NEBRASKA: ANNUAL PROGRAM PERFORMANCE REPORT

SECTION I: IDENTIFICATION

1. State/Territory

NEBRASKA

2. Fiscal Year

2022

3. Contact person regarding PPR information

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SECTION II: COMPREHENSIVE REVIEW AND ANALYSIS

Adequacy of health care and other services, supports and assistance that individuals with developmental disabilities in Intermediate Care Facilities (ICF) receive.

There are eleven ICFs in Nebraska including two state facilities and nine private facilities. The Nebraska Department of Health and Human Services, Division of Public Health, is identified as the survey agency within Nebraska. All facilities have been surveyed within the past year by representatives of Regulation and Licensure within the Division of Public Health. Regulation and Licensure is responsible for the state surveys and complaint investigations for all ICFs, surveys, and complaint investigations for all licensed Centers for the Developmentally Disabled (CDD) facilities in the state. There were 74 licensed CDDs in the state as of November 7, 2022. Survey reports are shared with the Council when requested.

Surveys continue to be positive, finding those surveyed to be in compliance with all eight ICF/IID Conditions of Participation. Review of ICF/IID survey reports for various facilities over the past year

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reflect trends in licensure deficiencies. Staff training was often cited, particularly the lack of emergency preparedness training. Program implementation was another area frequently referenced, indicating the need for staff to receive adequate training on how to administer programs. Program monitoring and change was another area noted with deficiencies. Active treatment (W197 and W195) and services provided from an outside source were cited at the 400 State Building at BSDC and at the Mosaic Axtell facilities. Nebraska regulations note that active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program. All active treatment programs must be based upon assessed developmental needs which are prohibiting the client from living in a more independent setting. Active treatment moves clients to a more independent setting. When a client is in the facility simply for protective oversight and is not in need of training for developmental deficits, this does not constitute active treatment (e.g., a court placement to protect the community or the client from the client's behavior). Programs that are simply being provided to maintain a client's independence would not be considered active treatment since the client is not actively being trained to live in a more independent setting. If a client already possesses the skills that enables them to live in a less restrictive environment, and does not require the structure, support and resources that services that only an ICF/IID can provide, they can be considered generally independent. Other deficiencies cited were isolated across the settings.

A total of 220 individuals lived in the eleven ICFs at the time of the surveys. Current licensed beds versus filled beds at time of survey are recorded below:

BSDC Facilities; Census/last survey date	Licensed Capacity;
400 State Building; 8; 9-30-22	48;
Solar Cottages; 73; 9-30-22	111;
TOTAL BSDC; 81 actual residents	159 total BSDC licensed capacity;

Mosaic Facilities (9 Private); Census/last survey date	Licensed Capacity;
West Park Ave (Norfolk); 6; 7-1-22	6;
Manchester (Omaha); 6; 9-12-22	6;
Millard (Omaha); 6; 8-5-22	6;
Papillion (Papillion); 6; 1-28-22	6;
Hope Street (Grand Island); 6; 9-29-22	6;
Meadowlark (York); 6; 4-22-22	6;
Axtell; 86; 5-27-22	92;
Beatrice Campus;	102;

89;   3-16-22
Mosaic Tri City Region;   9;
9;   8-2-22
(Grand Island)

Total Mosaic Facilities: 239 total Mosaic licensed capacity;
220 actual residents

At the Beatrice State Developmental Center (BSDC), the qualified developmental disabilities professional (QDDP) facilitates an interdisciplinary approach in development of the Individual Support Plan (ISP). The ISP is a plan that includes what is important to the individual and important for the individual. The goal is to ensure a person-centered plan that supports the individual in realizing their personal goals and moving them toward living in the most inclusive environment possible. Quarterly and as needed a review of progress toward the individual plan is completed through IDT review and meetings that address any changes needed. IDT meetings are scheduled by the QDDP, ensuring that the staff who have expertise in the area(s) of concern are present as well as participation by the individual, guardian, and direct support staff.

Members of BSDC Quality Improvement complete a random sample of ISPs, ensuring reviews include monitoring for compliance with BSDC processes, ICF regulations, and if individual needs are met. A Program Specialist monitors and tracks restrictions to individual rights and chairs the Human Legal Rights Committee. BSDC Quality Assurance staff complete thorough incident reviews, monitoring for appropriate interventions to prevent future incidents and track for facility and individual trends. Members of the team provide investigation reports for alleged abuse/neglect incidents, fractures, and deaths. Division of Developmental Disabilities (DDD) hired Liberty Healthcare to review Quality Management Systems. Liberty Health Care provides Mortality Reviews for deaths at BSDC, followed by the Mortality Review Committee. BSDC Health Information provides information to Liberty Health Care regarding deaths at BSDC, and any additional documentation requested. BSDC Director of Nursing is a member of the Mortality Review Committee, and the Quality Control Supervisor participate in committee reviews for deaths which occurred at BSDC.

On-site healthcare services at BSDC include evaluation, assessment, and treatment of medical, clinical, dental, mental health and behavioral needs of adults with intellectual and developmental disabilities (I/DD). BSDC applies a person-centered, interdisciplinary approach that mitigates existing health conditions, improves quality of life, and prevents development of complications. Annually and as needed, clinical staff complete risk screenings for health, physical and nutritional concerns. Clinical experts complete routine monitoring based on individual needs, to ensure the health and safety of individuals as well as the knowledge of staff for implementation of those supports. Examples include monitoring for proper positioning throughout daily activities, meals to ensure appropriate dining strategies, food textures and liquid consistencies to ensure safe intake without complications. On site nursing and medical provides healthcare monitoring based on individual needs for elements which may include but are not limited to: BMI improvement, blood pressure control, diabetes control, and a reduction in hospital visits. BSDC individuals receive comprehensive therapeutic plan development upon referral, followed by care transition to a physician or specialist in the community as needed. All BSDC individuals have person-centered healthcare plans and use all available services.

Quality Improvement indicators are assigned in the following areas and reported on Quarterly, with action plans identified as needed to address concerns in specific areas.

- Individuals are Safe
- Individuals are Healthy
- Individuals are Supported to Achieve Independence
- Individuals are Treated with Dignity and Respect
- Staff Employee Data

BSDC participates in the National Core Indicator Survey. This includes a random survey of individual and guardian satisfaction with services provided. The 2022 NCI survey was completed through in person interviews with participants.

Quarterly, as part of individual review of progress/needs toward their personal plan, BSDC monitors service satisfaction with:
- Day Services/Opportunities;
- Recreation/Leisure Services/Opportunities;
- Living Arrangements; and
- Health and Wellness Services/Opportunities (including the medical services).

Between October 2021 and September 2022, 11 participants were served by BSDC acute crisis stabilization services.
- Six admissions from outside of BSDC during this period; Three of which have been discharged back to a community provider.
- One individual was admitted from the other ICF at BSDC, due to needs for behavioral stabilization.
- Four individuals resided in the step-down program.

As a result of wait list needs for acute crisis stabilization services at BSDC, the DD Division has continued to focus resources on acute crisis stabilization services and postpone providing respite services as a last resort at BSDC.

BSDC's Emergency Preparedness Plan was updated to include a section, "COVID-19 Pandemic Plan" - Guidance for Prevention and Control of Transmission of Novel Coronavirus-19 at BSDC.

During the COVID pandemic, BSDC leadership implemented precautions to provide health and safety for the individuals supported, while continuing to provide a therapeutic environment. BSDC leadership took into consider current risk levels and CDC guidance when making these decisions.

Precautions continue to be implemented and adjusted based on current data and the health of individuals and staff. Examples include, but not limited to:
- Requirement for staff to wear masks when supporting individuals and in the presence of others.
- Personal Protective Equipment (PPE) was available and provided as indicated.
- Posters were placed around campus, reminding of infection control procedures and resources for information.
- Changes to day service activities, travel away from BSDC campus, visitation, and other precautions were identified and adjusted to reflect response to increased or decreased risk.
- Individuals (picture guide) and guardians received education regarding COVID and provided opportunities for discussion with healthcare providers.
- Individuals and staff received testing

- Individuals and staff received vaccinations
- Increase in sanitizing areas

Additional monitoring over the past year, due to COVID and the facilities commitment to ensuring a safe and healthy environment, included appropriate masking by staff according to the facilities outlined guidance for use as well as increased infection control monitoring.

Adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities served through home and community-based waivers receive.

There are two DD waivers that provide Home and Community-Based Services (HCBS): the Developmental Disabilities Adult Day waiver and the Comprehensive Developmental Disabilities waiver. The Developmental Disabilities Adult Day waiver offers day services and there were 4698 individuals on this waiver in September 2022. The Comprehensive Developmental Disabilities waiver offers day and residential services and there were 458 individuals on this waiver in September 2022.

The Aged & Disabled (AD) Medicaid Waiver services help people who are aged or have disabilities who meet the Nursing Facility Level of Care. The AD Waiver provides needs identification, service planning & HCBS for eligible individuals, & services not typically seen as medical, such as adult day care, assisted living, chore services, childcare, home-delivered meals, independence skills management, nutrition services, personal emergency response system, respite care, & transportation. There were 6709 individuals on the Aged and Disabled (A&D) waiver in Sept. 2012.

The Division of Developmental Disabilities (DDD) also offers service coordination to waiver participants and eligible persons on the DD wait list. For individuals on the wait list, service coordination provides case management services to support individuals on the wait list in accessing benefits and community resources they may qualify for while waiting for a funding offer to receive DD waiver services. For participants in waiver services, service coordination is a mandatory service. Service coordinators work with a participant to develop the participant's Person-Centered Plan (PCP) based on the participant's personal goals and assessed needs, monitor the implementation of the PCP, complete referrals for chosen providers and arrange site visits and transition plans, and help advocate for what the participant wants and needs from service providers. Service coordinators conduct onsite service reviews to monitor the delivery of services and the participant's satisfaction with services.

The PCP is an individualized plan that identifies the supports and habilitation the participant needs to live as independently as possible. The PCP is developed by a team chosen by the participant and includes the participant, the service coordinator, the developmental disabilities providers (agency and independent) who work with the participant, the participant's guardian, family members, advocates and friends, and other organizations that support the participant. The division's quality team reviews a sample of PCPs each month to verify that participant plans meet waiver and policy requirements and generally address participants' goals and assessed needs. The division's quality team also monitors critical incident reports which include hospitalizations, emergency room visits, serious illness/injuries, and other events that affect the participant's health or safety. A cross-divisional Mortality Review Committee convenes monthly to examine participant deaths to identify if there are any concerns or additional follow-up necessary to improve participant health and well-being.

For each DD waiver participant, the Service Coordinator completes level of care and risk screen assessments annually to assess the participant's health and safety needs, in order to develop the PCP. The level of care determines whether a participant requires the same level of services as provided by an Intermediate Care Facility. There are four risk screens administered annually: behavioral risks, overall health and risks associated with medical conditions, risks associated with walking and falls, and nutritional intake and aspiration or choking risks. A participant's provider may complete additional assessments to identify the strengths, needs, and preferences of the participant. The assessments are reviewed by the PCP team and are an important part of service planning. An objective assessment process is used to determine each participants' annual budget for purchasing DD waiver services. The objective assessment process includes completing an Inventory for Client and Agency Planning (ICAP) assessment which is a scientifically validated instrument that assesses adaptive skills and behavioral needs.

Medical care of the participant is the responsibility of the participant, the participant's guardian (if they have one), or a service provider, depending on the participant/guardian's preferences. Participants receiving DD waiver services get their medical care through Heritage Health, Nebraska's Medicaid Managed Care Program. There are three managed care organizations: Nebraska Total Care, United Healthcare, and WellCare of Nebraska. Heritage Health combines Nebraska's physical health, behavioral health, and pharmacy programs into a single comprehensive and coordinated system for Nebraska's Medicaid and Children's Health Insurance Program enrollees. All Heritage Health plans offer the same healthcare services in the community including doctor visits, prescriptions, hospital, mental health, emergency room visits, vision and glasses, medical supplies and durable medical equipment, skilled nursing, physical, occupational and speech therapy, hearing and hearing aids, home health, dialysis, and hospice. Dental benefits are available to Medicaid enrollees as well. The services that are not covered by the health plans but are provided by other Medicaid programs if participants are eligible, are: non-emergency transportation, personal assistance services, and long-term care.

In response to the COVID-19 pandemic, the division applied for and was granted an emergency Appendix K to meet the needs of participants on both HCBS Developmental Disabilities Waivers. Appendix K policies were in place from March 2020 to July 2021 with an extension approved in September and December 2020, March 2021, and June 2021 through June 30, 2022. For participants affected by the potential outbreak of COVID-19, recommended closures, and quarantines due to potential exposure, and for those following the CDC guidelines for those with disabilities, the following were temporarily permitted under the first versions of Appendix K:

- Allow certain services to be delivered in alternative sites;
- Allow caps on certain services to be exceeded;
- Allow electronic methods of service delivery;
- Change enrollment requirements for providers;
- Modify person-centered service plan development process;
- Increase certain payment rates; and
- Allow retainer payments when certain services are not available to the participant.

The last Appendix K extension changed the end date of the Appendix K from June 30, 2021, to June 30, 2022. The final Appendix K amendment did not extend the Appendix K flexibilities that ended June 30, 2021, with the exception of the flexibility to allow Habilitative Workshop, Community Inclusion and Adult Day Service in the alternate setting which was extended through the end of the Appendix K (June 30, 2022). The final amendment is additive to those previously approved and applied waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.). The final additive to Appendix K made it possible for the Division of Developmental Disabilities to provide a temporary rate increase by 15% for most services offered by providers of HCBS Developmental Disabilities Waivers. Each provider's payment was calculated by adding 15% to the claims submitted to DDD from January 1, 2022, through June 30, 2022. Funds were then distributed in three separate windows covering services rendered between January and April of 2022, May and June of 2022, and a third payment covering the overtime service for January through June of 2022. The increase would account for excess overtime of direct support professionals to cover staffing needs and to account for additional infection control supplies and service costs.

The rate methodology has changed as Nebraska intends to use American Rescue Plan Act of 2021(ARP) funding (not previously available) to effectuate the rate increase. This rate increase will be applying the enhanced FMAP as authorized in the American Rescue Plan (ARP).

Nebraska Medicaid's spending plan for the additional funds available for home and community-based services (HCBS) through the American Rescue Plan Act received conditional approval from the federal government on January 31, 2022. Components of the Spending Plan that have been approved by July 14, 2022 includes grants to agencies to purchase telehealth equipment; funds to convert or renovate facilities for other purposes or enhance purpose; funding of non-federal share for ACL grants for the State Unit on Aging; funds to procure a fiscal intermediary and change the rate methodology for personal assistance services and chore services; and funding to increase to address workforce shortages and continued increased costs due to COVID-19 for all four of Nebraska's Waivers (TBI, AD, CDD, and DDAD). Nebraska is awaiting CMS approval on their seven new spending plan initiatives submitted on April 15, 2022.

National Core Indicators (NCI) Survey - DD Waiver

The Division of Developmental Disabilities participates in the National Core Indicators (NCI) survey. It is a survey that assists public developmental disabilities agencies with measuring and tracking their performance and comparing that performance with other states. Below is the health and wellness data from the most recent NCI -IDD data report on interviews conducted in 2020-2021. Nebraska conducted 432 surveys and 19,991 surveys were conducted nationwide. 40% of respondents were female, and 60% were male. The average age was 41.7. Demographics of race and ethnicity were as follows: White - 81%, Hispanic/Latino 5%, Black/African American 5%, American Indian 5%, Asian 2%, Two or more 2%. Residential designation demographics: 45% in metropolitan areas, 21% in micropolitan, 7% in rural, and 27% in small town.

Health

- Nebraska respondents reported significantly above the national average for having a dental exam in the last year (98%), having a physical exam in the past year (91%), and having a flu shot in the last year (88%).
- Nebraska respondents were within national average for reporting they are in poor health (4%), having a primary care doctor (96%), and receiving a pap smear in the past year (45%).
- Nebraska respondents were significantly below NCI average for having an eye exam in the past year (38%), having a hearing test in the last year (35%), and receiving a mammogram in the past year (40%).
- Nebraska respondents are significantly above the national average for taking medication for behavior challenges (32%). Nebraska is also above the national average for respondents having a behavior plan if they take medication for challenging behaviors (73%). Nebraska respondents are

significantly below national average if they take at least one medication for mood, anxiety, and/or psychotic disorder (38%).

- For those respondents that indicated that they take medications for mood, anxiety, and/or psychotic disorder, 80% take 1-2 medications, 14% take 3-4 medications, 5% take 5-10 medications, and 1% takes 11 or more medications. Medications taken related to behavior challenges indicates 71% take 1-2 medications, 26% take 3-4 medications, and 3% take 5-10 medications.

Wellness

- Nebraska respondents are significantly above the national average for exercising or doing physical activity at least once per week (80%), and exercise or physical therapy that works the muscles (43%).
- Nebraska is at the national average for tobacco and other nicotine use (Community-8%).

Respect and Rights

- Nebraska respondents reported significantly below national average on their opinion that their staff treat them with respect (89%) and that they can use the phone or internet when desired (85%). Nebraska respondents were significantly above national average with regards to having a cell phone (80%), if others read their mail or email without asking (17%), has attended self-advocacy meeting (49%), and indicating if they voted or chose not to vote (54%).
- Nebraska respondents reported significantly above national average on if they have a place to be alone at home (99%), if others let person know before entering their home (95%) or before entering their bedroom (90%); indicating that they have a key to their home, and if they have rules about having friends or visitors at home (52%).
- Nebraska respondents reported significantly below national average regarding the question that they can stay home if others in the house go somewhere (18%). 87% indicated that they can be alone with friends or visitors at home.

Liberty Healthcare Corporation and Quality Oversight

In January 2021, Liberty Healthcare Corporation (Liberty) entered into a contract with the Nebraska Department of Health and Human Services, Division of Developmental Disabilities (DHHS-DDD) to provide quality improvement services for Home and Community-Based Services (HCBS) programs. Liberty is also contracted to perform quality improvement services relating to mortality review processes at the Beatrice State Developmental Center (BSDC). In order to promote a system-wide approach to continuous quality improvement, Liberty and DHHS began collecting information regarding all deaths of individuals served by the DHHS-DDD to monitor performance measures and use the data to drive improvement in the delivery of services on 7/15/21 and throughout 2022 for all four HCBS waiver programs and for the BSDC. An important component of quality and risk management oversight in the new mortality review processes developed and implemented by Liberty and DHHS-DDD is the review and analysis of all deaths of supported individuals to identify important patterns and trends that may help mitigate risk factors and provide information to inform service delivery improvements.

Mortality Review Process (MRC)

The review and analysis of participant deaths is an important component of the quality and risk management systems. The mortality review process collects and analyzes data from mortality reports and case reviews to identify important patterns and trends that may help increase knowledge about risk factors and provide information to guide system enhancements and improvements.

In the coming year, additional improvements and enhancements are planned, including standardizing the process for submitting notifications of death, further enhancing and refining data collection and analysis processes to yield more trending and predictability capacity; and implementing a more robust technical assistance and remediation process geared toward enhancing improvements in service quality.

In the next year, a goal is to have deaths of participants across all waivers reported via the Therap system by completing a "Death of a Participant" General Event Report (GER). This will streamline and standardize not only the method and platform by which deaths are reported but also the data reported and collected, increasing the reliability of mortality data analyzed.

Triage Process
Liberty's mortality review nurse investigator triages (screens) each notification of death to determine if it falls into one or more of the following categories:

- Deaths associated with alleged or suspected abuse, neglect, exploitation, or criminal acts;
- Sudden and unexpected deaths (deaths that occur without warning or are unanticipated); or
- Deaths which could be due to a lack of standard medical care or omitted or inappropriate clinical care.

When a death meets one of these criteria, the mortality review will be expedited. An expedited review is prioritized ahead of non-expedited reviews. Expedited deaths are always prioritized to be completed within 45 calendar days following triage. Non-expedited deaths are reviewed as work on expedited death permits but may not be completed within 45 calendar days of triage depending on the volume of death notices received.

When the initial triage review reveals potential signs of abuse, neglect, or exploitation, the mortality nurse investigator alerts the DDD Quality Administrator to the immediate concerns that may need to be addressed.

Nurse Mortality Review
To start the review process, the mortality review assistant begins collecting applicable documents within the state-mandated web-based case management system. A list of additional documents needed to conduct a review is sent to the provider, Service Coordinator, or BSDC staff; receipt of documents is tracked; and the documents are organized in preparation for the review.

The nurse mortality investigator completes the review using the documents received and completes the mortality review brief electronically, entering all appropriate data about the mortality. The investigator determines whether each mortality case:

- Second-Level Physician Review

The Liberty mortality review physician completes a second-level review on all mortality cases that have been expedited and any non-expedited reviews that would benefit from further medical evaluation. The nurse mortality investigator may flag certain aspects of a case for physician review and may have specific questions about the cause of death, meaning, or impact of medical conditions or illnesses related to the mortality, or the appropriateness of the medical care provided in days and weeks preceding the death. Findings from the second-level review may help answer the mortality questions listed above.

- Mortality Review Committee

The role of the Mortality Review Committee (MRC) is to review and evaluate individual mortality cases referred to the committee, as well as aggregate data from mortality reviews, make recommendations for quality improvements for both individual providers and systems issues, and communicate recommendations to the DDD Quality Improvement Committee to support systemic quality improvement initiatives. The goal of the MRC recommendations is to improve the quality of support and services and prevent avoidable deaths.

Follow-up and Closure Process

Based on the mortality review findings, Liberty and the MRC may make recommendations regarding actions to be taken by the provider, Service Coordinator (SC), or Beatrice State Developmental Center (BSDC). Liberty generates recommendation letters and the DDD Quality Administrator (or designee) amends and approves the letters before sending to the provider, SC, or BSDC. Liberty, in collaboration with the DDD Quality Unit, may provide technical assistance to providers based on recommendations from the mortality reviews or MRC. Mortality review cases are considered closed when either a recommendation letter or a closure letter is sent to the applicable party (provider, SC or BSDC).

Collection, Analysis, and Reporting of Mortality Data

Multiple sets of data are collected and stored during triage and mortality reviews. These data elements are case factors, characteristics, and attributes that assist in identifying trends, correlations, and themes associated with mortalities when used in data analysis. Some of these data elements include:

- Age at death;
- Location of death;
- Provider of services;
- Cause of death;
- Pre-existing conditions;
- Residential setting;
- Waiver program funding; and
- Fatal Five plus pre-existing conditions.

SECTION III: STATE PLAN IMPLEMENTATION

A. Introduction	**Provide an executive summary with cohesive information that provides an overview of the report including, but not limited to the following: (1) targeted areas of emphasis, (2) strategies used to implement activities; (3) significant accomplishments and/or barriers to OMB Approval 0985-0033 Expiration: 11/30/2024 state plan implementation; (4) needs requiring state plan amendments.**

The Council is pleased with the launch of the new 2022-2026 State Plan and the revitalized energy that it brings to our collective advocacy and focus on systemic chance and capacity building in Nebraska. In FFY2022 the Council funded subawards and contracts, and Council staff worked diligently to meet or exceed the planned work. There was collaboration with the DD Network Partners, Division of Developmental Disabilities, DD advocacy organizations, cross-disability organizations, legislators, boards, commissions, and councils.

The Council continues to use DD Suite for reporting. This has proven to be a good move as it has streamlined the processes and reporting. Subrecipients have had some specific questions and needed some technical assistance from Council staff, but the majority have had no issues using it. The DD Suite team has also provided remote training and technical assistance beginning in April 2022 through summer 2022 to train the new Program Specialist(s) how to use DD Suite to monitor our subawards.

In 2019, the Council decided to use, and received approval from the DSA's Procurement Division to use, the DD Suite Platform for the FFY2020 subaward RFA process and subsequently for subaward management. When Council staff sought approval to use the DD Suite Platform for FFY2021, Procurement told Council staff that we needed to use the DSA's system for the subaward RFA process. Procurement relented and told Council staff could use DD Suite for FFY2021, but for FFY2022 the Council must use the DSA's system. On March 2, 2022, Council staff met with Page Barningham, Subaward and Grant Manager in Procurement, to discuss the DD Suite Platform. Council staff were informed that to use an alternate RFA process or system, the proposed must be demonstrated to be equivalent (or superior) to existing DSA Procurement processes and systems. Page was granted access to the DD Suite Platform to evaluate it in comparison to the DSA's Procurement process and systems. Page's research concluded that the DD Suite Platform does not meet equivalency with the DSA's Procurement processes and systems in the following areas: Evaluation and Access. The current practices in these areas (using DD Suite) increased the potential of valid Grievances/Protests to DHHS related to the RFA process. On April 1, 2022, Council staff were notified that the Council could no longer use the DD Suite Platform for the subaward RFA process. The Council was directed to use the DSA's Procurement process and systems which included posting the competitive RFAs on the DHHS Grants and Contract Opportunities website.

Council staff worked diligently with Procurement to make this process transition and developed a 2022 competitive grants timeline. The DSA's Procurement staff worked with Council staff to develop the two competitive RFAs that were posted on the DSA's website on May 31, 2022. The new process included a formal Question & Answer period for applicants where applicants were able to submit any written questions they have, and then Procurement worked with NCDD to post written answers to all questions for all potential applicants to review.

Procurement & NCDD staff hosted a live WebEx Pre-Applicant information session on June 7, 2022. Entities that were interested in applying for the RFAs could attend virtually or call in. At the Pre-Applicant Information Session, NCDD and Procurement staff provided general information about the funding and answered questions from potential Applicants. The recorded session and transcript were posted with the other RFA items on the DHHS website.

All applications had to be submitted to Procurement, and applications could be submitted online, in-person, or via mail, rather than DD Suite. Procurement screened the applications to ensure that all the criteria was met, then forwarded the applications to the pre-determined members of the Grant Review Committee. Procurement also assisted Council staff with hosting an Evaluator Orientation via

WebEx and a recording was made available to those who were not able to participate. This was followed by a two-week Evaluation Period where pre-determined members of the Grant Review Committee evaluated their assigned subaward applications and submitted their evaluation forms to Procurement who then tabulated the scores and provided them to Council staff. Grant Review Committee members were not allowed to discuss the applications they were assigned to score with any other Grant Review Committee member during the Evaluation Period. The Council's Grant Review Committee and the full Council had the ability to review all scores/applications and either approve funding, approve funding with contingencies and/or recommendations, or veto an application.

In prior years the NCDD Grant Review Committee met in person the afternoon before the August Council meeting to discuss the formal and continuation grant proposals and determine final scores. Likewise, NCDD members evaluated and discussed the smaller Opportunity subaward proposals at their quarterly meeting to determine final scores and vote on funding decisions. As noted above, these pervious subaward evaluation processes were no longer allowed and were changed to comply with the DHHS Procurement process. This was a completely new process for the Council to adjust to, and the Council ED oversaw the new procedure.

NCDD staff and the Grant Review Committee did convene as an entire group virtually on August 4. Committee members had the ability to share with the group if they had any major concerns with the top-rated proposals, or if they had any recommendations and/or contingencies. Ultimately the Council could approve funding, approve funding with recommendations and/or contingencies, or veto a proposal. The Grant Review Committee recommended the action to take, and the Council made the final decision at their August 5 meeting.

In FFY22, Council staff monitored 8 new subawards, 1 subaward receiving a no-cost extension, 2 subawards that straddled the FFY21 and FFY22 PPR cycles, and 7 contracts. Education was the primary means of providing information to students, families, service providers, and professionals. Among the projects:

The Kolb Foundation for Disability Education (KFDE) was funded to launch an Adult Sibling Network to create a network of people with intellectual and developmental disabilities and siblings of people with intellectual and developmental disabilities to increase knowledge on improving quality of life and increase independence, productivity, and inclusion. Participants gathered socially and for educational events to exchange ideas, provide support to one another, and develop more equitable relationships. The Kolb Foundation believes that all people with disabilities have the right to live a full and inclusive life in the community that they choose, and their motto is "Living...Not Just Surviving". The Adult Sibling Network was the first program of the revitalized KFDE. The Adult Sibling Network Program Project Manager is an adult woman with cerebral palsy, and she and her sister were instrumental in creating the Adult Sibling Network.

Eastern Nebraska Human Services Agency (Duet), a HCBS DD provider, received funding to support a project providing healthy relationships education and training with their staff, supported persons & their caregivers. This project required Duet's Behavioral Services team to become certified in Elevatus evidence based and trauma informed sex education, motivational interviewing and building healthy relationships curriculum. The training curriculum taught Duet clinicians and program development specialists how to lead training and workshops skillfully and confidently on the topic of sexuality. Duet's Behavioral Services team successfully trained 51 employees on the entire curriculum, and efforts are underway for Duet to offer training workshops to the people they support, their guardians and loved ones. These upcoming workshops will be open to anyone in the community, not just people receiving supports from Duet. Their goal in 2023 is to train approximately 1,000 supported persons, DSPs, and caregivers.

PTI Nebraska (Parent Training and Information) was awarded a two-year grant to provide training, events, and webinars on the transition to adulthood and living independently to youth, young adults, and their families, and to professionals and caseworkers. PTI Nebraska is Nebraska's only Parent Center and serves as a statewide resource for families of children with disabilities and special health care needs. The combined mission and vision of PTI Nebraska is to provide training, information and support to Nebraska parents and professionals who have a vested interest in children ages birth through twenty-six, who receive or should receive special education or special health related services. PTI enables parents and students and creates the capacity for them to improve their educational outcomes so that children with disabilities will be prepared to lead productive, independent adult lives to the maximum extent possible.

Council funds are supporting PTI's incorporation of person-centered planning as a process-oriented approach to empowering people to plan their life, speak up for themselves, and work toward reaching their own goals with a team. The Person-Centered Planning process fits nicely with transition planning and will become the cornerstone of all of PTI's updated resources and materials. PTI Nebraska has started work on updating/rebuilding/revamping websites/social media, materials, resources, presentations, webinars, and trainings so they touch on, prepare and more often, focus on Transition Planning, using a proven Person-Centered Planning thinking technique and narrative. The project has funding earmarked for an Outreach Coordinator support connections to the Spanish speaking communities in Nebraska which will help the Council address our targeted disparity area. The project has faced some challenges in this first year of funding due to staff capacity issues, including a vacancy for the Outreach Coordinator, the retirement of their Transition Coordinator, and the resent change of leadership at the Executive Director level. Council staff have been working closely with PTI program staff to improve outcomes and strengthen their program report updates.

Emergency Management Disability Awareness Training was brought to Nebraska by Dave Whalen of Niagara University, and continued a for a second year in FFY2022. This training reached emergency managers and others involved in emergency response and focused on the functional and access needs of people with disabilities and the need to include them in planning for disasters and disaster response.

The Council funded a second year of Person-Centered Planning (PCP) training for service coordination staff, individuals with DD, families, and other interested persons across the state through June 2022. Due to the pandemic, the training was moved to a virtual format, which allowed for far more participants than was originally planned, reaching urban and rural areas of the state. Outreach successfully reached Spanish-speaking participants who received live Spanish translation during the trainings.

To further systemic changes in PCP, the Council ED submitted a Letter of Support in December 2021 for DHHS Division of Developmental Disabilities (DDD) participation in the NASDDDS Community of Practice program. The letter noted that since May 2020, NCDD has partnered with DDD to bring Dr. Mark Friedman to the State to conduct a series of virtual trainings on Person-Centered Planning. Through these trainings, over 3,500 participants, family members, providers, and DDD HCBS staff have been trained in the framework of person-centeredness and participatory decision making across all areas of service coordination and delivery. These robust trainings have led to a desire to take the next step to operationalize these concepts and ideas statewide.

DDD's participation in the Community of Practice will build on the work already done by the NCDD in the development of a truly person-centered experience for Nebraska participants. The letter of support indicated that NCDD is committed to providing both access and expertise in community engagement to ensure the success of this initiative. Participation in workgroups, access to contact records and information sharing will allow for the work of DDD, NASDDDS, Mark Friedman, and NCDD to work in tandem and build upon itself to ensure the best possible experience for Nebraskans. The NASDDDS Community of Practice will provide the critical structure and sustainability to bring long-term change for HCBS waiver service participants and families to become active agents in their own lives. The DDD was selected to joint the NASDDS Community of Practice in December 2021, and the Council ED has been participating as a member.

Work continued on the Nebraska Olmstead Plan. The Council ED continued her involved with the Nebraska Olmstead Advisory Committee and as an advocate member on the Olmstead Steering Committee and maintained a strong voice to ensure that the plan would be comprehensive and that the voices of those in the disability community were heard. In Dec. 2021, DHHS submitted a report to the Legislature written by outside consultant Technical Assistance Collaborative, Inc. (TAC) on progress with Plan implementation covering the months of June 2020 to Dec. 2021. TAC's progress report highlighted many challenges and limitations on goal progress and stressed the need to include more rigorous strategies with measurable outcomes & targets for progress, including data-informed outcome measures. The Council ED and other advocates monitored changes to the Plan's goals that use a "SMART" goal format so that the Plan will be more effective in measuring progress towards achieving Plan goals. This work continues into 2023.

The Council closely monitored the 2022 Legislative session. Written comments that were included in the official hearing record as an exhibit were submitted via Nebraska Legislature's porthole or chamber viewer page in support or opposition to proposed legislation that would affect the IDD population. The comments submitted online were verified prior to the deadline and identified as comments for the public hearing record which was the only method for submission of official hearing record comments other than testifying in person. The Council ED also testified in person at a few public hearings. Council staff, DD Network CEOs, and other advocacy organizations kept each other informed of changes and updates to proposed legislation. This collaboration is invaluable not just during the legislative session, but throughout the year.

The Council ED is a strong advocate who was involved in numerous statewide advisory boards, commissions, and councils. She participated in public policy advocacy and cross-systems dialogue collaboration. A small sampling of her activities in 2022 include:
- Informing and educating policymakers and legislators on issues faced by individuals with IDD and their families.
- Collaborating with the Nebraska Association of Service Providers, and the Nebraska Statewide Independent Living Council (NESILC) on employment subcommittees to improve employment outcomes for people with developmental disabilities.
- Engaging Special Education Advisory Council members to seek ways to impact systems and changes of the Nebraska educational system, especially in the areas of seclusion and restraint.
- Assisting with setting up speakers and moderating Disability Education Series webinar in November 2021 on Person-Centered Planning and again in June 2022 on Charting the LifeCourse to promote this

systemic change impacting HCBS waiver recipients.

The Council ED also serves as the Council representative on the state statute mandated Governor's Developmental Disability Advisory Committee, which is responsible to advise DHHS regarding all aspects of the funding and delivery of services to persons with DD. The Council ED leverages her membership on this Advisory Committee to bring systemic changes to the delivery and oversight or HCBS services. Throughout FFY22, the Governor's DD Committee focused on the following:
- Time spent monitoring the DD waiver Registry (waitlist)
- Oversight to the 40 cases of those receiving DD waiver services as a result of the DD Court-ordered Custody Act - to ensure that they are receiving the least restrictive treatment and services necessary.
- Oversight of the design and implementation of the quality management and improvement plan.
- Providing input on how DDD plans to spend the America Rescue Plan Act of 2021 HCBS funds and Appendix K updates as the pandemic continued.
- Olmstead Plan progress and review of Year One's independent contractor's evaluation.
- DHHS Division of Developmental Disabilities FY 2022 Business Plan initiatives on Person-Centered Planning (DDD joined NASDDDS Community of Practice Dec. 2021 to use Charting the LifeCourse as a framework for all HCBS recipients), Aged and Disability HCBS waiver Rate Modeling, and HCBS services using a single case monitoring system (Therap).
- Updates on Shared Living Providers (SLP) Workgroup and SLP services concerns.
- Updates on the HCBS amendments submitted for the Aged & Disabled Waiver and Traumatic Brain Injury Waiver submitted 3/18/22 with anticipate effective date 7/1/22 and the DD waiver renewals approved by CMS in Nov 2021 with the 3/1/22 effective implementation date.
- The DSP workforce crisis and reviewing the alarming testimonies shared by NASP and NASP DD providers at the LR239 and appropriations hearings used to leverage a rate increase for providers. The testimonies referenced insufficient care due to staff shortages, isolation of waiver recipients because if staff shortages, and the potential for abuse and neglect by staff who were overworked and overstressed.
- Legislative efforts impacting DDD HCBS waivers (Legislative Resolution 239, LB376 [Family Supports Waiver], LB 1022 & 1014 - provider rates)
- Monitoring the DD Deputy vacancies that were filled later in FFY22
- Concerns over Independent Provider enrollment
- Quality Updates from Liberty Healthcare Corporation on the new Critical Incident Management Procedure for HCBS providers and the & Mortality Review Committee.
- Efforts to form a small committee to review the Rights and Obligations Form to have the document written in more plain language and possibly with pictures. The Council ED suggested this change, and the Council Program Specialist is assisting on this small work group.
- Reviewing National Core Indicator (NCI) 2020-2021 Survey Results to see what NCI data tells us about the lives of people receiving DD waiver services in Nebraska.
- Committee responsibility with monitoring the development of the Family Support Waiver (FSW) (Implementation timeline). LB376 includes this added authority for the Governor's DD Advisory committee. The Arc of Nebraska's ED wrote LB 376 for the FSW, and it was his intention that there was a strong group of family members and advocates that can help be a voice for those families who need the waiver services. The Committee's role is to be the intermediary voice for families.

This Executive Summary reports the work completed by the Nebraska Council on Developmental Disabilities in FFY2022. This summary will be distributed to Nebraska's 49 senators, the Governor, the five representatives in Washington, DC, the DSA, subrecipients, all Council members, and other interested persons. This annual summary is posted on the Council webpage in an accessible format for subrecipients and other interested persons. A link to the pdf of the Council's full annual Program Performance Report is also posted on the website. Alternate formats will be made available upon request.

Cultural Diversity	**Describe the Council's overall efforts to address the needs of individuals with developmental disabilities and their families of a diverse culture through its state plan supported activities.**

Throughout FFY 22, the Council supported efforts to address cultural diversity. Nebraska is comprised of 77,358 square miles, making it the 16th largest state in terms of sheer geographic area. Although Nebraska's total population is approximately two million residents, nearly 60% of its citizens live outside the metropolitan areas of Omaha and Lincoln. Citizens who live in rural Nebraska often feel overlooked and forgotten. The Council is mindful of this concern and works with the Governor's office to seek a diverse Council membership, which includes appointing new members from rural areas and from diverse backgrounds.

NCDD was informed in February 2022 that we are not in compliance with Section One of the State Plan, because representation of NCDD members does not reflect the diversity of the State with respect to race and ethnicity (Section 125(b)(1)(C)). We were asked to provide information on how the Council plans to educate the Governor to appoint additional members from to reflect race and ethnicity of the State.

NCDD Executive Director, Kristen Larsen, emailed Kathleen Dolezal, the Administrative Assistance for Governor Pete Ricketts, on March 15, 2022. Kathleen assists the Governor with making executive appointments to the State of Nebraska boards and commissions. The ED shared the feedback from ACL about the new State Plan being out of compliance with regards to Council membership representation, based on Section 125(b)(1)(C) of the DD Act. Kristen noted that ACL indicated membership concerns related to race and ethnicity with many State DD Councils. The ED also stressed her appreciation to the Governor for helping NCDD reflect membership from the urban versus rural areas of the state. She indicated that NCDD would be recruiting applicants from diverse backgrounds to reflect the ethnicity of the state, and she included the breakdown of racial and ethnic diversity of Nebraska's population that is noted in our new State Plan within the email.

The ED used this opportunity in February to address a membership vacancy. In January 2022, one of the NCDD members resigned due to a conflict of interest, as she decided to take a paid position with one of the Council's subrecipients. The ED recognized that although NCDD already had a full slate of potential applicants to fill the vacancy, none of the applicants reflected the race and ethnicity gaps within current membership. NCDD requested additional time to recruit applicants from diverse backgrounds to fill this opening.

The Council ED also had a follow up phone conversation with Kathleen Dolezal on May 18, 2022. Kathleen noted that unfortunately the application for an Executive Appointment (both the fillable form and website) does not include an area to request demographic information. According to Nebraska state statute, Governor appointed board and commissioner members are considered in the same category as state employees, and it is illegal to ask for demographic information on the application form. However, Kathleen and Kristen did discuss a potential solution to this challenge. Kathleen recommended developing a second application that NCDD would develop for applicants to complete after submitting their initial application with the Governor. This second application could request demographic information to capture race and ethnicity, and it could confirm that the individual or family member/guardian is representing the developmental disability population. NCDD plans to explore setting up a secondary application in FFY2023 and sharing it with the Governor's office for approval. NCDD plans to reach out to iTACC for technical assistance with this process as well as use the NACDD list serve for examples from other State DD Councils.

In late May, the Governor and NCDD received a strong application from a parent of color who is passionate about advocating for an effective, family-centered, culturally appropriate, integrated systems of services and supports for all people with disabilities. The Council ED shared the applicant's two positive reference checks with the Governor's office in mid-June, and requested that the Governor appoint the applicant, Shaistha Kiran Karipi, as soon as possible. Shaistha is a parent of a child with autism, I/DD, and a rare disease. Fluent in five languages, she identifies as a South Asian from India who immigrated to the United States 15 years ago with her husband. She is very active in the disability community and leads support groups in the Omaha area for South Asian families. Her role as a Parent Resource Navigator with the state's UCEDD also provides her numerous opportunities to connect with refugee families and potentially recruit additional Council members from diverse backgrounds. Governor Ricketts appointed Shaistha Kiran on July 25, 2022. NCDD is confident that Shaistha will help bring the immigrant perspective and provide guidance to the Council to improve our outreach efforts to this underserved population.

NCDD continues to follow a path to strengthen the Council's membership with citizens from diverse backgrounds to ensure that their voice and unique concerns are being addressed. This summer the Council shared blast emails to recruit applications to fill five vacancies in October 2022. This email stated the following:

State Councils on Developmental Disabilities (Councils) are federally funded, self-governing organizations charged with identifying the most pressing needs of people with developmental disabilities in their state or territory. Councils were formed into federal law were created by the Developmental Disabilities Act (DD Act) in 1970. The federal Administration for Community Living is responsible for Council oversight. The DD Act requires that Council membership must be geographically representative of the State and reflect the diversity of the State with respect to race and ethnicity (Section 125(b)(1)(C)). NCDD is committed to recruiting members that reflect the geographical areas of the entire state, as well as the diversity of Nebraska's population with respect to race and ethnicity. Special consideration will be on applicants who are Hispanic or Latino, Black or African American, American Indian, or refugees, as well as applicants from the western/panhandle, north central areas of the state. Applicants meeting these criteria are encouraged to note it in the "additional information" section of the application.

This recruitment email in addition to other targeted outreach resulted in NCDD receiving a total of fourteen new applications this summer, and we still have a remaining 24 applicants from previous years. Of the 14 new applications, three applicants from Omaha fit the criteria of ethnic diversity. Two of the applicants from a Hispanic background were a mother and an adult son, and the Council recommended that the son be appointed, and he was. This self-advocate was featured as one of the Council funded Person-Centered Planning project success stories on the DHHS PCP website page. His mother plans to provide him service supports to all Council meetings, and she has a strong connection with the Omaha Hispanic community and may prove instrumental in NCDD connecting with our targeted disparity focus area and recruiting new applicants. The other applicant worked for UNMC Munroe-Meyer Institute where the Nebraska UCEDD is located, and the Council recommended that this applicant was not a good fit at this time. This decision was because the newly appointed member in July also works at the UCEDD, the UCEDD's director also serves on the Council, and we wanted to avoid a heavy UCEDD and Omaha area representation.

Our recent efforts to work with the Governor's office to recruit and appoint well-qualified applicants from diverse, ethnic backgrounds demonstrates Nebraska's commitment to coming into compliance on this issue. We will continue recruitment efforts across the state going forward.

Council staff and members continue to view our approach to advocacy, capacity building, and systemic change through the lens of racial disparity and health equity issues. Throughout FFY2022, Council staff and members recognized that we must continue efforts as ambassadors and advocates for change in health equity and other racial disparities. The Council maintained work alongside internal and external partners to advocate and support people with developmental disabilities and their families from all races and ethnic backgrounds. Conversations continued within the Division of Public Health (DPH), the Council's Designated State Agency, about ethnicity, racial injustice, equity, and related issues. This focus continued to be a priority as the pandemic continued, especially since research confirmed the pandemic's disproportionate impact on people of color.

The Office of Health Disparities Health Equity (HDHE) within DPH promotes awareness of health disparities and provides relevant statistical data to stakeholders for increased awareness of health disparities and health equity and to assess and identify the health status of racial ethnic minorities, federally recognized tribes, immigrants, and refugees. Their work also includes health equity for people with disabilities. Health equity is also identified as one of the five priorities of the Nebraska State Health Improvements Plan (SHIP), and the Office of HDHE oversees the work of the Health Equity priority area.

The SHIP priority states, "Nebraskans will experience health equity and decreased health disparities." Actions to address this priority include addressing social determinants of health; improving the cultural competency and health literacy of the health workforce; improving the collection of data, including standardized collection of demographics for comparison; and studying health outcome data by population characteristics (e.g., rural, ethnicity, race, age, gender, and disability). The DPH supports organizational capacity to address equity through systems, policy, and program efforts that are data informed and culturally competent. As a result of the advocacy of Council staff, individuals with disabilities were included in the targeted populations that experience health disparities. Having health equity and social determinants of health as a priority in the State Health Improvement Plan proved beneficial when the DPH began navigating the COVID-19 pandemic crisis.

In the FFY21 PPR report, NCDD reported that the Council Executive Director served on the leadership planning team with Josie Rodriquez, the Office of HDHE Administrator, to host a working session focused on health equity and the impact it had on vaccination uptake within diverse communities. Nebraska was selected as one of nine states by the Association of States and Territorial Health Officials (ASTHO) and the Centers for Disease Control and Prevention (CDC) for this 2021 project. The intent was to work with state health equity leaders, immunization program managers, senior deputies, and community stakeholders, to identify challenges, opportunities, and ultimately, a path forward to increase immunization uptake within diverse communities. The project also focused on the advancement of health equity in Nebraska, which includes building trust among public health stakeholders and communities.

It is possible that recommendations from the ASTHO CDC 2021 project coupled with key suggestions from the 2021 Nebraska Health Equity Task Force resulted in DHHS and DPH leadership elevating the importance of addressing health equity in 2022 and beyond. In the summer of 2022, the Office of HDHE was moved from the DPH Health Services and Systems Unit to report directly to the Director of Operations for the DPH. This move is significant. The Council ED has just been invited to participate in FFY23 as an appointed member of the DPH internal Equity Steering Committee. The purpose of this committee is to make directional decisions on various organizational initiatives and projects. Examples of tasks that the committee might undertake include advocating for initiatives, providing expertise, providing input on establishment of processes, protocols, policies, or measurement, prioritization of projects, monitoring of a project's progress, making recommendations on various initiatives, and proposing solutions to barriers. The Council ED looks forward to her role on this committee and will continue to provide feedback stressing the importance of addressing health equity for people with developmental disabilities and other disabilities within the DPH and the Office of HDHE.

Council staff attended the virtual Nebraska Conference on Health Equity on April 26 & 27, 2022. The conference was presented jointly by the Nebraska DHHS Office of HDHE and the Minority Health Disparities Initiative at the University of Nebraska-Lincoln. It served as a call to action on health equity in Nebraska. This conference explored the ways that community connections and connectedness build healthier communities in Nebraska. The theme allowed participants to better explore concepts that are intrinsically intertwined with connectedness such as racial injustice, mental health, health care policy and access, and more. Presenters reviewed local, regional, and national disparity data, shared important tools and community resources, and provided strategies to improve awareness and outcomes. Participants also had the opportunity to learn about and strategize with experts to improve health outcomes for underserved communities in Nebraska. Presentations included:

- Health Disparities and Equity: Operationalizing Change at the Organizational Level
- Community Organizing and Community Building for Health and Social Equity (The Council recommended having Joni Thomas, Community and Disability Liaison with Nebraska Total Care, and disability advocate and prior Council member serve on this panel. Joni brought the perspective of disability as health equity into this discussion.)
- The Changing Demographics of Nebraska
- Enhanced CLAS Standards, US Health Policy, & the Path to Health Equity
- Bias in Healthcare Creating a More Culturally Competent Workforce
- What Will It Take to Advance Well-Being Post COVID
- Community Connectedness for Increasing Health Equity

Council staff learned valuable information to guide the Council in our role with transforming systems to advance health, well-being, and health equity for people with disabilities, especially those from diverse and ethnic communities. Training emphasized three areas of recommendation to speak to system change, including centering health equity and well-being in narrative change, prioritizing equitable governance and community engagement, and ensuring that public health measurement captures and addresses structural racism and other inequities. The conference training improved cultural competence of Council staff to help them guide the entire Council in implementing the new

State Plan through this lens.

When releasing Requests for Applications (RFA), the Council strongly encourages applications from organizations that are in rural or urban poverty areas, organizations that employ staff with disabilities, and/or organizations that represent linguistic and cultural minorities. As applicable, subrecipients identify strategies to successfully recruit and train individuals from culturally diverse communities. Specifically, the Council notes that applicants agree to comply with the Developmental Disabilities Assistance and Bill of Rights Act: "In order to avoid discrimination against persons with limited English proficiency on grounds of national origin, adequate steps will be taken to ensure that such persons receive the language assistance necessary to afford them meaningful access to the programs, free of charge." Applicant responses in proposals are taken into consideration when the Council scores each application.

The Council's competitive subaward application process makes it possible for entities from all areas of the state to submit proposals with innovative ideas on addressing the Council's State Plan focus areas. Seven of the Council's FFY22 projects impacted citizens in rural Nebraska while also highlighting inclusivity and diversity. Projects that provided training and outreach virtually had great success in reaching individuals with DD, family members, professionals, and others who may not have been reached otherwise.

The Council's two-year subaward Person-Centered Planning on-line training provides an excellent example of addressing the linguistic needs of those from Spanish speaking families in Nebraska. It was not until Year Two through continued efforts and sheer perseverance and with help from the UCEDD Minority Outreach program that the project began to have ten Spanish speaking families attend the training sessions. The project provided a bi-lingual staff person in each session and a UN trained translator for live translation on the Zoom platform. The project received many comments from the families appreciating the effort to include them and hoping this would continue.

Another example of progress in this area was having Council staff work within their designated state agency (DSA) procurement process to secure a vendor in 2022 to set up a contract to have the updated Along the Way Series guides translated into Spanish. The Council's DSA has already vetted and established contracts with a variety of sources for translation services, and the Council should use these services to translate materials to broaden Council reach and impact going forward. Council staff plan to advocate that the DSA's translation services also include a list of contractors to assist with plain language documents.

These recent examples demonstrate that Council projects and end products will only reach minority populations through targeted efforts, and Nebraska still has a lot of progress to make in this area.

Finally, modeling cultural diversity also includes improving access to American Sign Language. Starting in July 2020, organizations came together to form what is called "Nebraska Disability Advocates" to develop a collaborative effort to educate the disability community. The Council is pleased to be one of 22 disability organizations that belong to this group of disability advocates & professionals who host a virtual educational series on the first Thursday of each month. The sessions are on a different topic each month, and they inform stakeholders, advocates, and all people with any type of disability and their family members about various issues that are important to the disability community. Every session is 1.5 hours long, has two ASL interpreters, and live captioning. All the Educational Series presentations are recorded and uploaded to the Nebraska Statewide Independent

Living Council (NESILC) YouTube page and website. The NESILC serves as the lead organization in providing this series, making certain the flyers, presenters, moderators, and accommodations are arranged. Throughout 2020 and 2021, the NESILC incurred all expenses for accommodations, staff time, and webinar expense. In March 2022, the Council approved $2,500 in FFY23 State Plan collaboration funds to help finance efforts to maintain the ASL interpreters and live captioning accommodations to keep the educational series going. The Council's small investment demonstrates our commitment to addressing the need to reach participants who communicate using American Sign Language or benefit from live captioning.

B. Evaluation of State Plan Implementation	**In this section report on the evaluation activities conducted and results.**
B1. Evaluation Activities	**Describe the evaluation activities undertaken during the fiscal year being reported, including evaluation activities conducted to strategically assess the overall progress and direction of the state plan implementation.**

Council staff implement formative & summative evaluations through multi-method approaches to evaluate the goals/objectives in the State Plan. The purpose of formative evaluation is to determine the extent to which goals/objectives are achieved; provide a description of the strategies that contributed to achieving the objectives; & provide a description of factors that may have impeded progress. The purpose of the summative evaluation is the collection of data that measures intended project outcomes. Both formative & summative evaluations are carefully designed to match planned activities so progress can be evaluated throughout the life of each Council funded project & the degree to which intended outcomes are achieved. Each RFA released provides info on the reporting requirements; the NCDD Subaward User Manual (manual) provides specific details on the evaluation and reporting requirements.

Official records of each project are maintained in the Council office. Grantees are required to submit Quarterly Progress Reports (QPR), Key Performance Indicators (KPI) data, & final reports using DD Suite.

The QPR is the primary source of information on progress made in completing the Work Plan activities & serves as a formative evaluation tool. Grantees report accomplishments & activities related to each goal & objective listed in the Work Plan, identify any problems in reaching goals, & note whether technical assistance (TA) is needed. QPR & KPI are submitted together & reviewed by Council staff.

KPI data is used in conjunction with the QPR to evaluate progress on goals/objectives & as a summary of statistical accomplishments once the project has been completed. It serves as a formative evaluation tool when reported each quarter & a summative tool at the end of the project. The Project Director (PD) for each subaward is informed via the NCDD Subaward User Manual (manual) to become familiar w/the KPI to track the #s of persons/programs/policies, etc., impacted by the project on an ongoing basis. The manual recommends that the subaward PD initiate data collection methods before the project begins rather than collecting the data after the fact. A complete list of KPI & definitions is provided with the RFA & in the manual.

The Final Report serves as a summative evaluation tool. It requires grantees to summarize project accomplishments & results, including designated measurements, the impact of project activities on target population, barriers or problems encountered & actions to overcome, & satisfaction survey data; address project sustainability; & share personal success stories related to the project.

Additional monitoring of sub award projects is accomplished through the review of expenditure reports, review of source documentation as required by the OMB Super circular, phone calls, email, and site visits as requested. Council staff may request additional information to clarify project progress, expenditures, or challenges. Council staff provide grantees technical assistance as needed to capture information to strengthen quarterly reports or explore avenues to address project challenges to improve outcomes.

In addition to the narrative reporting, grantees collect and report info from project participants to report on the diversity of participants & to gauge satisfaction of the project activity by people w/DD & their families. The manual suggests collecting the demographic info during registration if the sub award project requires attendees to register for a project activity, or as part of the Satisfaction Survey. Pre/post tests may be used to measure participants' assessments of the gains they make from participating in project education & training programs. Pre/post tests will be designed to demonstrate participants' increased knowledge & skills, changed attitudes, &/or increased motivation in alignment with project-specific outcomes.

A list of KPI definitions & examples is included in the RFA and manual. Not all KPI will be relevant to every project. Grantees are required to review the KPI list to determine which are appropriate & add those to their Work Plan in DD Suite. Only KPI not reported in the QPRs need to be reported in the Final Program report.

Grantees are directed to create a satisfaction survey that will be most appropriate for their audience & project activity. The draft survey is submitted for review & approval by Council staff. There are many survey delivery options: it can be printed & handed out, it can be read out loud for non-readers, sent electronically, or it can be incorporated into online trainings or activities by popping up on the screen & asking participants to respond. The manual offers alternatives to written responses to questions based on the audience, such as allowing participants to circle a Yes/No or an image of a thump up or thumb down instead of providing written responses/comments.

The manual provides guidance on what information must be collected through surveys. Guidance is also provided on not counting participants more than once if they attend multiple sessions of the same training or activity. Required information includes:

Demographics. This will include Race, Ethnicity, Gender Identity, & Geographic Area of project participants,

Whether the participant is an individual w/a DD, a family member/guardian, or a professional/other. This info is necessary for reporting KPI by the # of individuals w/DD & family members/guardians. SC1.4 asks for the total # of people trained or educated, to include the # of professional/other project participants.

Questions that must be included in the survey include these taken from the KPI:

IFA 1.1/1.2/1.3 - This will show the # of people w/DD (1.1), parents/family members (1.2), & others/professionals or other stakeholders (1.3) who participated in the activity.

IFA 3.1A/3.1B - This question asks whether the person w/DD (3.1A) & their parents/family members (3.1B) are satisfied w/the activity in which they participated. Grantees are encouraged to ask follow-up questions for trainings to professionals that explore why are they satisfied or dissatisfied w/the project; what they liked or disliked about the training or activity; and how they will use what they learned. This info is reported in the QPR to add weight to the outcomes of the project.

IFA 2.3IND/2.3FAM - This question helps to know whether people w/DD (2.3IND) & parents/family members (2.3FAM) are better able to say what they want, what services & supports they need, or what is important to them after participating in the training or activity.

Systems Change (SC) may occur as a result of their project. The manual clarifies that SC data is tracked and reported by the grantee, not questions they would ask on the SS. However, if their project is to provide training to professionals in the DD field, they could follow up w/them after the training to ask questions such as what policies or procedures they will or have created or implemented as a result of the training. SC KPI are reported in the Work Plan.

Surveys may ask other questions to obtain feedback in order to improve their project or the delivery of their project & other questions they feel are important or helpful to know & report. They may create their own KPI for reporting this data in DD Suite if they feel the collected info helps to tell the story of project success.

Product review is used if the primary outcome of an objective is a product. Outcome attainment is assessed by an in-depth review of the completed product, & quality & relevance attained through product review instruments.

Council members play a critical role in reviewing progress towards reaching State Plan (SP) goals. The Council meets quarterly & time is designated to review overall progress in meeting State Plan goals & achieving intended results. Council staff provide updates on active projects, & copies of final reports are provided to members. The Council takes action or makes recommendations to address project barriers as necessary.

The Council's Planning Committee & the Council meet annually to determine the status of each State Plan goal & discuss strategies for addressing those objectives & goals that have not been met or activities that have not been successful. Recommendations are made regarding the focus for new RFAs to guide Council fiscal investments in the upcoming FFY. Guidance is provided on modifications to the State Plan in response to emerging trends & needs, w/amendments made as necessary.

The Council's 5-year logic model is broad & reflects the nature of the activities utilized to achieve the outcomes stated in the State Plan. The initial evaluation outcomes provide an overview of increased awareness, knowledge, & skills gained by our stakeholders through Council activities. Intermediate outcomes reflect the translation into application of new & enriched skills, enhanced organizational capacity, improved practices, & greater availability of & access to higher quality services & opportunities for people w/DD & their families. The intermediate outcomes are logically linked to the desired impact of long-term outcomes w/in each State Plan goal.

Focus groups & satisfaction surveys provide the Council w/feedback on emerging trends & needs. Council State agency reps & DD Network reps provide the Council with updates on emerging issues related to their areas of interest & expertise. Additionally, participation of Council staff & Council members in state & national level groups provides a perspective on trends & issues affecting individuals w/DD & their families. This info is taken into consideration throughout the 5-year State Plan cycle.

B2: Evaluation Results	**Report the broad results of the evaluation activities described above (B1), including a broad assessment of the overall progress of Council supported activities.**

The Council awarded and monitored 11 subawards and 7 contracts throughout 2022. Projects included both training and educating self-advocates, advocates, families, teachers/educators, service providers, policymakers, & lawmakers. Due to the continuing pandemic, two of the majority of projects that proposed in-person activities were re-worked to provide virtual opportunities. The Covid-19 pandemic continued to impact subaward activities. Provider and staff attention focused on keeping those they supported or cared for safe. Limited in-person meetings and trainings were held.

One prevalent issue is that subrecipients are struggling to collect demographic data from project participants. The Council's Subaward manual provides expectations to subrecipients that in addition to the narrative reporting, data should be collected to report on the diversity of participants and to gauge satisfaction of the project activity by people with intellectual and developmental disabilities and their families. The subaward manual notes that these Demographics and KPI are included in our annual report to the federal Administration on Disabilities, and that these data are a critical piece of the report as they are reviewed at the federal level to evaluate the effectiveness of the Council in meeting the goals and objectives of our 5-Year State Plan. Subrecipients are instructed to collect demographic information from project participants. The manual suggests collecting the data during registration if a project requires attendees to register for a project activity, or as part of the Satisfaction Survey. The Subaward manual also provides a satisfaction survey template that can be used to capture demographic and project satisfaction information. Despite this guidance, many subrecipients are struggling to gather the demographic information.

Subrecipients struggled with getting completed surveys from activity participants, especially for the virtual activities. Some of the subaward projects didn't indicate how many surveys they collected, instead they provided numbers in DD Suite for the KPI, so it has been impossible to get an accurate percent. The Council funded several projects with activities attended by only or specifically for professionals. Because of this, the 2022 KPI numbers looked low as the only data that could be reported was the number of people trained or educated. While projects for individuals with IDD and their families were the primary focus, the satisfaction with training opportunities for the professionals who assisted and cared for them would also need to be considered when evaluating the effectiveness of the project.

The Council's Program Specialist is responsible to monitor all reporting elements of subaward projects. NCDD experienced a significant turnover when the previous Program Specialist position resigned in early March 2022. The complexities of NCDD staff capacity issues in FFY22 and training the new Program Specialist are covered in the "Lessons Learned" area in this section (III). The staff turnover and training time, added with maintaining other Council staff responsibilities to support State Plan work, resulted in weakened demographics monitoring in FFY22. NCDD anticipate that the new Program Specialist(s) will monitor demographic information collected by subrecipients more carefully in FFY23.

Goal #1:
-Educational Services Unit 13 (ESU-13), received a subaward that addressed the State Plan for Goal #1 of Employment. This was influenced on systems change that provided increased opportunities for more individuals with intellectual and other developmental disabilities (I/DD). This would lead to diverse identities that pursued an employment path of their choice, provided support that addressed barriers, advocated for and expand opportunities for an increased number of individuals that participated in community integrated employment or entrepreneurship.

Entrepreneurship education is proven to increase academic performance, self-advocacy, financial literacy, creativity, motivation, problem-solving, and job-readiness, yet entrepreneurial training is rarely available to the DD population. Through this project, participants used the Spark 101 program, developed by Celebrate EDU. The Spark 101 class introduced participants to entrepreneurship, taught self-advocacy skills, how to set goals, and investigate interest-based employment. The Office of Disability Employment Policy (ODEP) stated that individuals with disabilities are two times more likely to be self-employed than the general population. Self-employment provides the accommodations that many with disabilities need to do well in the workplace. Due to social aspect, many individuals with autism find it difficult to locate & maintain employment. Entrepreneurship created a path to finding individuals with autism new opportunities to enhance both their personal and professional value, provide participation in the mainstream economy as well as social integration.

-People First of Nebraska members and their employers from across the state were identified and featured in their Employment Video. The workers will represent a broad range of jobs. The goal of their employment activities is to make employers aware of the opportunities to hire and maintain successful employees who have disabilities. Many employers are unaware of the benefits of hiring people with disabilities. They are creating a video who's main audience are potential employers showing them the successful careers of Nebraskans with disabilities in a variety of work settings. They are consulting with staff from the Nebraska /Statewide Independent Living Council, both people are self-advocates, and their team has developed a set of interview questions for employers and employees.

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Goal #2:
-The Arc of Buffalo County TEC project provided training to individuals with I/DD in Rural Central Nebraska on how to use social media to increase community inclusion. The isolation of people with

DD as a result of the pandemic was the impetus for this project. Six agencies participated in the TEC activities: Integrated Learning Choices 56th Street (ILC 56th), Integrated Learning Choices 42nd Street (ILC 42nd), Mosaic, Goodwill Industries, Community Supports Network (CSN) & Mid-Nebraska Individual Services (MNIS). This provided technical training to agency staff and clients. The initial set up of tablets affected the grant timeline and delayed new online activities/trainings. Vocational agencies had scheduling conflicts and agency internet connections also impacted attendance. When the Program Coordinator contracted COVID-19, Nov 2021, all TEC activities were canceled. Change in Management during last months of the project, further caused delays.

The TEC Project provide opportunities and training in the use of tablets to improve technological skill & community involvement. Provider Agencies were asked to participate with their clients. Weekly activities were organized. These activities provided training on; using tablets, accessing the internet, & internet safety while providing weekly activities to build skills. The Arc's Trainings consisted of 3 sessions - Introduction to tablet, using tablet camera & accessories, & using text reader while accessing the internet via Google. Training on the library access app was not attended because the agency staff felt the need to secure guardian approval when using a library card. Two UNK professors with training in Assistive Technology, provided assistance throughout the TEC project and answered questions. Tablets had controls to limit access to unwanted sites. The Arc provided technical training to agency staff and clients. Agency staff progressed from doing aspects of an activity for a client to assisting them & guiding them to independently do a task such as, crafts and cooking classes. Agency providers and participants acknowledged growth in performance.

-The Kolb Foundation for the Adult Sibling Network project recruited adults with Intellectual and/or developmental disabilities (I/DD) and adult siblings of adults with I/DD. This project increased the ability to make informed decisions for some people, but also investigate and learn all the possible services that may be available through waiver services and any other resources. This project increased the ability to make informed decisions and also worked on getting everyone more involved in gatherings, having discussions about ways that families have gotten support they needed, including natural supports.

The Adult Sibling Network is connecting with other adults with disabilities ("atypical") and "typical" siblings in public places or private depending on the subject content and the groups comfort level. Multiple trainings and events took place during the year, including the creation of a Facebook page. Project Staff had advertised the formation of the Network to recruit participants through social media and other advocacy organizations. Project staff developed a manual for replication. They surveyed for interest, developed a budget and funding resources, completed a How to: for recruiting members, developed timelines and determined activities for social, didactic, and/or advocacy.

-Fritz & O'Hare Associates received subaward In FFY20, Additional funding was received intended to train professionals on the use of the Along the Way guides at in person events. After receiving a no cost extension, FOA continued distancing & cancelled in-person events and modified In-Person Training sessions to virtual sessions due to pandemic restrictions. In FFY21 and the beginning of FFY22, the subrecipient was able to provide virtual presentations to five groups, reaching a total of 144 professionals in rural areas of the state. In the process of conducting presentations on the guides, Subrecipient realized some information was outdated & new resources available. Agency contacted Council staff requesting to pause the project in order to make needed updates. The Council had previously agreed to contract with the subrecipient to complete the updates. This project was to introduce the Along the Way series to professionals so they could use the materials in their work with individuals with DD, families, & other professionals. Presentations were designed to provide this information to session participants. This project received a no-cost extension to continue the work into 2022. Activities were limited due to the pandemic.

The contract required completion of the updates by 12/31/22. FOA's training project resumed after the guides were updated. In the final phase of the project, FOA hand delivered Along the Way guides to 128 Nebraska agencies, located in 20 cities across the state. This allowed FOA to introduce the guides to agency staff, discuss how they might use the guides in their work, and encourage them to distribute the series to their staff and the people they serve. Many indicated that they would be utilizing the DD Council website to access and share the web-based version, as well as potentially contacting the Council for additional copies. This project was praised to the fullest this year.

-The research PTI Nebraska did in order to learn about Person Centered Planning and the resources available to share and the time spent on developing their own information to share with people was very valuable in helping to carry out the mission of helping young adults improve their educational and life outcomes. Barriers and challenges during this first year was that they had staff turnover and were not able to do the outreach they wanted to in order to reach the Hispanic community. Please note that during this first year of the grant, they were not able to report on PCP information or slides and trainings being translated into Spanish. PTI continued work to increase their outreach to the Hispanic community and translate the training materials, specifically the Transition/PCP training and the few PCP slides that have been added into the Intro to PTI and IEP training, in Spanish.

There was a big change in their team dynamics with the switch of the Executive Director. The team took some time to adjust but has moved on to continue the great work and outreach they have done for individuals with I/DD. Spreading awareness about PCP and conducting trainings about PCP or trainings that include information on PCP will be able to continue after funds are no longer available. PCP fits perfectly into the transition materials and with their mission of helping increase people's advocacy skills. Person Centered Planning just makes good sense and it is the right thing to do to help people with disabilities take a lead in their own futures.

Goal #3
-Duet's overall goal in seeking out this grant funding is to facilitate each person's needs receiving supports from them regarding sexual health and education. Throughout this grant funding, Duet's Behavioral Services team successfully completed training through Elevatus that included motivational interviewing, RBT and sexuality education. This training reinforced the fact that with gender identity, sexual health and expression can be a difficult topic to address. Everyone has their own experiences, values, viewpoints and in some cases, trauma. Before anyone can fully support another person, we'll need to first be cognizant of our own biases and opinions. This training from Duet's project team has opened the door for some deep, meaningful conversations among staff.

The sex education provided was well rounded & includes building healthy relationships, anatomy, personal consent & how to best support a person with an I/DD to create relationships that are meaningful to them. The training addressed sexual health & wellness, behavior modification & positive personal changes. Motivational interviewing training provided staff & caregivers an opportunity to improve skills/abilities related to building healthy relationships & assisting a supported person through the process of creating change. Duet's Behavioral Services team successfully trained 51 employees on the entire curriculum. Grant funded materials were distributed during training to accompany the curriculum taught.

-MMI received a subaward for their project on empowering families of children with Autism. The purpose of caregiver training and involvement in behavior-analytic intervention is to provide families with strategies, tools, resources, and the necessary familiarity to play an active role in their children's treatment and interventions. This project is designed to measure their progress by using an engagement tracking system, which will track progress on identifying community and family partners, meetings with community partners and caregivers, and assessing needs.

They provided informational trainings to 193 individuals across 4 training events. Training topics were identified from caregiver and community member input, and social validity ratings were high. They were able to meet and exceed most of the project objectives for this project. Involved in this project were recruitments from over 20 community organizations to provide input. The MMI Project Team received responses to a needs survey from approximately 50 caregivers and 40 community members in the Nebraska community. They used the information to provide specific training that disseminated to the community about Autism Spectrum Disorder and topics included diagnosis, applied behavior analysis, proactive strategies for challenging behavior, and social skills interventions.

-Niagara University worked on Year Two of their subaward for Emergency Management. The overall goal of this project was having the key stakeholders from the emergency management spectrum and persons with a disability or serving in a role that is related to persons with disabilities (PWDs) educated on all aspects of planning, preparedness, response, and recovery specific to this topic. There were over people trained on emergency management in Nebraska during the 7 courses that took place over the year. A meeting with the Executive Director laid out the plan for Year Three funding. The intent is to address the activities necessary to advance inclusive planning and active participation.

The NE Disability Rights created legislation in line with the grant objectives - Neb Rev Stat 81-829.41 In preparing and revising the Nebraska emergency operations plans, the agency shall seek the advice and assistance of other agencies of government and the private sector, and the organizations providing advocacy or other services to persons with disabilities or who have functional needs. LB 1104 was introduced by Senator Jen Day in a recent legislative session (April). The bill required the Nebraska Emergency Management Agency (NEMA) to consult with disability advocacy and disability service organizations when developing/revising their Emergency Operations Plans for county/local emergency planning. Nebraska Disability Rights has diligently worked with state legislators to move the EM DAT initiative forward, with the intent to make it a law. It had bipartisan support but was not moved forward. There was a Vision and Mission that spun off from this whereby NEMA is recognizing the intentions. This is monumental in that the state office of emergency management (NEMA) and legislators are recognizing, and supporting, the program.

-The Center for Outcome Analysis (COA) with The Person-Centered Planning (PCP) training project was to establish Person Centered Planning as the foundation of services to people with Intellectual and Developmental Disabilities in Nebraska. More than 3,500 people were provided at least 8 hours of training in Year One and Year Two. 680 Service Coordinators were trained and received 16 hours of direct training. Additionally, families, people with disabilities, educators and allies all received training. DHHS's adoption of Charting the Life Course as its formal PCP platform and the 158 PCP Champions who are passionate about implementing PCP, created a strong demand for PCP in Nebraska.

There was an overarching skepticism from almost all the stakeholders in Nebraska if the State was serious about implementing Person-Centered Planning or if this would be one more failed effort. There was a very limited understanding of Person-Centered Planning despite the fact, that Nebraska had undergone three plus cycles of adopting Person-Centered Planning in the past. The State did not come 'all in' until Year Two when they adopted Charting the Life Course as a future model for Person Centered Planning. To overcome these issues DHHS created PCP Workgroup which met 17 times over the two-year project. Champions met quarterly in Year One and monthly in Year Two. Champions had a forum for early adopters and people who wanted to learn more to share their experiences in a safe and supportive environment. They increased their skills, knowledge and created a network of people who are passionate about Person Centered Planning in Nebraska.

-The Brain Injury Alliance project trained professionals working with youth in the juvenile justice system on screening youth for brain injuries. Outreach continued to juvenile justice organizations to advocate for systems change through cross-systems dialogue. The project team added on two additional programs that worked with justice involved youth and began the brain injury screenings. Legislative efforts continued to be robust, as the Council served as a source of information and advice for state senators by taking a nonpartisan approach to provide education on legislation that will impact individuals with developmental disabilities. Collaboration occurred within the DD Network and within members of the Nebraska Consortium for Citizens with Disabilities (NCCD) on disability related bills.

Council staff served on several coalitions/networks/partnerships to advocate for improved services and supports for individuals with developmental disabilities, as well as to address unmet needs and challenges. Staff updated Council members at quarterly Council meetings about these efforts, and shared email updates as needed throughout the year. As Council staff become more knowledgeable on the core system of services and supports for citizens with developmental disabilities, additional opportunities to participate evolve, ensuring that the voice of the DD community is considered and incorporated.

Goal #4:
The People First of Nebraska - State Advisor Project supports Nebraskans with disabilities to speak for themselves, know their rights and responsibilities, and support disability advocacy and leadership. The project team educated elected officials and policy makers about issues important to people with disabilities. They educated employers about how to hire and support employees with disabilities so they are successful in building long-term careers, not just jobs. Supporting the PFN chapters/members with training and experiences to build their advocacy and leadership skills was very important for this project, along with collaborating with other disability organizations/projects in Nebraska and the region, to promote mutual interest that improves the lives of people with disabilities in the NE communities.

The PFN Coordinators met with the Director of the University Center on Excellence in Developmental Disabilities (UCEDD) to discuss how PFN and the UCEDD would continue to develop and mentor more self-advocates to serve on advisory boards and be integrally involved in the development, implementation, and evaluation of projects and programs at the Munroe-Meyer Institute and the broader community. ACL's expectation is that the roles of self-advocates in the administration and operations of the UCEDD will expand into all aspects of the program. The three PFN coordinators have done a vast outreach in Western Nebraska. They contacted with many community-based non-profits in the area and developed relationships. The Western Nebraska Coordinator has been holding weekly meetings with self-advocates in the Western part of the state to develop more continued trainings and conferences for self-advocacy and the rights of people with I/DD in Nebraska.

In addition, PFN had hosted two focus groups at the annual convention to assist the Nebraska UCEDD in developing a self-advocate mentoring program and the Nebraska LEND programs in developing a Disability Studies program. They provided their opinions and experiences to help develop programs that are focused on needs and what people with disabilities want supports to look like. People First of Nebraska will continue to be involved in these projects as they are developed.

B3. Lessons Learned and Future Work of the Council	**Report on how the Council will use lessons learned from state plan implementation and the data gathered from the evaluation activities to move forward the work of the Council.**

The Council Executive Director (ED) recently provided self-review feedback to members of the Executive Committee and Council to consider when completing the ED annual performance evaluation. One of the questions answered was "Do I have the necessary tools to do my job?" The ED shared some of the following information below.

Staff capacity issues and Council staff workload have been an ongoing concern over the past years. Unfortunately, this very issue resulted on the Council's only Program Specialist submitting a resignation in early March 2022. This staff member was able to find a similar position within State government that paid her more (for her experience) and required less work. Her resignation letter noted the following:

"I have worked for the Council for over 10 years. Over the last few years, the workload has increased tremendously. That reflects the hard work that you have done to advocate for people with developmental disabilities and elevate the role of the Council in Nebraska. While that is positive for the Council, it has greatly impacted the workload I have had to manage. Without a second Program Specialist to help carry the load, I have had many hours of overtime just to try to keep up..."

The Program Specialist's resignation highlighted the Council's challenge to hire the Designated State Agency (DSA) approved temporary SOS employee vacancy, which is a non-benefitted position that has specific time limits after the position has been filled one full year. In 2021 the Council hired a full-time temporary (SOS employee) as a "Federal Aid Administrator" who worked from March 17, 2021, until June 4, 2021. He resigned to take a full-time benefited position with Veteran's Affairs as a financial analyst. Upon his resignation, the ED submitted a mission criticality form on 8/16/21 to the DSA's HR department to find a replacement. It was approved by HR with a change to Program Specialist job description on 8/25.

The Council began advertising the SOS opening on the State's website on 9/17/2021. Talent acquisition shared screened applicants with the Council Executive Director on 11/12/21. The ED set up interviews during the last two weeks in November 2021 and first week in December 2021. An offer was made on Dec. 20, 2021, but this applicant turned down the offer. Meanwhile the position was still posted on website. The Council ED continued the applicant search in the midst of writing the FFY2020 and FFY2021 PPRs and the beginning of the 2022 Legislative Session. Other candidates were interviewed in January 2022, and none were a good fit. The Council ED also reached out to candidate in the state's vetted SOS pool on 2/23/22, but this person did not accept. Unfortunately, the search was unsuccessful up to the point when the full time Program Specialist made the decision to resign. The Council ED finally had success at hiring a SOS employee who began the first week of April, after the departure of a key member of the Council team.

Meanwhile, the Council ED had to go through mission criticality process with the DSA's HR department to gain approval to hire this Program Specialist vacancy. Below is the narrative provided by the Council ED in the mission criticality request.

The Council staff includes the Executive Director, Program Specialist, and half-time Administrative Assistant. The Program Specialist assists the Council Executive Director with the development, administration, and evaluation of the Council's statewide program. The Program Specialist is responsible for managing the operation and technical functions of subawards and service contracts to include implementation, monitoring and evaluation of program activities. Within this role, mission critical tasks include federal reporting to the Administration for Community Living (ACL) and subrecipient monitoring through on-site or desk audits of source documents. Federal and state requirements, including the OMB Uniform regulations and source documentation have increased the workload of this position in recent years.

Tasks for Program Specialist include:
- Learns and uses DD Suite, a cloud-based grants management system developed for State DD Councils to post grant opportunities, receive online applications, and receive online subrecipient reports.
- Provides technical assistance to subrecipients and contractors, researching federal guidelines to update subrecipient materials.
- Understand, interpret, and apply instructions, laws, rules, policies and procedures pertinent to the Council subaward process.
- Preparing subaward and contract offers using the DHHS SharePoint procurement system, monitors funds for approved subawards and contracts, ensuring compliance with special conditions to subawards.
- Provides fiscal guidelines and updates to the Council subaward manual for subrecipient reporting instructions within DD Suite.
- Seeks technical assistance from the DHHS Grants Management Community of Practice group, Legal Services, Cost Accounting & Grants Management, Support Services, and Internal Audit as it relates to grants management and subrecipient monitoring.
- Performs quality assurance analysis and evaluation for each subaward.
- Performs desk audit of subrecipient source documents submitted with each subrecipient expenditure report (typically quarterly). Test source documents for being necessary, reasonable, allowable, allocable, and actual. Items reviewed include time sheets and paystubs for all staff, documentation to travel expenses, office invoices, receipts, other records that contain the details to substantiate a financial transaction and reported matching funds.
- Monitors subaward expenditures to ensure approved budget is spent and that subrecipients are requesting reimbursements in a timely manner.
- Prepares and maintains annual federal program performance reports (PPR) on achievements of Council State Plan goals and objectives to ACL to remain in compliance with federal law (DD Act).
- Completes and submits required annual work plans to ACL on upcoming goals, objectives, Council staff and subrecipients' key activities, and expected outputs and outcomes. Annual work plan

ties into the template for the Council's PPR report.
- Responsible for following legislative bills and analyzing during session and updating information to stakeholders.

How the work is currently being done:
The FTE Program Specialist is assigned the duties of contract and subrecipient monitoring along with many other duties. Consequently, some of the activities listed above are delayed or are completed in overtime status. The Council has been trying to fill an SOS Program Specialist position to lighten the workload of the FTE Program Specialist. The person leaving this position will be working for Serve Nebraska in a similar position, with far less workload and stress. It is important to note that all aspects of Council work are funded solely by federal funds from the Administration for Community Living. This includes staff salaries, staff benefits, operating and travel expenses, and subaward and contract projects.

Potential consequences when Program Specialist cannot keep up with the growing workload:
- Subaward management and oversight is related to the Council's annual work plan and 5-Year State Plan that Council staff must report on to ACL annually. This work is federally mandated and mission critical, as noted in the federal DD Act.
- The Program Specialist is a critical position to ensure that the Council completes the 5-Year State Plan Goals and Objectives work submitted and approved by ACL.
- The Council is at risk for an audit finding if we lack adequate staff capacity to conduct accurate source documentation monitoring of Council funded subawards.
- Federal requirements would not be met and could result in loss of funding.
- Approval of unallowable expenditures could result in an audit finding and disallowance.
- Mistakes in payment processing in the DHHS accounting system results in requests being kicked back to the Council, resulting in late or delayed reimbursement payments or possible additional charges. These consequences harm the reputation of the Council.

[End of Mission Criticality Request]

The request was approved, and the Council worked with HR to post the opening on the State website. The candidate search process resulted in filling the FTE Program Specialist position on May 25, 2022. The Council ED spent significant time training the new FTE and SOS Program Specialists.

During that time, the new SOS Program Specialist was a tremendous help with the Program Specialist workload, and her lived experience as a person with a disability was an additional benefit. Sadly, she resigned in July to focus on her mental health needs. So, the process of getting approval to hire another temporary employee began again. The Council ED was pleased when the DSA liaison asked her to submit a mission criticality narrative for a potential reassignment of a full-time employee within the Public Health division. She was disappointed to learn that the NCDD request was not selected. However, another solution was offered and NCDD is currently sharing an FTE position from the Emergency Health Systems area. This shared FTE position joined the NCDD team in October 2022 and will be dedicating time to assist with the PPR and other Program Specialist duties.

Concerns have been expressed to NACDD (National Association on Councils with Developmental Disabilities) and ACL leadership on the burden hours that the annual program performance report (PPR), work plans, and the State Plan submission places on Council staff, especially Councils who are minimum allotment states. The NCDD Executive Director and many other Council EDs submitted public comments in August 2021 to the Office of Management and Budget on concerns with the current PPR reporting process, and NCDD's ED learned at the 2022 ED Summit that it takes as long as two years for ACL to make substantial changes to the PPR report template or process. NCDD's ED will continue to advocate at the national level for these changes to lessen the burden hours endured by Council staff members during the annual reporting period.

Council staff struggle with carving out time to complete the federal reports while maintaining our other Council tasks and responsibilities. We also have unique procurement and payment processes to follow within our DSA which also complicates our workload. These combined issues make it difficult to take vacation time, have a buffer for unexpected health and family emergencies, nor do we have a period of down time to regroup.

Balancing the growing workload & complex processes for NCDD staff continues to be challenging. NCDD work with multiple reporting systems & processes, so training the new staff on all these pieces has been difficult, but doable. Training has included:
- Using the internal DHHS Procurement SharePoint site where new subawards and contracts are uploaded for the multi-step approval process. Seeking technical assistance from Procurement staff as needed.
- Learning the DD Suite Grants Management Platform to view & approve subrecipient quarterly progress & expenditure reports.
- Training on how to double check source documentation to complete desk audits of all expenditure reports.
- Providing training resources so staff can access the ACL Verity Analytics reporting platform to make State Plan Updates and to enter the PPR.
- Sharing resources, including the DD Suite help desk tabs, manual, Procurement manuals, iTACC trainings, & more.
- Implementing the required change with following the DHHS Procurement Policy w/how NCDD releases RFAs and how the NCDD Grant Review Committee evaluates/scores applications.
- Learning how to use the Nebraska Legislative website to follow NCDD bills & how to submit written statements on behalf of NCDD. Updating Newsline grid for Council stakeholders.
- Learning how to access materials on the NCDD staff shared computer drive.

The Council ED recognizes that it has been a bit stressful explaining many complex procedures & processes to new staff, but she is confident that the staff team is getting more comfortable with learning & using these procedures to complete key tasks. The ED hosts frequent 1-on-1s & staff meetings to maintain communication & explore solutions to simplify complex processes. The ED created a PPR to do list grid on excel for NCDD staff to track progress on the PPR report, since staff have specific assignments for certain sections of the PPR. Staff have also participated in iTACC webinars and attended weekly office hours for additional guidance. Staff did indicate that it would have been more helpful if iTACC hosted the Peer to Peer PPR training in early October, rather than hosting it on November 29, 2022.

Staff turnover and capacity issues were a huge challenge in FFY2022. Despite the challenge, the Council continued to make progress with getting full approval with the new State Plan, continuing subaward projects and staff goal work on the new goals and objectives. Welcoming new staff is exciting & provides an opportunity to discover the learning styles & strengths that all staff contribute. By maintaining open communication, the NCDD Executive Director can adapt, & pivot as needed to make sure the NCDD staff is a cohesive unit and progress on the State Plan continues.

The Council really needs the flexibility to add two full time Program Specialist or having all of our DPH shared Administrative Support staff time dedicated to NCDD to improve staff capacity. I recently shared this concern with the Council's DSA liaison during a HR Stay Interview, and she plans to explore making these changes with HR. The Council can also explore building staff capacity after the new Governor takes over in early 2023. The Council's DSA liaison and the ED will stress with HR and Division of Public Health leadership that NCDD has the federal funds to cover these staff positions.

C. Input on National Priorities	

Like the rest of the country, Nebraska is experiencing a full-blown crisis due to the Direct Support Provider (DSP) workforce crisis that has worsened due to the pandemic. Developmental disability HCBS waiver providers and other DD advocates have educated Nebraska's Legislative body on this topic throughout FFY22.

On Dec. 3, 2021, there was a public hearing on Legislative Resolution (LR) 239 to Nebraska's Health and Human Services Committee. LR 239 was an interim study that examined the effectiveness of Medicaid waivers in NE overseen & implemented by the DHHS Division of Developmental Disabilities (DDD). The study included the services provided by the aged & disabled waiver, the comprehensive developmental disabilities waiver, the developmental disabilities adult day waiver, & the traumatic brain injury waiver. The intent of LR 239 was to provide the HHS Legislative Committee with a better understanding of NE's current waivers, the populations affected, & what could be done to help serve Nebraskans better. Testifiers had to be invited by the HHS committee, & these included the DDD Director, Tony Green, the Executive Director of NASP (DD provider organization), assistant professor Sarah Swanson from Nebraska's UCEDD, & a parent of a child with a developmental disability who has experienced systemic HCBS access issues for families. More information on the testimonies is also covered in Section IV, Goal Four, objective A in this PPR.

Below is the testimony provided by the Executive Director of NASP at the LR 239 hearing.
"My name is Alana Schriver (A-L-A-N-A S-C-H-R-I-V-E-R) and I'm the Executive Director of the Nebraska Association of Service Providers, representing urban and rural providers of all sizes. Thank you for the opportunity to speak this morning on behalf of the people we serve and employ.

In order to address the issue of provider capacity, please understand that DD services differ from other healthcare professions in that 'capacity' isn't determined by specific staff to patient ratios or number of beds, etc. Some individuals we serve require one-to-one staffing, many do not, so the number of people who can be served by one staff member differs depending upon the situation and location. Essentially, our 'product' is habilitative hours; in other words, a real live person (or persons) needs to be available every hour to provide individualized care. On the average, DD providers are 30% short of the direct care workforce needed to provide essential services. Without staff to fill those habilitative hours, we have no product to offer regardless of physical space or number of agencies.

Funding was made available to bring 500 Nebraskans off the waitlist into DD services this year. While some of those people have been accepted, they are not yet being served due to lack of staff. In fact, many providers are being forced to send notices to people already in service that their needs can no longer be safely met, let alone serve new referrals. Nation-wide, 77% of providers are turning away new referrals and 58% are discontinuing programs and services due to the staffing crisis. While this problem is not unique to Nebraska, it is exacerbated by our historically low unemployment rate.

The pandemic is not over - far from it. We are in a worse position today than at this same time last year (when the pandemic was being acknowledged and addressed by Appendix K*). Not only are we still dealing with high numbers of positive cases and quarantines, there is less staff now to cover those shifts. Holiday gatherings will likely increase the number of positive cases and quarantines, on top of being a hiring desert.

Unlike other industries that can adjust their hours or pricing to mitigate staff shortages and rising costs, DD services cannot. While it's true new providers have opened this year, this is not a barometer by which to measure the health of Nebraska's DD service system. The differences between newer and more established providers are stark. Many of the new providers are very small or only offer Shared Living. Being a Shared Living Provider (SLP) does not at all compare to the challenges larger providers face, who offer a wider range of supports to people with disabilities as well as benefits to their employees.

You understand this workforce crisis well - childcare, schools, and your own State employees have all brought the issue to the forefront. State employee wages needed a drastic and permanent rate increase in order to attract and retain essential workers for all the same reasons we do. Typically, our direct care wages mirror those at BSDC. BSDC techs recently received a permanent 30% wage increase plus shift differentials. We need the same in order to remain competitive. Without an equivalent rate increase, DD services will continue losing staff to other industries that can pay more. Without staff, provider capacity will continue dropping and the waitlist will continue rising.

Raising wages works. Correction officers in Nebraska recently received a permanent 33-40% bump in wages and had 70 new applications in a week.

Without intervention from the State to address the staffing crisis in DD services, this Committee will have to decide whether your goal is to serve the people with the highest needs or serve a higher number of people with lesser needs. It's not a comfortable question. Ideally, this shouldn't be a question. We should be able to serve everyone. Unfortunately, providers are being forced to ask themselves this question every day. For every person with complex needs requiring one-to-one staffing, they could serve 5 or 6 people with less intensive needs. It's an unwanted position to be in, but more importantly, it's unfair to the people in need of services and their families. As a parent of a child with DD, like many of the people working in this field are, it's heartbreaking.

Providers would love nothing more than to accept and successfully support every Nebraskan on the waitlist. It is mutually beneficial to do so. Every provider wants to grow, but we have to recover before we can grow. On average, providers have experienced a 12% margin loss since the start of the pandemic. Meaning, providers have gone from being reimbursed roughly 2% above their costs to losing 10% on the services they provide because the current reimbursement rate does not reflect the recent significant increase in costs to provide care to our clients with developmental disabilities. Overtime, paying salaried employees to provide direct care, increased job advertising, and cost of inflation have all contributed to these financial losses. Our emergency deficit request to increase rates 30% would enable providers to mirror the state employee wage increase and address this margin loss, bringing us back to the starting line where growth and innovation hopefully becomes an option again.

In summary, providers are operating at 70% of pre-pandemic capacity due to historic staff shortages. Without sufficient staff, providers cannot maintain pre-pandemic levels of care, let alone serve new referrals from the waitlist. Staff are leaving for higher paying job opportunities, including BSDC. Providers cannot increase wages to attract and retain high quality staff without a permanent rate increase from the state. Base on these grounds, if we should get Nebraskans off the waitlist into DD services, the State must increase provider rates.

Thank you for your time. I'm available for questions. [End of verbal testimony]

*Appendix K: Appendix K was in response to the COVID-19 pandemic and outlined temporary changes to the service delivery system and was in effect March 6, 2020, through June 30, 2021. "For anyone affected by the potential outbreak of COVID-19, recommended closures, and quarantines due to potential exposure, or for those following the CDC guidelines for those with disabilities, the DDD will temporarily: Allow certain services to be delivered in alternative sites; Allow caps on certain services to be exceeded; Allow electronic methods of service delivery; Change enrollment requirements for providers; Modify person-centered service plan development process; Increase certain payment rates; and Allow retainer payments when certain services are not available to the participant." http://dhhs.ne.gov/Pages/DD-Regulations-andWaivers.aspx

During an agenda topic on emerging issues at the Feb.10, 2022, Governor's Developmental Disabilities Advisory Committee meeting, the Council ED shared the DSP testimonies that were shared by NASP at the Dec.3, 2021 LR239 hearing. She noted that the DSP testimonies were used to leverage a rate increase for DD providers and highlighted the DSP workforce crisis because of the pandemic. After reviewing the written testimony from multiple DSPs that NASP submitted, the Council ED was shocked, concerned, and alarmed of the many references of insufficient care due to staff shortages, isolation of waiver recipients because of staff shortages, and the potential for abuse and neglect by staff who are overworked and overstressed. The Council ED stressed that as the Governor's DD Advisory Committee, we need to ask how is Nebraska monitoring this DSP crisis and the impact it has had on care, especially for those in residential HCBS settings?

Below are some of the written testimonies provided by NASP and a few Nebraska DSPs on LR 239 and to the Appropriations Committee:
[Beginning of written testimonies]
(Introduction) A recent NASP survey of Developmental Disability (DD) service providers across the state showed that we are currently 30% short of critical direct support staff (Sept. 2021) - and that is after eliminating all non-essential services. DD services ensure the health and safety of our communities' most vulnerable residents. Every town in every county has residents in need of these services and supports. Unlike non-essential industries who can adjust their wages, pricing, or hours to mitigate staff shortages, DD providers cannot. We cannot close our doors, yet cannot offer the competitive wages necessary to attract critical staff without a change in the rates set by the State. Residential managers understand the impact and increased risks this staffing crisis has on the communities we serve better than anyone. They are on the frontline 24/7 relentlessly plugging holes in the dam - but the flood is overwhelming. Relief is desperately and immediately needed. While

financial data provides all the evidence necessary to support this claim, these testimonials from residential managers, direct support professionals (DSPs), and healthcare staff from across the state will remove any lingering doubt. (End of Introduction)

Quote One: "I am a Registered Nurse who works at a facility that cares for our most vulnerable population. I have the privilege of directing and monitoring the care for adults with mental and physical disabilities. I am appalled by the lack of support our State-funded facility receives to care for our individuals. We are constantly working short staffed and have to rely on our staff to put in mandatory overtime time and time again. There is no wonder we have a huge staff turnover, and they leave to go elsewhere that pays an actual living wage. With our budget we can only offer $11/hour starting wage - which is not a wage you or I could live with, but yet we expect staff to do this with a smile. It's not realistic with the cost of living and increase of prices due to the pandemic. It is a shame that our fine state puts such a disregard on the well-being of a human life, yet you can go to any fast-food establishment and make more than what our facility is granted to give. This in turn puts our individuals at risk and they may not be receiving the care that they deserve. How do you propose we continue to give adequate care with inadequate staff? How would you feel if this was your loved ones? I beg of you to be the change. You can make a difference in the lives of these individuals' health and well-being. Please give us the funding we need to retain good staff, so our individuals get the care they deserve."

Quote Two "I originally started at this company in 1982. Back then we had a sub list that was 2 or 3 pages long. As time has gone by, the cost of living has gone up but pay really hasn't. I am thankful that I have a job, but it's hard getting new people to stay. The work that we do is not easy, depending on the house that you work at. Some of the DSP's constantly have to lift the person that they are caring for, and/or their wheelchairs. There are behavioral problems in some of the houses, where staff may get injured. This job is not only physical but also is mentally tiring. It is our job to make the person that we are taking care of to feel at home, safe and loved. With pay that is only a little bit more than I was being paid in 1982. The sub list really doesn't exist anymore because of the pay. We would like to be paid our worth - there is so much more that we do that goes unseen. Basically, I could go to McDonalds or Target and get paid better for easier work, but I will stay. Why? Because I love my ladies...but love doesn't pay the bills."

Quote Three: "We all know that COVID has changed the way we work. With many people not returning to the workforce or working from home, today's labor shortage in the intellectual and developmental disability world affects the individuals we support in ways that can be harmful to them. In my role as a Quality Coordinator, I investigate all allegations of abuse, neglect, and exploitation. In the year of 2021, I have completed 98 investigations, and more than half of them happened due to exhaustion or not having the right people in the right position. This is because we have been forced to use the little staff available and schedule based on having a person to work, not because we have the right person to work with a specific individual. We know residential managers truly understand the risks and stress of staff shortages. We need our state representatives to understand it as well. Our managers are struggling to cover shifts due to the labor shortage, on top of the daily call-ins due to COVID, the flu, or simple exhaustion and needing to force time off to recharge. Our services are essential services. We are front line workers that ensure the health and safety of our most vulnerable. Unlike non-essential industries who can adjust their wages, pricing, or hours to mitigate staff shortages, DD providers cannot. We cannot close our doors. We cannot offer competitive wages without a change in the rates set by the State. We know it will not solve all our problems, but it will help alleviate some of the stress facing our industry. Please help us help our most vulnerable."

Quote Four: I have worked in human services a total of 17 years; never have I seen this industry struggle as much as it has lately due to the staffing crisis. No one wants to work within human services, it's just not where the money is. It is well known that you can work as an entry level employee at a fast-food restaurant and get an hourly pay of $15 or more, no one wants to care for others when they can't even care for themselves on the wages that we provide. There was a time where people would accept lower pay just to feel like they are making a difference in the world, but that time has passed. We can no longer rely upon employees who are interested in doing honorable work for meager wages. People are expecting to get a fair wage for what they do.... I am disheartened. I am fearful for the future of some of the individuals that we support if we continue to have little to no staffing. What will happen to these people? If we do not hire and retain staff, what will become of them?"

Quote Five: "...So if we cannot hire and retain staff, what will happen to the people we serve once we no longer have anyone to care for them? Will they be shoved into an institutional facility and left to just die? All of the people we serve are people that deserve the best life possible. They are people and just because they were born with disabilities, does not make them any less of a person than you. Imagine you had a family member born with a developmental disability, how would you want them to be treated? Better yet, would you want them to go to a day program and be engaged with DSPs who care about them and do activities with them or would you want them placed in an institution where they sit and stare into space all day? I know I would not want them to be institutionalized. But I am also a caring and compassionate person who sees people for who they are and all their potential, not for their disabilities. Due to the staffing shortage, we no longer have the ability to take the people we serve out to do volunteer work or to fun activities at the park or the zoo. Again, how is this fair that they get the short end of the stick because there are not enough staff?"

Quote Six. "When I first started over 6 years ago, we used to fight for overtime, we had plenty of staff, and the cost of living was decent. We never had staffing issues, our individuals went out and had activity in their lives as we actually had enough staff to make everyday FUN for them. This change of life for the past year to 2 years has been draining and has affected many lives. I have seen it destroy our individual's way of life and loneliness has become a huge part in our lives because we have NO Staff. We are barely getting by, we have to move workers around to meet the needs of our individuals, staff are overworked and greatly underpaid. Management has stepped up working numerous hours to keep afloat and barely hanging in there. We are exhausted. The entire DSP staff are exhausted! Not to mention, because of the care and love for our individuals, we have greatly neglected our families, our mental health, and our happiness..."

Quote Seven: "DSPs and managers have always worked hard to support people with developmental disabilities in their homes, workplaces and communities. They are part of the essential workforce, and since COVID they have become even more valuable, providing care and supports to a VERY vulnerable population. Currently they are experiencing additional and unique stressors because of changing roles, and work conditions. If we fail to support the DSPs and managers, we put people with developmental disabilities at risk."

Quote Eight: "... We all assumed staffing would get better. That people would get vaccinated and come back to the job market, but that doesn't appear to have been the case. Other fields and industries have been able to adjust to the scarcity of the labor market. Making modest price increases to be able to offer higher wages. We can't do that. Our rates are fixed based on tiers and waivers. We've managed to raise DSP wages over the last year, but the modest increase in starting wage is not able to keep up with the rest of the market. When I look at job posting boards, I'm seeing entry level positions starting at $15-$17, which we can't compete with. Often these positions are better hours, don't require the kinds of certifications/training our field does, and are positions where it's easier to maintain a work and personal life balance. In a previous role in the DD field, I was an abuse and neglect prevention trainer. I know that our staffing crisis is putting the people we support at risk. Those hard-working dedicated staff are more likely to fall asleep and have a lapse in supervision with the additional overtime they're working, more likely to have medication errors, more likely to lose their temper and say and do something that they can't take back. Right now, we're holding things together with lots of overtime, tired managers, and a lot of creative problem solving, but it's not sustainable. I've seen story after story in the news about businesses closing due to the hardships of the pandemic and difficulty hiring employees. We don't have the option to close shop; we can't close early because of a staffing shortage. We desperately need waiver rates that will allow us to offer DSP wages that will make us competitive in the labor market so the people we support can receive the proper care and support to stay safe, healthy, and live fulfilling lives."

Quote nine: "With so much stress it causes strain on family and coworker relationships, when we can't meet our deadlines, it escalates up the chain of command."

As a result of the DSP workforce crisis rhetoric, an active DD advocate who supports care at the former state institution, Beatrice Sate Developmental Center (BSDC - which is now broken up into two licensed ICFs), submitted a Letter to the Editor to papers across the state to work on shifting public perception on BSDC as a viable solution. The letter is below.

March 15, 2022 - Letter to the editor Nebraska newspapers: Options for parents and guardians caring for those with developmental disabilities and significant behaviors:
Across Nebraska, we have vulnerable individuals and families who need help in caring for their loved ones. I will address primarily those who need a level of care which you may not be aware of which is offered in our state. In a small percentage of individuals with developmental disabilities, we also experience significant behaviors which are very challenging to manage by parents, guardians, and caregivers. This service need can sometimes be facilitated by approved group home providers in the community as well as independent providers who are hired by the individual's family. There is another wonderful option which you may have heard of, but you possibly have information and beliefs which are not accurate in 2022. The Beatrice State Developmental Center (BSDC) in Beatrice, Ne is an Intermediate Care Facility (ICF) which is operated by the State. BSDC was established in 1885 as a completely self-sustaining State institution for the Feeble-minded youth. Today BSDC is a 24-hour state and federally funded residential treatment facility dedicated to the provision of specialized psychological, medical, and developmental supports to persons with IDD. BSDC is located on 100-acre campus offering care which is delivered in small, homelike settings, along with needed services and supports, which offer residents considerable space and freedom. The staff at BSDC have a long and caring history of offering some of the best care for some of our most vulnerable. Yes, there have been times in the past where there have been some challenges to the level of care being offered. These challenges have been resolved years ago and today the residents and the guardians experience an environment and level of care which is at the highest level. Please feel free to contact me, Joe Valenti, at 402-598-3585 or Joevalenti1@cox.net with any questions and comments. [End of Joe Valenti's Letter to the Editor.]

The Executive Director of The Arc of Nebraska led an effort to follow up to this Editor Letter. He stated that "Valenti attempts to characterize the BSDC as a location that may have had issues at one time but now is a pleasant place to support people with disabilities-saying that this is an option. As leaders of disability organizations across the state, we have significant concerns about this and have seen people with disabilities who have had very different experiences. While some issues have decreased, we still regularly have people who contact our organizations with problems and concerns about things like abuse and neglect. But the issues don't stop there. The average cost of an Institutional Placement in Nebraska is $221,920. This is similar to the national average of $539 per day ($196,710 per year). In comparison, the average cost of community placement is significantly lower, averaging approximately $63,811.56, according to the latest numbers from the state. These extra expenses for people in institutional placements prevent others from getting services. Then there are the ethical and quality of life implications. Community-based placements are more ethical, developmentally supportive, and engage people in the community. We normally think about segregation as a race issue, but it's also a disability issue. Institutions are segregated facilities that cut people out of the community. For this reason and more it's time to fully fund Community Based Services and close BSDC." [End of The Arc of NE response.]

Valenti has also been having meetings with key legislators especially on the Legislature's appropriations committee. This is concerning, as it is likely that in 2023 Senator Dorn from the district BSDC is located in will run for the Appropriations Chair or Senator Clements who has indicated some pro institutional thoughts. This potential development is another alarming consequence from the DSP workforce crisis.

In July 2022, NCDD staff attended the NACDD conference in Washington DC where they had the opportunity to hear directly from new ACL/AoD Commissioner, Jill Jacobs. Commissioner Jacobs was authentic and shared her lived experience with her own disability and as the mother of two adult sons with DD. One of the focus items in her presentation was the DSP workforce shortage and the caregiver crisis. She noted that the HCBS system is falling apart, and that people are at serious risk. She said the HCBS system was in a crisis before COVID-19, and now it is in an emergency, experiencing a free fall over the cliff. The Commissioner also stressed the HCBS Settings Rule and ACL's commitment that people with disabilities have access to community living. Council staff appreciated hearing that ACL is committed to using their network to use innovation to get through this difficult time. This includes addressing the DSP workforce and caregiving crisis, focusing on access to HCBS services, and a successful implementation of the CMS HCBS Final Rule. NCDD looks forward to learning more about the ACL grant to support a TA Center to address the HCBS issues.

New NCDD staff member, Rachel Ward, was moved by the Commissioner's remarks. Before coming to work for the Council she worked 15 years as a provider in a HCBS group home setting - five years as a Residential Manager. She wrote some of the following about issues that are impacting HCBS providers at the NACDD conference. She intended to share her comments directly with Commissioner Jacobs but didn't have the opportunity. Council ED has saved Rachel's comments and shares them in this section since her insight and lived experience relates to the HCBS DSP crisis.

[Beginning of Rachel Ward comments]
"Staffing has decreased over the years, but it has become worse with COVID. HCBS staff are burnt out and underpaid to support themselves. They feel they are not cared for, which makes it hard for them to care for others when they feel that way. There is a lack of training and re-fresh trainings for DSPs. Trainings don't include how things happen and why it is important to document/report. That

doesn't mean that it is their (staff's) fault. Unfortunately, many staff feel they cannot say anything, since they think they will lose their job.

Managers are running households on their own, and this situation is not possible and unsafe for all involved. Semi and annual ISP meetings are rushed because the DD provider Front Line Supervisors, Service Coordinators, and even guardians are too busy with their big caseloads.

Vocational day sites are majorly packed and have very few staff as well. Providers cannot hire just anyone, only because they need 'bodies.' Due to lack of good training and burnout, staff experience on-going power struggles with the individuals they support when they try to be in control - this cannot be the way.

Person Centered Planning has to happen, the person needs to be involved in their own program planning. Supported Decision Making and MANDT should be in the DSP trainings and should be refresher courses as well. Families should be involved as their health team. I say involved - not making all the decisions. It's per person.

Short term Objectives in the ISP plan need to be worked on and they should be changing. I've seen so many silly goals on plans just because they needed to have something in place. This doesn't help the person. Community, Relationships, Technology, Personal Goals, Communication - we have to think of all different things in a person's life that is important and how goals come from these things.

All different styles of communication should be around and available - emails, singing, videos, ASL, collage boards - any tool that someone can use to get their point heard and understood. A person's team should change and evolve if needed or it that person feels it should. This is not bad; change can be good and fresh eyes can see things.

It always felt like providers would take on another caseload because of high funding for the company...even though they do not have the staffing to support that person. This does not make sense and is not safe!
Concerns with living situations - people with DD do not get to pick this, although most providers say they do. This causes a lot of problems.

Staffing should move around to allow them an opportunity to know others, learn from it, help other staff, not get burnt out, and assist agency supervisors pick up on where better relationships are and where a better environment might be for someone. Fresh eyes help see things!

There are many different trainings out there - I never heard of them until I came to work for the Council. This means the providers are not hearing about it or are not utilizing these.
Community Inclusion - oh my, this is not happening.

Payees - too much control on money with many people who can learn to manage this, even a portion of it. Why are we not letting someone learn and grow? Everyone's idea of a job and work are different. Let's offer options and know it's okay if it's not an 8 am to 5 pm job. Job coached need to know more about VR and how it works."
[End of Comments shared by Rachel Ward]

Testimony related to the DSP crisis shared during the LR 239 public hearing and the appropriations hearing in 2022 resulted in DD providers receiving a historic 26% rate increase. 17% of this rate increase was done with permanent funding and 9% was done with temporary one time ARPA funds. It is anticipated that NASP and DD Providers will request that the temporary ARPA increased rates will be permanent in the 2023 Legislative Session. Some DD advocates are increasing awareness with Legislators to take steps to ensure that rate increases begin with DSP and other front line staff wages first, rather than funding CEOs and upper management in agencies and hoping funds will trickle down to DSPs.

Another positive outcome from the testimony at LR 239 was the passing of carryover bill LB376 in 2022 that requires the state DDD to apply for and implement a Family Support Waiver. Yet concerns persist that this additional waiver will cause additional strain on the provider industry.

The DSP workforce crisis issue was referenced during the 2022 Legislative Session with the controversial proposed LB1216, which would have changed the provisions relating to appointment of guardians and conservators. LB1216 was written with help from the Executive Director from the Arc of Nebraska and eliminated language for individuals or agencies who are exempted from becoming appointed guardian of a person alleged to be incapacitated. This would allow any competent person or the Public Guardian to be appointed guardian of a person alleged to be incapacitated.

LB1216 was written as an attempt to provide alternative pathways for family members of people with disabilities who are struggling with access to providers. It was intended to be helpful for people in rural communities, families with minor children, and individuals in more unique settings. It was written because Nebraska has HCBS agency providers not accepting new individuals into services, and some have even stated that they can no longer continue providing services to some individuals due to the DSP workforce shortage. The Arc of Nebraska was very concerned with the DD provider issue that hindered or eliminated access to HCBS services.

The Council had major concerns with the initial language in LB1216 before any amendment clean up language was proposed. The Council decided to testify in a neutral capacity at their February 5 meeting based on the initial language filed with the Legislature at that time. The Council had concern since the initial proposed language strikes in LB1216 would make it possible to expand guardianship, which could lead to unintentional consequence of creating a power imbalance for individuals with disabilities &/or elderly citizens & their facility (nursing homes/assisted living) or HCBS agency providers. The Council, the Office of Public Guardian, and Disability Rights Nebraska had serious concerns with LB1216. Supporting LB1216 as written would have also run contrary to the Council's endorsement of the Supported Decision Making (SDM) practice as an alternative to guardianship.

Council testimony on LB1216 also noted the concern and need to have a mechanism to address a potential conflict of interest between the parent as the guardian & the entity employing them to provide services to their ward. The Council ED stated that the State would have to develop a way to respond to actual conflicts of interest when they arise. Monitoring of these guardianships would need to be strengthened, in addition to clarifying who will be responsible for monitoring these services. These concerns are documented in this PPR, Section IV, Goal 4, under objective A's Legislative Session summary.

Tony Green, Director of the Division of Developmental Disabilities, serves as an agency representative on the Council. He shared at the February 2022 Council meeting and throughout FFY22 that CMS does allow guardians to be paid providers, and some states allow this practice. There are some CMS complexities for minor children (e.g., the state has to define the difference between routine personal care of a minor child and extraordinary care). Policy and development is necessary to gain CMS approval, as oversight and a support structure would need to be in place. An amendment would need to be submitted to CMS, and major waiver changes take months to implement. Bottom line: there are options to make it possible for guardians to be paid caregivers without changing statute, but these require multiple steps, including policy development, submitting a CMS amendment, and regulation changes. However, DHHS would have to take certain steps for Nebraska to secure CMS approval. Lots of stakeholder engagement would be needed. Director Green also warned advocates to not pursue having paid caregiving mandated in state statute, as doing so could jeopardize a CMS federal matching funds if CMS didn't approve the waiver amendment, which would ultimately result in NE paying for the service with only state appropriated funds.

The Council recommended that a Legislative Resolution be introduced to study the issue & explore a solution &/or reach a compromise making it possible for guardians to be allowed to be paid HCBS independent providers. Testimony also noted that this is an excellent area of focus for the DHHS hired nationally recognized consultant to review when evaluating Nebraska's developmental disability system.

During Legislative Session 2022 Legislative Resolution (LR) 368 was introduced by the Senator who introduced LR 239, LB 1216, and LB 376, the Family Support Waiver. LR 368 had a hearing on Dec. 2, 2022. The language in LR 368 took a broad approach to identifying areas where NE's network of services for people with developmental disabilities, particularly children, needs further changes. At the hearing, the Senator indicated that she wanted to hear from organizations and individuals on how to further improve Nebraska's safety net services for the families who need and use the services available, or where Nebraska needs to create new ways of addressing service gaps, especially the DSP workforce shortage crisis. Her goal was to help the Health & Human Services committee learn more about the challenges and benefits of allowing family members who might also be guardian to be considered a provider. DDD Director Tony Green, the Arc of NE ED, the NASP ED, numerous parents, a self-advocate, and Disability Rights Nebraska testified on the issue of allowing parents to be paid caregivers.

At the LR 368 hearing, Director Tony Green provided the HHS committee an update on LB376 efforts for the DDD to apply to CMS for the Family Support Waiver. Director Green also noted that the DD division posted an RFP, or request for proposal, for a consultant to complete the study, including Medicaid State Plan services, with recommendations as to how Nebraskans with developmental disabilities can be better served. The RFP was awarded to CBIZ-Optimus on 09/29/2022. CBIZ-Optimus will complete a comprehensive analysis of existing programs and service arrays available to support individuals with DD, traumatic brain injury and children and adults with physical disabilities. This analysis will include a comprehensive list of all service arrays to include the 1915(c) waivers, the Medicaid State Plan Services, the Medically Handicapped Children's Program, the Lifespan Respite Program, and other applicable supports to aged and disabled populations to include an emphasis on maximizing impact, effectiveness, and cost efficiencies. It will also include a detailed comparison and analysis of Nebraska and comparative states' service array of Medicaid state plan services, waiver services and other mechanisms to support people with developmental disabilities. It will include a detailed comparison and analysis of Nebraska and comparative states' registry/waiting lists to include eligibility, interim services, prioritization or funding and removal to include a detailed plan for elimination, an overall set of recommendations and suggested implementation plans to bring best practice to Nebraska and maximize resources for persons with developmental disabilities and finally, any other areas that the Department would find to be beneficial to the state in the assessment of its DD waivers, services and supports. This final report is due by December 31 of 2023.

Director Green also addressed the issue of paid caregivers at the hearing. He noted that it is a complex issue. He clarified that within the DD waivers, we already have and do currently pay family members in some capacity to be caregivers. So, for example, there are some parents of adults, 19 or over, in Nebraska, who are currently being paid to deliver care. The NE HCBS waivers cannot currently pay somebody who is legally responsible to be the caregiver. So, if they are court appointed by a district court to be the legal guardian, HCBS waivers are not paying them. If they are a dual role of a parent, of an adult and a legal guardian that is not currently allowed today. Parents of minor children is currently not allowed under the waivers. There are options that states can choose to put into their waivers, and then there are many requirements. If you check that box in your waiver to allow that to be a practice, there are many safeguards that have to be outlined for CMS. Because the fundamental issue is that CMS cannot pay for services that somebody would be legally responsible to provide anyway. So especially when you get into parents of minor children, you really have to begin to differentiate between what CMS calls "ordinary parental duties" and "extraordinary parental duties". And states have to have policies, assessments, and practices in place to very clearly articulate so that you don't move into the area of paying parents to do parent functions. Other testifiers, including many parents in favor of paid caregiving, followed Director Green.

At the hearing for LR368, the Public Policy Director from Disability Rights Nebraska (DRN) clarified the P&A's position and raised issues surrounding the family guardian payment issue described in the resolution. He testified the following: "As an agency that is involved in addressing issues regarding guardianships for people with disabilities, DRN had a particular and additional interest in LR368. Nebraska has some of the strongest protections for persons under guardianship in the country, and the state should be highly reluctant to throw open the doors to edit them. As we know, there is no guarantee that editing won't spill over into other areas of statute, which could cause unintended harm for persons with disabilities and their families. Paying family guardians sets up another financial incentive for persons to become guardians. Families need services and if they can get paid for caregiving as a family guardian, why wouldn't they jump at it? Since guardianship is a serious restriction on an individual's liberty and rights, and since many guardians in the state of Nebraska are full or plenary, which encompasses essentially the totality of all the ward's choices, Nebraska should be very wary of establishing routes to increase guardianship. Paying family guardians involves clear and inherent conflicts of interest. Our concern here is not unfounded. In 2006, North Carolina ended paying family guardians for adult wards because of high costs and the inherent risk of conflict. Quote, A disabled adult's legal guardian must help develop and approve an annual care plan. It would be a conflict of interest for guardians to approve the plans and also get paid for implementing them. Paying guardians to care for relatives is a sensitive issue, said Dave Richard, executive director of the Arc of North Carolina. But Richard said the new policy is basically a good one. The potential for conflicts of interest is significant if the person on the front lines making sure that proper care is provided is also the one doing the work, end quote. Among other protections, if Nebraska would want to move toward this direction, they would have to determine, quote, things like how the provision of care by the family caregiver is in the best interest of the child, that the use of the family member does not create a conflict of interest, especially around finances and service planning, monitoring service plans for community integration requirements, determining payment is made only for services rendered and put in place safeguards for abuse, neglect and exploitation. Paying family caregivers can already be done within Nebraska's existing HCBS waivers. A family caregiver that is not a legally responsible person or a family guardian can be paid for care-- caregiving services."

Senator Machaela Cavanaugh, who introduced LR368, noted in her concluding statement at the hearing that this issue is complex and will require the Legislature's attention. She stated "hopefully in the next Legislative Session (2013), we can work together as a body to create a dedicated plan to see how we can increase the workforce in this particular industry because obviously our most vulnerable people need to be taken care of and should be taken care of. This is not something that's going to be solved quickly or easily. It's going to take a lot of diligent work and purposeful thought in how we do it."

The Council anticipates that the issue of paid caregiving and the DSP workforce crisis will be another hot topic in the developmental disability community during Nebraska's 2023 Legislative Session.

SECTION IV: STATE PLAN IMPLEMENTATION PROGRESS REPORT

Planned Goals

Goal 1: Employment

Section IV: A

Area of Emphasis	Planned for this Goal	Areas Addressed
Quality Assurance	Yes	Yes
Employment	Yes	Yes
Formal and Informal Community Supports	Yes	Yes

Strategies	Planned for this Goal	Strategies Used
Outreach	Yes	Yes
Training	Yes	Yes
Technical Assistance	Yes	Yes
Supporting and Educating Communities	Yes	Yes
Barrier Elimination	Yes	Yes
Systems Design and Redesign	Yes	Yes
Informing Policymakers	Yes	Yes

Intermediaries and Collaborators	Planned for this Goal	Actual
University Center(s)	Yes	Yes
State DD Agency	Yes	Yes
Other Collaborators	Yes	Yes

Goal Narrative

For the first year of the new State Plan, the Council decided to focus efforts on addressing Employment's Objective A "to increase awareness, knowledge, and identify necessary system changes to remove barriers to competitive, integrated employment at a living wage for individuals with I/DD." In FFY22, the Council contracted with national subject matter expert Dr. Lisa Mills to conduct a comprehensive study of supported employment outcomes and services for people with I/DD in Nebraska. The Council prioritized the study to learn from history, evaluate the current situation in Nebraska, find avenues to demonstrate positive outcomes, look for untapped opportunities, recognize areas of consensus and consider approaches to tackle barriers to employment for people with intellectual and developmental disabilities.

The Council's selection of an employment focused goal was based on the results from the Oct. 2020 Needs Assessment & the new State Plan Comprehensive Review and Analysis (CRA). Employment for individuals with developmental disabilities (I/DD) was ranked the 3rd highest priority of the Needs Assessment. A total of 508 individuals completed one of the two versions of the DD Needs Assessment survey, and three focus groups were held w/a total of 21 participants. The Needs Assessment gathered information related to employment such as job placement, vocational rehabilitation, integrated employment efforts, & employment policies.

The majority of the respondents indicated that it is very important to address all required components for NE to be an Employment 1st state. A high number of families & care providers indicated it is very important to recruit, train, & retain DSPs. Many families, care providers, & self-advocates indicated the need to increase employment opportunities & that it is very important to increase choice in competitive & integrated employment opportunities. Families noted a need to increase early employment planning in schools. For individuals with complex or high support needs, a continuum of day service options needs to be expanded so families can select the option that best fits the needs of the individual. It is important that options are inclusive & include engaging activities within the community. Families also indicated a need for more support to find & work with employers or vocational & day programs.

Self-advocates reported that long waiting lists (Nebraska VR Order of Selection and HCBS DD waiver) delayed their seeking employment & limited transportation options impact employment possibilities. Families reported the need to expand the Nebraska Vocational Rehabilitation (VR) system to provide on-site supports for individuals working in the community, & funding provided for DD services & VR rehabilitation must be adequate to provide effective & consistent staffing. Adults with disabilities continue to lag behind their working peers without disabilities in hours worked, wages earned, & unemployment & underemployment rates. The Annual Disability Statistics Compendium reported that in 2018, the NE state employment rate for individuals with disabilities between ages 18-64 was 50.2% compared to 83.6% of those without disabilities. Although NE's rate of employment rate for those with disabilities is higher than the national average (37.6%), NE's employ rate for those with no disability is also above the national average; therefore, there is an employment gap between the two groups of 33.4%. Greater disparities exist for individuals with a cognitive disability, with 43% employed.

As noted in the Council's State Plan, there continues to be a need to work through current and recent past employment challenges to support CIE for individuals with I/DD. Nebraska's employment challenges developed in recent years (2017-2019) when individuals were not allowed to receive any DD employment-related day waiver services (Prevocational, Supported Employment - Follow-Along, Supported Employment - Individual, or Supported Employment - Enclave) while receiving VR services. According to the state's interpretation of federal regulations, individuals could not be determined to be eligible for job coaching or employment supports until assessed through VR. To utilize the prevocational service through the HCBS waivers, an individual had to be deemed ineligible for services through VR. Since getting a VR assessment involved a long waitlist, individuals who would be eligible for one service or the other were not receiving an eligibility determination or the employment services they needed.

Nebraska's employment challenge was heightened in 2017, when Nebraska VR went into an "order of selection" on Dec. 11, 2017. Nebraska VR leadership shared that due to issues with the state/federal match, Nebraska VR was facing a situation where adequate resources were not available to meet the needs of all individuals requiring VR services, so the Order of Selection was initiated to address inadequate budget needs. Priority Group 1 included individuals with severe physical or mental impairment resulting in a rating of very low in two or more functional areas. Functional areas included: mobility, communication, interpersonal skills, self-care, self-direction, work tolerance and work skills. This resulted in individuals with I/DD, who were wait listed onto Nebraska's VR Order of Selection Priority Group One, not having the ability to access any prevocational or employment services on the HCBS DD Waiver. The issue was so complex that Nebraska VR closed all three Priority groups in April 2018. This systemic issue created a gap between supported education programs & employment for many young adults when they reach the age of 21. It wasn't until early 2021 that Nebraska VR opened Priority Group 1 and began removing individuals from the wait list. It wasn't until April 2021 that Priority Group 1 no longer had a wait list.

In 2018, the Council ED joined NASP's Employment Subcommittee, which began investigating employment issues (especially during the 2017-2019 timeframe) in an effort to present some possible solutions to address these issues. Of particular concern was the interpretation at that time that DDD took with regards to individuals with I/DD receiving supported employment supports and "the payer of last resort."

In July 2019 the Council provided funding to bring Dr. Lisa Mills to Nebraska to train on "Employment Innovation - Best Practices for Contemporary, Integrated, and Competitive Employment with Individuals with Developmental Disabilities." The training was open to NASP (Nebraska Association of Service Providers), Nebraska VR leadership and staff, and DDD leadership and staff. Nebraska VR sent top leadership representatives to the training, and DDD sent mid-managers. Dr. Mills' presentation was concise with the message that HCBS Waivers provide the flexibility for systems to work together to provide supported employment or prevocational supports to individuals with I/DD. Even with this training, NASP and other stakeholders struggled to learn if DDD would change their interpretation regarding federal regulations on supported employment. At that time, DDD leadership indicated that they were working with CMS to explore a remedy to this situation. The Director of DDD noted her concerns that DDD did not have adequate funding, allocated by the Legislature, to provide HCBS DD employment waiver services.

DDD announced in November 2019 that after receiving technical assistance from CMS, a DD waiver participant can request authorization of prevocational service to develop employable skills prior to his/her assessment by VR. When a person is on the VR waitlist, prevocational service with a DD provider may be authorized to maintain learned employable skills. A person must have a goal of attaining competitive integrated employment in their individual support plan (ISP) with identified needs for employable skills to receive prevocational service. The ISP team will need to meet in-person to discuss the service, long-term goals, & habilitation before authorizing prevocational service. This announcement and policy change was a step in the right direction in addressing Nebraska's employment challenges.

Dr. Mills' July 2019 speaking engagement, coupled with her April 2021 Value-Based Methodologies to Advance Competitive Integrated Employment: A Mix of Inspiring Examples from Across the Country report released with the U.S. Department of Labor's Office of Disability Employment Policy, and her other national supported employment experience, is why the Council sought her expertise to conduct the comprehensive supported employment outcomes study in FFY22.

This FFY22 report also includes a final summary from Educational Service Unit (ESU) #13 for their work between Feb.2021 through Jan. 2022 overseeing the Empowerment & Employment through Entrepreneurship Education project. This project straddled the Council's employment goal in the previous State Plan and in the new State Plan. ESU 13 brought Spark 101 to transition-age students in rural schools in the panhandle. The self-paced entrepreneurship project included personal assessments, video lessons, interactive worksheets and activities, and instructor check-ins via Zoom.

People First of Nebraska (PFN) also partnered with the Council's new State Plan employment goal by agreeing to develop at least one long video (for distribution) and 1 short video (for social media) focused on improving employment opportunities and outcomes for people with disabilities (PWD). PFN plans to develop videos that will address barriers to long-term successful employment by interviewing PWD from across the state and their bosses/business owners about problems encountered in the workplace, adaptations and accommodations that may be needed, and other resources and supports. In FFY22 PFN began exploring setting up a contract with a disability employment professional in NE to help them with this project.

Objective 1: By 2026, increase awareness, knowledge, and identify necessary system changes to remove barriers to competitive, integrated employment at a living wage for individuals with I/DD.

3. This objective is:	System Change

4. This objective is:	New

5. This objective is:	
Fulfilling a Self-Advocacy DD Requirement	No
Targeted disparity	No
DD Network Collaboration	No

A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Planning

7. Provide an overall description of this effort:	For the first year of the state plan, we have decided to contract with national subject matter expert Dr. Lisa Mills, to conduct a comprehensive study of supported employment outcomes and services for people with I/DD. Dr. Mills is sharing her expertise and knowledge as a national consultant on Employment First who has worked with over 30 states, including Medicaid, VR, and Workforce agencies. She has expertise in Medicaid waivers, Customized Employment, and value/outcome-based reimbursement models for supported employment services. Recent historical information about some of the systemic issues related to supported employment for people with I/DD was noted in the employment goal section above, which also explains the Council's previous connection to Dr. Lisa Mills, who launched her work in December 2021. The Council and other stakeholders look forward to the findings from this comprehensive study, with hopes of using Dr. Lisa Mills' expertise to leverage systemic changes in supported employment efforts NE. The Council Director is also a committee member on two employment focused work groups in NE, including a supported employment (SE) subcommittee with NASP - the NE Association of Service Providers. Dr. Mills also joined this committee. The NASP SE Committee meets monthly for an hour. Current members include four dedicated supported employment providers, Nebraska VR's Supported Employment Program Director, and a parent community activist. NASP played a key supporting role in generating interest and recruiting DD supported employment providers to participate in the data collection process to support Dr. Mills' SE study. The NASP SE subcommittee also provided an avenue for the Council Director and the Nebraska VR SE Program Director to coordinate communication and share preliminary report findings related to the Council's SE report and Nebraska VR's supported employment rate study. The Nebraska State Independent Living Council (NESILC) decided in their most recent State Plan on Independent Living that the focus needed to be on collaboration, and they were aware of various individuals and organizations who have an interest in Nebraska becoming an Employment First State. In March

	2021 NESILC formed an employment committee that meets every other month, with the goal to coordinate employment improvements efforts to have a greater impact. The NESILC was aware that the DD Council has employment as a State Plan Goal, and the Council ED was asked to participate on this committee. NESILC employment committee members include the NESILC Executive Director; Directors of NE's Independent Living Centers (League of Human Dignity & Independence Rising); the Director of Nebraska AT; an employment specialist with Nebraska EasterSeals, the Policy Director with Disability Rights NE, NeSILC member with a and Community & Disability Liaison with NE Total Care; Director from The Arc of NE, Nebraska VR Assistant Director; a board member from People First of Nebraska; UCEDD Supported Employment staff; and other NeSILC members. Hot topics that were discussed at the NESILC Employment Committee meetings in FFY22 included elimination of subminimum wage in Nebraska; information and updates on the Council's comprehensive SE study with Dr. Mills; updates from Nebraska VR, including the 2022 VR Supported Employment Rate Study; NESILC efforts to survey individuals with disabilities about employment, NE's Medicaid Insurance for Workers with Disabilities (MIWD) legislative mandated program changes, and NE Olmstead Plan updates related to employment. The Council ED also shared updates & resources (webinar announcements, etc.) from the AoD Disability Employment Technical Assistance Center. In August she shared that ACL and several federal partners recently published two new resources focused on expanding competitive, integrated employment opportunities for people with disabilities. The first resource, Resource Leveraging & Service coordination to Increase Competitive Integrated Employment for Individuals with Disabilities, provides guidance on how local and state governments can blend, braid, and sequence funding to expand resources from various federal programs to increase CIE options for youth and adults with disabilities. She shared that there is also a FAQ document and a framework for policymakers and providers. Larsen also noted that Dr. Lisa Mills is an expert in the area of blending, braiding, and sequencing resources, and that the Council anticipates that she will include these concepts in her final report suggestions. Similar topics were also covered in the NASP SE Subcommittee monthly meetings. In 2021, the Council ED, Kristen Larsen, was appointed to the AoD Disability Employment TA Center's (DETAC) Grantee Representative Work Group as an alternate member. In April 2022, Kristen had the opportunity to meet with Amy

	Gonzalez, AoD DETAC Project Manager, to touch base about employment efforts in NE. Larsen shared how she has benefitted from attending or listening to the recording of the DETAC National Community of Practice monthly webinars and reviewing resources on the DETAC website. Larsen also indicated that she shares the DETAC resources and webinar announcements with other Nebraska disability advocates who are working to improve employment outcomes for people with disabilities. Gonzalez and Larsen discussed the possibility of AoD exploring future employment technical assistance work with minimum allotment states. Larsen noted that receiving technical assistance from AoD DETAC after we receive the final comprehensive report from Dr. Mills could be instrumental in helping Nebraska continue momentum to address systemic changes in areas such as becoming an Employment First State. Larsen learned at the 10/17/2022 Grantee Representative Work Group Meeting that she is no longer an alternate member, as she is replacing Kate Brady. Larsen plans to take a more active role with the group and plans to participate in quarterly meetings in FFY23. People First of Nebraska (PFN) engages its chapters and the community to promote awareness, acceptance, and inclusion. The PFN employment project team collaborated with their partners and with disability employment specialists in the state to develop at least one long video (for distribution) and 1 short video (for social media) focused on improving employment opportunities and outcomes for people with disabilities. These employment videos will be promoted in the disability community nationally and among at least 10 employers, business organizations, and community organizations and governmental agencies. NCCD provided Educational Service Unit 13 (ESU-13) funds to support a project to address employment and entrepreneurship with transition aged students (freshman through age 21) in rural NE. This project's cycle straddled the FFY21 and FFY22 PPR timelines. It assisted transition aged who were verified with disabilities through an IEP or 504 by their local school district, the opportunity to learn about self-employment and entrepreneurship through online education and training. Entrepreneurship education is proven to increase academic performance, self-advocacy, financial literacy, creativity, motivation, problem-solving, and job-readiness, yet entrepreneurial training is rarely available to the DD population. Through this project, participants used the Spark 101 program, developed by Celebrate EDU. The Spark 101 class introduced participants to entrepreneurship,

	taught self-advocacy skills, how to set goals, and investigate interest-based employment. The project empowered students to explore entrepreneurship and interest-based work opportunities as a path for a successful future. ESU-13 noted in their funding proposal that the Bureau of Labor Statistics US Dept. of Labor in 2019, states 19.3% of persons with a disability were employed. In contrast, the employment population ratio for persons without a disability was 66.3%. According to Kessler 2015, main barriers preventing people from gaining employment is the lack of education & training. The Office of Disability Employment Policy (ODEP) stated that individuals w/disabilities are two times more likely to be self-employed than the general population. Self-employment provides the accommodations that many with disabilities need to do well in the workplace. Factors such as transportation, inflexible scheduling, & interaction with the public can act as barriers to job entry. When an individual w/a disability starts their own microenterprise, they have the flexibility to create their own work environment. ESU-13's proposal also included statistics provided by Autism Speaks indicating that of the nearly 18,000 people with autism who used state-funded vocational rehabilitation programs in 2014, only 60 percent left the program with a job. Out of these, 80% worked part-time at a median weekly rate of $160, putting these individuals well below the poverty level. Nearly half of 25-year-olds with autism have never held a paying job. Due to social aspect, many individuals with autism find it difficult to locate & maintain employment. Entrepreneurship created a path to finding individuals with autism new opportunities to enhance both their personal and professional value, provide participation in the mainstream economy as well as social integration. Business owners, especially those with autism, direct the public's attention to these disorders & help make them more acceptable and understandable. Only ESU-13 KPI (key performance measures) data was collected for this objective. Subrecipients struggled w/getting completed surveys from activity participants. Some of the subaward projects didn't indicate how many surveys they collected, instead they provided #'s in DD Suite for the KPI, so it's been impossible to get an accurate %. Other Subrecipients provided numbers in place of their percentages and the #'s are noted in Section IV-B, IFA

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved

Advocacy agencies, employment services providers, and employers across the state will participate in the survey.	Yes
Research historical data and trends, and review key public systems policy and programs and the impact of federal legislation and regulations on key public systems in Nebraska.	Yes
Final report of data and data analysis to include a comprehensive set of strategies to revitalize Nebraska's employment support system for PWIDD.	NO
Collaborate with disability employment specialists in the state to develop two videos focused on improving employment opportunities and outcomes for people with disabilities.	Yes
Contract with a disability employment professional in Nebraska to assist with identifying employers and workers with disabilities and workers to feature in the video, write a video script, and provide production and editing input.	Yes
Market the videos on social media and promote them among regional and national self-advocate networks. In-person and/or virtual showings of the videos will be scheduled with employers, community organizations, state agencies, and others.	NO
Create a resource handout for video presentations.	NO

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenged to achieving the objective and unexpected benefits. (b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report)

The deliverables in Dr. Mills' contract includes research of historical data & trends, including how NE compares to other states; review key public systems policy & programs (i.e., Division of DD; NE VR, Special Education); research the impact of key federal legislation & regulations on key public systems in NE. (i.e., WIOA, HCBS Settings Rule, etc.); conduct key informant interviews to gain a range of perspectives form within the state; collect employment outcomes data; write & submit a final report, including employment outcomes data analysis & a comprehensive set of recommendations; and present the final report on-site. Throughout FFY22, Mills completed research of historical data & trends from 2014 to the present & attended monthly NASP SE Committee meetings. Mills conducted key systems policy & programs review, including an overview of NE's HCBS waivers, the NE Olmstead Plan, & conducting an interview w/ NE VR's SE Program Director to obtain info on the NE VR rate study & focus group process. Dr. Mills worked w/Council & partners to identify specific names for all key informant categories. In Feb. 2022, Dr. Mills began interviewing a variety of key stakeholders, & interviews continued through Aug. Interviews included: The Director of the Division of DD (DDD) & the SE administrative point staff, the Director & SE Program Director from NE VR, Director of NDE Special Education, the Council's Chair (parent member & DD SE provider), the State Cor. of PFN, The Arc of NE ED, President of NE APSE, parent advocates, select DD providers, NESILC Employment Com. Chair, & a policy advisor from the Governor's office. NASP Director, Council ED, & Dr. Mills planned an introductory webinar on 12/14/21 for DD SE providers to learn about the study. Invitations were shared w/NASP members, NE VR SE providers, & other HCBS DD SE providers who are not members of NASP, including independent providers. Dr. Mills followed up w/additional outreach to recruit SE providers following the webinar. At the webinar, Dr. Mills explained the project & encouraged participation in the employment outcomes data collection (DC) process. Mills noted that the study was a good idea to help NE learn from history, evaluate the current situation, demonstrate positive outcomes, reveal untapped opportunities, recognize areas of consensus, & provide clarity about how barriers could be tackled. Mills shared how provider participation in the DC process would benefit the project. 1) Participation will assist in demonstrating the cost-effectiveness & positive outcomes of services that support individuals w/ IDD in competitive integrated employment (CIE). 2) Gain a deeper understanding of job coaches' performance, including better understanding of how they are spending their time. 3) Capture a better understanding of the agency's current performance & service outcomes to support informed business decisions, backed up by facts. 4) Recognize opportunities for increased effectiveness & efficiencies. Mills provided an overview on the DC process. Following the webinar, DC & reporting tools were customized for NE & incorporated after receiving feedback from Council staff & NASP SE committee. Mills developed a flyer to promote a 2nd reporting training webinar on 02/16/22 for those providers who committed to participate. Both webinars were recorded & posted on the NASP website for providers participating in DC & to address data integrity issues. Tools & further training was provided to those who attended the webinar on 02/16. Mills & her team explained the data they were asking providers to collect, the forms & instructions available for staff assisting w/DC, how/when to report the data from their organization & how to get assistance during the DC periods. DC periods were scheduled for the months of March & May 2022. SE Outcomes Data Collection entailed documentation of: - Waiver status: On DDD Waiver; Previously on DDD Waiver; Never on DDD Waiver - Type of employment (from menu of occupational categories) - Type of position: traditional job; customized/carved; self-employment - Employer of record - Hours worked - Hourly wage - Length of time in position - Employment supports (type & amount as captured by assigned staff person, using time tracking sheet) - Amount of billable employment supports & associated billable dollar amount - Work incentive benefits counseling utilization & source, if applicable - Natural support network specifically resulting from employment - Source of transportation to/from employment & funding source for this transportation if applicable - Data analysis Dr. Mills & her team provided support for providers participating in DC. Reporting & DC tools were provided to those participating in the DC process, including a Job Coach Time Tracking Sheet, Instructions/Quick Reference Sheet for Job Coaches, Individual "Quick Interview" Tool, & a Master DC Reporting Tool. Mills also worked w/the DDD to develop complementary DC effort targeting a few larger providers that opted not to participate in her

DC effort. DDD staff agreed to pull data on waiver participants served & Mills developed data request letter (sent by DDD) & data reporting tool. This data received will increase the # of individuals w/IDD for which Mills will have data on average hrs worked in CIE & associated job coaching hours. Data on SE job coaching utilization will come from DDD in Dec. 2022. In May, Mills & her team began the data analysis process by compiling & analyzing the 1st round of DC. In June Mills submitted a draft of the annotated outline for the Final Report. From July to Sept., Mills & her team continued to integrate & develop analysis for data from two collection periods w/providers. She identified specific recommendations based on data for inclusion in report. A presentation of preliminary findings was shared w/NE VR leadership & NASP SE Committee in June. In Sept. she began drafting the report & recommendations. Unfortunately, the Council & Mills faced some initial delays w/getting her contract approved. Since the contract was delayed & the work started roughly 2 months late, Mills formally requested an extension on her contract in mid-June until 3/31/2023. The extended time provides a safety net & extra time to work w/DDD to collect additional data. A rough draft is due 01/02/2023, final report due 2/1/23, followed by conducting an onsite visit to present findings to key stakeholders, policymakers, & state senators. People First of Nebraska (PFN) was excited to launch their first quarter of the new fiscal year with a hybrid annual state convention, offering in-person & virtual participation. They selected three new officers to join the team & the Board met twice, once in person and once via Zoom. Much progress was made in developing the employment videos targeted towards businesses and potential employers. PFN contracted w/the Statewide Independent Living Center & their staff to provide an employment expertise for the development of this video. They also contracted w/a videographer in Omaha who works with the UNO Video Lab to process, edit, & caption the video. The Video planning committee met weekly in March & developed learning objectives, interview questions for employers and employees, a list of potential interviewees representing a broad variety of jobs, & several marketing strategies. Those work groups also developed contacts in the business community in preparation for the promotion of this video for next year. PFN members & their employers from across the state have been identified to be featured in this video. The workers will represent a broad range of jobs and the state coordinator has met and worked w/the UNO Creative Video Lab faculty for this video. The group will meet up again after the first of the year when the semester begins as students have been chosen to participate in this project. PFN's video team has continued to encounter barriers w/the development of the employment video. The PFN Coordinators had been interviewing workers & their bosses. This has slowed down their production time, as they are not professional interviewers or videographers. However, PFN has recorded some excellent interviews, including one with the Chief Prosecutor for Douglas County, who employs a Project II member, a PFN Lincoln member who works in an office, & another Board member who works in a bakery. Two interviews had to be re-shot because of poor sound quality, & some interview appointments were cancelled by employers or individuals due to work demands & illness. The time & effort needed to organize Disability Pride Day, the Disability Policy Specialist activities, & the Growing Independence pre-convention seminar also cut into the limited time that the coordinators had to travel & record interviews. However, all but one set of planned interviews have been completed. The video creator has begun editing videos, & other pieces such as researching data on employment for disabilities & resources for the employment website have been collected. ESU's entrepreneurship project served 126 students instead of 150. in Jan. 2022, ESU-13 added an extra session, in an attempt to meet its goal or providing the course to 150 students. COVID did have a direct impact on the project, as teachers were overwhelmed w/the additional responsibilities during COVID & were hesitant to take added course work to their many required obligations. Since the project was not a requirement, many teachers did not have their students participate. Transition Consultants' relationships with teachers in the ESU 13 service area was helpful in encouraging educators to register their students for the Spark 101 course. Four additional

Transition Consultants (TCs) from other regions of the state were contacted to help with recruitment. In total, 19 rural schools participated, with 13 located within the ESU 13 service area, & 6 schools outside the area.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
Employment services providers will gain knowledge of supported employment and customized employment strategies.	NO
Policymakers will have the data to identify how to increase opportunities for competitive integrated employment for PWIDD.	NO
Competitive, integrated, and meaningful employment opportunities will be improved through braiding of services and robust partnerships between the Division of Developmental Disabilities and Nebraska VR.	NO
Employers will learn how to find applicants with disabilities, how to provide accommodations and adaptations, and how to avoid situations that lead to a person with a disability quitting or being fired from a job.	NO
A handout on resources to recruit, train, and support employees with disabilities will be shared with employers.	NO
PFN and collaborating partners will document a network of Nebraska businesses that employ people with disabilities.	NO

13. Progress towards achieving outcomes for overall objective:	

The no-cost extension for Dr. Lisa Mills' comprehensive supported employment outcomes report until 03/31/2023 is the reason why three of the outcomes above have not been met yet. The Council anticipates these outcomes will be met after March 31, 2023. In Nov. 2021, NE VR launched a rate study to revise supported employment rates. The study involved working w/ providers to determine overall program costs for supported employment services. NE VR asked supported employment providers to champion & support this effort w/ their staff, participate in one of the focus groups to

provide valuable feedback which will assist in refining the cost collection tool (Focus Groups on 11/17 & 11/19); participate in the training sessions to learn more about completing the cost study tool (Dec. 2021); & complete a cost study tool to assist in capturing information about supported employment services (Jan. 2022). The rate study is a transformative effort by the NE VR agency to develop standardized rates for supported employment services based on data collection & analysis from SE providers. Public Consulting Group (PCG) was hired to collect data from providers, conduct data analysis, & provide recommended rates for NE VR to consider. The new rates are intended to help counselors & providers alike improve efficiency in their workflows around SE service authorizations. NE VR's Supported Employment Program Director reached out to the Council ED in Nov. 2021 to coordinate efforts to share information w/ the Council's SE comprehensive study & NE VR's rate study & changes designed to improve SE services. We agreed to a concerted effort to advance employment opportunities & supports for people w/disabilities. Having both the NE VR SE Director & the Council ED on the NASP SE committee truly strengthened ongoing communication & resulted in an opportunity for Dr. Lisa Mills to meet separately w/ NE VR leadership in June 2022 to review findings from the SE cost methodology study provided by PCG. NE VR leadership asked Dr. Mills if she would be willing to share her preliminary findings from her project's data collection that may be useful to VR before they make final decisions on SE rates. Dr. Mills shared this data, & attended other follow up meetings & discussions w/ NE VR leadership on the supported employment topic. Dr. Mills had the opportunity to discuss her ideas about provision of VR SE services, resulting in NE VR seeking additional consulting w/ Dr. Mills that impacted VR's direction for setting new SE rates. Nebraska VR collaborated with the PCG and Nebraska VR's supported employment providers to complete a cost methodology study of supported employment services. The aim of the study was to develop statewide service rates for supported employment. In addition, Nebraska VR identified needed upgrades to the program to enhance and support employment outcomes for Nebraskans with disabilities. Nebraska VR appreciated the participation of many people who provided input to the process including supported employment providers, Nebraska VR staff, Nebraska Department of Health and Human Services (DHHS) partners, and other stakeholders across the state. In a letter dated 9/13/22, Nebraska VR shared that after careful consideration, they decided to postpone the supported employment rates and other program changes Nebraska VR had originally planned to implement January 1, 2023. This postponement will allow Nebraska VR to: -obtain and consider results from a separate supported employment study (Dr. Lisa Mills) being conducted with funding from the Nebraska Council on Developmental Disabilities Council, -work with Nebraska VR's DHHS partners, the Divisions of Developmental Disabilities and Behavioral Health, to ensure continuity and consistency with supported employment activities of those programs, especially extended services provided after Nebraska VR services are complete, and -build in training and program quality standards to support efforts to secure employment outcomes for those who receive supported employment. The letter indicated that the supported employment milestone payments will continue to be paid through June 30, 2023, with implementation of revised rates and program structure planned for July 1, 2023. The changes will include rate methodology revisions based on the PCG study completed this year, as well as potential recommendations from Dr. Mills for performance incentives and job coach fading. The Council anticipates that Mills' final report will have systemic impact on NE VR milestone payments. The goal of the People First employment activities is to make employers aware of the opportunities to hire and maintain successful employees who have disabilities. Many employers are unaware of the benefits of hiring people with disabilities. This project with People First of Nebraska (PFN) is creating a video whose main audience are potential employers showing them the successful careers of Nebraskans with disabilities in a variety of work settings. PFN is consulting with staff from the Nebraska/Statewide Independent Living Council, both people are self-advocates. The team has developed a set of interview questions for employers and employees. PFN is continuing to make good progress on the Employment video project, which continues in FFY23. They continue to research websites and organizations to populate the Employment Resource Web Page and to find powerful data to support the benefits of employing people with disabilities. Overall, the PFN employment project team is satisfied with the quality of interviews they have got, but the process is much more time consuming than they realized. Getting interviews scheduled with busy employers while many were and are still dealing with COVID and all the stipulations that have come with that has been a challenge. In hindsight they said they would have liked to have planned for a bigger budget as that would have helped. After this project ends, the video will be available on social media and promoted within the SABE, AUCD, HRSARC, and other national, regional, and state/local disability organizations. The web page with employer resources will remain on the PFN website. They hope to develop a network with employers in the state who support hiring people w/disabilities who can also help champion worker-friendly state policies and laws that will encourage employment for people w/disabilities. Once the PFN video employment project ends, the expected outcomes in question #11 will be met. The Empowerment & Employment through Entrepreneurship Education project was different than ESU 13 envisioned. It had more challenges than expected. ESU 13 had a goal of providing the Spark 101 course to 150 students, and only 126 students in rural NE were served. The grant project enhanced ESU 13 collaboration with five other ESU districts to fill additional spots. Project activity satisfaction surveys were provided to all students/staff that participated in the Spark 101 course. 45 surveys were received back from both the Spring & Fall sessions. The Spark 101 program was only be offered to juniors, seniors, & senior+ students, since many teachers reported that most freshmen & sophomores were too young to focus on what they would like to do for employment after graduating from high school. The course was initially offered to students served in the ESU 13 service area, made up of 21 School Districts. 15 of these school districts have population of under 2000 people. Job opportunities are limited making the prospect of self-employment & entrepreneurship compelling. According to the National Content Standards for Entrepreneurship Education, the proven benefits of entrepreneurial education are plentiful & includes increased motivation, higher self-esteem, increased self-awareness, improved communication skills, & enhanced personal & career attitudes. Research from the Office of Disability Employment Policy (ODEP) says these benefits are life changing to DD population. As NE & other US States continue to deal with the ramifications of the COVID 19 pandemic, social distancing & safety precautions did not allow school students participate in onsite jobs & employment. When COVID restrictions were lifted, ESU 13 advised students of the different options to employment other than traditional work site. ESU 13's project promoted self-employment & entrepreneurship as viable option for students with disabilities to share their gifted talents to benefit to others. For ESU 13 to sustain the progress made from this grant, the Agency assessed prior year progress so as to offer best outcomes. ESU 13 Transition offered, in collaboration with NE VR & NE Department of Labor, a two-part follow up process. First year following the grant (year 2022), ESU 13 &collaborative agencies offered a minimum of two sessions with interested Spark 101 participants from this project. These sessions began the process of building entrepreneurial ventures, expanded upon information learned through Spark 101, & provided support to these individuals. In 2023, participants involved in the year-one follow up, will receive support calls or emails. Connections & supports in the students' local communities will be offered & individuals will be guided to connect with them. In 2021, Celebrate EDU received a two-year grant from the Ewing Marion Kauffman foundation to continue developing their entrepreneurial ecosystem in Rural NE. These funds allowed Celebrate EDU to continue providing education & support for small business development to people with developmental disabilities. There were four Spark 101 student participants in the Start a business class & many more identified in future classes. The long-term impact of the project includes creating an ecosystem of support for youth with disabilities to continue learning about business & entrepreneurship. This supported the development of successful microenterprises in rural Nebraska.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).

PFN video employment project: People with disabilities have been very eager to be interviewed and to share their stories about what working in competitive employment means to them. They are proud to be recognized for their years of work. One feeling that they all share is the satisfaction they get in not only having meaningful work they provide, but that they also talk about "having someplace to be" and "making new friends with the people {they} work with". Another source for satisfaction and a feeling of independence is that they are able to earn their own money from real work. The PFN employment video recording process itself has generated some unexpected benefits. Two interviewees reported that their co-workers were interested in the video project and that they have discussed the benefits they've seen by having a co-worker with a disability. Employers have also been very positive about their experiences. During and after interviews, employers have shared some of their ongoing questions. Most are interested in recruiting more people with disabilities, but don't know where to go to access the vast worker pool or what support might be available to employers to train disabled employees. The PFN video process reveals that many people do understand that there are often hours and earning limits. One employer was very frustrated that they couldn't give their disabled employee more shifts, a pay raise, or a bonus for good work. When asked if they would be willing to connect with their state senator if the issue came up during a legislative session, they agreed and suggested this issue be added to the information given to employers so others could make their elected officials aware of how people with disabilities can better participate in the work force. PFN will also include stories about a PFN Board member who work in a convenience store and another person in Dawson County who is a volunteer fire fighter. They have also collected research on the benefits and barriers to employing people with disabilities, which will be included on the employment web page, along with other resources in the community to help employers identify, recruit, train, and support employees with disabilities. A few of the breakout sessions at their convention in October focused on employment, future planning for getting a job and how to USE PCP teams to help with the employment process, and how volunteer activities can help build job skills and experiences to help get a paying job. ESU 13's Project Activity Satisfaction Surveys were provided to all students/staff that participated in the Spark 101 course. In total, ESU 13 received 45 surveys back from both the Spring & Fall sessions. Teachers who expressed great interest in the project had more successes with their actively engaged students in Spark 101 course. Surveys were very positive. Here is what one student, Riley said about the Spark 101 class. "I became excited for my future & what jobs I can apply for. - It helped me explore the options that are out there for employment. - I really enjoyed the worksheets, inventories, & assessments." When asked if he is interested in having his own business Riley said, "yes, I am interested in having my own computer business & maybe a printing business. I want to help businesses with their computer problems & help people with their tech problems. Last week I helped my aunt from out of town fix her computer." Riley continued pursuing his entrepreneurial interests by participating in the Celebrate EDU Start a business class on Feb. 15, 2022.

Section IV: B

Individual & Family Advocacy Performance Measures

Race and Ethnicity

Race/Ethnicity	#	%
White alone	31	68.89%
Black or African American alone	0	0%
American Indian and Alaska Native alone	0	0%
Hispanic/Latino	8	17.78%
Asian alone	1	0%
Native Hawaiian & Other Pacific Islander alone	0	0%
Two or more races and Race unknown	5	11.11%
Gender	#	%
Male	77	62.10%
Female	47	37.90%
Other	0	0%
Category	#	%
Individual with DD	59	100.00%
Family Member	0	0%
Geographical	#	%
Urban	0	0%
Rural	124	100.00%

I. Output Measures

Objective	Performance Measure: IFA 1.1 People with DD who participated in activities	Performance Measure: IFA 1.2 Family members
By 2026, increase awareness, knowledge, and identify necessary system changes to remove barriers to competitive, integrated employment at a living wage for individuals with I/DD.	124	-1
Total # of Output Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	45	-1

II. Outcome Measures

Performance Measures	Percent (%)
IFA 2.1 Percent of people with DD	36
IFA 2.2 Percent of family members who increased advocacy	-1

Sub-Outcome Measures: The number (#) of people who are better able to say what they want/say what is important to them.

Projects	# People with Developmental Disabilities	# Family Members
By 2026, increase awareness, knowledge, and identify necessary system changes to remove barriers to competitive, integrated employment at a living wage for individuals with I/DD.	33	-1
Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	45	-1
IFA 2.3 Percent of people better able to say what they need	100.00%	100.00%

Sub-Outcome Measures: The number (#) of people who are participating in advocacy activities.

Projects	# People with Developmental Disabilities	# Family Members
By 2026, increase awareness, knowledge, and identify necessary system changes to remove barriers to competitive, integrated employment at a living wage for individuals with I/DD.	28	-1
Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	45	-1
IFA 2.4 Percent of people participating in advocacy activities	100.00%	100.00%

Sub-Outcome Measures: The number (#) of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.

Projects	# People with Developmental Disabilities	# Family Members
By 2026, increase awareness, knowledge, and identify necessary system changes to remove barriers to competitive, integrated employment at a living wage for individuals with I/DD.	-1	
Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	45	
IFA 2.5 Percent of people on cross disability coalitions	100.00%	100.00%

II. Outcome Measures

Satisfied	Percent (%)
IFA 3 The percent of people satisfied with a project activity	75
IFA 3.1 Percent of people with DD satisfied with activity	75

IFA 3.2 Percent of family members satisfied with activity	0

Section IV: C

Systems Change Performance Measures

SC 1: Output Measures

Objective	
By 2026, increase awareness, knowledge, and identify necessary system changes to remove barriers to competitive, integrated employment at a living wage for individuals with I/DD.	
SC 1.1 Number of policy/procedures created/changed	-1
SC 1.2 Number of statutes/regulations created/changed	-1
SC 1.3.1 Number of promising practices created	2
SC 1.3.2 Number of promising practices supported	-1
SC 1.3.3 Number of best practices created	-1
SC 1.3.4 Number of best practices supported through Council activities	-1
SC 1.3 Number of promising and/or best practices created and/or supported	-1
SC 1.4 Number of people trained/educated	124
SC 1.5 Number of Systems Change activities with other organizations	-1

Systems Change SC 2: Outcome Measures

Outcome Measures	Number (#)
SC 2.1 - Efforts that led to improvements	-1
SC 2.2 - Efforts that were implemented	-1

III. Sub-Outcome Measures

Objective	Number (#)
By 2026, increase awareness, knowledge, and identify necessary system changes to remove barriers to competitive, integrated employment at a living wage for individuals with I/DD.	
SC 2.1.1 Policy, procedure, statute, regulation improvements	-1
SC 2.1.2 Policy, procedure, statute, regulation implemented	-1
SC 2.1.3 Number of improved promising or best practices	-1
SC 2.1.4 Number of implemented promising or best practices	-1

Goal 2: Informal and Formal Supports

Section IV: A

Area of Emphasis	Planned for this Goal	Areas Addressed
Quality Assurance	Yes	Yes
Education and Early Intervention	Yes	Yes
Health	Yes	Yes
Employment	Yes	Yes

Formal and Informal Community Supports	Yes	Yes

Strategies	Planned for this Goal	Strategies Used
Outreach	Yes	Yes
Training	Yes	Yes
Technical Assistance	Yes	Yes
Supporting and Educating Communities	Yes	Yes
Interagency Collaboration and Coordination	Yes	Yes
Coordination with Related Councils, Committees and Programs	Yes	Yes

Intermediaries and Collaborators	Planned for this Goal	Actual
State DD Agency	Yes	Yes
Other Collaborators	Yes	Yes

Goal Narrative

-The Arc of Buffalo County, Technology Educational Cooperative (TEC) project, trained persons with intellectual and developmental disabilities (I/DD), their staff and family members to use technology, and increased their capacity of internet access which increased opportunities for community inclusion. Everything in a typical day incorporates some form of technology. The internet access for persons with I/DD is limited by ownership of technology and dependency upon others to connect and/or supervise their computer interactions. These individuals, especially those who are older, do not have access to the Internet or the knowledge and skills needed to interact with others via technology. In many cases, elderly family members and caregivers are not equipped to assist or teach computer/internet skills. It is essential to provide the technology, knowledge and skills to individuals with disabilities and their families/caregivers to increase community inclusion. The Arc of Buffalo recruited persons with I/DD interested in learning and becoming more adept in the use of technology. Once recruited, a survey was distributed and the level of technological knowledge and skills was determined. That was used to create training sessions in areas of need. The TEC project increased technology skills for people with I/DD that allowed the participation in the online world and increased inclusion opportunities through skill trainings and introductions to social media. The Arc of Buffalo continued to offer online activities after their TEC project was completed. All organizations that collaborated with The Arc maintained and continued online activities following the grant. The lending libraries at The Arc and each organization that participated enabled all persons with I/DD individuals continued access to the technology tools.

-The Fritz & O'Hare (FOA), Along the Way Train-the-Trainer project prepared professionals to introduce families and self-advocates to the Along the Way series. Major activities included the development of the Train-the-Trainer curriculum and provided a minimum of 10 training sessions in identified areas of the State. For the development of the Along the Way series, Fritz & O'Hare worked closely with a project advisory committee. That committee included self-advocates, family members, state agency representatives and service providers. The close coordination and collaboration between FOA and the advisory committee was key to the success of the project. Efforts were made and collaborations were established with other initiatives across the state. With the positive outreach and joint-efforts made, FOA's Train-the-Trainer project was successful in training a vast amount of professionals throughout the State that brought awareness to the value of the Along the Way guides. Follow-up contacts with all trained professionals occurred on a monthly basis with the purpose of collecting data regarding training sessions held, number of individuals and families attending, number of Along the Way guides distributed and additional feedback regarding the training process and the guides delivered. The projected impact on people with I/DD and/or their families is measured with the increased knowledge and use of the Along the Way guides in pursuing and obtaining needed services and supports.

-The Kolb Foundation, Adult Sibling Network project created a network of people with I/DD & those with siblings with I/DD to increase knowledge about making informed decisions about their lives in ways that improve the quality of lives & increases independence, productivity & experience of inclusion. Participants gathered socially & for educational events where they exchanged ideas, provided support to one another & developed more equitable relationships. As adult's grow older, typical siblings may take on more responsibility to support their atypical siblings. The opposite can also be true. Atypical siblings may provide support to typical siblings & others in similar circumstances. Project staff developed a manual for replication. With surveys for interest & the funding resources, they completed a How to: for recruiting members, develop timelines & determine activities for social, didactic, and/or advocacy. Multiple trainings & events took place during the year. Project Staff advertised the formation of the Network and recruited participants through social media & other advocacy organizations. They also created a Facebook page for announcements & invitations; presenting the information to other advocacy and community organizations for inclusion on social media, in blogs, & email blasts; flyers were distributed at community events. Project members continually discussed the direction & activities throughout the year to meet the goals and objectives of the Network. "Siblings may be the longest relationship someone has".

-PTI Nebraska incorporated Person Centered Planning (PCP) into their presentation and resource materials in order to spread awareness and to train/teach people about the importance of utilizing PCP strategies when it comes to planning out, making decisions, and creating action plans around preparing students/young adults with disabilities for life after school. The research PTI did in order to learn about PCP & the resources available to share & time spent developing information was very valuable in helping to carry out the mission of helping young adults improve their educational and life outcomes. Barriers and challenges during this year was staff turnover and not enough outreach to the Hispanic community. PTI hired a Hispanic Outreach Coordinator to bring awareness and teach the Hispanic community about Person Centered Planning for the 2nd year of the grant. PTI will increase outreach to the Hispanic community and translate the training materials, specifically the Transition/PCP training and the PCP slides that were added for the Intro to PTI and IEP training, in Spanish. Another barrier was the switch of the Executive Director. This was a very big transition for everyone on the project team & for the project work itself. They adjusted and moved on to support the team and effort of the project work goals. An unexpected outcome requested of PTI was to create a resource handout as part of the transition & PCP training they developed to help advocate for the PCP process, to be used in high school transition plans. The earlier families, students with disabilities, & professionals start using PCP, the better the outcomes for young adults moving from school, to life after school & then adult services. This shows that people understand the benefits to using the PCP information & that resources are needed/wanted in the state in order to help people with disabilities advocate for their future, to get the support they need & to reach their goals.

*Please note: The Arc of Buffalo County was the only project that collected demographic data for Goal 2. Objective 2.1 projects did not indicate how many surveys were filled out, so Council staff noted numbers and not percent. Subrecipients struggled w/getting completed surveys from activity participants. Some of the subaward projects didn't indicate how many surveys they collected, instead they provided #'s in DD Suite for the KPI, so it's been impossible to get an accurate %. Other Subrecipients provided numbers in place of their percentages and the #'s are noted in Section IV-B, IFA 3

Objective 1: By 2026, individuals with I/DD, their families, and professionals will have increased information and knowledge about waiver, non-waiver, natural supports, and person-centered planning principles as well as the Assistive Technology (AT) needed to strengthen supports in employment, education, recreation, behavior, etc.

3. This objective is:	Individual & Family Advocacy

4. This objective is:	New

5. This objective is:	
Fulfilling a Self-Advocacy DD Requirement	No
Targeted disparity	No
DD Network Collaboration	No

A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Implementation

7. Provide an overall description of this effort:	-For the Arc Of Buffalo County, the Nebraska Council on Developmental Disabilities (NCDD) funded their project to provide training to individuals with DD in Rural Central Nebraska on how to use social media to increase community inclusion. Technology Educational Cooperative (TEC) project began in Feb. 2021 to Jan. 2022, straddling the previous State Plan & the Council's new State Plan. For this PPR, the TEC project will be covered under Goal 2's objective to demonstrate how individuals with I/DD, their families, professionals (DD providers) had increased

	information about natural supports, person-centered planning principles, & Assistive Technology to strengthen technology supports in their daily lives. The TEC Project provide opportunities and training in the use of tablets to improve technological skill & community involvement. Provider Agencies were asked to participate with their clients. Weekly activities were organized. These activities provided training on; using tablets, accessing the internet, & internet safety while providing weekly activities to build skills. Isolation of people with DD as a result of the pandemic was the impetus for this project. Six agencies participated in the TEC activities: Integrated Learning Choices 56th Street (ILC 56th), Integrated Learning Choices 42nd Street (ILC 42nd), Mosaic, Goodwill Industries, Community Supports Network (CSN) & Mid-Nebraska Individual Services (MNIS). Clients ranged from 9 to 57 participants, male & female with DD & 1 nondisabled client. Majority were white, one Hispanic, age from 18 - 85 yrs. Clients choose what activities they wanted to participate in online. The online activities provided interactive and community activities. TEC activities attendance was high in March - July 2021. Attendance was affected by Covid Restrictions as well. In August, Agencies began scheduling more community activities. If a participant/client or agency staff member was diagnosed with COVID, then often the Agency had to close for two weeks, which impacted TEC online attendance. -Fritz & O'Hare Associates (FOA) Along the Way series: In the previous State Plan, the Council identified the priority of improving access to information to expand families' knowledge of adult services and other community resources for adult living. As a result, in 2018 the Council funded a project to develop a series of Along the Way resource booklets to provide information for parents and individuals with DD along the lifespan. In 2019, the Council provided funds to support the Along the Way Train-the-Trainer Project to train processionals in the DD field on the use of the guides, but the project was suspended due to Covid-19 and received a no-cost extension through November 2022. The project prepares professionals, teachers, staff from Nebraska organizations including Educational Service Units, advocacy organizations, DD providers, Nebraska VR, Nebraska DHHS Division of Developmental Disabilities, and Early Development Network Service Coordinators to introduce families and self-advocates to the Along the Way series. Major activities include developing a train-the-trainer curriculum and providing a minimum of ten training sessions in identified areas of the state. Efforts were made to collaborate with

	other initiatives across the state. The projected impact on people with intellectual/developmental disabilities and/or their families was increased knowledge and use of the Along the Way guides in pursuing and obtaining needed services and supports. Covid-19 hit the place in 2019 that halted the Along the Way project. The organization had to revise the Along the Way Guide after Covid-19 gave way in 2022. -The Kolb Adult Sibling Network Project was beneficial at impacting the lives of many people who have siblings with Intellectual and/or Development Disabilities in many ways. This project improved the efforts to educate parents, families, and professionals about the various services available through waiver supports. The project recruited adults with Intellectual and/or developmental disabilities (I/DD) and adult siblings of adults with I/DD. This project increased the ability to make informed decisions for some people, but also investigate and learn all the possible services that may be available through waiver services and any other resources. Those would also be including any natural supports. The members of this project made a list of at least 3 services, resources or supports they have not been aware of. This project also developed a manual for replication. There was a lot of work that went on to making the manual. Surveys for interest, budget and funding resources, recruiting members, determined activities for social-didactic-and/or advocacy, investigating resources, reports for funding, keeping a timeline and evaluating success and satisfaction. Per KFDE, by 2026, people with I/DD, their families, and professionals will have increased information & knowledge about waiver, non-waver, natural supports, & person-centered planning principles as well as the Assistive Technology (AT) needed to strengthen supports in employment, education, recreation &behavior. KFDE has been involved with disability community since 2003. The current KFDE Board and Project Staff continued that involvement. KFDE is an active member of the Nebraska Consortium for Citizens with Disabilities (NCCD), and their Project Manager was elected and served as one of the NCCD co-chairs in FFY22. The Kolb Foundation project for Adult Sibling Network Project began in 10/01/2021 and ended 09/30/2022.

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
Recruit Network members through social media, advocacy and community organizations for inclusion, blogs, email blasts, and flyers distributed at community events.	Yes

Host meetings, social gatherings, and educational events in the community.	Yes
Investigate services that may be available through waiver services and other resources including natural supports.	Yes
Create a manual on developing an Adult Sibling Network for use in creating additional networks across the state.	Yes

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenged to achieving the objective and unexpected benefits. (b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report)

- The Arc of Buffalo County: In support of The Arc's TEC project, Agencies used their computers for online activities in order to project online activities on a screen for all to see. Individuals participated in sessions with tablets in other activities. Tablets were available to participants in their homes where staff could assist them as needed. Many activities were planned to provide a variety of opportunities to learn, and unanticipated benefits resulted. Provider staff saw changes and improvement in the ways the individuals with DD followed written & oral directions. Participants with DD could make simple foods in microwave after the virtual cooking. They could measure ingredients with less assistance. Attendees began recognizing letters & numbers after the Virtual Bingo Games. 15 attendees of weekly stretching & weigh in sessions, Weigh-on-Wednesday (WOW) group, learned better eating habits & lost weight. Other sessions taught individuals about internet safety, how to use tablets, how to connect with & make new friends & new skills that improved their lives and health. Throughout the project, participants expressed joy participating in the online activities & disappointment when a session was cancelled. The Arc's Trainings consisted of 3 sessions - Introduction to tablet, using tablet camera & accessories, & using text reader while accessing the internet via Google. Training on the library access app was not attended because the agency staff felt the need to secure guardian approval when using a library card. Two UNK professors with training in Assistive Technology provided assistance throughout the TEC project and answered questions. Tablets had controls to limit access to unwanted sites. The Arc provided technical training to agency staff and clients. The initial set up of tablets affected the grant timeline and delayed new online activities & trainings. Vocational Agencies scheduling conflicts & Agency internet connections also impacted attendance. When the Program Coordinator contracted COVID-19, Nov 2021, all TEC activities were canceled. Change in management during the last months of the project, caused further delays. The Arc of Buffalo County did not collect and report any demographic data, satisfaction survey results, or key performance measures for Section IV.B. - Fritz & O' Hare Along the Way Guides: Previously in 2018, FOA received a subaward from the Council to provide information and resources to individuals with DD, their families, and others at different timeframes across the lifespan. The Along the Way Guides are specific to Parents of Infants, Toddlers, and Children with Disabilities; Adolescents and Young Adults with IDD; Adults with IDD; and a fourth guide of Resources. The guides were posted on websites including the Council, UCEDD, Division of DD & other state agencies. Transition conference attendees, staff at some Educational Service Units, a local Arc chapter, and others received hard copies of the guides. In FFY20, FOA received additional funding, intended to train professionals on the use of the Along the Way guides at in person events. After receiving a no cost extension, FOA continued distancing & cancelled in-person events and modified In-Person Training sessions to virtual sessions due to pandemic restrictions. In FFY21 and the beginning of FFY22, the subrecipient was able to provide virtual presentations to five groups, reaching a total of 144 professionals in rural areas of the state. During the time that the subrecipient was conducting presentations on the guides, they realized some information was outdated & new resources available. Agency contacted Council staff requesting to pause the project in order to make needed updates. The Council had previously agreed to contract with the subrecipient to complete the updates. The contract required completion of the updates by 12/31/22. FOA's training project resumed after the guides were updated. In this final phase of the project, FOA hand delivered Along the Way guides to 128 Nebraska agencies, located in 20 cities across the state. This allowed FOA to introduce the guides to agency staff, discuss how they might use the guides in their work, and encourage them to distribute the series to their staff and the people they serve. Many indicated that they would be utilizing the DD Council website to access and share the web-based version, as well as potentially contacting the Council for additional copies. Along the Way Guides were distributed to 20 cities across the State and included Rural areas. The types of agencies that were visited included: advocacy organizations, Assistive Technology Partnership offices, behavioral health organizations, colleges, Commission for the Blind and Visually Impaired offices (including NCECBVI), Commission for the Deaf and Hard of Hearing offices, Community Action programs, community coalition offices, Educational Service Units, Head Start programs, service providers, public health department, public libraries, public schools, United Way offices, and VR offices. In an attempt to go beyond the usual organizations, FOA delivered guides to the disability services staff at approximately 14 postsecondary schools. Most, if not all, were unaware of the materials and reported that they could see many uses for the guides in their work. A surprising finding was that public libraries were very receptive to the materials and open to displaying and including them. This may be a far-reaching benefit to their communities. A brief survey was developed and distributed to solicit feedback after guides were delivered. Responses were tracked and follow up emails sent to all respondents. (See #14 below for results.) This information is not noted in Section VI.B. FOA did not collect demographic data or performance measures. The Council also invested in printing Along the Way Guides that were distributed to the following partners across the state. - PTI Nebraska - Fritz & O'Hare Associates - Munroe Meyer Institute (MMI) The total amounts of each guide that the Council printed and distributed is noted below. Infants' guides - 561 Adolescents - 561 Adults - 551 Resource Directory - 636 -The Kolb, Adult Sibling Network Project (ASNP) focused on improving efforts to educate parents, families & professionals about the various services available through waiver supports & to increase the ability to make informed decisions. The ASNP membership had a discussion of waivers & what those waivers require during their August meeting. ASNP participants using waiver services was few. At one time during the year there were 2 typical siblings who had siblings that were using services, one of whose atypical siblings attended. Natural supports included typical and atypical participants relying on each other, other family members being involved, and a focus on individualized PCP. The use of zoom to assist the activity showed a great use of technology across 2 states (Nebraska and Missouri.) Since participants were geographically dispersed, recreational activities were small. Participants from Omaha to Lincoln were also met and got together at the Benson Theater and toured the Joslyn Museum. The ASNP project increased the ability to make informed decisions. Christi Crosby, Project Manager, represented the KOLB Foundation for the Nebraska Consortium for Citizens with Disabilities (NCCD) was elected Co-Chair for NCDD in FFY22. Christi discussed with the Benson Theater management on a collaboration to develop programs that can be used as activities for network members and other dramatic collaborations. This project also worked on getting everyone more involved in gatherings, having discussions about ways that families have gotten support they need, including natural supports. Discussions also included waivers currently being developed and the intricacies of those already in place. As a result, ASNP participants educated others on what they had learned and participated in on all the listening sessions, meetings for public input, & other educational opportunities. A participant sought assistance in getting assistive speech device using waiver services. A guide for others wishing to develop a Sibling Network has been developed & handed out to participants, easy to read and follow. ASNP assessed their group needs and investigated available services that met their needs. Such information was used to improve decisions and quality of life. ASNP facilitated networking with members and organizations through meetings, social gatherings in the community, educational events put on by community organizations & other entities. Cost of these meetings were paid by members or supporting organizations. Optionally, network members presented what they have learned through their experience to other organizations. Additional education of persons with disabilities, their relationships, & related issues were offered through the Green Mountain 2021 Conference Voices and Choices. This conference provided an opportunity for persons with DD, their families, providers, & allies to collectively learn about decision-making, self-advocacy, & relationships. Planners were involved in national webinars and zoom meetings with self-advocates from across the country & international participants. Staff in this project and participants determined by the Network members, were offered this opportunity. They offered additional education of persons with disabilities, their relationships, & related issues. The ASNP project failed to collect and report any demographic data, satisfaction survey results, or key performance measures for Section IV.B.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
Network participants will learn about available services and resources.	Yes
Parents, families, and professionals are educated on various services available through waiver supports.	Yes
Parents, families, and professionals will increase their knowledge about how to make informed decisions to improve the quality of the life for people with DD and increase their independence, productivity, and their experience of inclusion.	Yes

13. Progress towards achieving outcomes for overall objective:	

- Arc of Buffalo's TEC project was a replacement to community outings during COVID lockdowns. The TEC project provided learning & recreational activities to clients attending local DD provider vocational day sites. Participants maintained social connections with individuals at other vocational sites via online activities. Individuals made new friends from within & outside of Kearney. Two DD provider day sites from Lincoln, a Grand Island provider, and an individual from Oregon contributed to social connectiveness. Agency staff progressed from doing aspects of an activity for a client to assisting them & guiding them to independently do a task such as, crafts and cooking classes. Agency providers and participants acknowledged growth in performance. The online activities were very successful in providing interactive and community activities. The Arc of Buffalo County's idea behind the Lending Library was well conceived but poorly incorporated into the grant schedule. Once participants were trained on the tablets, they could check them out to use in their home. However, agency providers did not allow tablets to leave the facility - afraid of possible damage. Training sessions for home staff were written into the grant but never realized due to over commitment by TEC staff. Overall feedback demonstrates that access to digital devices for people with I/DD needs to be addressed by empowering providers via trainings. The new TEC Project Manager, Executive Director, tried to continue all aspects of the grant in January. Home schooled & individual participants attended sessions with assistance from independent Service Providers & Family guardians. This grant impacted those who were not clients of a Kearney vocational day site. The TEC staff presented a session at the People First Conference held in Kearney in October 2021. The presentation covered healthy eating using the plate method & the seven poses of Stretch-to-Fitness activity. This grant provided needed services for people with DD in Kearney. This subrecipient is committed to continue other aspects of the grant for those served in the local vocational day sites. - In 2018, Fritz & O'Hare Associates (FOA), received subaward funding from the NCDD to create a guide that provide information and resources across the lifespan to families and individuals with DD. Research was conducted and feedback obtained from a Project Advisory Committee to creates the series of Along the Way guides, each focusing on a specific population: Guide for Parents of Infants, Toddlers, & Children with Disabilities; A Guide for Adolescents and Young Adults with Intellectual and Developmental Disabilities; A Guide for Adults with I/DD, and a Resource Guide to accompany each of the three age specific guides. In 2019, a new subaward provided funding for the creators of the guides (FOA) to conduct train-the-trainer sessions across the state. Curriculum was developed and training sessions planned. When the pandemic shut down public places, the subrecipients revised the curriculum to deliver a presentation at the virtual State Transition Conference. Because the conference was held virtually, there wasn't way to determine attendance of the 268 registered participants to this session. Also, virtual presentations had 131 known people attending presentations in 2021. Very positive and supportive comments of the guides and the invaluable information presented. This follow up subaward provided funding for distribution & promotion of the guides. Although this specific project was carried over, this objective has been met. The pandemic caused a disruption with the Along the Way Guides-Train the Trainer project that could not have been expected. FOA adapted & turned the challenges of the pandemic into opportunities to improve services. Outreach continued with flyer distribution, email contacts, phone calls & personal contacts. FAO met at the Nebraska Transition Conference, provided information about the guides & how it's utilized in their advocacy work. A Feedback Survey was developed. The project will have long-term benefits for persons with I/DD, their families & others who participated in the projects' activities. While there were many other locations & organizations that would benefit from visits to distribute & promote the guides, FOA was limited by the time & funding available under the grant. FOA's hope is that the word will spread through the connections they made. FOA enjoyed meeting people from around the state & had many valuable conversations about resources to support people with I/DD and their families. FOA appreciated these interests in Along the Way & are confident they it will be useful for staff, families, & the people they serve. Following delivery of the guides, a brief feedback survey was sent to agency representatives via email addresses. Response rate to the survey was limited, but all extremely positive. -The Kolb project team emphasized that the relationship between typical and atypical siblings can be mutually beneficial. It was said, that if they were to continue or have a do-over, they would find a way to make that even more clear. The Sibling Leadership that Kolb was hooked up with was focused on the typical person as the caregiver. There are so many atypical persons who have been "trained" to be the one who "needs helps". The Kolb project team believes that siblings, even when one is the caregiver, can develop a relationship in which they improve each other's lives in a tangible way. In hindsight, they would restructure the proposal to include other family members, such as cousins. One thing the Project Staff would like to do, is host an open house to let the community be aware and learn the program(s) that are offered by the Sibling Network. The Open house would be located out in the community. Additional funding would be essential to pay those staff to work on that project. Funding would be used for the materials and supplies as well. They look forward to seeing the possibility of this event and will seek additional funding. The percent of people with developmental disabilities who are satisfied with this project activity: Unknown number for first quarter, 100% for the second and third quarter, 75% for the fourth quarter. The Network process modeled informed decision making and promoted greater levels of independence and productivity. The connection enabled by the Network lead to more equitable and meaningful relationships. The Sibling Network was the first program of the revitalized KFDE. The Board Chair was the Project director and ultimately was responsible for the quality of the program & for assuring that funding and activities were carried out as listed in the budget and work plan. Her experience in quality assessment, logistical arrangements, and fulfillment of other grants/funding projects through Angus Disability Consulting collaborations with The Arc of Nebraska, Munroe-Meyer University Center for Excellence in Developmental Disabilities, and The Nebraska Statewide Independent Living Council brought much success to this project. KFDE has been involved with disability community since 2003. The current KFDE Board and Project Staff continued that involvement. KFDE is an active member of the Nebraska Consortium for Citizens with Disabilities (NCCD.) The Project Staff, participated in the LEND Program at Munroe-Meyer Institute during the 2020 to 2021 term. The LEND program provided a grant funding for the website development. Project Director with Project Staff was involved with Nebraska advocacy organizations for over 20 years. Project Staff was instrumental in writing the Leadership Development Plan for this proposal.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).

-Whenever Arc of Buffalo's TEC project grant activities had to be discontinued, clients expressed disappointment and were always eager for reinstatement. During Covid restrictions, clients wanted assurances that some activities would start up again. When there was a conflict between an agency activity and TEC project grant activities, clients expressed disappointment. When Vocational day sites joined zoom sessions; time was allotted for participants to chat with another across agencies. Adults with I/DD initiated these conversations themselves, and discussions became a part of every session. The Tye Family Foundation donated $1,000 to be used by The Arc for tablet supplies because of the potential benefit of TEC Grant. A local university Special Education Professor who believed in the potential benefit of the grant donated $250. A post survey indicated the satisfaction of grant activities by participants & agency staff. Agency participants indicated their favorite activities as per post survey included Bingo 85%, Crafts 58%, Music Fun 45%, Cooking 45%, Game Time 30%, Cardio Drumming 35%. Also, 100% of the clients that participated in the WOW group from a provider located in Lincoln, wanted to continue with weekly virtual WOW meetings. These results truly indicate the impact of this project. - Fritz & O'Hare Associates - FAO's Along the Way Guides provide an established pathway for individuals with DD and their families for future planning. Council member Dee Valenti & her husband, Joe, were asked to present at the Midwest Symposium for Leadership in Behavior Disorders in Kansas City in February 2022. Their presentation: Finding Our Way Through the Labyrinth: Collaborating with Caregivers to Navigate the World of Support Services is a feature in the Along the Way Guides series to assist educational professionals in developing collaborative partnerships with the families they serve, to navigate the world of educational, health, & human services. The mission of the Midwest Symposium for Leadership in Behavior Disorders is to foster leadership that advances equitable education opportunities & outcomes for students with behavioral needs, & to support the professionals & families with who they are connected. The Valentis noted that their presentation was well received & resulted in conference attendees accessing the updated guides on the Council's website. Feedback from a Parent Resource Coordinator at Munroe-Meyer Institute reinforced the importance of the Along the Way guides. I just wanted to send a quick note saying how helpful the DD Council's Along the Way Guides are & how often I refer them to parents. Whether it is the mother of a 4-year-old newly diagnosed with Autism or the mother of a 47-year-old with DD or anywhere in between, I provide the guides to families at least weekly. They are easy to read & understand as it covers the needs of families. They (Along the Way Guides) are a wonderful resource & are being provided to The Set in our online catalog, so that people searching for information subject can see the listing. The set is housed in our youth area (Public Library). I know they (Along the Way Guides) are a great resource to pass out to families that are beginning in the DD process and for us, typically starts in high school with the students we serve. We also created a Transition Tuesday that features these guides and send it out to all the schools in our area as well as most of the schools in the state. In addition, I think they are very helpful for teachers so they can help inform their students and parents about services and how to access them. I appreciate you providing us with copies. Thanks so much! (VR). Along the Way Guides: VR Pre-ETS staff use this information to share resources with families. We bring the guides to resource fairs for students/families. (VR). Our office can pull from this resource guide to help any current students get connected with community supports and resources. On occasion, I will have a student who needs assistance with applying for disability, medical help, or arranging housing, so this guide will be helpful to find places to refer them. (Community College). We've shared the links to these guides with teachers, clients, and parents. (VR). Following delivery of the guides, a brief feedback survey was sent to agency representatives who provided an email address. Response rate to the survey was limited, but all extremely positive.. This information is not noted in Section VI.B. Along the Way Guides Feedback Survey Results 1. How do you see your organization using the guides? -- We have used the guide for parents to support families in our program and share information. It is great to have and an asset to families! (Head Start) - We have included the set in our online catalog, so that people searching for information subject can see the listing. The set is housed in our youth area. (Public Library) - I know they are a great resource to pass out to families that are beginning in the DD process and for us, typically starts in high school with the students we serve. We also created a Transition Tuesday that features these guides and send it out to all the schools in our area as well as most of the schools in the state. In addition, I think they are very helpful for teachers so they can help inform their students and parents about services and how to access them. I appreciate you providing us with copies. Thanks so much! (VR) - Primarily with our parent educators who work with early childhood families, many of which have children with disabilities. Also, through our coaching program that works with pregnant and parenting youth and young adults age 26 and under. (Community Response Organization) - VR Pre-ETS staff use this information to share resources with families. We bring the guides to resource fairs for students/families. (VR) - Our office can pull from this resource guide to help any current students get connected with community supports and resources. On occasion, I will have a student who needs assistance with applying for disability, medical help, or arranging housing, so this guide will be helpful to find places to refer them. (Community College) - We've shared the links to these guides with teachers, clients, and parents. (VR) 2. How will you share information with others to promote the guides? - Plans are to share with our family services team and other early childhood professionals in our agency. (Head Start) - I can send an email to those I know who have clients that might benefit from these materials. (Public Library) - With partnerships that exist within our social work programs. (Community Response Organization) - VR Pre-ETS staff share information at IEP meetings throughout the year. (VR) - I have shared this information with our Early Childhood Education Program and Child Development Center. I have also shared this with the Student Support Services on campus in case they also have students who may need these resources. (Community College) - We will continue to share these guides with our clients and their team members. (VR) 3. What other groups would benefit from hearing about these guides? - Early childhood professionals working in private and public agencies (community childcare, public school childcare/preschool, etc.) (Head Start) - I will send a note to NCECBVI (although they may already be a recipient) and EDGE dealing with literacy/poverty issues who have a need for the resources. (Public Library) - Agency based foster care organizations, HHS family support, NE Children and Families Foundation prevention network (Community Response Organization) - Possibly community mental health centers (Community College) - Educational Service Units would benefit from hearing about these guides. (VR) 4. Do you have suggestions for revisions for updates to the guides? For instance, is there information that needs to be corrected or updated or are there additional topics that should be included? - I didn't identify any areas for corrections, and it seems like a pretty exhaustive guide, so I couldn't think of anything to add. (Community College) - We believe the info is very thorough and don't have any suggestions at this time. (VR) Additionally, the verbal feedback obtained at the time of the Along the Way Guides delivery was overwhelmingly positive. Most representatives that the project managers met with were not previously familiar with the guides, but their initial response was filled with ideas of how they might use them. Those who were already familiar with the guides were appreciative of the new version of the guides, as many were not aware they had been updated. -From a few participants of the Kolb - Adult Sibling Network project: * "It was nice to know that there were other people out there that felt alone and wanted to meet with others who understand their situation." * They were dismayed by the length of the waiting list for Developmental Disability Services. * They talked about how expensive raising children with DD/ID was. * They were excited about things like respite and transportation According to Kolb Foundation for Disability Education this subaward gave them an opportunity to carry out and take part in a unique project as Adult Sibling Network. The organization emphasized that the relationship between typical and atypical siblings was mutually beneficial.

Objective 2: Annually partner with Nebraska communities and/or community-based organizations to educate English and non-English speaking individuals with I/DD and their families, in the Hispanic/Latino community who live in the Omaha metro and/or Lexington area(s), about important and emerging disability related issues, services, and supports available.

3. This objective is:	Individual & Family Advocacy

4. This objective is:	Ongoing

5. This objective is:	
Fulfilling a Self-Advocacy DD Requirement	No
Targeted disparity	Yes
DD Network Collaboration	No

A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Implementation

7. Provide an overall description of this effort:	The PTI - Transitioning Youth into Adult Services project have many goals they want to accomplish. The project team presented three new or updated transition-based webinars annually on health care, employment, post-secondary education, and independent living topics; to parents/families and self-advocates to increase advocacy skills with focus on Person Centered Planning. Providing resources through online access, mail and email, information fairs, presentations and conferences is the main ways that PTI works on continuing to get the word out there and making sure that everyone has access to resources available. They developed new or updated transition trainings on health care, employment, education, and independent living. Revised and researched new and updated curriculum for webinars and added Person Centered Planning information and updated Transition information to all presentations and conferences. They worked and coordinated with the DD initiative and conducted two FEAT trainings annually with updated Person Centered Planning information. The project team worked on Improving the capacity of the PTI Nebraska website and social media presence with 24 coordinated monthly campaigns that focused on this initiative as well as 8 newsletters. They continued with the website, social media and electronic material modifications being ADA compliant in Spanish, English and other languages as

	needed. They partner with State of Nebraska offices and agencies to create and disseminate new informational Tip Sheets and other resources for Health Care, Employment, Post-Secondary Education, and Independent Living topics to parents/families and self-advocates to increase advocacy skills; with a focus on Person Centered Planning. Also when partnering with the community, parent panels and state agencies including the Nebraska Division of Developmental Disabilities, PTI has created and/or updated and plans to release at least one parent friendly document annually that is deemed to be of high quality and relevance by independent review.

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
Develop information and training materials for English and non-English speaking individuals on the array of transition services available across the Nebraska system to transition-aged self-advocates and parents.	Yes
Present three new or updated transition-based webinars to self-advocates and parents in three different locations across the state annually.	Yes
Coordinate monthly campaigns focused on transition for posting on website and social media.	NO
Partner with state agencies to create and disseminate new informational Tip Sheets and other resources on health care, employment, post-secondary education, and independent living topics.	NO

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenged to achieving the objective and unexpected benefits. (b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report)

PTI Nebraska revisited the Student-Led IEPs: Focusing on Person-Centered Transition Planning training program. The narrative was updated and redesigned to include pieces that will help: - Promote meaningful student participation in IEP meetings - Students to understand what they need to know about themselves and their IEPs in order to benefit from the student-led IEP process - Students to write their own person-centered, strengths-based self-advocacy plan - Identify effective strategies to build self-determination in students. The project team met as a Volunteer Committee multiple times and were able to decide the first steps (including a timeline for making additions and changes, participation in conferences in person or virtual, and PTI's level of participation in other Person Centered Planning (PCP) initiatives across the state, as well as negotiation with Nebraska Vocational Rehabilitation to be able to present FEAT (Family Employment Awareness Training). The meetings held during that first quarter involved the re-splitting up of time among their appropriate staff and volunteers that were changed from the original grant narrative. Multiple staff and volunteer changes and updates continued to happen in that time at PTI Nebraska. Staff and board members retired, and new staff come in. It was decided that the completion of the PCP pages should be finished by the end of their first quarter and then add these to the documents, presentations and updates right away. The project team leaders, stepped up to complete these documents with the next step to start on Spanish translations. Many of these staffing changes were the main cause of any barriers for this project. PTI provided Person Centered Planning resources at: Transition conference, Nebraska Youth Leadership Council Conference, FEAT trainings, and other trainings as well. -Oct 2021 - Presented a webinar on PCP and IEPs (focus on using PCP in transition and to help with employment goals). 20 participants received PCP resources. -Nov 2021- FEAT training that had 70 people registered, 38 participants on 1st day, 26 participants on 2nd day. All 70 people registered received PowerPoint slides which included PCP information -Feb 2022 - Presented in-person and online on Student-Led IEPs with a focus PCP at State Transition Conference with 25 participants who received PCP resources. -Feb 2022 - Presented in-person and online on Family Employment Awareness Training (FEAT) and PCP Resources at State Transition Conference with 25 participants who received PCP resources. -June 2022 - Presented at the Nebraska Young Leadership Council Conference with 10 participants who received the FEAT/PCP based resource activity sheets During the July - Sept 2022 time period, 121 people received Person Centered Planning resources during those trainings. The Volunteer Committee at PTI had some negotiations with the Nebraska Vocational Rehabilitation (VR) office to provide an additional year of FEAT trainings in Nebraska that includes a revised Person Centered Planning piece. One FEAT training that was conducted in Nov, the Person Centered Planning info was updated and 70 people registered. Of those 70 registered, 34 were professionals, 26 were parents of young adults with disabilities, 10 were young adults with disabilities. All 70 were sent the PowerPoint slides. As for the actual training, 38 people participated in day 1, and 26 participants participated in day 2. One FEAT training conducted August 5th and 6th, PCP info was updated and had 35 participants. Of those participants 19 were parents, 5 were young adults, 11 were professionals. All 35 received PowerPoint materials with PCP included in it PTI posted 10 Person Centered Planning related training announcements on their website and had 1 PCP related post on social media. PTI sent out an email blast to their listserv about trainings in which one training was about communication and PCP. The project team also posted a PCP handout to on the transition page on their website. PTI does plan on sending out Person Centered Planning based newsletters in the following grant year. After PTI training activities, PTI received positive feedback from participants such as "great resources available to parents" from a participant who listened to the communication and PCP training and "Sounds like PCP is how it should have always been and and I appreciate Nebraska taking the extra step for this" from a participant who listened to the Intro to PTI training.

Jenn was told from the hosts that the transition and PCP training had a lot of positive comments made about it and that many of the participants requested the Charting the LifeCourse (CtLC) information she mentioned they would be getting afterwards. One participant messaged Jenn saying what a great correlation there was between the CtLC domain and supports areas and the main focus areas in a transition plan and she was glad to see someone explain how PCP can be used in transition plans in high school while another messaged Jenn saying this was very timely information because she had a transition meeting coming up for her young adult and she would be asking for person-center planning to be used. Another parent messaged that she would be asking her DHHS case worker about getting PCP information from her for her young adult's next meeting. FEAT training participants expressed that the training information increased their knowledge and expectations of young adults with disabilities finding employment and getting the supports they need to be successful. Some parents said with all the information they learned, they have new questions to ask and things to discuss in their young adult's next transition meetings. A few people also commented on how helpful the Along the Way books are. We had 23 actual surveys completed that had either strongly agree or agree marked for increasing knowledge (which helps increase advocacy skills), and the rest of the feedback were informal comments made and messages sent both during and after the trainings. PTI Nebraska failed to collect and report any demographic data, satisfaction survey results, or key performance measures to share in Section IV.B. This information is included in the narrative. PTI Nebraska did track family participants and people with DD who attended FEAT trainings, as noted in Section IV.B.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
Self-advocates and parents will be educated on preparing for the transition of students with IDD from high school to adulthood.	Yes
Transition materials will be ADA compliant for webpage and social media access, and available in English, Spanish, and other languages as needed.	Yes
One new transition document will be updated with a focus on person-centered planning.	Yes

13. Progress towards achieving outcomes for overall objective:	

Through PTI's efforts in providing Person Centered Planning based information through social media avenues such as Facebook, emails, the PTI website, during trainings, meetings, and at conferences, PTI was able to provide awareness and resource information that is helpful to people with developmental disabilities and their families. With the Nebraska Disability Advocates Group, the project team was actively engaged in meetings to discuss training topics they wanted to cover for participants and because of this, they were able to schedule two trainings for this group, one on PCP and IEPs that took place in Feb, and then they were able to get another training scheduled that took place in August pertaining to PCP and Transition. The number of people trained or educated through Council systemic change initiatives. -April, May, June - 150 people attended PCP based trainings -July, August, September - 121 people attended PCP based trainings -First grant year, 271 people attended trainings where PCP information was shared The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems - 20 People accounted for. This number is taken from two FEAT trainings and Nebraska Youth Leadership Council Conference. A barrier that was noticed, was during the other trainings conducted, they were unable to determine which participants had developmental disabilities. The project team developed new or updated transition trainings on health care, employment, education, and independent living. The narrative of the presentations highlighted FEAT (Family Employment Awareness Training) and PCP (Person-Centered Planning) as tools for families and young adults with disabilities. These trainings help with what resources are needed and where they are available. Such as long term goal setting, planning the next steps and self-advocacy. PTI developed one new Person Centered Planning and Special Education based training and updated two existing trainings with Person Centered Planning information. -Oct 2021 Training - New training created called "Person-Centered Planning and IEPs" -Feb 2022 Transition Conference- Updated Student-Led IEPs training, "Student-Led IEPs: Focusing on Person-Centered Transition Planning" -Nov 2021 FEAT training, Feb 2022 Transition Conference, and June 2022 NYLC Conference - all with the updated PCP information PTI developed two new PCP trainings and updated two existing trainings with PCP information -Aug 2022 - New training called "School Transition Plans and Person Centered Planning" -Aug 2022 - New training called "Effective Home/School Communication and Person Center Planning" -July 2022 - Updated Intro to PTI training -July and Aug 2022 - Updated IEP Helpful Tips training The project team researched Charting the LifeCourse PCP information and 4-5 other state's PCP resources/websites to create and update materials for their trainings and webinars. They used Person-Centered Planning (PCP) information from their research to create and update materials for trainings and webinars they conducted in 2022.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).

PTI worked on their website, social media and electronic material modifications to be ADA compliant in Spanish, English and other languages as needed. This is still ongoing, the project meets current guidelines on their website for accessibility purposes and are continuing to work on being ADA compliant on social media and with the project printed materials. The project team researched best practices for social media, such as: providing transcripts, closed captioning, ALT Text descriptions and for printed materials such as using plain language, easy to read fonts, and having spacing/white space. During that first year of the grant, they were not able to report on PCP information or slides and trainings being translated into Spanish. PTI's project team will focus on translating PCP materials into Spanish and conducting trainings to reach people in the Spanish speaking communities in the second year of the grant. During the training activities, they received positive feedback from family members on increasing their advocacy from the information and materials presented "great resources available to parents" from a participant who listened to the communication and PCP training and said "It sounds like Person-Centered Planning is how it should have always been and I appreciate Nebraska taking the extra step for this". The project team was told from the hosts that the transition and Person-Centered Planning training had a lot of positive comments made about it and that many of the participants requested the Charting the Life Course information. One participant messaged the project team saying what a great correlation there was between the Charting the Life Course domain and supports areas and the main focus areas in a transition plan, and they were happy to see it explained how Person-Centered Planning can be used in transition plans in high school. Another person messaged saying this was very timely information because they had a transition meeting coming up for their young adult and that person would be asking for person-center planning to be used. A parent messaged that they would be asking their DHHS case worker about getting Person-Centered Planning information for their young adult's next meeting. The FEAT training participants expressed that the training information increased their knowledge and expectations of young adults with disabilities finding employment and getting the supports they need to be successful. Some parents said with all the information they learned, they have new questions to ask and things to discuss in their young adult's next transition meetings. A few people also commented on how helpful the Along the Way books are. We had 23 whole surveys completed that had either strongly agree or agree marked for increasing knowledge (which helps increase advocacy skills), and the rest of the feedback were informal comments made and messages sent both during and after the trainings to the project team.

Section IV: B

Individual & Family Advocacy Performance Measures

Race and Ethnicity

Race/Ethnicity	#	%
White alone	39	97.50%
Black or African American alone	0	0%
American Indian and Alaska Native alone	0	0%
Hispanic/Latino	1	2.50%
Asian alone	0	0%
Native Hawaiian & Other Pacific Islander alone	0	0%
Two or more races and Race unknown	0	0%
Gender	#	%
Male	25	62.50%
Female	15	37.50%
Other	0	0%
Category	#	%
Individual with DD	40	100.00%
Family Member	0	0%
Geographical	#	%
Urban	0	0%
Rural	40	100.00%

I. Output Measures

Objective	Performance Measure: IFA 1.1 People with DD who participated in activities	Performance Measure: IFA 1.2 Family members
By 2026, individuals with I/DD, their families, and professionals will have increased information and knowledge about waiver, non-waiver, natural supports, and person-centered planning principles as well as the Assistive Technology (AT) needed to strengthen supports in employment, education, recreation, behavior, etc.	88	52
Annually partner with Nebraska communities and/or community-based organizations to educate English and non-English speaking individuals with I/DD and their families, in the Hispanic/Latino community who live in the Omaha metro and/or Lexington area(s), about important and emerging disability related issues, services, and supports available.	20	78
Total # of Output Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	-1	23

II. Outcome Measures

Performance Measures	Percent (%)
IFA 2.1 Percent of people with DD	-1
IFA 2.2 Percent of family members who increased advocacy	100

Sub-Outcome Measures: The number (#) of people who are better able to say what they want/say what is important to them.

Projects	# People with Developmental Disabilities	# Family Members
By 2026, individuals with I/DD, their families, and professionals will have increased information and knowledge about waiver, non-waiver, natural supports, and person-centered planning principles as well as the Assistive Technology (AT) needed to strengthen supports in employment, education, recreation, behavior, etc.	-1	-1
Annually partner with Nebraska communities and/or community-based organizations to educate English and non-English speaking individuals with I/DD and their families, in the Hispanic/Latino community who live in the Omaha metro and/or Lexington area(s), about important and emerging disability related issues, services, and supports available.	-1	78

Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	-1	23
IFA 2.3 Percent of people better able to say what they need	100.00%	100.00%

Sub-Outcome Measures: The number (#) of people who are participating in advocacy activities.

Projects	# People with Developmental Disabilities	# Family Members
By 2026, individuals with I/DD, their families, and professionals will have increased information and knowledge about waiver, non-waiver, natural supports, and person-centered planning principles as well as the Assistive Technology (AT) needed to strengthen supports in employment, education, recreation, behavior, etc.	-1	-1
Annually partner with Nebraska communities and/or community-based organizations to educate English and non-English speaking individuals with I/DD and their families, in the Hispanic/Latino community who live in the Omaha metro and/or Lexington area(s), about important and emerging disability related issues, services, and supports available.	-1	78
Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	-1	-1
IFA 2.4 Percent of people participating in advocacy activities	100.00%	-4.35%

Sub-Outcome Measures: The number (#) of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.

Projects	# People with Developmental Disabilities	# Family Members
By 2026, individuals with I/DD, their families, and professionals will have increased information and knowledge about waiver, non-waiver, natural supports, and person-centered planning principles as well as the Assistive Technology (AT) needed to strengthen supports in employment, education, recreation, behavior, etc.	-1	
Annually partner with Nebraska communities and/or community-based organizations to educate English and non-English speaking individuals with I/DD and their families, in the Hispanic/Latino community who live in the Omaha metro and/or Lexington area(s), about important and emerging disability related issues, services, and supports available.	2	

Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	-1	
IFA 2.5 Percent of people on cross disability coalitions	100.00%	-4.35%

II. Outcome Measures

Satisfied	Percent (%)
IFA 3 The percent of people satisfied with a project activity	-1
IFA 3.1 Percent of people with DD satisfied with activity	275
IFA 3.2 Percent of family members satisfied with activity	-1

Section IV: C

Systems Change Performance Measures

SC 1: Output Measures

Objective	
By 2026, individuals with I/DD, their families, and professionals will have increased information and knowledge about waiver, non-waiver, natural supports, and person-centered planning principles as well as the Assistive Technology (AT) needed to strengthen supports in employment, education, recreation, behavior, etc.	
SC 1.1 Number of policy/procedures created/changed	1
SC 1.2 Number of statutes/regulations created/changed	-1
SC 1.3.1 Number of promising practices created	-1
SC 1.3.2 Number of promising practices supported	2
SC 1.3.3 Number of best practices created	1
SC 1.3.4 Number of best practices supported through Council activities	1
SC 1.3 Number of promising and/or best practices created and/or supported	1
SC 1.4 Number of people trained/educated	380
SC 1.5 Number of Systems Change activities with other organizations	2

Objective	
Annually partner with Nebraska communities and/or community-based organizations to educate English and non-English speaking individuals with I/DD and their families, in the Hispanic/Latino community who live in the Omaha metro and/or Lexington area(s), about important and emerging disability related issues, services, and supports available.	
SC 1.1 Number of policy/procedures created/changed	1
SC 1.2 Number of statutes/regulations created/changed	-1
SC 1.3.1 Number of promising practices created	-1
SC 1.3.2 Number of promising practices supported	1
SC 1.3.3 Number of best practices created	-1

SC 1.3.4 Number of best practices supported through Council activities	1
SC 1.3 Number of promising and/or best practices created and/or supported	1
SC 1.4 Number of people trained/educated	271
SC 1.5 Number of Systems Change activities with other organizations	1

Systems Change SC 2: Outcome Measures

Outcome Measures	Number (#)
SC 2.1 - Efforts that led to improvements	3
SC 2.2 - Efforts that were implemented	5

III. Sub-Outcome Measures

Objective	Number (#)
By 2026, individuals with I/DD, their families, and professionals will have increased information and knowledge about waiver, non-waiver, natural supports, and person-centered planning principles as well as the Assistive Technology (AT) needed to strengthen supports in employment, education, recreation, behavior, etc.	
SC 2.1.1 Policy, procedure, statute, regulation improvements	2
SC 2.1.2 Policy, procedure, statute, regulation implemented	2
SC 2.1.3 Number of improved promising or best practices	2
SC 2.1.4 Number of implemented promising or best practices	1

Objective	Number (#)
Annually partner with Nebraska communities and/or community-based organizations to educate English and non-English speaking individuals with I/DD and their families, in the Hispanic/Latino community who live in the Omaha metro and/or Lexington area(s), about important and emerging disability related issues, services, and supports available.	
SC 2.1.1 Policy, procedure, statute, regulation improvements	1
SC 2.1.2 Policy, procedure, statute, regulation implemented	-1
SC 2.1.3 Number of improved promising or best practices	1
SC 2.1.4 Number of implemented promising or best practices	1

Goal 3: Community Integration and Inclusion

Section IV: A

Area of Emphasis	Planned for this Goal	Areas Addressed
Quality Assurance	Yes	Yes
Education and Early Intervention	Yes	Yes
Health	Yes	Yes
Formal and Informal Community Supports	Yes	Yes

Strategies	Planned for this Goal	Strategies Used

Outreach	Yes	Yes
Training	Yes	Yes
Technical Assistance	Yes	Yes
Supporting and Educating Communities	Yes	Yes
Interagency Collaboration and Coordination	Yes	Yes
Coordination with Related Councils, Committees and Programs	Yes	Yes
Barrier Elimination	Yes	Yes
Systems Design and Redesign	Yes	Yes
Coalition Development and Citizen Participation	Yes	Yes
Informing Policymakers	Yes	Yes

Intermediaries and Collaborators	Planned for this Goal	Actual
State Protection and Advocacy System	Yes	Yes
State DD Agency	Yes	Yes
Other Collaborators	Yes	Yes

Goal Narrative

-This project with the Munroe-Meyer Institute (MMI) increased community and caregiver educational opportunities, community awareness, and community partnerships to better serve individuals with autism, and provided innovative evidence-based services for clients and families. These goals were designed to increase community awareness and establish family partnerships to better serve individuals with developmental disabilities and their families. They measured their progress by using an engagement tracking system, which tracked progress on identifying community and family partners, meetings with community partners and caregivers, and assessed their needs.

The ACT Clinics team partnered with community members and organizations to provide in-person and virtual education, didactic trainings, and culturally inclusive resources about autism to the community and caregivers of clients served at the ACT Clinics. They administered a survey to their partners and caregivers to prioritize topics covered in these educational events. They also administered social validity questionnaires to collect feedback from attendees to improve the curriculum. The impact of this project increased awareness of community resources and empowered caregivers to implement effective interventions to improve interactions with their child and build independence.

-Duet recognized the need for directed conversations and guidance on sexual health within the developmental disability community. Through the initial training that staff have received, it has highlighted the importance of this. Throughout this grant they have been able to move from intellectually knowing a resource needs to be provided to taking the first steps in meeting this need. It has helped staff feel more motivated and hopeful in their quest to provide good programming and better support plans with data to back up those recommendations.

Duet's overall goal in seeking out this grant funding is to facilitate each person's needs receiving supports from them regarding sexual health and education. Throughout this grant funding, Duet's Behavioral Services team successfully completed training through Elevatus that included motivational interviewing, RBT and sexuality education. The Elevatus evidence and trauma informed curriculum was greatly beneficial. It taught Duet's Project Team clinicians and program development specialists how to lead training and workshops skillfully and confidently on the topic of sexuality. Understanding the theories behind the intervention strategies have helped in how they facilitate and implement Duet's staff training.

This training reinforced the fact that with gender identity, sexual health and expression can be a difficult topic to address. Everyone has their own experiences, values, viewpoints and in some cases, trauma. Before anyone can fully support another person, we'll need to first be cognizant of our own biases and opinions. This training from Duet's project team has opened the door for some deep, meaningful conversations among staff. Some barriers that occurred were due to staffing shortages with the onset of Covid19. Everyone has their own experiences, values, viewpoints and in some cases, trauma. Before the team can fully support another person, they need to first be cognizant of others biases and opinions. This training has opened the door for some deep, meaningful conversations among the staff and team.

-Niagara University's goal for this project was to increase full inclusion of individuals with disabilities and access and functional needs in emergency planning, preparedness, response, and recovery while providing emergency management, and those with a responsibility in it, with a customized disability awareness education and the information, tools and resources necessary for implementation. The improvement of opportunities for a person-centered and meaningful community participation and engagement for individuals with disabilities and access and functional needs in all aspects of emergency management in conjunction with municipalities and other NGOs with responsibilities in emergency and disaster planning and response.

Findings from Niagara University Emergency Management project team, show that most emergency management personnel are not properly educated about access and functional needs, as defined by FEMA, and responsibilities including provisions under the Americans with Disabilities Act Title II. This addresses the role and responsibilities municipalities have in emergency management. The defined lack of knowledge results in a lack of compliance and potential denial of equal service and access. To address noted barriers and research findings, Niagara University implemented statewide trainings, which are presented in four sessions over eight days (two trips). The training addresses all aspects of proper and appropriate emergency response specific to people with developmental and other disabilities and those that are classified by FEMA as access and functional needs.

-The Center for Outcome Analysis, Person-Centered Planning (PCP) training project established PCP as the foundation of services to people with I/DD in Nebraska. More than 3,500 people were provided at least 8 hours of training. 680 Service Coordinators were trained & received 16 hours of direct training. An important effort that lead to the success of the training was the creation of PCP Champions. They met quarterly in year 1 & monthly in year 2 - 160 people joined the Champions. Extensive efforts were made to engage people with I/DD and families. They held a special 4 session training for self-advocates in how to lead their own meeting. It was immensely successful for the people with I/DD who attended. Many of them reported leading their own meetings.

Some barriers were a very limited understanding of Person-Centered Planning despite the fact, that Nebraska had undergone three plus cycles of adopting PCP in the past. An example is a limited appreciation of the importance of Circles of Support. There was continual turn over at the highest level of the State that led to significant time delays & confirmed the high level of skepticism. The State did not come 'all in' until year 2 when they adopted Charting the LifeCourse as a future model for PCP. . Initial steps to engage Spanish speaking people was unsuccessful. There was limited support on this from the State. The project team had provided Spanish flyers, live Spanish translation, and bilingual staff to no avail. It wasn't until year 2 through continued efforts and sheer perseverance and with help from the UCEDD Minority Outreach program that they began to have ten Spanish speaking families attend the training sessions.

-For Brain Injury Alliance of Nebraska, the goal of their project was for the National Association of State Head Injury Administrators (NASHIA) and Leading Practices Academy (LPA) to provide strategic and customized technical assistance to states to develop a protocol and set practices for improving outcomes for justice-involved youth with brain injury and for those states involved in the LPA. Those states do include AZ, IA, ND, WV, and NE.

The target for the project was the youth in pre-diversion, diversion, probation, and juvenile detention. They set the long-term goal and trained the workforce to identify indicators of brain injury (BI) and understand basic strategies for making accommodations to improve successful program participation for these youth. NASHIA provided technical assistance and consultation in helping BIA-NE and its partners develop the work plan to improve systemic collaboration among those working with the juvenile justice population; increased systems capacity to better serve youth with a disability due to brain injury, and improved the self-determination of those with a disability due to brain injury.

BIA-NE and its partners' work plan, created through a systemic collaboration led by NASHIA, addressed the training, screening, and supports needed by juvenile justice programs so they could better meet the needs of youth with brain injury. Additionally, during this project, they implemented the work plan by having at least three of the partnering agencies educate their staff in the recognition and management of brain injury. BIA-NE was very committed when creating systems change for this population and continued to seek funding through a diverse combination of program grants, individual and corporate donations, and fundraising until they see the tides have turned in Nebraska and the justice-involved youth's brain injuries became a part of the conversation. Additionally, sustainability was made possible by training the trainer. The curriculum designed is available for continued use by those trained. The organizations retained the plan, updated educational protocols, and additionally informed and identified the necessary protocols for managing brain injury among their client population.

Subrecipients struggled w/getting completed surveys from activity participants. Some of the subaward projects didn't indicate how many surveys they collected, instead they provided #'s in DD Suite for the KPI, so it's been impossible to get an accurate %. Other Subrecipients provided numbers in place of their percentages and the #'s are noted in Section IV-B, IFA 3

Objective 1: By 2026, increase capacity of caregiver and direct support systems through enhanced training and improved access to information. As a result, individuals with I/DD are provided services and supports by professionals and caregivers who are knowledgeable, trained, and supported.

3. This objective is:	Individual & Family Advocacy

4. This objective is:	Ongoing

5. This objective is:	
Fulfilling a Self-Advocacy DD Requirement	No
Targeted disparity	No
DD Network Collaboration	No

A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Implementation

7. Provide an overall description of this effort:	-The Munroe-Meyer Institute (MMI) - Empowering Families of Children with Autism in Nebraska through Community Trainings and Awareness Project has worked on Increasing the community and caregiver educational opportunities, community awareness and partnerships to better serve all individuals with autism. To provide, identify and conduct partnership meetings with community organizations, and also provide innovative evidence-based services for clients and families. During their work towards completed activities (i.e., survey development, initial partnership meetings), meetings had been conducted with other organizations and they continued to create a list of various providers to provide as resources within their training events. One example (amongst others) is Great Plains Health in North Platte as a community partner. They did invite many other partners and community organizations to the training event. Continued data analysis and preparing the surveys and questionnaires was another goal they worked towards. They created and administered questionnaires to identify caregiver needs for ASD resources and administered the measures with the

	caregivers on board. A survey was completed for both community members and caregivers (separate ones). Those have been distributed out and data collection for their first round was completed. Surveys were continued to be open throughout the future few months for additional responses while they were working on their project in 2022. The project team prepared materials for their educational events. They provided training PowerPoint materials for the trainings and three other resource topics on ASD including Social Skills. They created flyers, resources sheets, and a PowerPoint on preventative strategies for challenging behavior for individuals with ASD. The needs surveys are being used to create any additional future training events, resources, and practices. They also incorporated feedback from their prior training events and conducted an extra additional training event in June of 2022. The purpose of caregiver training and involvement in behavior-analytic intervention was to provide families with strategies, tools, resources, and the necessary familiarity to play an active role in their children's treatment and interventions. -In FFY22, NCDD provided $14,132 of funding to support a project providing healthy relationships education and training to HCBS DD Provider, Duet, to use with their staff, supported persons & their caregivers. This project required Duet's Behavioral Services team to become certified in Elevatus Sex Education, Motivational Interviewing, and The Building of Healthy Relationships curriculum. The Elevatus Evidence and Trauma Informed curriculum was greatly beneficial. The training curriculum taught Clinicians and Program Development Specialists how to lead trainings & workshops, skillfully and confidently on the topic of sexuality. Understanding the theories behind the intervention strategies helped them gained understanding on how they facilitated and implemented Duet's staff trainings. Duet's Behavioral Services team successfully trained 51 employees on the entire curriculum. Grant funded materials were distributed during training to accompany the curriculum taught. The training addressed sexual health & wellness, behavior modification & positive personal changes. The sex education provided was well rounded & includes building healthy relationships, anatomy, personal consent & how to best support a person with an I/DD to create relationships that are meaningful to them. Motivational interviewing training, provided staff & caregivers an opportunity to improve skills/abilities related to building healthy relationships & assisting a supported person through the process of creating change. Duet's trainings were designed to facilitate a safe space for

	attendees to open up creating an atmosphere of trust. Duet began employee training sessions with registration process. Registration began with a timeline of 2021-11-01 to 2022-12-31, followed by workshops for people with a developmental disability, their guardians & loved ones. Workshops were open to the community irrespective of persons background & not limited to people receiving supports from Duet. Many were reluctant to enroll for training - as they felt it would be difficult to attend sessions. After 1st day, many were encouraged and ready to engage. Four (4) Duet's employees took the Introductory Motivational Interview Training, two new employees completed the training. All Six (6) employees were registered for the Intermediate Motivational Interview Training.

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
Project staff will be trained and certified in the Elevatus curriculum and Motivational Interviewing Network of Trainers (MINT).	Yes
Project staff will facilitate classes using Elevatus curriculum for agency employees, supported persons, and caregivers.	Yes
DSPs will attend Elevatus web-based training.	Yes
Behavior Support Team staff who are unlicensed will become Registered Behavior Technician certified.	Yes
Staff and caregivers will attend Motivational Interviewing training.	Yes
ASD Project: Establish collaborative partnerships with families, community members, and other organizations.	Yes
ASD Project: Conduct surveys to gather baseline information on families' and communities' education and training needs.	Yes
ASD Project: Present a minimum of three annual in-person and/or virtual education sessions, training, and culturally inclusive resources about DD and behavior management to the community and families.	Yes

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenged to achieving the objective and unexpected benefits. (b) For system change activities, include a description of the stage of implementation (Planning, initiation,

	implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report)

-During the project period, MMI prepared surveys and questionnaires for both community members and caregivers about needs in the community related to autism spectrum disorder. Those questions generated included demographics, related diagnoses, family arrangements, treatment agents, resources currently utilized, resources in need of, communication methods and needs, self-care skill needs, direct caregiver resources (support groups, training, respite), challenging behavior, and availability for training (preference for time of day, day of week, childcare, in person or telehealth). The MMI Project Team received responses to a needs survey from approximately 50 caregivers and 40 community members in the Nebraska community. They used the information from the two surveys to provide specific training that we disseminated to the community about ASD (topics including diagnosis, applied behavior analysis, proactive strategies for challenging behavior, and social skills interventions). MMI had provided for extra information included dates, times, recruitment flyers, links to the PowerPoint slides, and resources sheets. MMI provided training across four events for a total of 193 individuals. Training 1 had 10 attendees (in person), training 2 had 66 attendees (zoom), training 3 had 50 attendees (zoom), and training 4 had 67 attendees (zoom). Following all training events, they provided a survey to collect demographic information and collect social validity measures. Of the 47% that provided feedback, they received high ratings of the training methods, satisfaction, and comfort with participating in future training/advocacy. MMI demographic data and key performance measures are reported in Section IV.B. One of the most significant barriers that the Project Team for MMI was dealing with, was getting participants to fully complete the surveys for both the needs survey and the feedback survey following training events (i.e., answering all questions). They worked to remediate this by providing multiple prompts in the presentation for response opportunities to access the survey, and by having both links as well as QR codes accessible and clear. An additional barrier they encountered was ensuring technology was set up effectively each time and for the duration of the presentation. They had some barriers such as people turning mics on when they shouldn't, and videos not playing fully or loud enough for everyone to hear. The Project Team also sometimes had difficulty in generating enough appropriate examples for the audience (since it ranges in community and caregivers and providers to all ages and many disabilities). The teams' area of expertise is more with younger and school-aged children, and they often got asked for examples across the lifespan- which was understandable but sometimes hard to incorporate for the time constraints of others. -Duet continued sexual health and wellness workshops project in the recruitment efforts to hire additional clinicians. Duet was committed to having all non-licensed Behavioral Health Services Team members become Registered Behavior Technicians (RBT). These are ongoing efforts which are included in Duet's operating budget and strategic plan of opening a community behavioral health center. They began employee training sessions with 51 people, grant funded materials included 3 textbooks, 2 Curriculum sets, 2 Webinars, 2 Introductory trainings, 1 model and 1 certification which were purchased and used during training sessions. Other materials were distributed during training to accompany the curriculum taught. Continually, Duet offered sexual health and wellness training workshops for Duet employees with the Elevatus curriculum. With the received grant from NCDD together with internal capabilities, Duet provided trainings, additional training like workshops to people they supported, their guardians and loved ones. These workshops were and are open to anyone in the community with a fee. The fee generated funds that were used to train & certify new staff in needs such as covered salary costs for staff, pay for additional tools & resources used for curriculum. Training tools purchased with NCDD - DHHS funding are; Building Healthy Relationships at Work Curriculum, Motivational Interviewing Introductory Training, Motivational Interviewing Intermediate Training, RBT Certification, Sex Education Anatomy Models, Elevatus Curriculum: Support Healthy Relationships for LGBTQ and I/DD, Elevatus Webinar Series: Various Topics on Elevatus Webinar: Developmental Disabilities& Sexuality: 101 for DSPs, Motivational Interviewing Textbooks on : Helping People Change 3rd Edition, Applied Behavior Analysis & Behavior Modification - Principles and Procedures. Duet, DSPs & supported persons received on a regular basis training schedules which varies based on length of program ensuring all staff & supported persons got the opportunity to attend trainings. Designated staff received initial training on curriculums, additional training was not necessary to maintain certification to teach the curriculums. The purpose was to provide training opportunities to others in the community. Barriers: During Duet's project, there were some setbacks due to staffing shortages from the onset of COVID. The Behavioral Services team increased the number of staff trainings and began community workshops immediately when Duet onboarded more clinicians. The trainings reinforced the fact that gender identity, sexual health and expression can be a difficult topic to address. Everyone had their own experiences, values, viewpoints and in some cases, trauma, and that before a person can fully support another person, that person needed to first be cognizant of their own biases and opinions. This training opened the door for some deep, meaningful conversations among staff. Duet failed to collect and report any demographic data, satisfaction survey results or key performance measures to share in Section IV.B. Duet did track participants that are captured in Section IV.C.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
Elevatus-certified staff will have the knowledge and experience to facilitate training to agency staff, DSPs, and supported persons.	Yes
Staff and caregivers will have a better understanding of how to create positive life changes and healthy relationships, as well as greater independence in making decisions regarding participation in all types of relationships that will lead to greater integration in the communities in which the supported person lives.	Yes
Staff and caregivers receiving motivational interviewing training will improve skills/abilities related to building health relationships and	Yes

assisting a supported person through the process of creating change.	
Supported persons will take a more active role in initiating and maintaining healthy relationships and increase their independence.	Yes
Increased knowledge, insight and skills will lead to improved retention of staff, lower caregiver strain, and an increase of adaptive functioning for supported persons.	Yes
ASD Project: Families and caregivers will be provided with strategies, tools, resources, and the necessary familiarity to play an active role in their children's treatment and interventions.	Yes
ASD Project: Families and caregivers will be empowered to implement effective interventions to improve interactions with their children and build independence.	Yes
ASD Project: Community-based, informed education materials and training curriculum tailored to consumers will be generated and available to future users.	Yes
ASD Project: Community knowledge, expertise, and skills related to autism and DD to improve quality of care and services for families and individuals with DD will be increased.	Yes

13. Progress towards achieving outcomes for overall objective:

-The MMI project team is highly satisfied with what they were able to complete during the project period. They provided informational trainings to 193 individuals across 4 training events. Training topics were identified from caregiver and community member input. Social validity ratings were high (i.e., typical mean on a Likert scale of 5 or above out of 6). They were able to meet and exceed most of the project objectives for this project. There were recruitments from over 20 community organizations to provide input. Also, translations of some of the generated resource sheets across the training events were put into Spanish. Additionally, they are working towards adding transcription to the videos for future dissemination. MMI's Project Team will use this information to contribute to future training events for the organization and also the community. The MMI project team had a related grant through the Sherwood foundation to build on some of the goals accomplished such as caregiver communication, and training resources. MMI included on yearly trainings related topics for the community and caregivers. PT directed interested individuals to MMI online videos once they are on the MMI and departmental YouTube webpages. MMI wished to apply for additional extramural funds to establish new goals related to building programs to promote high-quality early intervention services, training, and community resources. The project team generated lists of community organizations, available for Omaha Autism related events, and a resource lists. That information was used to send surveys to individuals and meet with some of them virtually. A survey was completed for both community members and caregivers (separate ones). These were distributed and data was collected but they would continue to be open throughout the next following months for any additional responses they could receive. Drafts of surveys have been generated for caregivers and a separate one for community members. They also got all team members access to Qualtrics to be able to distribute the surveys virtually. Data was collected on topic interests, times for trainings, type of training, amount of time, childcare, age and disability, communication information, self-care topics, and information on other resources for ASD. The multiple activities in this project are related to both the organization's mission and the goals and also the objectives of the Nebraska Council on Developmental Disabilities (NCDD). First, they established collaborative partnerships with families, community members, and other organizations. Second, they worked closely in consultation with their Community Engagement department and other MMI programs to establish and maintain collaborative partnerships to support families and the autism community. Third, they conducted surveys to gather baseline information on families and community's education and training needs. Fourth, they worked to develop educational materials and training curriculums for their training programs based on the feedback provided by caregivers and community members. Finally, they conducted family and community-based educational and training events. The project team collected data analysis and evaluations of results from social validity questionnaires, client outcomes, and caregiver acquisition of programs. -Workshops for Duet employees were an eye-opening experience to Direct Support Professionals (DSP). DSPs shared challenges they faced when supporting someone who is learning about sex, gender expression & dating. This training was a reinforcement as noted in the personal stories shared below. Duet provided practical strategies to DSPs in their daily work to support people in ways that created and sustained healthy relationships. One of the DSPs who attended a training shared that, it was helpful knowing expert advice about sexuality but shared a commented viewpoint shared by many people is; many people who have developmental disabilities are non-sexual or asexual and do not need information or education about sexuality. The DSP shared that she feels like this is a topic that has not been discussed much at Duet. She stated that she feels like not talking about it does help the people we support. Duet's two days of training, made staff more comfortable talking & sharing with each other, shared many personal experiences - conversations that helped each other gain insight into their own belief & value system & of others. The training reinforced that, personal morals, values, should not be apply to another co-worker & person receiving support.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).

-The MMI Project Team distributed surveys in the Springtime of 2022. Thirty-two individuals (families and community members) reported they believe the training methods were effective in teaching them new skills and information on ASD. The data based from those feedback survey questions said that the respondents believed the training methods were effective in teaching new information/skills, and felt they had a better understanding of the topic after participating in the training. Data reported here are for individuals who self-reported as a parent/caregiver and said they were satisfied with the activity and felt they were more comfortable with participating in social skills training and advocacy activities for children with ASD. Social validity data was collected following all training events. Depending on the event they had, there were approximately 29-89 responses. Data is reported from a 6-point Likert scale (1 strongly disagree, 6 strongly agree). *I liked the skills that I was taught (M 5.35, Range 1-6) *I believe the training methods were effective in teaching me new information/skills (M 5.19, Range 1-6) *I feel like, I have understanding of the topic after participating in the training (M 5.22, Range 1-6) *The presenter was knowledgeable in the topic area (M 5.48, Range 1-6) *I am interested in learning more about autism spectrum disorder, developmental disabilities, and/or evidence-based interventions. (M 5.43, Range 4-6) *I am satisfied with the project activity (M 5.17, Range 4-6) *I feel like I am now more comfortable with participating in social skills training and advocacy activities for children with ASD (M 4.87, Range 3-6) Some participants during this quarter indicated 'prefer not to respond' or did not answer this question under other. MMI positively and actively made good used of the subaward grant from NCDD. - Duet: Feedback from the DSPs who attended the Duet training has been positive. Many felt it was refreshing to be able to be engaged in open dialogue about sexuality which made the content of the training meaningful. The results were impactful with staff wanting more training like this. Per Duet, this funding helped provide the type of training needed and are grateful that the NCDD awarded the funding- meeting the motive of equipping direct support staff with the best training and tools possible for high-quality support. In appreciation, Duet enthusiastically used this funding on specialized training. Duet believes the established program will continue to grow and expand. Per Duet's Program Director, it was rewarding as practical strategies could be provided to DSPs to use in daily work to support people, it created and sustained healthy relationships. One of the DSPs who attended a training shared that it was helpful knowing expert advice on sexuality - available Via Duet Behavioral Health Services Team.

Objective 2: By 2026, increase the capacity of advocates and policy makers to address at least three emerging issues that impact individuals with I/DD and their families. Annually review and identify emerging issues/needs.

3. This objective is:	System Change

4. This objective is:	Ongoing

5. This objective is:	
Fulfilling a Self-Advocacy DD Requirement	No
Targeted disparity	No
DD Network Collaboration	No

A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Implementation

7. Provide an overall description of this effort:	-Niagara University's (NU) Emergency Management Disability Awareness Training (EM DAT) project had many goals they worked on to accomplish this year. The Identification of key stakeholders in Emergency Management and those that had a responsibility in planning, preparedness, response, and recovery (i.e. Red Cross, Dept. of Health) was at the top of Niagara University's list. They took that information and entered it onto the NU - EM DAT database for Nebraska and presented that in the program trainings. A big part of their work involved researching NE emergencies and responses specific to persons with disabilities regarding access and functional needs to include issues and lack of compliance with the ADA. The Action Plan Checklist and Guidance materials was an important aspect of this training. The NU - EM DAT project team also developed and customized a Nebraska Training manual that included input from those key NE stakeholders. Niagara University established training sites and delivered four Emergency Management Disability Awareness Trainings - Inclusive Planning/Active Participation sessions. There was also a specific Emergency Management Disability Awareness Training for Developmental Disabilities service providers. They then entered attendees into the NE database, tracked the outcomes through outreach and anticipated follow-up of activities indicated. Also being tracked was the outcomes that included training of personnel, establishment of Core Advisory Groups, on-going collaboration, utilization of disability advocates and resources used. Using the Quality Assurance EM DAT outline, they measured the progress through outreach of attendees for the two day training. Emergency managers, Fire coordinators, Fire Chiefs, law enforcement personnel, Department of Health, and Community Emergency Response Team (CERT) members were the target audiences. CERT members are people trained in responding to an emergency in a neighborhood. Training covered the challenges faced in emergency preparedness, response, and recovery. An element of training that was included was the Americans with Disabilities Act (ADA) and requirements under Title II both specific to emergency management and related to it The intention and content of this project focused on access and functional needs of countless people who are

	disproportionately impacted in disasters due to inadequate planning, preparedness and accessibility. This includes people who may require assistance, accommodation, or modification due to any situation (temporary or permanent) that limits their ability to take-action in an emergency. In addition to people with disabilities, this includes people who are marginalized, stigmatized, or excluded, older adults, individuals with limited language proficiency, low literacy, temporary and chronic health conditions, pregnant women, and people experiencing homelessness, limited access to transportation or the financial resources to prepare for, respond to, and recover from a disaster.

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
Conduct five, two-day trainings across regions that have not received the training program in year 1; upon request, conduct second round of trainings in locations that have already received the training.	Yes
Emergency management offices, disability organizations, and disability advocates will report on the planning process and identify promising practices for their regions, and the development and implementation of the Core Advisory Groups.	Yes
Consult with emergency management offices and disability organizations on the progress of intended outcomes.	Yes

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenged to achieving the objective and unexpected benefits. (b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report)

-For Niagara University, the overall goal of this project was having the key stakeholders from the emergency management spectrum and persons with a disability or serving in a role that is related to persons with disabilities (PWDs) completely educated on all aspects of planning, preparedness, response, and recovery specific to this topic. This culminated, with the persons with disabilities actively participating in the planning process, and all derivatives of it. Activities included the provision of the eight- two day EM DAT programs that spanned across the state, the creation of the Action Plan Checklist and Guidance (now utilized in all states), and the relationship established with NE- Disability Rights that put forth legislation to make this program model law. Niagara University Emergency Management Disability Awareness Training and the project director have established sincere relationships with the invested advocates and stakeholders that pushed this model to provide results. The training program was conducted four times in Grand Island, Lincoln-twice and in Kearney for the year of 2022. There was a lack of registrants for the June-Lincoln program. It was mutually agreed to move the program to September, which turned out to be one of the best attended programs for this project. Two barriers that continued to be present wherever they conducted this program, was a commitment to post-training activities and individual emergency manager execution post-training or it was the lack of presence from the start. Niagara University Emergency Management Disability Awareness Training was invited to present at the NE Association of Emergency Managers (NAEM), that was held April 14-15th in Grand Island. The project director attended to present there and staffed a booth as well. Presentations and outreach discussions prompted a meeting with the Executive Director who laid out the plans for Year Three of funding. The intent was to address the activities necessary to advance inclusive planning and active participation, with a main objective for creation of the Core Advisory Groups (CAG). This Emergency Management Disability Awareness Training program that was developed has addressed the participation of persons with disabilities to be involved in the emergency planning process through the Inclusive Planning/Active Participation model. This transformed the archaic model that emergency management offices are informed and capable of proper response to people with disabilities (PWDs) in emergency/disaster situations. This has proven to fail in almost every American disaster, whereby people with disabilities are still at the greatest risk of death and other life disruptions. This program is recognized by the Nebraska Emergency Management Agency and the Nebraska Association of Emergency Managers. The Niagara University trainings along with the Inclusive Planning and Active Participation model was designed to be sustained through activities built into the program. The Trainer manual included tools, resources, ADA and other guidance, customized checklists, disability information to include etiquette and interaction skills, videos, and links that the attendees are expected to utilize. Attendees also received the power points with the intent they train, to the best of their ability, their peers, and personnel. NU EM DAT maintained a relationship with all attendees whereby technical assistance and support will be on-going. All attendees are entered into the NU EM DAT database where they receive any newsletters, which provide updated information, and correspondence, when necessary or appropriate, on current topics and trends. Niagara University did not collect and report any demographic data or satisfaction survey results to share in Section IV.B. Some key performance measures are reported in Section IV.B. and C., including IFA 1.1 and 1.2, SC 1, SC 1.4, and SC 2.1.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
Emergency management staff, disability organizations, and disability advocates will receive training and	Yes

resource materials on how to be prepared to assist people with disabilities and access and functional needs during an emergency.	
Emergency shelter staff will be educated on the rights of people with disabilities and access and functional needs.	Yes

13. Progress towards achieving outcomes for overall objective:	

-The NU Emergency Management team worked in conjunction with NAEM, Nebraska Emergency Management Agency (NEMA), Independent Living Centers (ILCs), and disability organizations to identify accessible locations and compatible dates for training sessions. Outreach registrations and announcements were sent out to targeted audiences through stakeholders and partner associations along with state offices. The project team was contacted those stakeholders and administrators that have roles and responsibilities in emergency management, to include state offices and state associations. To include disability organizations, disability advocates, and people invested in the disability community (to include parents) with the intent to introduce the program and establish relationships is very important to have everyone working together to better support this community by ensuring the effectiveness of everyone's safety. Correspondence was sent out requesting an update on activities conducted. Niagara University EM DAT hired the Program Coordinator position that acts as the outreach contact responsible to identify actionable items. The core values of equal access, inclusion and independence continually guided the project team towards a future where community readiness is achieved and sustained for everyone through a shared and unwavering commitment to accessibility, universal design, and reasonable accommodation before, during and after disasters. This included equal access and full inclusion throughout planning, exercises, alerts, notification, evacuation, transportation, sheltering, health maintenance, medical care, and temporary housing. This also included maintaining a full commitment to equal access, inclusion and independence as disaster impacted people returned home, to school, work and their community and it carried on throughout recovery and mitigation initiatives, led by the active and knowledgeable leadership of people with disabilities and fully informed by the whole community. Bringing the whole community together in those two-day training sessions that educate and sensitize regarding proper and proactive responses to persons with disabilities, are the roles and responsibilities related to inclusive planning and active participation. These are important factors to the NU EM DAT project team and how it impacts the so many people. Niagara University Emergency Management Disability Awareness Training never leaves the state, what expires is the in-person presence and training programs. This program is designed to be self-sufficient based on the efforts of the disability advocates, persons with disabilities, and the organizations. It is inherent upon them, educated together with the emergency management stakeholders, to push the program through to its fruition. Additional funding will be invested in conducted more two-day training sessions. There will always be a need to educate.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).	

Regarding the Niagara University EM-DAT program, Disability Rights Nebraska created legislation in line with the grant objectives - Neb Rev Stat 81-829.41 In preparing and revising the Nebraska emergency operations plans, the agency shall seek the advice and assistance of other agencies of government and the private sector, and the organizations providing advocacy or other services to persons with disabilities or who have functional needs. LB 1104 was introduced by Senator Jen Day in a recent legislative session in April. The bill required the Nebraska Emergency Management Agency (NEMA) to consult with disability advocacy and disability service organizations when developing/revising their Emergency Operations Plans for county/local emergency planning. The bill called for the inclusion of disability organizations or individuals with disabilities in a list of consultants in an emergency. The bill added "disability" to the title of the Functional Needs Registries authorized in statute. While there was no opposition to the bill at the hearing, and it was advanced out of committee, the bill did not ultimately pass. However, the legislation's public hearing did raise policy maker awareness of the impact of disasters on people with disabilities and the unique circumstances a person's disability or functional needs present for emergency planning, response, and recovery. As a result, Disability Rights Nebraska has been invited to participate in a workgroup to assist NEMA develop a new, more inclusive strategic plan and help connect them to the disability community. The workgroup has a strong interest in soliciting input from disability organizations and individuals with disabilities on the strategic plan and cultivating outreach opportunities once the plan is drafted. Disability Rights Nebraska diligently worked with state legislators to move the Emergency Management Disability Awareness Training initiative forward, with the intent to make it a law. It had bipartisan support but was not moved forward. There was a Vision and Mission that spun off from this whereby NEMA was recognizing the intentions. This was monumental in that the state office of emergency management (NEMA) and legislators recognized and supported the program. The Nebraska Panhandle Emergency Managers created a Core Advisory Group that met several times. This was their announcement and agenda from the community event they held. --- Tim Newman-Scottsbluff Emergency Manager: "We have met several times. We planned and held a seminar, the Disability Disaster Preparedness Workshop on October 6th. We sent out the Flyer and the Agenda prior. We had about 32 participants, it was simulcast to the Alliance and Sidney campuses at WNCC. We gave away drawstring bags with some go-bag starter items, and held a drawing for three larger go-kits in clear plastic storage boxes. Donations were received from two banks and there was also donations of supplies for the kits from several other entities. We plan to do it again in March as this was a great event". NU EM DAT was satisfied with the progress based on quality attendance at most sessions held, emergency manager buy-in and support (compared to other states), disability organization presence and support, and the support from the Nebraska Emergency Management Agency. The measuring stick was in the application of the program model, which was addressed in detail for Year three. The project team wants to see more action from the disability organizations that have participated in the program. They are the true drivers of systemic change.

Objective 3: By 2026, individuals with I/DD (especially those with co-occurring I/DD and mental health challenges and/or Alzheimer's and other dementia symptoms) and their families will have access to services, supports, and resources to receive services in both community and school settings that are the least restrictive and respect their rights.

3. This objective is:	Individual & Family Advocacy

4. This objective is:	New

5. This objective is:	
Fulfilling a Self-Advocacy DD Requirement	No
Targeted disparity	No
DD Network Collaboration	No

A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Planning

7. Provide an overall description of this effort:	-The Center for Outcome Analysis (COA) created a library of training materials, recordings of Webinars, handouts, and PowerPoints. This provided the Person-Centered Planning introductory training sessions to 600 families, service recipients, and Provider staff in the Department of Developmental Disabilities along with Aged and Disabled, for 3 Rounds lasting 2 hours each. The Center for Outcome Analysis project team for Person-Centered Planning, will train Self-Advocates to lead their own Person-Centered Planning meetings. This project team will also develop the Person-Centered Planning Champions through a Community of Practice model to support recipients of service, their families, guardians, Service Coordinators, and provider agencies to implement Person-Centered Planning. On average, 50 people attend each Champions meeting. Person-centered planning training continued on from 2021. These virtual trainings created an increased opportunity for the number of people who could attend the trainings. Individuals with DD, the families, agency service providers, and others that were interested in learning about Person-Centered Planning attend trainings or participated in webinars by subject-matter experts. Attendance and project satisfaction numbers remained high. -- The Brain Injury Alliance of Nebraska (BIA-NE) project was funded by The Nebraska Council for Developmental Disabilities (NCDD) to address targeted disparity issue with African

	American males with developmental disabilities who are incarcerated or enter the criminal justice system. The target youth were those in pre-diversion, diversion, probation, and juvenile detention. Long-term goals were to train the workforce to identify indicators of brain injury (BI) & understand basic strategies for making accommodations to improve successful program participation for these youth. The National Association of State Head Injury Administrators (NASHIA) and Leading Practices Academy (LPA) provided strategic and customized technical assistance to states and developed protocol and practices for improved outcomes for justice-involved youth with BI for those states involved in the LPA (those states include AZ, IA, ND, WV, and NE). With NASHIA's guidance, BIA-NE coordinated a multidisciplinary team of Nebraska professionals, that worked with youth involved in the Juvenile Justice System (JJS) and developed a comprehensive plan for identifying/addressing brain injury in justice-involved youth. The Council ED was asked to serve on this multidisciplinary team. Participants includes; Inspector General of the Nebraska Correctional System Oversight to Nebraska's correctional system, Director of Juvenile Justice Institute, the University of Nebraska Omaha Experience - evaluated efficacy of the JJS, Executive Director, Nebraska Juvenile Justice Assoc Representing Nebraska's JJ providers, Senator Member of the Judiciary Committee of the Nebraska State Legislature, District 28 Senator with a special interest in the JJS, Executive Director, CASA for Lancaster County Advocating for children's rights in the Court System, Pathfinder Program Lincoln Public Schools, Lancaster County Youth Services Educating youth within the detention centers, Assistant Professor, the University of Nebraska at Lincoln Researching needs of individuals with BI, Chief Probation Officer, District 3J Probation Office Representing Probation Officers in District 3J, Director of Human Services Lincoln/Lancaster County Oversees and directs case managers working with youth in diversion, Executive Director, Nebraska Council on Dev. Disabilities Representing & advocating for individuals with developmental disabilities, Injury Prevention Program Manager, DHHS Injury Prevention Program DHHS program manager with a focus on injury and violence prevention, Executive Director, BIA -NE Project coordinator, Managing Attorney, Education Rights Counsel Advocate for educational equality for every child, Inspector General for Child Welfare Oversees the JJS, Vice President of Service Delivery at Cedars Youth - served justice-involved youth, President, & CEO of Nebraska Youth Justice Initiative New

	program for justice-involved youth in Omaha Douglas County Deputy Administrator for Douglas County Youth Center Leads DCYC, Sarpy County Defenders Office Public Defender, and the Senator Legislative Office -Legislative Aide. Technical assistance from NASHIA - BIA-NE and its partners, built Nebraska's infrastructure to support individuals with brain injury served by juvenile justice programs via monthly cross-systems dialogue & collaboration.

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
Provide PCP Introductory and Advanced virtual training sessions to families, service recipients, and DD and A&D provider staff.	Yes
Train self-advocates to lead their own person-centered planning meetings.	Yes
Collaborate with the Division of Developmental Disabilities and other disability advocacy agencies to promote the trainings statewide, to include website, social media, newsletters, and through email blasts.	Yes
Hire three people with DD to serve as co-chairs and presenters.	Yes
Create a library of training materials, recordings of webinars, handouts, and PowerPoint presentations.	Yes

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenged to achieving the objective and unexpected benefits. (b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report)

-The Person-Centered Planning (PCP) training project established PCP as the foundation of services to people with Intellectual and Developmental Disabilities (I/DD) in Nebraska. The Person-Centered Planning project overwhelmingly succeeded in every way. More than 3,500 people were provided at least 8 hours of training. 680 Service Coordinators were trained and received 16 hours of direct training. Additionally, families, people with disabilities, educators and allies received training. A Community of Practice was formed as the PCP Champions. 30-50 people attended each Champions meeting. Champions have helped with recruitment of people to attend the training sessions. In the Champions meetings there was extensive sharing between people in the small break out rooms with many discussions. The sessions helped Champions gain new ideas to feel supported and less isolated. In their last PCP Champions meeting, many people shared their success stories during the breakout sessions using One-Page Profiles & PowerPoints to help facilitate their Person-Centered Planning meetings. One person made a video for their PCP meeting to express themselves better. People also shared their challenges with meeting billing codes, time constraints, & better supporting the people with I/DD that staff are providing for to not be fearful & resistant to lead their own PCP meeting. A Project Advisory Committee was formed of 21 participants from a wide variety of key stakeholders, they met 12 times. The Committee members are leaders in the Nebraska Developmental Disabilities field. Some members were from League of Human Dignity, Brain Injury Advisory Council, People First of Nebraska, Munroe-Meyer Institute-UCDDD, Arc of Nebraska, AARP Nebraska, PTI and Independence Rising to name a few. Live audio Spanish translation was provided for all PCP sessions provided in Round 1 and Round 2 using a UNESCO translator. The Zoom conference platform provided seamless translation and we received many compliments for providing this service. All text messages from the moderators were entered in both English and Spanish, and all Spanish participants were emailed prior to the training. The handouts translated to Spanish were sent out prior to training event. The Center for Outcome Analysis received positive comments from Spanish speaking participants in the Satisfaction Survey. The Person Centered Planning Project for year two collected a web-based survey at the end of every training session. This data is not captured or noted in the key performance measures in Section IV.B. However, the following was reported in the PCP final summary report with favorable results. Satisfaction Surveys - All trainees are requested to fill out a web based survey at the end of every training session. PCP received over 150 responses. Survey results with the many comments to the open ended questions, including Spanish translation, were provided in prior quarterly reports. A summary and analysis of the survey results are: Summary of Survey Responses 137 respondents Percentages 1. My advocacy skills and abilities have increased because of this activity 88% 2. I know more about the topics that were talked about at this activity. 84% 3. After being at this activity, I am able to say what I want and what is important to me. 95% Increase from before taking the training and after taking the training. 16% 4. Because of this activity, I am now participating in advocacy activities. 69% 5. Being at this activity makes me feel connected to other people like me. 94% 6. I learned about activities or other things in the community that can help me or my family member. 84% 7. I am satisfied with my experience at this activity. 96% 8. This activity helps people with developmental disabilities and their families. 97% Center for Outcome Analysis PCP did not collect and report any demographic data and is missing some key performance measures in Section IV. B. PCP did note systems change in Section IV.C. -BIA-NE's primary focus of this project is to build brain injury (BI) awareness, recognition, & understanding of how to manage BI. Work was done by building relationships & providing BI Training. NASHIA hosted monthly calls for Leading Practice Academy participants. These cross-systems dialogues enabled participants gained greater understanding of brain injury and ways to engaged in system change. Stakeholders' participation in monthly calls: April 2021 to March 2022: 85 participants. Second Activity was training to increase the juvenile justice provider's ability to recognize & manage brain injury so they can better support the juveniles with brain injury. The training covers basics of brain injury. BIA- NE provided training to 4 organizations & 86 participants in period 1. Period 2 had 7 organization with 154 participants, period 3 had 4 organizations & 162 participants while period 4 had 1 organization & 10 participants. BIA-NE's activity 3 was to implement evaluation metrics to illustrate the benefits of this work & ensure sustainability. Participants responded very positively to all six statements regarding the training. No one disagreed with any of these six statements & all or nearly all agreed or strongly agreed with each statement, & none disagreed. Participants responded positively to the six statements regarding training. Efforts to increase successful outcomes for this objective via training, screening, & supporting brain injury was unsuccessfully engaged until mid-March 2022, weeks before the grant funding ended. Multiple stakeholders helped direct BIA - NE to influential individuals at YRTC with no success. In Nov. 2021, a Senator sent a letter to the NE DHHS, requesting pilot screening be done on Youth at YRTC. BIA-NE Program Director followed up with the Department. In March, BIA - NE was able to schedule a meeting with YRTC clinical program manager. BIA-NE - Program Director shared the screening results for youths who were screened positive for brain injury from Lancaster County Youth Detention Center, knowing many of the youth from Lancaster County Youth Detention Center, were transferred to YRTC. Participants were Advocates. Agency Total Screens Completed Positive Screens % Positive Total 428 104 24.3% Diversion 188 15 7.9 Lancaster 128 11 8.6 Scottsbluff 60 4 6.7 Detention 108 61 56.5 LPS 83 44 53 Lancaster (2019) 25 17 68 Community 132 28 21.2 Cedars 39 12 30.7 North Platte 55 6 10.9 Sarpy County 38 10 26.3 Per Director of YRTC, the data is convincing that they too need to learn more about brain injury & would begin screening their youth. BIA-NE - Program Director completed the training for the YRTC Nursing & Clinical Staff on April 12, 2022, & they began screening their youth in May 2022. BIA-NE discussed strategies that staff can implore to manage the unique needs of youths with BI. Early adopters & programs helped gather data through screening - was key to setting the stage for systems change. Brain Injury Alliance NE did not collect and report any demographic data, satisfaction survey results, or key performance measures to share in Section IV.B. BIA did provide Systems Change outcomes notes in Section IV.C.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
Service recipients and families have the knowledge, skills, and tools to effectively participate in pre-meetings, set the agenda, and be active agents to enhance their range of choices and obtain greater independence and autonomy.	Yes
Service providers have the tools and information they need to empower and support service recipients and their families to participate effectively in PCP to enhance their range of choices and obtain greater independence and autonomy.	Yes
Service recipients, families, service coordinators, providers, and other stakeholders will have a deepened understanding of PCP and be more	Yes

able to participate effectively in PCP efforts.	
Co-trainers and presenters with DD share their real-world lived experience and make training sessions more realistic.	Yes
Tools created for the training will be available on the DHHS webpage.	Yes
The Division of Developmental Disabilities will be better positioned to fully implement and sustain PCP in Nebraska.	Yes
Nebraska will come into Compliance with the CMS Final Rule of 2014 requiring Person-Centered Planning for all waiver recipients and the Affordable Care Act of 2010 requiring PCP for every waiver service recipient.	Yes

13. Progress towards achieving outcomes for overall objective:	

-The Center for Outcome Analysis (COA) team has worked hard over the course of the 2 year project and conducted 14 Person-Centered Planning webinars. Advanced training sessions were held and went over the topics of Person Centered Planning with Children, Families, and Older Adults. Along with Alternatives to Guardianship/Supported Decision-Making and including Discovery/Customized Employment. A four-week training session that was held 2 times a month went over the topics: Gather your Circle, Set a Good Direction, Talk the Helm, and Sustain Commitments Over the Long Run. These were ran by the nationally recognized PCP trainer David Wetherow. There was also a four-week training session for self-advocates to lead their own meetings. Those topics included: Getting ready to lead your meeting, Make a plan and own your plan, Getting people to help you reach your dream, and Don't wait for another service meeting. Besides the sessions, the creation of the PCP Champions was a very important success to this project. This group helped with the transition from the Person-Centered Planning Training project to the State's current efforts implementing the Charting the LifeCourse model. This group of Champions is the key to the sustainability of the project. Helping to overcome many issues was the creation of the DHHS PCP Workgroup which met 17 times over the 2 year project. All members of the Workgroup attended the 1st round of the 8-week PCP training sessions and were full active participants. Workgroup members were extremely helpful in supporting the training, mandating participation of DHHS Service Coordinators and staff, spreading the word through flyers and the State webpage and very positively promoting the training. The DHHS Person Centered Planning website was particularly helpful in supporting the project and continues to provide resources and sustainability. They provided a bi-lingual staff person in each session & a trained translator for live translation on the Zoom platform. The project team also received many comments from Spanish speaking families appreciating the effort to include them and hoping this would continue. - BIA-NE is accustomed to seeking grants based on work that are promising. Specific areas that BIA-NE will continue to work on are increasing Brain Injury (BI) awareness and promoting BI screening of justice-involved youth. Below are some of the avenues that support our continued work. DHHS Injury Prevention grant helped support BIA - NE's efforts to help Lancaster County Youth Detention Center & YRTC develop protocols for BI identification & management. Lancaster County Juvenile Justice Prevention Fund & Cedars supported the community-based program working with justice-involved youth with BI. In June BIA-NE applied for grant funding from the Sherwood Foundation, to hire Resource Facilitator to offer brain injury training, screening, and consultation for justice-involved youth being served at the Juvenile Assessment Center in the Omaha metro. In fall 2022, Sarpy County Public Defenders' office arranged for BIA-NE to co-present on BI topics at a national meeting for public defenders. The Lincoln Public Schools Pathfinder's program chair of the 2022 National Symposium on Juvenile Services asked BIA-NE to present on BI at their symposium. BIA-NE shared preliminary data results with correctional programs serving adults in Nebraska. In April 2022, BIA-NE provided brain injury training on identification & management to healthcare staff per request from Chief Psychologist for Mental Health Services in Nebraska Dept. of Corrections Services. Dr. Williams states she would like to build brain injury screening into their assessment. She also asked BIA-NE to offer management techniques for her staff to implore when working with their incarcerated adults. It has been exciting to see the interest in brain injury identification and management has gone beyond just our local project with justice-involved youth. All NE stakeholders Participants in this project were wonderful advocates who had desires to help BIA-NE get at the front of audiences - locally & nationally. Technical assistance from NASHIA, BIA-NE & its partners built Nebraska's infrastructure to support individuals with brain injury served by juvenile justice programs. NASHIA hosted monthly calls for Leading Practice Academy participants. These cross-systems dialogues gave deeper understanding of BI & ways to engaged in System Change. The fact that Lancaster County Youth Detention Center & YRTC actively worked on developing protocols for a continued BI screening & management is anticipation that there is a need. Data shows the prevalence & need to identify & consider BI management within programs. The data helped illustrate the prevalence and the need to identify & consider BI management within programs. Policy, procedures, statutes, or regulation changes were implemented & improved, the creating of systems change & increasing of system's capacity to recognize and manage BI, set the stage for further opportunities. The State Juvenile Justice Leaders took strong interest and commitment in this project.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).

Eight PCP Success Stories have been written and posted on the DHHS website. Almost 1,000 people have viewed there to date. See https://dhhs.ne.gov/Pages/Success-Stories.aspx -A success story from the COA-PCP project is from Christina. She laughs easily, but this has not always been the case. In Christina's life, she has experienced depression. She needs to let things sink in, and process her ideas and feelings before she is ready to talk. Kay, her Shared Living Provider, understands this about her. It is important for Christina, now that her depression has lifted, to have someone who understands and wants her to stay happy. Her favorite pastimes are reading, doing puzzles, and using the computer. She also likes spending time with her family and taking vacations. Christina prefers Kansas City over Chicago because there are so many homeless people in Chicago. Christina says, "It's sad when people don't have the stuff that we have. I think we just take stuff for granted." When vacationing, Christina thinks the Kansas City Zoo is great and she loves shopping "everywhere!" She also enjoys Disney World. Christina used to spend her days at a workshop. Once she started working at Little Caesars, Christina decided it was too much to do both. She chose to leave the workshop and keep working at Little Caesars. At her job, Christina uses the ovens to cook pizza. She has been at her job for five years and still enjoys it. Christina recently joined the Governor's Advisory Committee on Developmental Disabilities. Her Service Coordinator, Shirley, received a notice that they were looking to appoint new members. Shirley thought Christina might be interested in the opportunity since she had led her last two team meetings. Shirley explains, "I've seen the growth in Christina. She does such a wonderful job advocating for herself that I asked her about it....if she would be interested." Shirley emailed Christina the committee's information and application. Christina and Kay read about the Advisory Committee and talked more with Shirley, who said, "it was time for her to share a little of herself with people." She applied for the position and now advocates for others in addition to herself. At her most recent team meeting, Christina talked about how she would like to mentor young women. Christina knows about mentoring because she has a great circle of support. Recently for her team meeting, Christina made a mint chocolate chip ice cream cake. Cooking is one of the skills she continues to work on. As she advocates for herself and others, Christina continues to work on improving her communication skills. She tells others what she wants and needs. She also keeps track of her own money. Christina credits her circle of support, "The people...around me... help me...like cooking, or whatever...whatever I need help with...they're just there." Christina loves where she currently lives. She may consider moving into her own place once she has stronger independent living skills. -COA Success Story: Andrea, is a woman of few words and lots of action. She works with Direct Support Professional Norma, of NorthStar Services. Together they volunteer to keep their community library open three days a week. Andrea's team has made a conscious effort to develop a full life for her. Davies Memorial Library has been the perfect vehicle to do it with an all-volunteer community effort. Andrea helps keep the library running smoothly, using skills accumulated in the 20 years she has been at the library, since graduating from high school. Andrea uses all the office machines, making copies for Norma and library customers, laminating, and sending faxes. She uses a card cataloging system that identifies books by title and author. With support, Andrea entered all the library books into the computer. Now she maintains the file when new books arrive. Andrea checks out books for patrons, recording the date books are due to the library. She also helps coordinate the summer reading program for area youth. When the pandemic kept people out of the library, Andrea and Norma created and distributed activity packages to their younger patrons. They filled them with snacks, markers, and craft materials. One activity included directions to explore nature, find rocks and leaves, and use them to create pictures. Andrea posted the pictures for all to see. Andrea is famous for her window decorations and parties. Partygoers from the community provided food and played Yahtzee and bingo for entertainment. By working at the library, Andrea has met many business owners in town. Community members donate items to a library 'thrift store', that is where Andrea practices communication and money skills. Andrea takes pride in her reputation as a good cleaner. Over the years, she has worked in homes and businesses. Andrea completed milestones with Nebraska VR and explored employment beyond her hometown. Shamrock Nursery in O'Neill hired Andrea to clean, a perfect fit considering her love of flowers. Andrea lives with her parents and brother near Butte, Nebraska. All Andrea's activities help her with her goal of keeping involved in her community. As Andrea works to improve her independence skills, she is starting to consider living in her own apartment, like some of her friends. When she decides to take that step, the many skills she is learning and using will make it a smoother transition. A compelling testimonial video captured either people who had participated in the PCP training sharing how it changed their lives. See https://youtu.be/6wqj2e7zIts. - BIA-NE's participants responded very positively to all six statements regarding the training. No one disagreed with any of these six statements nearly all agreed or strongly agreed with each statement, and none disagreed or strongly disagreed. A small number of respondents indicated not applicable -were excluded from the analysis. A participant from the state

correction system, stated that he now recognizes signs to look for resources and that I'd love to volunteer to be a board member! BIA-NE Knowing behavioral concerns are definitely not always mental health, some are brain injuries. Learning more about the prevalence of brain injuries and populations impacted is important. BIA - NE stated that, personal stories from people dealing with BI helped the organization follow up, support participant's efforts to get screening implemented in the state correction system. Another said, I do work with youth that do present these symptoms often and have stayed in detention land according to the data. It is very likely that they have experienced a TBI. It is something that I will be cognizant about moving forward - Full scope of symptoms of TBI, professionals that can be part of someone with a TBI's team. All of it. Please call! I think it would be amazing if you could come to Whitehall, All of it. I would like you to speak to my staff on learning to utilize the tools to identify Bis, learning the relationship between BIs and crime/incarceration rates.

Section IV: B

Individual & Family Advocacy Performance Measures

Race and Ethnicity

Race/Ethnicity	#	%
White alone	79	64.23%
Black or African American alone	4	3.25%
American Indian and Alaska Native alone	0	0%
Hispanic/Latino	5	4.07%
Asian alone	1	0%
Native Hawaiian & Other Pacific Islander alone	0	0%
Two or more races and Race unknown	34	27.64%
Gender	#	%
Male	3	2.78%
Female	67	62.04%
Other	38	35.19%
Category	#	%
Individual with DD	0	0%
Family Member	108	100.00%
Geographical	#	%
Urban	69	78.41%
Rural	19	21.59%

I. Output Measures

Objective	Performance Measure: IFA 1.1 People with DD who participated in activities	Performance Measure: IFA 1.2 Family members

By 2026, increase capacity of caregiver and direct support systems through enhanced training and improved access to information. As a result, individuals with I/DD are provided services and supports by professionals and caregivers who are knowledgeable, trained, and supported.	4	196
By 2026, increase the capacity of advocates and policy makers to address at least three emerging issues that impact individuals with I/DD and their families. Annually review and identify emerging issues/needs.	8	9
By 2026, individuals with I/DD (especially those with co-occurring I/DD and mental health challenges and/or Alzheimer's and other dementia symptoms) and their families will have access to services, supports, and resources to receive services in both community and school settings that are the least restrictive and respect their rights.	39	500
Total # of Output Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	-1	-1

II. Outcome Measures

Performance Measures	Percent (%)
IFA 2.1 Percent of people with DD	-1
IFA 2.2 Percent of family members who increased advocacy	-1

Sub-Outcome Measures: The number (#) of people who are better able to say what they want/say what is important to them.

Projects	# People with Developmental Disabilities	# Family Members
By 2026, increase capacity of caregiver and direct support systems through enhanced training and improved access to information. As a result, individuals with I/DD are provided services and supports by professionals and caregivers who are knowledgeable, trained, and supported.	-1	60
By 2026, increase the capacity of advocates and policy makers to address at least three emerging issues that impact individuals with I/DD and their families. Annually review and identify emerging issues/needs.	-1	-1
By 2026, individuals with I/DD (especially those with co-occurring I/DD and mental health challenges and/or Alzheimer's and other dementia symptoms) and their families will have access to services, supports, and resources to receive services in both community and school settings that are the least restrictive and respect their rights.	-1	-1

Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	-1	-1
IFA 2.3 Percent of people better able to say what they need	100.00%	100.00%

Sub-Outcome Measures: The number (#) of people who are participating in advocacy activities.

Projects	# People with Developmental Disabilities	# Family Members
By 2026, increase capacity of caregiver and direct support systems through enhanced training and improved access to information. As a result, individuals with I/DD are provided services and supports by professionals and caregivers who are knowledgeable, trained, and supported.	-1	48
By 2026, increase the capacity of advocates and policy makers to address at least three emerging issues that impact individuals with I/DD and their families. Annually review and identify emerging issues/needs.	-1	-1
By 2026, individuals with I/DD (especially those with co-occurring I/DD and mental health challenges and/or Alzheimer's and other dementia symptoms) and their families will have access to services, supports, and resources to receive services in both community and school settings that are the least restrictive and respect their rights.	3	8
Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	-1	-1
IFA 2.4 Percent of people participating in advocacy activities	100.00%	100.00%

Sub-Outcome Measures: The number (#) of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.

Projects	# People with Developmental Disabilities	# Family Members
By 2026, increase capacity of caregiver and direct support systems through enhanced training and improved access to information. As a result, individuals with I/DD are provided services and supports by professionals and caregivers who are knowledgeable, trained, and supported.	-1	
By 2026, increase the capacity of advocates and policy makers to address at least three emerging issues that impact individuals with I/DD and their families. Annually review and identify emerging issues/needs.	-1	

By 2026, individuals with I/DD (especially those with co-occurring I/DD and mental health challenges and/or Alzheimer's and other dementia symptoms) and their families will have access to services, supports, and resources to receive services in both community and school settings that are the least restrictive and respect their rights.	5	
Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	-1	
IFA 2.5 Percent of people on cross disability coalitions	100.00%	100.00%

II. Outcome Measures

Satisfied	Percent (%)
IFA 3 The percent of people satisfied with a project activity	40
IFA 3.1 Percent of people with DD satisfied with activity	44
IFA 3.2 Percent of family members satisfied with activity	-1

Section IV: C

Systems Change Performance Measures

SC 1: Output Measures

Objective	
By 2026, increase capacity of caregiver and direct support systems through enhanced training and improved access to information. As a result, individuals with I/DD are provided services and supports by professionals and caregivers who are knowledgeable, trained, and supported.	
SC 1.1 Number of policy/procedures created/changed	2
SC 1.2 Number of statutes/regulations created/changed	-1
SC 1.3.1 Number of promising practices created	3
SC 1.3.2 Number of promising practices supported	-1
SC 1.3.3 Number of best practices created	-1
SC 1.3.4 Number of best practices supported through Council activities	-1
SC 1.3 Number of promising and/or best practices created and/or supported	2
SC 1.4 Number of people trained/educated	254
SC 1.5 Number of Systems Change activities with other organizations	-1

Objective	
By 2026, increase the capacity of advocates and policy makers to address at least three emerging issues that impact individuals with I/DD and their families. Annually review and identify emerging issues/needs.	
SC 1.1 Number of policy/procedures created/changed	-1
SC 1.2 Number of statutes/regulations created/changed	-1

SC 1.3.1 Number of promising practices created	2
SC 1.3.2 Number of promising practices supported	-1
SC 1.3.3 Number of best practices created	-1
SC 1.3.4 Number of best practices supported through Council activities	-1
SC 1.3 Number of promising and/or best practices created and/or supported	2
SC 1.4 Number of people trained/educated	111
SC 1.5 Number of Systems Change activities with other organizations	-1

Objective	
By 2026, individuals with I/DD (especially those with co-occurring I/DD and mental health challenges and/or Alzheimer's and other dementia symptoms) and their families will have access to services, supports, and resources to receive services in both community and school settings that are the least restrictive and respect their rights.	
SC 1.1 Number of policy/procedures created/changed	1
SC 1.2 Number of statutes/regulations created/changed	-1
SC 1.3.1 Number of promising practices created	2
SC 1.3.2 Number of promising practices supported	-1
SC 1.3.3 Number of best practices created	-1
SC 1.3.4 Number of best practices supported through Council activities	1
SC 1.3 Number of promising and/or best practices created and/or supported	1
SC 1.4 Number of people trained/educated	3771
SC 1.5 Number of Systems Change activities with other organizations	-1

Systems Change SC 2: Outcome Measures

Outcome Measures	Number (#)
SC 2.1 - Efforts that led to improvements	3
SC 2.2 - Efforts that were implemented	5

III. Sub-Outcome Measures

Objective	Number (#)
By 2026, increase capacity of caregiver and direct support systems through enhanced training and improved access to information. As a result, individuals with I/DD are provided services and supports by professionals and caregivers who are knowledgeable, trained, and supported.	
SC 2.1.1 Policy, procedure, statute, regulation improvements	-1
SC 2.1.2 Policy, procedure, statute, regulation implemented	-1
SC 2.1.3 Number of improved promising or best practices	3
SC 2.1.4 Number of implemented promising or best practices	4

Objective	Number (#)
By 2026, increase the capacity of advocates and policy makers to address at least three emerging issues that impact individuals with I/DD and their families. Annually review and identify emerging issues/needs.	

SC 2.1.1 Policy, procedure, statute, regulation improvements	-1
SC 2.1.2 Policy, procedure, statute, regulation implemented	-1
SC 2.1.3 Number of improved promising or best practices	1
SC 2.1.4 Number of implemented promising or best practices	1

Objective	Number (#)
By 2026, individuals with I/DD (especially those with co-occurring I/DD and mental health challenges and/or Alzheimer's and other dementia symptoms) and their families will have access to services, supports, and resources to receive services in both community and school settings that are the least restrictive and respect their rights.	
SC 2.1.1 Policy, procedure, statute, regulation improvements	5
SC 2.1.2 Policy, procedure, statute, regulation implemented	5
SC 2.1.3 Number of improved promising or best practices	5
SC 2.1.4 Number of implemented promising or best practices	9

Goal 4: Advocacy and Self-Advocacy

Section IV: A

Area of Emphasis	Planned for this Goal	Areas Addressed
Quality Assurance	Yes	Yes
Formal and Informal Community Supports	Yes	Yes

Strategies	Planned for this Goal	Strategies Used
Outreach	Yes	Yes
Training	Yes	Yes
Technical Assistance	Yes	Yes
Supporting and Educating Communities	Yes	Yes
Interagency Collaboration and Coordination	Yes	Yes
Coordination with Related Councils, Committees and Programs	Yes	Yes
Barrier Elimination	Yes	Yes
Systems Design and Redesign	Yes	Yes
Coalition Development and Citizen Participation	Yes	Yes
Informing Policymakers	Yes	Yes

Intermediaries and Collaborators	Planned for this Goal	Actual
State Protection and Advocacy System	Yes	Yes
University Center(s)	Yes	Yes
State DD Agency	Yes	Yes
Other Collaborators	Yes	Yes

Goal Narrative

Much work was completed either through subaward or by Council staff under this goal.

The Council followed several legislative bills introduced in 2022. Council member official comments in support or opposition to bills were sent to senators prior to the public hearings to educate them on how potential legislation would or could impact the DD community. Testimony by the Council ED was given at four public hearings, and the Council Chair testified at one hearing. This was the second session of the two-year legislative session, so Council staff will continue to follow the 2021 bills in the 2022 session as well as new bills proposed in 2022.

The Council is a member of the Nebraska Consortium for Citizens with Disabilities (NCDD), a cross-disability coalition that meets monthly to share information and offer opportunities to collaborate on ideas and educate lawmakers and policymakers on disability-related issues.

The Council ED has continued her strong commitment to bringing the Council's voice to work groups & statewide advisory committees & councils. As part of the DD Network team, she has met regularly with the DD Network Directors.

Council staff work as well as subaward work helped increase Lawmaker's knowledge, strengthen overall advocacy and self-advocacy skills, assist professionals with increasing their understanding of working with individuals with DD across the lifespan, and assisted advocacy organizations learning from one another to strengthening common advocacy goals and deepen collaborations.

-People First of Nebraska (PFN) was excited to launch the first quarter with a hybrid annual state convention, offering in-person and virtual participation. They selected three new officers, their Board met twice (once in person and once via Zoom), and progress was made in developing employment videos targeted at businesses and potential employers. The project team was already making good progress on their goals and activities for the fiscal year as they continue to collaborate with their partners and develop new opportunities for their members. The People First of Nebraska coordinators and Officers have focused on several projects, including the employment video, outreach, legislative education, and planning events for the year.

In January and February, the PFN website was updated to add new stories about the convention and new officers being elected, as well as adding and updating links to news stories and videos about leadership and advocacy nationally and in Nebraska. The PFN Coordinators also met with the Director of the University Center on Excellence in Developmental Disabilities (UCEDD) to discuss how PFN and the UCEDD could develop and mentor more self-advocates to serve on advisory boards and be integrally involved in the development, implementation, and evaluation of projects and programs at the Munroe-Meyer Institute and the broader community. The UCEDD Director is currently writing their 5-year grant with the Administration on Community Living (ACL). The ACL's expectation is that the roles of self-advocates in the administration and operations of the UCEDD will expand into all aspects of the program. The three PFN coordinators are planning for more outreach in Western Nebraska. They have been in contact with many community-based non-profits in the area to develop relationships. The Western Nebraska Coordinator has been holding weekly meetings with self-advocates in the Western part of the state and they are eager to meet in person.

The PFN Board met in person in April in Columbus, where several topics were discussed. The Western Nebraska Coordinator had been working with self-advocates in the Western Nebraska area to plan for their in-person meeting, with the assistance of the Central Nebraska and State Coordinators. One representative from that group was already planning to attend the Disability Pride event to network with other self-advocates. Their Disability Policy Specialists were exceptionally productive and engaged during the year, focusing on emergency preparedness for people with disabilities, their families and all the Emergency Managers so each City/State is more aware and educated in this area. Activities are continuing in the development and outreach of the Employment video, a large coalition of disability and community organizations were already planning the Disability Pride event that was held in July, and they had begun planning their annual convention that they had in October. This was the first year of their annual convention that included a pre-convention training with service providers and self-advocates sitting together and learning from each other.

The last quarter of project grant period for People First of Nebraska was very productive! They started off with a very successful Disability Pride Day that drew more than 230 people to the event. They continued filming for the Employment video, although production had been slower than they anticipated. PFN collaborated with the Nebraska Association of Service Providers (NASP) and Hands of Heartland to develop the first ever Growing Independence pre-convention training seminar, and worked with their Board, membership, and community partners to plan their 44th annual People First of Nebraska state convention. The Disability Policy Specialists that worked with Disability Rights Nebraska developed a presentation and presented to the Nebraska Emergency Management Agency. They had invited four self-advocates from the Self-Advocate Coalition of Kansas to be the keynote speakers and lead a breakout session as well. The convention had 16 breakout sessions planned, all presented at least in part by people with disabilities.

The People First of Nebraska Board met in July. A Board committee had been working to update and expand their Policies and Procedures for financial management and to address inappropriate conduct among Board members and/or membership

The leadership in this statewide collaborative event has promoted the profile of People First to other agencies and groups that were not familiar with that organization and has expanded their network and contact list of other disability organizations, agencies, and advocates. During and after the Disability Pride event, PFN was contacted by several organizations who were not aware of them and who has pledged their participation for future Disability Pride events. The profile for People First of Nebraska is being promoted and ensuring that people with disabilities are involved in all levels of policy making and program development.

Subrecipients struggled w/getting completed surveys from activity participants. Some of the subaward projects didn't indicate how many surveys they collected, instead they provided #'s in DD Suite for the KPI, so it's been impossible to get an accurate %. Other Subrecipients provided numbers in place of their percentages and the #'s are noted in Section IV-B, IFA 3

Objective 1: Annually, the DD Network and Nebraska DD Network Partners will support individuals with intellectual and developmental disabilities (I/DD) to increase their leadership and participation in policymaking through active participation in statewide advisory committees, cross-disability workgroups, public policy advocacy, and cross-system dialogue.

3. This objective is:	System Change

4. This objective is:	Ongoing

5. This objective is:	
Fulfilling a Self-Advocacy DD Requirement	No
Targeted disparity	No
DD Network Collaboration	No

A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Implementation

7. Provide an overall description of this effort:	Council staff review proposed legislative bills introduced annually. Staff collaborated with other advocacy organizations to share information and provide a united front on proposed legislation. The bills were narrowed to those that may impact individuals with IDD, their families, & service providers. Council members then determined which bills would be supported or opposed with official written comments or testimony, & which should be tracked. A summary of bills being followed by the Council was printed & mailed to stakeholders, professionals, state senators, & others. Council staff continued to participate on many statewide advocacy committees, coalitions/networks and workgroups with broad memberships and representation to advocate on disability issues. Activities for this objective include educating and exchanging information, collaboration, and public policy advocacy. Topics ranged from HCBS waiver services, special education, family support services, employment, Person-Centered Planning, Charting the LifeCourse Community of Practice, Mental health and substance abuse services and serving people

	w/DD, juvenile justice youth with brain injury, and continued work on the State Olmstead Plan. In 2022, the Council ED or her representative attended quarterly or regularly scheduled meetings with: - Nebraska UCEDD Community Advisory Board - Nebraska Governor's Developmental Disabilities Advisory Council (See summary of activities in Section III, Introduction) - Nebraska Assistive Technology Partnership Advisory Council - Nebraska State Advisory Committee on Mental Health Services - Disability Olmstead Advisory Committee & Olmstead Steering Group (see summary of activities in Section IV, Goal 4, Objective B) - Nebraska Division of Public Health Preventative Health Advisory Committee (Council ED completed her term in June 2022) - Nebraska Consortium for Citizens with Disabilities - Nebraska Association of Service Providers (NASP) as a Related Industry Partner Member. Benefits of Related Industry Partner membership includes communication, networking, teamwork, and progress with key local, state, and national policymakers. Related Industry Partners are not allowed NASP voting rights, may not hold elected NASP office. Council ED shared updates on the Council funded comprehensive supported employment study with Dr. Lisa Mills at monthly virtual meetings. - Nebraska Special Education Advisory Council (Council ED is serving a second term) - Division of Public Health Pregnancy Risk Assessment Monitoring System (PRAMS) Disability Data Workgroup - Person-Centered Planning DHHS Workgroup & PCP Champion's monthly meetings - Charting the Lifecourse NASDDDS Community of Practice with DDD Leaders - Nebraska Leading Practices Academy meetings facilitated by National Association of State Head Injury Administrators (NASHIA) to support Council's Brain Injury Alliance Juvenile Justice Project - Title V Maternal Child Health (MCH) Block Grant Steering Committee. - Nebraska's Living Well Partner Meetings (One of ACL's previous priorities) - Home and Community-Based DHHS monthly stakeholder meetings

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
Council Chair to submit 18 letters to State Senators serving on various legislative committees to educate and inform them on the Council's positions on 18 legislative bills.	Yes
One Council member will provide oral testimony during a public hearing to educate and inform senators on the Council's position.	Yes

Mail Newsline publication summarizing Council-selected legislative bills and status of bills during legislative session to 583 individuals & senators.	Yes
Council staff quarterly attendance at a minimum of three DD coalition/network/partnership meetings with Long Term Redesign Advisory Committee; Disability Stakeholder Olmstead Planning Advisory Council; Brain Injury Advisory Council; Brain Injury Oversight Committee; Behavioral Health Joint Advisory Committee; Title V Maternal Child Health Block Grant Steering Committee; Oral Health Advisory Committee; MMI's Community Advisory Board; and the Governor's Developmental Disability Advisory Committee (pertaining to state's DD waiver services).	Yes
Council staff quarterly attendance at a minimum of 10 gatherings of workgroups and statewide advisory committees.	Yes

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenged to achieving the objective and unexpected benefits. (b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report)

-During the Legislative 2022 Session, the Council provided either letters or testimony in support of 12 bills, provided information towards the opposition of two bills, & took a neutral position on three bills. Of these, the Council ED testified in support of LB1104 & LB1004. NE's P&A, Disability Rights NE, worked with Senator Day to have LB 1104 introduced. It would require the NE Emergency Management (EM) Agency to consult with disability groups regarding revision & creating emergency operations plans. LB 1104 connected to the work being done with the Council's Emergency Management Disability Awareness Training project with Niagara University. The bill provided an opportunity for the Council, DRN, & NU to collaborate & monitor progress. Although the bill had no opposition, it was indefinitely postponed. LB1004 requires DHHS to engage a nationally recognized consultant for the evaluation of NE's developmental disabilities services system. The evaluation shall consider a) services offered & provided by the state through the Medicaid state plan or by current

Medicaid waivers; b) services offered by other states through Medicaid state plans, Medicaid waivers, or other mechanisms; & (c) any other areas which may be beneficial to the state in the assessment of its developmental disabilities' services. The Council ED mentioned that LB1004 is an avenue to address access issues to services & supports noted in the Council's Needs Assessment. LB1004 was incorporated into the carryover bill that passed, LB376. The Council & disability advocates were relieved when LB376, introduced in 2021, carried over & passed into law. LB376 will create a new family support waiver & pilot family support program. LB376 authorizes the DHHS Division of Developmental Disabilities (DDD) to apply o CMS to implement services & supports for developmentally disabled children & their families & provide duties for the Division of DD's Advisory Committee. It was the senator's priority bill during the 2021 Legislative Session (each senator selects one bill as their priority), & the Council ED testified in support of it. The bill did not advance from Select file on May 18, 2021, after a motion to end debate & force a vote on the proposal failed. Advocates were disheartened. Between sessions, on 12/03/21, the Legislature's Health & Human Services Committee (HHS) heard the results from Legislative Resolution (LR) 239, an interim study that examined the effectiveness of Medicaid waivers in NE overseen & implemented by the DHHS DDD. The study included the services provided by the aged & disabled waiver, the comprehensive developmental disabilities waiver, the developmental disabilities adult day waiver, & the traumatic brain injury waiver. The intent of LR 239 was to provide the HHS Legislative Committee with a better understanding of NE's current waivers, the populations affected, & what could be done to help serve Nebraskans better. Testifiers had to be invited by the HHS committee, & these included the DDD Director, Tony Green, the ED of NASP (DD provider organization), assistant professor Sarah Swanson from Munroe-Meyer Institute's UCEDD, & a parent of a child with a DD who has ACC, Dandy-Walker Syndrome, & a rare gene mutation. The parent testifier at LR 239's hearing shared how her daughter had been removed from the A&D waiver in Jan. 2019 for no longer meeting the level of care criteria yet was eventually approved to receive services from the DD waiver in Oct. 2019, but the array of service definitions did not meet the needs of her daughter or family. The UCEDD's Swanson was asked to describe innovations that are occurring across states to better support individuals with DD & their families. Swanson's capstone project for her master's in public health was on the subject of "Innovations & best practices in Medicaid Managed Long-Term Services & Supports," so this topic is an area of great interest to her, & she is aware of the gaps that families who receive support from the UCEDD's Family Enhancement Project face. Swanson highlighted the hundreds of working families who have children on the DD waiver wait list who have not been able to access Medicaid because the parents' income & resources make the child ineligible. NASP's ED noted the issue of waiver provider capacity in NE & how nationwide 77 percent of providers are turning away new HCBS referrals & 58 percent are discontinuing programs & services due to the staffing crisis. NASP's ED stressed that the DSP workforce crisis is exacerbated by NE's historically low unemployment rate & the financial hit that providers absorbed during the pandemic. The NASP testimony stressed the need for the Legislature to approve a significant rate increase to address the crisis. LR 239's testifiers clearly identified the gaps & barriers NE's current waiver system has with meeting the needs of families who have children with developmental disabilities. As a result of LR 239, during the 2022 Legislative Session, the HHS Committee prioritized LB376, which passed & also incorporated language from LB 1004 as a bill amendment. The Council Chair testified in support of LB 1029 intent to change the NE Fair Employment Practice Act to extend protections against harassment or discrimination to smaller employers. The Chair noted that smaller businesses or employers are often an excellent place for people with disabilities to work. Yet the reality is that some of these individuals may face discrimination or harassment once they begin their employment, & the change to this Act would make this illegal. LB 1029 was indefinitely postposed & did not progress. There was a lack of consensus in the DD community that impacted the Council's neutral position on two bills, LB834 &

LB1216. LB834 would eliminate the ability of certain employers to pay employees with disabilities subminimum wages (SMW). The Council provided a letter at the hearing in the neutral capacity, & the Senator who introduced LB834 referenced it. The SMW issue divides NE's DD community. Information from the Council's letter on LB843 us provided in #13 below. The Council ED was asked to provide testimony in the neutral capacity on LB 1216. She shared that Council members took additional time & consideration to review & discuss LB1216 at their quarterly Council meeting. Details on her testimony are provided in #13 below. An update on the reoccurring restraint and seclusion related bill in noted in #13 below. From the 2022 Legislative Session bills that the Council was following, 3 bills that the Council supported passed into law, & the two bills that the Council opposed were indefinitely postponed. LB376 that the Council supported in 2021 carried over into the 2022 session & passed. The Council's Newsline publication, a summary of bills supported, opposed, or tracked, was mailed to over 580 individuals, families, professionals, & our 49 senators. This summary provided a status of the proposed 2022 bills & 2021 carryover bills & whether the Council supported or opposed the bill.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
Stakeholders and policymakers are educated on key legislation impacting individuals with developmental disabilities through letters of support/opposition and/or testimony.	Yes
Coalition/network/partnership meetings provide opportunities for stakeholder collaboration and coordination to promote systems change.	Yes
Council staff's active participation on state workgroups and statewide advisory committees brings the perspective of individuals with developmental disabilities to discussions and promotes system collaboration and advocacy efforts.	Yes

13. Progress towards achieving outcomes for overall objective:

Elements of Council testimony on LB1216: At the February 2022 Council meeting, nine mothers of children with disabilities provided public comment about their struggles they face to find paid caregivers to provide HCBS waiver supports for their children. At that time, the Council voted to take a position on LB1216 with the initial bill language that was introduced. The Executive Director from The Arc of NE had shared with the Council's Legislative & Advocacy Committee that the intent of the bill was to make changes to state statute to allow guardians & parents to be paid caregivers for HCBS waiver services. He noted the intension was not to expand guardianship & explained that many families had expressed the need to be allowed to be paid waiver providers, especially since the current paid caregiver or direct support professional work force shortage crisis poses a burden to many families. Providing a pathway for parents & guardians to be paid caregivers or independent HCBS waiver providers for their children would alleviate the emotional & financial stress that many are facing. Still, the Council had concerns related to all of the proposed cuts in LB1216 that would strike language making it possible to expand guardianship, which could lead to unintentional consequence of creating a power imbalance for individuals with disabilities &/or elderly citizens & their facility (nursing homes/assisted living) or HCBS agency providers. The Arc of NE ED indicated that he was working with the Senator on amendment language to address this concern. Supporting LB1216 as written would have run contrary to the Council's endorsement of the Supported Decision Making (SDM) practice as an alternative to guardianship. The Council ED shared that the Council believes that court-appointed guardianship should be the last resort, & the use of SDM provides options for individuals with DD to have the best of both worlds. If SDM is used more often, it makes it possible to pay parents of adult children who are not legal guardians. The Council ED's LB1216 testimony also recognized that there are members of the disability advocacy community who have legitimate concerns with guardians being allowed to be paid HCBS providers. One of the largest concerns is the need for a mechanism to address a potential conflict of interest between the parent as the guardian & the entity employing them to provide services to their ward. The State would have to develop a way to respond to actual conflicts of interest when they arise. Monitoring of these guardianships would need to be strengthened, in addition to clarifying who will be responsible for monitoring these services. Due to the complexity of this subject, the Council recommended that a Legislative Resolution be introduced to study the issue & explore a solution &/or reach a compromise making it possible for guardians to be allowed to be paid HCBS independent providers. A bill that would eliminate the subminimum wage was another area where the DD community could not reach consensus. As a result, the Council provided a letter at the hearing in the neutral capacity, & the Senator who introduced LB834 referenced it. Below is information in the letter on the topic of SMW: "Options & opportunities for community-integrated employment (CIE) are limited. Some families, especially families with adult children receiving Home & Community Based (HCBS) day waiver services, feel HCBS habilitative workshops paying SMW provide their family member with a sense of community & belonging. Families worry that if providers cannot use 14(c) certificates, they will close their doors, leaving no other options, especially in rural communities. Some Council members & advocates feel strongly against 14(c) certificates. The National Association of Councils on Developmental Disabilities stands against SMW. The Transformation to Competitive Integrated Employment Act (S.3238) has been proposed in Congress to provide a stair step plan to transition people off SMW into CIE. To be clear, we are not saying close workshops. We simply cannot support discriminatory payment based on one's disability. The Council recommends: 1. Make NE an Employment First State. Employment First philosophy is that CIE is the first & preferred method of employment for PWD. Employment First & Olmstead Plan efforts can educate the public & businesses. NE is the only state without this initiative. https://apse.org/legislative-advocacy/employment-first/employment-first-map/ 2. A Legislative Resolution to pull together providers, DHHS, NE VR, legislative members, advocates, families, & individuals with DD to discuss balancing differing opinions with action steps to phase out SMW & strengthen CIE. LB834 has no plan to transition to minimum wage. Do not abruptly stop SMW. Families & individuals need reassurance & information on available options like community inclusion activities or an enclave setting to build skills before entering a CIE position. Not all individuals attending sheltered workshops will transition into CIE. Address their needs & transition options through person-centered planning & choice by asking what services are expected when SMW ends." [end of language in letter taking neutral position for LB834] Once again, LB 1179, a bill that would permit teachers or administrators to use "reasonable physical intervention" on students was introduced. This bill has been introduced in various forms over several years where it has caused a lot of intense debate. In 2020 & 2021 the bill was ultimately indefinitely postponed during floor debate. The Council ED Kristen Larsen testified against this bill in 2019 & 2021; in 2020, a letter of strong opposition was submitted for the public record & included concerns & provided info from national reports & research on the subject. The Senator who introduced this bill in 2022 resigned before the bill's public hearing, & fortunately there were not any Senators willing to pick up the bill, so it did not progress this session. Advocacy work is ongoing. Council staff continued to participate in multiple advisory committees and workgroups. Letters to the senators about the potential positive or negative impacts of proposed legislation on the DD population did have influence. Testimony by the Council ED also provided persuasive arguments for or against proposed bills.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).

The Council ED served on some workgroups that supported other Council funded projects, including a DHHS Person-Centered Planning workgroup and PCP Champions advocacy group that promoted and collaborated to help the Council PCP Training project succeed, and to set a foundation for PCP in Nebraska. As part of the 2022 DHHS Business Plan, DDD committed to developing training and supports for the use of the Charting the LifeCourse (CtLC) framework developed by the University of Missouri-Kansas City (UMKC) and the incorporation of CtLC principles and tools into the service planning process. CtLC was developed as a tool for person-centered planning by the Institute for Human Development at the UMKC, a University Center for Excellence (UCEDD). It was created in partnership with many different national and statewide stakeholders. Since its development, it has been used in more than 18 states as a framework for supporting person-centered planning and decision-making. After the Council funded PCP Training project ended, the Council ED was invited to join key DD Division leadership staff as a participant in the Charting the Lifecourse Community of Practice. Charting the LifeCourse is a framework that was developed to help individuals and families of all abilities and at any age or stage of life develop a vision for a good life, think about what they need to know and do, identify how to find or develop supports, and discover what it takes to live the lives they want to live. Individuals and families may focus on their current situation and stage of life but may also find it helpful to look ahead to start thinking about life experiences now that will help move them toward an inclusive, productive life in the future. The framework is designed to help any citizen think about their life, not just individuals known by the service system. The Council is pleased that the DD Division has committed to CtLC framework to bring system changes to HCBS services by making sure a person-centered approach is followed in the delivery of HCBS services. In December 2021 Nebraska joined a network of 18 stated committed to CtLC in a Community of Practice. In 2022 DDD worked with the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the University of Missouri at Kansas City, Institute of Human Development to develop a training curriculum for internal and external usage. Nebraska is a participant in the CoP for Supporting Families Across the LifeSpan from July 1, 2022, through June 30, 2023. The purpose and benefits of membership in the National Supporting Families Community of Practice, using the principles of the Charting the LifeCourse framework, is to support states to enhance and drive policy, practice, and system transformation to support the person within the context of their family and community. The CoP provides technical assistance, learning opportunities, and activities that support state teams to identify innovation areas and priorities for systems change that will anchor and enhance supports to families, develop implementation plans, and assist with specific strategies for success. UMKC and NASDDDS, partners who compose the National Project Team, will provide state specific technical assistance and consultation related to a "focus area" of the state's choosing, but with the steadfast commitment to key elements and innovations for supporting families. The National Project Team technical assistance may include coordinating, include investigating, analyzing, strategizing, and supporting the implementation of Supporting Families Across the LifeSpan, grounded in the Charting the LifeCourse framework. It is intended to assist states to build the capacity to apply supporting families principles for grassroots, organizational, and systems levels changes. Participation in the Community of Practice Full Membership provides state CoP teams with state specific technical assistance and support from the National CoP Project Team, and a learning community across and between states. Virtual and on-site technical assistance for each state, linking across states, national webinars/workgroups, a leader series, facilitator calls, branding kits, materials and tools, and an annual meeting and showcase compose the core CoP membership structure, outlined further in the membership benefits. State DD Councils must commit to an active partnership between the state I/DD agency and the State DD Council. Developmental Disabilities Councils are expected to be active in the work of the CoP through meeting attendance, participation on the state operating team, CoP individual and all-state CoP calls, annual attendance at the CoP meeting, and dedication of staff time to project activities, implementation, and outcomes. The statewide launch of the Charting the Lifecourse framework was held on March 9. This was followed by focus sessions with stakeholders and State staff on March 9 & 10. Meetings were held throughout February and March to identify opportunities to include CtLC in service coordination process. CtLC Service Coordination Training launched April 2022, with the goal to train 100% of state and contracted Service Coordinators by June 2022. DDD has identified CtLC tools to be incorporated into the service coordination process for all HCBS recipients. One tool, agreed to by participant and the Service Coordinator, is required to be completed before the participant's next annual meeting. By June 2023, all DD HCBS waiver participants will have at least one CtLC tool completed. By December 2023 all participants on the Aged and Disabled waiver will have one CtLC tool completed. The Council ED has been participating in the CtLC CoP technical assistance calls throughout FFY22.

5. Objective 2: Annually collaborate amongst the Nebraska DD Network Partners (Disability Rights Nebraska, the University of Nebraska Medical Center Munroe-Meyer Institute - University Center for Excellence in Developmental Disabilities Education, Research and Services [UCEDD], and the Nebraska Council on Developmental Disabilities) to advocate for positive systems change impacting the lives and health of individuals with I/DD by: 1. Conducting monthly planning meetings to discuss trends, concerns, and challenges with a goal of system changes and improvements for Nebraskans with I/DD. 2. Hosting training on a mutually selected emerging issue at the annual Nebraska DD Network Partners' Tri-Board Meeting. 3. Continue leveraging joint advocacy efforts to strengthen and improve the newly developed Nebraska Olmstead Plan. 4. Leveraging joint advocacy efforts to strengthen the Supported Decision Making Initiative.

3. This objective is:	System Change

4. This objective is:	Ongoing

5. This objective is:	

Fulfilling a Self-Advocacy DD Requirement	No
Targeted disparity	No
DD Network Collaboration	Yes

A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Implementation

7. Provide an overall description of this effort:	This objective meets the requirement of providing specific detail on how the Council will collaborate with the DD Network Partners (Disability Rights Nebraska [P&A] and Munroe-Meyer Institute [UCEDD]) to advocate for positive systems change impacting the lives and health of individuals with I/DD. This collaboration includes the following: 1. Conducting monthly planning meetings to discuss trends, concerns, and challenges with a goal of system changes and improvements for Nebraskans with I/DD. 2. Hosting training on a mutually selected emerging issue at the annual Nebraska DD Network Partners' Tri-Board Meeting. 3. Continue leveraging joint advocacy efforts to strengthen and improve the newly developed Nebraska Olmstead Plan. 4. Leveraging joint advocacy efforts to strengthen the Supported Decision-Making (SDM) Initiative. All four areas of collaboration were addressed throughout FFY2022. The DD Network Directors and staff collaboratively engage in a variety of advocacy efforts and communicate regularly on trends, concerns, and challenges in order to collaborate to bring systems change and improvements for Nebraskans with IDD. Continuing in 2022, these conversations centered on the State's response to the ongoing COVID-19 pandemic and how it was impacting Nebraskans with disabilities. Nebraska takes pride in the strong collaborative relationships within the DD Network, and we are committed to continuing this legacy. DD Network collaboration is essential to bringing systems change and improvements to Nebraska. After providing 42 years of outstanding service to Nebraska's DD Network, DRN CEO Eric Evans retired in early July 2022. Council ED Kristen Larsen was asked to serve as the only outside entity

	on the DRN new CEO search committee in December 2021. The committee guided a robust search, interview, & selection process through May 2022. Tania Diaz became the new CEO for DRN on July 5, 2022. She began her career as a law clerk on work-study through the University of Nebraska-Lincoln. After earning her law degree, she joined the organization as a staff attorney, a position that evolved into her role as Legal Services Director. These roles have provided her with extensive knowledge and experience working with state and federal partners and stakeholders to protect and advocate for the legal and human rights of people with disabilities. Tania believes it is imperative that the organization continue its engagement with values-based programs and principles; the philosophy provides the foundation for DRN as a progressive organization on the leading edge of disability rights. The Council ED and UCEDD Director have prioritized developing a strong relationship with Tania to continue effective DD Network teamwork. The DD Network partners also collaborated to support ACL funding to Expand Disabilities Network's Access to COVID 19 Vaccines. During FFY2022, The Council contracted with Nebraska's UCEDD to address vaccine hesitancy by providing outreach and education through digital media and social media campaigns to Direct Support Professionals, parents, and other care providers across the State. The Scope of Work on this contract included the following: - Collaborate with the Nebraska Association of Service Providers (NASP) to identify areas with low Direct Support Professional (DSP) vaccination rates and receive results of NASP's survey of DSP provider staff to learn reasons why unvaccinated staff have made that choice. Report data as qualitative information for project report. - Contract with OBI Creative to create and launch statewide digital social media awareness campaigns to address vaccine hesitancy. Utilize NASP-identified areas of low DSP vaccination rates and incorporate DSP survey results into targeted digital social media campaigns and educational materials. The digital social media campaigns: - Targeted DSPs, parents, and other caregivers, especially in regions of low vaccination across the state. - Referenced CDC and other evidence-based resources. - Provided information in culturally and linguistically appropriate language, as well as in plain language and/or infographics. - Included pointed efforts to dispel myths and misinformation about the COVID-19 vaccine. - Included stories from DSPs and other caregivers on their decision to become vaccinated after seeing the digital social media campaign. -

	Coordinated efforts between the COVID grant and the National Core Indicators Survey team to disseminate information in order to assist in compiling data and gathering family stories. - Collected and report data on the effectiveness of the digital social media awareness campaign. Disability Rights Nebraska also invested funding to support the digital and social media campaign efforts. Additional information on the Expanding Disabilities Network's Access to COVID-19 Vaccines will be provided to ACL in the separate report. In February 2022, each of the DD Network Partners submitted a letter of assurance to ACL to secure the Expanding the Public Health Workforce (PHWF) funding opportunity available through a federal interagency partnership between the CDC and ACL. The Council plans to provide funds to the UCEDD (beginning in FFY23) to support their Family Care Enhancement Project by developing an advanced training program for Parent Resource Coordinators/Community Health Workers (PRCs/CHWs, parent leaders who are parents of children with disabilities with specialized training) which aligns with the competencies for Community Health Workers in Nebraska. These PRC/CHWs can be integrated into clinics/agencies across the state to serve as a trusted source of information and provide direct support for individuals with disabilities and their families. The above-mentioned COVID 19 Vaccine Access and the PHWF collaborations have faced significant delays to navigate a complex set of agreements between the Council's DSA and the UCEDD's business office process. However, once the agreements were in place, each of the collaborators set to executing the work plan.

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
Minimum of 10 monthly DD Network Partner CEO meetings.	Yes
1 DD Network Tri-Board Training event (annually), with at least 25 people attending.	Yes
Minimum of 10 NASP and NCCD meetings attended annually.	Yes
DD Network Partners participate in at least three advisory boards or stakeholder group meetings throughout the year.	Yes

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used,

	how the activity was implemented, challenged to achieving the objective and unexpected benefits. (b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report)

Collaborative activities between the Council, UCEDD, and P&A (Disability Rights Nebraska) include monthly planning meetings with the Directors of each organization. With the continuation of the pandemic, these meetings continued in a monthly virtual format, resuming to in-person format in August. Welcoming Tania Diaz, the new CEO for DRN, has been a priority to continue fostering partnerships within the DD Network and allow for significant information sharing and joint collaboration activities. Continuing to navigate the ongoing pandemic was the topic of much discussion, and emails were shared often frequently with updates about the virus, exchanging resources for the developmental disability community, and advocating for the health and safety of the DD community. The DD Network often had conversations and touched base in between the monthly scheduled meetings throughout the pandemic. Developmental Disabilities Network Tri-Board meeting This year's Developmental Disabilities Network Tri-Board meeting was held on June 25, focusing again on Supported Decision-Making (SDM). National speaker and advocate Jonathan Martinis was the keynote speaker and attended the event. Members from the DD Network staff, and board/Council members participated. Martinis spoke on "Supported Decision-Making from Theory to Practice," and highlighted the multiple opportunities to practice SDM within the areas of education, employment, medical care, and adult services. Real life examples were discussed, including "student led" IEPs, "informed choice" in Vocational Rehabilitation and employment, Person Centered Planning for Medicaid and HCBS waivers, and using SDM within adult services offered at Centers for Independent Living Centers. In addition, examples of Power of Attorney (Medical and Financial) agent decision-making authority and medical advanced directives were explored. Other SDM opportunities such as the use of Social Security PASS plans or using ABLE financial accounts to promote fiscal support and more choices in education, housing, employment, health, transportation, and other life necessities were discussed. Participants reacted positively to the Tri-Board meeting subject content. To guide DD network participants with next steps, break-out groups were formed at the end of the day to discuss what are the issues and concerns with SDM that we need to address in Nebraska to move forward, and how can we address these in the future? Groups reconvened to report strategies that network partners can utilize as the SDM initiative continues in FFY23. Some of the concerns and recommendations included: - Starting with a data-informed benchmark and include specific measures that would indicate progress. - For DD Service Providers, the current system is not set up for effective or efficient implementation of SDM Providers are still working in a system that developed with a focus on rules, tracking data, and the availability of funding for each service provided. There was a concern about allotted funding and a hope that eventually there would be a provider funding rate for time spent with individuals to effectively provide SDM. - When implementing SDM, it's important to consider that each person has their own individualized, effective method of communication. If a person's method of communication is not considered, this could be a barrier to the benefits of using SDM to assist people with making decisions and living the life of their own choosing. The use of high tech and low-tech assistive technology with training on how to use AT has the potential to remove barriers and expand the methods of communication to ensure SDM. -

If the schools are a big driver of guardianship, then it is important to figure out how to get into schools to change this mindset. - Education of the Bar Association and the court system to alternatives to guardianship such as supported decision-making. It is too easy to appoint a guardian. -

In the course of presentations and interactions, keep an eye and ear out for judges or attorneys or people who work with them, who might champion and/or greater self-determination and bring them into the fold. - Emphasize training self-advocates in addition to parents, family members, caregivers. - Educate and acknowledge/appreciate current guardians for what they are already doing that enhances self-determination and provide support for them to build on that. -

Humans like binaries. Build on the current cultural desire for freedom by emphasizing supported decision making's potential for contributing to greater freedom and self-determination which can reduce reliance on system/government intervention. (Freedom and self-determination vs restrictions & government) - Reach out to paralegal organizations to provide information and presentations. Supported Decision Making Initiative As a result of the 2021 Tri-Board meeting, during FFY 2022 the Developmental Disabilities Network Partners (Disability Rights, the DD Council and the UCEDD at Munroe Meyer/UNMC) began planning and implementation activities with the goal of establishing SDM as an alternative to guardianship and conservatorship in Nebraska. Disability Rights Nebraska initiated a full scale Supported Decision Making(SDM) Initiative. In October 202 they contracted with Jonathan Martinis, from Syracuse University, to serve as their primary expert and consultant to help implement the SDM initiative. Prior to the beginning of FFY22, DRN established a Steering Committee consisting of 12 organizations who have expressed interest in creating SDM as an alternative to guardianship in Nebraska. The Council Executive Director and UCEDD Director serve on the Steering Committee, which met throughout FFY2022. DRN also established a larger group, the SDM Task Force, to assist with the actual implementation of the activities that are developed through the initiative. The Task Force consists of approximately 26 members (including those serving on the Steering Committee) which began meeting on a quarterly basis starting in December 2021. DRN, with assistance from J. Martinis, developed SDM brochures as well as informational briefs that were printed and distributed, and posted on the Munroe-Meyer Institute UCEDD website. DRN continued educational outreach and presentations throughout FFY2022, including presenting at the following: NE Dept. of Education Office of Special Education Transition Conference, the Nebraska Youth Leadership Council Conference, NE Dept. of Education Administrator Days, NE Brain Injury Alliance Annual Conference, and NE Association of Community Professionals (ACP) fall Conference. Staff trainings were also provided to Nebraska VR staff and all DD Division Service Coordinators. The National Council on Independent Living has expressed a strong interest in Nebraska's SDM initiative. DRN submitted a grant proposal in July to the Council for support of Supported Decision-Making in Nebraska. Activities identified are convening a statewide SDM Summit; creating a series of educational videos explaining SDM; creating a cadre of individuals/families who use SDM to act as "ambassadors"; working with schools to establish "model" programs using SDM; and establishing an online clearinghouse to provide resources and materials for individuals/families considering SDM or developing SDM agreements. The Council approved the proposal, and the project will begin October 1, 2022. Olmstead Plan Since 2019, A key collaborative of the DD Network Partners & disability advocates has been the legislative achievement in focused on developing a comprehensive NE Olmstead Plan. Please see #13 & #14 for information on this collaboration. DD Network Partners are members of the Nebraska Consortium for Citizens with Disabilities (NCCD). This is a cross-disability coalition of organizations committed to advancing the rights of people with disabilities & statewide policies that affect them. NCCD & its 15 member organizations monitor &respond to legislation & policies pertinent to Nebraskans with disabilities & provide a resource for the Unicameral to call upon when developing legislation. Throughout 2022, the Council ED attended the monthly NCCD virtual meetings where the DD Network Partners stressed the importance of NCCD members being engaged in the stakeholder process & with information sharing to citizens w/disabilities throughout the pandemic. NCCD members were encouraged to view the pandemic & the response through the lens of the ADA and Olmstead, especially as NE entered the second year of the new Olmstead Plan implementation. NCCD members used social media, virtual meetings, & email blasts to keep stakeholders updated on the state's response to the pandemic, especially vaccine efforts. In 2022, NCCD decided to postpone hosting an annual in-person Common Grounds event with State Senators & staff members because of the ongoing pandemic. Detailed information regarding NCDD efforts to address accommodations for people w/disabilities to testify during the Legislative hearings is covered in the Measures of Collaboration section of this PPR. DD Network Partners also belong to the NE Association of Service Providers, (NASP), the statewide membership association of community organizations that provide supports to people with disabilities, as Related Industry Partners. DD Network representatives attended the monthly NASP meetings in throughout FFY22. The UCEDD contracted with NASP to help coordinate an outreach plan to support grant work with the DD Network's collaboration using Expanding COVID-19 Vaccine Access funds. The UCEDD Project Manager attended NASP meetings to discuss the grant effort to promote support for vaccination among DSP staff. Strategies to promote vaccination were explored. NASP also sponsored a drawing, involving DSPs who had been vaccinated, for cash prizes. NASP provided info to help the UCEDD's digital outreach campaign reach DSPs across the state.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
Tri-Board Training leads to additional DD Network collaboration on potential project, legislative action, or outreach. It also strengthens DD Network relationships.	Yes
Serve as cross-agency representatives on advisory boards or stakeholder groups facilitated by DD Network Partners throughout the year. Cross agency representation within DD Network role models and facilitates collaboration between three entities.	Yes
Collaborate on system changes, trends, concerns, and challenges.	Yes
Improved systems within the State of Nebraska in relation to people with I/DD and their families.	Yes

Provide input/feedback on DD Network Partner annual goals and objectives.	Yes

13. Progress towards achieving outcomes for overall objective:	

Olmstead Plan: In Dec. 2019, the NE DHHS submitted NE's initial Olmstead Plan (the Plan) to the Legislature as directed by LB570. NE's Olmstead Plan is intended to provide a structure that ensures that the state's laws, regulations, & future planning are consistent with the principles of the 1999 Supreme Court Olmstead decision. The Plan is intended to be an evolving document, refined as implementation proceeds in order to reflect changes in the needs & desires of Nebraskans with disabilities, as well as shifts in the resources & supports available to assist individuals to live as integrated members of their communities. The Plan's vision, core values, guiding principles, & goals were expected to remain constant over time, whereas strategies, programs, activities, policies, & indicators of progress were expected be updated to reflect changes in law or regulation, new opportunities, & new challenges. NE structured the Plan around the following over-arching Olmstead goals: 1. Increasing access to community-based long-term services & supports. 2. Expanding access to affordable, accessible housing with supports. 3. Diverting avoidable admissions to, reducing lengths of stay in, & facilitating transitions from segregated settings. 4. Promoting community-integrated education & employment of people with disabilities. 5. Investing in accessible transportation for individuals with disabilities. 6. Using data to inform decisions & to promote quality improvement. 7. Investing in human resources. The goals, strategies, & outcome measures within the Plan were intended to incrementally address existing system challenges to community integration, considering NE's finite resources, with a sincere hope for better services & programs moving forward. LB570 required DHHS to engage an independent consultant to assist with the analysis of Plan implementation. The Technical Assistance Collaborative, Inc. (TAC) had been under contract with DHHS since 2018 to assist the state in development of its Olmstead Plan & was selected to perform an evaluation of Plan implementation. DHHS extended its contract with TAC to: -Evaluate progress & determine compliance with benchmarks & timeframes in the Plan. - Assess the need for recommended revisions to the Plan. - Discuss progress & proposed Plan revisions with the Steering Group & the Olmstead Advisory Committee. DHHS staff & TAC consultants assumed responsibility for the initial Olmstead Advisory Committee (OAC) meetings, developing the meeting agendas & facilitating the discussions. Meetings consisted mainly of presentations to Committee members with little engagement or dialogue. In May 2021, however, DHHS facilitated the election of Committee co-chairs, who assumed responsibility for helping to develop agendas facilitating meetings. DHHS also agreed to procedural adjustments, recommended by Committee members, which have reduced time spent on administrative functions such as using technology to capture attendance, & allowed more time for discussion of issues relevant to implementation of the Plan. The co-chairs include Kathy Hoell, retired ED from NESILC, who also has a traumatic brain injury & belongs to ADAPT NE. Mark Smith is the other co-chair & works at the UCEDD as an Assistant Professor & as the UCEDD Program Training Coordinator. In Dec. 2021, DHHS submitted a report written by TAC on progress with Plan implementation covering the months of June 2020 to Dec. 2021. TAC gathered information from various sources to assess the state's progress on Plan implementation: - Quarterly progress updates from DHHS division & sister agency staff on measures & outcomes in each goal area of the Plan, including qualitative & quantitative data when available to support progress. - Information on the status of goals & strategies gathered during meetings of the Olmstead Steering Group; the Olmstead

Advisory Committee; & the Data, Housing, & Employment & Education workgroups. - Themes from key informant interviews conducted in July & Aug. 2021 with stakeholders involved in implementation of the Plan - Themes from focus groups with stakeholders conducted in Sept. & Oct. 2021 - Virtual meetings with project management staff to further understand progress made as well as challenges that DHHS has encountered in operationalizing the identified activities & tasks TAC also identified challenges & limitations for assessing progress within each goal. Prioritized issues include: - TAC's assessment, reinforced by consistent stakeholder feedback, is that there has been little progress made in increasing access to safe, affordable, accessible housing for individuals with disabilities. In fact, some existing affordable housing units for individuals with disabilities were lost due to flooding in Sarpy County. Based on TAC's experience, the lack of adequate housing options contributes to individuals with disabilities experiencing extended stays in institutions & congregate care settings when they could live successfully in community-integrated settings. - Many of the plan strategies focused on processes & procedures that were not connected to a measurable outcome. An Olmstead Plan is intended to serve as systems change document that focuses on reducing reliance on institutions & other settings that separate individuals with disabilities from full inclusion in their communities, & on expanding access to integrated settings, services & supports. DHHS & its sister agency staff reported completion of most strategies identified in the Plan. TAC is unable to determine, however, whether completion of those strategies impacted the ability of individuals with disabilities to live & enjoy life as integrated members of the community. - A consistent limitation involved the lack of outcome-oriented, data-informed measures. During the focus groups, stakeholders consistently shared their impressions that implementation of the Plan to date has had limited impact for individuals with disabilities & has not significantly affected their ability to receive services in the most appropriate settings that meet their needs & honor their choices. Without such data, TAC is unable to assess the impact of plan strategies on achieving progress within goal areas. Including more rigorous strategies with measurable outcomes & targets for progress is necessary to change future conversations about Plan implementation from a subjective assessment to a data-driven evaluation. Future Plan Recommendations The Olmstead Plan itself is not an outcome. Rather, the Plan is part of a continuous cycle. DHHS has the opportunity to build on lessons learned from this initial Plan effort, TAC's assessment, & stakeholder feedback to create the next iteration of the Plan. TAC offered the following over-arching recommendations. 1. All state agencies should move beyond process measures & identify strategies aligned with data-informed outcome measures. 2. DHHS should seek overt support from the Governor's office. An order or proclamation in support of Olmstead can go a long way in gaining meaningful participation from all agencies needed to enhance the state's Olmstead Plan. 3. DHHS should continually educate & work collaboratively with the state legislature. Meetings with legislative champions & with the Human Services Committee could provide opportunities to garner support for, & to work together on, Olmstead-related issues such as direct care workforce pay, waiver waiting lists, & housing instability as a social determinant of health. Other Steering Group members could be engaged to meet regularly with the Housing Committee, the Transportation Committee, the Labor Committee, & the Education Committee. 4. DHHS should highlight the commitment the agency has made to Olmstead in downsizing institutional beds & terminating funding for services in segregated settings, repurposing those resources to support community-integrated opportunities. 5. Olmstead should be the lens through DHHS & all agencies view their efforts to serve & support Nebraskans with disabilities. NE state agencies, led by DHHS & guided by the Olmstead Steering Group, have made progress with numerous strategies identified in the Plan. These processes & procedures may have been necessary to open doors & create opportunities to move forward with more outcome-oriented efforts. The next Plan iteration must build on these opportunities. Representatives from the Council, DRN (P&A), & the UCEDD serve on the Olmstead Advisory Committee, & the UCEDD Director serves on the Olmstead

Steering Group (OSC). The OAC Council ED & other UCEDD designee members also serve as appointed advocates on the OSC. Collectively the DD Network Olmstead Plan representatives advocate & push DHHS & the other Steering Committee members to strengthen the evolving Plan by capturing data to inform the development of measurable goals & benchmarks, identify priority populations currently facing or at risk of unnecessary segregation, & quantify the level of unmet need so that meaningful targets for improvement can be established. DRN has continued to raise valid concerns regarding the lack of commitment by the State to develop a plan based on data collected showing the existing need for community integration, i.e., how many people does Olmstead impact (the number of individuals), who are the people that Olmstead impacts (i.e., their disability, age, sex, & race/ethnicity), where are they living (location & type of facility), what services & supports would they need in order to live independently in community-based settings & what are the measurable steps the state needs to take & what resources does the state need to commit to implement the plan. The DD Network influence continues to be critical, especially since TAC elected to not renew their contract with DHHS in 2022 to provide additional guidance & oversight with the evolving plan.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).

Other Challenges related to NE's Olmstead Plan The impact of the COVID-19 pandemic on the Olmstead Plan implementation is & has been significant. The timing of the release of the Olmstead Plan, shortly before the pandemic began, created inherent challenges for implementation. Government operations & health care services delivery pivoted to responding to the virus. State staff redirected their attention to addressing the emerging crises related to the pandemic & were often unable to focus on strategies to achieve Plan goals or progress on measures & outcomes. Though response to the pandemic was essential, guidance issued in June 2020 by the federal Centers for Medicare & Medicaid Services (CMS) advised states of their ongoing responsibility "for compliance with the integration mandate of Title II of the [Americans with Disabilities Act] & the 1999 Olmstead v. L.C. decision to avoid subjecting persons with disabilities to unjustified institutionalization or segregation." In recognition of the fact that DHHS could not implement a comprehensive, cross-disability Plan alone, LB570 appointed an expanded group of state agencies to an Olmstead Steering Group that would assist with Plan development & implementation, as well as a broad-based stakeholder Advisory Committee. In September 2020, DHHS staff reconvened the Olmstead Steering Group & the Advisory Committee. Steering Group meetings are intended for agency leads to report on the status of Plan strategies, objectives, & outcomes & to continue their engagement & participation in the Olmstead Plan implementation process. While the agencies designated in LB570 have participated in these meetings, attendance & the level of contribution to the Plan has varied. TAC's assessment is that some members of the Steering Group view the Olmstead Plan as DHHS' responsibility & do not recognize the importance of their own roles in successful implementation of the Plan. After its release of the Plan, DHHS received feedback that the goals within the Plan were on target but also that its strategies, outcomes, & measures needed to be more specific, measurable, actionable, timely, & data-driven. With the support of the Advisory Committee, DHHS embarked on a process to put the existing Plan into a SMART (Specific, Measurable, Achievable, Relevant & Time-bound) goal format. Revising the Plan to align with SMART goals required a greater commitment of time & collaboration than anticipated by members of the Steering Group & Advisory Committee. DHHS established three workgroups & added participants, including subject matter experts, in an effort to focus on targeted goal areas. The Employment & Education workgroup & the Housing workgroup were formed to promote cross-system collaboration, while the Data workgroup was formed to promote DHHS cross division collaboration. All three groups have been meeting regularly since April 2021 & throughout FFY2022 with administrative support provided by the department. At the request of Advisory Committee members, a fourth workgroup focused on Transportation began meeting in November 2021. In May 2021, DHHS facilitated the election of Committee co-chairs, who assumed responsibility for helping to develop agendas facilitating meetings. DHHS also agreed to procedural adjustments, recommended by Committee members, which have reduced time spent on administrative functions such as using technology to capture attendance, & allowed more time for discussion of issues relevant to implementation of the Plan. NE's initial Olmstead Plan is heavily focused on creating the administrative structure & processes necessary to move forward with promoting community inclusion. TAC's analysis of the Plan's outcomes & measures determined that more than 50 percent (50 of 97) of Plan strategies were process-oriented, meaning that the strategies resulted in processes or procedures rather than outcomes or measurable results. Many of these strategies lacked the data needed to construct an outcome measure. In developing the initial Olmstead Plan, DHHS & sister agency staff were unable to propose outcome measures due to a lack of data, specifically the inability to provide "baseline" data that indicated the status of services or expenditures prior to the development of the Plan, & valid & reliable "outcome" data that would reflect the status of services or expenditures as a result of Plan implementation. Absent such data, staff were more comfortable identifying process measures for the initial Plan. Moving forward, DHHS staff has determined that using a "SMART" goal format will be more effective in measuring progress towards achieving the goals identified in the Plan. SMART goals are: - Specific (simple, sensible, significant) - Measurable (meaningful, motivating) - Achievable (agreed, attainable) - Relevant (reasonable, realistic & resourced, results-based) - Time bound (time-based, time limited, time/cost limited, timely, time-sensitive) Using the SMART goal format, DHHS intends not only to ascertain that each strategy is implemented, but also to determine the degree to which implementing the strategy increases community-based services & supports for individuals with disabilities. TAC concurs that moving to the SMART goal format will support a data-driven, measurable approach to the Olmstead Plan. Throughout 2022, DHHS divisions & sister agencies on the Steering Committee continue to work with the Olmstead Plan work groups & the Olmstead Advisory Committee to adjust the current goals & strategies that will follow the SMART format. The revised strategies & updates to the Olmstead Plan will be released in early 2023. DRN and the MMI's UCEDD shared other updates about their work at quarterly Council meetings. Some of these updates are noted below. DRN provided updates related to their efforts to monitor settings where people with disabilities are segregated, isolated, and congregated. DRN continued conducting remote monitoring calls and review event and investigation reports from BSDC. The focus of the remote monitoring was on the facility's response to COVID 19 testing, vaccination access, staff/resident vaccination rates, family visitation policies, and pandemic related staffing challenges. In addition, DRN continued to monitor Assisted Living Facilities and other congregate living settings for people with disabilities for the same purposes. Unfortunately, DRN uncovered disturbingly low vaccination numbers of some ALF staff. DRN released a new report, "Second Class During the Pandemic: How Nebraska Discriminated Against People with Disabilities" in December 2021. They sent a copy to every state senator and to stakeholders within the disability advocacy community. The report, following up on our November 2020 report, described how monitoring continues to reveal gaps in how Nebraskans with disabilities are treated, and prescribed three remedial areas for legislation or regulation that DRN believes will provide significant protection in any future pandemics or disasters. DRN staff continued their advocacy to ensure the state's vaccination plan would reach people with disabilities living in congregate facilities as well as those living independently but without the ability

to travel to a vaccination clinic. However, vaccination plans were shifted to the local health department level so rather than continuing their work with the state, DRN had to realign their investigation to survey all 23 public health departments across the state. They reviewed each department's website and phoned each department to inquire about in-home vaccinations. DRN learned that less than half of the departments had a clear policy of bringing vaccinations to people's homes, and five agencies actually were clear in refusing to offer that service. After the survey, DRN wrote to each public health department with an individually tailored letter, either praising their accommodation or requesting they re-evaluate their program and offer in-home vaccinations. Good news resulted-all but 3 very small rural departments agreed to expand their vaccination program at our urging, meaning 90% of Nebraskans live in a county with in-home vaccinations. The UCEDD Director reported that their five-year proposal for funding was submitted April 25, and awarded starting July 1, 2022 through June 30, 2027. He noted that the UCEDD goals and objectives for next five years include continued emphasis on expanding all MMI services across Nebraska and across lifespan as well as mentoring and training of advocates with developmental disabilities to facilitate inclusion in MMI in all areas of our mission (training, research, service, information dissemination) and in advocacy efforts across Nebraska and regionally. Nebraska's DHHS contracts with the UCEDD to conduct the National Core Indicators surveys. The UCEDD Director reported that the 2020-21 NCI survey results have been released, & directed Council members to the national NCI data website to see how NE compares to other states. Rachel Ray, the NCI Project Manager at the UCEDD, presented this data at our Tri-Board meeting on June 24th. The NE NCI team has been recognized by the Human Research Services Institute and the National Association of State Developmental Disabilities Directors for our diversity, equity, and inclusion efforts, and Rachel Ray has been asked to join both agencies national training efforts. In collaboration with DHHS Developmental Disabilities Division, the UCEDD is finalizing the NCI data dashboard. The dashboard will allow for a visual representation of the NCI, NCI-AD, and Staff Stability surveys, with plans to launch the dashboard in late 2022. Additional UCEDD updates included information about their Project Search Program, the UCEDD's college-based transition services, and their plans on using ACL Public Healthcare Workforce funding.

6. Objective 3: Annually strengthen the statewide advocacy cross-disability organization, People First of Nebraska, to increase self-advocate leadership development and participation through training by self-advocates so they can participate in cross-disability, culturally diverse organizations. 1. Strengthen support for an increased number of self-advocates through leadership development and coalition participation by expanding efforts statewide to reach, educate, and engage younger self-advocates and their families in the self-determination movement. 2. Increase opportunities for self-advocates who are leaders to train other self-advocates to become leaders and increase opportunities for participation in cross-disability, culturally diverse organizations.

3. This objective is:	Individual & Family Advocacy

4. This objective is:	Ongoing

5. This objective is:	
Fulfilling a Self-Advocacy DD Requirement	Yes
Targeted disparity	No
DD Network Collaboration	No

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A demonstration project of New Approaches to Services and Supports	No

A demonstration of projects or activities	No

6. Stage of Implementation:	Implementation

7. Provide an overall description of this effort:	-PFN collaborated with other self-advocacy organizations in the Heartland Self Advocate Regional Network that co-sponsored and attended at least one regional activity or event. This objective was set to be completed in 2023. Two PFN members and two additional self-advocates will serve as PFN Disability Policy Specialists during the Nebraska legislative sessions. This is the important time for voices to be heard and information to be learned. People First of Nebraska held a minimum of three collaborative events and/or activities with the Nebraska Youth Leadership Council. They also sponsored a three-day statewide convention. These conventions are known for all the great information shared, inclusive activities, meaningful trainings, collaborations for networking, and a sense of knowing that important issues can be discussed and worked on to be resolved. PFN and the handful of amazing people worked together to brainstorm and plan the Disability Pride Event that took place in July. They looked back and went over what was done in the previous years, mainly what was worked well and what had caused problems. The location, the space of that location, accessible parking for everyone, presentations, inclusive activities, food and drinks and many other topics were discussed. The 2022 event was very successful in many ways and the Disability Pride event project team was able to have discussions on what needs to improve for the 2023 event. Parking was the main barrier that came up, and that has already been discussed for any ways to problem solve. This project team had hoped to expand on their team members to keep up with the discussed improvements that are needed and also to keep up with this amazingly inclusive event that continues to grow!

Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved

PFN will coordinate and host one leadership convention.	Yes
PFN Disability Policy Specialists will research proposed legislation and prepare testimony, letters of support/opposition, and other materials to educate and inform senators on the impact of the proposed legislation on people with disabilities.	Yes
PFN leadership will participate in regional and national conferences.	Yes

10. The report should include the following:	(a) A narrative progress that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenged to achieving the objective and unexpected benefits. (b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative. (d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report)

-People First of Nebraska has maintained their leadership position in Nebraska as an effective partner in collaborations. They took the lead in planning for the 2022 Disability Pride Day event that took place in July. The Nebraska Association of Service Providers (NASP) was contacted and PFN participated in their Executive Committee meeting that was held in March. They discussed ways in which self-advocates and direct service providers can participate side-by-side in training activities and other activities. The NASP Executive Director and the Outreach Director from the Hands of Heartland and PFN met yet again in the fall and continued those important discussions. PFN members participated in and lead the Person Centered Planning training provided across the state. PFN coordinators and advisors continued to meet with and provided technical support to the Nebraska Youth Leadership Council. The PFN Board voted to create a voting seat on the Board for a National Youth Leadership Council (NYLC) member, that began in April. The Disability Policy Specialists were supported 100% from matching funds and in-kind support from the Nebraska LEND program. They supported the Specialist's contract payments as well as the supervision and mentoring provided by Mary Angus, LEND Self-Advocate Faculty, and Brad Meurrens, Policy Specialist for Disability Rights Nebraska. Development and planning of the Disability Pride event was supported by NDDC through the hours paid to the PFN coordinators, but as stated earlier, future events will require more support from collaborating agencies. Disability Pride has a separate account with PFN that includes sponsorship funds. They were in many discussions with the collaborators as a whole about making Disability Pride it's own stand-alone organization with the focus of public awareness activities beyond the annual Disability Pride event. As of this year, the Disability Pride event has had somewhat sufficient funding to pay for food, supplies, entertainment, but this even continues to grow each year. PFN also continued to collaborate with the Nebraska Association of Service Providers (NASP), Hands of Heartland and the UCEDD to develop a pre-convention training event at the PFN convention that was held in October. This training was marketed to self-advocates and direct service providers in the Kearney area but can be offered elsewhere in the state. Attendees participated in side-by-side training activities that focus on the civil rights of people with disabilities and how to best support self-determination and independent living. They had a great amount of people registered, split between professional and self-advocates, and from across the state. This was a very encouraging response for them and they had a successful 44th Annual Conference for the year. They had invited four self-advocates from the Self-Advocate Coalition of Kansas to be the keynote speakers and lead a breakout session. PFN had 16 breakout sessions planned, all presented at least in part by people with disabilities. Also planned was a pre-convention training seminar that will included direct support providers and people with disabilities interacting and learning with each other. The success from the Disability Pride event that was held in July, led to conversations with some of their partners about creating training experiences for disability professionals and self-advocates to participate in this together as equals. This resulted in a pre-PFN convention training seminar that focused on promoted the civil rights of people with disabilities and presenting information and resources on how people with disabilities can be better supported to live independent lives. This collaboration included Hands of Heartland, the Nebraska Association of Service Providers, The Assistive Technology Network, and Disability Rights Nebraska. 100% of survey responders said that after the training they were better able to say what is important to them and that they know more about the topics presented. 98%said they felt more connected to people like themselves and that they learned more about resources and supports. 99% said they felt the speakers were knowledgeable and 100% were satisfied with the space presenters created for participants to share their stories and comments. In addition, PFN had hosted two focus groups at the annual convention to assist the Nebraska UCEDD to develop a self-advocate mentoring program with the Nebraska LEND programs and develop a Disability Studies program. They provided their opinions and experiences to help develop programs that are focused on needs and what people with disabilities want for supports to look like. People First of Nebraska has continued to be involved in these projects as they are developed.

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
A minimum of 65 attendees at the PFN convention will hear a keynote presentation and attend breakout sessions on how to practice and improve their self-advocacy and self-determination skills.	Yes
Self-advocates will play major role in conference planning and breakout session presentations.	Yes
A minimum of two self-advocates will be hired and trained to be Disability Policy Specialists.	Yes

Leaders who attend regional and national conferences will increase their knowledge and advocacy skills.	Yes

13. Progress towards achieving outcomes for overall objective:	

-The People First of NE website was updated In January and February and added new stories about the convention and new officers that were elected, as well as adding and updating links to news stories and videos about leadership and advocacy nationally and in Nebraska. The PFN Coordinator also met with the Director of the University Center on Excellence in Developmental Disabilities (UCEDD) and discussed how PFN and the UCEDD could develop and mentor more self-advocates to serve on advisory boards and be integrally involved in the development, implementation, and evaluation of projects and programs at the Munroe-Meyer Institute and the broader community. The UCEDD Director was currently writing their 5-year grant with the Administration on Community Living. ACL's expectation was that the roles of self-advocates in the administration and operations of the UCEDD will expand into all aspects of the program. The three PFN coordinators planned for more outreach in Western Nebraska. They were in contact with many community-based non-profits in the area to develop relationships and again was searching for an advisor in the Scottsbluff area. The Western Nebraska Coordinator had been holding weekly meetings with the self-advocates in the western part of the state. PFN continued to work with the Heartland Regional Self Advocacy Resource Network planning committee and developed the 2023 SOAR conference in Topeka, Kansas. The project team had surveyed self-advocates in the region to determine their training needs and interests as they continued to create virtual workshop sessions to develop leadership and advocacy skills. PFN coordinators and advisors continued to meet with and provided technical support for the Nebraska Youth Leadership Council (NYLC). A member of NYLC and the coordinator presented a breakout session on Advocacy for Young Adults at their annual convention. The PFN Officers recommended to the Board that a non-voting seat on the Board be created for a NYLC member. NYLC again participated with PFN at the 2022 Disability Pride event. They kept their commitments from NASP and Hands of Heartland and continued their collaboration and shared financial support for continuing the Growing Independence training with ideas to offer this training to service providers and self-advocates in other parts of the state throughout this next year. The UCEDD and LEND programs at MMI were also interested in supporting this training activity. In addition, this training would also become a regional activity through the connections with the Heartland Regional Self Advocate Resource Network. Finally, PFN have submitted a presentation proposal to use the Kahhot quiz on Civil Rights at the SOAR and/or SACK conferences for next year in 2023. NDDC funds are needed to continue the support of the hours for planning and preparation in which the PFN coordinators take lead. As well as the hours spent supporting other activities of PFN and to support the travel of the PFN Board to quarterly meetings, which are often scheduled at the same time as events such as Disability Pride, to increase the number of people with disabilities at these events. People First of Nebraska were highly satisfied with the outcomes of these programs and activities. They promoted the profile of PFN and ensured that people with disabilities are involved in all levels of policy making and program development. Many have realized that Disability Pride has grown to a level that requires more workers to be successful at that larger scale. Also needed, is better promotion of this very positive event that includes all types of media and to prepare more people with disabilities to serve as media spokespersons. PFN did struggle with how to collect participant satisfaction data from these festival-type events. They have spoken with staff on NCDD and brainstormed some ideas that will be tested out at next year's event, including giving out raffle tickets to those who complete a satisfaction form and having drawings every 15 minutes or so to encourage more people to fill out surveys. Survey responses from the Growing Independence Pre-Convention Seminar were overwhelmingly positive.

14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).

For the legislative year, people with disabilities worked as Disability Policy Specialists at the State Capitol and in Washington DC.   People First of NE members and other people with disabilities were paid to get trained and mentored to become effective disability policy advocates. Specialists learned the following: - How to analyze laws and legislation -   Understanding the Legislative process - How to develop relationships with lawmakers -   How to collaborate with other organizations with shared interests -   How to prepare and deliver testimony - How to mentor others with disabilities to advocate for themselves The success of this program lies in the strong partnerships between several disability organizations in Nebraska. People First of Nebraska provided financial support for 2 Disability Policy Specialists from the ranks of their membership, including mileage. This funding was made possible through a grant from the Nebraska Council on Developmental Disabilities (NCDD). People First of Nebraska also selects priority legislation for the legislative session. Nebraska LEND provides FTE of their Training Director and Self-Advocate Faculty to coordinate the program and supervise the trainees. A sub-contract with Disability Rights Nebraska provided supervision and funding for 2 additional Disability Policy Specialists, both of whom were college students with disabilities. Additional mentoring was provided by the Executive Directors of The Arc of Nebraska and the Nebraska Statewide Independent Living Council (ILC's). These agencies also provided in-kind office space for the trainees. People First of NE is the host for Disability Advocacy Day that is held in February every year at the Nebraska State Capitol in Lincoln. Participants heard a briefing on current legislation that impacted people with disabilities. They also visited the State Senators and their staff to let them know about their lives, their dreams, and the supports they needed to be successful in the community. There were many discussions about legislation including funding for community supports, voter ID laws, opposition to the use of restraints and seclusion in the schools. PFN begins recruiting for the next year's Disability Policy Specialists every fall. Work started in December, before the legislative session began. Any person with a disability is qualified to apply. The leadership in this statewide collaborative event has promoted the profile of People First of NE to other agencies and groups that were not familiar with this organization and expanded the PFN's network and contact list of other disability organizations, agencies, and advocates. During and after the Disability Pride event, they were contacted by several organizations who were not aware of PFN who pledged their participation for future Disability Pride events. PFN has recruited a self-advocate to serve as a Disability Policy Specialist during the 2022 legislative session. She is Adriana David, a young African American woman with spina bifida who recently graduated from the University of Omaha in Journalism. She is interested in participating in disability policy advocacy and developing educational materials on advocacy for social media. Disability Rights Nebraska is currently recruiting two self-advocates with plans to have them work through the spring and summer to review and analyze legislation. Adriana David, the current disability Policy Specialist, began activities with learning how to access topics, find senators, and locate legislation on Nebraskalegislature.com. She began analyzing policies and legislation under the supervision of Mary Angus. Of special interest to her was LR3CA (photo identification requirement at the polls to vote). Adriana attended the PFN January Board meeting and met with self-advocates at the Munroe-Meyer Institute who have helped to mentor her DPS experience. Adriana developed a letter of impact for all the housing bills (LB940, LB968, LB1033, LB1041, LB1070, LB1142, and LB1252). She completed an online Person-Centered Planning training and is in the process of developing a mock "How to call your Senator" video for self-advocates and families. She attended the PFN April Board meeting in person in Columbus, where she provided a legislative update to the Board. She continued to meet with self-advocates at the Munroe-Meyer Institute who continue to mentor her DPS experience. Adriana was also involved in the planning of Disability Pride event and the pre-conference training with NASP. Adriana has also worked with the DPS at Disability Rights Nebraska to educate elected officials on the Olmstead plan, how the lack of accessible housing affects people with disabilities, and the need for supports for families (LR 368) and participates in the Nebraska Disability Advocates' Education Series. The Disability Rights Nebraska (DRN) - Disability Policy Specialists also worked through June to complete projects and products. Brooke Anderson and Sophia Kazmerski participated virtually in the Disability Policy Seminar and the National Disability Rights Network conference. Sophia, who is autistic, also participated in the National Council on Disability's quarterly meeting and the Autism Action Partnership conference. The DRN Specialists focused much of their time on Emergency Management policies for people with disabilities. They analyzed current federal and state legislation (LB1104) participated in a Nebraska Emergency Management Agency (NEMA) workgroup to develop a strategic plan for the state. Mary Angus (LEND) and Brad Meurrens (DRN) met with the Specialists weekly for training, debriefs, and mentoring. This team developed a presentation on the need for emergency/disaster planning to be inclusive. They also developed a poster summary of the information.

Section IV: B

Individual & Family Advocacy Performance Measures

Race and Ethnicity

Race/Ethnicity	#	%
White alone	0	0%
Black or African American alone	0	0%
American Indian and Alaska Native alone	0	0%
Hispanic/Latino	0	0%
Asian alone	0	0%
Native Hawaiian & Other Pacific Islander alone	0	0%
Two or more races and Race unknown	0	0%
Gender	#	%
Male	0	0%
Female	0	0%
Other	0	0%
Category	#	%
Individual with DD	0	0%
Family Member	0	0%
Geographical	#	%
Urban	0	0%

Rural	0	0%

I. Output Measures

Objective	Performance Measure: IFA 1.1 People with DD who participated in activities	Performance Measure: IFA 1.2 Family members
Annually, the DD Network and Nebraska DD Network Partners will support individuals with intellectual and developmental disabilities (I/DD) to increase their leadership and participation in policymaking through active participation in statewide advisory committees, cross-disability workgroups, public policy advocacy, and cross-system dialogue.	-1	-1
Annually collaborate amongst the Nebraska DD Network Partners (Disability Rights Nebraska, the University of Nebraska Medical Center Munroe-Meyer Institute - University Center for Excellence in Developmental Disabilities Education, Research and Services [UCEDD], and the Nebraska Council on Developmental Disabilities) to advocate for positive systems change impacting the lives and health of individuals with I/DD by: 1. Conducting monthly planning meetings to discuss trends, concerns, and challenges with a goal of system changes and improvements for Nebraskans with I/DD. 2. Hosting training on a mutually selected emerging issue at the annual Nebraska DD Network Partners' Tri-Board Meeting. 3. Continue leveraging joint advocacy efforts to strengthen and improve the newly developed Nebraska Olmstead Plan. 4. Leveraging joint advocacy efforts to strengthen the Supported Decision Making Initiative.	-1	-1
Annually strengthen the statewide advocacy cross-disability organization, People First of Nebraska, to increase self-advocate leadership development and participation through training by self-advocates so they can participate in cross-disability, culturally diverse organizations. 1. Strengthen support for an increased number of self-advocates through leadership development and coalition participation by expanding efforts statewide to reach, educate, and engage younger self-advocates and their families in the self-determination movement. 2. Increase opportunities for self-advocates who are leaders to train other self-advocates to become leaders and	70	19

increase opportunities for participation in cross-disability, culturally diverse organizations.		
Total # of Output Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	57	13

II. Outcome Measures

Performance Measures	Percent (%)
IFA 2.1 Percent of people with DD	100
IFA 2.2 Percent of family members who increased advocacy	100

Sub-Outcome Measures: The number (#) of people who are better able to say what they want/say what is important to them.

Projects	# People with Developmental Disabilities	# Family Members
Annually, the DD Network and Nebraska DD Network Partners will support individuals with intellectual and developmental disabilities (I/DD) to increase their leadership and participation in policymaking through active participation in statewide advisory committees, cross-disability workgroups, public policy advocacy, and cross-system dialogue.	-1	-1
Annually collaborate amongst the Nebraska DD Network Partners (Disability Rights Nebraska, the University of Nebraska Medical Center Munroe-Meyer Institute - University Center for Excellence in Developmental Disabilities Education, Research and Services [UCEDD], and the Nebraska Council on Developmental Disabilities) to advocate for positive systems change impacting the lives and health of individuals with I/DD by: 1. Conducting monthly planning meetings to discuss trends, concerns, and challenges with a goal of system changes and improvements for Nebraskans with I/DD. 2. Hosting training on a mutually selected emerging issue at the annual Nebraska DD Network Partners' Tri-Board Meeting. 3. Continue leveraging joint advocacy efforts to strengthen and improve the newly developed Nebraska Olmstead Plan. 4. Leveraging joint advocacy efforts to strengthen the Supported Decision Making Initiative.	-1	-1
Annually strengthen the statewide advocacy cross-disability organization, People First of Nebraska, to increase self-advocate leadership development and participation through training by self-advocates so they can participate in cross-disability, culturally diverse organizations. 1. Strengthen support for an increased number of self-advocates through leadership development and	-1	-1

coalition participation by expanding efforts statewide to reach, educate, and engage younger self-advocates and their families in the self-determination movement. 2. Increase opportunities for self-advocates who are leaders to train other self-advocates to become leaders and increase opportunities for participation in cross-disability, culturally diverse organizations.		
Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	57	13
IFA 2.3 Percent of people better able to say what they need	100.00%	100.00%

Sub-Outcome Measures: The number (#) of people who are participating in advocacy activities.

Projects	# People with Developmental Disabilities	# Family Members
Annually, the DD Network and Nebraska DD Network Partners will support individuals with intellectual and developmental disabilities (I/DD) to increase their leadership and participation in policymaking through active participation in statewide advisory committees, cross-disability workgroups, public policy advocacy, and cross-system dialogue.	-1	-1
Annually collaborate amongst the Nebraska DD Network Partners (Disability Rights Nebraska, the University of Nebraska Medical Center Munroe-Meyer Institute - University Center for Excellence in Developmental Disabilities Education, Research and Services [UCEDD], and the Nebraska Council on Developmental Disabilities) to advocate for positive systems change impacting the lives and health of individuals with I/DD by: 1. Conducting monthly planning meetings to discuss trends, concerns, and challenges with a goal of system changes and improvements for Nebraskans with I/DD. 2. Hosting training on a mutually selected emerging issue at the annual Nebraska DD Network Partners' Tri-Board Meeting. 3. Continue leveraging joint advocacy efforts to strengthen and improve the newly developed Nebraska Olmstead Plan. 4. Leveraging joint advocacy efforts to strengthen the Supported Decision Making Initiative.	-1	-1
Annually strengthen the statewide advocacy cross-disability organization, People First of Nebraska, to increase self-advocate leadership development and participation through training by self-advocates so they can participate in cross-disability, culturally diverse organizations. 1. Strengthen support for an increased number of	-1	-1

self-advocates through leadership development and coalition participation by expanding efforts statewide to reach, educate, and engage younger self-advocates and their families in the self-determination movement. 2. Increase opportunities for self-advocates who are leaders to train other self-advocates to become leaders and increase opportunities for participation in cross-disability, culturally diverse organizations.		
Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	-1	-1
IFA 2.4 Percent of people participating in advocacy activities	-1.75%	-7.69%

Sub-Outcome Measures: The number (#) of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.

Projects	# People with Developmental Disabilities	# Family Members
Annually, the DD Network and Nebraska DD Network Partners will support individuals with intellectual and developmental disabilities (I/DD) to increase their leadership and participation in policymaking through active participation in statewide advisory committees, cross-disability workgroups, public policy advocacy, and cross-system dialogue.	-1	
Annually collaborate amongst the Nebraska DD Network Partners (Disability Rights Nebraska, the University of Nebraska Medical Center Munroe-Meyer Institute - University Center for Excellence in Developmental Disabilities Education, Research and Services [UCEDD], and the Nebraska Council on Developmental Disabilities) to advocate for positive systems change impacting the lives and health of individuals with I/DD by: 1. Conducting monthly planning meetings to discuss trends, concerns, and challenges with a goal of system changes and improvements for Nebraskans with I/DD. 2. Hosting training on a mutually selected emerging issue at the annual Nebraska DD Network Partners' Tri-Board Meeting. 3. Continue leveraging joint advocacy efforts to strengthen and improve the newly developed Nebraska Olmstead Plan. 4. Leveraging joint advocacy efforts to strengthen the Supported Decision Making Initiative.	-1	
Annually strengthen the statewide advocacy cross-disability organization, People First of Nebraska, to increase self-advocate leadership development and participation through training by self-advocates so they can participate in	-1	

cross-disability, culturally diverse organizations. 1. Strengthen support for an increased number of self-advocates through leadership development and coalition participation by expanding efforts statewide to reach, educate, and engage younger self-advocates and their families in the self-determination movement. 2. Increase opportunities for self-advocates who are leaders to train other self-advocates to become leaders and increase opportunities for participation in cross-disability, culturally diverse organizations.		
Total # of Sub-Outcome Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	-1	
IFA 2.5 Percent of people on cross disability coalitions	-1.75%	-7.69%

II. Outcome Measures

Satisfied	Percent (%)
IFA 3 The percent of people satisfied with a project activity	100
IFA 3.1 Percent of people with DD satisfied with activity	100
IFA 3.2 Percent of family members satisfied with activity	100

Section IV: C

Systems Change Performance Measures

SC 1: Output Measures

Objective	
Annually, the DD Network and Nebraska DD Network Partners will support individuals with intellectual and developmental disabilities (I/DD) to increase their leadership and participation in policymaking through active participation in statewide advisory committees, cross-disability workgroups, public policy advocacy, and cross-system dialogue.	
SC 1.1 Number of policy/procedures created/changed	2
SC 1.2 Number of statutes/regulations created/changed	3
SC 1.3.1 Number of promising practices created	-1
SC 1.3.2 Number of promising practices supported	-1
SC 1.3.3 Number of best practices created	-1
SC 1.3.4 Number of best practices supported through Council activities	1
SC 1.3 Number of promising and/or best practices created and/or supported	-1
SC 1.4 Number of people trained/educated	-1
SC 1.5 Number of Systems Change activities with other organizations	2

Objective	

Annually collaborate amongst the Nebraska DD Network Partners (Disability Rights Nebraska, the University of Nebraska Medical Center Munroe-Meyer Institute - University Center for Excellence in Developmental Disabilities Education, Research and Services [UCEDD], and the Nebraska Council on Developmental Disabilities) to advocate for positive systems change impacting the lives and health of individuals with I/DD by: 1. Conducting monthly planning meetings to discuss trends, concerns, and challenges with a goal of system changes and improvements for Nebraskans with I/DD. 2. Hosting training on a mutually selected emerging issue at the annual Nebraska DD Network Partners' Tri-Board Meeting. 3. Continue leveraging joint advocacy efforts to strengthen and improve the newly developed Nebraska Olmstead Plan. 4. Leveraging joint advocacy efforts to strengthen the Supported Decision Making Initiative.	
SC 1.1 Number of policy/procedures created/changed	1
SC 1.2 Number of statutes/regulations created/changed	-1
SC 1.3.1 Number of promising practices created	-1
SC 1.3.2 Number of promising practices supported	2
SC 1.3.3 Number of best practices created	-1
SC 1.3.4 Number of best practices supported through Council activities	2
SC 1.3 Number of promising and/or best practices created and/or supported	2
SC 1.4 Number of people trained/educated	35
SC 1.5 Number of Systems Change activities with other organizations	2

Objective	
Annually strengthen the statewide advocacy cross-disability organization, People First of Nebraska, to increase self-advocate leadership development and participation through training by self-advocates so they can participate in cross-disability, culturally diverse organizations. 1. Strengthen support for an increased number of self-advocates through leadership development and coalition participation by expanding efforts statewide to reach, educate, and engage younger self-advocates and their families in the self-determination movement. 2. Increase opportunities for self-advocates who are leaders to train other self-advocates to become leaders and increase opportunities for participation in cross-disability, culturally diverse organizations.	
SC 1.1 Number of policy/procedures created/changed	-1
SC 1.2 Number of statutes/regulations created/changed	-1
SC 1.3.1 Number of promising practices created	-1
SC 1.3.2 Number of promising practices supported	1
SC 1.3.3 Number of best practices created	-1
SC 1.3.4 Number of best practices supported through Council activities	1
SC 1.3 Number of promising and/or best practices created and/or supported	1
SC 1.4 Number of people trained/educated	84
SC 1.5 Number of Systems Change activities with other organizations	1

Systems Change SC 2: Outcome Measures

Outcome Measures	Number (#)
SC 2.1 - Efforts that led to improvements	6
SC 2.2 - Efforts that were implemented	5

III. Sub-Outcome Measures

Objective	Number (#)
Annually, the DD Network and Nebraska DD Network Partners will support individuals with intellectual and developmental disabilities (I/DD) to increase their leadership and participation in policymaking through active participation in statewide advisory committees, cross-disability workgroups, public policy advocacy, and cross-system dialogue.	
SC 2.1.1 Policy, procedure, statute, regulation improvements	1
SC 2.1.2 Policy, procedure, statute, regulation implemented	3
SC 2.1.3 Number of improved promising or best practices	1
SC 2.1.4 Number of implemented promising or best practices	1

Objective	Number (#)
Annually collaborate amongst the Nebraska DD Network Partners (Disability Rights Nebraska, the University of Nebraska Medical Center Munroe-Meyer Institute - University Center for Excellence in Developmental Disabilities Education, Research and Services [UCEDD], and the Nebraska Council on Developmental Disabilities) to advocate for positive systems change impacting the lives and health of individuals with I/DD by: 1. Conducting monthly planning meetings to discuss trends, concerns, and challenges with a goal of system changes and improvements for Nebraskans with I/DD. 2. Hosting training on a mutually selected emerging issue at the annual Nebraska DD Network Partners' Tri-Board Meeting. 3. Continue leveraging joint advocacy efforts to strengthen and improve the newly developed Nebraska Olmstead Plan. 4. Leveraging joint advocacy efforts to strengthen the Supported Decision Making Initiative.	
SC 2.1.1 Policy, procedure, statute, regulation improvements	1
SC 2.1.2 Policy, procedure, statute, regulation implemented	-1
SC 2.1.3 Number of improved promising or best practices	2
SC 2.1.4 Number of implemented promising or best practices	1

Objective	Number (#)
Annually strengthen the statewide advocacy cross-disability organization, People First of Nebraska, to increase self-advocate leadership development and participation through training by self-advocates so they can participate in cross-disability, culturally diverse organizations. 1. Strengthen support for an increased number of self-advocates through leadership development and coalition participation by expanding efforts statewide to reach, educate, and engage younger self-advocates and their families in the self-determination movement. 2. Increase opportunities for self-advocates who are leaders to	

train other self-advocates to become leaders and increase opportunities for participation in cross-disability, culturally diverse organizations.	
SC 2.1.1 Policy, procedure, statute, regulation improvements	-1
SC 2.1.2 Policy, procedure, statute, regulation implemented	-1
SC 2.1.3 Number of improved promising or best practices	1
SC 2.1.4 Number of implemented promising or best practices	1

SECTION V: COUNCIL FINANCIAL INFORMATION

Council is its own DSA?	No

1. Fiscal Year	2020
2. Reporting Period	10/01/2019 - 9/30/2020
3. Total Federal Fiscal Award for Reporting Year	$533068
4. State Funds Contributing to Council State Plan Activities	$0
5. Additional Council Funds Used for Other Activities	$0
6. Federal Share of Expenditures	$531066.16
7. Federal Share of Unliquidated Obligations	$0
8. Unliquidated Balance of Federal Funds	$2001.8399999999674
9. Match Required	$
10. Match Met	$
11. Match Unmet	$

1. Fiscal Year	2021
2. Reporting Period	10/01/2020 - 9/30/2021
3. Total Federal Fiscal Award for Reporting Year	$539580
4. State Funds Contributing to Council State Plan Activities	$0
5. Additional Council Funds Used for Other Activities	$0
6. Federal Share of Expenditures	$315093.78
7. Federal Share of Unliquidated Obligations	$155157.33
8. Unliquidated Balance of Federal Funds	$69328.88999999998
9. Match Required	$179860
10. Match Met	$179860
11. Match Unmet	$0

1. Fiscal Year	2022
2. Reporting Period	10/01/2021 - 9/30/2022
3. Total Federal Fiscal Award for Reporting Year	$527570
4. State Funds Contributing to Council State Plan Activities	$0
5. Additional Council Funds Used for Other Activities	$0

6. Federal Share of Expenditures	$35.16
7. Federal Share of Unliquidated Obligations	$220363.86
8. Unliquidated Balance of Federal Funds	$307170.98
9. Match Required	$0
10. Match Met	$0
11. Match Unmet	$0

Dollars leveraged for the reporting year being reported	

SECTION VI: MEASURES OF COLLABORATION

7. Identify the critical issues or barriers affecting individuals with developmental disabilities and thier families in your State that the Council and the PA, the Coucil and the UCEDD, the Council and other collaborators may have worked on during the reporting period.

The NE DD Network Partners have a rich history of collaboration & strong relationships, their Directors & staff engage in a variety of advocacy efforts & communicate regularly on trends, concerns, & challenges to collaborate to bring systems change & improvements to Nebraskans with I/DD.

Specific information related to NE's DD Network Partners collaboration objective under the Council's Advocacy goal, is provided in Section IV. This section highlights how the DD Network Partners, through membership in the NE Consortium for Citizens with Disabilities (NCCD), a cross-disability coalition, leverages collaborative activities to identify & research public policy issues, educate policymakers & the general public, & advocate for effective solutions regarding Nebraskans w/disabilities.

During NE's 2022 Legislative Session, the DD Network Partners collaborated to identify legislation that could impact individuals with I/DD, while taking opportunities to use a nonpartisan approach to educate & inform state Senators & other policymakers. This includes working together & sharing info on introduced bills or other Legislative concerns to strengthen our voice. The DD Network's community partner, The Arc of NE, also plays an instrumental role in this process, since The Arc of NE is very involved in legislative efforts & often contacts Senators directly to introduce legislation that will impact the I/DD population.

A major challenge is that the NE Legislature only allows bills to be introduced in the first 10 days of the session. This means 700 to 800 bills are introduced in a very short period & must be reviewed by the respective staff of the DD Network Partners, & a determination made as to the bills' relevance & impact to the I/DD community. By working together, the DD Network, The Arc of NE, & NCCD lessen the chance to miss bills that may impact the I/DD community & are able to share information on the potential impact prior to their respective Council/Boards taking positions on the bills.

The 2nd Session of the 107th NE Legislature (Leg.) convened on 01/05/22, with hearings beginning

Jan. 18. As part of the Leg.'s procedural modifications in response to the COVID-19 pandemic, changes were made to the committee hearing process beginning in Jan. 2021 & continuing into 2022. Four options were approved for public input into the Leg.'s bill hearing process. First, as before, individuals could testify in person at committee hearings. Because hearing room capacity was limited due to social distancing, three other options were added. The public could submit written testimony in person on the day of a public hearing - between 8:30 -9:30 a.m. in the room in which the hearing took place. These submissions would be included in the formal committee hearing record as if the individual had testified in person. Individuals wishing to provide public comment without appearing in person could submit a position letter by emailing the committee's account by 12:00 p.m. CST on the last workday prior to the public hearing. Finally, the public could submit online comments through a new feature on the Leg.'s website, which was available on each individual bill page. However, online written comments were not included as part of the official legislative record.

NCCD paid close attention to this new public input process in 2021 & expressed concern with the requirements & limitations that these placed. NCCD members noted that in the middle of winter & a pandemic, it was absurd to expect Nebraskans - especially Nebraskans with disabilities - to meet these criteria. NCCD agreed to bring awareness to this issue by working collectively to promote a change in the requirements. NCCD members, Directors of NeSILC & The Arc of NE, contacted the Leg.'s ADA Coordinator to explore possible reasonable accommodations & asked to be included in the process of determining the new rule for public input. After receiving this input, Speaker Hilgers produced a new rule on 2/17/21 allowing people w/disabilities (PWD) to have someone else drop off their testimonies.

At the 2/22/21 NCCD meeting (mtg.), info was provided on the new rule. It noted that if you were a PWD, & you wanted your testimony to be on record, you had to get someone to make 12 copies of your testimony & deliver them to the capitol hearing room between 8:30-9:30 am the day of the hearing. This person then signed a form swearing that they, to the best of their knowledge, confirmed that the person whose testimony they were delivering was a PWD. In Feb. 2021, it was unlikely the Leg. would allow someone to read one's testimony during the hearing, & details were not provided on the Leg.'s website. In FFY22, NCCD members continued to advocate for better accommodations in the public input process, such as allowing a video or virtual format to provide testimony. This situation provided a teachable moment that NCCD continued to address during the 2022 Session.

In Jan. 2022, the recently retired NeSILC ED, Kathy Hoell, who now represents ADAPT NE, along with six other individuals w/disabilities (including members of NCCD) requested a reasonable accommodation with the NE Leg.'s ADA Coordinator to allow them to provide testimony during Leg. Committee hearings via video. Their request was denied due to lack or precedence. NCCD formed a subcommittee to discuss ways to move forward. The group located a settlement between Disability Rights Idaho & some PWDs against the state of Idaho seeking video conferencing & when it was settled, they got it. The NE advocates send this link to the NE Leg.'s ADA Coordinator with a note stating, "here is your precedence."

This resulted in two of the NCDD members meeting w/the Leg.'s Speaker Hilgers on 2/15/22 by phone. The Speaker expressed a desire to really want to work w/them. He had an idea to add or amend the idea of video conferencing into another newly introduced bill regarding streaming only for PWD. The Speaker offered a couple of suggestions. The one agreed on was that a telephone would be set up in the hearing room & the PWD would be called & provide testimony over phone. This would allow testimony to be interactive. NCDD member M. Angus was the first person to try this approach for a hearing on LB 1104 on 2/16/22, & it went well. The Leg.'s Exec. Committee agreed to research what other states do to address video accommodations for further discussion during the 2023 Leg. Session.

NCCD member Kathy Hoell told NCCD members at their 2/28 mtg. that she spoke with Senator Hilgers about setting up a procedure for PWDs to also submit written testimony to make sure it is captured in the committee meeting transcript to strengthen integrity. The Speaker agreed to speak with all the Leg. committee chairs to let them know what they need to do w/this accommodation process. Kathy, representing ADAPT NE, agreed at that time to not proceed with a complaint to the Dept. of Justice. NCCD members discussed taking a proactive step to work with the Leg.to help educate the Chairs about reasonable accommodations or develop formal policies & procedures such as not having PWDs follow the 3-to-5 minute time limit when presenting testimony.

At the 3/28/22 NCCD mtg., Kathy reported that she had spoken with Leg. staff member Lori Weber in Speaker Hilgers' office, & they tried testing out testimony by phone with Kathy's voice. They learned that Kathy's voice is too erratic for it, so she said after this session is over the Speaker & Exec. Committee will start discussing options & explore what other states are doing. Kathy forwarded info to the Speaker on how the state of MA provides accommodations. NCCD members also suggested inviting Senator Hilgers or his office representative & other Senators to an NCCD mtg to discuss the issue. This would be a great step forward, as it would open the door for Senators to hear ideas from NCCD members & would help create relationships for further collaboration.

At the Aug. 22 NCCD mtg., Kathy reported that the Speaker's office was dragging their feet on doing anything to address Leg. video conferencing as an accommodation for PWDs. Kathy told the Speaker & the ADA Coordinator that as long they are moving forward in the process, she (ADAPT NE) would not file charges against the state. One of the steps could be to allow phone conferencing for people with "normal voice". The Leg. is talking about allowing that for 2023, & then possibly going to video the following year. Kathy also spoke with Senator Carol Blood who was running for Governor, & Blood said if she ends up back in the Leg., she will introduce a bill requiring it. The Leg. will also be transitioning to a new Speaker in 2023, so this also caused delays.

At the 9/26/22 NCCD mtg., Kathy reported that ADAPT members contacted Speaker Hilgers, & the ADA Leg. Coordinator who has agreed to address the issue in steps. They indicated that there would be a fiscal note to support this, although they did not provide details on the method to implement changes. They did share that a dedicated email portal will be developed just for PWDs providing a self-attestation of disability. Each Senator will get a copy of their testimony to be entered into the committee report, although it will not be read during the hearing. ADAPT NE decided to thank them & plans to plans to continue efforts by developing a sign on letter.

NCCD members then discussed how is the Leg. notifying PWDs about the new accommodation process. NCDD plans to take a role in educating groups about it. Kathy & other NCCD members plan to schedule another mtg. w/the Speaker's office & the ADA Leg. Cor. to continue moving the process forward. On 10/12/22, ADAPT NE shared w/NCCD that they continue to work w/the Speaker's Office & the ADA Leg. Cor. to continue moving the process forward.

Other collaborative strategies & activities are covered in the following section, including the Disability Education Series & Olmstead Plan efforts.

8. Area of Emphasis

Identify the Area of Emphasis collaboratively addressed by the DD Council and Collaborators

Area of Emphasis	Areas Addressed
Quality Assurance	Yes
Education and Early Intervention	Yes
Employment	Yes
Housing	Yes
Transportation	Yes
Quality of Life	Yes
Assistive Technology	Yes
Other - Accommodations to Legislative Hearing Process	Yes
Other - Olmstead Plan	Yes

9. 3. The report should include a narrative progress report that cohesively describes the activities that were implemented by the Council and the P&A, the Council and the UCEDD, the Council and other collaborators DD Network. For at least one of the issues-barriers identified above describe:

Throughout 2022, the DD Network Partners, NCCD, & others collaborated on the following:
- Continued strong opposition on the new version of a Student Discipline or restraint bill, LB1179. It was very similar to bills introduced by Senator Groene in the 2017, 2019, & 2021 Legislative sessions. Despite LB1179's language requiring each school district to provide behavioral awareness training to administrators, teachers, paraprofessionals, school nurses, & counselors, as well as requiring each school district to designate a behavioral point of contact, it still included language that would allow the use of physical intervention to manage the behavior of a student. LB1179 echoed previous attempts to not hold school personnel to professional or administrative discipline & would also allow a provision where school personnel &/or school districts would not be held criminally or civilly liable for the use of physical intervention. Advocates were relieved when Sen. Groene resigned from the Legislature on 2/21/22, following allegations that he took inappropriate photos of a former female staff member. On 2/22/22, Speaker Hilgers announced to all the Senators that if they were interested in picking up any of Groene's bills, that they were to email him by the end of the day. Fortunately, no one offered to pick up LB 1179, so the 2/28/2022 hearing was cancelled & the bill did not progress.

- After stalling on Select File on 5/18/21, LB376, the Family Support Waiver bill, introduced by Sen. M. Cavanaugh, carried over into 2022. Advocacy efforts of NCCD & the disability community resulted in LB376 passing in 2022. Children w/DD are now eligible for expanded services under LB376. The bill requires DHHS to apply for a three-year Medicaid waiver to start a family support program for developmental disability services. The program, which will be implemented only if the federal CMS approve the state's waiver application or another funding mechanism is authorized, will:
- be administered by the Division of Developmental Disabilities;
- not exceed 850 participants;
- allow families to self-direct services;
- cap long-term services & supports at $10,000 per person;
- offer Medicaid eligibility for children with disabilities by disregarding parental income; &

- adopt an intermediate care facility institutional level of care.
Also included in LB376 are provisions requiring DHHS to engage a nationally recognized & independent consultant to evaluate NE's developmental disabilities system. The consultant must complete their report no later than 12/31/23.

- NE's P&A, DRN, worked with Senator Day to have LB 1104 introduced. It would require the NE Emergency Management (EM) Agency to consult with disability groups regarding revision & creating emergency operations plans. As a result, the NE EM Ass. reached out to the DRN to pursue collaboration. Although the bill had no opposition, it was indefinitely postponed. This bill tied into the Council's EM Disability Awareness Training project.

NCDD also continued to monitor progress on NE's new Olmstead (Olm.) Plan. Specific information about the Olmstead Plan (Plan) is highlighted in Section IV, Goal 4, Obj. B related to the Council's DD Network collaboration summary. Obviously, the DD Network Partners are monitoring the on-going work (or lack thereof) within the Plan, & NCCD is leveraging advocacy efforts, knowledge sharing & outreach to ensure that NE policymakers consider all policy changes & proposed legislation through the Olms. lens.

The Olm. progress report reflected major deficiencies in addressing housing needs. Some of the members on NCCD serve on the Olm. Housing Workgroup (OHW). The OHW monitors the Plan's housing goals & strategies & has recruited members from the Center for Rural Affairs, NE Investment Finance Authority (NIFA), Div. of Children & Family Services - Homeless Assistance Program, Omaha & Lincoln Housing Authorities, the NE Housing Authority from Scottsbluff, Omaha Metro Area of Continuum of Care for the Homeless (MACCH), the Brain Injury Alliance, MCOs, & 5 self-advocates. OHW members were encouraged to reach out to their state Senators in 2022 to provide info & educational materials regarding 'accessible' language related to housing bills. The OHW also presented a fact sheet on accessible housing to the Commission on Housing & Homelessness. As a result, the Olm. Advisory Committee (OAC) developed a one-page handout on the Olm. Plan that will be used to educate state senators & their staff.

At the 6/22/22 OAC, Guest Speaker Rebecca S. w/the NE Dept. of Economic Development (DED) shared the DED 2022 Annual Action/ Consolidated Plan.
- Consolidated plan is authorized by 24 CFR part 91. State receives federal dollars & in order to receive those funds, four (4) things need to be created:
- 5 year consolidated plan (7/1/2020 - 6/30/2025)
- Create annual action plan (July 1- June 30)
- Create an analysis of the impeachment to fair housing
- Create a consolidated annual performance & eval report
- 5 federal funding sources need to align within the evaluated plan which includes Community Development Block Grant, Home Investment Partnerships program, National Housing Trust fund, Emergency Solutions Grant, & Housing opportunities for persons w/AIDS
- The State has funding sources with the NE Affordable Housing Trust Fund (NAHTF) & with the NE Homeless Shelter Assistance Trust Fund (HSATF).
- Plan has 6 priority needs: Increase availability of affordable housing; support vital public services; reduce homelessness by making homelessness rare, brief, & non-recurring; encourage economic development; enhance public facilities & infrastructure in the state; & assist persons with HIV/AIDS
- The goal for housing in the Consolidated plan is to increase availability of affordable housing. The funding for this is CDBG, HOME, HTF, NAHTF & the outcome includes rental Units constructed - 300

housing units; rental units rehabilitated -100 housing units; homeowner housing constructed - 600 housing units; & homeowner housing rehabilitated - 620 housing units.

The OHW made a lot of progress in developing SMART measures, including strategies for collecting baseline data for housing units, the use of barrier removal plans (or the equivalent), & how to improve the conditions for people who are not on Medicaid. In Aug. 2022, the OHW provided the following housing strategies & recommendations to update the housing goal in the current Olm. Plan.

Goal 2: Nebraskans w/disabilities will have access to safe, affordable, accessible housing in the communities in which they choose to live.
1. Funds are appropriated to Dept. of Behavioral Health (DBH) to increase community-integrated & physically accessible housing opportunities for persons w/SMI (but not limited to persons w/SMI); promote movement within the continuum.
-Metrics (Funds appropriated 2022-2023, # housing developments funded, # units supported with funds, Quarterly # persons served through Housing Related Assistance, Quarterly # of persons discharged from residential settings to independent living situation.)

2. The Division of Public Health (DPH) will continue collecting data related to housing needs as part of the Community Health Needs Assessment.

3. DPH will include housing data in the state health assessment.

4. DHHS/DED/NIFA will continue to collaborate w/communities across the state to encourage development or increasing availability of barrier removal programs to make existing housing more accessible to all individuals who identify w/disabilities.
The NE Dept. of Economic Development (DED) has announced the latest award recipients under the Community Development Block Grant (CDBG) program's Owner-Occupied Rehabilitation funding opportunity in Nov. 2021 and Nov. 2022.

5. The NE Dept. of Educ. - Assistive Technology Program (NDE-ATP) will continue to support home accessibility modifications, allowing Nebraskans participating in the Medicaid HCBS waivers to remain independent, living in their homes.

6. NDE/ATP will continue to work with other agencies & funding sources to develop a program to assist individuals w/disabilities that do not qualify for Medicaid &/or meet the Nursing Facility Level of Care NFLOC with home accessibility projects.

7. Outcome by 2024, develop new housing units for persons w/disabilities & new supportive housing units utilizing state capital funding as evidenced by 10% of units created through the LIHTC & HOME financed to include universal design standards.

Another key activity that involves the DD Network, NESILC, & other NCCD members is the NE Disability Advocates (NDA) & monthly Disability Education Series. The NDA is a group of disability advocates & professionals who have been providing monthly virtual disability related discussions since 2020. The key objectives of the accessible webinars are to find topics of interest to a large audience that includes providers, organizations, people w/disabilities, & grass roots advocates. It is the intention to educate on matters that may not be known by many but are imperative for people w/disabilities to be aware of in their daily lives.

The ED of the NESILC serves as the point of contact. Webinars are held on the first Thur. of each month & are very popular. Approx. 75 to 100 people register & attend for each session. Topics covered:
-Oct. 2021 (3 days) - Disability Employment Awareness Month
-Nov. 2021- Person-Centered Planning
-Dec. 2021 - Title II of the ADA & the Enforcement
-Jan.2022- Supported Decision Making
-Feb. 2022 -Restraints & Seclusion
- Mar. - Dignity of Risk
-Apr. - Parallels & differences between IL Philosophy & DD System
-May - Resources: 211 & Answers4Families
-June - Charting the LifeCourse
-July (2 days) - Behavioral & Mental Health Solutions
-Aug. - Transition: Secondary Education
-Sept.- ADA Process in NE

The Disability Ed. Series is an excellent example of 20 cross-disability organizations collaborating.