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

## SYSTEMS CHANGE ANNUAL PERFORMANCE MEASURES

### SC 1: Output Measure

The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life

SC 1.1	Policy and/or Procedure changes
SC 1.1.1	The number of policy and/or procedure changes <b>created</b>
SC 1.1.2	The number of policies and/or procedures changes to <b>improve existing policies and/or procedures</b>

### SC Sub-output measures

SC 1.2	Statute and/or regulation changes
SC 1.2.1	The number of statute and/or regulation changes to <b>improve statutes and/or regulations</b>

SC 1.3	Promising and/or best practices
SC 1.3.1	The number of new promising practices <b>created</b>
SC 1.3.2	The number of promising practices <b>improved</b>
SC 1.3.3	The number of promising practices <b>supported</b>
SC 1.3.4	The number of new best practices <b>created</b>
SC 1.3.5	The number of best practices <b>improved</b>
SC 1.3.6	The number of best practices <b>supported</b>

SC 1.4	Collaboration
SC 1.4.1	The number of Council systems change activities with organizations actively involved

## SC 2: Outcome Measures

SC 2.1	The number Council efforts <b>to transform</b> fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life <b>that were adopted (sub-measures 2.1.2; 2.1.5; 2.1.8)</b>
SC 2.2	The number Council efforts <b>to transform</b> fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life <b>that led to</b> statute and/or regulation being created <b>(sub-measures 2.1.1; 2.1.4; 2.1.7)</b>
SC 2.3	The number Council efforts <b>to transform</b> fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life <b>that were implemented (sub-measures 2.1.3.; 2.1.6; 2.1.9)</b>

## Sub-outcome measures

SC 2.1	The number of policy and/or procedure changes <b>created</b> as a result of systems change
SC 2.1.2	The number of policy and/or procedure changes <b>adopted</b>
SC 2.1.3	The number of policy and/or procedure changes adopted that were <b>implemented</b>
SC 2.1.4	The number of statutes and/or regulations <b>created</b> as a result of system change activities
SC 2.1.5	The number of statute and/or regulation changes <b>adopted</b>
SC 2.1.6	The number of statute and/or regulation changes adopted that were <b>implemented</b>
SC 2.1.7	The number of promising and/or best practices <b>created</b> as a result of systems change activities
SC 2.1.8	The number of promising and/or best practices <b>adopted</b>
SC 2.1.9	The number of promising and/or best practices adopted that were <b>implemented</b>



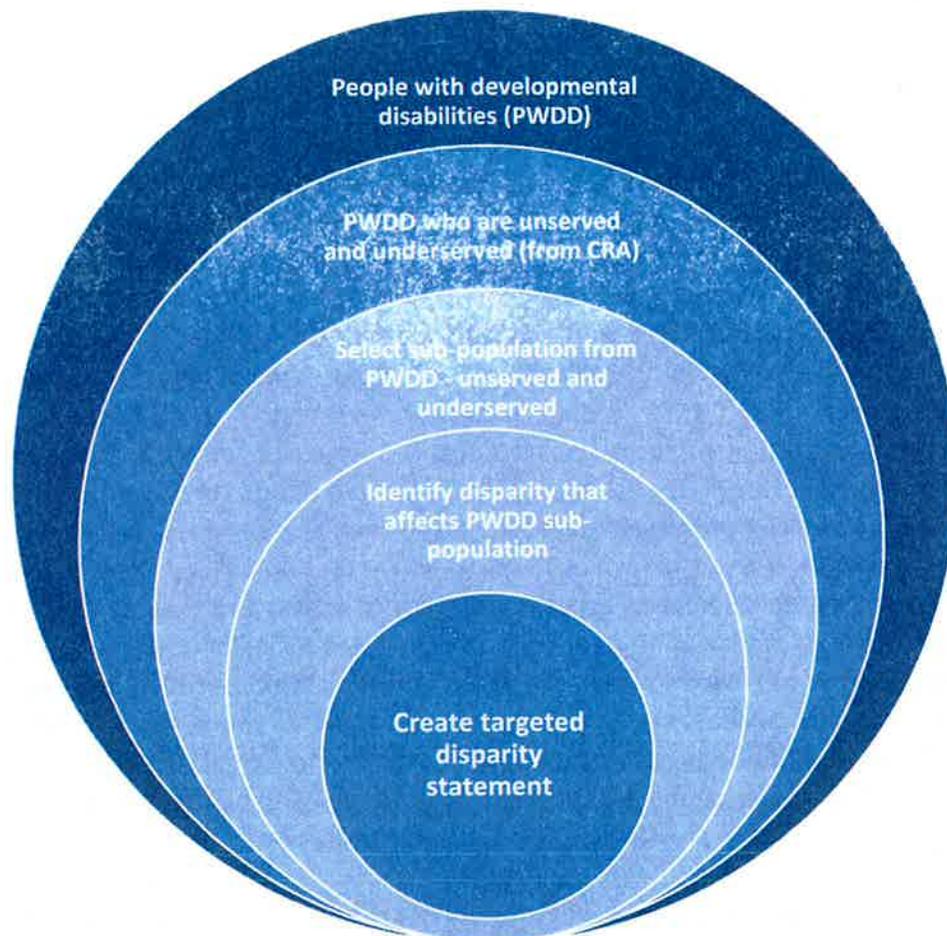
## Targeted Disparity

Expectation: The DD Council will include a goal or objective and corresponding activity (or activities) within a goal or objective to address an identified disparity that affects a sub-population of people with developmental disabilities who are unserved and/or underserved.

*Based on the findings of the comprehensive review and analysis (Section III, Part C, (ii))*

1. Identify a subpopulation (i.e., racial, ethnic, sexual orientation, gender minority groups with developmental disabilities) vulnerable to disparities (e.g., health, education, employment, housing, etc.)
2. Identify a disparity and develop an impact statement in a targeted area of emphasis around individual/family advocacy and/or systems change; and implement strategies to decrease the differences in access, service use, and outcomes among such sub population during the course of the 5 year state plan implementation.

The identified targeted disparity could be a goal or objective with corresponding activities. These strategies should include evidenced based, best and/or promising practices, to the extent feasible.



There are 2 components essential to this element: (1) identification of a sub-population vulnerable to disparities, and (2) identification of a disparity and strategy to reduce identified disparity.

Below is an example of a logical process used to create a targeted disparity goal or objective with corresponding activities.

**Step 1: Identify people with I/DD who are unserved/underserved in [State/Territory]**

*Note: Use the information found in the Comprehensive Review and Analysis (Part (C) (ii), Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families.*

*The example below is from the Tennessee Council CRA Part (C)(ii).*

Minority and immigrant populations often are not aware supports and services are available. DRS supplied some interesting data. In terms of minorities, reviewing those served by DRS in 2009, Whites totaled 69.1%, Blacks totaled 29.5%, and Other Minorities totaled 1.4%. In comparison, from the TN Census Bureau 2008 estimates, Whites totaled 80.4%, Blacks totaled 16.8%, and Other Minorities totaled 6.5% for the whole population in TN.

While these numbers indicate that Blacks are not underserved, an opportunity would potentially be indicated for Other Minorities. DRS's research and work with specialists seem to indicate Other Minorities, especially Hispanics, are less likely to seek assistance from programs like vocational rehabilitation. DRS recognizes an increasing number of individuals living in Tennessee who speak only Spanish, as well as large populations of immigrants from Africa, Asia, and the Middle East. People who are minorities or immigrants may face language and literacy barriers. There is often a lack of understanding on the part of the service system and the provider system of cultural issues and lack of available interpreter services to assist with language issues. Language is a barrier for people with English as their second language.

Individuals with racial and ethnic minority backgrounds in Tennessee face difficulties in access to health care, employment, assistive technology, and safe and adequate housing. There is a lack of ethnically and culturally sensitive/appropriate outreach and services. 5) People who live in congregate setting with no access to advocacy or assistive technology services. 6) People on waiting lists. 7) Students with disabilities experience a lack of access to the general education curriculum, have trouble with transition to adult services (there a lack of adult services), and students who have English as a second language face communication barriers. 8) People without AT lack funding for devices, services and programs to serve them, transportation. They face poverty, perceptions about device expense and disability, individual perception about using devices and society's view about the role that technology can and does play in individual empowerment.

Other general barriers to full participation include: 1) Poverty 2) Lack of services and those available operating at capacity. 3) People with disabilities in TN still face barriers of public

attitudes, fear of disability, social isolation, buildings that are not accessible, lack of housing, lack of transportation, and lack of availability of information about resources and services. 4) Lack of transition planning for people who are in transition from one stage of life to another.

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

Example: Hispanic people and families with intellectual and developmental disabilities (I/DD).

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

Example: Hispanic people and families are identified as having less access to I/DD services provided by the Department of I/DD and the family support program based on cultural barriers.

**Step 4: State how you will address the targeted disparity.**

**Example:**

**Targeted Disparity Statement:** The DD Council will partner with the DD Service agency to increase their capacity to provide information and referral services specifically designated to serve Hispanic families through reduction of language barriers when accessing information and services.

**Targeted area of emphasis:** Formal and Informal Community Supports

**Performance Measure Focus:**

Individual/Family Advocacy; IA 1.2: Number of family members who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.

Systems Change; SC 1.3 Promising and/or best practices (SC1.3.2 - improved; SC 1.3.3 supported).

**Strategies for reducing disparity:** Promote interagency collaboration and coordination to better serve Hispanic people and families with developmental disabilities; eliminate language barriers by advocating for bilingual speaking information and referral specialist(s) for the DD Service agency; create an information and referral database of providers that have been identified and verified as having bilingual staff; engage in outreach to targeted Hispanic communities statewide to promote the improved access to information and services; inform policymakers about the findings of eliminating language barriers for Hispanic people and families with developmental disabilities and the results of decreasing the service access disparity.

**Expected outcomes:** Increase information and referral to 250 Hispanic families; track the data to demonstrate a decrease in the disparity of Hispanic families receiving services from the DD Service agency; inform policymakers about results and offer recommendations to continue barrier eliminations and potential systems re-design.



## **Goal Development Considerations**

1. Capacity-Building
2. Systems Change
3. Advocacy
4. Cultural, Racial, Ethnic, &/or Linguistic Diversity
5. Unserved and Underserved Populations (e.g. LGBTTTQQII2; economically disadvantaged; non-English-speaking or those for whom English is not their primary language; subpopulations of people with I/DD who may be underserved – such as those requiring assistive technology; and those in geographically isolated or un[der]served areas, etc.)
6. Self-Advocacy (and self-determination)
7. Federal Partner Collaboration(s)
8. Assistive Technology

### **SMART Goals**

- Specific
- Measurable
- Attainable
- Realistic
- Timely



# 2017-22 (Proposed) State Plan

It's just how we roll: Training and information will be offered in culturally meaningful and plain language, representative of different cultures throughout California.

\*\*\*Note: preamble to State Plan (We hold these things to be self-evident, that all actions of the State Council SHALL include the following:)

In recognition of the large and diverse economic, geographic and demographic spread within California, the Council will...(These are our commitments, as an organization...).

## Goal 1: Employment

Californians will receive the necessary information, tools and supports to invest in and increase competitive, integrated employment opportunities for people with I/DD.

1. The Council will identify, create and disseminate supportive, culturally competent strategies that facilitate competitive, integrated employment (CIE) of people with I/DD. Training and outreach will include self-advocates.
2. The Council will develop and support legislation to increase CIE for people with I/DD.
3. The Council will collaborate with state and local agencies to collect employment data and monitor progress toward all outreach efforts and CIE for people with I/DD.

## Goal 2: Housing

People with I/DD have access to affordable and accessible housing that provides control, choice and flexibility regarding where and with whom they live.

1. The Council will identify short and long-term housing strategies for building/providing available low-cost, safe, fully integrated community housing for people with I/DD.
2. The Council will monitor and address barriers to accessible housing.

**Goal 3: Health**

**Californians w/ I/DD will have increased access to health, public safety, and related services that meet their needs and health care preferences.**

- 1. The Council will increase knowledge and awareness among people with I/DD, their families, and caregivers about the availability of health care and how to access health care-related services and supports.**
- 2. The Council and its federal partners will support legislative efforts to increase accessibility to health care services and decrease service disparities in unserved/underserved populations in California.**
- 3. The Council, its federal partners, and self-advocates will provide offer training to law enforcement/court personnel, health care providers, and other care professionals about health, safety, and/or disability-related issues.**

**Goal 4: Education & Early Intervention (Transition & PSE)**

**People with I/DD and their families will have increased information, training & guidance to obtain inclusive education services throughout the lifespan.**

- 1. The Council will increase the number of children identified for early intervention services through training and dissemination of information on developmental milestones and inclusive intervention services for families and care providers of young children.**
- 2. The Council will provide information, training and technical assistance to professionals and at least 2,000 families and/or self-advocates, in order to advocate for appropriate inclusive educational services. This will include at least 750 participants who are Spanish-speaking.**
- 3. The Council will provide information and technical assistance to prepare at least 1,000 students and/or their families to become effective advocates in developing transition plans that address independent living options & PSE/Vocational training, supports and services. These outreach efforts will include professionals.**

**Goal 5: Formal & Informal Community Supports**

**People with I/DD and their families have access to community-based services and supports available to the general population.**

- 1. The Council will work to identify populations of unserved/underserved people with I/DD to ensure that they receive appropriate services and supports.**
- 2. The Council will provide support and training to people with I/DD to increase empowerment, self-advocacy and access to the range of services available within the community.**

**Goal 6: Self-Advocacy**

**People with I/DD have the information, skills, opportunities and support to advocate for their rights and services and to achieve self-determination, independence, productivity, integration and inclusion in all areas of community life. This will include youth and cross-disability groups.**

- 1. The Council will provide financial and in-kind staff support to statewide self-advocacy organizations and will annually train 1,500 people with I/DD to become effective self-advocates.**
- 2. The Council will provide train-the-trainer workshops to promote self-advocate leadership within the statewide network, annually preparing at least 50 self-advocates as trainers.**



## Collaboration

Expectation: The DD Council will include a goal or objective, and corresponding activity (or activities) within a goal or objective to address collaborative plans the DD Council has with the UCEDD and P&A; the plans the DD Council has with the UCEDD; the plans the DD Council has with the P&A and; the plans the DD Network has to collaborate with disability and non-disability organizations, and agencies responsible for DD services.

The collaborative activities should assist the DD Council with the goals and outcomes of the DD Council's 5-year plan and purpose.

### Collaboration Information

The DD Network is made up of the State council on Developmental Disabilities (DD Council), the University Center for Excellence in Developmental Disabilities Education, Research, and Service (UCEDDS), and the Protection and Advocacy of Individual Rights System (P&A).

There are two references to collaboration and coordination among the DD Network in the DD Act:

#### Information from the DD Act

*Sec. 104, Responsibilities of the Secretary, (a) Program Accountability (3) (D) (iii), that calls for indicators of progress that shall be used to describe and measure "the extent to which the entities described in paragraph (1) collaborate with each other to achieve the purpose of this title and the policy described in section 101(c)."*

*Sec. 105, Reports of the Secretary. "...the Secretary shall provide—(1) meaningful examples of how the councils, protection and advocacy systems, centers, and entities funded under subtitles B, C, D, and E, respectively—(a) have undertaken coordinated activities with each other; ...."*

#### DD Council specific information from Title B

***Section 124 (c)(D) a description of how entities funded under subtitles C and D, through interagency agreements or other mechanisms, collaborated with the entity funded under this subtitle in the State, each other, and other entities to contribute to the achievement of the purpose for this subtitle, and (Note: the above reference relates to the Comprehensive Review and Analysis for the 5-Year State plan).***

**What does AIDD require from the P&A regarding collaboration with the DD Council?**

The P&A must collaborate with other organizations including the State Council on Developmental Disabilities and the University Centers for Excellence

Examples include collaborating on

- legal research
- legal advocacy
- training in rights issues

**The Protection and Advocacy for Developmental Disabilities Program Performance Reporting requirements on collaboration are below:**

Section 7.

A. Provide information related to only those issues / barriers affecting individuals with developmental disabilities and their families in your State that the DDC, P&A, and UCEDD (the DD network) have jointly identified as critical State issues /barriers: Using short titles, list 5-10 areas that the DDC, P&A, and UCEDD have identified as critical State issues/barriers. Then, identify at least one issue/barrier selected by your State

DD Network for joint collaboration:

**What does AIDD require from the UCEDD regarding collaboration with the DD Council?**

**The UCEDD Program Performance Reporting requirements on collaboration are below:**

Part 3. Measures of Collaboration:

1. Identify the critical issues/barriers affecting individuals with developmental disabilities and their families in your State that the DD Network (The State DD Council, Protection and Advocacy Agency, and UCEDD) has jointly identified:

2. Describe the strategies collaboratively implemented by the DD Network for at least one of the issues/barriers identified above:

- a) Issue/Barrier:
- b) Provide a brief description of the collaborative strategies to address issue/barrier and expected outcome(s):
- c) Check applicable areas of emphasis:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Quality of Life
- Other – Assistive Technology
- Other – Cultural Diversity
- Other - Leadership
- Other – please specify:

- d) Describe the UCEDD's specific role and responsibilities in this collaborative effort. Include any technical assistance expertise you can provide to other States in this area:
  - e) Briefly identify problems encountered as a result of this collaboration, and technical assistance, if any, desired:
  - f) Describe any unexpected benefits of this collaborative effort:
3. Describe your collaborations with non-DD Act funded programs\*:
- a) List which disability populations benefited from your collaborations.
  - b) Estimate the number of individuals with disabilities, other than developmental disabilities, who were affected by your collaborations with non-DD Act funded programs.
  - c) Estimate the number of individuals with developmental disabilities who were affected by your collaborations with non-DD Act funded programs.

*In this narrative, be sure to clarify the impact, or outcomes, of collaborations among DD Network and other partners.*

### **DD Councils – what has changed?**

The DD Act requirements have not changed.

Collaborative activities should be planned and implemented and not simply a description of what the DD Network worked on during the reporting year.

Planning remains the same; DD Councils should use the results of the comprehensive review and analysis to determine potential goals, objectives, or activities that could be planned and implemented as a collaboration with the DD Network, each other, and other entities.

### ***Additional information is required in the revised State plan template:***

***DD Councils should describe the planning of collaborative efforts of the Council, the P&A, and the UCEDD.***

**As a Network:** Describe the planning of collaborative efforts (goals, objectives, or activities of a goal or objective) of the Council, P&A, and UCEDD(s), and how each entity will use their resources in collaboration with the effort(s) that are supported by the Comprehensive Review and Analysis.

**With each other:** Describe the plans the Council has to collaborate with the UCEDD(s). Describe plans the Council has to collaborate with the P&A and how each of these plans will assist in the Council purpose.

**With other entities:** Describe how the DD Network will collaborate with other entities in the State, including both disability and non-disability organizations, as well as the State agency responsible for developmental disabilities services, to assist with the goals and outcomes of the Council's 5 year state plan. Identify the organizations and summarize the collaborative activities planned, such as joint meetings, joint public education events/initiatives, joint trainings, etc.

**The Elements of Coordination, Cooperation, and Collaboration**

<b>Essential Elements</b>	<b>Coordination</b>	<b>Cooperation</b>	<b>Collaboration</b>
<b>Vision and Goals</b>	The basis for coordination is usually between individuals.	Individual relationships are supported by organizations we represent.	Commitment of our organizations and leaders is fully behind us.
	Missions and goals of individual organizations are not taken into account.	Missions and goals of individual organizations are reviewed for compatibility.	Common mission statement and goals are created.
	Interaction is on as needed basis.	Interaction is usually around one specific project or task of definable length.	One or more projects are undertaken for longer-term results.
<b>Structure, Responsibilities, and Communication</b>	Relationships are informal; each organization functions separately.	Consortium members take on needed roles, but they function relatively independently of each other.	New organizational structures and/or clearly defined and interrelated roles that constitute formal division of labor are created.
	No planning is required.	Some project-specific planning is required.	Comprehensive planning is required that includes developing joint strategies and measuring success in terms of impact on needs of consumers.
	Information is conveyed at occasional intervals.	Communication roles are established and definitive channels are created for interaction.	Beyond communication roles and channels for interaction, many levels of communication are created - as clear information is keystone of success.

<b>Essential Elements</b>	<b>Coordination</b>	<b>Cooperation</b>	<b>Collaboration</b>
<b>Authority and Accountability</b>	Authority rests with individual organizations.	Authority rests with individual organizations, but there is cooperation among the consortium members.	Authority rests with the consortium; individual organizations accept authority of the consortium.
	Leadership is unilateral, and is centrally controlled.	There is some sharing of leadership and control.	Leadership is dispersed, and control is shared and mutual.
	All authority and accountability rest with individual organization which acts independently.	There is some shared risk, but most of authority and accountability falls to individual organization.	Risk is shared equally by all organizations in the consortium.
<b>Resources and Rewards</b>	Resources are separate, serving individual organization's needs.	Resources are acknowledged and can be made available to others for specific projects.	Resources are pooled or jointly secured for longer-term effort that is managed by the consortium.
	Rewards are specific to each organization.	Rewards are mutually acknowledged.	Organizations share in products; more is accomplished jointly than could have been individually.

*Adapted from Bridges Out of Poverty: Strategies for Professional and Communities*  
by Ruby K. Payne, Philip DeVol, and Terie Dreussi Smith.

