Delaware Developmental Disabilities Council (DDC) 2022-2026 Five Year State Plan Logic Model

Delaware DDC Planned Work			**Delaware DDC Intended Results**			
DD Council Planned Work Goal and Objective Descriptions	**Inputs** (e.g., funds, staff, technology. "What must this program have to operate well?")	**Activities and Strategies** (e.g., processes and tools for providing the program. "What must we do to achieve our intended result?")	**Outputs** The direct products or program activities. "How many people participated, were trained, etc. over what period of time?"	**Short -Term Outcomes (1-3 Years)** Initial changes to behavior, skills, status, function. "What are people with DD and their families learning?"	**Long-Term Outcomes (3-5 Years)** Expected impact on participants' behavior because of the initiative. "What is happening differently because of Council activities?	**Impact** For each of the specific activities you have planned to do, what impact do you expect to achieve in your community?
Goal 1-Self-Advocacy foster an environment that empowers and supports Delawareans with developmental disabilities to lead self-directed lives. **Objective 1.1**- support the development of a self-advocacy group in Delaware utilizing the existing framework of National Disability groups. **Objective 1.2**- provide opportunities for individuals with disabilities including families and allies to participate in capacity building activities through education, training, and access to resources. **Objective 1.3**- make training opportunities available for professionals regarding behavioral and non-verbal signs (health care professionals, educators).	*Federal grant funding from OIDD *State grant funding from the General Fund and Delaware Dept. of Education *DSA support for personnel, IT, budget epilogue language *DD Council Staff *DD Council Members *DD Network Partners *Community partners in both disability-specific and non-disability-specific realms *Plans and goals *DDC Committee member active participation and input *Reporting and data systems *Marketing and public information to make the community aware of the Council's initiatives and how they can participate/benefit	**Goal and all objectives:** *DDC Committees and Council must actively participate input and review of activities related to objectives *Maintain a continuous feedback and evaluation loop to inform development of any emerging trends and necessary changes *Carefully track participant feedback using the strategies identified in the evaluation plan **Objective 1.1:** *Research/outreach to other national self-advocacy groups, Delaware self-advocates to assess wants/needs *Develop group structure *Marketing activities *Secure support staff for group *Seek membership through other DE disability organizations, attendance at public events, social media posting, etc. **Objective 1.2:** *Make opportunities such as Partners (PIP) Jr. Partners (JPIP), and other training opportunities such as the LIFE Conference *Maintain a continuous feedback loop to ensure training and opportunities stay fresh **Objective 1.3:** *Research, identification of people with DD/their families to serve as trainers, training content development, tracking of participation, continuous feedback loop, evaluation and re-calibration of training as needed	**Objective 1.1:** Establish **one** operational and fully supported self-advocacy group. The group will gain a minimum of **five self-advocates per year** over the course of the Plan. **Objective 1.2:** PIP/JPIP- a minimum of **20 participants per year** will participate in training activities. The majority of PIP participants will be people with DD/their families. The majority of JPIP participants will be young adults with DD. LIFE Conference- an **annual increase of 20% of the total conference attendance** by people with DD or their families **Objective 1.3:** **Year 1-** seek input from 5 people with DD/their families to inform training development. Train these people as trainers for clinicians. **Year 2-** Develop and market training **Years 3-5**-Present training to Medical **Society of DE**, **all local hospital systems** using a minimum of **five people with disabilities who do not use words to communicate** and their preferred method of communication to present the training	**Objective 1.1:** *People with DD are actively engaged and supported in building a self-advocacy organization that meets their stated needs and wishes. *Group participants are learning how to self-govern their group *Participants are learning new skills based on their stated needs/purpose (e.g., for some learning about providing legislative testimony, for others, how to stand up to their families) **Objective 1.2:** PIP-participants are learning about IEPs, special education services, social services, how to provide legislative testimony, and how to advocate more effectively. JPIP-participants are learning skills to improve self-direction, including how to run their own IEP, advocate for legislative change, and life skills such as financial management and basic household skills LIFE Conference-participants are learning about topics of importance in Legislation, Independence through AT, Family Services, and Education **Objective 1.3:** Participants are learning how to communicate their needs to clinicians. Clinicians are learning how to understand the various ways people who do not communicate verbally may be communicating their needs	**Objective 1.1:** *People with DD are actively participating in advocacy activities to include improved self-direction and being able to say/do what they want *The group is well-known and established as a place for people with DD to learn and gain new skills *The group is regularly consulted by both disability and non-disability organizations to provide feedback and input *Members are available to provide legislative testimony when bills or regulations impacting the DE disability community are introduced. **Objective 1.2:** PIP/JPIP- *Graduates report the are better able to state their needs/wishes. *Graduates report that their self-advocacy skills have improved overall *Graduates report an increased knowledge or service systems, policies, and procedures that relate to their specific circumstances LIFE Conference- *After hearing what they have learned, the increase in attendees with DD/their families will lead more people with DD to attend each consecutive year to learn, network, and improve skills **Objective 1.3:** *People with DD who do not communicate verbally and their families are engaged as trainers for clinicians *Clinicians are telling others about the training and encouraging them to participate as well *Trainers are employed and receiving a competitive wage for their services	**Objective 1.1:** *Members of the group are regarded as trusted advisors and sources of information for legislators, boards, commissions, and planning committees *Members of the group feel that their voices and feedback are heard and implemented, and that as a result they are experiencing better access to services, helping increase community understanding of disabilities, and feel empowered and respected. **Objective 1.2:** *The PIP/JPIP graduates will be influencing policy development and service delivery systems both through their personal advocacy and through participation on elected boards and commissions *The PIP/JPIP graduates will have formed friendships and networks that they are using to educate and inform members of the public *Social isolation for graduates will decrease as they continue to maintain the friendships they established during participation *LIFE Conference participants will share the knowledge they have gained, which will educate and inform the general public and policymakers *LIFE Conference participants will assist with recruiting future participants through word of mouth about positive experiences, connections made, and knowledge/skills gained from the conference **Objective 1.3:** *Trainers are sought out by all of Delaware's health care systems for twice yearly training events. Clinicians are providing better quality care to their patients with DD (as reported by the patients).

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Goal 2-Education and Early Intervention: The Delaware Developmental Disabilities Council will advocate to strengthen education policies and programs, as well as empower students and their families through education and resources. **Objective 2.1:** train and support parents and allies to become empowered to serve as advocates. **Objective 2.2:** support Delawareans with disabilities and their families/ caregivers by coordinating informal group meetings with speakers covering various topics, promote sharing of mentorship and peer support opportunities. **Objective 2.3:** provide support and assistance to people with DD/ID and co-occurring serious and persistent mental illness	*Federal grant funding from OIDD *State grant funding from the General Fund and Delaware Dept. of Education *DSA support for personnel, IT, budget epilogue language *DD Council Staff *DD Council Members *DD Network Partners *Community partners in both disability-specific and non-disability-specific realms *Plans and goals *DDC Committee member active participation and input *Reporting and data systems *Marketing and public information to make the community aware of the Council's initiatives and how they can participate/benefit	**Goal and all objectives:** *DDC Committees and Council must actively participate input and review of activities related to objectives *Maintain a continuous feedback and evaluation loop to inform development of any emerging trends and necessary changes *Carefully track participant feedback using the strategies identified in the evaluation plan **Objective 2.1:** *Conduct research and focus group with parents and allies to determine the type of training desired *Develop and present training. **Objective 2.2:** *Conduct outreach to the community to encourage people with DD/their families to participate in monthly Zoom meetings designed for this purpose (Advocates of the Round Table). **Objective 2.3:** *Establish regular meetings with DSAMH, DDDS, and NAMI DE to identify individuals who meet these criteria *Engage the identified persons through outreach and engagement *Develop resources based on the target group's specified needs	**Objective 2.1:** *Establish and present one training program per year for each year of the Five-Year State Plan, which will reach a minimum of **20 family members of people with DD** and **5 allies** per year **Objective 2.2:** ***10 people with DD and 5 family members** will attend monthly meetings of the Advocates of the Round Table for each month/year of the Five-Year State Plan. **Objective 2.3:** *At least **10 individuals with DD/SPMI and/or their family members per year** will be identified, contacted, and asked to help inform the development of resources. Each succeeding year, 10 people with DD/SPMI and their families will be asked to review and provide feedback on refreshing the resources (editing existing resources and developing new ones)	**Objective 2.1:** *People with DD and their families will receive training and resources based on their requested topics. **Objective 2.2:** *People with DD and their families will learn about emerging issues and available resources while increasing their networking capabilities during the monthly Advocates of the Round Table Zoom meetings. **Objective 2.3:** *People with DD/SPMI will inform the creation of resources for other people with DD/SPMI and their families. People with DD/SPMI will identify gaps in services and the types of resources and training that they would like to see developed.	**Objective 2.1:** *People with DD and their families are receiving information and training based on an ongoing needs-based assessment. As a result, people with DD and their families will be better informed and will be more comfortable advocating for themselves and others, as well as feel more empowered navigating service systems. **Objective 2.2:** *People with DD, their families, and allies will be better informed about current issues and trends. *Service providers will be hearing from people with DD/their families on a monthly basis about their needs, which will help them to provide better services and supports. **Objective 2.3:** *Communication between the DD Community and the MI community will be better, which will help service systems to better serve people with DD/SPMI. *Partnerships between service delivery systems, advocacy groups, and people with DD/SPMI will improve identification and service delivery.	**Objective 2.1:** *People with DD/their families are seen as trusted advisors and experts on their lived experience. Their confidence from receiving training that is tailored to their needs will lead to improved services and supports for all Delawareans with disabilities. **Objective 2.2:** *Advocates of the Round Table is known around the state as THE place to go for people with DD, their families, allies, and service providers to learn about emerging issues, share concerns, and make suggestions for improvements to service models. **Objective 2.3:** *The fact that DD/SPMI is an underserved population will be well-known and understood *Consumer-informed services for this population are readily available

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Goal 3-Housing: The Delaware Developmental Disabilities Council will support the development and distribution of training and resources that will improve access to affordable, accessible, and integrated housing in the community for Delawareans with developmental disabilities. **Objective 3.1:** Collaborate with strategic partners to develop a plain language digital resource library on legal rights and access to accessible, affordable, integrated housing for use by advocates and self-advocates. **Objective 3.2:** Promote and support people with disabilities from diverse backgrounds to be included at the table on all major Delaware housing committees.	*Federal grant funding from OIDD *State grant funding from the General Fund and Delaware Dept. of Education *DSA support for personnel, IT, budget epilogue language *DD Council Staff *DD Council Members *DD Network Partners *Community partners in both disability-specific and non-disability-specific realms *Plans and goals *DDC Committee member active participation and input *Reporting and data systems *Marketing and public information to make the community aware of the Council's initiatives and how they can participate/benefit	**Goal and all objectives:** *DDC Committees and Council must actively participate input and review of activities related to objectives *Maintain a continuous feedback and evaluation loop to inform development of any emerging trends and necessary changes *Carefully track participant feedback using the strategies identified in the evaluation plan **Objective 3.1:** *Attend SCPD Housing Committee and other related meetings along with our P&A, UCEDD *Outreach/engagement with people with DD/their families from diverse racial and geographical backgrounds to determine the types of resources they need *Create resource materials based on feedback from the target audience *Regularly review/update and add new resources based on target audience feedback, emerging needs, and new developments **Objective 3.2:** *Identify housing boards and commissions *Ensure that these boards/commissions are aware that there are people who need services that require plain language or other language resources *Ensure people w/DD/their families from diverse backgrounds are aware of the opportunities to participate *Provide training/coaching on advocacy skills and rights	**Objective 3.1:** Participation with **20 other advocacy groups** on the SCPD Housing Committee for each year of the Five-Year State Plan. **12 people w/DD/their families, 4 from each Delaware county,** will be contacted during each year of the Five-Year State Plan for focus groups to develop and regularly evaluate resources and information that help them and others achieve their housing goals. **A minimum of 4 participants** for each cohort will speak a language other than spoken English. **Objective 3.2:** *At least 5 members of the cohort that helped develop resources and information will be supported to be a regular attendee/member of Delaware Housing Boards and Commissions.	**Objective 3.1:** *People with DD/their families from diverse backgrounds will provide input on the types of information they need. Materials developed based on those identified needs will help answer their questions and inform other people with DD/their families from diverse backgrounds. **Objective 3.2:** *Members of housing boards and commissions are learning about the needs of people from diverse backgrounds. They are also learning about the importance of providing reasonable accommodations and translators at meetings, and the need for plain language/non-English resources.	**Objective 3.1:** *People with DD/their families from diverse backgrounds feel that they are being heard and their questions/concerns are being answered/addressed. **Objective 3.2:** *Housing committees and boards are now seeking input from people with DD/their families from diverse backgrounds on their boards and committees. *Boards/committees are providing reasonable accommodations and resources in plain language and other languages *Board members with DD from diverse backgrounds are influencing policies, procedures, and resource development.	**Objective 3.1:** *Housing services will be responsive to the needs of people with DD/their families. **Objective 3.2:** *Housing boards and commissions will all have representation from people with DD/their families, and will have improved policies, procedures, and resources as a result.

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Goal 4: Health/Healthcare The Delaware Developmental Disabilities Council will utilize its advocacy efforts to promote accessible healthcare among Delawareans with disabilities. **Objective 4.1:** Identify opportunities to eliminate institutional bias by changing default planning in transition services towards home and community- based settings. **Objective 4.2 (*targeted disparity):** Provide training and resources to assist individuals with I/DD with a focus on the African American community or for whom English is not their first language, to become empowered, effective advocates for their own health. As a result, this group will experience better health care interactions and health outcomes.	*Federal grant funding from OIDD *State grant funding from the General Fund and Delaware Dept. of Education *DSA support for personnel, IT, budget epilogue language *DD Council Staff *DD Council Members *DD Network Partners *Community partners in both disability-specific and non-disability-specific realms *Plans and goals *DDC Committee member active participation and input *Reporting and data systems *Marketing and public information to make the community aware of the Council's initiatives and how they can participate/benefit	**Goal and all objectives:** *DDC Committees and Council must actively participate input and review of activities related to objectives *Maintain a continuous feedback and evaluation loop to inform development of any emerging trends and necessary changes *Carefully track participant feedback using the strategies identified in the evaluation plan **Objective 4.1:** Identify health and social services agencies to meet with and discuss their discharge planning and service coordination policies *Convene HCBS providers, self-advocates, parent advocates, and allies to form a coalition to meet with, educate and inform health and social services agencies that show a bias toward institutionalization that there are other ways. *Work with the partners above and other community partners to identify gaps and brainstorm possible solutions. *Work with provider agencies to inform them of proposed solutions. **Objective 4.2 (*targeted disparity):** *Outreach to organizations that serve non-English-speaking members, such as the Delaware Hispanic Commission, faith-based communities, and social service organizations. *Secure translators and reasonable accommodations *Engage members of the community who have DD/their families to explore their needs *Work with these individuals to develop training for health care systems	**Objective 4.1:** *Representatives from **at least four health care systems** in Delaware will be engaged in quarterly meetings with a coalition of people with DD, their families, and allies during each year of the State Plan. ***At least 5 people with DD, one person who formerly resided in an institution, and 3 parents** will form the community coalition, with support from the DDC and other community partners. **Objective 4.2 (*targeted disparity):** Quarterly, at least **10 individuals with DD/their family members for whom English is not their primary language** will meet with representatives from DDC, SCPD, GACEC, DDDS, DSAAPD, and all Delaware health care systems to provide their feedback on their care experiences, gaps in services, and proposed solutions.	**Objective 4.1:** *People with DD and their families are learning about the institutional bias, and how to advocate to receive services and supports at home. *People with DD/their families are well-prepared and knowledgeable about community supports and services, how to apply for them, and their rights. *Health care providers are learning about the institutional bias. **Objective 4.2 (*targeted disparity):** *People of color for whom English is not their primary language will be involved in a coalition to educate and inform health care systems and clinicians about their unique needs * People of color for whom English is not their primary language will learn effective advocacy skills and will become well-practiced with advocating for their needs through training and simulations. *Health care systems are learning just how ineffective they are at serving this population and taking a look at how to improve that. *The DDC, its allies, and the coalition will develop and provide training for health care systems, delivered by people with DD from diverse backgrounds with support from translators, attendants, etc. as required.	**Objective 4.1:** *Social workers mand discharge planners are educated and have materials about HCBS/LTSS that they are providing to people with DD/their families upon discharge *Social workers/health care systems are more aware of options other than institutional settings to provide care *Social workers/discharge planners are familiar with resources, who to contact, and how to provide/assist with filling out applications for HCBS *People with DD/their families are aware of who to contact and how to apply for HCBS/LTSS *People with DD and their families are strong advocates for receiving services at home, for themselves and others **Objective 4.2 (*targeted disparity):** *Health care systems are prioritizing addressing health care disparities experienced by people of color for whom English is not their first language. *Policies and procedures are now informed by input/feedback from the coalition.	**Objective 4.1:** *Social workers and discharge planners will look to HCBS/LTSS as the default option instead of institution-based care. *Fewer Delawareans with DD will end up in institutions/ICFs as a result *Delawareans with DD will experience greater satisfaction with their life while living in the community. **Objective 4.2 (*targeted disparity):** *Hospital systems and clinicians in Delaware are now aware of the gaps that can't be allowed to open again, especially for people of color for whom English is not their first language *Policies, procedures, and evaluation plans are now created, revised, and enforced with input from the coalition. *People of color for whom English is not their primary language will experience better health care interactions and improved health outcomes.