

Center for Leadership in Disability at Georgia State University

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CENTER FOR LEADERSHIP IN DISABILITY AT GEORGIA STATE UNIVERSITY

ABSTRACT

The Center for Leadership in Disability (CLD) is the University Center for Excellence in Developmental Disabilities (UCEDD) at Georgia State University (GSU). CLD's mission is to translate research into sustainable community practices that improve the lives of Georgians with intellectual and developmental disabilities and their families. Established at GSU in 2008, CLD is now proposing its third five-year plan as a UCEDD. The plan addresses the four core functions of interdisciplinary training, community services, research, and dissemination of information, outlining goals and objectives designed to respond to needs in Georgia and fulfill CLD's mission. The plan was developed with our Community Advisory Council (CAC) and in coordination with our federal partners in the Georgia Developmental Disabilities Network, advocacy and service organizations, and state agencies. The plan addresses health, education and early intervention, self-determination, quality of life, and leadership as crosscutting areas of emphasis.

CLD is part of a large and diverse state university located in Atlanta – Georgia's capital and major population center. Anticipated outcomes of the five-year plan include a larger and better-prepared workforce to serve individuals with intellectual and developmental disabilities, the adoption of evidence-based and values-guided practices by schools and community programs, advances in knowledge from research and scholarship, and increased awareness of disability through dissemination. CLD works in partnership with Georgians with disabilities of all ages and backgrounds and their families to ensure access to the community services and supports needed to lead independent, self-determined, inclusive, and productive lives.

CENTER FOR LEADERSHIP IN DISABILITY AT GEORGIA STATE UNIVERSITY

SECTION 1: PROJECT RELEVANCE AND CURRENT NEED

The Center for Leadership in Disability (CLD) at Georgia State University (GSU) is a University Center for Excellence in Developmental Disabilities Education, Research, and Service (UCEDD) funded by the Administration on Intellectual and Developmental Disabilities (AIDD) of the Administration on Community Living (ACL). CLD's mission is to translate research into sustainable community practices that contribute to self-determined, independent, inclusive, and productive lives for people with disabilities and their families. CLD is committed to the full participation of individuals with developmental disabilities in all aspects of society in accordance with the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act). (A complete list of acronyms and abbreviations is provided in Appendix A; references are provided in Appendix L.)

This application outlines a five-year work plan for the period of 2019 to 2024 to continue the administration and operation of CLD as a UCEDD. This section provides an overview of needs in Georgia related to developmental disabilities, including who is affected, what supports individuals and families need, and what systemic changes are needed to ensure sustainable improvements. These needs are based on data from many sources, including state and national data sets and surveys, planning studies, and published research, and support the goals and objectives set forth in this five-year plan.

Characteristics of the State

Georgia is located on the southeastern Atlantic coast of the United States. It is a diverse state in terms of geography, demography, and the distribution of resources. Geographically, Georgia is the largest state east of the Mississippi river. It is the now the eighth most populous state in the US, with an estimated population of more than

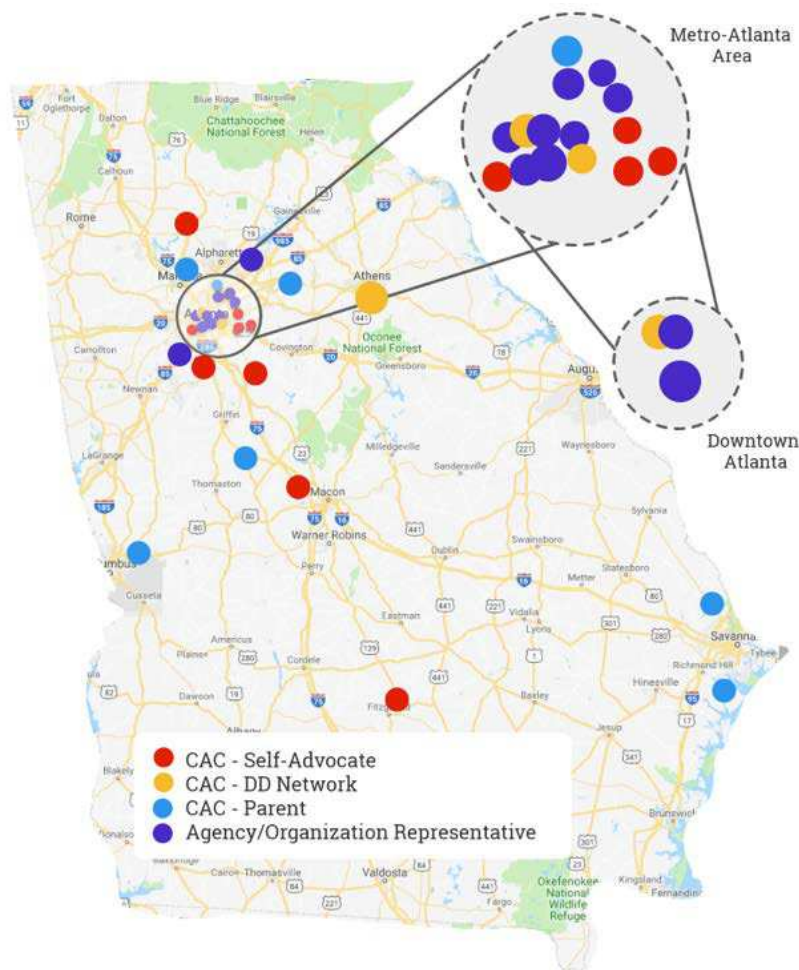
10.5 million people.[1] Over half of the population lives in the Atlanta metropolitan area, which includes the city of Atlanta and 28 surrounding counties. At just under six million citizens, Atlanta is the 9th largest metropolitan statistical area, occupying an area roughly the size of Massachusetts. With this concentration of its population in metro-Atlanta, much of the rest of the state is rural, with 120 of its 159 counties designated as such.[2] Approximately 60% of Georgians are White, 31% are Black or African-American, and 4% are Asian; just under 9% are of Hispanic origin.[1,3] In 2017, about 10% of Georgia residents were born outside of the US, relative to the 7.5% who were foreign-born in 2003.[3] From 2010 to 2018, Georgia was the 15th fastest growing state in the nation.[4] Along with this rapid growth has come increasing demands for services of all types, particularly in the suburban counties of metro-Atlanta.

Georgia's economy ranks ninth among the states with a number of strong economic indicators including job growth, low unemployment, and growth in personal income [5]. Despite these strengths, Georgia remains a study of contrasts as Atlanta leads U.S. cities in income inequality. Further, Georgia ranks 37th in income inequality, 40th for individuals living in poverty, has high rates of uninsured citizens, low levels of educational achievement (79% of adults with a high school diploma), and ranks 40th in household assets and savings.[6] In 2017, 15% of Georgians were living in poverty, relative to the national poverty rate of 12.3%.[6] Poverty disproportionately affects racial and ethnic minorities in the state; in 2016, 22% of African-Americans and 23% of Latinos lived below poverty, relative to 11% of Whites.[6]

Figure 1 presents a map of Georgia and magnified views of the metro area and downtown Atlanta; CLD is located in Downtown Atlanta. The circles on the map

highlight the geographic distribution of our CAC Members (self-advocates, family members, organizational representatives, and DD Network Partners).

Figure 1. Map of Georgia with CAC Members



The prevailing political philosophy in Georgia is fiscal conservatism; shrinking state government, consolidation of programs, program accountability, and local control over policy and spending continue to characterize state priorities.[7] In 2015, Georgia ranked 45th for total “fiscal effort” and 42nd in community-based spending for developmental disability services.[8] Although the overall fiscal commitment is relatively low, there has been some increased funding to developmental disabilities related in part

to a legal settlement in 2010 with the U.S. Department of Justice to improve capacity to serve individuals in community settings; these funds, however, do little to address the historic waiting lists for services.[9]

The Need in Georgia: Who Is Affected and What Are Their Needs?

Current estimates indicate that 1.3 million people in Georgia, or 12.4% of the population, have a disability.[1, 3] The Georgia Council on Developmental Disabilities (GCDD) and other leading disability organizations estimate the population with intellectual and developmental disabilities in Georgia between 1.5 to 2.5 %, yielding a range of 160,000 to 265,000 persons.[10]

Current Needs in the Area of Health

Disability and health disparity. Individuals with disabilities comprise the nation's largest, most inclusive minority group. Disability has, however, been largely neglected as a focus for statewide and national efforts to reduce health disparities in the population. People with disabilities experience many health disparities, including less access, poorer quality of services, and diminished health outcomes.[11,12] They are more likely to go without needed care and are substantially more likely to report their health as "fair" or "poor" than people without disabilities.[11] When care is available, it often lacks continuity and is of marginal quality, in part due to lack of provider training specific to disability. People with disabilities are often excluded from prevention and health promotion efforts, and health promoting materials and tools are rarely adapted for their needs.[13] For example, Georgia has increased its efforts to reduce its high rate of overweight and obesity-related chronic disease through statewide and local nutrition- and fitness-promoting interventions. These interventions are, however, largely inaccessible for people with disabilities, which is one likely cause for the health

disparities experienced by this population. For children with disabilities, screening and early intervention are critical to support development and promote health, yet in Georgia, only 2.4% of infants and toddlers receive early intervention services, relative to the national rate of 3%.[14]

Socioeconomic, racial and ethnic, and geographic disparities. People who come from racially, ethnically, and socioeconomically diverse backgrounds or rural settings have higher reported levels of disability, have greater difficulty accessing services and supports, and experience disparate outcomes. Many of these disparate outcomes are rooted in lower identification rates. For example, a recent report from the Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP), which provides some of the best data on developmental disabilities found that White children with autism spectrum disorder (ASD) are identified at 1.4 times the incidence of Black or African-American and Latino children -- and at younger age.[15] This may result to a lack of identification effort as the 2016-2017 National Survey of Children Health (NSCH) suggested that 48% of White families with children with special health care needs in Georgia received developmental screening, but only 12% for Black or African-American families reported this.[16] Similarly, disparities are encountered in educational classifications; children from racial or ethnic minorities are more likely to be diagnosed with emotional-behavioral disorders. Regardless of specific diagnosis, children from racial or ethnic minorities are less likely to receive treatment for a range of conditions.[17-19]

Autism and intellectual disability. Surveillance data from the Centers for Disease Control and Prevention's (CDC) Autism and Developmental Disabilities Monitoring network report the national prevalence of autism at 1-in-59 children (the

same prevalence in Georgia).[15] The MADDSP data show that the prevalence of intellectual disability in Atlanta at age eight was 12 per 1,000 children in 2000.[15] Estimates from the 2016-2017 NSCH indicate that 21% of Georgia children under 18 have one or more special health care needs, and 1.6% of those children are on the autism spectrum.[16] Increasing demand on systems to support children with autism is evident in Georgia, recent estimates show that approximately 202,314 students were enrolled in special education; of those, approximately 18,006 students with ASD received special education services in Georgia [20].

Needs in the Area of Education, Early Intervention, and Self-Determination

Postsecondary education and employment. Inclusive postsecondary education (IPSE) creates employment options that are integral to living productive, self-determined lives. Those who participate in IPSE are more likely to see better first jobs, growth in wages, new occupational opportunities, and integrated employment compared to individuals with disabilities who do not.[21, 22] There are over 260 IPSE programs in the nation, Georgia currently has nine established programs with another two in early stages of development.

While education opportunities have increased over the past decade, an employment rate of 32% of adults with any disability, and 20% for individuals with an intellectual or developmental disability, compared to 77% for adults without disabilities, indicates that employment outlook for Georgians with disabilities remains stark.[23] According to the 2015 National Report on Employment Services and Outcomes, individuals with and without intellectual disabilities in Georgia rank lowest in the nation for receiving vocational rehabilitation services (38% [FL is highest at 86%]).[24] Furthermore, just 2.9% of SSI beneficiaries with disabilities were working in 2016, a

near 50% decrease from the number of SSI beneficiaries with disabilities working in 2001. The average income of Georgians without disabilities is over \$45,000, but this figure decreases to under \$34,000 for adults with disabilities and under \$25,000 adults with intellectual disabilities.[24]

Early detection and behavior supports for youth. Aggressive and disruptive behaviors continue to be named as the leading reasons for the use of restraint, in-or-out-of-school suspensions, and referrals to more restrictive settings for school age children with and without disabilities.[25] In Georgia, 2,761 students served under IDEA were suspended for more than ten days or expelled from their schools in the 2015-16 academic year.[26] Critically, Georgia has earned national notoriety for its continuation of a system of largely separate schools for students with significant emotional and behavioral disorders (EBD); of greater concern is that many of these programs are noted for their subpar infrastructure and educational capacities.[27] Furthermore, disproportionate identification of minority children with EBD leads to their overrepresentation in separate classes and facilities.

Timely and appropriate receipt of needed services for youth with intellectual, developmental, and behavioral disabilities is premised on accurate and culturally sensitive early detection; unfortunately, the majority of youth with these concerns are not accurately identified until they reach school. Too often, by this time they have fallen dramatically behind peers and missed vital opportunities for early interventions and behavior supports. Although this is a reality for all children, minority youth are particularly affected. The CLD is providing training and technical assistance to community partners to improve their understanding and translation of early identification research. More specifically, projects assist schools to implement and interpret screening

for social-emotional risk, provide ongoing monitoring of all children, and connect students in need to appropriate positive behavior supports (PBS) in order to diminish negative (e.g., suspension; restraint) and facilitate positive outcomes.

Needs in the Area of Individual and Family Supports

Access to information for services and supports. In order to make decisions about services and supports, people with disabilities and their families need to know that helpful information exists, how to access it, and how to act on it when it is received. This is true across all areas of need. Systematic means of disseminating information to people with disabilities and their families are often lacking. For example, parents often do not have the information they need to recognize developmental delays in their children, and when they do have the information, they may not know where to access services and resources. There is a need for timely, accurate, and accessible information for individuals of all ages and with all disabilities.

Using the example of PBS, families often do not know that effective, evidence-based approaches are available to address their child's challenging behaviors at home and school. Many parents are unable to convince schools to provide their children the supports to which they are entitled and do not know that assistance in advocating for rights guaranteed by IDEA related to behavior support is available. There are many other areas in which individuals and families may not be aware of the services and supports available, such as Medicaid waiver options, supported employment, and IPSE.

Self-advocacy and person-centered planning. Person-centered planning is one approach to assisting people with disabilities to define the direction for their lives by using individualized, natural, and creative supports to achieve meaningful goals based on their strengths and preferences. This ultimately leads to greater inclusion and

successful integration into communities. While increasingly recognized as important, true person-centered planning generally is not widely available. There are two reasons for this – one is that because regulations now require “person-centered” plans for adults in services, the approaches used often claim to be person-centered, but take the form of choice from a limited set of familiar and readily available options. The second is that there are too few facilitators trained to help people with disabilities and their families create a person-centered plan that reflect the individual’s hopes and strengths, going beyond the familiar to the truly individualized.[28] Planning is, however, only the beginning of the support process. After a plan is developed, there is a deep need for the services and supports – and the personnel -- to be available to actualize the goals of their plans, but there are often long waiting lists for community services in Georgia.

Systemic Needs That Must Be Addressed to Achieve the Goals of the DD Act

Georgia’s intellectual and developmental disability services are often difficult to navigate in large part to the fact that they are delivered through six different state-level departments, each with its own eligibility requirements. When individuals and families are not eligible for services from one department or program, they are often not referred to other programs. Even when eligible, there are often long waiting lists for services. This leads individuals and families to search for information about needed services and supports on their own, which can be difficult to find, may not be based on the most current evidence, and are often not presented in formats accessible for individuals with developmental disabilities. To achieve the goals of the DD Act, systemic change is required across several areas.

Provider training and education. There is growing awareness of the importance of considering disability in all that we do as a society, which is reflected in

sharp increase in the number of postsecondary students studying disability during bachelors, master's, and doctoral or professional degrees nationwide.[28,29] Graduates go on to careers in fields such as education, policy, law, human resources, and medicine, to name a few. While these individuals may receive basic education in the field of disability, the need for specialized training for professionals who work with people with developmental disabilities has been well documented across many fields.[30,31] Some of this need can be met by training individuals who are committed to working on disability issues as a career. Creating systemic change, however, requires reaching a broader cross-section of professionals-in-training as well as those who are in practice. Much of the training that prepares practitioners to work with people with disabilities omits disability content and respect for the diversity amongst people with disabilities as a group. Thus, information about assessments, services, and supports needs to be infused into curricula for a range of practitioners.[31, 32]

Continuing education is critical to help those who are providing services to do so in ways that meet the needs for individuals with disabilities and take advantage of best practices and innovative approaches. The lack of comprehensive newborn screening, difficulties in accessing early detection, and a paucity of early intervention services in Georgia means that many children miss the opportunity for optimal outcomes because of delays in diagnosis and treatment. As children reach preschool age, fewer than half of children are screened or have education-related concerns identified before reaching the school system, by which time it may be too late to implement early interventions that lead to the best outcomes for the child and family.[33, 34] As children age, school personnel are still largely unfamiliar with how to implement requirements of IDEA related to functional behavioral assessments (FBAs) and behavior intervention plans

(BIPs).[35] As children move into adolescence, there is a widespread need for public and professional education regarding the signs and symptoms of behavioral health risks so that these concerns youth can be identified and appropriately addressed.

Informative, inclusive, and accessible services and supports. People with disabilities often experience marginalization and decreased expectations and opportunities. This may result in inequalities in relationships, education, community access, and overall quality of life.[36] For people with disabilities to be fully included in society, they must have access to services and supports in a range of areas, including, health, employment, education, faith, and recreation. In Georgia, services and supports for people with disabilities are available, yet can be difficult to access. Developing these services and disseminating information about them in a way that is accessible to all continues to be a challenge.

Use of evidence-based practices. Underpinning effective interventions are data on what works and what does not. An underlying problem related to the needs described above is the lack of empirical data clarifying what practices and programs are effective in real world settings -- and when they *are* identified, why they are not adopted.[37] Research is needed on a range of issues, not only showing what works in controlled settings, but also on implementation and dissemination issues, such as how best to modify programs for different populations, how to improve cost-effectiveness, what support is necessary to produce an effect, and what how to increase adoption of proven programs. The CDC, for example, has made a commitment to include people with disabilities in public health efforts by including disability identifiers in national surveys and enhancing the accessibility of roughly 90 interventions in the Community Guide, the information clearinghouse of programs that have been reviewed and labeled

as effective. This commitment is a starting point for increasing the availability of accurate data and use of proven approaches in the field of public health, but similar efforts must be made across systems at the state as well as the national level to fully enhance the quality of the supports and services received by people with disabilities.

Cultural and linguistic competence. As part of our commitment to the inclusion of people from historically underserved racial and ethnic backgrounds in all of our activities, we embrace cultural and linguistic competence as a central organizing value for our center. *Cultural competence* refers to appreciating and respecting the unique contributions and perspectives of all people, and ensuring that these perspectives are reflected in the attitudes, practices, and policies of our organization. *Linguistic competence* refers to the ready availability of oral and written language services and materials for those with limited English proficiency (LEP). We address cultural and linguistic competence through a number of means. First, we utilize our *Guidelines on Cultural and Linguistic Competence and Accessibility* (Appendix B) in planning and review of all projects and programs. Second, faculty and staff self-assess their cultural competence as part of the annual performance appraisal and staff development also addresses cultural competence. Third, cultural competence is incorporated into CLD training programs; for example, as part of the GaLEND program, trainees complete self-assessments of their cultural competence, discuss approaches to reducing disparities in access and outcomes, and explore systemic solutions to increasing institutional cultural and linguistic competence.

Rationale for Selection of Goals, Objectives, Activities, and Areas of Emphasis

The goals and objectives in this five-year plan were selected because they: 1) reflect the values of the DD Act; 2) respond to state and local needs as described by our

Community Advisory Council (CAC); 3) address significant or emerging priority areas, identified by innovative approaches to needs assessment; 4) are consistent with and complementary to those of the other members of the Georgia Developmental Disabilities (DD) Network, other programs within GSU, and other service agencies and advocacy organizations; 5) build upon the expertise of CLD and GSU personnel as well as that of our community partners; 6) align with the strategic goals of GSU as our home university; 7) include areas in which a timely investment of CLD resources can yield significant systemic changes (i.e., tipping points); 8) and, perhaps most importantly, are consistent with our mission of translating research into sustainable community practices that contribute to inclusive, independent, self-determined, and productive lives of individuals with intellectual and developmental disabilities. The goals and objectives have been shaped by input from our CAC, which is made up of community members with intellectual and developmental disabilities, family members, advocates, DD Network representatives, leaders from various state agencies, and others. (See Appendix C for listing of CAC members.)

Community Advisory Council involvement in plan development. As with all UCEDDs, the five-year plan is an evolving document that reflects strengths and talents of the center's faculty and staff, partnering organizations, and funding. We review our plan formally each year in a two-day retreat with the CAC. In our most recent review in June 2018, we reviewed preliminary needs data and identified priorities for the new five-year plan. After our June meeting, as we began to formulate goals and objectives for the new five-year plan, CLD staff members met with each of our CAC members individually in a process of appreciative inquiry to identify areas of strength that should be continued and areas of expertise to be developed. We held a conference call in

September to review the evolving plan, and circulated drafts of the plan in November 2018 and January 2019. The final plan was unanimously endorsed at the end of January 2019. The plan represents significant CAC input on the priorities and scope of planned CLD activities for the next five years. (See Section 4 for how the CAC is made up and how their input is regularly provided; see Appendix D for letter of support.)

Relationship of the five-year plan to DD Network Partners. One component of our needs assessment included review of the plans of our federal partners in the Georgia DD Network – the Georgia Advocacy Office (GAO), the state Protection and Advocacy (P&A) agency; the Georgia Council on Developmental Disabilities (GCDD); and the Institute on Human Development and Disability (IHDD), our sister UCEDD at the University of Georgia; as well as the Statewide Independent Living Council (SILC) and People First of Georgia, a self-advocacy organization. (See letters of support in Appendix D; the Georgia DD Network collaboration is discussed in Section 4 below.

Table 1 provides a matrix of current activities of the DD Network and other state-level partners in the areas of emphasis and related priorities of the DD Act. For the current CLD five-year plan, we reviewed the goals in each of the plans of the Georgia DD Network partners, and aligned many of our objectives to theirs as our commitment to the statewide effort. Table 1 shows that each of the areas of emphasis and all of the related priorities in the DD Act are addressed by at least one of the federal partners in the DD Network, and most by at least two. The “other” column reflects selected activities of partners with statewide scope of effort with whom we work closely, such as People First of Georgia, AMAC Accessibility, The Arc Georgia, the SILC, and several state agencies.

Table 1: Current Georgia DD Network Efforts in the DD Act Areas of Emphasis

Areas of Emphasis	CLD	IHDD	GAO	GCDD	Other
Quality Assurance	X	X	X	X	
Early Intervention (EI) & Education	X	X		X	
Child Care					X
Health	X	X	X	X	
Employment	X	X	X	X	X
Housing		X	X		
Transportation		X	X		
Recreation	X		X		
Quality of Life	X	X	X	X	
Other Priorities Noted in the DD Act					
Assistive Technology		X	X		X
Cultural Competence	X	X	X	X	
Leadership	X	X	X	X	X
Self-Determination	X	X	X	X	X
Policy Education	X	X	X	X	X
Transition	X	X	X	X	X

Areas of emphasis and priorities in the proposed CLD five-year plan. The goals and objectives in the resulting plan are heavily concentrated in four areas of emphasis as defined in the DD Act, as well as five areas related to the priorities of the DD Act. The *Health* area reflects CLD’s commitment to increase the number of knowledgeable professionals in the workforce through interdisciplinary training and continuing education. This will improve access for individuals with intellectual and developmental disabilities and their families to educators, clinicians, and health care providers committed to culturally competent and coordinated care. In the area of Health, we also have goals and objectives related to health promotion and the reduction of disparities. The desired end result is improved health access, quality, and outcomes for individuals with disabilities. The emphasis area of *Education and Early Intervention* reflects our work in PBS, IPSE, autism, and promotion of social emotional development of young children. The emphasis on *Employment* includes goals related to supporting

individuals with intellectual and developmental disabilities to succeed in jobs of their choosing -- and enhancing the systemic capacity to employ individuals in these jobs. Goals related to the broad range of formal and informal services and supports, such as autism-specific supports; person-centered planning; faith-based supports; civic engagement; and training of self-advocates, advocates, and professionals are included under the emphasis area of *Quality of Life*, as these programs focus their efforts on supporting individuals with developmental disabilities throughout the lifespan across the range of community settings. The areas of *Child Care, Housing, Quality Assurance, Recreation, and Transportation* are also addressed within the plan as secondary foci.

The areas of *Cultural Competence, Leadership, Self-Determination, Policy Education, and Transition*, while not specifically named as areas of emphasis in the DD Act, are areas that are highlighted within the Act and that remain as critical areas of need for individuals with intellectual and developmental disabilities. As depicted in Table 2, these five priority areas are addressed through goals in our five-year plan.

The areas of emphasis and DD Act priority areas are addressed through one or more goals in the core functions of *Interdisciplinary Training, Community Services, Research, and Dissemination*. The goals and objectives are designed to promote advocacy, build community capacity, and change systems in ways that promote self-determination, independence, and inclusion in all facets of community life. The plan is based on collaboration with the national UCEDD network through AUCD, as a means of strengthening the identity of CLD as a national and international resource.

While the goals, objectives, and planned outcomes are presented in detail in the next section, Table 2 provides an overview of the proposed CLD goals for 2019 to 2024 in terms of the areas of emphasis and related priorities of the DD Act.

Table 2: 2019 to 2024 Goals Addressing DD Act Areas of Emphasis and Priorities

Core Function ⇒	Training			Community Services			Research			Information Dissemination			
	1	2	3	4	5	6	7	8	9	10	11	12	13
Health	X	X	X	X	X		X	X	X	X			X
El & Education	X	X	X	X	X		X	X	X	X			X
Employment					X	X		X	X		X		X
Quality of Life	X	X	X	X	X	X	X	X	X	X	X	X	X
Child Care					X								
Housing				X									
Quality Assurance	X			X	X	X		X	X	X	X	X	X
Transportation				X									
Recreation				X			X					X	X
DD Act Priorities													
Cultural Competence	X		X			X	X						X
Leadership	X		X				X						X
Self-Determination			X	X		X	X		X		X		X
Policy Education	X		X										X
Transition		X			X		X						X

SECTION 2: APPROACH

Five-Year Plan - Goals, Objectives, and Planned Outcomes

This plan outlines a five-year effort with measurable and attainable goals, specific objectives, and planned outcomes for their accomplishment. A listing of personnel and supporting activities with chronologies is provided in the Project Work Plan (Appendix H). The plan is organized under an overarching goal for each of the four core function areas -- with 13 goals in all. A brief description of current CLD programs, projects, and major activities within which the five-year plan is addressed is included in Appendix I. In addition, while there are a number of crosscutting themes across all the goals of the five-year plan, our focus on cultural and linguistic competence, accessibility, and sustainability are particularly noteworthy.

CLD is fully committed to the meaningful participation of people with intellectual and developmental disabilities and their families, including those from culturally and linguistically diverse groups, in all of our activities. Toward this end, we use *Guidelines on Cultural and Linguistic Competence and Accessibility* (Appendix B) to ensure that these practices are incorporated into all projects, both in their initial startup and in the annual review of their activities and accomplishments. These guidelines require projects to be intentional in their inclusion of individuals from diverse backgrounds in all phases of project design, development, execution, and evaluation – across the core function areas of interdisciplinary training, community services, research, and dissemination. The guidelines also reflect the commitment to make all information disseminated by CLD equally available to persons with and without disabilities.

CLD has been engaged with a series of self-assessments of accessibility. This has resulted in part to a commitment to incorporating the principles of universal design for learning (UDL) into our interdisciplinary and community training activities. UDL is based on three key principles on the importance of providing multiple means of *engagement, representation, and action & expression*.^[38] The Accessibility team, which includes UCEDD faculty and staff with and without intellectual, developmental and other disabilities, meets regularly to reflect upon our progress related to UDL implementation. As a center we strive to incorporate these elements into our internal staff trainings, as well as our statewide training efforts, to ensure that all audiences can meaningful participate in our work regardless of disability or level of education. Furthermore, our intentional use of UDL has shaped not only what types of information we disseminate, but how it is disseminated to our stakeholders.

The CLD mission is “to translate research into sustainable community practices that contribute to independent, self-determined, inclusive, and productive lives for people with disabilities and their families.” We see sustainability as being grounded in interagency collaboration and partnerships from the outset. We use the framework of collective impact as a useful framework that includes the components of common agenda, shared measurement, mutually reinforcing activities, continuous communication, and a backbone organization as critical for effective and durable systems change.[39] These have been further refined as the collective impact principles of practice which include: "design and implement the initiative with a priority placed on equity; include community members in the collaborative; use data to continuously learn, adapt, and improve; build a culture that fosters relationships, trust, and respect across participants; and customize for local context." [40]

Interdisciplinary Preservice Preparation and Continuing Education

Our three goals under the core function of interdisciplinary training focus on workforce preparation, undergraduate coursework, and continuing education. While our academic identity is as a program within SPH, our goal is to draw students, interns, and trainees from a range of departments, schools, and colleges within GSU, as well as other area universities and the community. Table 3 presents the goals with objectives and planned outcomes for this core function; areas of emphasis and DD Act priorities are noted with each goal.

Table 3: Goals, Objectives, and Planned Outcomes in Interdisciplinary Training

Core Function Goal: Provide <i>interdisciplinary preservice preparation and continuing education</i> of students, trainees, fellows, and community professionals to increase access to services, improve quality, and enhance outcomes for people with developmental disabilities and their families.	
Goal 1: Increase the number, level of preparation, and diversity of professionals entering the work force through preservice training. (<i>Health, Education & Early Intervention, Quality of Life, Quality Assurance, Cultural Competence, Leadership, Policy Education</i>)	
Objectives	Planned Outcomes
In each year of the plan, through the GaLEND Program, provide interdisciplinary training to current and future professionals, self-advocates, and family advocates from GSU, other universities, and the community. the GaLEND curriculum includes a minimum of 300 hours provided over two semesters.	(20-24 long-term trainees per year; 110 over five years)
In each year of the plan, partner with area universities and programs (e.g., MSM Satcher Health Leadership Institute; UGA School of Social Work, RSPH Center of Excellence in Maternal and Child Health) on preparation of trainees and fellows in disability-related content and competencies representing a minimum commitment of 40 hours.	(25 intermediate-term trainees per year; 125 over five years)
In each year of the plan, provide at least one CLD-faculty-taught course in SPH; current courses in the catalog include <i>Disability & Health, Disability Epidemiology, and Disability Policy</i> .	(10-15 students per course per year; 60 total over five years)
In each year of the plan, provide three CLD-faculty-taught graduate courses incorporating disability content in public health, school psychology, special education, or related disciplines.	(10-15 students per course per year, 175 students over five years)
In each year of the plan, provide graduate student internships and supervised research experiences in CLD programs and research projects, including the 2CI University Fellowship on Disability and Disparity.	(6-10 graduate-level, long-term trainees per year, 35 over five years)
In each year of the plan, support participation by EU and MSM pediatric residents in seminars, didactic training, and a ten-hour family mentoring experience related to parenting a child with a disability.	(20-25 intermediate-term trainees per year, 110 in total)
Goal 2: Increase the understanding and awareness of disability through undergraduate coursework and practicum experiences. (<i>Health, Education & Early Intervention, Quality of Life, Transition</i>)	
Objectives	Planned Outcomes
In each year of the plan, CLD faculty will teach one section of <i>Perspectives 2001: Experience of Disability in America</i> (or the equivalent), currently a two-credit course that fulfills a university requirement.	(75 students per year; 375 over five years)
In each year of the plan, provide practicum experiences for 20 or more undergraduates, with approximately half identified as coming from historically underrepresented groups.	(10 students per semester; 100 over five years)
In Year 1, working with the GSU Center for Excellence in Teaching and Learning (CETL), develop a three-credit SPH undergraduate course on disability and public health; in Year 2, develop an online version of the course. In Years 3 to 5, continue to offer online course.	(75 GSU students per course in Years 1 and 2, and 150 in Years 3

	<i>to 5; 600 over five years.</i>
Goal 3: Increase access to and quality of services and supports through continuing education of professionals in the existing work force. <i>(Health, Education & Early Intervention, Quality of Life, Cultural Competence, Leadership, Self-Determination, Policy Education)</i>	
Objectives	Planned Outcomes
In each year of the plan, sponsor two to four in-person continuing education events in high priority areas. CLD has served as the lead organizer for the Georgia Association of Positive Behavior Supports and the Autism Conference and Expo annual conferences for the past five years; one or two other events per year will be planned.	<i>(2,500 participants per year, 10,000 over five years)</i>
In each year of the plan and in partnership with local, state, and national organizations, sponsor two to four continuing education events using distance learning or web-based modules on high priority topics.	<i>(500 participants per year, 2,500 over five years)</i>
In Years 1 and 2 of the plan and in partnership with AUCD, host the AUCD Leadership Academy, a year-long training experience that is centered on a one-week, in-person immersion in June with a cohort in Atlanta. Continuation in Year 3 and beyond will depend in AUCD funding.	<i>(24 participants in Year 1 and 2, for a total of 48; funding dependent - a total of 120 over 5 years)</i>

Table 3 identifies three goals and 12 objectives with planned outcomes that will lead to accomplishing our overarching goal for interdisciplinary training. These programs are interdisciplinary in nature and culturally diverse in the make-up of their participants and faculty.

Core curriculum for interdisciplinary preservice preparation. The Georgia Leadership Education in Neurodevelopmental Disabilities (GaLEND) Program serves as a major component of the interdisciplinary training program. GaLEND faculty represent individuals with disabilities, family members, advocates, and disciplines such as audiology, education (early childhood and special), health administration, genetics, law, medicine (pediatrics and family), nursing, nutrition, physical therapy, clinical and school psychology, public health, social work, and speech-language pathology. GaLEND also draws on the faculty and regular presenters from Emory University and Morehouse Schools of Medicine, Rollins School of Public Health, and the CDC National Center on

Birth Defects and Developmental Disabilities. We also have community affiliates including individuals with disabilities, family members, and leaders who are prominent in the Georgia disability community, who contribute to program content, serve as instructors for the GaLEND Program and academic courses, supervise practicum experiences, provide mentoring, and partner in community service activities. The development, design, and delivery of the GaLEND curriculum is the result of a collaboration of all its faculty, including individuals with intellectual and developmental disabilities and family members.

GaLEND operates on an academic year calendar with the cohort beginning in August and continuing until May. The curriculum incorporates a commitment to social justice and equitable access for individuals with intellectual and developmental disabilities and their families. Trainees participate in three didactic courses -- *Leadership, Introduction to Neurodevelopmental Disabilities, and Systems of Care*. They also engage in a range of community and clinical experiences that provide the opportunity to demonstrate culturally competent practices. All trainees carry out a participatory action research project that deepens their understanding of the research process, requires that they engage with the individuals or systems that are being studied, and plan for the sharing of findings to both professional and lay audiences. We have had 143 long-term trainees participate in GaLEND over the past eight years. They have come from different academic disciplines and community and organizational settings. From a discipline perspective, they have included GSU students in law, nursing, nutrition, school and clinical psychology, occupational and physical therapy, public health, rehabilitation counseling, special education, social work, and speech-language pathology; other trainees and fellows have included our shared fellow with the

Satcher Health Leadership Institute, self-advocates, family members, community providers, and early career professionals from CDC.

Recruitment of diverse trainees. We are proud that our recruitment efforts have been successful in attracting trainees and fellows from diverse racial, ethnic, and disability backgrounds. Of our 143 GaLEND trainees, half have identified as members of historically under-represented groups, including one-third as Black or African-American, 8% as Asian, 5% as Hispanic, and 10% as having a disability. At CLD, we have an ongoing commitment to increasing the diversity of professionals in the field. We are certainly aided in this as GSU is a minority-serving institution that has a relatively high percentage of students from historically underrepresented racial and ethnic groups at both the graduate and undergraduate levels. In addition, CLD is been the recipient of Diversity Fellowship funding that has helped us to develop partnerships that seek to engage people with disabilities and their families from the Latino/Hispanic communities.

Broader university academic programs. Our other planned activities at the graduate level of preparation includes our courses in disability and health, disciplinary courses taught by CLD faculty that have a major focus on disability, our interdisciplinary mentorship and research experiences including our graduate student fellow on disability and disparity, and pediatric and family medicine residents who participate in a family mentoring experience that we offer in partnership with Parent to Parent of Georgia, and the Emory and Morehouse residency training programs). CLD and GaLEND faculty also serve as co-instructors for two credit-bearing courses in the Rollins SPH concentration in maternal and child health.

Our second goal and its related objectives address the need for broader access to disability content in the undergraduate curriculum. In addition to the course content,

we anticipate that these courses will facilitate recruitment of underrepresented students into internship experiences, which might result in their seeking graduate education in disability-related professions. The GSU IPSE program has an associated course offered through the Honors College that provides a service learning opportunity for students as peer mentors; the program also recruits and trains a large number of undergraduate volunteers. And lastly, we anticipate developing an online version of an undergraduate course titled *Disability and Public Health* to be offered in multiple sections each year.

Continuing education. The third goal under the core function of interdisciplinary preservice training includes two objectives that relate to providing timely workshops and seminars for practicing professionals with information related to evidence-based strategies and new developments in the field. These offerings, in general, offer continuing education units relevant to a number of professional identities. Our efforts in this area will build on our previous success with professional development workshops and conferences (e.g., GAPBS Annual Conference, Autism Conference & Expo of Georgia). The third objective in this area relates to CLD serving as the home of the *AUCD Leadership Academy*. We are currently accepting applications for our third cohort for the academy in June. This is an intensive week-long experience held in Atlanta that brings together UCEDD and LEND personnel with representatives of provider and advocacy organizations to explore collaboration toward collective impact.

Community Services and Supports

Table 4 presents the three goals and ten objectives with their planned outcomes activities related to this core function; areas of emphasis and DD Act priorities are noted with each goal. Community service programs provide training and technical assistance in support of the adoption of innovative and evidence-based approaches designed to

enhance full and active community participation and contribution by individuals with intellectual and developmental disabilities and their families. Planning for each new project or program is based on a logic model, ensuring consideration of appropriate partners and the specification of short-term outcomes and long-term impact.

Participants in community training and technical assistance efforts include individuals with developmental disabilities; their families; professionals from many disciplines; early intervention, child care, and school personnel; policy makers; and other members of the community. Efforts are made to ensure that training reaches all regions of the state. The people who are the intended beneficiaries of our community training efforts tend to include a proportionally greater number of persons from racial and ethnic minorities, largely because projects focus on health and service needs associated with poverty and disability. Many other activities specifically focus on supporting high-need, low-resource schools, programs, and organizations.

Table 4: Goals, Objectives, and Planned Outcomes in Community Services

Core Function Goal: Provide <i>training and technical assistance</i> to build capacity and promote systemic adoption of <i>effective models of supports and services</i> to individuals with intellectual and developmental disabilities, their families, providers, professionals, schools, programs, and community organizations.	
Goal 4: Develop and demonstrate strategies to improve the health, well-being, and access to quality services and supports for individuals with intellectual and developmental disabilities and their families. (<i>Health, Education & Early Intervention, Quality of Life, Quality Assurance, Transportation, Housing, Recreation, Cultural Competence, Self-Determination</i>)	
Objectives	Planned Outcomes
In each year of the plan, conduct one new project that promotes participation of individuals with disabilities and their families in generic and targeted health promotion activities in area such as such as physical activity, healthy eating and nutrition, mental health and wellness, and/or sexual health.	(1 project per year; 5 projects over five years)
In each year of the plan, conduct one new project that promotes improved health literacy and decision-making among individuals with disabilities.	(1 project per year with 20 participants; 5 projects and 100 participants over five years)

4.3 In each year of the plan, and in partnership with Georgia DD Network, conduct a year-long study in one area of emphasis, such as the Olmstead decision, transportation, housing, community participation, and employment, with a particular emphasis on addressing and reducing potential disparities experienced by historically underserved populations.	<i>(1 in-depth study topic per year resulting in a white paper or "state of the state" conference; 5 topics over five years).</i>
Goal 5: Enhance systemic capacity to support individuals with intellectual and developmental disabilities. <i>(Health, Education & Early Intervention, Employment, Quality of Life, Child Care, Quality Assurance, Transition)</i>	
Objectives	Planned Outcomes
5.1 In each year of the plan, provide training on individualized PBS to schools and programs, preschools, and child care settings directly benefitting individuals with disabilities and their families.	<i>(20 sites per year; 100 sites served in total)</i>
5.2 In each year of the plan, provide state-level leadership, training, and technical assistance to expand access to inclusive post-secondary education opportunities in Georgia colleges and universities, including the GSU IDEAL Program.	<i>(1 new college or university program in each year; 5 new programs over 5 years)</i>
5.3 In each year of the plan, provide support to schools and districts in implementing universal screening for social emotional risk factors.	<i>(5 new sites per year; 25 sites in total)</i>
5.4 In each year of the plan and in partnership with the Autism Advisory Group, continue collaboration with statewide and regional partners to implement, evaluate, and update the <i>Autism Plan for Georgia</i> .	<i>(2 meetings of the Autism Advisory Group per year; 10 meetings over 5 years)</i>
5.5 In each year of the plan, collaborate with community agencies and IPSE programs to provide training, technical assistance, and direct services that increase the rates of employment of individuals with intellectual and developmental disabilities in jobs of their choosing	<i>(1 program site in Year 1; 5 sites by year)</i>
Goal 6.0: Promote leadership, self-advocacy, self-determination, and community engagement for individuals with intellectual and developmental disabilities. <i>(Quality Assurance, Employment, Quality of Life, Cultural Competence, Leadership, Self-Determination, Transition)</i>	
Objectives	Planned Outcomes
6.1 In each year of the plan, recruit and train a new cohort into community/agency board membership program for individuals with intellectual and developmental disabilities.	<i>(1 cohort per year with more than 25 participants; 5 cohorts and 125 participants over five years)</i>
6.2 In each year of, develop training materials and provide technical assistance to support inclusive faith communities in welcoming individuals with intellectual and developmental disabilities into congregations in Years 3 to 5.	<i>(1 congregation in Year 1; 5 over 5 years)</i>

Our goals in community services are organized under three themes -- individual and family well-being, systems change, and leadership in inclusive and engaging communities. These goals grew out of our collaborative planning efforts with individuals

and families. All maintain a commitment to engaging individuals and families from diverse backgrounds and representing both urban and rural areas of the state.

The first goal with three objectives outlines a range of planned and programmatic activities that promote physical, social, and emotional health; health literacy for individuals with intellectual and developmental disabilities and their families; and a DD Network initiative to address an area of emphasis that may be associated with persistent disparities experienced by individuals and families who have historically been underserved.

The second community service goal and its related objectives outlines activities related to increasing systemic capacity and fostering systemic change. The first objective relates to our long-term work in collaboration with the DOE and local school districts to train school personnel in PBS across the state. The second objective relates to technical assistance in the statewide implementation of IPSE; we hope to build on the progress won over the last several years in achieving sustainable, inclusive programs accessible to all. The third objective grew out our work in the area of PBS; schools are interested in earlier detection of social-emotional risk factors in their students; in response to a request for the DOE and districts, we have assisted them in installation of screening programs *and* have worked to ensure that students who might be identified receive timely referrals to appropriate supports. The fourth objective relates to our continued activities building a consensus toward accessible, available, and coordinated services and supports for individuals with autism. The final objective under this goal relates to expanding employment opportunities for young adults with intellectual and developmental disabilities.

The third goal in the core function of community service and its two objectives outline activities supporting community engagement and citizenship for individuals with intellectual and developmental disabilities and their families. The first objective is to continue our training program preparing individuals to serve on boards and councils -- and in preparing the boards to accommodate the learning and communication needs of their new peers. The second objective relates to ongoing work with congregations to assist them in becoming more welcoming of individuals with intellectual and developmental disabilities and their families.

Research

Table 5 presents the three goals and ten objectives with their planned outcomes related to research as a core function; areas of emphasis and DD Act priorities are noted with each goal. Research programs are designed to investigate and address critical issues faced people individuals with disabilities and their families across the lifespan. Planning for each new project or program is based on consideration of funding sources, availability of appropriate partners, and the specification of short-term outcomes and long-term impact.

Table 5: Goals, Objectives, and Planned Outcomes in Research

Core Function Goal: Conduct <i>research</i> , including applied research, program evaluation, and policy analysis, that addresses critical issues affecting individuals with developmental disabilities, their families, and the systems that support them.	
Goal 7: Conduct research on health promotion and well-being, health disparities, health services, self-determination, and interprofessional education. (<i>Health, Education & Early Intervention, Quality of Life, Recreation, Cultural Competence, Leadership, Self-determination, Transition</i>)	
Objectives	Planned Outcomes
7.1 In each year of the plan, conduct at least one study examining disparities in health access, quality, or outcomes for persons with disabilities from historically underserved populations.	(1 study per year; 5 studies in total)

7.2 By Year 5 of the plan, complete at least two studies on the process of interdisciplinary leadership education and its impact on the quality of care for individuals and families.	(1 study by Year 2; 2 studies by Year 5)
7.3 By Year 5 of the plan, complete at least two studies on health promotion and wellness with individuals with developmental disabilities.	(1 study by Year 2; 2 studies by Year 5)
7.4 By Year 3 of the plan, complete at least three studies examining the relationship between exercise, tree canopy, and behaviors associated with autism on the well-being of children with autism.	(1 study in Years 1; 3 studies in total)
7.5 By Year 5 of the plan, complete at least two studies on how contemplative practices may enhance the well-being of individuals with disabilities, their families, and the providers who serve them.	(1 study completed by Year 2; 2 studies by Year 5).
7.6 By Year 3 of the plan, complete at least two studies examining the effect of training on developmental monitoring and language enrichment provided to home visitors on mothers and their children.	(1 study in Years 1; 3 studies in total)
Goal 8: Conduct research on the factors affecting the successful dissemination, adoption, and implementation of effective practices. (<i>Health, Education & Early Intervention, Employment, Quality of Life, Quality Assurance</i>)	
Objectives	Planned Outcomes
8.1 By Year 5 of the plan, complete at least two studies on the implementation of individualized PBS in family, early intervention, school, or employment settings.	(1 study by Year 2; 2 studies by Year 5)
8.2 By Year 5 of the plan, complete at least two studies on the impact and outcomes of inclusive postsecondary education (IPSE) programs on participating students, fellow students, and long-term outcomes.	(1 study by Year 2; 2 studies by Year 5)
Goal 9: Partner with self-advocates, community organizations, and state agencies in the development, design, implementation, and dissemination of program evaluation research to assist them in using evidence to improve policies and practices. (<i>Health, Education & Early Intervention, Employment, Quality of Life, Quality Assurance, Self-Determination</i>)	
Objectives	Planned Outcomes
9.1 In each year of the project, collaborate with at least one advocacy organization in conducting participatory action research on a selected issue, ensuring that individuals with disabilities and family members are engaged in all aspects of the research from planning, to data collection and analysis, to dissemination of study findings.	(1 organization in Year 1; at least 5 by Year 5)
9.2 In each year of the project, collaborate with at least community program or state agency in program evaluation to improve current practices.	(1 organization in Year 1; at least 5 by Year 5)

Our goals in research are organized under three broad themes – investigating critical and timely issues impacting individuals with disabilities, their families, and the systems that support them; investigating strategies for the implementation and dissemination of evidence-based practices; and support of program evaluation and effectiveness research with partner organizations. The first goal and corresponding

objectives outline a range of planned research activities that investigate critical issues in disability, including studies of disparities in access to and outcomes of healthcare, health promotion, effectiveness of interdisciplinary training, strategies to enhance developmental monitoring in a focus population of families receiving home visiting as a service, and the impact of physical environment on behaviors associated with autism. The second goal and related set of objectives outline a range of research activities investigating effective strategies related to community engagement for individuals and their families. These areas our systems-level work in individualized positive behavior supports and our statewide efforts in IPSE.

Our third goal in this core function includes two objectives that relate to bringing the talents of the university as an analytic resource to advocacy organizations and state agencies. Our goal is to assist them in the development, design, and implementation of program evaluation – all with the overarching goal of using evidence to improve policies and practices. CLD faculty and staff members will work with at least one new community organization and one new state agency project each year to evaluate the effectiveness, sustainability, and fidelity of their programs.

Roles of individuals with intellectual and developmental disabilities and their families in research. In all of the CLD research activities, we strive to include the people who are the focus of the research in the development, design, implementation, analysis, interpretation, and dissemination plans of the projects. This may take the form individuals with intellectual and developmental disabilities serving as members of project advisory committees, participating in focus groups at different stages of a project, providing one-to-one consultation, reviewing products prior to dissemination, or serving as paid members of research teams -- and that these activities are undertaken

with the intent that these individuals represent the cultural and linguistic diversity of our state. One example at CLD over the last years has included a staff member with an intellectual disability serving on a research team investigating how the use of wireless technologies can support people with disabilities in gaining competitive, integrated employment. A second example highlighted the role of a GaLEND trainee with an intellectual disability as a subject matter expert in the research protocol for a self-advocacy training project.

Information Dissemination

Table 6 presents the four goals and nine objectives with their planned outcomes related to the information dissemination; areas of emphasis and DD Act priorities are noted with each goal. Our goals for information dissemination focus on developing and providing accurate, useable information that will improve the lives of individuals with intellectual and developmental disabilities and their families from diverse backgrounds, to broad audiences, including individuals, families, community members, organizations, professionals, providers, and policymakers.

Table 6: Goals, Objectives, and Planned Outcomes in Information Dissemination

Core Function Goal: Develop and <i>disseminate information</i> on policies and practices that enhance the lives of individuals with disabilities and their families to advocates and self-advocates, providers, professionals, policy makers, and the broader community.	
Goal 10: Develop information and products that promote health and well-being and increase access to effective interventions and supports for individuals with disabilities and their families. (<i>Health, Education & Early Intervention, Quality of Life, Quality Assurance</i>)	
Objectives	Planned Outcomes
10.1 In each year of the project, publish at least three scholarly articles on promoting health and well-being and increasing access to effective interventions and supports for individuals and their families.	(3 articles per year; 15 articles total by Year 5).
10.2 In each year of the project, publish at least two monographs, manuals, books, book chapters or other materials designed to educate professionals and policymakers about effective practices that improve outcomes for individuals with disabilities.	(2 products published per year; 10 products total by Year 5).

Goal 11: Provide accessible information, opportunities, and products to promote the full citizenship of individuals with disabilities in their communities. (<i>Employment, Quality of Life, Quality Assurance, Self-Determination</i>)	
Objectives	Planned Outcomes
11.1 In each year of the project, publish at least two monographs, manuals, books, book chapters, or other materials designed to educate a broad audience (e.g. families, community members, policymakers) regarding facilitators and barriers to full citizenship of individuals with disabilities in communities.	(2 products published per year; 10 products total by Year 5).
11.2 In each year of the project, support a self-advocate or family member in developing and disseminating at least one monograph, book, book chapter, video, infographic, podcast, or website designed to educate a broad audience on the contributions of citizens with disabilities to their communities.	(1 product per year; 5 products total by Year 5).
11.3 Working in partnership with individuals with disabilities or family members, ensure the accessibility of research and scholarship by developing plain language or infographic descriptions of research findings of a Goal 10.1 product.	(1 product per year; 5 products total by Year 5).
Goal 12: Utilize website and social media outlets to ensure awareness of the positive social roles and contributions of individuals with intellectual and developmental disabilities in our society. (<i>Quality of Life, Quality Assurance, Recreation</i>)	
Objectives	Planned Outcomes
12.1 In each year of the project, develop and disseminate information on at least three disability-related topics where there is widespread need, using electronic distribution via social media.	(3 projects per year addressing 3 topics; 15 by Year 5).
12.2 Over the course of the project, continue to enhance CLD social media presence to facilitate timely, efficient, and accessible avenues for dissemination of information.	(Maintain at least 3,000 fans/friends on Facebook and 1,500 followers on Twitter)
Goal 13: Provide routine and targeted information for legislators, other policymakers, and the general public on critical and timely issues related to intellectual and developmental disabilities. (<i>Health, Education & Early Intervention, Employment, Quality of Life, Quality Assurance, Recreation, Cultural Competence, Leadership, Self-Determination, Policy Education, Transition</i>)	
Objectives	Planned Outcomes
13.1 In each year of the project, produce two infographics as <i>policy briefs</i> designed to educate policymakers and community leaders about critical and timely issues related to intellectual and developmental disabilities.	(2 infographic policy briefs published each year; 10 products total)
13.2 In each year of the project, sponsor or co-sponsor at least two activities that increase the visibility of issues critical to people with disabilities with the public and/or with policymakers.	(2 activities each year; 10 activities total by Year 5)

Our goals in information dissemination are organized to educate and disseminate information related to the purpose of the DD Act to: 1) professionals and providers, 2) lay audiences, including self-advocates, family members, community members, and the

general public, 3) broad audiences through social media tools such as Facebook and Twitter, and 4) legislators and other policymakers. Our first goal in this area outlines objectives designed to educate professionals and practitioners about critical issues faced by the disability community, while the objectives under the second goal are designed to educate a broader audience through collaborations with self-advocates, family members, and community members using the principles of UDL including making materials available in multiple accessible formats in a culturally competent manner. Through all our work, person-centered language is embedded. One example of how we've worked on this is through our commitment to making academic posters accessible for conference and other poster sessions. We provide print and electronic copies of our posters and poster transcripts to the audience. Every poster has a QR code that is linked to a transcript of the poster that can be read by screen readers. We have created a guide and an actual poster to share our knowledge with others.

Our third goal relates to the use of social media to disseminate information and resources to a broad audience and to the general public in a way that is timely, efficient, and accessible. Through our communications plan and its iterations, we intend to build on our significant social media presence and reach throughout the next five years. Our fourth goal under information dissemination focuses on the education of policymakers. One example of our work in this area relates to the support of IPSE programs. The DD Network collaborated with IPSE programs to request a state appropriation from the Georgia General Assembly for student scholarships and program support. We provided all the information and data for the one pager that was used to educate lawmakers on the issue. Through our collaboration with the DD Network on the Children's Freedom

Initiative, CLD staff have put together infographics with the data on children in nursing facilities to share with policymakers.

Factors that might accelerate or decelerate achieving the goals and objectives. CLD activities are, in general, externally-supported, staff-intensive, and needs-driven. Consequently, funding, staffing, and need are the three factors that tend to accelerate or decelerate accomplishment of the stated goals. For some of the CLD activities (e.g., GaLEND), multi-year funding has been awarded. Other activities will require announcements of Federal and State agency priorities, and then successful application by CLD in a highly-competitive funding environment. Staff and faculty expertise are key elements of project success; recruitment of new faculty or staff in an area may accelerate certain accomplishments, and loss of key faculty or staff may lead to a slowdown of activity while a replacement is being recruited. Finally, changing social factors may lead to reconsideration of the priorities of the work plan. Reduced or flat funding places more burden on individuals and families, extending waiting lists, and requiring families to develop strategies to meet their own needs – all of these increase the need for informational resources and informal support.

SECTION 3: EVALUATION OF PROJECT IMPACT

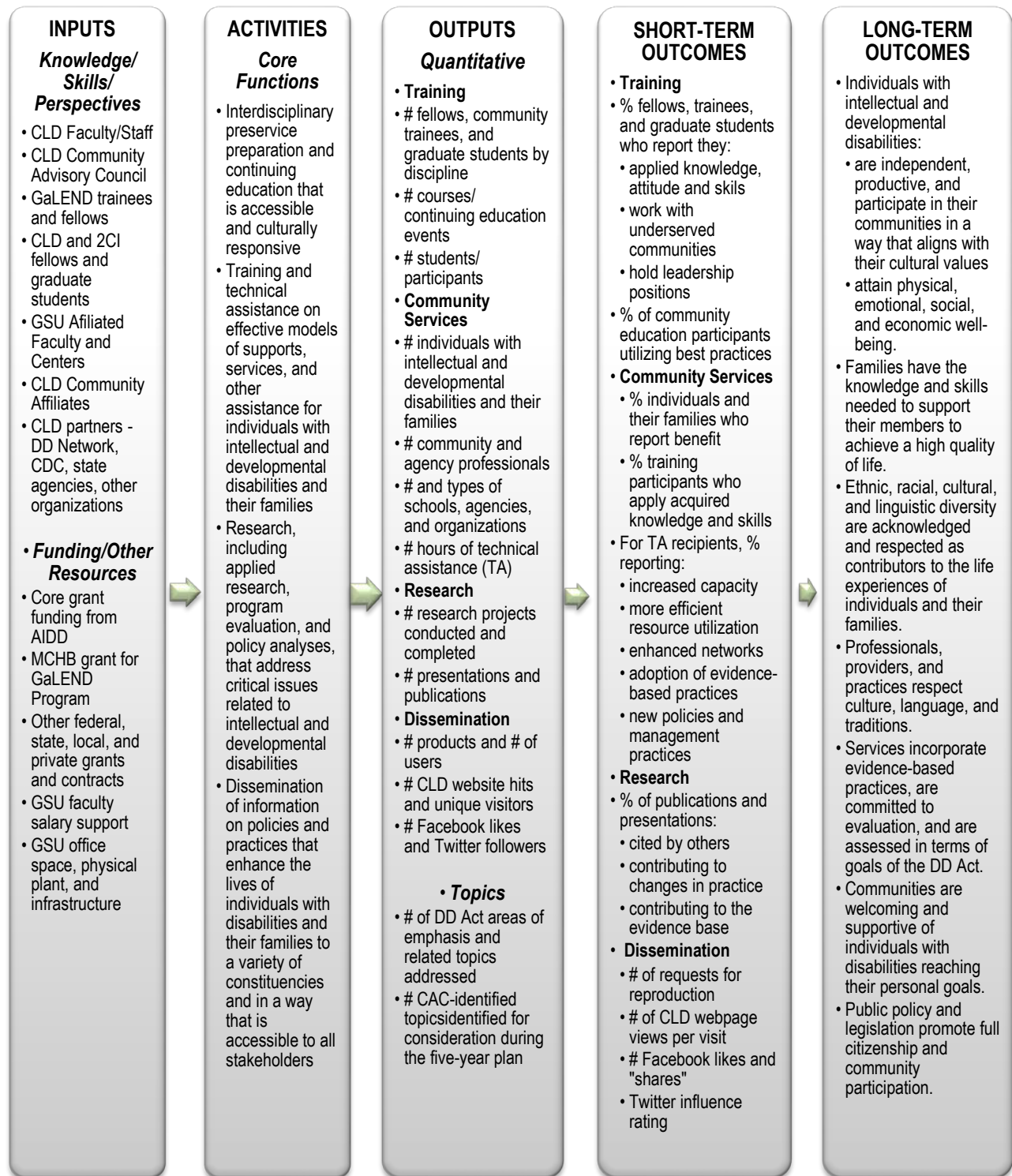
The five-year plan will be evaluated using innovative qualitative and quantitative methods to document progress toward, and achievement of, our goals and objectives. The plan is guided by a logic model (Figure 3) that includes plan activities, immediate results or outputs of those activities, and the intended intermediate and ultimate outcomes.

CLD Logic Model and Indicators of Progress

CLD's logic model is based on (a) examples from the UCEDD Resource Center and (b) a model created for the network by an AUCD work group in collaboration with AIDD. Our logic model has been revised to reflect the direction of CLD's operations for the next five years.[41] The CLD Director is responsible for the overall evaluation plan and accomplishment of the objectives of the five-year plan, with the Director of Research and Evaluation and Operations Manager overseeing the data systems development, data management and reporting.

Virtually all CLD faculty, staff, and CAC support, in some capacity, the evaluation of project-specific activities and events. Procedures are in place to ensure that ongoing data are collected on measures of community satisfaction with CLD's efforts in the areas of advocacy, capacity building, and systemic change. Furthermore, CLD holds regular meetings and conducts interviews and focus groups with CAC, the DD Network, and different stakeholder groups to gauge whether CLD's activities facilitate the individuals with disabilities to: (a) make choices and exert control over services, supports, and assistance; (b) make self-determined choices within their communities; and (c) access services, supports, and assistance in a safe a non-exploitative manner.

Figure 2: CLD Logic Model



The logic model is designed to meet the criteria of being meaningful, plausible, feasible, and testable.[42] Consistent with the AIDD model, we define inputs as the resources used to support activities; activities as processes or what our programs do; outputs as the immediate results or products of activities, such as services delivered as measured by count or other data; short-term desired changes or improvements in participants' knowledge, skills, and behaviors and/or system performance likely to be seen along the path of reaching the long-term outcomes; and long-term outcomes that represent the ultimate societal benefits that are identified in the DD Act. We have selected our inputs and activities to reflect the incorporation of the principles of inclusion, accessibility, culturally relevant self-determination, cultural and linguistic competence, social justice, and evidence-based practice into all we do. These are, therefore, reflected in all of our outputs and outcomes. In addition to being grounded in the vision and purpose of the DD Act, the ultimate outcomes reflect the CLD vision in which all people -- with and without disabilities, urban and rural, and of all races and ethnicities -- are full, contributing members of their communities.

The logic model serves as a guide for the overall approach to evaluating the five-year plan, which includes four ongoing evaluation activities: collection of data for NIRS, project-specific evaluation including annual summaries of progress, completion of the AIDD Annual Report Template, and CAC review and commentary on the progress of the five-year plan and identification of any needed revisions based on emerging trends. National Information and Reporting System (NIRS)

The NIRS data offer the means of answering the evaluation question "Is CLD doing the things it said it would do?" NIRS is the national web-based data reporting and

retrieval system maintained by AUCD under contract to AIDD for the UCEDD network. In the language of the logic model, it provides a way to quantify UCEDD outputs. NIRS supports the data management, program evaluation, planning, and information sharing efforts of the UCEDD network. At CLD, we use NIRS to manage data about our programs, projects, and products, facilitating compliance with federal reporting requirements, as well as providing a tracking system for internal review. The system also enables AUCD to develop summary descriptions of network activities.

Our NIRS data collection efforts use a multi-pronged approach including: (a) collection of online and paper data on trainees, trainings and technical assistance; (b) utilization of project specific evaluation data with NIRS relevant information; (c) CV/resume collection, environmental scans, and faculty/staff interviews for products; and (d) focus interviews and calendar reviews with project faculty/staff. With regard to the five-year CLD plan, each objective within a goal relates to one or more projects in NIRS. Project-level information includes title, source, amounts, and terms of funding; core function (see Table 1) and area of emphasis; target audience and the degree to which the project serves historically under-represented or underserved groups; roles for individuals with developmental disabilities and their families; collaborators; and geographic scope. Within each project, there may be one or more activities relating to training delivery, provision of model services and technical assistance, conduct of research, or dissemination of information. Activity-level information includes number and types of participants, number and discipline of students, consumer satisfaction, and collaborating agencies. NIRS also captures data on products developed by CLD by author and citation; type (e.g., journal articles, books, web portals, public awareness

materials); target audience; and alternative formats (e.g., captioned, Braille, audio, electronic, and languages other than English). The NIRS data provide an effective means to assess the immediate accomplishments of the goals and objectives of this plan. The CLD project, activity, and consumer satisfaction data are used to populate the quantitative sections of the AIDD Annual Report Template, specifically the Measures of Improvement and Consumer Satisfaction section, for each core function and area of emphasis. The NIRS data set includes relevant indicators that are direct, practical, culturally appropriate, and adequate.[38, 42] In keeping with the ADA all NIRS activity data will be collected in a manner that is confidential and sensitive the diverse abilities and cultural backgrounds of participants and trainees. All data collection will include statements indicating that responses are voluntary and confidential, and that information will not be shared with others. Furthermore, prior to delivering data for entry, responsible staff members compile responses into an aggregated form masking any individual identifiers; online survey data will not require identifying information. In order to meet the needs of individuals with diverse abilities and cultural background staff will query these people in order to identify preferred response modalities (e.g., oral interview, picture-based formats) and provide adapted materials as needed.

Project-Specific Evaluation Activities

Project-specific evaluation provides the means of addressing a higher-order evaluation question, “Is the CLD accomplishing the things it said it would accomplish?” In the language of the logic model, it provides a context for describing CLD outcomes (i.e., the results of project activities that may require several years to accomplish). All projects under each of the four core functions have evaluation activities specific to

assessing their outcomes and impact, which are driven by the use of project-specific logic models or evaluation plans. The process evaluation provides a means for continuous feedback and is used to identify emerging trends and opportunities for quality improvement. CLD project activities and accomplishments are discussed in weekly meetings of the CLD Leadership Team and monthly staff meetings with all faculty and staff. Furthermore, faculty and staff conduct regular meetings (weekly or bi-monthly) for ongoing evaluation of other funded projects. These meetings offer an opportunity to determine whether adequate progress is being made, or if corrective action is needed.

Project status reports are generated quarterly, semi-annually, or annually depending on the requirements of the sponsor. In addition to these, an annual evaluation summary for each project is required for CLD activities after completing NIRS data for the year. This summary has five components: 1) a brief description of project activities and the degree to which it met its stated objectives, 2) a summary of the consumer satisfaction data, 3) a review of the year's activities with reference to the *Guidelines on Cultural & Linguistic Competence and Accessibility* (Appendix B), 4) a qualitative description of project accomplishments or impact that will be included in the AIDD Annual Report, and 5) a summary of the project modifications, obstacles, and emerging trends that should be addressed within the project or through new activities.

CAC Review as an Evaluation Method and the AIDD Annual Report

The annual project reports will be reviewed and incorporated into the AIDD Annual Report Template under their respective goals and objectives. The timeline for developing a draft of this document will be in late May of each year, with a planned CAC

review at our annual retreat in June before the July submission of the report to AIDD. The CAC review is integral to the process and will have several goals: 1) ensuring participation of diverse individuals with intellectual and developmental disabilities and their families and other stakeholders in the evaluation of CLD programs; 2) determining that CLD is making adequate progress toward the accomplishment of the five-year plan in meeting identified needs and achieving intended results; 3) contributing to the determination of the status of each goal as achieved, in progress, or not achieved; and 4) making recommendations about modifications to the plan in response to emerging trends and needs. The CAC findings and recommendations will then be incorporated into the AIDD Annual Report.

The incorporation of CAC feedback into the Annual Report Template provides the occasion for considering the highest-order evaluation question, “Is CLD having the expected impact in accomplishing the goals of the DD Act?” Within the logic model, impact is assessed over the long-term. The importance of an annual review is twofold – it maintains the focus on the long-term goals of CLD and provides a forum for identifying mid-course corrections needed in response to emerging trends.

In addition to the AIDD Annual Report, CLD will provide an annual report geared toward individuals and families, partners, and other stakeholders. This report is intended to provide information regarding CLD’s progress and accomplishments, to solicit feedback from our collaborators, and to engage stakeholders in the important processes of revision and continuous improvement. Its formatting and design will consider the diverse backgrounds of the individuals we work with in order to convey this important information to all stakeholders in ways they each can understand and use.

“Lessons Learned” for Reflection and Improvement

CLD is committed to ongoing sustained improvement with reflection incorporated into its foundations and systems. Critically, the values of the organization are built by frequent formal, informal, and structured processes (e.g., appreciative inquiry) with CAC members, the broader DD Network, self-advocates, and family members who direct our attention to what matters most to the community. These values are kept central via weekly Leadership Team meetings wherein project activities are actively balanced with the community’s guiding values. Furthermore, each project and activity is directed by a member of the Leadership Team who is charged with keeping these values in mind. Ongoing meetings and engagement with our CAC and community partners keep the values alive and in balance with the technicalities of day-to-day operations. All projects activities have evaluative components from which to draw “lessons learned” on what works, what doesn’t, and what is optimal related to implementation and balancing values with daily pragmatics. Of course, projects are dependent on the availability of personnel with the needed expertise and funding. Based on past lessons learned, we engage in strategic planning and forecasting to ensure that projects are minimally affected in the event of personnel or funding losses. We regularly draw on these lessons learned and are readily available to others for technical support or advice within and outside the broader UCEDD network.

SECTION 4: ORGANIZATIONAL CAPACITY

CLD Mission, Vision, and Values

CLD's mission is to translate research into community practices that contribute to independent, self-determined, inclusive, and productive lives for people with disabilities and their families. We envision a Georgia in which all people, with and without disabilities, urban and rural, and of all races and ethnicities are full, contributing members of their communities. CLD's vision reflects the recognition of human rights, the appreciation of unique gifts, the importance of culturally competent services, and an understanding of the positive contributions of individuals, families, and communities. We seek to bridge the academic and disability communities, develop and sustain mutually respectful partnerships, and build a legacy of programs supporting our mission.

Background. CLD was originally funded and established as a UCEDD at the Marcus Institute in the fall 2006. The first year of the initial project was used largely for planning, forming the CAC, and recruiting programmatic leadership. Dr. Crimmins joined the UCEDD as Associate Director in May of 2007, assuming the position as Director in January of 2008. In June 2008, the Marcus Institute became the Marcus Autism Center, with a mission of focusing exclusively on clinical services and research for children with autism. The broader developmental disability and lifespan commitments of the UCEDD were not consistent with this focus and we began to look for a new university affiliation. GSU offered to host the UCEDD within a newly formed Center for Healthy Development along with one other Marcus programs in its then Institute for Public Health. Because AIDD was not able to transfer the grant to GSU, an open national competition for a new UCEDD was held in 2009. CLD successfully re-competed for grant funding in 2009.

CLD at 10 years: Looking back, looking forward. The currently proposed new five-year plan comes during CLD's observation of its tenth anniversary at GSU. Ten years, although young among the UCEDDs, is clearly a significant milestone for our center. This anniversary provides us an opportunity to reflect on our successes across the UCEDD core functions. First, we are immensely proud of our GaLEND trainees who bring their knowledge, skills, and passions as professors to a next generation of students in universities; as senior-level managers in the systems that serve individuals with intellectual and developmental disabilities; as leaders in self-and-family advocacy organizations; as committed and responsible providers of services and supports; and as informed citizens – with all representing the full range of diverse identities of our state and the nation. Second, we have touched the lives of literally tens of thousands of people through highly regarded continuing education and community service offerings, that have inspired testimonials from parents and teachers who found new hope, promise, and commitment to their roles and relationships. Third, we have created hundreds of new options for individuals with challenging behavior, students who want to participate in IPSE, and those who want to participate in governance of the organizations that are supposed to serve *them*. Fourth, our research portfolio offers the promise of a deeper understanding of disparity, access, and leadership education. And lastly, our dissemination efforts with the power of social media has reached literally hundreds of thousands of people on emerging issues – offering a tremendous potential for impact when the timely availability of accurate information is the greatest asset to advocacy. In the next five-year plan, we look to continue to build a Georgia more committed and able to serve people with developmental disabilities and their families.

In recognition of our tenth anniversary, we developed a “brand” for the year recognizing “Inclusion/Innovation/Impact” as themes for the decade. We also hosted a series of well-attended public lectures that featured David Satcher on leadership in addressing health disparities, Daniel Crimmins on the new paradigm in PBIS, Tawara Goode on cultural competence initiatives in universities, and Gaelynn Lea, a nationally prominent violinist, on disability advocacy and the arts. We also hosted a concert by Ms. Lea and will soon host a screening of the film *Intelligent Lives*, with director/ producer Dan Habib. These events represent the range of our commitments to presenting positive images of individuals and their families.

Our university setting as a factor in development of the five-year plan. The GSU School of Public Health (SPH) as CLD’s organizational setting has a strong influence on the formation of our goals and objectives. First, GSU is a large urban research university with a mission to address the needs of the community and offer educational opportunities to traditional and nontraditional students. Being part of GSU facilitates our long-term impact on professionals throughout Georgia; CLD’s contribution to this mission ranges from our interdisciplinary training program and coursework on disability topics, to continuing education opportunities for practicing professionals, to research on effective practices and eliminating persistent disparities, to disseminating information on disability topics. Second, as a program within SPH, CLD is part of an infrastructure that focuses on population health and wellness, equality in access to supports and services, reduction in health disparities, and systems-level interventions. These foci offer an ideal context for the proposed five-year plan.

The SPH is one of ten schools and colleges at GSU; the others include the Colleges of Arts and Sciences, Arts, Education and Human Development, Business, Policy Studies, Nursing and Health Professions, and the undergraduate Honors and Perimeter Colleges. SPH consists of two academic departments -- Health Policy & Behavioral Sciences (including divisions of Health Promotion & Behavior and Health Management & Policy) and Population Health Sciences (including divisions of Epidemiology & Biostatistics and Environmental Health). SPH is one of the largest accredited public health programs in the Southeast and one of the most diverse schools of public health in the nation. Nearly two-thirds of SPH students are minorities and one-tenth are from countries outside the U.S. The school's more than 600 alumni have gone on to exciting careers at the CDC, government agencies, universities, and non-profit and non-governmental organizations working in communities around the world.

CLD is a program within the Mark Chaffin Center for Healthy Development (MCCHD) and SPH at GSU. MCCHD is directed by Dr. Kathleen Baggett, who reports to the SPH Dean Michael Eriksen. CLD operates under a Memorandum of Agreement (MOA), signed by Dr. Crimmins as CLD Director, Dr. Baggett, Dean Eriksen, and Provost Risa Palm (Appendix J), which establishes the independent identity of CLD as an interdisciplinary education, research, and service unit within GSU with specific responsibilities to the university and the citizens of Georgia. Appendix E provides an organizational chart that shows the university structure, including the components of SPH, MCCHD, and CLD.

Center for Leadership in Disability as a UCEDD

At the operational level, Dr. Crimmins provides overall leadership for CLD with responsibility for university and partner relations. School and community programs are currently led by Associate Director Emily Graybill, supported by Allison O'Hara, Gereen Francis, Molly Tucker, and Brenda Liz Munoz. Brian Barger coordinates research and evaluation projects, supported by Josephine Mhende, Ashley Salmon, Camara Gregory, Miyah Sundermeyer, and Margaret Murray. Mark Crenshaw serves as Director of Interdisciplinary Training, supported by Kurt Vogel. We have proposed two new faculty-level positions in this plan -- a Director of Health and Wellness and a Director of Individual, Family and Community Supports, who will respectively develop new interdisciplinary projects extending across the life span and expanding our community reach. Operations Coordinator Susanna Miller-Raines coordinates dissemination with support from David Elsea and also the IPSE initiatives with Spenser Norris and Ramatu Muhammad. Our Grants and Contracts functions are coordinated by Charlena Gatlin with support from Molly Chung.

Appendix F provides an organizational chart that shows the CLD leadership, faculty, staff, affiliated university faculty, and the CAC. Dr. Crimmins meets weekly with a Leadership Team of faculty and staff responsible for the areas of programmatic emphasis; these meetings provide the opportunity for long-range planning and strategizing. Biweekly with the Leadership Team, Operations Coordinator, and Grants and Contracts Manager provide the opportunity for program oversight. Our flexibility in adapting our management approaches to changes in our environment has been effective and we anticipate it will work well for us as our program evolves and grows.

The organizational chart also shows a reporting line for GSU faculty who are affiliated with CLD and collaborate on different externally funded projects. Dr. Crimmins and Ms. Miller-Raines have frequent contact with the CAC Chair and Co-chair to seek their input on activities related to the five-year plan.

CLD physical plant. CLD occupies three office suites (approximately 6,750 square feet in total) within a twelve-story building that houses numerous other GSU departments and programs. Our offices and meeting spaces are located in the middle of GSU's campus, in the Sweet Auburn Historic District of downtown Atlanta, just a few blocks from historic Ebenezer Baptist Church and the birthplace of Martin Luther King, Jr. CLD is within walking distance of the Five Points MARTA Station (the hub of Atlanta's mass transit system), the State Capitol and legislative offices, and the headquarters of the major state agencies. In addition, the Hartsfield-Jackson International Airport, the world's busiest passenger airport, is just minutes away by car or mass transit. GSU technological resources are readily available to support efforts to expand capacity to reach to the most rural and underserved areas of the state. The center also benefits from a strong level of support from the SPH Technology Team who ensure all employees have computer and telephone access, instructional support, and technical help desk support.

Commitment to diversity in staffing. CLD is committed to ensuring the inclusion of people from historically underserved racial and ethnic backgrounds, and people with disabilities as staff and faculty. The CLD team is made up of approximately 20 full-time or regular part-time (more than 20 hours per week) faculty and staff; they include four individuals with intellectual, developmental, or other disabilities, four who

identify as family members of individuals with intellectual or developmental disabilities, seven who are Black or African American, one who is Latina, and three individuals who identify as LGBTQ.

Recruitment and hiring for new positions are overseen by GSU's Human Resources Department, which has strong affirmative hiring plans in place. We collaborate in job development to ensure that new positions can be established that will accommodate a range of strengths and abilities. In recruiting for new positions, CLD will continue to work with organizations, programs, and personal contacts to identify applicants from diverse backgrounds. We will enlist assistance from self-advocacy groups throughout the state to identify potential candidates with disabilities, and will recruit GSU students with disabilities for employment opportunities within CLD. CLD follows all GSU HR policies and procedures on equal employment opportunities. Included with the budget and assurances are GSU policy statements on ensuring equal employment opportunity to all qualified individuals, including individuals with disabilities and individuals from culturally and linguistically diverse backgrounds. CLD's hiring and promotion practices comply with Title V of the Rehabilitation Act of 1973 and the Americans with Disabilities Amendments Act of 2008.

Role of the Community Advisory Council

The CAC fulfills all of their responsibilities defined in the DD Act. From its inception, our CAC has advised the CLD Director in planning, development, implementation, and program evaluation. The CAC currently has 32 members and four designees, including nine individuals with developmental and related disabilities; eight family members of individuals with disabilities; six directors or designees from the

Georgia DD Network; and seven representatives from critical state or national partners including the Centers for Disease Control and Prevention National Center on Birth Defects and Developmental Disabilities (CDC NCBDDD), Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), Georgia Department of Education (DOE), Georgia Department of Early Care and Learning (DECAL), Georgia Vocational Rehabilitation Agency (GVRA), Tools for Life, and Parent to Parent of Georgia. See Appendix C for a listing of CAC members.

The CAC operates according to a set of bylaws, which call for four meetings per year in January, April, June, and September; two of these are generally held by teleconference. The CAC Executive Committee includes a Chair and Vice Chair, elected by the membership, and representatives from standing committees or *ad hoc* work groups. Overall CAC membership is reviewed and realigned annually by a Nominations and Membership Committee in consultation with the Director and the Operations Coordinator. Nominations for new CAC members are actively solicited from self-advocacy and parent groups. The CLD makes explicit efforts to maintain a membership reflecting the racial and ethnic diversity of our state by using the most recent Census data. As noted earlier, the CAC provides critical input in development of our plans, regular input and oversight of their implementation, and progress evaluation.

Georgia Developmental Disabilities Network

The Georgia DD Network is comprised of GCDD, GAO, IHDD, and CLD, and all are represented on the CAC. The CLD Director meets regularly with the directors of the DD Network programs. Members of the DD Network hold a shared commitment to working together is the greatest way to have an impact on the lives of individuals with

intellectual and developmental disabilities and their families in Georgia. We carry out a number of activities as a network, including the Children's Freedom Initiative (CFI), the Georgia History Alliance, Advocacy Days at the Capitol, and IPSE – with different members of the network taking the lead on organizing the different efforts.

CFI, for example, seeks to have *all* children live in permanent loving homes in the community, rather than in nursing or other congregate facilities. GAO serves as the lead on CFI as they have the legal standing to enter the facilities to determine the needs of children and their families. Collectively, the DD Network has worked with members of the legislature and state agencies to increase the visibility of this concern and to develop alternatives to institutional placements. CLD personnel have also been involved with providing technical assistance in support of children with challenging behaviors.

The Georgia Disability History Alliance is led by IHDD, as the UGA Richard Russell Library is committed to gathering, cataloging, and archiving documents and artifacts that represent the state's disability history. The Alliance holds an annual conference at the library. CLD personnel developed and continue to update a disability history timeline for Georgia.

Disability Days at the Capitol are led by GCDD with participation by all the DD Network programs. The themed advocacy days bring people from across Georgia together at the Capitol, where they are supported in connecting with their legislators. CLD personnel serve as supporters for the legislative contacts, and have also contributed a range of communication products to deliver to legislators on the visits.

CLD has served as the lead in organizing GAIPSEC, with financial support from GCDD and participation by the other DD Network members. The consortium has been

highly successful in raising the visibility of IPSE as an option for students with legislators and state agencies, resulting in increasing state legislative appropriation to support the programs over the past four legislative sessions.

In the current plan, we have proposed – and our DD Network partners have all agreed – to jointly address a “new” area of emphasis in each of the next five years. For each topic, we plan to pay specific attention to identifying disparities in access by historically underserved populations – racial and ethnic minorities, as well as rural and urban settings. This year, we are planning to examine the Olmstead Decision at 20 Years and its impact on community access and opportunity. Other potential areas over the next five years are transportation, housing, faith communities, and Employment First at Five. We anticipate that each effort will include focus groups with stakeholders, review of the scholarly literature, development of position papers, and a culminating position paper or conference.

Community Networks and Collaborating Partners

CLD is an active participant in a range of state-and-local networks and maintains formal collaborations with a number of state agencies, school districts, advocacy groups, and provider organizations. We have contractual relationships with DOE to carry out work in PBS, with DBHDD for leadership and self-advocacy training, and DPH for parent academies and technical assistance for early intervention providers. We lead collaborative efforts related to the planning of the GAPBS annual conference with the DOE and local education agencies. We are also the lead agency for the Autism Advisory Group and the annual Autism Conference and Expo of Georgia. And, we have led the formation of the Latino Community of Practice, which has brought together more

than 100 family members, individuals, providers, and advocates to enhance access and coordination of services.

CLD faculty and staff also serve in an advisory capacity on a number of boards and councils, including the Interagency Directors' Team (IDT), which includes multiple representatives from *all* child-serving state agencies, advocacy organizations, provider groups, universities, and the CDC that focus on coordination of behavioral health services to children and youth. The Georgia Education Climate Coalition is a voluntary group of state agencies, advocacy organizations, pro-bono lawyers, and interested others committed to the statewide implementation of Positive Behavior Supports and Interventions (PBIS). The Project Launch advisory committee is convened by the DPH to provide feedback on their implementation of a SAMHSA grant serving children from birth to age eight. The MSM Prevention Research Center (PRC) Community Advisory Board oversees and advises the PRC leadership on strategy and implementation of community health initiatives in southwest Atlanta.

Qualifications of the CLD Director, Faculty, and Staff

CLD Director. Daniel Crimmins, PhD, is the founding Director of CLD at GSU and a Clinical Professor in the SPH Department of Health Policy & Behavioral Sciences. He has a long history of leadership and advocacy on behalf of individuals with disabilities in the United States. Trained as a clinical psychologist, Dr. Crimmins took a position at the UCEDD/LEND in Valhalla, NY in 1985, and has been an active member of the UCEDD network since then. He filled a number of leadership roles in Valhalla, before taking the position of Associate Director and then Director at the Marcus Institute UCEDD. He served on the AUCD Board from 2005 to 2013, including a term as

President in 2010-11. Dr. Crimmins has established a vibrant identity for CLD within GSU and across Georgia. Over his career, he has made significant contributions to scholarship and practice in PBS, autism, and leadership development. He has demonstrated the ability to leverage funding to attain the goals and objectives outlined in this proposal, having managed CLD for the past decade and over \$25 million in grants and contracts in his career. A position description, biosketch, and selected publications are included in Appendix G.

CLD faculty and staff. The CLD faculty (3 full time, plus another 1.0 FTE from different affiliated faculty) and staff (approximately 16 FTE) include individuals with meaningful leadership experiences, professional education and preparation, personal experience, and expertise regarding intellectual and developmental disabilities. The CLD faculty have significant experience in managing grants and contracts. Position descriptions, biographical sketches, and selected representative publications from the team of CLD faculty and staff are included in Appendix G; these demonstrate CLD faculty and staff capacity to carry out each of the core functions. Appendix I provides a brief summary of CLD's programs, projects, and major activities by which we address the core functions.

Allocation of effort by administration, core function, and CAC support. The time commitment faculty and staff members for each year of the project are detailed in the budget justification. Based on our experience over the last decade, the allocated time is adequate to carry out the UCEDD core functions. The following table provides the projected distribution of personnel effort for all current full-time and regular part-time faculty and staff. Effort is displayed in terms of percentage Table 7 displays Full Time

Equivalents (FTEs) as allocated to the AIDD funding and to all other sources of support (leveraged) across the categories of Administration, Interdisciplinary Training, Community Services, Research, Dissemination, and CAC Support. When summed, the table shows that the UCEDD funding supports just over six FTEs, distributed over 25 people, and just over 15 FTEs supported by the leveraged funds, distributed over the same 25 people. Most personnel are assigned a minimum amount of time to Administration on the UCEDD funding to provide time for coordination, data reporting under NIRS, and training related to achieving the goals of the UCEDD and the DD Act; the function of Administration is allocated less than 2.0 of an FTE from core funding and 2.3 FTEs from leveraged funds. The function of CAC Support receives 30% of one FTE (distributed across eight people), all of which is supported by the UCEDD grant. The CAC and administrative allocations have remained relatively constant over the last several years despite the growth in our external funding portfolio.

For the core functions, there is a consistent pattern of about one FTE paid through core funding (.775 for Dissemination, .925 for Research, 1.025 for Interdisciplinary Training, and 1.275 for Community Services) and two-to-three times that number paid through other sources (1.5 for Dissemination, 3.525 for Research, 3.275 for Interdisciplinary Training, and 4.425 for Community Services). The percentage efforts across the four core functions depends on the current portfolio of grants and contracts. In total, this funding distribution demonstrates how CLD maintains the faculty and staff needed to support the functions and activities of the UCEDD.

Table 7 represents a snapshot in time and specific values and time commitments are likely to change as “old” projects are completed and new activities are developed.

The CLD full-time faculty and staff allot their effort across their respective roles and projects, and as needed according to their skills and project needs and demands.

Table 7: Overview of AIDD and Leveraged Funding Support for CLD Personnel

PERSONNEL	% Effort on AIDD funds (Direct or In-kind) / % Effort on Leveraged Funds	% Effort (AIDD/Leveraged) by Core Functions in Year 1					
		ADMINISTRATION	INTERDISCIPLINARY TRAINING	COMMUNITY SERVICES	RESEARCH/EVALUATION	DISSEMINATIONS	CAC SUPPORT
Crimmins	20/80%	7.5/10%	2.5/30%	2.5/10%	2.5/20%	2.5/10%	2.5/0%
Graybill	20/80%	5/10%	5/20%	5/20%	5/20%	0/10%	0/0%
Barger	20/80%	2.5/5%	0/5%	5/0%	10/60%	2.5/10%	0/0%
New, H&W	40/60%	2.5/0%	20/20%	5/15%	10/20%	2.5/5%	0/0%
New, I,F,&CS	40/60%	2.5/5%	10/10%	15/25%	10/10%	0/10%	2.5/0%
Roach	2.5/25%	0/0%	0/20%	2.5/0%	0/5%	0/0%	0/0%
Jimenez	2.5/25%	0/0%	0/0%	2.5/10%	0/15%	0/0%	0/0%
Crenshaw	40/60%	2.5/2.5%	25/40%	5/10%	0/5%	7.5/7.5%	0/0%
Miller-Raines	30/70%	10/25%	0/0%	5/25%	0/10%	5/5%	10/5%
Mhende	12.5/87.5%	2.5/2.5%	5/20%	5/40%	0/7.5%	0/17.5%	0/0%
Gregory	12.5/87.5%	2.5/2.5%	0/60%	5/10%	0/10%	5/5%	0/0%
Salmon	12.5/87.5%	2.5/2.5%	0/0%	0/5%	5/40%	5/40%	0/0%
Tucker	12.5/87.5%	2.5/20%	0/5%	7.5/45%	0/15%	2.5/2.5%	0/0%
Norris	12.5/87.5%	2.5/10%	5/35%	0/30%	5/10%	0/2.5%	5/0%
New specialist	12.5/87.5%	2.5/2.5%	2.5/40%	7.5/20%	0/17.5%	0/17.5%	0/0%
Elsa	50/50%	2.5/2.5%	2.5/2.5%	2.5/2.5%	2.5/2.5%	35/37.5%	5/2.5%
O'Hara	12.5/87.5%	2.5/0%	2.5/0%	7.5/75%	0/10%	0/0%	0/2.5%
Francis	12.5/87.5%	2.5/12.5%	2.5/0%	7.5/50%	0/10%	0/0%	0/2.5%
Gatlin	50/50%	47.5/50%	0/0%	0/0%	0/0%	0/0%	2.5/0%
Chung	50/50%	47.5/50%	0/0%	0/0%	0/0%	0/0%	2.5/0%
Murray	30/45%	10/0%	0/0%	10/15%	10/25%	0/5%	0/0%
Sundermeyer	30/30%	15/10%	0/0%	0/0%	15/15%	0/5%	0/0%
Munoz	30/45%	5/0%	0/0%	15/15%	10/25%	0/5%	0/0%
Muhammad	30/30%	2.5/0%	10/10%	10/20%	7.5/0%	0/0%	0/0%
Vogel	30/20%	10/10%	10/10%	0/0%	0/0%	10/0%	0/0%
Folston (in-kind)	20%	20%	0%	0%	0%	0%	0/0%

SECTION 5: BUDGET OVERVIEW

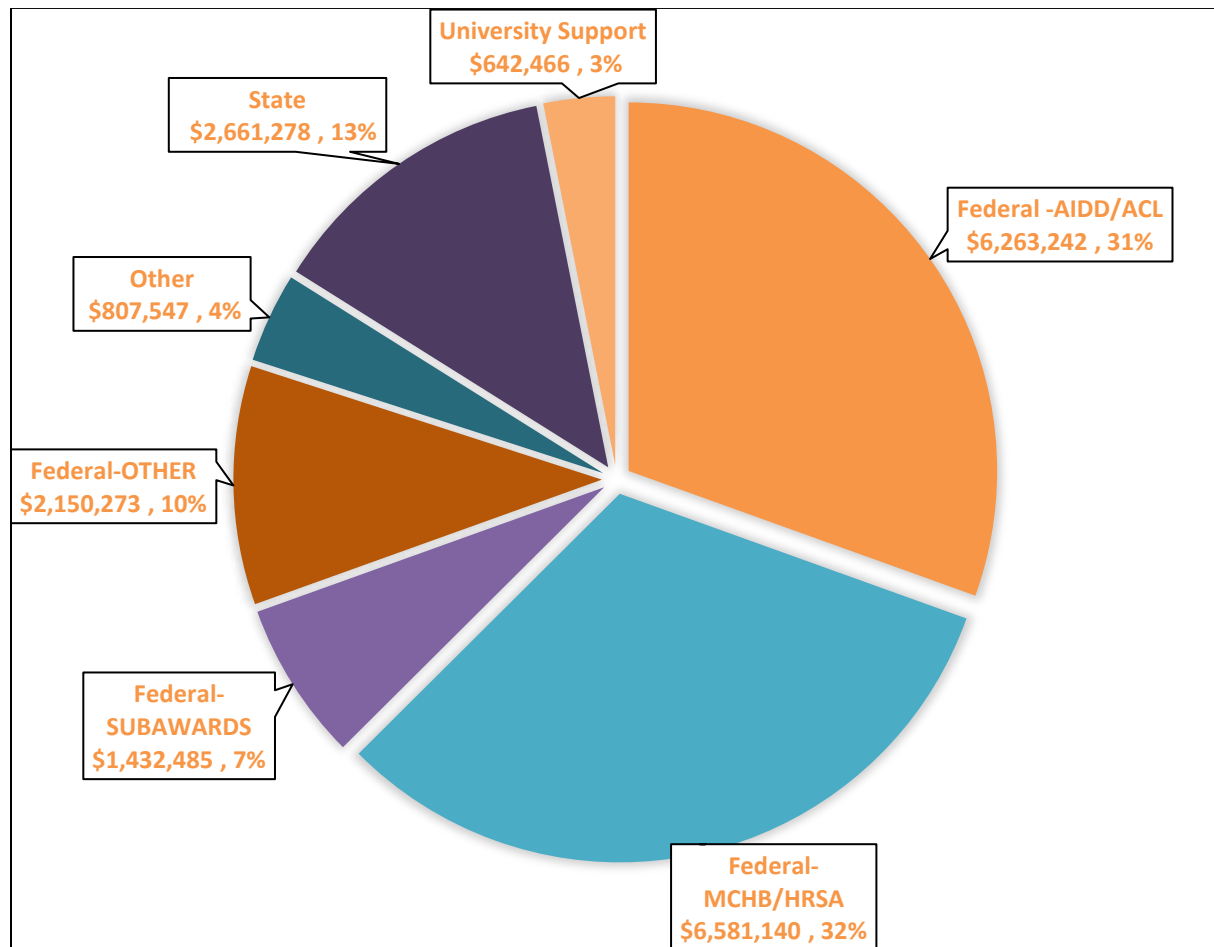
A proposed budget narrative is provided in the application packet that includes a five-year summary and separate narratives for each year of the project, providing line-item detail, how categorical costs were derived, and the reasonableness of the proposed costs. The budget is detailed by line for both the five-year combined and single year budgets; the narrative describes how projected expenditures relate directly to the costs of program operations as written in the work plan.

The personnel and fringe categories reflect the total cost of salaries and benefits averaged over the five-year combined and single project years. Support from AIDD, which now represents less than 20% of the center's total annual operating budget, is a key element in fulfilling the UCEDD goals and mission of promoting systems change, building capacity, and engaging in advocacy activities that impact at state, national, and international levels. The AIDD funds are critical in that they provide a predictable, but modest level of support for the time of key staff (generally about 20%) who are responsible for developing new programs and projects, support for functions that we need to survive and thrive (generally about 50% for administrative support, grants and contracts management, and communications), and a relatively small amount (generally about 12.5 to 30%) in support of personnel who contribute to fulfilling the UCEDD mission, as well as the evaluation and reporting of activities related to the five-year plan. Travel is projected annually for the AUCD national meeting, the UCEDD Director's meeting, the data coordinator's meeting, and related professional conferences that fulfill the goals of the plan; a small amount of local travel is budgeted for each year to participate in Georgia DD Network activities. CAC activities are detailed in one line that

includes meetings, work groups, and attendance by one member at a national conference. Other budget items are necessary for the operation of the center.

The funding for CLD comes directly from federal agencies (AIDD, MCHB, USDOE); sub-awards of federal funds from other universities (e.g., Georgetown, Wisconsin) and organizations (e.g., AUCD, AMCHP); contracts with Georgia state agencies (e.g., DOE, DPH, DBHDD, GVRA); direct university support; and other sources (e.g., evaluation contracts, fee-for-service activities, conferences, and private foundations). The percentage of funding related to these different sources for the past ten years is shown in Figure 3, which represents just over \$20.5 million in total revenue.

Figure 3: Cumulative CLD Funding – FY 2010 to FY 2019



Leveraging Resources to Achieve Goals and Objectives

The justification demonstrates that UCEDD funds are used to supplement and not supplant funds that are otherwise available to carry out the work and activities of the UCEDD. In fact, the agenda proposed in this plan can only be achieved by continued leveraging of the AIDD funding. We are cautiously confident that we will continue to be highly successful in leveraging resources as we seek new, diversified resources to support the goals of this plan. For some activities, multi-year funding has already been obtained in the form of awarded grants or long-term contracts; for others, potential funding sources will be identified and pursued. Figure 4 shows the more-than-five-fold growth in leveraged funding over the period of fiscal year (FY) 2009 through FY 2019.

Figure 4: CLD UCEDD Core and Leveraged Funding – FY 2010 to FY 2019

