



Community Conversations



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Florida Center
for
INCLUSIVE
COMMUNITIES

Community Conversations

FCIC FIVE-YEAR PLANNING PROCESS AND NEEDS ASSESSMENT

In partnership with our Community Advisory Committee (CAC), the Florida Center for Inclusive Communities (FCIC) will be determining the priority areas for 2015-2020 to support individuals with developmental disabilities and their families to: make informed choices and decisions about their lives; receive supports and services that are based on individual goals and outcomes; and achieve full inclusion and participate in society.

The planning process will occur in several stages and will use multiple mechanisms for outreach. Community Conversations were undertaken in July and August 2014. A statewide survey will be distributed in the fall. Finally, a planning retreat will be held in December with selected stakeholders to review the gathered information and decide on priorities.

Why Community Conversations?

As part of the five-year planning process, Community Conversations were completed based on the World Café model. To learn more about the World Café model, visit www.theworldcafe.com. Businesses and civic groups have used the World Café model to help identify community needs and strategically plan for the future.

Community Conversations are not focus groups. Instead, they are about engaging the broader community to have conversations about what is working well and what is needed in their communities. We recognize that community members are the experts about what is needed. In addition, the meetings provide an opportunity for community members to network with one another and learn about resources in their community.

The Community Conversations included people with developmental disabilities and their family members as well as community leaders (e.g., self-advocates, advocates, teachers, community service providers). The events brought together a small but diverse set of community members to brainstorm approaches and resources that can be used to address challenges facing people in their community and the state of Florida. The goal of these discussions was to identify priority areas of focus for the FCIC over the next five years in the effort to support people with developmental disabilities and their families.

How the Community Conversations Worked?

The Community Conversations were implemented with a goal of around 12-18 people at each location, and lasted no more than two hours. They were held at inviting community locations that were selected based on their ease of access via public transportation and their accessibility. In St. Augustine, Panama City, and Melbourne, the events occurred at the local library community meeting room and in Tampa the event was held at the offices of the Children’s Board of Hillsborough County. The venues were selected with the help of community contacts in each location. The events occurred after work hours on a weeknight based on community member feedback. Snacks and refreshments were provided.

At each event, the facilitator introduced the evening and provided an overview of the FCIC’s mission and overall activities. Then in small groups, community members participated in roundtable brainstorming discussions about three questions noted below:

- 1) What services and supports do individuals with developmental disabilities need in Florida?
- 2) What are the immediate priority areas of focus for individuals with developmental disabilities in Florida?
- 3) How can the FCIC promote full inclusion of individuals with developmental disabilities in their communities?

Community members, including CAC members, served as table hosts at the event facilitating conversations at each table. Once the small groups rotated through each question and discussed with each table host, then the entire group reviewed discussions from the small groups to identify priorities with the facilitator.

How Were Participants Recruited?

Recruitment started in May with the development of verbiage to promote the event to include in emails and in event flyers. Flyers were distributed as PDF attachments through various networks and also mailed to local community representatives to distribute. The flyers were distributed at the FCIC exhibitor table during the annual statewide Family Café event. Individuals who visited the FCIC exhibitor table at the Family Café completed a short survey and noted if they were interested in attending an in-person meeting. Individuals who indicated interest in attending an in-person meeting who lived within an hour of one of the Community Conversation locations were then contacted to identify their availability to attend the upcoming Community Conversation.

An article about the Community Conversations was included in the FCIC Inclusion Insider e-newsletter in June and a home page main rotator on the FCIC website also promoted the events to anyone visiting the FCIC website. The FCIC staff, CAC members, and regional Center for Autism and Related Disabilities (CARD) offices were asked to distribute information about the events through their networks. Finally, the event was promoted through a variety of provider and advocacy networks including the Florida Developmental Disabilities Council, Agency for Persons with Disabilities, the Florida Self-Advocate Network, The Arc, United Cerebral Palsy, Self-Reliance, Family Care Council, Disability Rights Florida, and ADAPT Florida.

Interested participants were contacted through email and/or by phone to confirm their attendance at the time they volunteered and then again one week prior to the event.

Community Conversation Event Participants

Florida County	Self-Advocates	Family Members	Providers	Table Hosts	TOTAL*
St. Johns	1	2	8	4	13
Brevard	4	6	12	3	23
Hillsborough	1	4	11	3	16
Bay	4	1	5	4	10
TOTAL	10	13	36	14	62

*Note, some participants selected more than one category, however the total is the actual number of people present at each event.



Regarding dissemination, some participants expressed never hearing of the FCIC and had an interest in using available FCIC resources. However, it was noted that the FCIC could participate in more creative partnerships with community members and providers to find new channels to disseminate FCIC resources. The FCIC could engage in more media campaigns to raise general awareness about developmental disabilities to promote inclusion.

In addition, the FCIC could also do more to promote evidence-based practices or develop tool kits regarding community-based programs for replication. The FCIC should consider providing trainings in multiple formats (online, in-person, train the trainer, etc.) to encourage implementation of best practices. Specific topics mentioned for FCIC to develop training on include: program sustainability (grants/volunteer development), evaluation and action planning, voting, disability benefits, training for professionals on working with individuals with developmental disabilities, training for people with developmental disabilities on managing their own healthcare, drivers education for individuals with developmental disabilities, self-advocacy training (elevator speech) for people with developmental disabilities, and training on community safety.

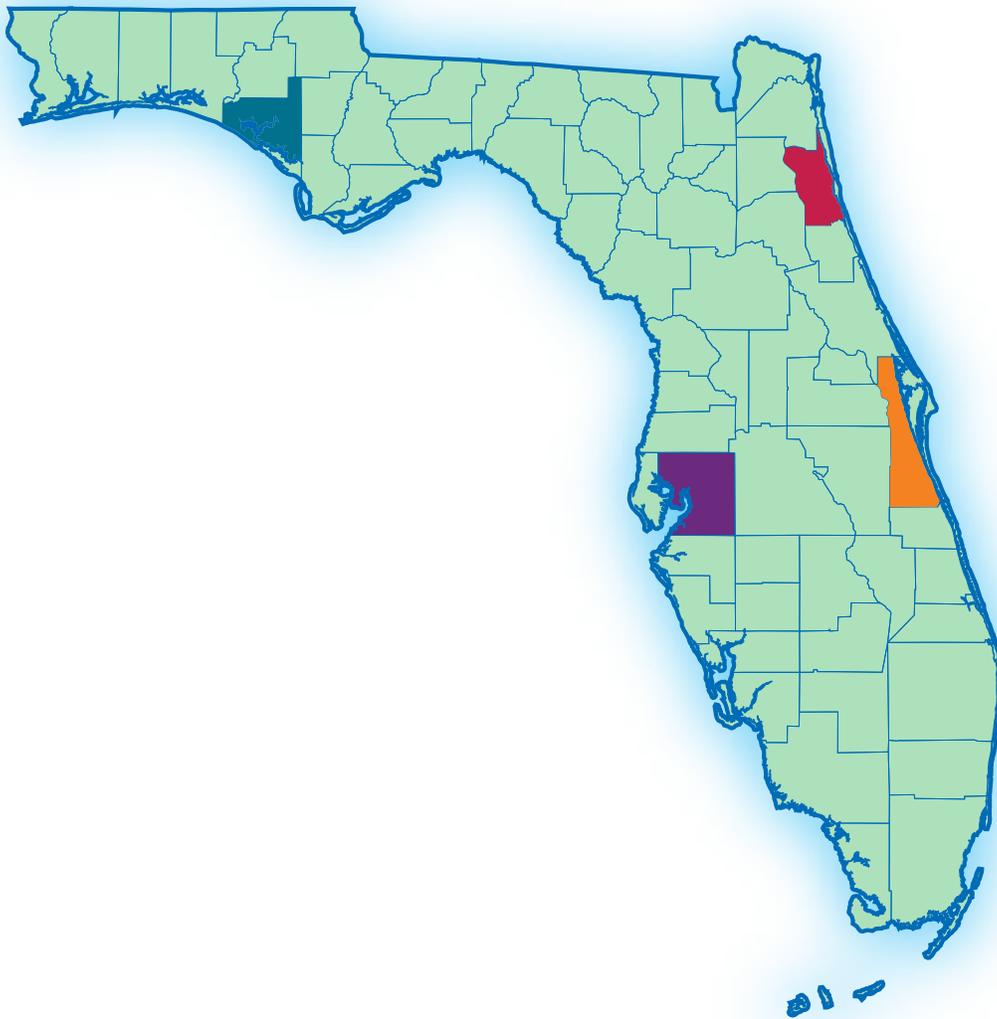
More support for people with developmental disabilities and their families was also discussed. There are opportunities to utilize social media and faith-based communities to develop support networks. The FCIC could be involved in community training and advocacy to promote volunteer involvement. There is also a need to encourage life skills training for families and individuals with developmental disabilities. Concerns regarding the aging process were mentioned including grief support, future planning, and aging in place with dignity.

Suggested areas for research for the FCIC included strategies for simplifying system navigation, streamlining access to assistive technology, technology cost-effectiveness, and research on community infrastructure and safety.

APPENDIX

Notes From Events

Community Conversation Feedback by County



ST. JOHNS COUNTY



St. Johns County

Wednesday, July 30, 2014

6:00 PM – 8:00 PM

St. Augustine Public Library
1960 N. Ponce De Leon Blvd.
St. Augustine, FL 32804

What services and supports do individuals with developmental disabilities need in Florida?

LARGE GROUP DISCUSSION:

- Transportation is lacking for individuals with IDD to get to work, school, etc.
- More education for everyone - the parents, the professionals, and the community.
- Parents are often given a checklist of things to do and prepare for and not supported through education to help them make choices.
- Support groups for parents.
- Social media (blogs, etc.) can be used to help support families- an online support network.
- Need to take a public health approach to parenting. Parenting is not a to-do list. Recommend the Triple-P (positive parenting program) approach.
- More early intervention, start educating parents early.
- More education for doctors so they can provide adequate support and education.
- More independent living skills training.
- More respite.
- More adult day programs.
- Reducing the wait list.
- Dental services (The Arc has a new program).
- More education on community safety (drug avoidance, etc.).
- More sex education.
- More education on prevention and nutrition.

SMALL TABLE DISCUSSIONS:

- Transportation for jobs, school, ADLs.
- Reduce wait list- people on wait list need services.
- Quality/knowledgeable and diversified evaluators.
- Adult day training.
- Dental care.
- Behavioral health.
- Independent living skills training.
- Job coaches.
- Living skills.
- Job training (skills, factory).
- Safety (regular and social).
- Medical (nutrition, prevention, etc.).
- Drug safety.
- Early intervention – early identification and intervention.
- Community awareness.
- Parent education.
- Training for medical field to reach out for intervention and help for parents.
- Support groups through social media outlets.
- Increase/improve supports through Central Florida Parent Center.
- Respite for parents.
- Child care services.
- Expand Children Medical Services – Medicaid training.
- More funding for job coaches.
- More options for jobs, living, etc.
- More job prep opportunities in schools.
- Take a closer look at Vocational Rehabilitation and assisting those who need more assistance.

What are the immediate priority areas of focus for individuals with developmental disabilities in Florida?

LARGE GROUP DISCUSSION:

- Independent living skills.
- Understanding what their label's mean? One participant noted that they review the labels given to the students during their time of transition and most don't even know what their label is or feel that it describes them accurately.
- Ongoing education for everyone (community members, self-advocates, professionals, parents, etc.).
- Education about evidence based practices, proven and current strategies.
- Education about resources available—what are they? How do people access them?
- Work with business partners.
- Transportation.
- Community living training.
- No sheltered workshops because they don't provide skills to allow people to transfer to competitive employment.
- Identify the needs and get the information out through advocacy—even if needs can't be met immediately, they still need to be promoted.
- Etiquette class about how to communicate respectfully with people with disabilities.
- Training for teachers on how to manage their frustration with students with disabilities.

SMALL TABLE DISCUSSIONS:

- A “manners” class about respectful behavior towards people with disabilities.
- Consequences for teachers who are not patient with students.
- Parents support students by talking with teachers to identify what the student wants and needs.
- Use “best buddies” (high school) model in the general community.
- Increase education of students about transition.
- More support for teachers about transition (traditionally educators not transition to jobs).
- Model what works.
- Rural transportation that is accessible.
- Community transportation trainer.
- Collaboration with business community (set up internships and job shadow).
- Educate community to be a resources.
- No sheltered workshops (not learning to get real jobs).
- Early planning – middle school (not wait for transition age or high school).
- Vocational training post-secondary.
- Adjustment and work skills training.
- Educators learn about students learning styles.
- Programs by churches like transportation.
- Provide supports to students (not get frustrated, be confident, know your rights).
- Awareness (independence, safety, job, advocacy).
- Attorneys to help with advocacy efforts.
- Class action lawsuit.
- Support of families from doctors and schools—education about what is available and how to get help.
- Access to waiver services.
- Fully funded programs.
- Respite.
- No sheltered workshops.
- Requirement of self-advocate participation on team meetings (student and adults—many time person not aware of labels).
- Benefits –social security, education.
- Jobs.
- Self-awareness—provide reference steps to gather information and resources.
- Ongoing education of service providers and community and family (language, acronyms, agencies).
- Independent living, job skills.
- What label means.
- Access to local resources for health care, dental, increase Medicaid rates of reimbursement, and more providers accept Medicaid.
- Get answers of “immediate need” – get information from self-advocates – go to homes, sheltered workshops, places where self-advocates are, schools, job coaches.
- External supports churches, life planning with community team mentors.
- Universal positive approach (public health model).
- Self-help.
- Community education.

How can the FCIC promote full inclusion of individuals with developmental disabilities in their communities?

LARGE GROUP DISCUSSION:

- Partnerships with businesses and the community.
- Real and ongoing collaboration.
- Structure of society should be about inclusion.
- Chamber of commerce involvement—we all profit from inclusion.
- Inclusion not happening naturally so need more education.
- Start early with education.
- USF can encourage inclusion through media outlets (example of TV shows including individuals with developmental disabilities).

SMALL TABLE DISCUSSIONS:

- Not happening naturally business and civic organizations—partnership and ownership, more education.
- Speak to business and civic organizations to get their backing.
- Takes a village.
- What is Aging for Persons with Disabilities (APD)? What is vocational rehab?
- Transition services—talk to transition teams.
- Correct attire for interviews.
- New employment program starting April 2014—inconsistent across the state.
- School needs education on transition.
- Trapped by funding—never enough money.

- Reduce turn over of direct support professionals.
- Wait list everywhere.
- Parents must be aggressive to get services and give up—waiting and no action, lots of effort, start over.
- Proactive integrated long-term rather than reactive and individual.
- More conversation with interagency and across agency.
- Must go to community to educate community.
- Person-centered planning.
- Chamber of commerce—educate through here.
- Educate community on differences.
- Educate advocacy groups, college students, churches.
- Start earlier with education.
- Sponsorship.
- Making accessible to community and public friendly.
- Educate through community partnerships—go to community to promote.
- Positive affect- work.
- Using discovery for employment successes.
- Everyone profits.
- Schools work with community partners.
- Community ads.
- Professional organizations and business partnerships.
- Advocate nationally (Publix), Community Based Instruction students need to connect to bigger organizations.
- Chamber of Commerce partnership.
- Support providers to go to home.
- Empower providers.
- Empower parents of individuals.
- Want real collaborative system of care.
- Structure of society.
- Teams of community people—collaborate with other discretionary programs.
- Promote post-secondary/college programs.
- Films with more inclusive types of characters.
- Start early.
- Focus on outcomes.
- Authentic relationships.
- Work with general education teachers.
- Prep everyone in class students.
- “Can’t say no to play.”
- Best Buddies.
- Peer Support.

BREVARD COUNTY



Brevard County

Tuesday, August 5, 2014

5:30 PM – 7:30 PM

Suntree/Viera Public Library

902 Jordan Blass Drive

Melbourne, FL 32940

What services and supports do individuals with developmental disabilities need in Florida?

LARGE GROUP DISCUSSION:

- Transportation.
- Communication between agencies and resources.
- One-stop shop to navigate/access needed services/supports.
- Crisis intervention leads to Baker Act, need more interim resources to manage crises.
- Wait list to long for the waiver.
- Wage limits are an issue.
- Could develop a volunteer base to help as supports, educate community members who could become volunteers.
- Angie's list for families and self-advocates about available supports and services.
- 24/7 support (providers 8-5).
- True community based support system.
- More training for paraprofessionals.

SMALL TABLE DISCUSSIONS:

- Employer awareness/education.
- Money/funding.
- Agency supports.
- Better state agency communications (medical, mental health, schools, legal, etc.).
- Information available 24/7/365 (i.e. TTY).
- Greater trainings (or database) for law enforcement/public servants.
- An "Angie's List" for self-advocates and families.
- Better paraprofessional training for school setting.

- Stronger volunteer base.
- Library (one stop shop) computers, literature.
- Full work capacity/waiver restrictions (loss of \$\$).
- Better crisis support (better resolution for Baker Act, DJJ, Corrections, Mental Health).
- Good transportation options.
- One stop shop for resources.
- Recreation/leisure.
- Meaningful day activities.
- Appropriate options for adult/independent living.
- APD/VR limitations for post-secondary (and Institutional/college challenges).

What are the immediate priority areas of focus for individuals with developmental disabilities in Florida?

LARGE GROUP DISCUSSION:

- More intervention options for crises—too fractured now between mental health and disability (i.e. person with Autism is having a mental health crisis and mental health won't help because primary diagnoses is Autism).
- Too quick to Baker Act.
- Provider choices are limited.
- Need more health and safety training.
- Middle of the road people having trouble getting support-Gap for those with mild to moderate support needs.
- Families are too segmented by diagnosis-need more information across groups.

- More user friendly access – not always relying on technology.
- Streamline-one-stop shop for all supports.
- Not enough for those older than age 22.
- Respite needed (meaningful, not just dropping your loved one off somewhere so you have to worry about them during your break).
- Law enforcement training.
- \$ gets cut – not enough quality agencies – need more collaboration between agencies so less overlap in services, some agency providers have caseloads that are too large.
- More assistance with finding providers.
- Quality of life resources – marriage, having a family, etc. for people with DD.

SMALL TABLE DISCUSSIONS:

- Health and safety-supported living, supported living coach, relationships (supports), contraception.
- Immediate awareness of families- helping them understand what services are available.
- How to get people qualified for services in their community-user friendly-not lawyer talk.
- Stream-line agency paperwork and sharing of necessary (make HIPAA work to really help people).
- Need to develop supports for adults that are 22 years and up to prevent the failure to launch and retraining efforts.

- Intervention supports (prevention) for parents to deal with behavioral challenges; health issues; living; entitlements; therapies; OT/PT, etc.; mental health; contraception/ relationships.
- Poor and/or lack of training for general education teachers (need for better and/or increased personnel prep at the universities).
- Big gap for friends with moderate to mild issues-there is a pressing need for services for people to be included in their communities (living; participation; socialization, etc.).
- Support and/or respite services for families (when there is a vacation or general need for respite).
- Behavioral or psychiatric crisis intervention services; families and individuals need support services in their communities.
- Need for interdisciplinary teaming and proactive and preventative services.
- Quality/clarity/restructure and strengthen the provider base in Brevard = \$\$\$ is driving versus the needs.
- Quality of life.
- Transportation.
- Funding.
- Residential options (supported living options).
- Employment support – leading to independence, leading to funding.
- Mental health services.
- Streamlined information for families.

How can the FCIC promote full inclusion of individuals with developmental disabilities in their communities?

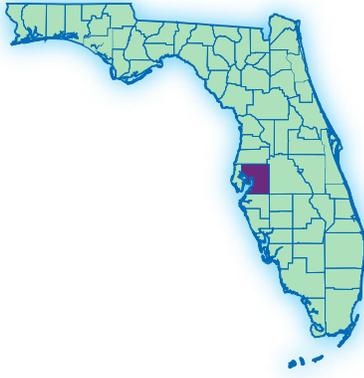
LARGE GROUP DISCUSSION:

- Self-advocacy for housing.
- Applications for phones to help with daily living choices (managing money, etc.)—level the playing field for self-advocates.
- Transportation (mentioned by all three groups).
- One stop shopping-coalition formation.
- Parent to parent, self-advocate to self-advocate, student to student – how to encourage this for support.
- Educate empathy.
- Education of legislators, business partners, families, self-advocates, everyone.
- Know what your label means (self-advocates don't understand what their label means yet it defines their access to supports and services).
- Communication-don't use terminology talk.
- No more specialist silos.
- Duplicating what works (best buddies works well in one school, they should model what they do and share with other schools for implementation).
- Right-sizing districts.
- Quality of life-spiritual needs.
- Education of and inclusion of churches or other spiritual groups to build up volunteer base.
- Connect parents from similar cultures.
- Adult find (Like child-find but for adults) proactive planning resources.

SMALL TABLE DISCUSSIONS:

- Exposure in the community.
- Business liaisons-share experiences with one another.
- Modeling mentors for community (big bros/big sis).
- Education and awareness for all students before interacting with exceptional education students-explain acronyms to all students.
- Exceptional education students have referred to themselves as the “letter people.”
- Fund transportation.
- Promote empathy.
- Fund support assistants “companion hours.”
- More supportive work coaches.
- Education awareness in the community via churches/religion.
- Educate leadership in the statewide organizations.
- Coalition websites—local resources, services, housing, health care, what is available.
- Educate legislators (congress how to vote), families, business leaders.
- Employment without loss of benefits.
- Aging caregiver support.
- High performing other states – what are they doing about quality of life?
- Attitude adjustment.
- Propose/educate legislation to promote services/ funding for persons with disabilities.
- Waiver not limit work dollars.
- Support for coalitions to involve families, education, agencies.
- Cultural community-attitude adjustment.
- Library-one stop shop information for brochures, look up websites on computers.
- Recreation websites.
- Promote smaller school/community districts not micromanage but central theme to work in unity.
- One focal point for providing information.
- Support small groups in natural setting (1:1 when appropriate).
- Transportation options.
- “Adult-Find” modeled after child-find concept to support systemic services to immerse our young adults automatically in the community.
- Housing support and advocate for housing funds.
- Picture with application for dealing with money when in a group.
- Faith community inclusion – personal spiritual development, inclusive places of worship, family model and individuals.
- Social inclusion in a learning environment, after school clubs, band, sports, drama, cafeteria, hallways, etc.
- Mentors- modeling through peer training, big brothers/big sisters program as a model.

HILLSBOROUGH COUNTY



Hillsborough County
Wednesday August 13, 2014

5:30 PM – 7:30 PM
Children's Board
of Hillsborough County
1002 East Palm Avenue

What services and supports do individuals with developmental disabilities need in Florida?

LARGE GROUP DISCUSSION:

- Central clearinghouse.
- Everything from early intervention to post high school.
- Educate parents about advocacy and transition.
- Transportation.
- Employment.
- Health (services and provider education).
- Dental (services and provider education).
- Guardianship education – alternatives to guardianship.
- Mental health is not the same as behavioral health—need both, behavioral health includes addiction and substance abuse.
- Socialization and inclusive opportunities for all ages.
- Housing that is integrated.
- Aging in place with dignity.
- Grief support for adults with DD.
- Future planning.

SMALL TABLE DISCUSSIONS:

- Cross over services.
- Meaningful day activities.
- Home education in high school.
- Housing and life skills need funding.
- Transportation – cross counties.
- Families need to know what services are available, deadlines for applications.
- Health care services.
- Respite services.

- Education for emergency responders.
- Education on DD for employers.
- Business outreach on benefits of hiring people with DD.
- Disparity in provider rates.
- Appropriate and motivating extracurricular, inclusion, especially adults.
- Easily accessible community directory resources.
- Inclusion in workforce.
- Grief support for aging population with DD (lost love ones).
- Post high school training.
- Life skills.
- Career development.
- Safe and integrated housing community cross over services.
- Education in guardianship.
- Look at and compare other states where inclusive communities exist.
- Vendor fairs for service providers.
- Mental health care services.
- Guardianship/parent education.
- Early intervention services related to executive functioning skills.
- Transportation and employment.
- Socialization opportunities.
- Transitioning programs services and education for parents.
- Self-advocacy skills.
- Education for parents on advocating for their children.
- Managed clearinghouse of services.
- Inclusive living community with supports – integrated housing.
- Aging in place with dignity – improved and accommodating building codes.
- Remove children from nursing homes.
- Full integration of classrooms.

- More consortium of those working for those with DD.
- Dental services.
- Transition programs.
- Access to mental health counseling.
- Education to healthcare providers.
- Employment opportunities.
- Strengthen inclusive education.
- Transportation.
- Expansion of Medicaid.
- Legislative advocacy.

What are the immediate priority areas of focus for individuals with developmental disabilities in Florida?

LARGE GROUP DISCUSSION:

- Increase funding and grant opportunities.
- Educate community – general population so there is purposeful inclusion, celebrated not tolerated.
- Transportation (one idea was an Uber or Lift for those with disabilities, make sure this is insured/regulated as lack of competent transportation options currently).
- Interagency collaboration.
- Social opportunities – support groups.
- Employment and transition.
- Housing-institution versus group home options.
- Educate parents/caregivers – start early, intervene/provide knowledge and resources.
- Educate medical professionals.
- Green light Pinellas (Transportation options to explore).

SMALL TABLE DISCUSSIONS:

- Funding for services.
- Interagency collaboration-break the silos down.
- Celebrated not tolerated.
- Exposure, acceptance of persons with disabilities (general public).
- Teaching soft skills (not offered in schools).
- Community involvement – faith-based, best buddies.
- Social opportunities.
- Insurance and related transportation.
- Employment training.
- Housing: Living independent in a safe and inclusive environment (model to “nursing home”).
- Transition programs.
- Job training and planning.
- What to do if they can’t get employment.
- Educating parents of options—earlier knowledge of resources.
- Setting high expectations in schools.
- Purposeful inclusion.
- No isolation.
- Early intervention/awareness (early steps).
- More vocational training.
- Connecting school systems with service providers.
- Transportation (public).
- Teaching people to be more self-reliant.
- Increase employment opportunities.
- Educating/training individuals with DD as to what employment opportunities and skills needed are available.
- Socialization (or lack of)—support groups/social opportunities, e.g. more day training programs.
- Empower parents/caregivers of developmental skills and know their rights.
- Community experiences are limited (social and recreational opportunities).
- Behavioral issues versus health care needs.
- Dental.
- Transportation.
- Wait list.
- Lack of funding.
- Treated as broken; medical treatment is not always necessary.
- Parent education/supports.
- Educating medical professionals.
- Lack of valid assessment process.
- How do you allocate funding?
- State isn’t aware of cost of services.
- Close institutions.
- Social capital.
- Increase funding for state early intervention program.
- Education business community as to the strengths of varying abilities.
- Safe and affordable transportation.
- Grant opportunities.
- Changing terms used.

How can the FCIC promote full inclusion of individuals with developmental disabilities in their communities?

LARGE GROUP DISCUSSION:

- Technology – FASST.
- Partner with organizations to disseminate.
- Partnerships to promote other organizations and build alliances.
- FCIC as a virtual HUB – social network aspect to it.
- Pockets of exemplary services – FCIC promote best practices.
- FCIC as grant HUB – disseminate, a rising tide floats all boats.

SMALL TABLE DISCUSSIONS:

- Relationships with churches, organizations clubs.
- Relationships funding.
- Microsoft partnerships.
- Statistics proving that technology is cost effective.

- Supported living coaching. Make time cost effective.
- Funding.
- Partnering with other organizations regarding technology, FASST, VR, School Districts, APD.
- Promote exemplary programs (post-secondary, independent living, schools, inclusion in faith community, transition to work).
- Developing a strong business to bring sources and supports.
- Education to emergency responders, dentists.
- Virtual hub for resources, services, supports.
- Grant opportunities—provide information to others.
- Train others to write grants.
- Partnerships (mayor's alliance, city alliance).
- Rural communities (information, what services to access and how, start early).
- Social network as an element to be responsive and share resources.
- Links and information (where to get support and services, home for what are the resources).
- Transportation.
- Research (summaries to support key legislation).
- Demonstration – is there a gap we could fill.
- Access to technology.
- Partnerships (FASST, technology for life).
- Research.
- Dissemination.
- Training.
- All partners at the table.
- Complete as a community-relationships, faith, YMCA.
- Services more effective provided with technology, fiscal structure must support.
- Parent education.
- Partnership with local service providers.
- Access to technology.

BAY COUNTY



Bay County

Wednesday, August 20, 2014

5:00 PM – 7:00 PM
Bay County Public Library
898 West 11th Street
Panama City, FL 32401

What services and supports do individuals with developmental disabilities need in Florida?

LARGE GROUP DISCUSSION:

- Collaboration.
- FCIC using other dissemination techniques besides the website (communities don't know about the resources if just on the FCIC website).
- Transportation overhaul (transportation services needed for life not just to get to appointments).
- Affordable housing.
- Poor access to appropriate solutions (solutions made too complicated, for example, one self-advocate has a reading disability and just needed books on tape but instead was assigned a helper to read things to them).
- Employers need incentives to hire people with disabilities.
- More community education.
- Transition programs for young adults age 22 and older (out of the school system).
- Recreational and sports activities access.
- Need coordinators on your team-feels like service coordinators from funding agencies on the agency side not a partner for the person with the disability.
- Provider rates too low.
- Expand scope of services/expand definition of services.
- APD needs to re-work their provider list, need a one stop shop but their list does not do this.

SMALL TABLE DISCUSSIONS:

- Affordable housing opportunities.
- WIPA social security training monitoring on a regular basis.
- Access to medical care.
- Transportation taxis and public, not just Medicaid.
- Transportation to work even if you don't have supported employment.
- Lack of access to solutions that appropriate such as educational materials.
- Incentives for employers to hire people with disabilities.
- Constant threat of losing services.
- Not enough therapists or doctors.
- Transition opportunities from sheltered workshops.
- More opportunities within sheltered workshops.
- Transportation for life.
- Education of business owners, politicians about jobs, transportation, etc.
- One month wait list for Medicaid transportation (only for transportation to Medicaid services) need to expand scope of allowable transportation.
- Increase scope or expand description/ definitions of support services.
- Move work incentives to hire people with disabilities.
- Support coordinator not always on your team.
- Transportation to meeting including voting, banking, shopping for food/ meds.
- Rate problems-comparison rate less than minimum wage.
- Aging out-need more options.
- Opportunities to learn without necessarily having permanent employment be the goal.

- More choice for community activity.
- Programs in the community for people over the age of 22, no place right now except sheltered workshops.
- Post-secondary opportunities, employment, volunteering school.
- Transportation across county lines.
- Recreational and social opportunities (inclusive sports, supported inclusive recreational programs).
- Collaborations between agencies and programs to come up with group solutions.
- Dissemination of FCIC information in other ways besides online.
- Accessible parks and playgrounds.
- More services through Department of Health- training on health and programs for self-health.

What are the immediate priority areas of focus for individuals with developmental disabilities in Florida?

LARGE GROUP DISCUSSION:

- Transition needs, over age 22.
- Holistic needs (recreation/health/social emotional).
- Program sustainability (too much reliance on local champion or volunteer so programs don't last).
- Employment.
- Transportation—expand trolley routes, bike lanes/ramps.
- Too much paperwork due to more government regulations.
- Dental care.

SMALL TABLE DISCUSSIONS:

- Access to services.
- Employment.
- Transportation—expand routes for trolley, bike lanes expansion, ramps on sidewalks.
- Access to materials due to barriers (government requirements).
- Federal regulations (AHCA) increased paperwork versus face-time.
- Increased dental care.
- Access to braces and vision (contact lenses).
- Post-school funding for graduates/work/what happens 22 years and older.
- Transition opportunities.
- Sustainability of programs (funding, management, awareness/publicity).
- Life-long opportunities for activities/community involvement (recreation, social/emotional).
- Miracle league sports (12 statewide).
- Programs for health promotion through personal responsibility.
- Therapeutic recreation.

How can the FCIC promote full inclusion of individuals with developmental disabilities in their communities?

LARGE GROUP DISCUSSION:

- FCIC Research Focus
 - Program evaluation with follow up from what is learned.
 - Research and training needed on recreation/leisure (choice of activities on IEP).

- Strategies to simplify system navigation.
- Streamline access to assistive technology.
- Community infrastructure and safety.
- FCIC Training Focus
 - Training on sustainability – FCIC train on how to get grants and volunteers so local groups can sustain efforts.
 - Action plan and next steps needed.
 - Voting (how and why).
 - Disability benefits.
 - Training for professionals on how to work with people with disabilities.
 - People with DD need training on how to manage their health care.
 - Invisible disabilities – training for professionals that some people have disabilities that they cannot see.
 - Grants (training on getting these to address transportation).
 - Drivers education for people with DD.
 - Training on elevator speech for people with DD to advocate for their needs.
- Dissemination
 - Increase media campaigns for increasing awareness.
 - Promote availability of training—beyond just on the website, make known and accessible.
 - Information about existing effective programs around state to replicate (no reason to reinvent the wheel).
 - Training options (not just in person- facilitate access at public locations like libraries).
- Rural issues need to be on survey.

SMALL TABLE DISCUSSIONS:

- Sports ability.
- Disseminating information.
- DD Council transportation – drivers education.
- Promoting recreation and leisure for people with DD in inclusive settings-directed by interests.
- Better access to technology.
- Voting – training on how and why.
- Assistance at polls.
- Training on managing healthcare ongoing – offer web-training online and in public facilities (libraries).
- How to simplify and streamline services and system navigation.
- Training on disability benefits and incentives in a user-friendly way.
- Information dissemination/ awareness/accessibility.
- Assistive technology that meets needs of individuals-not just options that are considered disability specific.
- Streamlined access to assistive technology.
- Post-school options-better transition planning.
- “Choice should be a big part of inclusion.”
- Help communities identify and secure grants for needs such as transportation.
- Coincide research and training with recreation and leisure activities.
- Dissemination of information (invitations, radio, newsletters, list serves).
- Community infrastructure and safety.
- Train event coordinators, parents, etc. on best ways to include people with DD in events.
- Rural issues.
- Recreation and leisure inclusion/ sports ability.
- Choice of activities.
- Address active leisure in IEPs.
- Identify options within communities.
- Program evaluation and follow up.
- Include action planning an next steps in training.
- Continuity in leadership.
- Awareness – media campaigns.
- FDDC’s employment-transportation.
- Grants and research.
- Drivers education for people with DD-FCIC training.
- Training for people with DD on managing their healthcare.
- Access to training about SSI and SSDI.
- Access to identifying opportunities.
- Promote independence.
- Teach people with DD to get needs/ wants across in a succinct way – training on elevator speech.



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