

SCDD FIVE YEAR STATE PLAN 2022-2026

ARKANSAS: SCDD FIVE YEAR STATE PLAN

SECTION I: COUNCIL IDENTIFICATION

State Plan Period:

Start Period	2021-10-01
End Period	2026-09-30
Contact Information	
Contact Person	Jonathan Taylor
Phone Number	5016822912
E-mail	jonathan.taylor@dfa.arkansas.gov
Date of Establishment:	Date (2015-07-30)
Authorization:	Executive Order (1)
Authorization Citation:	EO 15-19

Council Membership Rotation Plan:

Council Members are eligible to consecutively serve two (2) five (5) year terms. Upon completion of these two consecutive terms a Council member will be eligible for another appointment after a period of one (1) year. State Agency representatives serve at the will of the Governor and have terms that do not expiration dates. Council members appointed to fill a previous appointee's term are eligible to complete the service of their predecessor and they remain eligible to serve an additional appointment of two consecutive five year terms.

Council Members:

Name	Gender	Race/Ethnicity	Geographical	Agency/Org/Citizen Rep Code	Agency/Org Name	Appt. Date	Appt. Expired Date	Alt/Proxy for State Agency Rep Name
------	--------	----------------	--------------	-----------------------------	-----------------	------------	--------------------	-------------------------------------

Joseph Baxter	M	D2	E1	A1	Arkansas Rehabilitation Services		
Karan Bunette	F	D1	E1	A6	Partners for Inclusive Communities, University of Arkansas	2019-12-01	2024-12-01
Katherine Donoven	F	D1	E1	B2		2016-12-01	2021-12-01
Syard Evans	F	D1	E1	A9	Arkansas Support Network	2015-12-01	2020-12-01
Cynthia Fong	F	D3	E1	B2		2015-12-01	2023-12-01
C.W. Gardenhire	M	D1	E2	B2		2015-12-01	2024-12-01
Mark George	M	D1	E1	B2		2015-12-01	2024-12-01
Ke'Arus Henderson	M	D2	E1	B1		2015-12-01	2023-12-01
Kasey Hodges	F	D1	E1	B1		2015-12-01	
Carrie Hollis-Anthony	F	D1	E2	A7	First Step, Inc.	2015-12-01	2022-12-01
Kimberly Horton	F	D1	E2	B2		2015-12-01	12022-12-12
Ludwick Kozlowski	M	D1	E1	B1		2015-12-01	2024-12-01
Tom Masseur	M	D1	E1	A5	Disability Rights Arkansas		

Annette Mencer	F	D1	E1	B2		2015-12-01	2022-12-01
Kris (Ann) Price	F	D1	E1	B1		2015-12-01	2020-12-01
Toni Roy	F	D1	E1	A4	Division of Medical Services, Department of Human Services		
Rhonda Saunders	F	D1	E1	A2	Arkansas Department of Education, Special Education Division		
Heather Shrader	F	D1	E1	B2		2018-12-01	2023-12-01
Melissa Stone	F	D1	E1	A8	Developmental Disability Services, Department of Human Services		
Christopher Tebbetts	M	D1	E2	B1		2015-12-01	2022-12-01
Maria Villagran	F	D5	E1	A1		2016-12-01	2021-12-01
Judy Watson	F	D1	E1	C2		2016-12-01	2021-12-01
vacant vacant	O	D8	E1	A3	Division of Aging & Adult Services, Arkansas Department of Human Services		

Council Staff:

Name	Position/Working Title	FT Status	% PT	Gender	Race/Ethnicity	Disability
Jonathan J Taylor	Executive Director	1		M	D1	N

Assiah Lewellen	Program and Outreach Manager	1		F	D1	N
Mellissa Trostel-Hall	Program and Outreach Coordinator	1		F	D1	N
vacant vacant	Finance and Operations Coordinator	1		F	D2	N
Kimberly Gatewood	Administrative Specialist 1	2	50	F	D2	Y
vacant v vacant	Administrative Specialist 1	2	50	O	D8	DWA

SECTION II: DESIGNATED STATE AGENCY

The DSA is:	Other Agency (2)
Agency Details:	
Agency Name	Arkansas Department of Finance and Administration
State DSA Official's Name	Larry W. Walther, Director
Address	1509 West 7th Street, 4th Floor
Phone	501-682-2242
FAX	501-682-1029
E-mail	larry.walther@dfa.arkansas.gov
If DSA is other than the Council, does it provide or pay for direct services to persons with developmental disabilities?	No (0)
If yes, describe the general category of services it provider (e.g. health, education, vocational, residential, etc.) (250 character limit)	
Does your Council have a memorandum of Understanding/Agreement with your DSA?	Yes (1)

If DSA is other than the Council, describe (250 character limit).

Department of Finance & Administration provides assistance to all state agencies to ensure uniformity, accountability, and efficiency in the management of human resources, material, & financial resources needed for agencies to perform their missions.

PART E - Calendar Year DSA was designated [Section 125(d)(2)(B)]

1969

SECTION III: COMPREHENSIVE REVIEW AND ANALYSIS

Introduction:

Over the past five years, the Council regularly sought feedback from non-profit stakeholders, DD Network partners and through the wider developmental disabilities community in Arkansas to help identify the most pressing needs in the State. The Council utilized its website, online surveys, forums hosted at virtual events, in-person focus groups and telephone interviews to gather data. The Council learned that many of the needs previously identified were still priorities. Because much of Arkansas' work from 2016-2018 was focused on completing a corrective action plan and implementing required organizational re-development, in both the membership and staff, there was much planned programmatic work which still needed to be implemented. In developing the previous 2017-22 state plan, input was sought from the Marshallese community, and other immigrant communities in Northwest Arkansas, which developed the Council's targeted disparity objectives to remove barriers for these culturally diverse groups. Many of these barriers remain in 2021, so the Council chose to prioritize and continue these efforts in the 2022-2026 plan. Supporting and educating self-advocates and their families across Arkansas is the foundation of the Council's efforts, and this work will continue during the next five years. Planning with our DD Network, state agency and other partners, we will collaborate to advance our work on advocacy, our focus on employment policy and monitoring results of major systems change (Arkansas' new organized healthcare system, PASSE). Breaking down informational and organizational silos that exist across Arkansas will allow improved access to services for the DD community. It will give a larger voice to the community in future policies and legislation that could be used in assisting un-served and/or underserved parts of the intellectual & developmental disability community in our state. It must be noted that the full impact COVID-19 has had on the country and IDD community has yet to be determined. The most updated data available for this report comes from 2019 or before; the earliest stages of the outbreak.

Describe how the DSA supports the Council:

The Arkansas Department of Finance and Administration (DFA) serves as the Federal Grantee/financial point of contact for the Council, providing fiscal support and performing the role of disbursing agent. DFA's Office of Intergovernmental Services (IGS) provides direct support to the Council and its staff, ensuring proper internal fiscal controls are in place and utilizing funds management & accounting procedures as prescribed by the State and the US Department of Health and Human Services for the accurate tracking, reconciliation and reporting of all federal payments. IGS tracks and reports all expenses, as well as non-federal match funds, in accordance with all federal requirements and submits financial reports required by Council procedures and state & federal laws. DFA assists with other fiscal support duties as mutually agreed upon by both parties pursuant to a Memorandum of Understanding.

Poverty Rate:

16.2

(i) Racial and Ethnic Diversity of the State Population

Percentage of Population (White, alone)

73.4

Percentage of Population (Black or African American alone)	15.5
Percentage of Population (American Indian and Alaska Native alone)	1
Percentage of Population (Asian alone)	1.7
Percentage of Population (Native Hawaiian and Other Pacific Islander alone)	.4
Percentage of Population (Some other race alone)	N/A
Percentage of Population (Two or more races:)	2.2
Percentage of Population (Two races including Some other race)	N/A
Percentage of Population (Two races excluding Some other race, and three or more races)	N/A
Percentage of Population (Hispanic or Latino (of any race))	7.8
(a) Prevalence of developmental disabilities in the state:	17

Explanation (of % of prevalence):

Disability prevalence of 17.5% was indicated by Cornell for the state of Arkansas (all disabilities). These statistics were calculated by the Cornell University Yang Tan Institute using the U.S. Census Bureau's 2018 American Community Survey (ACS) Public Use Microdata Sample (PUMS) data. Prevalence is defined as the percentage or number of persons reporting disabilities. The percentage (prevalence rate) is calculated by dividing the number of people reporting a disability by the total number of people in the population. Citation: Erickson, W., Lee, C., von Schrader, S. (2021). Disability Statistics from the 2018 American Community Survey (ACS). Ithaca, NY: Cornell University Yang-Tan Institute (YTI). Retrieved from Cornell University Disability Statistics website: www.disabilitystatistics.org. We used 17% for prevalence of developmental disabilities in the state rather than the all disabilities number from Cornell. According to the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA), 17% of children aged 3-17 years had a developmental disability (1 in 6 children). See <https://www.cdc.gov/ncbddd/developmentaldisabilities/features/increase-in-developmental-disabilities.html> For this study, researchers examined data from the National Health Interview Survey (NHIS), one of the largest in-person household health surveys in the United States. Parent-reported data from 88,530 children aged 3-17 years were included in the study. You can learn more about the report here: <https://pediatrics.aappublications.org/content/early/2019/09/24/peds.2019-0811> Arkansas' true number of prevalence of IDD is most likely higher than 17%, as we are a mostly rural state. Reported rates of disability vary across the country with a notable difference between rates in urban and rural counties. Rural disability rates are not consistent and clear - there are higher rates of reported disability throughout the rural Southern United States, including Arkansas. Local level social, economic and environmental factors all contribute to people's experience of disability.

(b) Residential Settings:

Total Served (2017)	6675
A. Number Served in Setting of under 6 (per 100,000) (2017)	133.83
B. Number Served in Setting of over 7 (per 100,000) (2017)	88.66
C. Number Served in Family Setting (per 100,000) (2017)	91
D. Number Served in Home of Their Own (per 100,000) (2017)	95
Total Served (2016)	6728
A. Number Served in Setting of under 6 (per 100,000) (2016)	133.93
B. Number Served in Setting of over 7 (per 100,000) (2016)	90.33
C. Number Served in Family Setting (per 100,000) (2016)	92
D. Number Served in Home of Their Own (per 100,000) (2016)	90
Total Served (2015)	6657
A. Number Served in Setting of under 6 (per 100,000) (2015)	133.66
B. Number Served in Setting of over 7 (per 100,000) (2015)	88.23
C. Number Served in Family Setting (per 100,000) (2015)	59
D. Number Served in Home of Their Own (per 100,000) (2015)	76
(c) Demographic Information about People with Disabilities:	
Percentage (Population 5 - 17 years)	7.3
Percentage (Population 18 - 64 years)	15.3

Percentage (Population 65 years and over)	41.1
Race and Hispanic or Latino Origin of people with a disability	
Percentage (White alone)	6.9
Percentage (Black or African American alone)	3.4
Percentage (American Indian and Alaska Native alone)	N/A
Percentage (Asian alone)	N/A
Percentage (Native Hawaiian and Other Pacific Islander alone alone)	N/A
Percentage (Some other race alone)	8.8
Percentage (Two or more races)	N/A
Percentage (Hispanic or Latino (of any race))	7.8
Employment Status Population Age 16 and Over	
Percentage with a disability (Employed)	30
Percentage without a disability (Employed)	73.7
Percentage with a disability (Not in labor force)	70
Percentage without a disability (Not in labor force)	26.3
Educational Attainment Population Age 25 and Over	
Percentage with a disability (Less than high school graduate)	18.6
Percentage without a disability (Less than high school graduate)	10
Percentage with a disability (High school graduate, GED, or alternative)	41.7

Percentage without a disability (High school graduate, GED, or alternative)	33.3
Percentage with a disability (Some college or associate's degree)	29.7
Percentage without a disability (Some college or associate's degree)	29.9
Percentage with a disability (Bachelor's degree or higher)	10.1
Percentage without a disability (Bachelor's degree or higher)	26.9
Earnings in Past 12 months Population Age 16 and Over with Earnings	
Percentage with a disability (\$1 to \$4,999 or less)	14.5
Percentage without a disability (\$1 to \$4,999 or less)	8.2
Percentage with a disability (\$5,000 to \$14,999)	20.6
Percentage without a disability (\$5,000 to \$14,999)	13.7
Percentage with a disability (\$15,000 to \$24,999)	18.8
Percentage without a disability (\$15,000 to \$24,999)	16.9
Percentage with a disability (\$25,000 to \$34,999)	14.5
Percentage without a disability (\$25,000 to \$34,999)	15.8
Poverty Status Population Age 16 and Over	
Percentage with a disability (Below 100 percent of the poverty level)	23.4
Percentage without a disability (Below 100 percent of the poverty level)	12.3
Percentage with a disability (100 to 149 percent of the poverty level)	14.4

Percentage without a disability (100 to 149 percent of the poverty level)	9.6
Percentage with a disability (At or above 150 percent of the poverty level)	62.3
Percentage without a disability (At or above 150 percent of the poverty level)	78.1

(i) Health/Healthcare:

Access to health insurance is one of the most positive aspects of services for individuals with intellectual and developmental disabilities (I/DD) in Arkansas. Yet, health outcomes for the group continue to be problematic. Access to health care is more than a simple function of having insurance. According to data from Cornell DisabilityStatistics.org, the estimated percentage of non-institutionalized persons aged 21 to 64 years with a disability, in Arkansas, who were insured in 2018, was 92.5% (Source, American Community Survey), while 86.8% of their peers without a disability have health insurance. Other data shows that 50% of those with a disability were prohibited by cost from seeking medical care, while only 20% of those without a disability couldn't seek care because of cost. It is easy to underestimate the role of deductibles, co-pays, and transportation costs on access to care. People with disabilities are more likely to have chronic conditions or unhealthy lifestyle choices when compared with their non-disabled peers. In Arkansas, people with disabilities are more likely to be obese (42% vs 35%), be a smoker (34% vs 15%), to have diabetes (16% vs 9%), and to have heart disease (13% vs 4%). The state Title V Children's Services agency provides case management, specialized medical care and rehabilitation services for children and youth with special health care needs. Their services include medical and surgical treatment, therapies, appliances, medications, and care coordination. This program is the only payment source for a number of Hispanic families, who do not qualify for other government programs. When these youth reach adulthood, they often have no way to pay for their services. The Arkansas Autism Partnership (AAP) is an autism specific waiver program designed to provide one-on-one, intensive early intervention treatment for beneficiaries ages eighteen (18) months through seven (7) years with a diagnosis of Autism Spectrum Disorder (ASD). The waiver participants must meet the ICF/IID level of care and have a diagnosis of ASD. When providing services to children under the Autism Waiver, only natural home and community settings that provide inclusive opportunities for the child with ASD will be utilized. The setting will primarily be the child's home, but other community locations, identified by the parent (such as the park, grocery store, church, etc.) may be selected based on the skills and behaviors of the child that need to be targeted. Mental health services are often accessed through the system of community mental health centers. These centers, which serve every county in the state, are operated by community-based organizations that are monitored by the state. They are partially funded by through federal funds and provide services on a sliding fee scale. Additionally, there are multiple private providers through which persons may receive services. The Division of Behavioral Health Services is the agency that monitors the organizations that operate the Community Mental Health Centers. They have initiated a system of care approach to providing services to children and adolescents with mental illness. This approach expects the family or adolescent to be the key person on the care team, along with the professionals. It also seeks to integrate all of the services the person receives, whether or not that services is identified as a mental health therapy. It seeks to include all key stakeholders: therapists, school personnel, church leaders, rehabilitation counselors, and any others involved with the child. Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual prenatally exposed to alcohol. These effects may include physical, mental, behavioral and/or learning disabilities with lifelong implications. Fetal Alcohol Syndrome (FAS), Partial Fetal Alcohol Syndrome (PFAS), Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE) and Alcohol Related Neurodevelopmental Disorder (ARND) are the diagnosed conditions associated with prenatal alcohol exposure. Few estimates for the full range of FASDs are available. Based on the National Institutes of Health-funded community studies using physical examinations, experts estimate that the full range of FASDs in the United States might number as high as 1 to 5 per 100 school children (or 1% to 5% of the population) , making it likely the most common developmental disability. Even though it is quite common, it is seldom diagnosed. Many students being served in public schools under the severe emotional disturbance category, youth in the juvenile justice system, and adults in prison have undiagnosed FASD. The Division of Children and Family Services has established a FASD Fetal Alcohol Program to provide supports to the children they serve. There are few other systems in place to address the state's needs regarding prevention, diagnosis, treatment, and supports for persons with an FASD. There has been limited training about the condition through a grant from the CDC and a community-based organization is organizing to help establish services. Three main concerns around health accessibility were detailed in the Council's previous Five Year Plan: 1.) A lack of clinical services in the rural regions of the state; 2.)

Insufficient understanding of the multiple programs available, and how to access them (professionals and end users); 3.) The Mental Health system needs incorporate the needs of the IDD population, particularly those with a dual diagnosis. In this Five Year Plan a fourth concern appeared: how to navigate the PASSE system of managed care. The PASSEs are barely three years into operation at this point. Concerns around how to access services, the training of care coordinators, and the staffing challenges around hiring and retaining qualified care coordinators have been expressed.

(ii) Employment:

According to the 2020 Annual Disability Statistics Compendium and the American Community Survey, among Arkansans without disabilities aged 18 to 64, 76.9% are employed (55.2% were full-time). Conversely, 32.8% of people with disabilities in the same age group are employed, an improvement of 4% since 2011 (19.5% were full-time). However, nationally the employment percentage of people without a disability is 38.8 - a 6% gap. In more concrete terms, 16,282 people with a disability would have to be employed to bring Arkansas up to the national average. That disparity between employment for people without disabilities and for people with disabilities is the third greatest in the country. For people receiving SSI, 80% never have a job during their lifetime and receive an average of \$500,000 in payments over their lifetime. In Arkansas 8.3% of the population receive a monthly Social Security Disability Insurance (SSDI) payment. In 2019 that payment was an average of \$733, an annual benefit expenditure of \$183,901,696. Failure to employ persons with disabilities not only costs taxpayers to provide benefits, but also reduces the quality of life for the individual. More than any other factor, employment has a positive effect on quality of life and health outcomes. It is the ticket out of poverty for many with disabilities. Hispanic and Marshallese participants in focus groups continue to note that language barriers make finding work more difficult than it would be otherwise. As of July 1, 2021 Arkansas has 37 14 (c) sheltered workshops, of which 22 are active. Under the Fair Labor Standards Act, the 14 (c) certificate authorizes employers to pay subminimum wages to workers with disabilities that impair their productivity for the work they perform. Employees in these workshops are not always paid by the hour; they can be paid per item produced. There are currently 15 applications for new 14 (c) certificates pending. At the time of this report 968 Arkansans are employed in a sheltered workshop. Current practices often look at the individual's deficits and determine that they have a disability that is too severe to work, or that the person is not ready to work. Data reveals that there is a \$1.5 billion cost benefit from individuals who are in supported or integrated employment. A majority of states are working on policies that would make employment the first option for individuals with developmental disabilities. These policies indicate that all people with disabilities shall be afforded full, unrestricted opportunities to pursue gainful employment regardless of level of disability. Arkansas is one of 38 states with an Employment First policy, stemming from a 2010 Executive Order (EO 10-17). However, it only established a cross-disability policy, and is not formally codified in legislation. The state agencies with primary responsibility for employment of people with disabilities are Arkansas Rehabilitation Services (ARS) and the Division of Workforce Service. They build partnerships with private sector employers who are looking at hiring workers with intellectual/developmental disabilities. To aid in that effort, ARS helped charter an affiliate of Disability: IN (formerly USBLN) in 2017. Disability: IN is a business to business advocacy organization that focuses on competitive, integrated employment. In 2012, ARS received 8,533 general applications and 591 applications from persons who are blind. They helped obtain 2,933 jobs for people with disabilities. Both northwest and central Arkansas have Project SEARCH sites. Project SEARCH is a one-year internship program for individuals with developmental disabilities who desire sustainable, competitive employment. Project SEARCH provides real-life work experiences combined with training in employability and independent living skills. Community meetings and focus groups produced a number of recommendations to improve employment outcomes. Ending sheltered workshops was strongly endorsed. A number of ideas focused on developing competitive employment opportunities. These included outreach to business owners to help them see the value persons with disabilities bring to the work site. They suggested that this might be accomplished by working through Chambers of Commerce and by spotlighting model employers. Other recommendations focused on things such as supported employment and recruiting more job coaches and giving them more training. Other suggestions centered around skills training for people with disabilities that is more targeted to current job skills that are needed and thinking of jobs other than ones traditionally earmarked for people with disabilities. Some participants commented on youth employment and transitioning from school to work. They suggested that there be more internships and job placements that begin earlier. They wanted to see better education about programs that support employment, such as WIOA, Ticket to Work, and tax incentives. They cited a connection between employment and transportation to work. A number of families are starting businesses in which their children with I/DD can be employed along with others with I/DD and with employees without disabilities.

(iii) Informal and formal services and supports:

While most of the focus on home and community-based services tends to be on those paid by Medicaid, we know that a much greater number of people are supported by family caregivers. In Arkansas, 7,287 live with caregivers over the age of 60. This is 19% of the state total, compared to the national average of 17%. For this group of caregivers, one of their biggest concerns is what will happen to their family member when the caregiver can no longer provide care. While there is a rich array of programs offering supportive services, many people in the state note that they need support that either does not exist or is difficult to find. There are several programs that maintain a resource directory or database. The most notable being The Aging and Disabilities Resource Center, the Family to Family Health Information Center, and the University of Arkansas at Little Rock. There are several organizations and that have support services as a key part of their mission. In addition to operating a resource directory, the Family to Family program employs a group of regional coordinators who provide information about the health care system to families with children with special health care needs. The coordinators are themselves parents of children with health conditions. A similar program of the Division of Developmental Disabilities Services, the Parent Advisory Council (PAC) is a group of parents and guardians of children with special health care needs (CSHCN) and is committed to advocacy and educating other families, government agencies and healthcare professionals on issues that affect children with special health care needs. The PAC has representatives from across the state of Arkansas who meet quarterly with service providers and agencies for collaboration. The Center for Exceptional Families operates the Parent Training and Information Center for the state. This program provides education and support for families regarding special education. Arkansas CPRC does similar work in northwest Arkansas but focuses on Hispanic and Marshallese families. With the increase in the number of diagnosed cases of autism multiple support programs have emerged. The Arkansas Autism Resource and Outreach Center is a not-for-profit organization that works with families of children with a new diagnosis of autism. They help the families better understand the condition, know the first steps they should take to receive the services and supports they need, and to connect with other families. Project Connect has identified resources for children in each region of the state and published a guide for families. Autism Implementation Grant is a new project that is working to develop a more integrated system of care for children with autism and their families. Since Hispanic families may access information through different sources and to overcome language and cultural barriers, a new organization is being formed. Autism Arkansas is a joint venture between the Autism Treatment Network, Leadership Education in Neurodevelopmental Disabilities (LEND), University of Arkansas for Medical Science, and the Mexican Consulate that will do outreach to Hispanic families with a child on the spectrum. It is being formed by a developmental and behavioral pediatrician, who is originally from Mexico. For the past 15 years, respite has been consistently mentioned near the top of needs assessments. The Arkansas Lifespan Respite Coalition is dedicated to developing more respite options in the state. There are several limited programs in the state that offer respite services, but each is for a specific population. While they are most welcome, none of these programs comes close to meeting the needs for respite. A number of churches are stepping up to fill some of the need for supports, with respite being the most common service offered and parents night out programs being a common format for support. A couple of churches offer SibShop, a support for siblings of children with disabilities. Most of the support groups and informal programs are conducted in English only, which makes accessing these services even more difficult for people for whom English is not their preferred language. Participants in community meetings and focus groups identified a number of additional areas where they feel additional supports are needed. By far, the most common need voiced was a need for more information. Among other options, participants suggested that a program of home visits for families with young children to educate them about services They cited that legal issues often go unmet. Many families need assistance with setting up special needs trusts. Persons with disabilities may not be able to make choices or to even have input into their preferences due to laws and policies about guardianship. Among Hispanic and Marshallese families, the need for services and trainings in their native language, materials in their language, and translation services were key needs. Other needs that were voiced were help with meeting daily needs such as food and equipment, being unwelcome at church because of a child's behavior, more support groups, connecting with families in other states, help transitioning into the community, and more training on positive behavior supports.

(iv) Interagency Initiatives:

The Governor issued an Executive Order (EO 10-17) in the fall of 2010 that established Arkansas' Employment First Task Force. Because this was created by an Executive Order and not legislation with an end date, the Employment First Task Force was guaranteed not to be a temporary collaborative effort. The final report of the Task Force was issued in December of 2011, and it acknowledged: Statistics on individuals with developmental disabilities have been limited, because SSA disability data on classify developmental disabilities into several groups, such as congenital

anomalies and diseases of various body systems. However, they do publish detailed data on individuals with intellectual disabilities, including employment. As a group, individuals with intellectual disabilities make up a significant portion of the disabled population. More than 24000 Arkansans with intellectual disabilities receive benefits from the Social Security Administration, either through Supplemental Security Income (SSI) program for low-income individuals with disabilities, Disability Insurance (SSDI) for former workers and disabled dependents of workers, or both. More than a quarter of Arkansans on SSI and more than 9 percent on SSDI have intellectual disabilities. As of 2021 Arkansas APSE, ARS, and Disability Rights Arkansas are working with policy makers to transition Employment First from the Executive Order to formal legislation. ARS' Business Engagement Division helped charter an affiliate of Disability: IN (formerly USBLN) in 2017. Disability: IN is a nonprofit business resource dedicated to inclusion and equity in the workforce. The initial board consisted of Regions Bank, TJX, Tyson Foods, and Wal-Mart. Disability:IN Arkansas has partnered with ARS in its mission to foster competitive, integrated employment in the state. The Arkansas Autism Partnership (AAP) is the Medicare waiver program for children aged 18 months to eight years. Partners for Inclusive Communities serves as the administrative agency for daily operation of the program statewide, via contractual arrangement with the Department of Human Services, Division of Developmental Disabilities Services. This program will fund a team of professionals and paraprofessionals to evaluate eligible children and provide one-on-one intervention in their homes for a minimum of 20 hours and a maximum of 25 hours per week. This team will utilize individualized strategies that have been proven effective with children with autism in building their skills in areas of cognition, communication, self-care, socialization and appropriate behavior. Parents will be trained and included as members of the team. As of 2021 the average waitlist for AAP is 45-50 children, but the funding for that program is currently under review at the federal level through CMS. Should increased funding be approved, the waitlist could be significantly reduced. In 2014, the State of Arkansas' Department of Human Services was awarded its first federal Lifespan Respite Grant, titled Arkansas Take the Time Lifespan Respite Project. This grant was provided by the HHS- Administration for Community Living under Title XXIX of the Public Health Service Act (42 U.S.C 201). Lifespan Respite Care Programs are required to improve delivery and quality of respite services. In 2018, Arkansas DHS was awarded a second grant to continue advancing our respite goals and objectives. Additional supplemental funding was also received in 2019 to enhance respite services through the Arkansas Lifespan Respite Voucher Program.

(v) Quality Assurance:

Arkansas has multiple programs dedicated to quality assurance. However, the overwhelming majority of those programs are internal. Despite the best of intentions, internal policing lacks the independence and objectivity of an external monitoring agency. Within the Department of Human Services Division of Developmental Disabilities, the Division of Provider Services and Quality Assurance (DPSQA) is responsible for provider oversight. It is also responsible for the certification, licensing, and surveying of long-term care and Medicaid providers. DPSQA also conducts quality assurance activities to review outcomes and determine compliance and promote workforce development. DPSQA is divided into three units: 1.) Office of Long-term Care: licenses, surveys, and regulates long term care facilities, such as skilled nursing facilities. This unit also investigates all nursing home complaints. 2.) Community Services: licenses, certifies, and regulates assisted living facilities, home and community-based programs day treatment programs, and alcohol and drug abuse treatment providers. This unit also reviews concerns, complaints, and allegations of substandard care as it relates to facility practices. 3.) Performance & Engagement: the first point of contact for allegations of abuse, neglect, and exploitation in non-long-term care settings and processes requests from providers for background checks for potential employees. This unit also oversees the certified nursing assistant and certified nursing home administrator training. DHS has also created a new Office of Innovation and Delivery System Reform (IDSR) which will provide monitoring and oversight of the services provided to PASSE members. The IDSR includes Beneficiary Support, which will provide guidance to beneficiaries on the PASSE system. At the time of this report Beneficiary Support is active. The Department of Human Services, Division of Children and Family Services (DCFS) operates the child protection services program for the state. They have several units that that provide specialized services that benefit children with DD. Services are referred by DCFS caseworkers and often court-ordered by juvenile judges as part of a case plan. Currently, there are several services/programs being offered by the Child Protection Unit including counseling, in-home support, language interpreters, parenting education/support services, supervised visitation, support groups, in-home parenting services. The Specialized Placement Unit provides technical and financial assistance county offices requiring help in locating and/or finding placements for children with emotional and/or behavioral problems. The Division provides these services through contracts with private providers or medical providers. Arkansas System of Care (AR SOC) is a collaborative network of community-based services and supports that are organized to meet the challenges of children and youth with moderate to severe mental health needs and their families. Families and youth work in partnership with public and private organizations so services and supports are effective, build on the strengths of individuals, and address each person's cultural and linguistic needs. In a similar manner, Adult Protective

Services works to protect adults from sexual, physical, emotional, or financial abuse. In addition to state agencies, there are several other programs that work for protection of persons with disabilities and to assure quality in service programs. Arkansas' designated Protection and Advocacy entity, Disability Rights Arkansas takes an active role in monitoring congregate care facilities. In recent years, they have issued reports on abuse at the Arkansas State Hospital and Human Development Centers (HDC). Most recently they reported on conditions of facilities at HDCs, excessive use of seclusion and restraints, and a death at an HDC. Arkansas Autism Resource and Outreach Center works with parents of children with autism spectrum disorder to understand the condition and the rights of children and their families. One of the areas of their work is supporting parents as they seek the rights of their children. Partners for Inclusive Communities, the University Center for Excellence in Developmental Disabilities (UCEDD) for the state, operates programs that work to prevent rape and sexual assault of people with disabilities and to support crime victims with disabilities. Those programs work with the criminal justice system in the state, along with victim assistance programs and DD programs to assist them to better understand each other's role and responsibilities. The Arkansas Coalition of Marshallese advocates for the rights of the peoples of the Compact Of Free Association (COFA). A significant achievement was the 2020 restoration of the Medicaid program to over 56,000 COFA migrants living in the United States. Listed below is the contact information for the state agencies most commonly engaged in certification, licensing, inspection, and oversight of agencies, employees and facilities serving the IDD community of Arkansas: The Office of Long-term Care (OLTC) licenses and inspects nursing facilities (<http://humanservices.arkansas.gov/dms/pages/facilityTypes.aspx#1>) Intermediate care facilities for persons with intellectual and developmental disabilities (ICF/IDD) (<http://humanservices.arkansas.gov/dms/pages/facilityTypes.aspx#2>), Assisted living facilities (<http://humanservices.arkansas.gov/dms/pages/facilityTypes.aspx#5>) Residential care facilities (<http://humanservices.arkansas.gov/dms/pages/facilityTypes.aspx#3>) Adult day cares (<http://humanservices.arkansas.gov/dms/pages/facilityTypes.aspx#4>), Post-acute head injury retraining residential facilities (<http://humanservices.arkansas.gov/dms/pages/facilityTypes.aspx#7>). OLTC also investigates complaints against long-term care facilities and their employees (<http://humanservices.arkansas.gov/dms/Pages/oltcConsumers.aspx#9>) TEFRA program (<http://humanservices.arkansas.gov/dms/Pages/oltcConsumers.aspx#11>) Licenses for nursing facility administrators (<http://humanservices.arkansas.gov/dms/Pages/oltcProviders.aspx#10>) Administration of criminal background checks for long-term care facility employees (<http://humanservices.arkansas.gov/dms/Pages/oltcRegulations.aspx>) Certified Nurse Aide (CNA) training and certification program (<http://humanservices.arkansas.gov/dms/Pages/oltcRegulations.aspx>)

(vi) Education/Early Intervention:

(vii) Housing:

(viii) Transportation:

(ix) Child Care:

(x) Recreation:

(i) Criteria for eligibility for services:

Arkansas uses a categorical definition for eligibility for developmental disability services, which prevents some individuals, who are eligible under the federal definition, from receiving services. In order to be eligible, a person must be diagnosed with an intellectual disability, cerebral palsy, autism, epilepsy, Down syndrome or spina bifida. In addition to developmental disability services, eligibility for programs such as early intervention and special education are found to be misunderstood by some families. This was evidenced by persons participating in community meetings and focus groups. Some thought they must have a diagnosis to receive early intervention services. Children eligible for special education are often delayed in receiving services because parents don't know the process of asking for an evaluation for eligibility. Others found the application process for developmental disabilities services to be so burdensome that they decided not to apply. Other

participants cited the lengthy wait time for diagnostic evaluations to be a barrier to timely initiation of services. The asset test for services, \$2,000 for an individual and \$3,000 for a couple, was also noted as a significant barrier to receiving services and a disincentive for seeking employment. These challenges around eligibility criteria result in several problems. Many children eligible for the early intervention program, First Connections, are not identified and don't receive services. This causes children to miss a critical period of effectiveness of interventions. Families participating in the information gathering sessions reported spending large sums of money on services that could have been covered by state and federal programs.

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

Through the data gathered for this analysis, there are several groups that were found to be underserved, including persons with a dual diagnosis (intellectual and developmental disabilities plus mental illness), persons from racial and ethnic minority groups, persons who are LGBTQ, and persons living in rural areas of the state. For those with a dual diagnosis, Medicaid will only pay according to the primary diagnosis, thus making it difficult for the individual to receive the full range of services needed. Participants in community meetings and focus groups identified a need to integrate services for the two conditions. They also noted a limited number of mental health providers in many areas of the state, which often requires the person to travel a great distance to receive services. As a result of these challenges, many mental health needs go untreated. Among members of minority groups, communication about the services that are available is an often-identified need. In general, African Americans receive services in similar percentages as the white community. The same is not true for people who are Hispanic or Marshallese. The primary reason for that disparity is language. For the majority of those demographic groups English is a second language. The state has made progress in providing information in Spanish, but challenges still exist. Even when materials are published in Spanish, there are a limited number of workers who are fully conversant in the language. The same situation applies to people who speak Marshallese. Although the number of publications available in Marshallese is increasing, the number of workers who read and speak the language fluently is small. And while some workers may be able to speak Marshallese or Spanish in a grammatically correct way, few have full idiomatic grasp of the language. Lacking full linguistic competency often hinders full communication to those communities. For both groups, many people receive their information about services through channels that may be different from those of other cultures. Those non-traditional channels are not always used to reach these populations. Another barrier to services for people from the Hispanic and Marshallese communities is a lack of reliance on governmental programs for people with developmental disabilities. Additionally, some Hispanics do not have documentation that allows them to participate in governmental programs. The Compact of Free Association that permits free movement from the Marshall Islands to the United States and access to employment in the U.S., also stipulates that they may not participate in certain U.S. programs. However one bright spot for the Marshallese people was the restoration of rights to receive Medicaid benefits and participate in the Children's Health Insurance Program (CHIP) in late 2020 . In addition to state agencies, there are several organizations in Arkansas that do considerable outreach to communities with limited English proficiency, including the Arkansas Minority Health Commission, Arkansas Advocates for Children and Families, Legal Aid of Arkansas, Legal Services, and Consulates for the Marshall Islands and Mexico. Members of the LGBTQ community noted that agency policies often prevent them from staying at shelters for people who are homeless or for victims of domestic violence. Many of these programs are operated by faith-based organizations that are not subject to the same rules as governmental programs. Given the high rates of homelessness and victimization among this community, they too often encounter this barrier. Given the rural nature of most of the state and the lack of public transit systems, transportation is a significant barrier to full participation. This barrier is a significant impediment to participation in everything ranging from work to shopping and recreation. Attitudes about people with disabilities continue to be a major barrier to full participation. Many in the state still believe that full participation is not possible and that segregated services are in the best interest of persons with disabilities. Others believe that persons with significant disabilities cannot be served in the community and need to be institutionalized. This belief can found in the general public, policy makers, and families of people with disabilities.

(iii) The availability of assistive technology:

Multiple participants in community meetings and focus groups expressed a need for additional assistive technology (AT). Medicaid limits on the types and frequency of technology purchases is a significant factor. Other participants noted that they are unaware of AT options that might improve their lives and result in greater inclusion in the community and workplace. Despite those limitations, there are several programs dedicated to addressing assistive technology needs. One significant assistive technology (AT) resource for individuals with disabilities is Increasing

Capabilities Access Network (ICAN), a program that is federally funded through Arkansas Rehabilitation Services (ARS). ICAN has an established relationship with the DD Network partners in the state and has a mission to improve the accessibility of assistive technology for individuals and families across the state. ICAN maintains an equipment database where people have an opportunity to search for desired equipment and/or recycle assistive equipment. Through this program, individuals and professionals may access trainings that provide Continuing Education Credits (CEC's) and Continuing Rehabilitation Credits (CRC's). ICAN's services also include AT for the Kitchen; employment; recreation and sports; computer assistance and transitioning assistance. Individuals that are transitioning into more independent living environments may receive services that include the availability of floor plan recommendations and information about other agency resources. ICAN often has interactive demonstrations and/or booths at conferences and events around Arkansas. For individuals who are interested in other opportunities for AT services around the state, ICAN has an events calendar that lists different meetings, including faith-based and community initiatives. Another program that offers assistive technology services is the Arkansas Technology and Curriculum Access Center (TCC), a collaborative partnership between the Arkansas Department of Education, Special Education Unit and Easter Seals of Arkansas. Individuals may receive equipment on loan, in-service training, consultations, and evaluations through this program. The services are offered through the Outpatient Services Center and on-site through contracts with individuals, agencies, and school districts. Web conferencing is another service option. Loaned equipment may be loaned for a six-week trial period at a cost of 2% of the replacement cost. Another component of TCC is a consultation service called Effective Systems Lead to Effective Schools. This program analyzes the systems that currently exist or are in need of development to encourage the achievement of proficiency goals for students. TCC has sponsored AT conferences, with sessions on varying topics including curriculum design and standards for students who are users of assistive technology. The Telecommunications Access Program (TAP), through Arkansas Rehabilitation Services, provides free telecommunications equipment to eligible Arkansans who have hearing, mobility, speech, visual or cognitive disabilities. For program eligibility, individuals must meet the following criteria: 1) be an Arkansas resident; 2) have personal telecommunication service(s); 3) have certification of disability that prohibits the use of a standard telephone; and 4) have an income that is less than \$50,000 a year (more than \$50,000 may qualify for shared cost option). Finally, the Department of Human Services (DHS) Developmental Disabilities Services (DDS) Division has an adaptive equipment services program with therapeutic and augmentative equipment. The equipment must be required for the individual to increase, maintain or improve their ability to perform daily life tasks.

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

State Pop (100,000) (2017)	30.01
Total Served (2017)	4138
Number Served per 100,000 state pop. (2017)	137
National Average served per 100,000 (2017)	254
Total persons waiting for residential services needed in the next year as reported by the State, per 100,000 (2017)	93.36
Total persons waiting for other services as reported by the State, per 100,000 (2017)	94.43
State Pop (100,000) (2016)	29.9
Total Served (2016)	4135

Number Served per 100,000 state pop. (2016)	138
National Average served per 100,000 (2016)	250
Total persons waiting for residential services needed in the next year as reported by the State, per 100,000 (2016)	105.71
Total persons waiting for other services as reported by the State, per 100,000 (2016)	104.41
State Pop (100,000) (2015)	29.78
Total Served (2015)	4122
Number Served per 100,000 state pop. (2015)	138
National Average served per 100,000 (2015)	241
Total persons waiting for residential services needed in the next year as reported by the State, per 100,000 (2015)	95.29
Total persons waiting for other services as reported by the State, per 100,000 (2015)	N/A

a. Entity who maintains waitlist data in the state for the chart above:

State Agencies	4
-----------------------	---

b. There is a statewide standardized data collection system in place for the chart above:	Yes (1)
--	---------

c. Individuals on the wait-list are receiving (select all that apply) for the chart above:	Only case management services (2)
---	-----------------------------------

d. To the extent possible, provide information about how the state places or prioritizes individuals to be on the waitlist:

Other (please specify)	2
-------------------------------	---

Arkansans of all ages with IDD may apply. Individuals must contact the Department of Human Services Division of Developmental Disabilities Services Waiver Services section Intake and

Referral Unit (DHS-DDS-WAIU) to apply. A clinical review team reviews applicant's medical records to decide if their level of care needs meet the waiver requirements. They look at: Any diagnosis or condition and whether it is expected to continue indefinitely; Whether applicant meets level of care requirements showing that substantial support is needed in at least three of five areas: self-care, understanding and use of language, learning, mobility, self-direction, or ability to live independently; If applicant has the required level of care need, they will be placed on the CES Waiver waiting list. As of September 22, 2021, 3169 Arkansans are waiting for a CES Waiver slot. Right now, it takes 8 to 10 years from the time applicant is placed on the waiting list to the time they can begin accessing waiver services. Eligible individuals on the waiting list move into waiver slots based on when they were added to the waitlist.

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

None.

e. Description of the state's wait list definition, including the definitions of other wait lists:

In order to qualify for the wait-list, an applicant must meet the eligibility requirements for developmental disabilities services (financial eligibility and a diagnosis of an intellectual disability, autism, cerebral palsy, epilepsy, or spina bifida) and meet the level of need for services at an ICF/IDD.

f. Individuals on the wait list have gone through an eligibility and needs assessment:

Yes (0)

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

Individuals must contact the Department of Human Services Division of Developmental Disabilities Services Waiver Services section Intake and Referral Unit (DHS-DDS-WAIU) to apply. A clinical review team reviews applicant's medical records to decide if their level of care needs meet the waiver requirements. They look at: Any diagnosis or condition and whether it is expected to continue indefinitely; Whether applicant meets level of care requirements showing that substantial support is needed in at least three of five areas: self-care, understanding and use of language, learning, mobility, self-direction, or ability to live independently; If applicant has the required level of care need, they will be placed on the CES Waiver waiting list.

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

Yes (0)

h. Specify any other data or information related to wait lists

Arkansas has made the shift to a managed care system with its IDD population. Eligible individuals on the waiting list can join a managed care organization, or Provider-Led Arkansas Shared Savings Entity (PASSE). Those on the wait list can receive care coordination. PASSE is a program that serves Medicaid clients with complex behavioral health, developmental, or intellectual

disabilities. The goal of the PASSE system is to monitor client's health care needs, keep them healthy, and help them reach goals. A Medicaid client's services are managed and reimbursed by the PASSEs if the person: is on the Developmental Disabilities (DD) Waiver; is on the DD Waiver wait list and gets Medicaid state plan services; lives in a private DD Intermediate Care Facility; has a Behavioral Health (BH) diagnosis and needs services in addition to counseling and medication management. A care coordinator from the assigned PASSE must contact each enrolled member within 15 business days after the effective date of enrollment. Care coordinators must keep ongoing contact with each enrolled member on their caseload, making contact at least once monthly and a face-to-face meeting once quarterly. <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/healthcare-programs/passe/passe-care-coordination-and-person-centered-service-plan/>

i. Summary of Waiting List issues and challenges

Arkansas has 3,169 persons on the wait-list for Home and Community-based Services, an increase of 163 since the Council's last five-year plan. Currently, it takes 10 years from the time applicant is placed on the waiting list to the time they can begin accessing waiver services. Some individuals on the list today have been waiting for more than nine years. The last few years, more people have entered priority categories than the number of open slots for the waiver, causing people to have a higher number on the list than they had in the previous year. The number of people on the wait-list is more than one-third of the people in the state who are eligible for services. The waiver wait-list continues to be one of the most common needs identified through community meetings and focus groups. The specific concerns have not changed since the previous five-year plan: 1) a lengthy wait list to receive services; 2) a confusing application process; 3) the need for more direct support professionals, 4) a need to increase the rate of pay for direct support professionals; and 5) a need to modify the diagnostic criteria used to determine eligibility.

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

In 2017 Arkansas approved legislation to create a system of (RBPOs) Risk-Based Provider Organizations, more commonly referred to as PASSEs (Provider-led Arkansas Shared Savings Entity). Administration of the CES waiver program in Arkansas is handled through one of four PASSEs. A PASSE is a full-risk, managed care organization designed to control and manage health care costs of Arkansas with high medical needs. Medicaid will pay each PASSE an actuarially sound per member per month (PMPM) that must be used to cover all needed services. The program is still in its beginning stages, the fourth PASSE, CareSource, only began operations in late 2021. At this time the anticipated cost efficiencies the RBPOs are expected to generate have yet to be fully reviewed or reported.

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

Arkansas has five state run care facilities (Human Development Centers): Arkadelphia, Boonville, Conway, Jonesboro, and the Southeast HDC in Warren. There are at least two components to the quality of health care in the facilities: care provided by physicians and the medical team and that delivered by the other staff at the facilities. Most physicians profess to lack the knowledge and skills necessary to provide competent care to patients with developmental disabilities. In general, developmental pediatricians are seen as the specialists that possess those qualities, although the pediatricians usually argue that they are not trained to treat adults. There is a need for physicians who are trained to provide services to adults with developmental disabilities. The second component of health care is provided by staff of the facilities. In 2016 Disability Rights Arkansas (DRA) issued a report regarding the excessive use of restraints at the Boonville Human Development Center. In 2020 DRA issued a report detailing the June 2020 death of a resident of the Boonville HDC, concluding the death was due to improper use of restraints. The Division of Developmental Disabilities services at DHS has since installed cameras at the facility and is undergoing a review of its practices regarding the use of restraints and seclusion throughout the HDCs in the state.

(vii) To the extent that information is available, the adequacy of home and community-based waivers services (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(s))):

In 2017 the Arkansas Autism Partnership (AAP) waiver was introduced. The AAP is detailed earlier in this report, but it is an autism spectrum disorder specific waiver. As of 2019 in Arkansas CES Waiver beneficiaries are assigned to a Provider-led Arkansas Shared Savings Entity (PASSE). There are currently four PASSEs: Arkansas Total Care, CareSource, Empower, and Summit. Each PASSE is Medicaid funded, and is responsible for providing all services to its enrolled members. At its' core, a PASSE functions similarly to an insurance company. Under the model, local providers enter into partnerships with an administrative organization to manage the services of beneficiaries. The legislation that created the PASSE system, Act 775 of the 2015 Arkansas Regular Session was signed into law by Arkansas Governor, Asa Hutchinson, on March 31, 2017. This Act, known as the Medicaid Provider Led Organized Care Act, was intended to create an innovative approach to organizing and managing the delivery of services for Medicaid beneficiaries with high medical needs. PASSEs are responsible for integrating the physical health services, behavioral health services, and specialized developmental disability services for approximately 30,000 individuals who have intensive levels of treatment or care needs due to mental illness, substance abuse, or intellectual and developmental disability. In the state, waiver recipients fall into three tiers. Tier One recipients receive outpatient or day treatment services. Tiers Two and Three receive a broader array of services, up to and including placement in a residential setting. Members of a PASSE are assigned a Care-Coordinator to assist with health care needs and act as the primary point of contact between the member and the PASSE. The adequacy and efficiency of this new system, and its' full impact on the delivery and quality of services rendered has yet to be formally evaluated. In 2020 DDS increased the number of spots available under 1915 (C).

Part D. Rationale for Goal Selection [Section 124(c)(3)(E)]

Working with its DD Network Partners and utilizing the information contained in the comprehensive statewide assessment, the Council worked for several months in refining the five-year-state-plan goals that became a part of this Plan. Public comments were sought and received that were also considered to assure that the Council submitted a set of goals that addressed the most pressing needs of the IDD community. In addition to the non-English speaking community of the Marshall Islands in Northwest Arkansas, the English as a Second Language (ESL) community in the state continues to be a significant area of focus. Due to first the language barrier, and then by the cultural differences that the parents of children with intellectual and developmental disabilities face in their community, the goal of assisting both the Marshallese and the rapidly growing ESL population in Arkansas continues to be a goal. The Council designed two other goals that address needs identified in the comprehensive statewide needs assessment with the possibility of making a difference by considering both the funding level that the Council had and the potential cost of the programs that would support our goals. As always, the Council made decisions that would give the entire IDD community the most assistance possible with the funds available for that purpose.

Collaboration [Section 124(C)(3)(D)]

The Council continues to work on the expansion of community supports and services, supporting the self-advocacy network and employment. The Council works closely with the Arkansas Developmental Disabilities Service Division (DDS) of the Department of Human Services state agency, Disability Rights Arkansas and the University Centers for Excellence in Developmental Disabilities Education in identifying common goals and leveraging funding among those agencies and with the Council to provide for needs identified in the Comprehensive Statewide Assessment and striving to avoid the duplication of services. DDS is in the eighth year of a collaboration with several stakeholders on an integrated employment program, and the Council has already begun investigating the use of an interagency agreement to move the program forward at a faster pace. The agency members of the Governor's Council on Developmental Disabilities and its self-advocate members provide a broad cross section of thoughts regarding Arkansas' intellectual and developmental disabilities community and gives the Council opportunities to hear from many viewpoints on the needs of that community.

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

Goal 1. Goal 1: People with developmental disabilities and their families will be active in advocacy activities that improve their lives, the lives of others and the service system.

Description

The Council will work with self-advocates, advocacy groups and our DD Network partners to: 1) provide support to increase disability advocacy participation by individuals and groups; 2) provide leadership training to self-advocates; 3) fund a statewide self-advocacy coordinator position; 4) fund an annual self-advocacy leadership training event; 5) support Self-Advocate participation in cross-disability, culturally diverse organizations, activities and/or events.

Expected Goal Outcome

Increased activity and participation by self-advocates in advocacy groups and other cross-disability, culturally diverse organizations; increased number of self-advocates with disability advocacy knowledge and leadership skills; increased leadership and training by self-advocates.

Objectives

-
- | | |
|--------------|--|
| Objective 1. | Each year of the five-year plan, the Council will provide support to strengthen statewide self-advocacy organizations by increasing activity and participation by self-advocates. |
| <hr/> | |
| Objective 2. | The Council will increase leadership training for self-advocates and their families, in collaboration with Disability Rights Arkansas and Partners for Inclusive Communities, by providing technical assistance and administrative support. |
| <hr/> | |
| Objective 3. | Each year of the five-year state plan, the Council will increase opportunities for self-advocates who are leaders to train other self-advocates for leadership and increase opportunities for participation in cross-disability, culturally diverse organizations, activities and/or events. |

Goal 2. Goal 2: People with developmental disabilities and their families will have improved access to community support and services.

Description

Through in-house activities and by supporting community partners, the Council will work to strengthen access to information, training, and education for Arkansans with developmental disabilities and their families about available programs and services within the State and about emergent issues affecting the Arkansas IDD community. Also under this Goal are activities to address targeted disparity in the selected community, the Arkansas Marshallese population, and beyond, with the Council supporting projects to reduce barriers to supports and services for Marshallese and other Arkansans with intellectual and developmental disabilities who do not speak English, have limited English proficiency (LEP), or other communication needs.

Expected Goal Outcome

Increased access to community support and services; reduction of barriers when accessing information and services for non-English speaking and English as a Second Language (ESL) individuals with developmental disabilities and their families.

Objectives

Objective 1.	The Council will provide support to community partners to strengthen access to information, training, and education for Arkansans with developmental disabilities and their families about available programs and services within the State and about emergent issues affecting the Arkansas IDD community; provide additional training as needed.
Objective 2.	To address targeted disparity, the Council will work with partners across the state to reduce barriers when accessing information and services for Marshallese people with intellectual and developmental disabilities (IDD), families, and community leaders.
Objective 3.	The Council will collaborate with community partners to identify and act on strategies to reduce barriers when accessing supports and services for Arkansans with IDD who have limited English proficiency (non-English speaking, English as a Second Language, and those with other communication needs).

Goal 3. Goal 3: The Council will collaborate with the PASSEs, state agencies, and/or community programs to improve competitive, integrated employment of Arkansans with developmental disabilities.

Description

The Council will collaborate to improve competitive, integrated employment of Arkansans with developmental disabilities by communicating with managed care organizations, supporting educational activities and capacity-building projects of the state vocational rehabilitation service agency, providing information and resources on inclusive hiring practices to employers and human resource departments, by participating in employment first initiatives and promoting meaningful involvement by self-advocates in employment first initiatives.

Expected Goal Outcome

Improved opportunities for individuals with developmental disabilities in Arkansas to participate in competitive, integrated employment.

Objectives

Objective 1.	The Council will promote participation of people with IDD in employment first activities and similar community programs to advocate for legislative and policy changes that lead to an increase in competitive, integrated employment.
Objective 2.	The Council will help increase the capacity of service providers and educate employers to increase opportunities for competitive, integrated employment of Arkansans with intellectual and developmental disabilities (IDD).

Self-Advocacy Goal(s)/Objectives

The GCDD Arkansas Self-Advocacy Goal(s)/Objectives are under Goal 1: Objective 1 Each year of the five-year plan, the Council will provide support to strengthen statewide self-advocacy organizations by increasing activity and participation by self-advocates. Objective 2 The Council will increase leadership training for self-advocates and their families, in collaboration with Disability Rights Arkansas and Partners for Inclusive Communities, by providing technical assistance and administrative support. Objective 3 Each year of the five-year state plan, the Council will increase opportunities for self-advocates who are leaders to train other self-advocates for leadership and increase opportunities for participation in cross-disability, culturally diverse organizations, activities and/or events. The Council is bringing Partners in Policymaking back to Arkansas through a DD Network collaboration with our P&A, Disability rights Arkansas , supporting

the Arkansas Alliance for Disability Advocacy, a new non-profit operated by self-advocates. We would also consider activities around competitive integrated employment as self-advocacy activities. So, we would include Goal 3: Objective 1 The Council will promote participation of people with IDD in employment first activities and similar community programs to advocate for legislative and policy changes that lead to an increase in competitive, integrated employment.

Targeted Disparity

Targeted Disparity population: Marshallese Community The GCDD Arkansas Targeted Disparity Goal/Objective is under Goal 2: Objective 2 To address targeted disparity, the Council will work with partners across the state to reduce barriers when accessing information and services for Marshallese people with intellectual and developmental disabilities (IDD), families, and community leaders. While not our formal disparity target, we also plan to continue to address disparity/barriers (needs identified) in the wider immigrant community of Arkansans with IDD who have limited English proficiency (non-English speaking, English as a Second Language, and those with other communication needs). Many Latino/Hispanic families need supports. Goal 2, Objective 3: The Council will collaborate with community partners to identify and act on strategies to reduce barriers when accessing supports and services for Arkansans with IDD who have limited English proficiency (non-English speaking, English as a Second Language, and those with other communication needs).

DD Network Collaboration

The Council continues to focus on the expansion and accessibility of community supports and services, supporting the self-advocacy network and competitive, integrated employment. The Council has built a strong relationship with it's formal DD Network partners, our P&A, Disability Rights Arkansas, and our UCEDD, Partners for Inclusive Communities. The three organizations work together effectively, with monthly meetings to keep collaborative efforts on track and moving forward. Advancing advocacy in Arkansas remains the main focus of DD Network activities, although the partners often pivot to mutually address emergent issues during a legislative session or public health emergencies like the pandemic/COVID-19. The Arkansas Council also works closely with an extended DD network of partners like the Arkansas State Independent Living Council, the Developmental Disabilities Service Division (DDS) of the Arkansas Department of Human Services, Arkansas Rehabilitation Services, the Arkansas Lifespan Respite Coalition, and the Arkansas Chapter of the Association of People Supporting Employment First to identify common goals and leverage funding to provide for the needs determined by the Comprehensive Statewide Assessment.

Evaluation Plan [Section 125(c)(3) and (7)]:

The implementation of the goals, objectives, and activities of the Five Year Plan will be evaluated during the quarterly meetings by reviewing sub grantee reports and testimonies, project site visits, meeting agendas, and self-advocate surveys. The Council staff will track proposed legislation relating to services for the IDD community in Arkansas, and will provide status reports of that legislation back to all Council members. The Public Policy and Outreach Committee will continue to review comments, data, and feedback from the GCDD website and any other social media presence. The continued monitoring of state agencies participating in interagency agreements will also provide information to the Council. The full Council will use the listed sources of feedback and information to determine if course corrections are needed to fulfill the successful execution of the three goals outlined in 2022- 2027 five-year plan. A more detailed description of the evaluation plan is outlined below: During the five years of the Arkansas Council's state plan, Council staff will implement a multi-method approach to conducting formative and summative evaluations for our Council. Two types of formative evaluation approaches will be used; process and progress evaluation. Process-based evaluation measures the extent to which a critical project activity is implemented as planned and proposed. Results of our process evaluation will be used to inform the Council and other stakeholders as to whether critical activities have been conducted within proposed timelines. The process-based evaluation will address the question of the extent implementation has differed significantly from what was planned and if changes or adjustments are needed. The Council evaluation plan combines both formative and summative evaluation processes. The purpose of a formative evaluation plan is: (1) to determine the extent to which objectives were achieved; (2) to provide a description of the strategies that contributed to achieving the objectives; and (3) to provide a description of factors that may have impeded progress.

The summative evaluation involves the collection of data that measures intended project outcomes. Outcomes for the evaluation of Council activities will be measured through multiple methods including the following: Interviews (face-to-face/telephone/virtual): In some instances, face-to-face, telephone, and/or virtual interviews will be conducted with stakeholders, particularly when the stakeholder group is a small and targeted group. Interviews will collect data not only on stakeholders' perceptions of outcome attainment of the specific objective, but also on the needs groups have for information, education, training, technical assistance, policy revision, etc., in better serving people with developmental disabilities and their families. In the case of interviews with individuals with developmental disabilities and family members themselves, questions will also focus on how our work can better serve them. Pre-tests will be used to measure participants' assessments of the gains they make from participating in Council education and training programs. These tests will be designed to demonstrate participants' increased knowledge and skills, changed attitudes, and/or increased motivation in alignment with program specific outcomes. Surveys. Outcome data will be collected through a survey for participants in workshops or courses sponsored by the Council. These surveys will focus on participants' assessments of knowledge and skill gains acquired through participation in the Council activity. Other surveys will measure the extent to which the Council activity enhanced programs'/agencies' capacity to serve individuals with developmental disabilities, and the extent to which project activities have increased consumer and stakeholder awareness of diverse issues related to areas in developmental disabilities. Follow-up interviews will be utilized for some activities. The follow-up interviews will be developed to obtain more in-depth information regarding the outcomes of education and training and participants' use and application of what they have gained or learned in the training. Follow-up surveys will be administered on a widespread basis to participants of designated Council activities. Standardized survey instruments will be used to obtain data on the extent to which participants are applying knowledge and skills or applying new practices acquired through training. Although the Arkansas Council's plan does not have an objective that yields a product, if that should change over the course of the five-years, outcome attainment will be assessed by in-depth review of the product for completion, quality and relevance through the use of product review instruments assessing the extent to which products address the Council's five year goals and the needs of people with developmental disabilities. Other data will be collected and will supplement the evaluation of the Council. Additional data will include Council member surveys, Council staff surveys, grantee and subcontractor surveys, as well as stakeholder focus groups as applicable. Our logic model is broad and reflects the emphasis on the Council's short-term outcomes on reaching people with developmental disabilities, family members, providers of services and other stakeholders to enhance their awareness, knowledge and skills in developmental disabilities. Intermediate outcomes reflect the Council's expectation that these short-term outcomes will expand into new and enriched skills, enhanced organizational capacity, improved practices and greater availability and access of higher quality services and opportunities for people with developmental disabilities and their families. Intermediate outcomes in the logic model are logically linked to desired impact on long-term outcomes - increasing the independence, productivity, integration and inclusion of people with developmental disabilities and their families. The logic model serves as a guide to the overall process for evaluating the five-year plan which is linked to on-going evaluation activities: collection of data for project-specific evaluation including summaries of progress; the AIDD Annual Program Performance Report Template, and Council review and commentary on the progress of the five-year plan and identification of any needed revisions based on emerging trends. DD Suite is a web-based data reporting system. Project level information includes timelines, activities to accomplish the outcomes set out in the plan along with the specific higher level accomplishments for large jurisdiction projects that the Council will be pursuing. Consumer Satisfaction Activities include project specific evaluations; council activity evaluations and stakeholder focus groups. Project-specific evaluation activities. All projects have evaluation activities specific to assessing their accomplishments and outcomes. Project status reports are generated quarterly. In addition, an annual evaluation summary for each project is required for Council activities. The summary has the following components: (1) a brief description of project activities and the degree to which it meets its stated objectives, (2) a summary of the consumer satisfaction data, (3) a qualitative description of project accomplishments or impact and (4) a summary of the project modifications, obstacles encountered, and emerging trends that should be addressed with within the project or through new activities. Quarterly and annual project reports will be analyzed by staff and the formative data obtained over the course of each quarter will be presented along with a summative report that allow the Council to evaluate both projects that are proceeding as planned and projects that might need technical assistance to accomplish their stated goals. In exceptional circumstances, the state plan & implementation committee could be called into a special meeting if staff's analysis indicates a serious problem with one of its core programs. Otherwise, reporting will be submitted to the state plan & implementation committee prior to the quarterly meeting of the Council in order that a thorough review can be made. That committee will present its recommendation to the Council at the regular quarterly meetings of the Council. Those reports will be incorporated into the AIDD Annual Program Performance Report template under their respective goals and objectives. The Council review shall: (1) review overall progress toward the accomplishment of the five-year plan in meeting identified needs and achieving intended results, (2) assist in the determination of the status of each goal as achieved, in progress, or not achieved, and (3) make recommendations about modification to the plan in response to emerging trends and needs. The Council findings and decisions will then be incorporated into applicable reports and state plan amendments and will direct the staff in submitting

those reports and amendments to the federal agency. The continuous feedback from the Council as well as the ongoing data collection of the Council will provide a strong review and identification process for emerging trends and needs as a means for updating the State Plan. The Council reviews the State plan goals and objectives during the annual meeting held in late spring of each year and, in collaboration with Council staff, makes any substantive adjustments to the State Plan in August.

Logic Model

Logic Model 2022-2026 FINAL on 09-29-21.xlsx

SECTION IV: PROJECTED COUNCIL BUDGET

Goal	Subtitle B \$	Other(s) \$	Total
Goal 1: People with developmental disabilities and their families will be active in advocacy activities that improve their lives, the lives of others and the service system.	\$480500.00	\$160166.67	\$640666.67
Goal 2: People with developmental disabilities and their families will have improved access to community support and services.	\$217500.00	\$72500.00	\$290000
Goal 3: The Council will collaborate with the PASSEs, state agencies, and/or community programs to improve competitive, integrated employment of Arkansans with developmental disabilities.	\$189500.00	\$63166.67	\$252666.66999999998
General management (Personnel, Budget, Finance, Reporting)	\$207999	\$36447	\$244446
Functions of the DSA	\$7727	\$39300	\$47027
Total	\$1103226	\$371580.34	\$1474806.34

SECTION V: ASSURANCES

Written and Signed Assurances	Written and signed assurances are on file at the Council and will be made available to the Office on Intellectual and Developmental Disabilities, Administration for Community Living, United States Department of Health and Human Services upon request, regarding compliance with all requirements specified in Section 124 (C)(5)(A) (N) in the Developmental Disabilities Assurance and Bill of Rights Act. (true)
Approving Officials for Assurances	For the State or Territory (DSA is to assist the DD Council in obtaining assurances) (2)
Designated State Agency	A copy of the State Plan has been provided to the DSA (true)

SECTION VI: PUBLIC INPUT AND REVIEW

Describe how the Council made the plan available for public review and comment. Include how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.

Each section of the Arkansas Governor's Council on Developmental Disabilities five-year state plan was made available for review on the official GCDD website. Public review was welcomed after the Goals, and Objectives were published. The 45 day public comment period began on April 7, 2021 and ended May 22, 2021. The COVID-19 pandemic necessitated virtual meetings as opposed to in person public meetings. The GCDD hosted an open virtual listening session on April 16, 2021 via the Zoom meeting platform. The Survey Monkey platform was used to gather comments, as well as emails and phone calls to the GCDD staff. The collected input was then delivered to the State Plan Committee for consideration. The draft goals and objectives were available in English, Spanish and Marshallese via the Council's website. The public could request alternative formats, if needed, via email or phone.

Describe the revisions made to the Plan to take into account and respond to significant comments.

The State Plan Committee of the Council reviewed all of the information gathered during the 45 public comment period. Based on full review of the public commentary, the SPI Committee determined that no changes were needed to the draft State Plan, and advanced the draft to full Council for approval on June 4, 2021. In the previous five-year plan the Council was gratified to see that many of the comments received stressed areas that the Council also had deemed important for the intellectual and developmental disabilities community in Arkansas: That was the case for this Five-Year Plan as well. The full Council reviewed the recommended draft from SPI, and voted to approve it on June 10, 2021.

ANNUAL WORK PLANNING

Fiscal Year 2022 Planning

Goal 1: Goal 1: People with developmental disabilities and their families will be active in advocacy activities that improve their lives, the lives of others and the service system.

Quality Assurance	true
-------------------	------

Education and Early Intervention	false
----------------------------------	-------

Child Care	false
------------	-------

Health	false
--------	-------

Employment	false
------------	-------

Housing	false
---------	-------

Transportation	false
----------------	-------

Recreation	false
------------	-------

Community Supports	false
--------------------	-------

Outreach	true
----------	------

Training	true
----------	------

Technical Assistance	false
----------------------	-------

Supporting and Educating Communities	false
--------------------------------------	-------

Interagency Collaboration	true
---------------------------	------

Coordination	false
--------------	-------

Barrier Elimination	false
System Design	false
Coalition Development	true
Informing Policymakers	true
Demonstration	false
Other Activities	false
Advocacy	true
System Change	false
Self Advocacy	true
Targeted Disparity	false
Collaboration	true
Rights	false
Capacity Building	false
State Protection	true
University Centers	false
State DD Agency	false
justification	
Other 1	true

Other 1 Specify	Arkansas Alliance for Disability Advocacy
Other 2	true
Other 2 Specify	Self-Advocates Becoming Empowered (SABE) Youth Ambassador project
Other 3	false

Objectives

Objective 1.1: Each year of the five-year plan, the Council will provide support to strengthen statewide self-advocacy organizations by increasing activity and participation by self-advocates.

Performance Measures

IA 1.1	25
IA 1.2	
IA 2.1	10%
IA 2.2	%
IA 2.3	%
IA 2.4	%
IA 2.5	%
IA 3.1	%
IA 3.2	%
SC 1.1	1
SC 1.2	

SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	
SC 1.3.4	
SC 1.4	
SC 1.5	
SC 2.1	1
SC 2.2	1
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	
Key Activities	
Key Activity 1.1.1:	Activity 1: The Council will provide funding to strengthen statewide advocacy organizations by facilitating and funding ways to allow an organization to increase membership and participation of self-advocates in that group.
Key Activity 1.1.2:	Activity 2: The Council will provide for training, support, and assistance to self-advocates to increase leadership and participation in self-advocacy.
Expected Outputs	
Expected Output 1.1.1:	1 funded project, 2 advocacy awareness campaigns

Expected Output 1.1.2:	5 regional presentations/meetings, 25 Self-Advocate participants; 1 training event
Expected Sub-Outputs	
Expected Sub-Outcome 1.1.1:	Increase in knowledge of disability advocacy in Arkansas;
Expected Sub-Outcome 1.1.2:	Increased number of individuals employing self-advocacy skills in their daily lives.
Data Evaluations	
Data Evaluation 1.1.1:	RFP/Solicitation; Application documentation; Award documentation; Advocacy organization reports and evaluations; Year-end budget utilization reports; Year-end goals and objectives reports and narratives.
Data Evaluation 1.1.2:	Contracts; training plans; training curriculum; advocacy project reports
Objective 1.2:	The Council will increase leadership training for self-advocates and their families, in collaboration with Disability Rights Arkansas and Partners for Inclusive Communities, by providing technical assistance and administrative support.
Performance Measures	
IA 1.1	20
IA 1.2	
IA 2.1	10%
IA 2.2	%
IA 2.3	%
IA 2.4	%
IA 2.5	%
IA 3.1	75%
IA 3.2	60%

SC 1.1

SC 1.2

SC 1.3

SC 1.3.1

SC 1.3.2

SC 1.3.3

SC 1.3.4

SC 1.4

SC 1.5

SC 2.1

1

SC 2.2

1

SC 2.1.1

SC 2.1.2

SC 2.1.3

SC 2.1.4

Key Activities

Key Activity 1.2.1:

Activity 1: The Council will provide funding and resources in collaboration with the developmental disabilities network to continue employment of a statewide self-advocate coordinator, who is a self-advocate, to support self-advocates and families.

Key Activity 1.2.2: **Activity 2: The Council will collaborate with Disability Rights Arkansas and Partners for Inclusive Communities to increase self-advocacy by providing funding, technical assistance, and administrative support in a continuing annual self-advocacy leadership training event**

Expected Outputs

Expected Output 1.2.1: **1 funded statewide coordinator.**

Expected Output 1.2.2: **1 self-advocacy leadership training event; 20 leadership training participants.**

Expected Sub-Outputs

Expected Sub-Outcome 1.2.1: **Increased policy meeting participation; Legislative hearing testimonies; Improved collaboration among self-advocates across the state; New self-advocacy groups and/or coalitions.**

Expected Sub-Outcome 1.2.2: **Increased leadership knowledge/skills for training participants.**

Data Evaluations

Data Evaluation 1.2.1: **Statewide coordinator contract and/or employment documentation; Monthly activity reports; Speaking event agendas. Training event agenda, roster, summary report, evaluations, completion certificates**

Objective 1.3: **Each year of the five-year state plan, the Council will increase opportunities for self-advocates who are leaders to train other self-advocates for leadership and increase opportunities for participation in cross-disability, culturally diverse organizations, activities and/or events.**

Performance Measures

IA 1.1 6

IA 1.2

IA 2.1 10%

IA 2.2 %

IA 2.3 %

IA 2.4 6%

IA 2.5	5%
IA 3.1	75%
IA 3.2	%
SC 1.1	
SC 1.2	
SC 1.3	
SC 1.3.1	2
SC 1.3.2	2
SC 1.3.3	
SC 1.3.4	
SC 1.4	
SC 1.5	
SC 2.1	
SC 2.2	
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	
Key Activities	

Key Activity 1.3.1:	Activity 1: The Council will provide funding and support for self-advocates to participate in boards, councils and cross-disability culturally diverse events, or activities.
Key Activity 1.3.2:	Activity 2: The Council will provide funding and support that enables those self-advocates who completed leadership training to provide training, in their own communities, to other self-advocates who then may also become leaders.
Expected Outputs	
Expected Output 1.3.1:	Participation of 5 self-advocates in boards, councils and cross-disability culturally diverse events, or activities.
Expected Output 1.3.2:	1 trained self-advocate leader supported to conduct trainings in their community
Expected Sub-Outputs	
Expected Sub-Outcome 1.3.1:	Increased number of self-advocates in Arkansas sitting on boards or councils; Increased participation by self-advocates in culturally diverse cross-disability events or activities.
Expected Sub-Outcome 1.3.2:	Increased number of trainings conducted by self-advocate leaders across Arkansas.
Data Evaluations	
Data Evaluation 1.3.1:	Evaluation: Board or Council member data; Cross-disability event or activity attendee lists (compared with previous years to show increase). Training event schedule or log; Self-advocate leader/trainer activity reports, training evaluations; Feedback from participants (satisfaction surveys).
Goal 2: Goal 2: People with developmental disabilities and their families will have improved access to community support and services.	
Quality Assurance	false
Education and Early Intervention	false
Child Care	false
Health	false
Employment	false
Housing	false

Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	false
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	false
Barrier Elimination	true
System Design	false
Coalition Development	false
Informing Policymakers	false
Demonstration	false
Other Activities	false
Advocacy	false
System Change	false
Self Advocacy	false

Targeted Disparity	true
Collaboration	false
Rights	false
Capacity Building	true
State Protection	false
University Centers	true
State DD Agency	false
justification	
Other 1	true
Other 1 Specify	community partners in Northwest Arkansas
Other 2	true
Other 2 Specify	Arkansas Coalition for Marshallese
Other 3	true
Other 3 Specify	Marshallese Education Initiative

Objectives

Objective 2.1: The Council will provide support to community partners to strengthen access to information, training, and education for Arkansans with developmental disabilities and their families about available programs and services within the State and about emergent issues affecting the Arkansas IDD community; provide additional training as needed.

Performance Measures

IA 1.1	150
IA 1.2	150
IA 2.1	10%
IA 2.2	5%
IA 2.3	%
IA 2.4	%
IA 2.5	%
IA 3.1	%
IA 3.2	%
SC 1.1	10
SC 1.2	
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	
SC 1.3.4	
SC 1.4	
SC 1.5	

SC 2.1	1
SC 2.2	2
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	
Key Activities	
Key Activity 2.1.1:	Activity 1: Support community partners in strengthening access to information and training, both regional and statewide.
Key Activity 2.1.2:	Activity 2: Share information, knowledge, and opportunities about programs and services available within Arkansas by creating, maintaining, and updating a website, social media channels and providing printed materials for distribution.
Key Activity 2.1.3:	Activity 3: Provide training, through in-house activities, as needed to meet state plan outcome goals.
Expected Outputs	
Expected Output 2.1.1:	1 request for proposals, 3 funded projects.
Expected Output 2.1.2:	A website with event calendar and multiple resource pages; active accounts on 3 social media platforms; electronic and printed resource materials; translations of resource materials in Spanish and Marshallese; updated and/or new video resources.
Expected Output 2.1.3:	Training presentations, as needed.
Expected Sub-Outputs	
Expected Sub-Outcome 2.1.1:	Increased access to training, information and resources; Increased knowledge of community supports and services.
Data Evaluations	
Data Evaluation 2.1.1:	RFP/Solicitation; Application documentation; Award documentation; Year-end budget utilization reports; Year-end goals and objectives narratives. Contracts; Website and social media analytics; Visitor/Viewer feedback; Website calendar event posting requests; Printed materials request and distribution

data. Community partner organization reports / evaluations; Event or training plans/agendas; Event or training follow-up evaluations; Training rosters; Website and social media visitor feedback comments; Printed materials request and distribution data; Satisfaction survey feedback from individuals who received training and/or information.

Objective 2.2:

To address targeted disparity, the Council will work with partners across the state to reduce barriers when accessing information and services for Marshallese people with intellectual and developmental disabilities (IDD), families, and community leaders.

Performance Measures

IA 1.1

IA 1.2

200

IA 2.1

%

IA 2.2

10%

IA 2.3

10%

IA 2.4

%

IA 2.5

%

IA 3.1

%

IA 3.2

60%

SC 1.1

SC 1.2

SC 1.3

SC 1.3.1

1

SC 1.3.2

1

SC 1.3.3	1
SC 1.3.4	1
SC 1.4	15
SC 1.5	
SC 2.1	2
SC 2.2	2
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	

Key Activities

Key Activity 2.2.1: The Council will fund community partner projects to reduce barriers to supports and services for people with intellectual and developmental disabilities in the Marshallese population.

Expected Outputs

Expected Output 2.2.1: 2 funded projects

Expected Sub-Outputs

Expected Sub-Outcome 2.2.1: Increased knowledge of barriers for this population; Effective partnership with community partners; Culturally appropriate resources, training and supports are available to target population.

Data Evaluations

Data Evaluation 2.2.1: Application and proposal documentation; Project budget; Award documentation; Barriers identified; Monthly reports; Year-end budget utilization reports; Year-end goals and objectives narratives; feedback from organizations and/or agencies that provide support to the Marshallese community; Community partner evaluations; feedback from the Marshallese community; Participant satisfaction data.

Objective 2.3: The Council will collaborate with community partners to identify and act on strategies to reduce barriers when accessing supports and services for Arkansans with IDD who have limited English proficiency (non-English speaking, English as a Second Language, and those with other communication needs).

Performance Measures

IA 1.1

IA 1.2 300

IA 2.1 %

IA 2.2 10%

IA 2.3 %

IA 2.4 10%

IA 2.5 %

IA 3.1 %

IA 3.2 60%

SC 1.1 1

SC 1.2

SC 1.3

SC 1.3.1 2

SC 1.3.2 2

SC 1.3.3

SC 1.3.4

SC 1.4

SC 1.5

SC 2.1

1

SC 2.2

1

SC 2.1.1

SC 2.1.2

SC 2.1.3

SC 2.1.4

Key Activities

Key Activity 2.3.1:

The Council will fund community partner projects to reduce barriers to supports and services for Arkansans with intellectual and developmental disabilities who do not speak English, have limited English proficiency (LEP), or other communication needs.

Expected Outputs

Expected Output 2.3.1:

1 funded project

Expected Sub-Outputs

Expected Sub-Outcome 2.3.1:

Increased knowledge of barriers for this population; Effective partnership with community partners; Culturally appropriate resources, training and supports are available to target population.

Data Evaluations

Coordination	false
Barrier Elimination	false
System Design	true
Coalition Development	true
Informing Policymakers	true
Demonstration	false
Other Activities	false
Advocacy	true
System Change	true
Self Advocacy	false
Targeted Disparity	false
Collaboration	true
Rights	false
Capacity Building	false
State Protection	true
University Centers	false
State DD Agency	true

justification

Other 1	true
Other 1 Specify	State Vocational Rehabilitation Agency - Arkansas Rehabilitation Services
Other 2	true
Other 2 Specify	APSE AR (Arkansas Chapter of Association of People Supporting Employment First)
Other 3	false

Objectives

Objective 3.1: The Council will promote participation of people with IDD in employment first activities and similar community programs to advocate for legislative and policy changes that lead to an increase in competitive, integrated employment.

Performance Measures

IA 1.1	10
IA 1.2	0
IA 2.1	10%
IA 2.2	0%
IA 2.3	0%
IA 2.4	10%
IA 2.5	2%
IA 3.1	60%
IA 3.2	0%
SC 1.1	1

SC 1.2	0
SC 1.3	0
SC 1.3.1	0
SC 1.3.2	0
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	0
SC 1.5	0
SC 2.1	1
SC 2.2	1
SC 2.1.1	0
SC 2.1.2	0
SC 2.1.3	0
SC 2.1.4	0

Key Activities

Key Activity 3.1.1: Activity 1: The Council will participate in employment first initiatives and similar community programs to advocate for legislative and policy changes designed to increase competitive, integrated employment.

Key Activity 3.1.2: Activity 2: The Council will act to ensure and promote meaningful involvement by self-advocates in employment first initiatives.

Expected Outputs

Expected Output 3.1.1:	Council representative attendance at 4 employment first initiative or organization meetings each year; Council collaboration with 3 partners.
Expected Output 3.1.2:	10 self-advocates participate in Employment First initiatives.
Expected Sub-Outputs	
Expected Sub-Outcome 3.1.1:	Increased Council participation in Employment First initiatives; Improved Council collaboration with developmental disability and employment network partners.
Data Evaluations	
Data Evaluation 3.1.1:	Council representative reports; Workgroup meeting minutes or reports; New legislation, policies or regulations; Self-advocate reports; Self-advocate travel records.
Objective 3.2:	The Council will help increase the capacity of service providers and educate employers to increase opportunities for competitive, integrated employment of Arkansans with intellectual and developmental disabilities (IDD).
Performance Measures	
IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	10%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%

SC 1.1	3
SC 1.2	
SC 1.3	0
SC 1.3.1	3
SC 1.3.2	3
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	120
SC 1.5	2
SC 2.1	3
SC 2.2	3
SC 2.1.1	1
SC 2.1.2	0
SC 2.1.3	0
SC 2.1.4	0

Key Activities

Key Activity 3.2.1: Activity 1: In collaboration with DD Network partners, the Council will provide training, mentorship, and guidance on competitive, integrated employment of people with developmental disabilities to managed care organizations.

Key Activity 3.2.2: Activity 2: The Council will collaborate with state vocational rehabilitation service agencies to support educational activities and capacity-building.

Key Activity 3.2.3:	Activity 3: Provide information and resources on inclusive hiring practices to employers and human resource departments to increase competitive, integrated employment of people with developmental disabilities.
Expected Outputs	
Expected Output 3.2.1:	4 meetings with PASSE organizations.
Expected Output 3.2.2:	1 collaborative initiative with Arkansas Rehabilitation Services.
Expected Output 3.2.3:	1 contract for professional services; 1 employer needs survey; 1 employer education program; 1 awareness campaign; 5 speaking engagements by executive director; 2 participating employers; 1 community influencer engaged to promote inclusive hiring; toolkits and resource materials for dissemination to employers.
Expected Sub-Outputs	
Expected Sub-Outcome 3.2.1:	Increase knowledge and resources for employers to hire individuals with developmental disabilities; Increased number of employers willing to employ individuals with developmental disabilities. Increased service capacity of supported employment professionals and/or service organizations.
Data Evaluations	
Data Evaluation 3.2.1:	PASSE meeting logs, rosters, minutes; Collaboration activity reports, budgets, feedback from Arkansas Rehabilitation Services; Contract documentation and budget; Contractor service satisfaction reports; Employer needs survey results report and recommendations; 1 employer education program evaluations and participant feedback; Executive director activity reports; Inventory of resource materials developed; Participant satisfaction data.

Fiscal Year 2023 Planning

Goal 1: Goal 1: People with developmental disabilities and their families will be active in advocacy activities that improve their lives, the lives of others and the service system.

Quality Assurance true

Education and Early Intervention false

Child Care false

Health false

Employment false

Housing false

Transportation false

Recreation false

Community Supports false

Outreach true

Training true

Technical Assistance false

Supporting and Educating Communities false

Interagency Collaboration true

Coordination false

Barrier Elimination false

System Design	false
Coalition Development	true
Informing Policymakers	true
Demonstration	false
Other Activities	false
Advocacy	true
System Change	false
Self Advocacy	true
Targeted Disparity	false
Collaboration	true
Rights	false
Capacity Building	false
State Protection	true
University Centers	false
State DD Agency	false
justification	
Other 1	true
Other 1 Specify	Arkansas Alliance for Disability Advocacy

Other 2	true
Other 2 Specify	SABE
Other 3	false
Objectives	
Objective 1.1:	Each year of the five-year plan, the Council will provide support to strengthen statewide self-advocacy organizations by increasing activity and participation by self-advocates.
Performance Measures	
IA 1.1	25
IA 1.2	
IA 2.1	12%
IA 2.2	%
IA 2.3	%
IA 2.4	%
IA 2.5	%
IA 3.1	%
IA 3.2	%
SC 1.1	1
SC 1.2	
SC 1.3	

SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	
SC 1.3.4	
SC 1.4	
SC 1.5	
SC 2.1	1
SC 2.2	1
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	
Key Activities	
Key Activity 1.1.1:	Activity 1: The Council will provide funding to strengthen statewide advocacy organizations by facilitating and funding ways to allow an organization to increase membership and participation of self-advocates in that group.
Key Activity 1.1.2:	Activity 2: The Council will provide for training, support, and assistance to self-advocates to increase leadership and participation in self-advocacy.
Expected Outputs	
Expected Output 1.1.1:	1 funded project, 1 advocacy awareness campaign
Expected Output 1.1.2:	5 regional presentations/meetings, 25 Self-Advocate participants; 1 training event

Expected Sub-Outputs

Expected Sub-Outcome 1.1.1: Increase in knowledge of disability advocacy in Arkansas; Increased number of individuals employing self-advocacy skills in their daily lives.

Data Evaluations

Data Evaluation 1.1.1: Quarterly programmatic reports, monthly budget utilization reports; Awareness campaign materials; Event or meeting follow-up evaluations; meeting agendas; Roster of attending self advocates; Contracts; training schedules; meeting minutes.

Objective 1.2: The Council will increase leadership training for self-advocates and their families, in collaboration with Disability Rights Arkansas and Partners for Inclusive Communities, by providing technical assistance and administrative support.

Performance Measures

IA 1.1	20
IA 1.2	
IA 2.1	10%
IA 2.2	%
IA 2.3	%
IA 2.4	%
IA 2.5	%
IA 3.1	75%
IA 3.2	70%
SC 1.1	
SC 1.2	
SC 1.3	

SC 1.3.1

SC 1.3.2

SC 1.3.3

SC 1.3.4

SC 1.4

SC 1.5

SC 2.1

1

SC 2.2

1

SC 2.1.1

SC 2.1.2

SC 2.1.3

SC 2.1.4

Key Activities

Key Activity 1.2.1:

Activity 1: The Council will provide funding and resources in collaboration with the developmental disabilities network to continue employment of a statewide self-advocate coordinator, who is a self-advocate, to support self-advocates and families.

Key Activity 1.2.2:

Activity 2: The Council will collaborate with Disability Rights Arkansas and Partners for Inclusive Communities to increase self-advocacy by providing funding, technical assistance, and administrative support in a continuing annual self-advocacy leadership training event

Expected Outputs

Expected Output 1.2.1:

1 funded statewide coordinator

Expected Output 1.2.2: 1 self-advocacy leadership training event; 20 leadership training participants.

Expected Sub-Outputs

Expected Sub-Outcome 1.2.1: Increased policy meeting participation; Legislative hearing testimonies; Improved collaboration among self-advocates across the state; New self-advocacy groups and/or coalitions.

Expected Sub-Outcome 1.2.2: Increased leadership knowledge/skills for training participants.

Data Evaluations

Data Evaluation 1.2.1: Evaluation: Statewide coordinator contract and/or employment documentation; Monthly activity reports; Speaking event agendas. Training event agenda, roster, summary report, evaluations, completion certificates

Objective 1.3: Each year of the five-year state plan, the Council will increase opportunities for self-advocates who are leaders to train other self-advocates for leadership and increase opportunities for participation in cross-disability, culturally diverse organizations, activities and/or events.

Performance Measures

IA 1.1 3

IA 1.2

IA 2.1 12%

IA 2.2 %

IA 2.3 %

IA 2.4 10%

IA 2.5 7%

IA 3.1 75%

IA 3.2 %

SC 1.1

SC 1.2

SC 1.3

SC 1.3.1

SC 1.3.2

SC 1.3.3

SC 1.3.4

SC 1.4

SC 1.5

SC 2.1

SC 2.2

SC 2.1.1

SC 2.1.2

SC 2.1.3 2

SC 2.1.4 2

Key Activities

Key Activity 1.3.1:

Activity 1: The Council will provide funding and support for self-advocates to participate in boards, councils and cross-disability culturally diverse events, or activities.

Key Activity 1.3.2: **Activity 2: The Council will provide funding and support that enables those self-advocates who completed leadership training to provide training, in their own communities, to other self-advocates who then may also become leaders.**

Expected Outputs

Expected Output 1.3.1: **Participation of 2 self-advocates in boards, councils and cross-disability culturally diverse events, or activities.**

Expected Output 1.3.2: **1 trained self-advocate leader supported to conduct trainings in their community**

Expected Sub-Outputs

Expected Sub-Outcome 1.3.1: **Increased number of self-advocates in Arkansas sitting on boards or councils; Increased participation by self-advocates in culturally diverse cross-disability events or activities. Increased number of trainings conducted by self-advocate leaders across Arkansas.**

Data Evaluations

Data Evaluation 1.3.1: **Board or Council meeting minutes or attendance records; Cross-disability event or activity registration and/or completion documentation. Training event agenda, roster, summary report, evaluations.**

Goal 2: Goal 2: People with developmental disabilities and their families will have improved access to community support and services.

Quality Assurance false

Education and Early Intervention false

Child Care false

Health false

Employment false

Housing false

Transportation false

Recreation false

Community Supports	true
Outreach	true
Training	true
Technical Assistance	false
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	false
Barrier Elimination	true
System Design	false
Coalition Development	false
Informing Policymakers	false
Demonstration	false
Other Activities	false
Advocacy	false
System Change	false
Self Advocacy	false
Targeted Disparity	true
Collaboration	false

Rights	false
Capacity Building	true
State Protection	false
University Centers	true
State DD Agency	false
justification	
Other 1	true
Other 1 Specify	Community partners in Northwest Arkansas
Other 2	true
Other 2 Specify	Arkansas Coalition for Marshallese
Other 3	true
Other 3 Specify	Marshallese Education Initiative
Objectives	
Objective 2.1:	The Council will provide support to community partners to strengthen access to information, training, and education for Arkansans with developmental disabilities and their families about available programs and services within the State and about emergent issues affecting the Arkansas IDD community; provide additional training as needed.
Performance Measures	
IA 1.1	175
IA 1.2	160

IA 2.1	12%
IA 2.2	8%
IA 2.3	%
IA 2.4	%
IA 2.5	%
IA 3.1	%
IA 3.2	%
SC 1.1	7
SC 1.2	
SC 1.3	
SC 1.3.1	3
SC 1.3.2	3
SC 1.3.3	
SC 1.3.4	
SC 1.4	
SC 1.5	
SC 2.1	
SC 2.2	

SC 2.1.1

SC 2.1.2

SC 2.1.3

SC 2.1.4

Key Activities

Key Activity 2.1.1: **Activity 1: Support community partners in strengthening access to information and training, both regional and statewide.**

Key Activity 2.1.2: **Activity 2: Share information, knowledge, and opportunities about programs and services available within Arkansas by creating, maintaining, and updating a website, social media channels and providing printed materials for distribution.**

Key Activity 2.1.3: **Activity 3: Provide training, through in-house activities, as needed to meet state plan outcome goals.**

Expected Outputs

Expected Output 2.1.1: **5 funded projects.**

Expected Output 2.1.2: **A website with event calendar and multiple resource pages; active accounts on 3 social media platforms; electronic and printed resource materials; translations of resource materials in Spanish and Marshallese; updated and/or new video resources.**

Expected Output 2.1.3: **Training presentations, as needed.**

Expected Sub-Outputs

Expected Sub-Outcome 2.1.1: **Increased access to training, information and resources; Increased knowledge of community supports and services. Increased access to information, including DD related events, supports, programs and services, in Arkansas.**

Data Evaluations

Data Evaluation 2.1.1: **Community partner organization reports / evaluations; Event or training plans/agendas; Event or training follow-up evaluations; Training rosters; Website and social media visitor feedback comments; Printed materials request and distribution data; Satisfaction survey feedback from individuals who received training and/or information.**

Objective 2.2:

To address targeted disparity, the Council will work with partners across the state to reduce barriers when accessing information and services for Marshallese people with intellectual and developmental disabilities (IDD), families, and community leaders.

Performance Measures

IA 1.1

IA 1.2

250

IA 2.1

%

IA 2.2

15%

IA 2.3

15%

IA 2.4

%

IA 2.5

%

IA 3.1

%

IA 3.2

75%

SC 1.1

SC 1.2

SC 1.3

SC 1.3.1

1

SC 1.3.2

1

SC 1.3.3

1

SC 1.3.4

1

SC 1.4	10
SC 1.5	
SC 2.1	1
SC 2.2	1
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	
Key Activities	
Key Activity 2.2.1:	The Council will fund community partner projects to reduce barriers to supports and services for people with intellectual and developmental disabilities in the Marshallese population.
Expected Outputs	
Expected Output 2.2.1:	2 funded projects
Expected Sub-Outputs	
Expected Sub-Outcome 2.2.1:	Reduction of identified barriers to supports and services for the target population; Proposal of actions to be taken to reduce remaining or emergent barriers.
Data Evaluations	
Data Evaluation 2.2.1:	Feedback from organizations and/or agencies that provide support to the Marshallese community; Community partner evaluations; feedback from the Marshallese community; Participant impact data.
Objective 2.3:	The Council will collaborate with community partners to identify and act on strategies to reduce barriers when accessing supports and services for Arkansans with IDD who have limited English proficiency (non-English speaking, English as a Second Language, and those with other communication needs).
Performance Measures	

IA 1.1	
IA 1.2	350
IA 2.1	%
IA 2.2	15%
IA 2.3	%
IA 2.4	15%
IA 2.5	%
IA 3.1	%
IA 3.2	75%
SC 1.1	2
SC 1.2	
SC 1.3	
SC 1.3.1	4
SC 1.3.2	4
SC 1.3.3	
SC 1.3.4	
SC 1.4	
SC 1.5	

SC 2.1	2
SC 2.2	2
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	
Key Activities	
Key Activity 2.3.1:	The Council will fund community partner projects to reduce barriers to supports and services for Arkansans with intellectual and developmental disabilities who do not speak English, have limited English proficiency (LEP), or other communication needs
Expected Outputs	
Expected Output 2.3.1:	2 funded project
Expected Sub-Outputs	
Expected Sub-Outcome 2.3.1:	Reduction of identified barriers to supports and services for the target population; Proposal of actions to be taken to reduce remaining or emergent barriers.
Data Evaluations	
Data Evaluation 2.3.1:	Feedback from organizations and/or agencies that provide support to the target community; Community partner evaluations; feedback from the target population; Participant impact data.
Goal 3: Goal 3: The Council will collaborate with the PASSEs, state agencies, and/or community programs to improve competitive, integrated employment of Arkansans with developmental disabilities.	
Quality Assurance	false
Education and Early Intervention	false

Child Care	false
Health	false
Employment	true
Housing	false
Transportation	false
Recreation	false
Community Supports	false
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	false
Interagency Collaboration	true
Coordination	false
Barrier Elimination	false
System Design	true
Coalition Development	true
Informing Policymakers	true
Demonstration	false

Other Activities	false
Advocacy	true
System Change	true
Self Advocacy	false
Targeted Disparity	false
Collaboration	true
Rights	false
Capacity Building	false
State Protection	true
University Centers	false
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	State Vocational Rehabilitation Agency - Arkansas Rehabilitation Services
Other 2	true
Other 2 Specify	APSE Arkansas
Other 3	false
Objectives	

Objective 3.1:

The Council will promote participation of people with IDD in employment first activities and similar community programs to advocate for legislative and policy changes that lead to an increase in competitive, integrated employment.

Performance Measures

IA 1.1	8
IA 1.2	0
IA 2.1	5%
IA 2.2	0%
IA 2.3	0%
IA 2.4	8%
IA 2.5	0%
IA 3.1	75%
IA 3.2	0%
SC 1.1	2
SC 1.2	1
SC 1.3	0
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	0

SC 1.4	0
SC 1.5	0
SC 2.1	1
SC 2.2	1
SC 2.1.1	1
SC 2.1.2	0
SC 2.1.3	0
SC 2.1.4	0

Key Activities

Key Activity 3.1.1: Activity 1: The Council will participate in employment first initiatives and similar community programs to advocate for legislative and policy changes designed to increase competitive, integrated employment.

Key Activity 3.1.2: Activity 2: The Council will act to ensure and promote meaningful involvement by self-advocates in employment first initiatives.

Expected Outputs

Expected Output 3.1.1: Council representative attendance at 4 employment first initiative or organization meetings each year; Council collaboration with 3 partners.

Expected Output 3.1.2: 5 self-advocates participate in Employment First initiatives.

Expected Output 3.1.3: Potential Employment First legislation for 2023 Arkansas General Assembly consideration

Expected Sub-Outputs

Expected Sub-Outcome 3.1.1.1: Increase in self-advocates taking active roles in promoting competitive, integrated employment options; Supported potential legislation, policies and/or regulations change.

Data Evaluations

Data Evaluation 3.1.1:

Self-advocate reports; Self-advocate transportation records; Reports on new legislation, policies or regulations.

Objective 3.2:

The Council will help increase the capacity of service providers and educate employers to increase opportunities for competitive, integrated employment of Arkansans with intellectual and developmental disabilities (IDD).

Performance Measures

IA 1.1	4
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	12%
IA 2.5	0%
IA 3.1	75%
IA 3.2	75%
SC 1.1	4
SC 1.2	0
SC 1.3	0
SC 1.3.1	2
SC 1.3.2	2
SC 1.3.3	0

SC 1.3.4	0
SC 1.4	150
SC 1.5	3
SC 2.1	3
SC 2.2	0
SC 2.1.1	1
SC 2.1.2	1
SC 2.1.3	0
SC 2.1.4	0

Key Activities

Key Activity 3.2.1:	Activity 1: In collaboration with DD Network partners, the Council will provide training, mentorship, and guidance on competitive, integrated employment of people with developmental disabilities to managed care organizations.
Key Activity 3.2.2:	Activity 2: The Council will collaborate with state vocational rehabilitation service agencies to support educational activities and capacity-building.
Key Activity 3.2.3:	Activity 3: Provide information and resources on inclusive hiring practices to employers and human resource departments to increase competitive, integrated employment of people with developmental disabilities.

Expected Outputs

Expected Output 3.2.1:	4 meetings with PASSE organizations.
Expected Output 3.2.2:	1 collaborative initiative with Arkansas Rehabilitation Services.
Expected Output 3.2.3:	1 employer education program; 1 awareness campaign; 7 speaking engagements by executive director; 3 participating employers; 2 community influencer engaged to promote inclusive hiring; toolkits and resource materials for dissemination to employers.

Expected Sub-Outputs

Expected Sub-Outcome 3.2.1: Increased access to employment services; Increased number of Arkansans with developmental disabilities engaged in competitive, integrated employment.
Improved satisfaction of consumers with employment supports from PASSE organizations. Increased number of employers practicing inclusive hiring.

Data Evaluations

Data Evaluation 3.2.1: Feedback from participating employers regarding content usefulness and ratings of materials and information provided; Feedback from participating employers on knowledge gained; Survey responses from participating employers regarding intent to employ individuals with developmental disabilities.
Feedback from consumers on PASSE organizations support of competitive, integrated employment.