



State Plan 2022-26

If you were to awaken from a deep sleep (five years from now), only to discover that the world had changed dramatically...

What (*positive*) changes would you like - or expect to see - in the lives of people with I/DD?

Core Council/State Plan Values

First, I would see a world where all people with ID/DD are treated with respect and dignity. These are core values that should permeate a society. However, I was quickly told that we are not yet there even though the SCDD continues to do its critically important work guided by these values.

**Goals A,
B, & C**

I also learned that training for providers, agencies, regional centers and anyone who works with the ID/DD community now includes a foundation in values and values-based work.

**Goals
A1 &
B1-3**

The rest of the answer I am providing is anchored in the reality that we live in and what we can do as the SDDD. The level at which any of these changes will occur is based on this assumption:

Advocacy leads to Funding which leads to increasing capacity and expanding staff which leads to greater awareness and systemic changes that will allow us to be able to accomplish our goals. Without adequate funding, it will be hard to achieve these goals, but we need to always hope for the best. The other assumption is that goals will be both specific as well as multi – dimensional impacting various parts of people’s lives. It is also anchored in the reality of State and Federal government regulations which I have learned a lot about in

**Goals
A1-3,
B2-3 &
C1-3**

the recommended webinar. (After sleeping for five years, I am grateful that I had a lot of Advil stored up).

I am thrilled to see that in the four priority areas of Education, Health and Well-being, Housing and Employment, increased advocacy has led to change and that awareness has led to positive action. More people with ID/DD are achieving self-determination, independence, productivity and inclusion in all aspects of community life. The critical goals have been reshaped in ways that have inspired creativity and imagination in meeting the needs of the ID/DD communities in new ways.

**Goals
A1 &
C1-3**

The goals now are shaped as: **Health and Well-being (Physical, Emotional, Social), Education (Formal and Informal), Livelihood (Employment and Volunteering), Housing (Affordable, Accessible, Safe). They all fit into our overall goal which is to help everyone become a SA and live as much as an independent life as possible.**

**Goals A,
B & C**

Shaping the next State Plan is of critical importance. The values that have been uplifted in our discussion as well as listening to the voices of SA’s and their families are essential in achieving the goals/objectives that we shape for our State Plan. At the core of all that we do is helping those in the ID/DD communities achieve more independence and shape a life that each individual finds meaningful.

Child Care

Safe service options for all children and adults (including day care)

**Goals
A1 &
B1&2**

Early Intervention (& Child Care)

Incentives (i.e., forgivable loans, high paying salaries, etc.) for service providers who specialize in OT, PT, early intervention strategies, behaviorists, speech therapists, and other similar therapies).

Childcare providers would not be fearful of accepting infants and toddlers with varying medical needs/challenges. There would be a plethora of highly skilled childcare providers available for all families of children with disabilities. All special needs children would be accepted into Head Start. There would be a partnership between parents/caregivers and childcare providers.

**Goals
A1 &
B1&2**

Education (Formal & Informal)

There are capable teachers that know how to work with I/DD students; special training has been available, and the teachers have accessed it. There are support systems for the navigation/success for ALL college/University students. No more special day classes and isolation for peers because discrimination is in the past. Students are mainstreamed and there is additional support in the classrooms with teachers and aides. Quality assurance has been implemented and there is great follow through. If there are any problems with the services being provided, there is more training, or the state removes them so they can no longer provide poor quality services.

**Goals
A1&2 &
B1&2**

Starting with Early Childhood, education and learning are viewed as lifelong endeavors. Learning can be in the classroom but also at the recreation center. It might be general learning, vocational or social learning. People with ID/DD are included in mainstream activities as well as unique programs that allow for comfort, special interests and social networking.

**Goals
A1, B1
& C1**

I would notice that there was no more “special” education, only education. There wouldn’t be a label or stigma associated with needing educational help. There would be complete acceptance on varied learning styles, particular among the students (a greater level of patience and understanding among peers would be noticed). More integrated activities in schools than the few that currently exist (like P.E.).

**Goals
A1&2,
B1&2 &
C1**

Individuals with intellectual and developmental disabilities would be free to be with and learn with their typical peers in general education classrooms and eliminate discrimination sites, often referred to as “inclusion sites”.

No more need for lawsuits in Education because all students have equitable access to needed services

Employment (Livelihood – Employment & Volunteering)

**Goals A,
B & C**

This broad area now is defined as activities that sustain people so that they can live independent lives and engage in a wide range of meaningful activities whether it be a job or volunteering. Everyone needs income to sustain life.

Highly specialized employment programs

Formal/Informal Community Supports (Recreation & Social)

I would see persons with physical and intellectual disabilities on a daily basis – it would be the norm throughout each day (not on occasion). There would be more visible and active roles for persons with I/DD in neighborhood communities. I would see (almost) deference towards persons who may appear “different”. The community at-large would “look out” for the I/DD population, like a civic duty. Kindness and inclusion would be the norm.

**Goals
A1, B2
& C1-3**

Everyone who seeks services gets them

Diagnosis to get services does not have to be only the 5 RC categories

**Goal
B1&2**

Sufficient amount of foreign language service coordinators

Adequate staffing across whole system

Living wages for service providers so can attract more staff

Ongoing training for highly skilled workforce across the system (from Direct care staff to Senior management at state)

Better connectedness between all service systems (DDS, SSI, DOE, DOR, IHSS etc.); create warm handoffs

Safe service options for all children and adults (including day care)

**Goals
A1&2 &
B1&2**

Health & Well-Being (Physical/Emotional/Social)

It is great so see that we now have integrative health plans that view health and well-being in an expansive way. More of these services are now affordable as well as accessible. In this and the other key three areas identified people in the ID/DD communities now have access to safe, affordable and regular transportation that is sensitive to their particular needs.

**Goals
A2&3,
B1 & C3**

No more concerns about exploitation, victimization of children and adults with I/DD

**Goals A,
B, & C**

Housing (Affordable, Accessible, Sage)

Five years from now there is more affordable housing in our state. This is due to the advocacy and subsequent legislation that created this housing. All new construction must help address the needs of the ID/DD community.

**Goals
A2,
B1&2, &
C3**

In order to create housing for individuals with intellectual and developmental disabilities with the duo-goal of increasing employment opportunities and skills for individuals with intellectual and developmental disabilities, create a housing program where some housing is market rate (for example 50% market rate) and the rest reserved for individuals with intellectual and developmental disabilities (50% below market rate) as long as those individuals, train, learn and help build the housing units.

**Goals
A1-3,
B1&2 &
C3**

More and better housing options

Other

Quality Assurance

Quality Assurance is one of the best chances I have seen. Every program is evaluated and feedback is given immediately. Once the feedback is given, there are funds available to make the necessary changes. The state has no problem removing vendors who do not deliver quality services or products.

**Goals
A1-3,
B1&2 &
C1&3**

Larger QA teams

No more need for Advocacy because so much improvement in policy and implementation

Social and Recreation

All business have wheelchair accessibility. Social events have a diverse group of people from no specific category because there are no longer labels. People are enjoy activates with family, friends, and people they don't know . . . at least yet! The places of the social events are clean, bright and assai lie to wheelchairs. They are many places to choose from, one on every block. We are all human and deserving to be social in our neighborhood and we all feel safe!

**Goals
B1&2 &
C3**

Transportation (& Health & Well-Being)

All services are moving more rapidly and accurately. You can setup rides any time of the day. Your ride is available within ten minutes and it takes you directly to your destination with out using a ride share scenario. Your ride will take you to where you need to go, disregarding any boundaries previously set with-in the state. When you are in a wheelchair, you are able to travel in a car, bus or other mode of transportation without it taking extra long hours because there is an overflow of vehicles that can accommodate wheelchairs. Quality Assurance is very important so the drivers are trained to interact with people with I/DD and give them the best experience possible.

**Goals
A1-3,
B1&2 &
C3**

Standardized contract with Lyft and Uber would exist, where the drivers would receive perks/incentives for having “accessible” vehicles. Public city buses would all be equally equipped to devices that certain people need.

Readily available transportation will help people to thrive (by carrying them to medical appointments, transporting them to employment opportunities, etc.).

Consistent and safe transportation options

