

1.0 Project Relevance & Current Need

Florida Center for Inclusive Communities (FCIC) seeks to continue to engage in interdisciplinary preservice preparation and continuing education, community services, research, and information dissemination to positively affect the lives of individuals with developmental disabilities (DD) and their families and work towards increasing their independence, productivity, inclusion, and integration into communities. The mission of FCIC is to provide training, technical assistance, research, systems change, and dissemination activities focused on supporting individuals with developmental disabilities to: make informed choices and decisions about their lives; receive support and services that are based on individual goals and outcomes; and achieve full inclusion and participate in society.

1.1 State Needs

Demographically, according to 2014 US Census figures, Florida has recently surpassed New York to become the 3rd most populous state with 19.9 million inhabitants. Florida is very diverse in every respect. In terms of race and ethnicity, the percentage of Florida's population of Hispanic/Latino (23.6%), and Black/African American (16.7%) far exceed the US national averages (17.1% and 13.2% respectively). Florida's foreign-born population (19.4%) similarly exceeds the national average of 12.9%. With regard to the aging population, Florida has the highest percentage of adults aged 65 and older (18.7%). Finally, 16.3% of Florida's population live below the poverty level. Florida has doubled in population from 1980 resulting in increasing difficulty to provide equitably for all its vulnerable and diverse populations.

Most disability organizations use a prevalence rate of 1.5%-2.5% for developmental disability (Morstad, 2012). This equates to an estimated range of 274, 925 to 497,332 Floridians with DD. Exacerbated by successive years of decline in state revenues, coupled with a lack of

priority of DD programs by state legislators, Florida lags far behind almost any other state in terms of its fiscal effort (spending for DD services per \$1000 of aggregate statewide personal income). Currently, Florida ranks 49th out of the 50 states for total DD spending, and 45th for its support for Home and Community Based Services/DD (HCBS/DD) waiver (Braddock et al., 2015). Though around 30,000 people with DD are receiving the Florida HCBS/DD Waiver, demand is continually rising, leaving a further 20,000 (~ 40%) waitlisted. Florida legislators have also rejected Medicaid expansion under the Affordable Care Act, preventing an additional 850,000 low-income Floridians, many with disabilities, access to affordable health insurance. Florida ranks 35th in the nation regarding state dollars spent on public health, dropping from \$64.78 per person in 2010, to \$57.98 in 2014 (United Health Foundation, 2014). Florida's youngest are also affected – for example, Florida's Early Steps Program (IDEA Part C) continues to have significant budget reductions, increasing current caseload ratios to 1:68 compared with 1:38 nationally (Florida Developmental Disabilities Council, 2015). Furthermore, true economic independence is not attained by the vast majority of people with DD. Only 15% of all adults with DD in day/work programs are employed in supported/competitive environments (Braddock et al., 2015). Students with disabilities continue to face challenges in accessing the general education curriculum and post school outcomes. In the 2012-2013 school year, the state reported that only 38% of students with disabilities graduated to post-secondary education programs or competitive employment (Florida Department of Education, 2014). The state also reported that 19% of students with disabilities (66,655 students) received over 60-100% of their education services in special education classrooms or schools with 50% of children ages 3-5 receiving early education services in separate classrooms. In all aspects of daily living, including

education, employment, healthcare, and community inclusion, the economic realities are diminishing the quality of life for thousands of people with DD.

Florida services can fairly be characterized as being chronically under-funded, understaffed, and in many instances, simply unable to implement best practices without alternative supports. The scarcity of appropriately trained professionals/workers in this field also severely compromises Florida's ability to meet the needs of all citizens with DD. FCIC has a vital role in bolstering local and statewide service provision by ensuring that materials, resources, training and personnel preparation initiatives are sustained. From 2010-2014, FCIC's activities have directly engaged with, assisted, or provided training to 161,171 people. Our efforts have reached people with DD or their family members, teachers, employment support staff, state agency personnel, service providers, the business community, health care professionals, university students and many others. Florida's funding challenges will continue to affect the ability of state agencies to meet the needs of individuals with DD to become fully inclusive members of the community. Funding for FCIC will provide the resources, training, and leadership needed to fill some of the gaps.

1.2 Development of Proposed Five-Year Plan

For this application, FCIC engaged in an extensive year-long planning process designed to collect data on needs and priorities in Florida and formulate our new 5-year workplan. This was a four-phase process comprised of a brief pilot survey, a series of Community Conversations, a Statewide Needs Assessment Survey, and a synthesis/prioritization process. In the first phase, we maximized outreach and recruitment for the needs assessment by exhibiting at the Family Café – the largest statewide conference for people with DD, their families, and the professionals who work with them. Visitors to our booth were asked to complete a brief 10-item pilot survey to

identify areas of need in the state. They were also asked if they would be interested in attending the Community Conversations and/or an in-depth state-wide needs survey. Our recruitment efforts also capitalized on our strong collaborative partnerships and relationships with our Community Advisory Committee (CAC) members, fellow DD Network partners (i.e. Florida Developmental Disabilities Council, Disability Rights Florida, and the Mailman UCEDD), and other statewide organizations, including the Agency for Persons with Disabilities, the Florida Self-Advocacy Network, The Arc, United Cerebral Palsy, Self-Reliance (Florida's Centers for Independent Living), Florida Family Care Council, Florida Family Network on Disability, and ADAPT Florida.

FCIC's Community Conversations, implemented as the second phase, were an adaptation of the World Café model for promoting greater community-engagement in focus groups. They were designed to encourage people with DD, family members, and stakeholders/ agency providers throughout the state of Florida to share their frank opinions in a welcoming environment at a well-known location in their community. A total of 48 self-advocates, family members, and providers were selected to attend four events (held July/August 2014). In addition FCIC staff and at least one CAC member who resided in the area were present at each location to serve as table hosts. The selection process ensured there was appropriate representation from racial/ethnic minorities and the total number of attendees at each event remained small so attendees were not overwhelmed or intimidated. Hillsborough, St. Johns, Bay, and Brevard Counties were chosen for the Conversations, as they represented areas of economic/geographic diversity within Florida. The events were held in the evening at public libraries or other local county buildings to ensure ease of accessibility and access to public transportation.

The most discussed themes from the Community Conversations were the need for more employment opportunities, the need for a centralized resource list for connecting available services/supports, the need for more provider collaboration, the need for more dental and health care access, the need for more transition services, the need for more partnering with businesses to promote community inclusion and employment opportunities, and the need for access to reliable transportation. Participants specifically discussed concerns from rural communities related to resource availability across all areas of services and supports. The data gained from our Community Conversations were summarized in a report that was shared with our CAC and DD network partners and used to inform the subsequent steps of the process as described below.

Using data from the brief survey, and community conversations, we developed FCIC's Statewide Needs Assessment Survey, a longer survey with 32 questions, in phase three. As Florida has many areas of need, a focus of this survey was to determine not only what these needs were, but to gain feedback on prioritizing the most essential activities that could benefit Floridians with DD. Responses to open-ended questions regarding particular worries in various quality of life domains were also captured. This qualitative data was also analyzed to identify the themes reported. A total of 1,103 people participated, 5% were self-advocates with DD, 50% were parents or other family members of a person with DD, and 45% were professionals in the field. Education was ranked highest priority followed by employment, health, community living, with both transportation, and recreation lagging considerably. The top four areas of education, employment, health, and community living were FCIC's previous areas of emphasis and the data from Floridians confirmed the continued need to address these 4 areas in this new application.

For each area, the prioritized needs and concerns noted from the survey were as follows:

Education: *Priorities:* Better training for life after school, better training for teachers, more inclusive programs and schools, more early intervention programs. *Concerns:* Lack of education and support while in school that results in poor post-school outcomes including lack of preparation for work and independent living.

Employment: *Priorities:* More training for employers about hiring and supporting people with DD, more support for jobseekers with DD to obtain and retain jobs, and better training for professionals who support jobseekers with DD. *Concerns:* Employers are resistive, and do not want to hire people with disabilities, there is a lack of jobs, lack of supports/job coaches and VR supports, lack of employer/staff training.

Health: *Priorities:* More training of healthcare professionals to better care for people with DD, more empowerment of individuals to communicate and advocate for needed supports, and more training for health promotion and wellness. *Concerns:* Training of medical personnel, communication/self-advocacy challenges, no promotion of fitness/healthy living.

Community Supports: *Priorities:* More support to help individuals identify inclusive housing options, empowerment of people to advocate for needed services and supports, and more support of self-advocacy groups and training for people to become more effective advocates. *Concerns:* lack of community living placements, housing availability, transportation options, awareness of the importance of inclusion in the community, and the need for care after the death of a parent.

1.3 Involvement and Feedback of Floridians.

FCIC benefits from a vibrant and highly engaged Community Advisory Committee, which boasts representation from members with considerable demographic, geographic, cultural, and

economic diversity. FCIC efforts were recently recognized in 2013 with AUCD's Council on Community Advocacy Award, given to the UCEDD that has exhibited the strongest commitment to support the full and active participation of self-advocates and family members on its community advisory council. FCIC's 21 member CAC is currently comprised of 5 self-advocates (all are highly visible in statewide and /or local self-advocacy organizations), and 8 parent representatives. The FCIC-CAC also has 5 representatives from Florida's Agency for People with Disabilities, Florida's Agency for Health Care Administration, Florida's Children's Medical Services/Early Steps State Office, Florida's Department of Education/Bureau of Exceptional Education and Student Services, and Florida's Division of Vocational Rehabilitation. In addition, our CAC has representatives from our 3 DD Network Sister Agencies (Florida Developmental Disabilities Council, Disability Rights Florida, and the Mailman Center UCEDD at the University of Miami). CAC members have been integral to all aspects of development of the new 5-year plan.

The synthesis/prioritization process began with a full day in-person planning meeting with our CAC (11/14/2014) in which the results from the Community Conversations and State Wide Needs Assessment were shared and discussed. Five CAC workgroups (Education, Employment, Health, Community Supports, Interdisciplinary Training) were convened to brainstorm suggested goals, objectives, and activities based on the results of the state-wide survey and FCIC's capacity to implement. CAC members were asked to consider how FCIC could make a difference, capitalize on current strengths (training, technical assistance, product development, research), and identify and leverage partnerships. It is important to note that representatives from state agencies and DD network partners are assigned to their appropriate CAC workgroup (e.g. FL Department of Education representative serves on in the CAC Education workgroup, the FL

Department of Vocational Rehabilitation representative serves on the CAC Employment workgroup etc.). The workgroup process helps FCIC align its activities in a complementary manner with those that state agencies and the DD network have, or are projected to have, the capacity to provide. It also alerts members when there are duplications of effort. The final activity during this planning meeting was a report from each workgroup so that the entire CAC had further opportunity to review the outcomes of all workgroups for alignment with their agency/DD network activities. The CAC work groups were careful to ensure that all goals and objectives were fundamentally guided by and reflected the mission and values of FCIC. This extensive synthesis/prioritization work with CAC workgroups formed the basis of the workplan.

The information from the CAC planning was shared and discussed at FCIC's 5-year planning retreat that included all FCIC's program/project leaders, core faculty and staff, and two CAC members. Mr. Damian Gregory (self-advocate and current CAC chair) and Mrs. Renee Valletutti (parent, CAC member, and former chair of Florida Developmental Disabilities Council) attended to ensure that the CAC opinions and feedback were represented and incorporated into this final phase of planning. The objectives/activities that were added or amended during this planning meeting were consistent with identified needs and expertise of FCIC faculty and staff and funded programs and projects that will continue into the new 5-year cycle. This retreat also included a discussion about how FCIC could enhance cultural competency and diversity in our projects.

The identification of our priorities was also influenced by our collaborations with our AIDD funded sister agencies (i.e., Florida Developmental Disabilities Council, Mailman Center at the University of Miami, and Disability Rights Florida). All of the AIDD funded sister agencies participate in the annual needs assessment process conducted by the Florida Developmental Disabilities Council where stakeholders learn about the DD agencies and provide their feedback

on needs and priorities. In addition, our needs assessment process included an analysis of the state plans for FDDC, the Mailman Center UCEDD, and Disability Rights Florida (P&A) and identification of how FCIC might fill an unmet need without duplicating activities. For example, the Mailman Center UCEDD already has an impressive Self-Advocacy Leadership Program, thus we felt a complementary area for FCIC to address would be more direct training for people with DD to become better self-advocates in their personal life in their local community.

1.4 Relationship between Needs and Goals

Given the extensive consultation process undertaken at all phases of this planning process, we are confident that FCIC's goals, objectives, and activities, delineated in the 5-year plan will be extremely beneficial to addressing the urgent needs that were identified and currently exist. We feel these needs, as identified, and prioritized by individuals with DD, family members, professionals, and representatives of all the major state agencies and organizations that serve people with DD throughout the state of Florida, having been generated by as representative a sample as possible and are an accurate depiction of what Florida and FCIC need to address.

Table 1 identifies the goals and objectives that were developed in response to FCIC's needs assessment and planning activities. The goals relate to the emphasis areas of inclusive education, early childhood education, employment, community supports, health, and interdisciplinary training. Each objective reflects a core function of community services and training, interdisciplinary pre-service preparation, research, evaluation and, information dissemination.

Table 1: FCIC's Goals and Objectives

<p><u>Goal 1:</u> To improve access to effective educational supports within inclusive school environments for students with DD.</p>

Objective 1.1 Provide training and technical assistance to school districts in their implementation of a multi-tiered system of support to promote academic, behavioral and mental health of all students including students with DD.

Objective 1.2 Develop and disseminate materials, tools, and training modules that can be used by schools and school districts to build the capacity of educators to provide a multi-tiered system of support.

Objective 1.3 Assist school districts in establishing policies, training programs, and an infrastructure of support that impacts educational outcomes and special education indicators such as the use of seclusion and restraint to address student challenging behavior and disproportionality in school discipline.

Objective 1.4 Conduct research and program evaluations on the outcomes associated with the implementation of a tiered model of evidence based interventions.

Objective 1.5 Provide screenings, behavioral assessments and other evaluations for special education services and effective intervention strategies and supports for school children with DD and their families

Objective 1.6 Provide technical assistance and individual support to teachers for the implementation of innovative practices in the support of student with DD.

Goal 2: To improve access to effective early intervention and early education supports within inclusive settings for young children at risk for and with DD and their families.

Objective 2.1 Provide training and technical assistance to state agencies, local programs, and professionals to establish model inclusive programs that promote child outcomes.

Objective 2.2 Develop and disseminate materials, tools, and training modules that can be used by early intervention and early childhood programs and professionals to implement effective practices that promote child engagement in learning opportunities and child outcomes.

Objective 2.3 Conduct research and program evaluations on the outcomes associated with the implementation of EBP in support of children with or at risk of developmental disabilities within inclusive classrooms.

Objective 2.4 Provide a model program that promotes early literacy for young children in poverty and at risk of disabilities through a home visiting program.

Goal 3: To increase the number of people with developmental disabilities who are competitively employed in community settings.

Objective 3.1 Provide training and technical assistance to job seekers and employers to increase the number of job seekers with DD who obtain and retain employment.

Objective 3.2 Develop and disseminate materials for use by jobseekers, employers, and employment professionals to increase the number of job seekers with DD who obtain and retain employment.

Objective 3.2 Provide a model program that offers youth with DD a university-based, post-secondary program with skills training, and experiences that lead to gaining customized employment.

Objective 3.4 Conduct research and program evaluations on effective approaches to assist individuals with DD to obtain and retain employment.

Objective 3.5 Engage in collaborative community and state partnerships to raise

awareness about the employment of individuals with DD.

Goal 4: To build the capacity of individuals and organizations to promote and support full community participation by people with developmental disabilities

Objective 4.1 Provide training, technical assistance, and support to increase the capacity of individual self-advocates, self-advocate associations, and the self-advocate network to promote their choices and needs.

Objective 4.2 Develop and disseminate materials for self-advocates, allies, legislators, professionals, and the general public regarding the options, rights, and supports needed by people with DD to live in fully inclusive communities.

Goal 5: To improve health of people with DD through enhanced provider knowledge, health promotion, and effective interaction within the healthcare system.

Objective 5.1 Provide training and technical assistance to enhance healthcare provider knowledge and capacity building to support physical and mental health in people with DD.

Objective 5.2 Develop and disseminate health advocacy and promotion materials to promote increased awareness of system access, lifespan health and wellness issues.

Objective 5.3 Conduct research regarding health related quality of life for people with DD and their families.

Goal 6: To increase the knowledge and skills of professionals and practitioners in the provision of services supporting the self-determination, independence, productivity, and inclusion of individuals with disabilities.

Objective 6.1 Increase the knowledge and skills of professionals and practitioners related to policy issues and core principles (e.g., self-determination etc.) in DD.

Goal 7: To increase the diversity, knowledge, and skills of pre-service students and trainees participating in or completing a program of study and/or mentored by FCIC faculty.

Objective 7.1 Increase the number and diversity of trainees and other students recruited for and completing academic programs.

Objective 7.2 Provide trainees and students with competency-based university courses, programs, and individual mentoring.

Objective 7.3 Increase the number and quality of the core interdisciplinary training curriculum.

The complete list of Goals, Objectives, Activities, and their timeline for completion can be found in the detailed five-year work plan provided in Appendix A and are described in the Approach section.

Section 2. Approach

In this section, we describe our approach in operating the UCEDD and implementing a plan of action for achieving our seven measurable goals and objectives that include activities in the core functions of information dissemination, interdisciplinary training, community services, and research. Our goals and activities complement and furthers the work of our sister agencies in the state DD network and were developed in partnership with our CAC.

As described in the previous section, there are critical needs in our state for systemic change related to inclusive education, achieving employment, full community participation, health care, and improving the knowledge and skills of professionals who are in roles that support individuals with developmental disabilities. These priorities also appear in the goals and priorities of the

Florida Developmental Disabilities Council (FDDC, 2012) and Disability Rights Florida (Disability Rights Florida, 2015). Our work plan is extensive and involves collaborative efforts to achieve systemic change with our DD sister agencies and key partners including the Florida Department of Education, Florida Department of Health, Vocational Rehabilitation, Departments and Colleges within our University, and the various federal, state, and local funders of the 17 projects (See Appendix C) that are being leveraged by FCIC to provide substantive activities that will effect systemic change.

In the Approach section, we describe the approach used for each of the core functions and then follow that description with detailed discussion of the goals that are in each of our areas of emphasis (education, employment, community supports, and health). Appendix A offers a detailed five-year work plan that lists all goals, objectives, activities, persons responsible, timelines, outputs with quantitative projections of accomplishments, and measurable outcomes that will be implemented in a manner consistent with the objectives of the DD Act of 2000. This five year plan will be reviewed annually and will be adapted, if needed, to address emerging trends and needs in Florida.

2.1 Interdisciplinary Pre-Service and Continuing Education

The fundamental goal of the interdisciplinary training program is to increase the leadership, knowledge, and skills of pre-service students, practitioners, and professionals who provide services, and supports for individuals with a developmental disability and their families in a manner that promotes family-centered practices, self-determination, and community inclusion. FCIC faculty provide an interdisciplinary perspective as they are drawn from a variety of disciplines including Aging Studies, Special Education, Early Childhood Education, Nursing, Rehabilitation Counseling, and Psychology. In addition, collaborating faculty from other

disciplines contribute to programs and content through the delivery of pre-service courses, guest lectures, and online training that address trainee goals and interests. Collaborating teaching faculty in the PBS certificate and the MS in CABH programs offer the perspective of disciplines such as Public Health, Child Development and Family Relations, Curriculum and Instruction, Behavioral Services and Health Education, Applied Anthropology, and Clinical Psychology.

The interdisciplinary training program is also strengthened by the active participation of CAC members and individuals with DD and their families who provide support, guest lectures, curriculum review, and help with recruitment strategies. FCIC will continue current collaborative efforts with CAC and individuals with DD and will include them in two new initiatives. The first is designed to strengthen the recruitment of students from diverse and underrepresented backgrounds by revising recruitment material, offering scholarships and travel grants for trainees attending and presenting at conferences, and recruiting from more ethnically and linguistically diverse colleges, student organizations, and undergraduate programs. Current efforts to recruit diverse and underrepresented individuals have been successful, but more can be accomplished. FCIC trainees include a greater percent of Hispanic graduate students (23%) than in the university (11%) or the city of Tampa (19%). Eight percent (8%) of trainees are Black or African American, the same percentage enrolled in the university. Sixteen percent (16%) of trainees have a disability and twelve percent (12%) have a family member with a disability. This new initiative should increase the diversity of the students applying for and accepted into the interdisciplinary training program.

The second initiative will develop and integrate video and audio “stories” from the perspective of individuals with disabilities and their families. Once developed, these “stories”

will be included in all pre-service courses, training events offering continuing education credits, and the trainee core curriculum.

The core of the interdisciplinary training program includes a graduate certificate and a master's programs, training and research mentorships, disability training for medical students, clinical experience provided through the Interdisciplinary Center for Evaluation and Intervention (ICEI), and core training events for trainees. These will be continued in this 5-year grant cycle. Our Graduate Certificate in Positive Behavior Support (PBS) began accepting students in January 2012. The certificate program is a fully online 12-credit hour program with a core curriculum focused on preparing students to implement positive behavior support in educational settings from early childhood through high school. Although the core courses are primarily educational and behavioral, students enroll in one elective offered by faculty in departments that include public health, applied behavior analysis, early childhood education, special education, social work, or mental health services, providing a truly interdisciplinary experience. Some examples of electives in which students have enrolled are mental health informatics, cultural competency in children's mental health, behavior analysis and developmental disabilities, and instructional approaches for exceptional learners. Certificate students are enrolled in a variety of existing graduate degrees including applied behavior analysis, early childhood education, school psychology, social work, nursing, and counseling. Non-degree-seeking students work in community agencies, primarily behavioral health and early childhood centers. Between ten and fifteen students enroll each year and to-date; thirty-nine students have graduated.

The Master's degree in Child and Adolescent Behavioral Health (MS in CABH) with a concentration in developmental disabilities began enrolling students in the spring semester 2015. It is a fully online, 39-credit hour, degree. The concentration was designed to develop

practitioners and administrators to work in agencies that provide services for children and adolescents with both a developmental disability and mental health needs.

Four core degree courses address child and adolescent behavioral health, cultural competency in children's mental health, behavioral health policy, and evaluation and research methods in community health. Students in the concentration in DD also complete 15 hours of required courses that focus on family-centered interdisciplinary practices, current issues and trends, evidence-based practices, and systems/services in DD. Six hours of electives are offered through public health, child and family studies, applied behavior analysis, education, and psychology. Students also complete a thesis or a leadership field experience. Students currently accepted into the program completed undergraduate degrees in psychology, child and adolescent behavioral health, health services administration, legal studies, and political science.

Faculty from FCIC also contribute to the academic programs in other schools and colleges within the university. For example, Dr. Elizabeth Perkins provides lectures to first and third year medical students about the health care needs of patients with disabilities as part of the Disability Training for Medical Students. FCIC faculty also routinely contribute lectures and graduate student mentorship with the academic programs of special education, social work, mental health and rehabilitation counseling, and public health. Training and Research Mentorship opportunities are provided to students from a variety of disciplines (e.g., psychology, education, special education, nursing, medicine, public health, applied behavior analysis, and social work) through internships in our programs and clinics, practica, and thesis and dissertation committees.

The ICEI program offers an interdisciplinary clinical rotation. Trainees work with faculty to evaluate children and develop intensive interventions to be implemented in school and home environments. In addition to families, the clinic's interdisciplinary team is made up of

professionals and graduate students from a variety of disciplines that includes psychology, behavior analysis, pediatrics, psychiatry, special education, social work, speech and language, and public health.

Interdisciplinary training is also addressed through the continued affiliation with the Applied Behavior Analysis (ABA) program, which offers both Master's and Doctoral degrees. ABA field placements include work with individuals with DD and three quarters of the theses and dissertations address applied issues that affect individuals with DD. FCIC faculty provide field placement supervision and chair thesis committees. In addition, one specific grant funded program within the ABA Master's degree is designed to prepare highly qualified behavior analysts who can work collaboratively and provide leadership in School-wide PBS. Students funded through the ABA related services program must also earn a Graduate Certificate in PBS and complete their field experience and master's research on a school-based project.

All trainees must complete three Core Curriculum modules addressing an introduction to PBS, the history of DD advocacy, and an introduction to FCIC and UCEDD. These are online and were developed in the previous grant cycle. The PBS module has been used in lessons in public health classes and all three modules are also available to community members. In the next five-year cycle, we propose to develop and launch at least two additional modules for the core trainee curriculum. These will address core principles such as self-determination, cultural competence, inclusion, family-centered practices and person-centered planning. The modules will include audio and video "stories" and will be developed with input from FCIC CAC members, trainees, and other community participants.

A new initiative was begun in 2014 to provide trainees with opportunities to participate in face-to-face and online interdisciplinary training delivered by FCIC, AUCD, SAMSA, CEC,

APBS, and other organizations. This initiative will continue in the new grant cycle. At enrollment and yearly thereafter, the Training Director meets with trainees to identify specific areas of interest and goals. A minimum of two events or other resources (e.g., reports, research studies, fact sheets) addressing these interests are provided monthly. At the end of fall, spring, and summer semesters, trainees complete a survey identifying which training they attended or report they reviewed and their level of satisfaction.

The interdisciplinary training program will also implement a new initiative that will provide continuing education credits for professionals and practitioners. We propose to develop and launch a minimum of four modules or events. Two will address policy issues in DD and two will address core principles. These will be developed in collaboration with CAC members, trainees, community professionals, individuals with DD, and family members. Evaluation of the modules will be ongoing and based on participant feedback and response.

2.2 Community Services

Our community service activities include the provision of training, technical assistance, model demonstrations, and other activities that are focused on the meaningful inclusion of individuals with disabilities and their families in all aspects of community life. These activities all occur in the real world environments of service programs, schools, agencies, personnel preparation programs, and communities. Our five year plan provides a lengthy list of specific activities that will be provided in the areas of positive behavior support, early childhood and early intervention programs, inclusive education programs, providers of supported employment, law enforcement agencies, health care services, and with medical students. All community services that are offered by FCIC will ensure that **universal design** is used so that all products,

environments, materials, and communication is provided a manner that presents no barriers to any individual regardless of ability.

The primary focus of the UCEDD's **community services** are on the capacity building, advocacy and systems change required to implement and sustain an array of desired and effective community supports. These technical assistance activities will be provided, on-site, via the phone and through the internet. Our work will also include efforts to educate and disseminate information on the DD Act of 2000 to state legislators and information pertinent to the inclusion and support of individuals with DD. In the provision of community services, FCIC is specifically focused on ensuring that there are increased and meaningful opportunities for individuals from racial and ethnically minority backgrounds to influence, access, and use community services. We accomplish this by targeting key constituents for outreach (e.g. Hispanic families, underserved populations), providing training and technical assistance to programs that provide services to high need communities (e.g., early childhood programs in high need neighborhoods, schools serving predominantly minority populations, rural) and by collaborating with institutions and agencies focused on disparities and underrepresented populations (e.g. partnership with Bethune Cookman University).

Notable community service efforts that are listed in Table 1 in Appendix A include the provision of training and technical assistance to 60 school districts within Florida for the implementation of a multi-tiered system of support to promote the academic, behavioral, and mental health needs of all students and technical assistance efforts that will support schools in reducing the use of seclusion and restraints and disproportionality in discipline actions. The five year plan includes similar activities to ensure the use of evidence-based practices in early intervention and early education programs. The five year plan also includes efforts to

demonstrate and evaluate innovations that offer supports to families in poverty with children at-risk of and with DD through an innovative early literacy home visiting model and support to youth seeking customized employment within a university-based program. These efforts are designed to address state needs, demonstrate evidence-based approaches, and yield evaluation data that facilitates replication.

We have an established program income account connected to the UCEDD that allows us to support community training program activities through funds generated by registration fees and not the UCEDD grant. The program income account is used to provide an annual national training institute/conference in early childhood (see workplan in Appendix A, Activity 2.2.3). Participant registration fees are charged for the institute and used to pay the expenses of printing, personnel, materials, hotel meeting rooms, contracted conference planning services, audio-visual services, speaker stipends, travel, conference participant meals, and other related expenses as needed. We have also used our program income account to provide a training program (training and coaching) to vocational rehabilitation counselors in person-centered planning and customized employment (see workplan in Appendix A, Activity 3.1.4).

2.3 Research

Research activities at FCIC include applied research, program evaluation, and the analysis of public policy. In the area of positive behavior support, there are several research and evaluation projects that will offer important data on the provision of effective interventions to promote social competence and address challenging behavior. We will be evaluating the implementation and outcomes related to school-wide PBS in all Florida school districts and will conduct program evaluations on the implementation of a tiered model for promoting social development and addressing challenging behavior within early childhood or early intervention demonstration sites.

In addition, research will be conducted on supporting early childhood and early intervention programs in using evidence-based practices to promote the outcomes of young children with developmental disabilities. In the employment area, we will be conducting program evaluation and research on effective approaches to support youth and individuals with DD gain and retain customized employment in competitive settings. In health, we will be conducting a study on quality of life issues, co-morbid health issues of older adults with DD, and on the impact of long term caregiving. In addition, through our mentorship of graduate students, we will be guiding their research projects to focus on applied interventions that address issues pertinent to inclusion and access to community.

The research efforts of FCIC are focused on providing evaluation data on promising models of intervention, support, and training that can be scaled up and used within communities to promote the inclusion of individuals with DD. Our work includes examining the impact of interventions, service models, and supports by measuring outcomes and also examines questions related to implementation capacity, fidelity, and sustainability as these are features that must be understood to bring innovations to scale within communities.

An important element of the research conducted by FCIC faculty and students is that individuals with disabilities including those from culturally and linguistically diverse groups are active participants in the research process and dissemination of outcomes. Some of the mechanisms we use to ensure this include: the presentation of research activities to our CAC for feedback; the use of participatory action research; the inclusion of methods/procedures such as social validity and contextual fit assessments in applied studies to ensure that participants perspectives are included and reported, and the use of mixed methods so that qualitative perspectives are included. To disseminate our research, we are intentional about the design of

user-friendly translations of research results and involve individuals with disabilities and their families in our dissemination of research and research products.

2.4 Information Dissemination

FCIC is a highly-valued hub for dissemination of high-quality materials. FCIC has the benefit of an in-house Information Technology/Graphics Design Team, which results in the development of professional, graphically pleasing, user-friendly range of products, materials, and resources for wide-ranging audiences. In 2013, FCIC's website won an About.com Regional Special Needs Resources Award. We also have an impressive social media presence, we have 9 program related Facebook pages, 5 twitter accounts, and 4 YouTube video channels. Our products are highly valued and very popular. In FY 2013-2014, over 130,000 factsheets, brochures, and materials were directly disseminated at events or downloaded from FCIC's website. These multiple channels of communication in addition to our in-person and online training/technical assistance activities ensure that we effectively connect to and widely disseminate knowledge of best-practices to the community and since our initial funding in 2005, we have raised our visibility considerably to become a trusted resource throughout the state.

FCIC offers an extensive web site that provides direct links to AUCD and the resources of the network and to our sister DD agencies and other collaborating partners. Our CAC is asked to review the web site periodically and provide feedback to us about additional products, resources, or information that should be included. Because our CAC is representative of culturally and linguistically diverse populations, they are also able to guide us on the nature of our materials, cultural competence, and how to ensure our outreach to diverse populations. We have allocated funds for Spanish translation of products that are disseminated through our web site and will place a priority on the translation of products related to promoting employment as a critical need

area. We will use our fully accessible web site as one of the primary vehicles to provide information for free or for the cost of production. Again, in the design of all materials for dissemination, FCIC will pay particular attention to universal design, promoting positive images of individuals with DD and their families, the use of person-first language, and person-first principles. In addition, we have web sites that are linked to our funded projects that are targeted to specific audiences. They include the Learning Curve for teachers of students with Autism, the Center for Autism, the PBS:MTSS web site, and the Florida Provider Network (supported employment). These can all be accessed through FCIC. FCIC provides a quarterly electronic newsletter to subscribers statewide that highlights materials on the web site and events/projects of the FCIC. In addition to electronic dissemination of information and resources, our staff, CAC members, and partners provide numerous conference presentations, workshops, and host collaborative meetings where the resources of FCIC can be disseminated.

An important aspect of all our projects is to translate knowledge into user-friendly information and tools that are universally accessible and can be used directly by individuals with disabilities, their families, providers, and programs. All projects are asked to develop materials that can be offered on multiple accessible formats and are culturally competent. The identification of methods of dissemination will be directed by several key questions such as “Are we disseminating basic information to a large audience or are we disseminating specific information to a targeted audience?”, “What method of dissemination will most likely produce capacity building, advocacy, and systems change?”, and “How can we collaborate with consumer, parent, and professional organizations to increase the impact of the dissemination activity?” Included in the development of materials for dissemination are materials that can be used to influence policy related to pressing and emergent needs and the education of legislators

and policy-makers about the purpose, values, and principles of the DD Act. Our faculty frequently responds to community requests for information based upon their areas of expertise.

We have IT support and two desk-top designers who ensure that materials are representative and accessible. We have an internal review process to ensure that all materials are culturally competent. Dissemination to underserved ethnic or cultural groups is accomplished by 1) involvement of group collaborators in the planning and dissemination activities, 2) translation of materials for individuals from linguistically diverse backgrounds, and 3) evaluation of appropriate methodology for the targeted group. Dissemination materials would, of course, also be available in alternative formats (Braille, large print, closed captioning, CD, etc.).

2.5 Leveraging FCIC Infrastructure and Resources

FCIC is recognized at our University as being among the top organizational units that brings in external dollars. In 2014/2015, we leveraged our core dollars for an additional \$8,785,482 in external funding. We have maintained a healthy portfolio of state contracts and federal grants that funds our work on behalf of individuals with DD (22% Federal, 72% state, 4% local, and 2% other). We have structured FCIC organizationally to ensure that we will continue to leverage additional private and public funds to achieve the goals of the five-year plan and to build systemic capacity in Florida. We have an administrative unit that includes a person dedicated to supporting grant submissions and grant management and a person dedicated to maintaining daily ledgers for the efficient fiscal management of our resources. We use Department resources to support faculty and staff between projects so that there is not a lapse in employment and a loss of expertise if project staff were to leave when a project ended. In addition, our faculty lines that are funded with state resources are designed so that faculty must generate 25% of their support on contracts and grants.

To foster collaborations that can yield external funding to address the needs of individuals with DD, FCIC includes Affiliate Faculty members from multiple departments in our University (including Sociology, Special Education, Pediatrics, Rehabilitation and Mental Health Counselling, Public Health, and Family Medicine) that are eager to collaborate on research, training, education or service activities. We have also organized a focused collaborative on faculty members involved in research, education, and service provision related to Autism Spectrum Disorders. The purpose of this formal network (ASDnet) is to build alliances across disciplines for the pursuit of additional research, service, and training projects.

In the following section, we discuss each Center goal, the importance of the goal to Floridians with DD, and the activities that will be conducted over the five years. The 5-year plan (see detail in Table 1, Appendix A) is directly tied to the year-long strategic planning process that was conducted with the Community Advisory Committee and is complementary to the plans and activities of the strategic plans of the P&A, DD council, and the other UCEDD in the state.

2.6 Goals and Objectives

In this section, we discuss the goals, objectives, and activities of our 5-year plan and how these activities meet the needs identified through our statewide needs assessment process.

Educational Supports (Goal 1). The first goal is “**To improve access to effective educational supports within inclusive school environments for individuals with developmental disabilities.**” Our outcomes for achieving this goal will be assessed through measures documenting the increased capacity and implementation fidelity of schools and school districts to provide evidence based practices in support of all students including students with developmental disabilities. We will be addressing that goal through our efforts to establish schools that can meet the needs of all students including students with DD and ensuring that

students with DD can access effective educational supports within inclusive environments.

Objective 1.1 is to improve access to and participation in inclusive education by providing training and technical assistance to school districts in their implementation of a multi-tiered system of support (MTSS) to promote academic, behavioral, and mental health of all students. Our activities related to objective 1 are leveraged through external funding to the Florida PBS:MTSS project, the Center for Autism and Related Disabilities (CARD), our subcontract from the OSEP-funded PBIS Technical Assistance Center (PBIS), the Florida Advancing Wellness and Resiliency in Education (AWARE) project, the School Climate Transformation (SCT) project and the Partnership for Effective Programs for Students with Autism (PEPSA). Activities related to objective 1.1 that will build the capacity of professionals, programs and school districts include training district leadership teams, providing professional development events including an annual summer institute and state conference, and the training and support of trainers who can support scale-up within school districts. **Objective 1.2** includes dissemination activities that will support the MTSS work including providing a state behavioral data base, the dissemination of materials to educators, and the provision of on-line training modules. **Objective 1.3** focuses on ensuring a reduction of the use of seclusion and restraint in the schools. FCIC staff will facilitate a workgroup that identified districts in need of assistance in this area and provides support and training to improve practices. Program evaluation and research activities that examine the outcomes yielded from the implementation of MTSS within Florida school districts are listed in **Objective 1.4**. These research findings are used to continuously improve our work with school districts and to inform the field about effective practices.

FCIC will continue to offer school-age children with DD and serious behavior challenges with behavioral assessments and educational support plans through our Interdisciplinary Clinic

for Evaluation and Intervention (ICEI) (**Objective 1.5**). In addition, we provide direct support to families who request assistance in issues related to inclusive schooling. FCIC is engaged in providing training and technical assistance to teachers and school and with the support of our funded projects (CARD, PEPSA, and ICEI) we will provide over 100 school district technical assistance activities each year with the outcome of promoting the use of evidence-based practices in the support of students with DD (**Objective 1.6**).

As noted in our five year work plan (Appendix A), the education activities aligned to our objectives related to Goal 1 will have a broad reach and have the promise of yielding important outcomes. As a result of these activities, we will be able to impact the implementation of evidence based practices in 60 school districts, by over 50,000 professionals, 1,000 PBS coaches, and through the mentorship of 125 classroom teachers. In addition, we will provide direct support to 500 families and 250 students with disabilities through our clinical and family support programs. Our dissemination activities related to inclusive schooling will result in on-line resources and training modules that will be used by educators to learn innovative practices for supporting students with DD. Most importantly, we will be assessing our outcomes by measuring the impact of these activities on the knowledge, skills, and capacity of those educators and family members that receive our services and products.

Early Intervention and Early Education (Goal Two). The second goal in our five-year plan is “**To improve access to effective early intervention and early education supports within inclusive settings for young children at risk for and with DD and their families.**” Our outcomes for achieving this goal will be assessed through measures documenting the increased capacity and implementation fidelity of early intervention and early education programs to provide evidence-based practices in support of the learning outcomes of young children with

developmental disabilities. Our activities in this area are designed to increase the capacity of professionals and programs to implement evidence-based practices that promote the learning outcomes of children at risk of and with DD. These activities leverage funding that we have received from federal grants (OSEP-funded Early Childhood Technical Assistance Center [ECTA]; Institute of Education Sciences research projects), local funding (Program-Wide PBS project), and state funding (Home Instruction for Parents of Preschool Youngsters (HIPPY) home visiting program, CARD).

Objective 2.1 is focused on the provision of training and technical assistance activities that will establish model inclusive programs that promote child engagement in learning opportunities and result in meaningful outcomes. Activities included in this objective is the facilitation of state leadership teams with a focus on scaling up the implementation of the Division of Early Childhood's Recommended Practices (DEC RP) for young children with special needs and their families; providing training and technical assistance to program leadership teams to promote program-wide implementation of DEC RP; and providing training to professionals within early intervention and early childhood programs. In addition, FCIC will provide training and technical assistance related to the implementation of PBS (using the Pyramid Model for promoting social emotional competence) to support children with challenging behavior within community early childhood programs. In **Objective 2.2**, numerous dissemination activities are designed to provide materials, tools, and training modules that can be used by early intervention and early childhood programs to implement evidence-based practices for promoting child engagement in learning opportunities. These include maintaining a national web site, hosting a national training institute related to young children's challenging behavior, and disseminating tools, training modules, and materials.

Objective 2.3 provides research and program evaluation activities that are aimed at understanding the outcomes associated with the implementation of evidence-based practices within early intervention and early childhood programs and their relationship to the learning outcomes of children with disabilities. Research in this area will include studies of program-wide implementation, the development of fidelity tools, and a randomized study on program-wide implementation of PBS within community early education programs. Finally, FCIC will be engaged in providing model services to families in poverty and young children at risk of disabilities (**Objective 2.4**) through a home visiting program (HIPPY). FCIC and the Florida HIPPY TA center will provide training, technical assistance, and program evaluations to HIPPY programs across the state, provide direct services to children within our district, and provide a demonstration on how the curriculum used in the models can be adapted for children with identified developmental disabilities.

The early education and early intervention activities related to Goal 2 will result in building the capacity of state systems, 20 program teams, 1500 practitioners, and 20 home visiting programs. These outputs are described in the 5-year work plan presented in Appendix A. In addition, research activities will provide program evaluations and research results that will be nationally disseminated to influence program delivery for young children with disabilities. Outcomes for our goal 2 activities will be measured by examining the number of professional and leadership teams who report an increase in their knowledge, skills, and capacity to implement effective practices and the implementation fidelity of programs that receive training and technical assistance from FCIC.

Employment Supports (Goal 3). Our third goal is “**To increase the number of people with developmental disabilities who are competitively employed in community settings.**”

Our focus for this goal area is to provide training, technical assistance, information and materials, program evaluations, and model services that result in the employment of jobseekers with DD. Our outcomes for achieving this goal will be assessed through measures of the number of job seekers that are successful in accessing employment in the community and growth in the capacity of employers and job support professionals to support individuals with disabilities obtain and retain employment. We will engage in a variety of training and technical assistance activities to job seekers and employers (**Objective 3.1**). These activities include partnering with self-advocacy organizations to provide training to jobseekers (in person and web-based) and providing web-based training to professionals who support jobseekers. In addition, we provide a formal training program to Vocational Rehabilitation professionals in the use of the Discovery person-centered planning to support job seekers with DD achieve customized employment. Our dissemination activities (**Objective 3.2**) for promoting employment includes the development of checklists or guides that help the job seeker obtain and retain employment aligned with personal preferences, developing materials in collaboration with Work Incentive Programs and Assistance programs to explain those supports to jobseekers with DD, materials for family members, materials for employers, and materials that might be used by other higher education programs to replicate the FCIC Learning Academy that supports youth as they transition from school to work through an on-campus program. We will also provide an annual virtual conference on employment and employment support best practices. Because employment is such a high need area in our state, we will place a priority on the Spanish translation of those materials.

Our employment efforts include model services efforts (**Objective 3.3**). Our Learning Academy provides direct supports to youth with DD through a university-based post-secondary program that assists youth with gaining employment. This effort will support 15 youth with DD

each year. We also provide Discovery services and customized employment supports to youth with DD to obtain employment in their preferred careers. Our program evaluation and research activities will yield findings that will strengthen our programs and contribute to the field **(Objective 3.4)**. These efforts include conducting program effectiveness evaluations on the Learning Academy and the use of customized employment support processes.

Efforts to promote employment are a major focus of our collaborative activities with DD sister agencies, state agencies, local programs, self-advocacy organizations, and businesses. We are committed to being engaged in state and community collaborative partnerships to raise awareness and take action on the employment of individuals with DD **(Objective 3.5)**. Some of these partnerships include collaborations with the business community in Disability Employment Awareness Month activities, participating in “Employment First” initiatives and work groups, and supporting the CARD “autism friendly” business initiative.

The activities aligned to our objectives for Goal 3 (Employment) are designed to increase the knowledge of job seekers, professionals who provide employment supports, and employers. These activities (listed in the 5-year work plan, Appendix A) will result in over 45 training workshops, 40 webinars, and 5 conferences being delivered to provide audiences with information on effective practices in employment and transition. In addition, we will offer direct services to 75 young adults as they transition to employment. These activities paired with our research and product development efforts will be instrumental in increasing the number of job seekers with DD who secure and maintain employment in community settings.

Community Supports (Goal 4). The FCIC has one overarching community supports goal: **“To build the capacity of individuals and organizations to promote and support full community participation by people with developmental disabilities.”** Our outcomes for

achieving this goal will be assessed through measures of the increased capacity of self-advocates, self-advocacy organizations, and local organizations to promote full community participation by individuals with developmental disabilities. Activities in this goal area include training and technical assistance and the development of materials and information for dissemination. Our first objective in this area (**Objective 4.1**) is to increase the capacity of self-advocates, self-advocate organizations, and self-advocacy networks to promote their choices and needs. Activities will include providing technical assistance to the Florida Self-Advocates Network'D (SAND) state network of self-advocacy organizations, technical assistance to regionally located local self-advocacy organizations, and provide self-advocacy training to individual self-advocates.

Our second objective in the community supports area is to develop and disseminate information and materials for self-advocates, allies, legislators, professionals, and the general public about the options, rights, and supports needed by people with DD to live in fully inclusive communities (**Objective 4.2**). We will be producing a product series "IN clusive Community" to provide awareness and information that illustrates how individuals with DD are successfully included in all aspects of community life (e.g., work, transportation, higher education, community living, social networks, etc). Each topic in the series will offer a video story, a written article, and a "getting started" guide that shares resources with others about how to achieve similar supports. As we select the topics that we might profile, we will place a priority on illustrations that show individuals with DD who are from underrepresented and diverse communities in the state. Our efforts to ensure that individuals from underrepresented and underserved communities have access to information will include attending community events in their areas so that we can directly build relationships and share information and materials.

Our dissemination goals for community supports will include activities designed to influence policy for high priority issues. We will collaborate with our DD network partners in the development of policy briefs, develop relationships with state legislators, and collaborate with state and community partners in issue-specific statewide workgroups (e.g. Abuse and Neglect). An issue of critical importance in our state is the lengthy wait list for the HCBS waiver services. FCIC will develop an active web campaign for “ending the wait list” to give the collaborative efforts of our DD network partners and local organizations more visibility.

The activities related to community supports describe in our 5-year work plan (Appendix A) are designed to build the capacity of individuals and outcomes to support full community participation. Outcomes for these activities will be measured by identifying the number of self-advocacy organization leaders, self-advocates, professionals, family members, and training recipients who report an increase in their knowledge, skills, and capacity to advocate for community participation.

Health and Wellness (Goal 5). In health our goal is “**to improve the health of people with DD through enhanced provider knowledge, health promotion, and effective interactions with the healthcare system.**” Our outcomes for achieving this goal will be assessed through measures of increased capacity of health care providers to provide health care to individuals with developmental disabilities and measures of the value of materials and resources that are provided by FCIC to support individuals with DD with better access and interactions with health care providers. Our first objective is to continue our efforts to provide training and technical assistance to enhance healthcare provider knowledge, communication, and capacity to better support the physical and mental health in individuals with DD (**Objective 5.1**). Activities in this area include providing training to USF’s College of Medicine first and third year medical

students, to provide training to nurse practitioners in the USF's College of Nursing, and to provide training to health field students enrolled in other vocational training institutes and Historically Black Colleges and Universities (HBCU). In an effort to improve the capacity of health care providers to welcome and support individuals with DD, we will be developing an online training in disability awareness for office/reception staff who work in health care facilities. We will also continue to partner with CARD in hosting a statewide health/mental health of DD symposium for health care providers.

Mental health is also an important of health care for individuals with DD. Through our AWARE project, we will be able to influence the provision of mental health services to youth with DD in schools. We will be working with 3 school districts as they implement new procedures and policies and are trained in Youth Mental Health First Aid. We will also convene a state management team and multiple work groups that will address policy and procedure changes needed to expand the provision of mental health services in the schools.

Our materials dissemination activities in health care are focused on the development and dissemination of health advocacy and health promotion materials that promote increased awareness of system access, lifespan health, and wellness issues (**Objective 5.2**). Products that will be developed and disseminated include: fact sheets for health care providers on specific health issues of individuals with DD; a revision of our very popular "My Health Passport" that is used by individuals with DD in their health care interactions; materials that might assist an individual with DD prepare for medical appointments and navigating the health care system; and factsheets for our Lifelong Health and Lifelong Mental Health series.

The third objective in health (**Objective 5.3**) is to conduct research regarding health related quality of life for individuals with DD and their family caregivers. This research effort will

examine the quality of life issues of aging adults with DD and the health impacts of long-term caregiving for adults with DD. This research is particularly pertinent to Floridians with DD as our state has the highest percentage of older adults in the nation, and aging with DD is noted to be much more complex than in the population without disabilities. Furthermore, only California has more aging caregivers than Florida, and of particular concern is that these aging caregivers are providing care to additional family members other than their adult child with DD with no appreciable increases in supports.

Overall, the health activities (see detailed list in 5-year work plan with associated outputs and outcome measures) will endeavor to foster systemic change and capacity building by increasing knowledge of specific medical issues and health concerns of persons with DD for those about to enter the healthcare professions, as well as those who are long-time practitioners. Over 5 years, FCIC faculty will train over 1000 medical students, nurse practitioner students, and other allied health professionals in regarding DD-related health. Fifteen instructors, and 1500 personnel will be trained in school settings regarding mental health awareness/first aid. We will also raise awareness of health promotion/prevention and the goals of helping persons with DD become active and not passive consumers of health care across their lifespan. New materials and resources specifically for people with DD and their families that will be freely available and widely disseminated, will help them learn about health concerns, and what information they should communicate regarding their own health concerns to health professionals. Our webinar training for medical office staff/receptionists will be distributed to 25 major health organizations. Our health goals will be undertaken with a commitment to ensure all our activities, materials that we design, and products/training that we develop, are culturally sensitive and fully inclusive of all diverse populations within the larger population of Floridians with DD.

Interdisciplinary Preparation of Professionals (Goals 6 and 7). Our five year plan includes extensive activities to provide interdisciplinary training to professionals and practitioners to deepen their knowledge and skills in the provision of services that support self-determination, productivity, and inclusion of persons with DD (**Goal 6**) and to increase the diversity, knowledge, and skills of trainees that complete our interdisciplinary training programs (**Goal 7**). Our interdisciplinary training goals are measured by documenting the percentage of trainees who report they apply the knowledge and skills learned in the program in support of individuals with DD and the percent of former trainees in leadership positions in the field of DD.

The interdisciplinary training program is described on pages 14 to 19. Our five-year plan (Table 1, Appendix A) organizes our activities related to Interdisciplinary training under two goals and multiple objectives. **Objective 6.1** includes activities designed to increase the knowledge and skills of professionals and practitioners related to policy issues and core principles of the DD Act by the development of on-line training modules on policy issues and core principles that will be available for continuing education credit and to enhance training through the development of stories that illustrate the perspectives of self-advocates, families, and experts into training that is offered by FCIC.

Objective 7.1 is focused on increasing the number and diversity of trainees and other students who participate in our interdisciplinary academic training programs. Activities we have included are intentional efforts to recruit trainees who are underrepresented and ethnically and linguistically diverse and offering scholarships for conference participation to trainees who are underrepresented and ethnically and linguistically diverse. Our interdisciplinary training program provides trainees with competency-based university courses, programs, and individual mentoring (**Objective 7.2**). We expect to graduate 12 students from our PBS certificate program each year,

5 students from our MS program in Child and Adolescent Behavioral Health with a DD concentration each year (years 2-5), and mentor an additional 10 trainees from other programs. Over the five years, we will continuously engage in efforts to increase the number of training modules and quality of the core interdisciplinary training curriculum (**Objective 7.3**). Activities will include the design and implementation of two core curriculum modules, the ongoing evaluation of the core curriculum by CAC members and our participants, and the support of trainees to be engaged with researchers, research and training projects, or organizations that address individual trainee goals.

The activities outlined in our 5-year work plan will result in the interdisciplinary preparation of professionals who have the knowledge, skills, and interdisciplinary perspective to directly support individuals with DD or provide leadership to programs that provide those services. These activities will result in 60 graduates of the PBS certificate program, 25 graduates from the Master's program in Child and Adolescent Behavioral Health who have completed the concentration in DD, and the mentorship of an additional 50 graduate students.

Section 4. Budget

In this proposal, we have provided a budget with line-item detail describing how funds will be used for activities that are described in our 5-year work plan. The budget forms and detailed budgets are presented in the face pages of this proposal. In addition, per Section 154 (d)(2) of the DD Act, this proposal is being submitted with a reduced non-federal share of 10% of the total approved project costs due to the State of Florida's reported poverty rate of 15.0% being greater than the official national poverty rate of 14.8% for 2014. The operation of this project will be supported by a variety of resources that will be invoked to insure fiscal efficiency and optimal impact. The funds made available through the grant are being used to supplement and not

supplant funds that would otherwise be made available for the activities being delivered by the Center. In FCIC, the number and strength of externally funded projects offer combined resources that ensure the achievement of the goals of the Center and access to national dissemination networks and collaborations that optimize the impact of the core funds of the Center. Moreover, FCIC has shown a strong history of leveraging resources for responding to emergent and future developments in the field.

Section 5. Project Impact

The *logic model detailed in Figure 1* provides a diagram to illustrate the relationship between the inputs, activities, output measures, initial and intermediate outcome measures of FCIC. This logic model provides FCIC with a clear connection between the resources and processes that support our activities and the measureable outputs and outcomes that evidence what we did and the impact of those activities at the individual, agency or entire system level. Figure 1 provides a brief visual orientation to our way of work at FCIC. A more detailed analysis of how the general logic model impacts the planning and implementation of our FCIC activities is evident in the Five Year Work Plan (Appendix A). This work plan details the goals, objectives, activities, responsible projects/personnel, timelines, outputs and outcomes measures (initial and intermediate) for nearly 100 diverse activities in areas of emphasis such as pre-service training, education, employment, community inclusion, and health promotion.

FCIC will use the NIRS system to collect and synthesize data for reporting annual results on all of the outcomes listed in Appendix A using the UCEDD Annual Report Template. These data

Figure 1. Logic Model

Florida Center for Inclusive Communities Logic Model				
INPUTS Resources used to support activities	ACTIVITIES Processes; what the program does	OUTPUT MEASURES Products of activities;	INITIAL OUTCOMES MEASURES	INTERMEDIATE OUTCOMES MEASURES <i>Reported every 5 years*</i>
<ul style="list-style-type: none"> • UCEDD core faculty and staff • Community advisory group input and perspective • Core grant funding from ADD • Leveraged funds/Federal, state, community funded grants and contracts • Florida DD agency collaborations • Collaborative partners • 5-year plan • Reporting and data systems • Websites • Equipment and supplies • USF network of collaborating faculty and staff • University resources 	<ul style="list-style-type: none"> • Leverage funds and partnerships to carry out core functions • Provide exemplary interdisciplinary preservice preparation • Provide continuing education and community services training for staff and faculty throughout Florida and the nation. • Provide direct problem-solving technical assistance to agencies and entities to improve services and outcomes. • Provide community Model Services for individuals with developmental disabilities. • Implementation of basic and applied research and evaluation. • Disseminate information through FCIC developed products and activities. 	<p>Annually:</p> <ul style="list-style-type: none"> •Leverage nearly \$9,000,000 •Provide nearly 1400 hours of training to trainees •Provide 3796 hours of community services training •Provide 8600 in direct problem-solving technical assistance •Provide over 6000 hours in research and evaluation activities •Develop and disseminate over 200 new products •Provide nearly 100 conference presentations •Publish over 30 peer reviewed publications. 	<ul style="list-style-type: none"> • 90% of long-term trainees report an increase in knowledge or skills • 90% of community services trainees indicate an increase in knowledge or skills • 90% of recipients of direct problem-solving technical assistance to agencies report enhanced resources or services, strengthened network, etc. • 80% or recipients of model services report satisfaction with the services and supports received. 	<ul style="list-style-type: none"> • Change in practices and systems in education, early childhood, early intervention. • Change in practices and systems in transition and employment. • Growth in the number of job seekers gaining employment in the community • Increase in the capacity of self-advocates and self-advocacy organizations to promote full community participation • Change in practices and systems for health care and wellness. • Increase in the number of professionals in leadership positions who have interdisciplinary perspectives on the support of individuals with DD to achieve full inclusion in community.

are entered by FCIC faculty and staff and/or are imported from other project databases by our Evaluation Coordinator (Dan Souders). In addition, FCIC leads for each area of emphasis (Don Kincaid, Tammy Jorgensen-Smith, Lise Fox, Jolenea, Ferro, Christopher Vatland, and Elizabeth Perkins) are responsible to report on output measures as well as the initial and intermediate outcome measures for each activity.

These data are entered into NIRS on a quarterly basis. The evaluation summary report of data on the activities and outcomes in the five-year plan will provide data that will be included in the annual report to the funder and will be reviewed by the CAC to provide information on our progress in meeting goals and objectives.

The following six questions will lay the foundation for FCIC's evaluation approach:

- 1) Are identified needs met?
- 2) Are results and benefits being achieved?
- 3) Are activities consistent with the work plan?
- 4) How effective is each project, activity, or effort?
- 5) Are critical implementation variables assessed?
- 6) Are the implementation variables effectively addressed?
- 7) Is there progress in achieving our long term goals or intermediate outcomes?

The results and benefits expected will vary for each program based on the area of emphasis and the core functions addressed under each FCIC goal area. However, each project of the Center is required to identify, measure and evaluate specific leveraging efforts, training, community services, research, and information dissemination activities. In doing so, each project uses multiple measures to address identified goals. For instance, in the area of employment, staff will 1) conduct a needs assessment, 2) develop a targeted training, 3) measure the number of

individuals involved in training and who received disseminated materials, 4) measure the number of individuals receiving follow-up community support for implementation of training practices, 5) measure the increase in knowledge, skill, or attitudes of trainees with the training and follow-up support, and 6) measure systems outcomes that indicate the need was met (percent of individuals targeted for training who developed microenterprise, number of individuals with an established microenterprise within one year, number of new agencies providing options for microenterprise each year, etc.). Each project of FCIC will engage in a similar process for each identified goal within FCIC's Five Year Work Plan. The project leadership will determine what inputs or resources are necessary to accomplish the goal and support the various and diverse activities towards completion of that goal. All project personnel are then responsible for contributing data that describes the projects' outputs (number of staff trained, number of students evaluated, etc.) and the impact of the project activities on initial and intermediate outcomes (overall fidelity scores for implementing schools, implementation fidelity of behavior support plans, percent of district personnel who report increases in skill due to technical assistance efforts, etc.).

FCIC's Co-Directors will evaluate the proposed objectives and activities of the overall UCEDD, as well as affiliated projects using data provided by the emphasis area leaders on a semi-annual basis. This review will occur at least 2 weeks prior to each Community Advisory Committee meeting with a summary report will be provided to each CAC member at least 3 days prior to the meeting. A review process (discussion, questions, feedback, suggestions, etc.) of activities and available outcome data will occur during each CAC meeting. In addition, leadership teams of key CAC and FCIC personnel will engage in targeted strategic planning to identify underserved populations and expand critical initiatives each year. In this discussion,

goals are reviewed and revised to address emerging trends and needs that might be identified as a priority for targeted action. This planning may occur within scheduled quarterly CAC meetings, but may also occur in special planning sessions throughout the year. As a result of one of these planning sessions this year, CAC leadership discussed a desire to connect in substantive ways with project or state level advisory groups that may be developed or mandated for particular FCIC projects. For instance, the Florida AWARE Project has a State Management Team of nearly thirty members that directs the work of the project and CARD-USF has a Constituency Board of fifteen members that advises CARD-USF leadership on issues of importance. These management and leadership teams provide a vehicle for the active participation and voice of diverse families, students, and individuals with disabilities. The roles of individuals on such teams goes beyond simply providing feedback and ideas, but to assisting with conceptualizing, developing, implementing and evaluating FCIC training, technical assistance and community services. During this five year funding cycle, FCIC will commit to building the connections between FCIC CAC and the variety of other leadership or advisory boards that are specific to individual projects.

Section 6. Organizational Capacity

The mission of the Florida Center for Inclusive Communities *is to provide training, technical assistance, research, systems change, and dissemination activities focused on supporting individuals with developmental disabilities to:*

- *Make informed choices and decisions about their lives.*
- *Receive support and services that are based on individual goals and outcomes.*

- *Achieve full inclusion and participate in society, in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of each individual.*

Fundamentally, FCIC faculty and staff fully uphold and wholeheartedly endorse the values inherent in the DD Act that inclusion in all domains of life is the powerful philosophical driving force that promotes better life outcomes, physically, socially, psychologically, and economically.

The mission of FCIC is consistent with the strategic goals of the University of South Florida to: produce well-educated and highly skilled global citizens through a commitment to student success; engage in high-impact research and innovation to change lives, improve health, and foster sustainable development and positive societal change; use sound financial management to establish a strong and sustainable economic base in support of USF's continued academic advancement; and become a highly effective, major economic engine, creating new partnerships to build a strong and sustainable future for Florida in the global economy. USF recognizes the contributions of FCIC to student success, research, and the development of partnerships that strengthen Florida's capacity to fully support and include individuals with disabilities (See MOU in Appendix B).

FCIC's goals and activities and diverse portfolio of programs (see Appendix C) provide statewide, culturally competent, support to people with DD, families, providers, and provider agencies. We design and implement model programs that can then be scaled up to effect system-wide change with a focus on the support of all individuals with DD that includes persons from underrepresented communities and culturally diverse backgrounds. Our training/continuing education, and research/evaluation of best practices benefits those who wish to become leaders and highly-trained, values driven, professionals in the field, in a multitude of disciplines

including education and early intervention, positive behavior support, behavioral health, employment and vocational rehabilitation, and healthcare. We provide training/support across the lifespan including early intervention, school-age, transition age, adults, and older adults with DD. Several of our programs (e.g. Florida's Positive Behavior Support Project: A Multi-Tiered Support System) have state-wide responsibility for on-going training, technical assistance, and evaluation for professionals who provide positive behavior supports, some of our programs (e.g. FCIC's Center for Autism and Related Disabilities (CARD), and FCIC's Interdisciplinary Center for Evaluation and Intervention), are part of state-wide systems where we have regional scope and direct responsibility to provide services to people with DD, their families, and professionals, and some of our programs have local outreach to our surrounding counties in the Tampa-Bay area. FCIC is uniquely situated in that we have talented and committed faculty and staff that have are able to innovate to develop model programs, that are and continue to be scaled up to statewide and nationwide implementation. Each program/project contributes to FCIC's ability to know the community needs of people with DD, those who care for and support them, and the vagaries of the systems that support them.

6.1 Organizational Structure

FCIC is fortunate to be housed in the fast-growing and community-engaged University of South Florida (USF). The University of South Florida is one of the nation's fastest growing public research universities. More importantly, USF is also one of only 40 public research universities nationwide with very high research activity that is designated as *community-engaged* by the Carnegie Foundation for the Advancement of Teaching. This climate of community-engagement and collaborative partnership building is pervasive throughout USF's 11 Colleges.

The College of Behavioral and Community Sciences (CBCS), and more specifically the Department of Child and Family Studies is the institutional home of the Florida Center for Inclusive Communities. As expected by its title, the College of Behavioral and Community Sciences combines knowledge gained through behavioral sciences with knowledge gained from the community. CBCS's emphasis on behavioral science reflects a focus on individuals, emphasizing behavioral research that examines the problems and challenges people encounter, as well as their need for clinical and supportive services. CBCS's emphasis on community science reflects our commitment to understanding the larger contextual factors that have an impact on the well-being and safety of individuals and their families, such as the effectiveness of systems and policies that impact and support the well-being of individuals. CBCS accomplishes this by engaging community and neighborhood stakeholders in a partnered, participatory manner and by collaborating with local, state, and national organizations in both the public and private sectors.

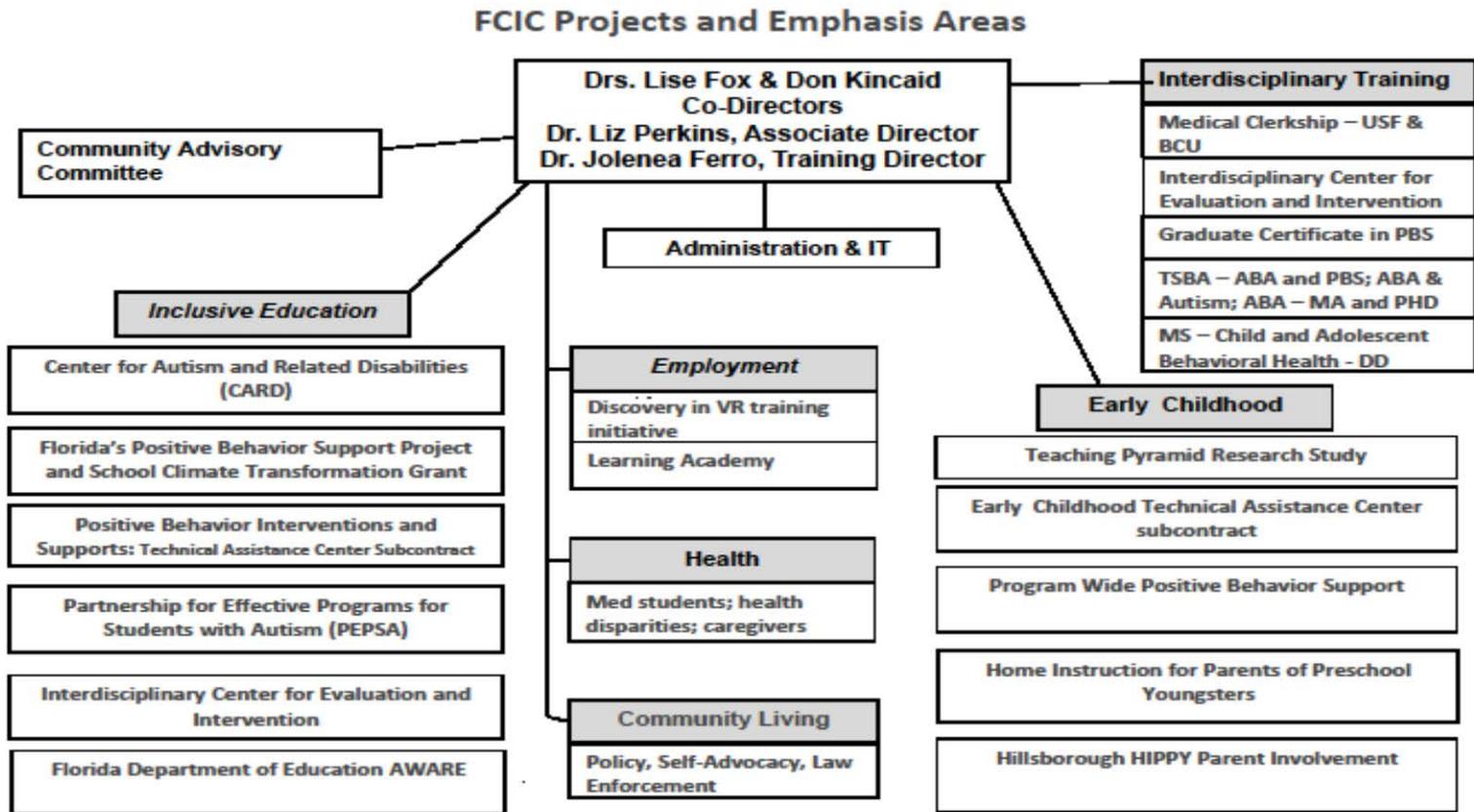
The FCIC is located in the very large and interdisciplinary Department of Child and Family Studies (CFS) within the College of Behavioral and Community Sciences (CBCS). The College is comprised of 7 Departments and Schools (Criminology, Rehabilitation and Mental Health Counseling, Mental Health Law and Policy, Communication Science and Disorders, Department of Child and Family Studies, School of Aging Studies, and School of Social Work). The Department of Child and Family Studies has over 200 faculty and staff from diverse disciplines including education, special education, psychology, applied behavior analysis, anthropology, public health, nursing, and communication sciences. In addition in the next year, faculty from the Department of Rehabilitation and Mental Health Counselling will become members of CFS as their unit is merged into our Department.

FCIC is the largest division within CFS with its 111 faculty and staff who are engaged in the work of FCIC, our academic programs, and externally-funded related contracts and grants. FCIC is recognized as a **large independent Center** that operates with the support of the University and College of Behavioral and Community Sciences at the University of South Florida (see MOU in Appendix B). FCIC has been extremely successful in leveraging its core grant money to secure large federal and state contracts and grants. Despite the recent economic recession, FCIC has continued to increase its capacity to serve people with developmental disabilities. In particular, FCIC's growth in recent years resulted in \$8,047,894 in contracts and grants awarded in 2013, followed by an increase to \$8,785,482 in 2014, our most successful year yet! FCIC is poised to maintain, if not exceed, this figure for the foreseeable future.

Both Co-Directors are on protected tenured or tenure-earning lines and are supervised by the CFS Department Chair. FCIC has excellent relationships and support from both the Chair of CFS, and the Dean of CBCS. To illustrate, both our Dean and Chair met with AIDD/AUCD personnel during a TA site visit to the center in 2012 to discuss their on-going support of FCIC, and the chair met with AUCD's Executive Director when he visited FCIC in 2014. Drs. Lise Fox and Don Kincaid, FCIC's Co-Directors, provide leadership to FCIC faculty and staff, the administrative unit, and support staff.

An *organizational chart (Figure 2)* provides a graphic view of the structure of FCIC and our areas of emphasis. The following faculty/staff oversee FCIC's five areas of emphasis; Dr. Lise Fox (Early Childhood and Early Intervention); Dr. Don Kincaid (Education); Dr. Jolenea Ferro (Interdisciplinary Training); Dr. Christopher Vatland (Community Living); Dr. Elizabeth Perkins (Health); and Dr. Tammy Jorgensen-Smith with Brenda Clark (Employment). These team leaders work with project faculty and staff to implement the goals and activities of the

Figure 2. Organizational Chart



UCEDD. Within each area of emphasis, as detailed in the 5-year work plan, there are activities that address all core functions including pre-service preparation, technical assistance, community education, direct services, research, and dissemination activities. FCIC also invests resources in an administrative unit (led by Mary Daley) to provide support with accounting, human resources, grant development, web development, and graphic design and a data coordinator (Dan Souders). Our Inclusive Education Team is comprised of the following faculty program leaders: Don Kincaid; Karen Berkman, Rose Iovannone, Heather George, Natalie Romer, and Donna Casella. Our early childhood and early intervention team includes the following program leaders: Lise Fox, Rochelle Lentini, Jolenea Ferro, and Mary Lindsey. Our Employment team members are: Tammy Jorgensen-Smith, Brenda Clark, Karen Berkman, and Christopher Vatland and our Community Living team program leaders are: Christopher Vatland, Brenda Clark, and Elizabeth Perkins. The Health Care team includes Elizabeth Perkins, Natalie Romer, and Myrna Veguilla.

While the organizational chart indicates our teaming structure for FCIC projects and activities, it does not describe supervision lines. Currently, faculty and staff supervision is shared by Dr. Lise Fox, Dr. Don Kincaid, Dr. Elizabeth Perkins, and the project leaders that fall under their supervision. Dr. Fox supervises Mary Daley (Administrative Coordinator) who provides supervision to staff who are on the administrative team (Henley, Watson, Cureton, DeJesus), Bob Lutz (IT Director) who provides supervision to graphic and web design personnel (Payton, Khalil, Hendry), Dr. Perkins who supervises Brenda Clark, Michelle Kobus, and Rochelle Lentini (who supervises personnel affiliated with her project), Dr. Mary Lindsey (who supervised HIPPY project personnel), Myrna Veguilla, Denise Binder, Shelley Clarke, and Donna Casella (who supervises PEPSA project personnel). Dr. Kincaid supervises Dan Souders, Dr. Jolenea Ferro, Dr. Christopher Vatland, Dr. Natalie Romer (who supervises AWARE project

personnel), Dr. Heather George (who supervises PBS, SCT project personnel), and Dr. Rose Iovannone (who supervises ICEI clinic personnel).

6.2 Management Structure

FCIC's short and long-range planning considerations are overseen by FCIC's Leadership Team. The FCIC Leadership Team is comprised of Co-Directors Drs. Lise Fox and Don Kincaid, Associate Director Dr. Elizabeth Perkins, Training Director Dr. Jolenea Ferro, and administrative coordinator Mary Daley who meet monthly to discuss topics regarding staffing, grants, and allocations of resources. If there are grant opportunities or emerging needs that we can capitalize upon or need to respond to, this structure provides the ability for fast response when needed. FCIC program leaders meet quarterly to provide updates on projects, receive updates on administrative issues, and to discuss policies and procedures. These meetings are also an opportunity to discuss upcoming events, new funding initiatives/grant applications, and emerging needs. These quarterly meetings are also an opportunity to develop cross-project initiatives to respond to identified need. For example, faculty and staff from CARD, the ICEI clinic, Florida AWARE, and FCIC Health projects are collaborating to develop CARD's Mental Health & Wellness Symposium in Fall 2015 – a statewide conference, that will address the lack of training in people with DD with dual diagnosis.

While many of our faculty and staff are supported by external funds and working on project teams, they are also brought together to collaborate across teams and share information with each other. We have several work groups that share information on cross-cutting issues such as: providing culturally competent support; ensuring services to underserved populations; and using technology for training and outreach.

6.3 Background and Experience of Key Personnel

The organizational capability statement includes bio-sketches for key project faculty members who serve as emphasis area leads. Faculty and staff who are not described in this section work on UCEDD contracts and grants and are supported by those resources. Below are the descriptions of key personnel.

Co-Director and Principal Investigator, Dr. Lise Fox (.25 FTE) is a professor with tenure in the Department of Child and Family. Dr. Fox has developed and managed many technical assistance, research, model demonstration, and personnel preparation projects in the areas of early intervention, early childhood, severe disabilities, and positive behavior support. She has extensive experience in research, teacher education programs, and the management of complex multi-site externally-funded projects. She will direct FCIC, be responsible for all communication with the funder, and supervises Center faculty and staff. In addition, she provides leadership to several of our leveraged projects related to early intervention and early childhood and provides instruction in the Master's Degree program in Child and Adolescent Behavioral Health and the PBS graduate certificate.

Co-Director and Co-Principal Investigator, Dr. Don Kincaid (.15 FTE), is a professor in the Department of Child and Family and had previously been the Deputy Director of West Virginia University's UCEDD prior to joining USF. Dr. Kincaid is also the director or co-director of the Florida Positive Behavior Support Project, Florida AWARE and the School Climate Transformation Project at the University of South Florida. He also directs USF's participation in the OSEP Positive Behavioral Supports and Interventions Center, a partnership of Universities and agencies across the country.

Associate Director and Co-Principal Investigator, Dr. Elizabeth Perkins (1.0 FTE) is a research assistant professor. Dr. Perkins has a physical disability and a family member with an autism spectrum disorder. She has a PhD in Aging Studies and is a UK Registered Nurse in Intellectual and Developmental Disabilities. She leads FCIC's health program, with a research emphasis on aging with DD, and caregiver quality of life. She also supervises staff, provides oversight to FCIC's NIRS annual reporting activities, and organization of CAC related activities. She is also a faculty member in the Master's Degree program in Child and Adolescent Behavioral Health.

Training Director, Dr. Jolenea Ferro (.68 FTE) is a research associate professor who serves as the Training Director for FCIC. Dr. Ferro is the point of contact for all trainees, provides the core curriculum to students mentored by FCIC faculty, coordinates the ASDNET, and is the program director for the PBS graduate certificate, and the Master's Degree in Child and Adolescent Behavioral Health – Developmental Disabilities concentration. Dr. Ferro has a Ph.D. in special education and is a Board Certified Behavior Analyst – Doctoral. She has extensive experience developing interventions and supports for learners with severe behavior problems.

Dr. Christopher Vatland (.25 FTE) is a Research Assistant Professor with an interest in family support, positive behavior supports, community living, and transition issues. Dr. Vatland has a PhD in Special Education. He will oversee the Community Supports area of emphasis and provide leadership to policy efforts. He will also teach courses FCIC's Master's program in Child and Adolescent Behavioral Health.

Dr. Tammy Jorgensen-Smith (.05 FTE) is a faculty member in the Department of Rehabilitation & Mental Health Counseling and with FCIC. Her area of interest and research is

on employment and access including addressing access issues in One Stop Service Centers, training education professionals in the use of person-centered planning to support youth with DD transition to employment or post-secondary opportunities, and the creation of community teams to support and promote supported and competitive employment. Dr. Jorgensen-Smith will provide leadership in the employment emphasis area (collaborating with Brenda Clark) and is the program director for our training project for VR counselors in the use of person-centered planning for customized employment.

Brenda Clark (1.0 FTE) is a Technical Assistance specialist who is involved in supported and competitive employment including self-employment and micro-enterprise. She collaborates with Dr. Tammy Jorgensen-Smith as an emphasis area leader in Employment. She coordinates and develops materials, and will provide training and technical assistance. Ms. Clark also leads FCIC's efforts to support self-advocates, and serves as the FCIC staff liaison to the CAC.

Dan Souders (.50 FTE) serves as the data coordinator, evaluation and distance technology specialist for FCIC. He ensures that all data are entered into NIRS and creates data-bases for projects to collect data for their funders and to merge with NIRS. He also serves as the coordinator and trainer for the use of distance education for training, outreach, and technical assistance.

Myrna Veguilla (.10 FTE) will provide research support to faculty who are conducting research studies. Ms. Veguilla is a social-behavioral researcher with a Master's Degree in Public Health Administration. She has experience as a study coordinator with multiple research projects in health, PBS, and early intervention. She is bilingual and speaks Spanish fluently.

Michelle Kobus (.50 FTE) will provide academic program support to UCEDD trainees, PBS graduate certificate students, and students in our Developmental Disabilities Concentration for

our MS in Child and Adolescent Behavioral Health. Ms. Kobus has a sensory disability. She will also be responsible for on-going recruitment efforts, and collection of student-related evaluation data.

6.4 Diversity of Personnel

The University of South Florida has a strong commitment to and clear policies encouraging the employment of persons from groups that have been traditionally under-represented, including individuals from minority cultural and ethnic backgrounds and individuals with disabilities. The UCEDD will advertise all leadership positions in minority newspapers and will use the informal and formal disability system to communicate open positions to individuals with disabilities. Recruitment of staff targets community organizations, personal contacts in the community, contacts through the DD network, and our extensive contacts among persons with disabilities.

At FCIC we are truly proud of the breadth of our diversity. Among all FCIC affiliated projects, we currently employ 111 faculty and staff. Five percent of FCIC personnel have a disability, 8% are parents of a person with a disability, and 20% have a family member with a disability. Collectively, 33% of FCIC faculty and staff have a strong personal connection to the disability. In addition, we also currently employ 2 young men with ASD who are graduates from CARD's The Learning Academy, and an additional young woman with ASD who works as a volunteer. In terms of cultural/linguistic diversity, 38% are from minority cultural and ethnic backgrounds (12% Black, 3% Asian, 3% biracial, 14% Hispanic/Latino) and 6% are from the LGBT community.

Our broad range of disability, cultural, and minority backgrounds, enriches our UCEDD and greatly expands our capacity to be sensitive and responsive to wide-ranging needs in our activities and outreach to the population of people with DD. First and foremost, having faculty

and staff with disabilities and/or family members with disabilities is crucial to promote trust with our stakeholders, and real understanding that is gained by direct personal experience of having a disability or having a family member with disabilities. In addition, this new application has allocated additional funds to enable FCIC to employ self-advocates as consultants to special projects we have planned in this application.

To retain faculty and staff who bring important expertise to the FCIC, we seek to support their professional development and growth. Supervisors work with staff to develop professional development plans and we support faculty and staff in gaining access to experiences that will help them advance in skills or positions (e.g., through additional training or new opportunities). Our College is unique in also offering a promotion track for non-tenured faculty (e.g., research assistant/associate/full professor) and for non-ranked staff who are in faculty lines (assistant-in and associate-in research or training). In addition, we have fiscal resources to support contract and grant supported faculty and staff who might experience funding gaps or who are engaged in developing applications for new funding.

6.5 Community Advisory Committee

FCIC benefits from a vibrant and highly engaged 21 member Community Advisory Committee that meets quarterly and boasts representation from members with considerable demographic, geographic, cultural, and economic diversity. CAC members are paid for their attendance of our in-person meeting held in Tampa, including travel expenses, a stipend, and support for personal care attendants. Our other quarterly meetings are held webinar-type online or by conference call. In our recruitment of new members we pay close consideration to the make-up of our CAC's blend of representatives to fairly reflect Florida's population with DD. We pay careful attention to gender, race/ethnicity, geographic location, age, and type of DD's

represented by self-advocates and parent members. Currently our CAC membership is 17.5% Hispanic (state population is 23.6%) and 15% African-American (state population is 16.7%). Among the self-advocates, 20% are Hispanic and 20% are African-American.

FCIC's 21 member CAC currently includes 5 exceptional self-advocates with DD. Mr. Damian Gregory is a journalist and currently serves as CAC Chair. Mr. Gregory is a well-known disability advocate in South Florida who has previously served as the Chair of the Miami-Dade County Commission on Disability Issues. Ms. Rebecca Crosby, is the current Vice Chair. Ms. Rebecca Crosby, has a Master's Degree in Social Work, and is an executive board member of the Florida Self-Advocacy Alliance. Mr. Arizona Jenkins is a member of the Board of Directors of the Florida Self-Advocates Network'D and he also founded and leads the New Horizons Self-Advocacy group in the Tampa Bay Area. Mrs. Erika Turner, is a member of the Elephant HERD Self-Advocacy organization in Panama City, and is a parent with DD. Mr. Bryan Vaughn has recently retired, but was previously Chief of Staff of Florida's Agency for Persons with Disabilities, and Executive Director of the FL Governor's Commission on Disabilities.

Our self-advocates range in age from 30-60 years, four are wheelchair users, one is legally blind, 2 are white, one is Hispanic, 1 is black and 1 is a Jamaican immigrant. Three are men, two are women, and two are parents. The FCIC-CAC also has 8 parent representatives.

The FCIC-CAC also has 5 statewide representatives from Florida's Agency for People with Disabilities, Florida's Agency for Health Care Administration, Florida's Children's Medical Services/Early Steps State Office, Florida's Department of Education/Bureau of Exceptional Education and Student Services, and Florida's Division of Vocational Rehabilitation. In addition, our CAC also has representatives from our 3 DD Network Sister Agencies (Florida Developmental Disabilities Council, Disability Rights Florida, and the Mailman Center UCEDD

at the University of Miami). We have parent representatives and agency representatives from Latino/Hispanic, black, and white, men and women, and parents of young children through to middle-aged people with DD. It should be noted we are only able to recruit from the pool of interested applicants when we recruit for new members. However, the present CAC is a strong representation of the diversity of Floridians with DD. FCIC's CAC organization and activities are overseen by Dr. Elizabeth Perkins, and Brenda Clark who serves as CAC staff liaison.

Our CAC members not only directly participate CAC activities (see section on FCIC's Community Advisory Committee) but also have participated training activities including webinars and guest lectures to graduate students in several of our classes about numerous topics (e.g. advocacy, employment issues, and health and sexuality). We will continue to engage and encourage our CAC members' active participation in FCIC's activities.

6.6 DD Network Partner Collaboration

Since its formation in 2005, FCIC has developed strong linkages with all its much longer established DD Network partners. FCIC was able to augment what the existing DD Network partners provided, by capitalizing on our considerable expertise in positive behavior supports in education and early childhood. Drs. Lise Fox and Elizabeth Perkins represent the FCIC on the Florida Developmental Disabilities Council (FDDC). Dr. Perkins serves on FDDC's Health and Prevention Task Force, and has been an invited participant in FDDC's Strategic Planning for year its 2011-2016, and its forthcoming strategic planning retreat for their 2017-2021 application. Drs. Kincaid and Vatland both served on FDDC statewide workgroups regarding restraint/seclusion and abuse/neglect respectively. Ms. Brenda Clarke serves on an employment workgroup, and FDDC's efforts to grow self-advocacy visibility in the state by serving as an ally to the Florida Self-Advocacy Alliance and the Florida Self-Advocates Network. Representatives

of all DD Network partners serve on our CAC, and Ms. Debra Dowds – current executive director of FDDC – received our outstanding community partner award in 2014 in recognition of her exemplary contribution as part of our CAC. FCIC has also been awarded several competitive grant awards from the FDDC in alignment with our common goals and objectives. Dr. Perkins also serves on the Mailman CAC as FCIC’s representative, providing feedback on their annual reviews and strategic planning.

We also have regular DD Network leadership conference calls in which the directors of each DD Network Partner entity (i.e. Disability Rights Florida, Florida Developmental Disabilities Council, the Mailman Center UCEDD) have the opportunity to discuss cross-DD network collaborations, emerging concerns, and initiatives for outreach. Previous examples include webinars for how to engage legislators, and outreach to community stakeholders to gain feedback on needs and priorities in the state. We have partnered with DD Network entities within and beyond our state. Collectively, from 2011-2014 we engaged in 103 activities with DD Councils, 127 activities with other UCEDD’s and 26 activities with P & A Agencies.

For the new 5-year plan, we have committed to a new activity to campaign to end the HCBS Medicaid Waiver waitlist. This is the first time FCIC has undertaken such a visible campaign in the hope of garnering greater attention to the neglected needs of 20,000 individuals in our state that urgently need support in order to fully realize their goals for a fully inclusive life. We have already secured initial agreement from the FDDC to partner with us on this bold project, and expect our other DD Network partners to also agree to support this very critical initiative that we hope will led to profound impacts on a large population of underserved people with DD.

FCIC’s faculty and staff participate in many community/association boards both locally, county-wide, state-wide and nationwide. Such service is actively encouraged in order to better

know our surrounding community, to build trust, to be visible as a potential collaborating partner, and as a means to discover important developments/emerging trends at the local, state-wide and national level. We have also developed a diversified portfolio of funding from federal/state grants, foundations, and local county grants, in part because of the partnerships formed by our work on such diverse community boards.

We feel justifiably proud of our proven capacity to work with vast variety of other collaborating partners on our wide-range of activities. We feel the reach we have gained in our community collaborations in 10 years of operation is truly impressive. In the last 5 years, we have collaborated with ALL 34 types of collaborating agency that is recorded as an entity-type in the NIRS data-base. These are as diverse as Florida's State Title V agency, through to aging organizations, from advocacy organizations, to faith-based organizations, from recreation agencies to housing providers! Florida Center for Inclusive Communities rarely undertakes any activity in isolation. In keeping with our mission, that of our Department, College, and University, inclusive communities are only achievable with substantial community-engagement in all our activities, from developing products and resources, providing training and technical assistance, disseminating knowledge and best practices.

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