

KANSAS: ANNUAL PROGRAM PERFORMANCE REPORT

SECTION I: IDENTIFICATION

1. *State/Territory*

KANSAS

2. *Fiscal Year*

2022

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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.

<p>The Kansas Department for Aging and Disability Services (KDADS) currently operates four state hospitals: Osawatomie State Hospital (OSH), Parsons State Hospital and Training Center (PSHTC), Kansas Neurological Institute (KNI), and Larned State Hospital. Most state operated hospitals are understaffed and over capacity. In 2016, OSH lost its Medicare funding eligibility due to receiving citations from the Centers for Medicare and Medicaid Services. The citations stated the facility was not doing enough to prevent patient self-harm and was routinely housing three patients in rooms built for two. In 2017, a subsequent inspection revealed problems with sanitation, infection control and fire safety. Since then, OSH has regained its eligibility for Medicare funding, however, were at risk of losing funds again in early 2020 due to ongoing problems that substantially limited the hospital's capacity to render adequate care and services. KDADS Corrective Action Plan made it unnecessary to terminate the hospital's Medicare provider agreement and OSH continues to receive their Federal</p>

funds.

PSHTC and KNI serve as ICFID institutions in Kansas. According to the Kansas Legislative Research Department's 2022 Session Budget Analysis for State Institutions for Intellectual Disabilities, the average census at the state's ICFID institutions are trending downward since 2019. From 2019 to 2022, the census at KNI dropped from 138 residents to 128 in 2022, a decrease of 10 residents. In the same time period, the census at PSHTC dropped from 161 to 147 residents, a decrease of 14 residents. These census numbers represent an approximate decrease in census numbers of 8 percent. It is assumed the decrease in census numbers is attributed to the aging population at both facilities.

Currently, all services, which include special education, residential services, day services, medical and dental care, food (i.e., special dietary needs), personal care attendants are provided within these facilities. Some ICFs/ID provide their own day program services and some residents go elsewhere for programs. Healthcare may be provided onsite by nursing staff, and when acute dental/medical care is needed, residents access local dentists and/or hospitals. The hospitals undergo routine maintenance but our facilities are aging in Kansas. In Kansas, there are no public or private large (over 17 bed) ICF/ID facilities except for the two state hospitals. All other private/public large bed facilities were closed by 2009. Due to the lack of dentists who accept patients with I/DD, some state hospitals provide dental services to individuals with I/DD who live in their communities. KNI also has an Adaptive and Assistive Technology Program that builds equipment and wheelchairs that are adapted for specific individual needs. These services are not only provided for the people who live at KNI, but are also provided to individuals living in the community as well.

As part of its active therapies program, KNI provides leisure activities and skill development through the Foster Grandparent Program, which is a federally funded program that assists in pairing residents with older volunteers. Through this program, residents receive an array of individualized social, leisure, and spiritual opportunities by participating in activities with the volunteer grandparents.

KNI also provides various supported employment services through several entrepreneurial businesses as well as employment opportunities at KNI itself or other locations in the Topeka community.

A small number of persons with I/DD reside in nursing homes and receive the same services provided to others in the facilities such as special diets, personal attendant care, assistance with medication, etc.

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

People with I/DD continue to face challenges related to health equity and disparities, lower health outcomes compared to the general population. People with I/DD and other significant disabilities often have higher rates of diabetes, obesity, lower oral health and several other health issues. These health challenges are traced to access to quality healthcare, access to wrap around services and a general focus on preventative medicine. In many parts of the state, especially rural communities, we do not have an adequate number of doctors, dentists and healthcare providers to serve the I/DD population. As of July 2020, there were 83 Critical Access Hospitals, 171 Rural Health Clinics, 44 Federally Qualified Health Center sites located outside of urbanized areas and 31 short term hospitals

located outside of urbanized areas in Kansas. Seventy rural hospitals are currently at risk of closing across our state, more than any other state our size.

The Kansas Hospital Association cites the lack of Medicaid expansion in Kansas could be creating additional financial hardship for their members. Since 2010, 5 rural hospitals closed, and 29 rural hospitals are currently at risk for closure; 25 of these are considered essential to their communities. In Topeka, a major 378 bed hospital was put up for sale after a \$6.2 million loss in revenue in 2014.

The state's Hispanic population continues to be underserved in our healthcare system. According to the United States Census Bureau in 2019, there were approximately 355,000 people of Hispanic origin in Kansas representing roughly 12.2 percent of the state population. It is the fastest growing population in the state. It is estimated that 2 out of 3 individuals speak Spanish as the primary language in the home, and that 26.4 percent of the Hispanic population are uninsured in Kansas. Three primary barriers to healthcare access include: 1) cultural, with the belief that the family and close community will care for their own; 2) linguistic, as the majority do not speak English as a native language resulting in confusion or a complete lack of understanding of a complex service system, and 3) fear, resulting from a lack of documentation of citizenship. Healthcare access for the Hispanic community, and especially those who are uninsured, are largely comprised of local church and health outreach activities.

Given a 1.58 percent rate of prevalence for I/DD across the population, it is estimated that only 30 percent of Kansans with I/DD are currently known to the system. It is estimated there are roughly 46,000 Kansans with I/DD resulting in roughly 32,200 Kansans with I/DD are not known to the system. According to the Kansas Medical Assistance Annual Report (MAR), in Fiscal Year 2022, average monthly KanCare beneficiaries receiving I/DD Waiver services for the following populations totaled:

- Developmentally Disabled (Non dual diagnosis) - 3736
- Developmentally Disabled (Dual diagnosis) - 5313
- Total served monthly average- 9049

This represents a decrease of 12 individuals, on average, in the number served over the prior year (9061 vs 9049) and is roughly 19.7 percent of the Kansans with I/DD. It is estimated that another 4814 (an increase of 392 from last year) Kansans with I/DD are on the waiting list with a current average wait for services of ten (or more) years. The number of Kansans on the waiting list represents approximately 10.3 percent of the population with I/DD.

Kansas's overall ranking in fiscal effort for all I/DD services has slipped in recent years. Kansas ranked 25th among all states in fiscal effort, Braddock, (2015) State of the States in Developmental Disabilities 2015, The American Association on Intellectual and Developmental Disabilities); however, a lack of investment in supports and services for Kansans with I/DD has resulted in the state slipping into the bottom third of states with a rank of 34 among all states according to the recent State of the States in Developmental Disabilities report in FY 2020. In FY 2021, the Kansas Legislature approved a 7 percent increase in I/DD waiver reimbursement rates, and in FY 2022, the Legislature approved an additional 25 percent increase in I/DD waiver reimbursement rates which went into effect July 1, 2022. The most recent full year data from Kansas MAR reports (FY 22) shows a \$57,897,499 increase in capitated expenditures vs. FY20 expenditures (a 10.2 percent increase). Due to the delay in national data tracking, it is unknown how this impacts Kansas' overall ranking.

Kansas is an outlier in that it only has a one comprehensive I/DD waiver rather than multiple waiver

authorities that exist in other states to address individual and family needs. One consequence of this is that over 98 percent of all I/DD expenditures in the state are concentrated into the provider network and public institutions (Tanis, E.S., et al. (2022). The State of the States in Intellectual and Developmental Disabilities, Kansas University Center on Developmental Disabilities, The University of Kansas.

Unfortunately, Kansas currently lags behind the rest of the nation in how much we invest in individual and family support spending per capita. Kansas spends 1/50th of the national average on individual and family supports. Alabama, the second worst state in the nation, spends three times as much per capita as Kansas on individual and family supports (Braddock (2020) State of the States in Intellectual and Developmental Disabilities).

Even more strikingly, Kansas ranks last among all states in terms of investing in supported employment with 0 percent (\$100,000) of all I/DD expenditures going toward Supported Employment. According to the CMS approved Kansas I/DD waiver on July 1, 2019, it should also be noted that Kansas only spent \$93,278.25 annually on Supported Employment Services at a base rate of \$3.25/15 minute billing unit. This represents a 99 percent decrease in the state's fiscal effort toward supported employment since FY 1996.

People with I/DD in Kansas lag behind their nondisabled peers in securing competitive, integrated employment. Although Kansas was the first state in the nation to adopt Employment First legislation in 2012, we only have 8.3 percent more individuals with I/DD engaged in non-work day activities than before passing of the statute.

In creating a Kansas Roadmap to Employment, Griffin Hammis & Associates analyzed employment outcomes for people with I/DD in Kansas relative to other states and found that, "comparative findings were clear: many persons with disabilities routinely employed in many states are not so routinely employed in Kansas."

The report goes on to note, "this reality of less than adequate numbers of Kansans with disabilities employed is despite almost countless current and former attempts, pilots, grants, and initiatives. To name some that were analyzed: Kansas has an Employment First decree from their Governor, innovative pilots like Project Search in ten different communities, a SSI Social Security Pilot, Business Leadership Networks, Systems Change Grants, a Disability Employment Initiative, the KANSASWORKS employer partnership, a new EndDependence Kansas initiative, the Great Expectations Initiative from Vocational Rehabilitation, a Supported Employment Grant, Managed Care Employment Initiatives, one to begin April 2015 from United Health Care, and additional knowledge and resources covering federal policy changes coming from the Centers for Medicare and Medicaid Services Final Rule, the Workforce Innovation and Opportunity Act, including Rehabilitation Act revisions."

Like national barriers to employment, in Kansas these include: a lack of focus in our K-12 system on transition and workforce readiness, a limited number of postsecondary programs and opportunities throughout the state, the fear that earning too much income could impact necessary federal and state benefits, transportation options in urban, rural and suburban communities, our ten year waiting wait list and adequate access to quality wrap around services like job coaching, career placement, workplace accommodations and financial literacy. Empowering self advocates and families and equipping them with information and tools will help mitigate these barriers. However, much more needs to be done to improve the system. For example, benefits counseling is not a waiver service in

Kansas, and there are currently only six (6) benefits counselors statewide to serve people across all disability spectrums.

Moreover, there is a capacity crisis in the state of Kansas compounding access to quality VR services in the state. In June 2014 the Kansas Department for Children and Families Rehabilitation Services paid for a study by Public Consulting Group (PCG) to evaluate, analyze, and provide quality assurance guidance. Some key findings were:

- Two-thirds of the authorized rehabilitation agency providers in effect do not provide rehabilitation services reimbursed by the state, as they receive little, between \$25,000 and zero revenue, from Vocational Rehabilitation per year.

- Only 15 providers of rehabilitation in the state receive greater than \$100,000 for integrated employment services, meaning for all intents and purposes, that only a few Kansans fortunate enough to be near one of these providers have the opportunity for employment services. This likely means that persons with disabilities have few or no choice of community integrated employment providers in the area where he or she lives.

On July 1, 2021, Kansas implemented a recommendation from the KCDD Roadmap to Employment by rolling out a voluntary pilot program operating within the KanCare 1115 demonstration waiver called Supports and Training for Employing People Successfully (STEPS). STEPS is designed to provide individualized employment and independent living supports available for up to 500 Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) beneficiaries who meet pilot eligibility criteria, including individuals with I/DD on the waiting list. STEPS purpose is to help the state determine whether providing services designed to support competitive, integrated employment and independent living support result in successful employment and independent living outcomes. While there has been interest in the program, full implementation has been hindered by a lack of provider capacity.

In FY 22, KDADS began collecting stakeholder feedback on how to reverse the dismal competitive, integrated employment trends in Kansas, and announced plans to invest \$2 million in the state's American Rescue Plan Act (ARPA) funds in Employment First initiatives over the next couple of years.

Kansas currently operates with a single, comprehensive I/DD waiver that typically results in a person residing in a group home. That goal again, secure A group home placement from the perspective of people with disabilities and their families is a safe and secure residence, throughout the remaining years of an adult with disabilities life, out of harm's way once the family can no longer directly care for him or her. Many Kansas families would say this is what they have been waiting for and, without question, securing a place in a group home is a worthy accomplishment. But it's importance is likely elevated due to Kansas lacking a more robust menu of choices for in-home, family, and community supports that are evident in states with two waivers-a supports waiver without out-of-home residential services and a residential waiver.

Families in states that have a supports waiver with a much broader menu of in home and community access services approved by the Centers for Medicare and Medicaid Services (CMS) have a more natural planned transition from the family home to the community, often putting employment first, ensuring one has a good job in the community. In states that have both a supports and a residential waiver the significant costs of a group home placement or other out of home residential alternative is

eased until the person with disabilities and the family is ready.

The onset of the COVID-19 pandemic forced the state to adopt several measures to ensure continuity of care while at the same time help to ensure social distancing and other safety measures for Kansans with I/DD and other disabilities. As the pandemic winds down, several of these measures were found to be quite valuable and enhanced services regardless of whether or not the state was in a public health emergency. KDADS is currently seeking public comment on four Appendix K amendments with the anticipation that they will be incorporated as amendments to the current I/DD comprehensive waiver. These proposed services include telehealth, paid family caregivers, assistive services, and improved quality performance measures.

As noted earlier, Kansas currently has 4,814 individuals waiting for I/DD waiver services. In October of FY22, the Kansas Legislature convened a Special Committee on Home and Community Based Services Intellectual and Developmental Disability Waiver. The focus of this committee was to examine the I/DD Waiting List and explore solutions to potentially eliminate it. KCDD's Executive Director and staff served on the Committee. KCDD partnered with stakeholders and offered testimony advocating for the implementation of a waiting list study so that the state could seek better data driven solutions to the waiting list, expand the state's current offerings of individual and family supports, and the need to build current systems capacity.

Several notable outcomes which impact HCBS services for Kansans with I/DD came out of that committee. KDADS committed to implementing a Waiting List Study in Kansas utilizing American Rescue Plan Act (ARPA) funds. In Sept. of FY22, KDADS awarded a \$1 million grant contract to the University of Kansas (the state's UCEDD) to study the I/DD and Physical Disability Waivers waiting lists. Secondly, the Kansas legislature, to address the workforce crisis and increase systems capacity, increased the reimbursement rate for I/DD waiver services by 25 percent during the FY22 legislative session. Thirdly, the Special Committee recommended the formation of an I/DD Waiver Modernization Special Committee to explore options to expand the scope of HCBS I/DD services in Kansas, including the possibility of creating new waiver authorities such as a Community Supports Waiver.

The I/DD Waiver Modernization Special Committee met once in FY22 and will continue to meet during the early parts of FY23, ideally culminating in recommendations for the state to expand HCBS waiver supports and services to Kansans and, ultimately, decreasing the number of people on the waiting list for HCBS Services.

HCBS Settings Final Rule: Kansas surveys all HCBS settings for compliance with the Final Rule, and does not necessarily distinguish settings between different disability and waiver populations when reporting data on current compliance with the Final Rule. KDADS developed the Community Connections Project to allow providers to self report and measure compliance with the HCBS Settings Final Rule. The Community Connections Project is in the process of being phased out by Dec. 31, 2022 as KDADS brings required ongoing monitoring activities in-house. All existing Provider data will be migrated from the Community Connections database to the HCBS Compliance Portal.

KDADS implemented a four-step process to ensure full compliance with the Final Rule by March 17, 2023.

Remediation: Timeline is Oct. 1, 2020 through Jan. 1, 2023; Providers that have areas of non-compliance require remediation. KDADS is committed to working with all providers that engage with

the Final Rule Team meet compliance. This deadline will allow sufficient time for the state to work with Providers towards compliance before the federal deadline of March 17, 2023.

Heightened Scrutiny: Sept. 1, 2020 through Jan. 1, 2023; Settings which have features that institutionalize or isolate HCBS participants will receive an additional assessment. As of Oct. 21, 2022, 79 "on-site" assessments have been completed, and 164 participant interviews have occurred to assess potential isolation of waiver participants.

Compliance: As of Oct. 21, 2022, 91percent of settings engaging with the Community Connections Project have been deemed compliant. March 17, 2023, all settings in the State of Kansas must be compliant to continue to serve individuals through Medicaid HCBS. The HCBS Compliance Portal opened on July 1, 2022. It allows new HCBS Providers and Settings to be assessed for final rule.

Ongoing Monitoring: KDADS continues to develop a streamlined ongoing monitoring process to ensure Kansas maintains compliant settings. The HCBS Compliance Portal which opened on July 1, 2022 will track all settings required to maintain final rule compliance in Kansas. An HCBS Compliance Team is being developed to oversee monitoring activities, and three staff have been hired by the state.

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.
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Federal fiscal year (FY) 2022 was a year of transition for the Kansas Council on Developmental Disabilities (KCDD). This fiscal year presented challenges related to how we approached our typical day to day operations, the activities surrounding the world-wide COVID-19 pandemic as well as a transition from one 5-year planning cycle into the next. Moreover, the Council also had its longtime Executive Director retire. After several months with the leadership position vacant, the Council recruited its new Executive Director, Sara Hart Weir. Given KCDD's small staff, it was vitally important that the Council continued to leverage one of its strongest assets to ensure effective implementation of the state plan: the trust and collaborations that it has developed with both the disability advocacy community and public policymakers. The Council is in a unique position to coordinate and collaborate with a diverse network of stakeholders allowing KCDD to make significant early progress on its goals and objectives, even in the first year of plan implementation.

1. Targeted Areas of Emphasis

Throughout 2020 and into 2021, KCDD sought public input and direction in developing the 2022-2026 Five Year State Plan utilizing "Needs Assessment Surveys" and virtual town hall focus groups conducted via Zoom. These community engagement sessions were very valuable and helped the Council identify areas of stakeholder concerns that could be address in this five year state plan. In all, the Council collected feedback from 265 participants between surveys and townhall focus groups.

Council staff reviewed existing state data and from national resources to develop a snapshot of current state supports and services in each area of emphasis as well as identified past and emerging trends. Council staff incorporated feedback received from the public coupled with available data to work with Council members to develop a five year plan that addressed specific areas of while ensuring the plan's foundation remained the Developmental Disabilities Assistance and Bill of Rights Act core charge and scope for Councils to "Empower Advocacy" and "Lead Systems Change/Build Capacity".

To Empower Advocacy, the Council chose to "establish and strengthen statewide self advocacy" (a DD Act requirement) and "support advocacy training and development programs for family members. Empowering Self Advocates and Family Members to become leaders and strengthen their advocacy puts the Council in the position to Lead Systems Change/Build Capacity.

One specific area of concern/focus identified in both stakeholder engagement and data is the lack of awareness of informal and formal supports available to individuals with I/DD and their families. This lack of awareness was especially acute in Spanish speaking families in Southwest Kansas (especially in the Garden City area) warranting the Council to target this disparity in the five-year plan. Kansas is something of an outlier in that, for individuals with I/DD, it only has a single, comprehensive waiver. Unfortunately, this waiver has not evolved with the needs of Kansans creating both a waiting list (which currently has a 10 year plus wait) and service gaps for Kansans who seek more individualized supports that address their specific needs and preferences. The Council decided to focus on systems change efforts to both increase awareness of informal and formal supports and to increase access to those supports.

Kansans with I/DD deserve to live a life free from abuse, neglect, and exploitation. Nationally, it is recognized people with I/DD experience the same forms of physical violence, sexual abuse and molestation and neglect as the general population. However, individuals with I/DD experience abuses at much higher rates. The Council remains committed to "increasing the number of Kansans who are living, learning, working, playing and belonging in their community with dignity and respect free from abuse, neglect and exploitation."

One hallmark of protecting a person from abuse, neglect, and exploitation is ensuring the protection of their personal rights and freedoms. Kansans with I/DD are 3 times more likely to have a guardian than their peers across the nation. Current Kansas law provides that guardianship is the last option for people with disabilities; unfortunately, it doesn't detail less restrictive options to guardianship that could be utilized. As a result, guardianship becomes the default option when a person with I/DD approaches the age of majority and guardianship is discussed in schools during the IEP process. The Council is committed to reversing this trend by "increasing an individual's, their family, and community's ability to understand, navigate and advocate for alternatives to guardianship, resulting in protection of personal rights and freedoms." The Council will work, together with its DD Network partners, to better fulfill the intent of current law, propose and advocate for legislation that clearly

offers alternative options for Kansans to protect and preserve their civil rights through the final Systems Change objective as well as increased utilization of Supported Decision Making (which is a DD Network-wide Collaboration Measure).

2. Strategies Used to Implement Activities

KCDD's small staff operated at 40% capacity (as stated above with the retirement of its Executive Director and departure of two full time staff at the same time) for almost half of the FY. KCDD recognizes that one of its strongest assets is the trust and collaborations that it has developed with both the disability advocacy community and state public policymakers. The successful partnerships were established over many years and reinforce KCDD's ongoing position as a facilitator and consensus builder. The Council is in a unique position to coordinate and collaborate with a diverse network of stakeholders on KCDD's selected goals, objective, and activities that will continue to enhance a consumer and family centered system of community based services and supports for people with I/DD in Kansas.

Addressing Council goals, priorities, and targeted areas of emphasis via a collaborative approach fosters local innovation and leverages stakeholder expertise leading to an effective and efficient implementation of proposed state plan activities, and ultimately resulting in long term sustainability.

The advent of the COVID-19 pandemic forced the Council to shift from more in person meetings and collaborations to strategies that relied almost exclusively on virtual meetings and forums. While in person meetings were missed, the move to virtual collaboration efforts ultimately resulted in more efficient and effective meetings and allowed us to cover a lot more ground. Kansas is a largely rural state so the move to virtual collaboration efforts greatly reduced travel, meeting preparation investments and travel costs.

Prior to the pandemic, KCDD endeavored to enhance its communications capacity by branching out into more "tech-friendly" internal initiatives such as increased presence on social media, building a new website and the utilization of tablets during Council meetings to allow members to make more informed, real time decisions regarding activities initiated and led by the Council.

These "tech-friendly" initiatives had helped the Council more fully disseminate the Council's activities and information to stakeholders via both the new website and social media. The Council created a new website during the prior five year planning cycle that is fully Section 508 compliant to ensure accessibility and featured a built in translator so that it is more accessible to stakeholders whose native language is not English.

As the pandemic winds down, plans are made for more in person meetings and events in the upcoming planning cycle years while still working to meet the needs of Kansans who require a virtual forum.

As a transition year between two five year state plans, KCDD carried over several grants from the prior planning cycle that still aligned with the current five year state plan to ensure continuity of activities. These grants included: 1) the SACK Leadership Development grant, in partnership with the Kansas Leadership Center, a promising practice that KCDD intends to continue in the current 5 year planning cycle; 2) a grant to increase awareness about the benefits of competitive, integrated employment for people with disabilities; and, 3) two grants with our statewide Family to Family

organization, Families Together, Inc that support promising practices in the areas of increasing awareness of employment via Family Employment Awareness Training (FEAT) and empowering parents to better advocate for their children during the IEP process through the Parent IEP Peer Mentor Project.

KCDD released an Request for Proposals (RFP) during the first year of the planning cycle to address Council Plan Goals and Objectives. The Council, having simplified the structure of the state plan, received higher quality applications and responses than in recent years. The Council awarded grants to the following: 1) the Self Advocate Coalition of Kansas (SACK) to strengthen statewide self-advocacy (DD Act Requirement) by creating leaders in partnership with the Kansas Leadership Center; 2) Special Olympics Kansas to develop a leadership training for athletes, staff and families, and offering trainings to families on issues and opportunities such as Supported Decision Making, Self Advocacy, and ABLE accounts; 3) Employment First of South Central Kansas to host an Employment First Summit; and 4) Kansas University Center on Excellence in Developmental Disabilities (KUCEDD) to develop a self advocate led virtual learning series the Kansas Navigator Series (KNS), with the purpose of (1) increasing awareness of supported decision-making (SDM) among Kansans with intellectual and developmental disabilities (I/DD) and their families and (2) increasing awareness of evidence-based practices to support community inclusion, integration, and access to SDM. (This project aligns with the Council's DD Network Partner's Collaboration requirement.)

These projects will start at the beginning of the FY23 Fiscal Calendar Year and are renewable based upon project progress and outcomes. KCDD continues to offer other entities to request partnership opportunities through Unsolicited Proposal Requests, Sponsorship opportunities and Individual Scholarship opportunities via an open call for investments.

KCDD staff and Council members met frequently with legislators and policymakers over issues and concerns that impact Kansans with I/DD, their families and caregivers. The Kansas Legislature along with Kansas' state agencies increased its capacity to participate in committee meetings and other stakeholder forums virtually, allowing more Kansas families with loved ones with I/DD to monitor and participate in the decision making process.

3. Significant Accomplishments/Barriers to State Plan Implementation

Despite being a year of transition, FY 2022 marked a period of sustained progress toward plan goals, movement towards long term sustainability for ongoing Council projects and activities, and historic systems change outcomes.

As noted earlier, despite KCDD's small team, increase leadership and capacity building of self advocates and family members as well as its robust collaboration with partnerships across the state. The Council remains in a unique position to coordinate and collaborate with a diverse network of stakeholders on KCDD's goals, objectives, and activities that enhance a consumer and family centered system of community based services and supports for people with I/DD in Kansas.

Addressing Council goals, priorities, and targeted areas of emphasis via a collaborative approach fosters local innovation and leverages stakeholder expertise leading to an effective and efficient implementation of proposed state plan activities, and ultimately resulting in long term sustainability.

For the past two years, almost all of the Council's activities were conducted virtually due to the

pandemic. In FY 2022, the Council experienced a reemergence of in person meetings and activities combined with hybrid meetings utilizing technology lessons learned and resulting in more engagement and participation in Council sponsored activities statewide.

Unfortunately, reliable quantitative data collection is still a barrier to full realization of measuring KCDD's state plan outcomes, especially regarding Individual and Family Advocacy measures. The Council has noted in past reports the difficulty in obtaining reliable Individual and Family Advocacy data from grantees. This difficulty arises from a two-fold problem: 1) Self advocates and family members are typically surveyed after a project activity; response rates are typically low (0%-40%) for this population(s) due to reported survey/activity fatigue; and 2) Lack of understanding by subgrantees on the actual data that is needed to be collected that complies with Council federal reporting requirements. It isn't necessarily the case that Council partners are not putting an effort into collecting quantitative data, but rather, confusion as to what quantitative data needs to be collected to satisfy our federal reporting requirements.

Starting in FY23, KCDD plans to implement two important changes for subgrantees. These include by 1) simplifying the reporting/surveys geared toward project participants; and 2) requiring all KCDD subgrantees to participate in an annual reporting/data collection training. This reporting/data collection training is also recorded and made available for review by subgrantees at any time to serve as additional resource. KCDD staff will continue to offer technical assistance on suggested survey questions, and remains available for one v. one technical assistance upon request.

The poor quantitative measures, however, are at least somewhat offset by the rather robust qualitative data collection measures provided by Council staff and project partners leading to a deeper understanding of the impact that Council activities might have for Kansans with I/DD and their families that pure numbers may not effectively communicate.

This past FY three long time Council sponsored and funded promising practices achieved long term sustainability. 1) Kansas has been participating in the Supporting Families/Charting the LifeCourse Framework Community of Practice (CoP) since 2016. During that time, KCDD assumed a leadership role for the state in the CoP and staff have served as statewide facilitator for the Supporting Families/Charting the LifeCourse Framework. Kansas developed a robust network of LifeCourse Ambassadors across the state and knowledge of the Framework is now commonplace. In FY 22, the KDADS assumed a leadership position within the statewide CoP and their staff is now serving as statewide facilitator ensuring the long-term sustainability of Kansas' participation in the CoP as well as signaling to the provider network that the LifeCourse Framework as an individual and family planning tool was considered a best practice by the state; 2) Family Employment Awareness Training (FEAT); and 3) Peer IEP Mentor Project achieved long term sustainability in FY 22. These promising practices, developed and delivered by Families Together, Inc. and funded by grants from the Council were awarded contracts from the Kansas State Department of Education so that they could continue after Council funding and expanded and replicated across the state.

KCDD has an ongoing partnership with the Self Advocate Coalition of Kansas (SACK) and the Kansas Leadership Center (KLC) to deliver integrated leadership training opportunities for self advocates across the state. The learned leadership competencies were put into action as self-advocates engage in public policy and advocacy activities. The impact and dividends of these leadership activities become apparent in Goal 2 of our report as in this past year historic legislative systems change efforts were realized in Kansas, led by self advocates and family members. Self advocates and family

members are now being viewed as subject matter experts on issues that impact their lives by the legislature. KCDD believes that this shift in perception is due not only because of the increased advocacy activity by self advocates and family members, but because there is now a shared "leadership language" with legislators, many of whom have gone through the same leadership training as self advocates and family members at the KLC.

KCDD continues to ensure state legislators hear the stories and learn directly from our self-advocates, families and caregivers when it comes to the impact the state's underfunded service system has on individuals with I/DD as well as how the current workforce crisis in I/DD supports and services. The Council's commitment to this advocacy paid large dividends this past FY as the Kansas Legislature announced historic funding increases to I/DD waiver services this past session. Included in the funding increases were a 25% reimbursement rate increase for providers of HCBS I/DD service providers including Supported Employment Services. This increase amounted to adding \$122.2 million to the Kansas service system, including \$48.9 million SGF. All told, the Kansas I/DD system saw a \$132.4 million dollar increase in funding from various reimbursement rate increases.

Other legislative victories included: 1) the passage of legislation to make Kansas regulations regarding ABLE accounts compliant with new federal standards; and 2) the creation of an I/DD Waiver Modernization Special Committee to examine solutions to the Waiting List and explore options for a Family/Community Supports Waiver. As noted earlier, because of increased advocacy, self advocates and family members are now viewed as subject matter experts in their own lives and were invited to serve on both the Special Committee and the associated workgroup to help develop recommendations for the Kansas Legislature to modernize the I/DD waiver system. This committee met 3 times, with the first meeting to be held at the end of FY 22 and the remaining meetings and workgroups to meet in early FY 23.

The Council hopes to build on the momentum of this advocacy, and advance state legislative in 2023 on Supported Decision Making, state specific legislation on phasing out 14c and legislative and funding proposal to reduce the waitlist by at least 10%.

KCDD staff continues to work with the Kansas Department for Children and Families (DCF) Adult Protective Services (APS) and the Kansas Attorney General's Office Vulnerable Adult Task Force to identify gaps in the service system that can lead to incidences of abuse, neglect, and exploitation of Kansans with I/DD. Part of these efforts include working to create better data collection methods so that the state may make better data driven policy and legal decisions on practices that help to protect vulnerable adults. An example of potential policy change that is being explored in the creation of a unified registry that would allow providers, family members, and self advocates better access to information about potential employment candidates that may not appear on different, fragmented ANE registries within the state.

KCDD staff would like to note that the match amounts in Section V of the annual PPR report are calculated by the Designated State Agency via the amount of match provided (time and resources) by the DSA to ensure proper functioning of the Council in any given fiscal year. The match numbers submitted by the DSA in the 425 report and Section V, therefore, do not include the match provided by subgrantees who contract with the Council, nor does it include dollars leveraged due to Council activities. Where applicable, KCDD staff have noted in Progress Reports and Objective Narratives (Question 10 under Section IV. A in applicable objectives) match provided by subgrantees and dollars leveraged.

4. Needs requiring state plan amendments

No state plan amendments are required at this time. It should be noted that Goal 2, Objective 6 is Kansas' Emerging Needs objective and was not utilized in FY 22.

5. Plan to disseminate Annual Report

KCDD plans to make the full annual report available for download from its website after it is submitted to our federal partners. If any revisions to the annual report are needed, an updated report will be posted. Notification of these postings will be made through both social media outlets as well as through the KCDD email contact list.

As a largely technical document, the annual report is not very accessible for the average reader, let alone a self advocate with I/DD or their family member. KCDD plans to create a slide deck presentation utilizing consumer friendly and plain language highlighting major Council accomplishments over the past fiscal year. This slide deck will serve as a compliment/companion to the full annual report. KCDD will work with the Self Advocate Coalition of Kansas (SACK) to make sure the language used in the slide deck is accessible to self advocates. Copies of the slides in braille or other languages will be made available upon request; KCDD will work with our statewide partners such as the Centers for Independent Living and Families Together, who have translators on staff, to ensure that the highlighted report is accessible to all who request any accommodation to ensure full diversity, equity and inclusion in the dissemination of the annual report.

The slide deck will be available for download from the KCDD website. Notification of its posting will be made through both social media outlets as well as through the KCDD email contact list. KCDD will review the slide deck at the next SACK conference to solicit feedback from self advocates and families on the progress made in the plan so far and suggestions for further Council work in the 5 year planning cycle.

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.
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The Council continues to be fully committed to enhancing its advocacy, programming and representation to ensure more under-served and underrepresented voices are reflected throughout its work. Throughout the Council's work, we focus on meeting advocates where they are.

Expanding Council Representation: During the Council's annual strategic planning retreat, several priorities related to expanding representation were identified. For example, in the new 5 year internal strategic plan for the Council (designed to address Council transition and streamline operations to more effectively address five year state plan goals and objectives), we are working

toward amending our by-laws to ensure we have Council representation and diversity by an advocate from a tribe in Kansas, an advocate who represents an English as a Second Language (ESL) as well as greater representation from our rural communities throughout Kansas from self-advocates and advocates from the community.

Ensuring Accessibility: Our Council website and social media remain the primary vehicle of communication for our Council in Kansas. Our Council social media is facilitated by Rachel Hiles, a woman, disability owned business who ensures the self-advocate perspective is included in all communications. As mentioned earlier, KCDDs current website is fully Section 503 and 508 compliant, and has embedded Google Translate into the website so that non-native English speakers can convert text into 75 different languages. Moreover, the Council also adapted our membership application form to Survey Monkey to make it more accessible for self-advocates and advocates on a computer, tablet or phone.

KCDD works in partnership with SACK to try and ensure that communications from KCDD are presented in an accessible, consumer friendly language and format. KCDD is will provide written materials in alternative formats such as Large Print or Braille upon request for visually impaired self advocates, as well as provide captioning and/or ASL interpretation for self advocates who are deaf/hard of hearing for events with speaking engagements upon request.

Expanding English as a Second Language (ESL) Programming: As mentioned earlier, a continued focus of the Council is to improve the information and awareness surrounding informal and formal supports available to individuals with disabilities and their families. More specifically, a significant gap existing in the ESL community in Southwest Kansas, especially Garden City area, warranting the Council to target this disparity in the five year state plan.

Southwest Kansas is a largely agrarian region of the state punctuated by a large meat packing industry in several communities in that area. Counties in this area of the state are classified as being either "rural" or "frontier" based upon their population densities, yet the economies are dependent upon a workforce that tend to be either immigrant or migrant in nature. Statewide, the Hispanic population accounts for 8.7% of the total state population. Hispanic/English as a Second Language families, however, make up the majority of the population in many of these rural southwest areas of the state, yet they do not comprise a majority of the families and self advocates receiving supports and services in the area.

Council outreach in these areas during the current five year planning cycle has shown that there is multitude of reasons why this disparity exists. First and foremost is the language barrier. For many of the Hispanic families in this area, English is not the primary language spoken in the home; oftentimes, children serve as translators for parents who speak no English. KCDD had begun Council activities in this area during the previous five year planning cycle by offering, in partnership with Families Together, Family Employment Awareness Trainings (FEAT) in Spanish only formats. While this project continued through FY22, it achieved long term sustainability when Families Together was awarded a contract with the Kansas State Department of Education (KSDE) to continue this project.

KCDD is continuing to explore opportunities to expand ESL programming in this area, and statewide through its participation in the 5 year My Transition/My Career grant from ACL that was awarded to the KUCEDD. KCDD serves on the advisory board for this grant, and is continually seeking opportunities for partnership to empower the Hispanic/ESL community in Garden City. As part of the

SACK proposal in response the KCDD RFP, integrated leadership training opportunities will be provided to Hispanic/ESL youth in the Garden City area. The Kansas Leadership Center, who partners with SACK and KCDD on integrated leadership training has programming that specifically targets the Hispanic/Latinx communities in Kansas.

KCDD will also partner with the Kansas Department of Health and Environment to ensure that materials for the "Supporting You" program are translated and offered in Spanish during the upcoming five year planning cycle.

Looking Ahead: In the Council's next 5 year strategic plan, a commitment to Diversity, Equity and Inclusion (DEI) will be reflected throughout the new plan, which will be presented to the full Council at our January 2023 meeting in great detail. The Council will also formally consider a new DEI Council-wide policy, work toward greater diversity in our Council membership and staff including more representation from underserved communities and under-served populations impacted by disability across our state including in our rural communities and expanded engagement with our four Indian reservations in Kansas.

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.

The Council is implementing a 4-step evaluation plan to help it assess the progress, activities and partnerships made towards achieving the stated outcomes of the goals for the current five year plan. This evaluation plan creates a feedback loop that will allow the Council to adjust and modify its planned activities on an ongoing basis so as to continually make progress on Council goals.

The evaluation plan consists of the following steps: 1) Promote Quality Data Collection; 2) Analyze Data on a Regular Basis; 3) Make Data Based Recommendations; and 4) Implement Data Based Recommendations. More specifically, the Council has outlined the following components of this 4 step process below.

Promote Quality Data Collection: Evaluation of Council activities and their impact toward achieving goal outcomes begins with consistent, reliable, and valid data. The current 5 year plan is structured so that specific Council and Council sponsored activities correlate directly with specific OAIDD Individual/Family Advocacy (IFA) and Systems Change (SC) performance measures. If a Council activity focuses on the on "Empowering Self Advocacy" goal, the data collected by either Council staff or activity partner will primarily reflect performance measures that track IFA measures. Likewise, if a Council activity focuses on the "Lead Systems Change" goal, the data collected by Council staff or activity partner will primarily reflect performance measures that track SC measures.

Specific OIDD performance measures for each goal, objective and activity can be found in the annual work plan. By linking Council goals, activities, and performance measures together, the Council can

provide clarity to staff, activity partners, and Council members as to what data is collected and how it is to be collected and reported back to the Council and our federal partners.

The Council will ensure that current and future staff receive training on OAIDD performance measures. The Council will also provide training to activity partners (i.e., grant and contract recipients) to ensure that consistent, reliable, and valid data is implemented. Of particular note, Council activities that focus on the "Empowering Self Advocacy" goal will target data collection that ensures that the three requirements of the federally required self advocacy goal are analyzed and evaluated for effectiveness.

The Council and its partners will provide accessible and culturally competent evaluation opportunities for project participants to understand the demographics of who has served in order for the Council to implement needed improvements so that all communities and cultures can participate. The Council will work with partners to monitor and evaluate both output and outcome measures to better understand how many people are impacted by the Council's work, and whether or not Council activities led to the desired outcome measures of empowering their advocacy as a result of Council work.

For example, the increase in advocacy activity can be measured with the sub-outcome measures of whether or not there was an increase in people's ability who are able to say what they want or say what services and supports is important to them, whether or not they are now participating in advocacy activities, and whether or not they obtained a position on a cross disability coalition, policy boards, advisory board, governing bodies, and/or serving in a leadership position. The Council will also collect satisfaction data on all Council activities when relevant.

Numbers alone, however, do not paint the entire picture of the effectiveness of Council activities. Council staff and partners will also collect individual and systems impact stories and testimonials that illustrate how the numbers behind Council activities impacted the lives of Kansans.

Analyze Data on a Regular Basis: As part of State requirements, Council activity partners that receive either grant or contract money must submit quarterly reports to both the Council and the State to track work progress unless otherwise specified (i.e. grant, contract, or sponsorship is in support of a one-off event or activity, for example). Council staff will collect the data from staff and partner activities and share it with the KCDD Grant Outcome Committee which will review the data on a regular basis and make recommendations based upon their findings to the full Council.

Data review will be monitored against projected output and outcome measures identified in the annual work plan. Council staff will also provide the Council with data based report on staff led projects on a regular basis that compares projected activity outputs and outcomes and measured outputs and outcomes. These periodic reports will allow the Council and its federal partners to better understand whether an activity is in a planning, implementation, or completion phase. The Council does have the option of convening an ad hoc committee to address any unforeseen opportunities or issues that might arise that fall outside the scope of the KCDD Grant Outcome Committee.

Make Data Based Recommendations: Council staff, the Grant Outcome Committee, and any other relevant committee will make recommendations to the full Council as to how the Council can improve activity outputs and outcomes based upon the data collected by staff and Council partners. This data will also allow the Council to explore options for activities that are not currently part of the state plan

but could be added via a state plan amendment. In particular, by utilizing a data based output and outcome approach to plan evaluation, the Council can analyze lessons learned from successful activities, and ideally, apply them to other activities or expand and scale the scope of those successful activities.

Conversely, by taking a data based approach to plan evaluation, the Council and staff will be able to quickly identify activities that are not meeting expected outputs and outcomes as outlined in the annual work plan, and work to identify barriers to successful implementation of the plan and potential solutions to overcome those barriers. The full Council, armed with this data, can then make recommendations on next steps in plan implementation.

Implement Data Based Recommendations: Council staff will implement Council recommendations into staff run projects, and will share recommendations with activity partners resulting in a continual refinement and, ideally, improvement in Council activity outputs and outcomes. The implemented recommendations will be subject to the improved data collection measures outlined earlier in the evaluation plan. Utilizing this four-step approach to plan evaluation will create a consistent, sustained feedback loop that results in ongoing measurement, evaluation and implementation of the plan designed for continuous improvement.

The Council has noted in past reports the difficulty in obtaining reliable Individual and Family Advocacy data. This difficulty arises from a 2-fold problem: 1) Self advocates and family members are typically surveyed after a project activity; response rates are typically low (0%-40%) for this population(s) due to reported survey/activity fatigue, and 2) Lack of understanding by subgrantees on the actual data that is needed to be collected that complies with Council federal reporting requirements. It isn't necessarily the case that Council partners aren't trying to collect quantitative data, but rather, there seems to be some confusion as to what quantitative data needs to be collected to satisfy our federal reporting requirements.

Starting in FY 23, KCDD will address both of these issues by: 1) simplifying the reporting/surveys asked of project participants, and 2) requiring all KCDD subgrantees to participate in a reporting/data collection training. This reporting/data collection training has been recorded and is available for review by subgrantees at any time. KCDD staff will also offer suggested survey questions, and will be available for technical assistance upon request.

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.
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The evaluation plan for the next 5 years is building on work identified from our last plan's lessons learned. The primary goals of "Creating Leaders and Empower Advocacy", and "Lead Systems Change" have assisted KCDD in simplifying the activities that are focused on by our small staff. KCDD has primary audiences of self advocates, family members and caregivers with secondary audiences of professionals, Kansas Legislators/state officials and the community at large. All targeted audiences/project participants have been extensively involved in all of the goal areas this year. In total, KCDD led outreach to at least 1,392 Kansans.

While the documentation of demographic data is still challenging for KCDD. The Council will ensure that current and future Council staff receive training on OIDD performance measures; the Council will also provide training to activity partners (such as grant and contract recipients) to ensure that consistent, reliable, and valid data is implemented. KCDD staff will also look at simplifying respondent survey questions to make data collection more accessible. Of note, KCDD activities that focus on the "Empowering Self Advocacy" goal will target data collection that ensures that the three requirements of the federally required self advocacy goal are analyzed and evaluated for effectiveness. Goals were rated on significant progress, progress or no progress, both goals have had significant progress in total.

Organizing based on our planned evaluation activities:

- 1) Promote Quality Data Collection: For each unsolicited proposal KCDD staff explained the need for as much demographic information and outcome survey as the event allowed for. For existing grantees, we asked grantees to add additional information as available. This was implemented in the fourth quarter so was less successful than anticipated for FY23.
- 2) Analyze Data on a Regular Basis: While staff changes made for fewer KCDD Grant Outcome Committee meetings 2 meetings were held and staff reviewed the other 2 quarter reports from grantees. The committee reviews activities, problems or obstacles, goals for the following quarter compared to grant deliverables.
- 3) Make Data Based Recommendations - Due to the difficulties in collecting data in many event forms, KCDD has made changes to give grantees more direction on what data is required and provided survey template and reporting forms to assist them in meeting this need. Once there is progress KCDD will be able to make an evaluation of quality of impact of the grantee training and assistance provided. This will be especially evident when comparing new grantee to existing grantees.

Overview of goal progress for FY22

Goal 1. Create Leaders and Empower Advocacy: Two areas of focus have been self advocates and families.

Self Advocate Coalition of Kansas (SACK) continues to make progress on increasing self advocates visibility in Kansas. Advocates were frequently testifying this session on topics from funding increases to NIMBY issues. They also participated in the Legislative IDD Modernization Committee. The return of in person SACK conference was a celebration of relationships and the power of peer support. The impact of Council activities, however, are becoming more apparent as self advocates are being recognized as leaders and are now more naturally assuming leadership activities.

Family advocacy training and development-Several of the key activities are continuations of the Council's previous 5 year state plan, and will remain an objective in the Council's state plans for the foreseeable future. Significant progress has been made on this objective, not only in this fiscal year, but in prior planning years as well. The impact of Council activities, however, are becoming more apparent as family advocates are being recognized as leaders and are being invited to stakeholder groups independently of their involvement with the council. The newest key activity is still in its planning stages but will build on the other activities.

Goal 2. Lead Systems Change:

Increasing awareness of formal and informal supports and services with focus on transition- The 2 main areas used to focus on transition made significant progress. The Family Employment Awareness Training (FEAT) trainings were deemed successful enough that other states are wanting to replicate the trainings, and Families Together, Inc. received a contract with the Kansas State Department of Education to ensure long term sustainability. Secondly, KCDD has continued to promote the Employment First Summit as it was successful enough to continue hosting this event, with plans to add other regions of the state for future events.

Increase access to formal and informal supports for those on the waiting list or wanting more individualized supports and services- KCDD has had concern about the growing waitlist and the extreme length people are waiting for services 10+ years at this time. During this year KCDD worked with legislators to help them understand the significance of the care crises and dire need for IDD HCBS waiver rate increases. Due to this advocacy the legislature also created a short-term committee on IDD modernization, which KCDD was also invited to assist the Legislative research staff to identify states who had successfully dealt with waiting lists. KCDD also participated in the discussion and development of recommendations to the committee. This was a significant progress toward the goal of eliminating the waiting list.

Targeted disparity- Latinx Kansans have been a focused population for KCDD and the primary tool this year was the FEAT program as they have been adding Spanish language presentations. KCDD believes that progress was made in the effort to increase awareness of services that meet individual needs and preferences of self advocates and family members in the Garden City area who are Spanish speaking.

ANE- KCDD worked with Adult Protective Services (APS) to develop a cross discipline learning collaborative to address Adult decision making. The collaborative includes medical, legal, financial, social service professionals to increase everyone's understanding of adult capacity, individual's rights and alternatives to guardianship. This will be an 18 month long process and is showing great promise. KCDD staff continue to work with the Attorney General's Elder and Dependent Adult Abuse Prevention Council to provide presentations, discuss known gaps in the system and promote the concept of a universal registry. The continued progress in this challenging area will grow over the next year. One challenge was around the staffing changes.

Supported Decision Making (SDM)- KCDD has made significant progress around increasing families increased awareness and utilization of Supported Decision Making (SDM), an alternative to guardianship. While the SDM (HB 2122) bill stalled in the house at the last moment work will continue next year. The SDM Summit provided training on alternatives to guardianship to families, self advocates and professionals on all forms of SDM and guardianship alternatives. The event also provided information on ABLE accounts, Supporting You (peer family program), LifeCourse person centered planning and lived experiences of adults using SDM. It was very well received and recorded for future use.

The emerging needs objective and was not utilized in FY 22.

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.
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KCDD started the FY with five staff (i.e., Executive Director, Administrative Assistant, and three Policy and Programmatic team members). In June, that number was reduced to 2 team members on the Policy and Programming team. Despite this situation, KCDD continued to achieve results toward its goals due to the established grants. The Council Members provided additional volunteer support and assisted with the recruitment of a new executive director, release of an RFP with the accompanying evaluation and bid awarding. Moreover, the existing staff leaned on its partners for further collaboration during this period of transition.

KCDD has experienced continual data collection struggles. It appears family response rates have dropped off significantly compared to past years (possibly due to pandemic zoom fatigue), while qualitative responses have increased. To address this barrier, KCDD provided training to all new grantees and provided a survey template and event summary form to provided needed demographic and related outcome data. This work remains difficult in reports are only received quarterly and then once feedback is given there is another quarter before results are received. As well as many events are only held annually or semiannually. However, KCDD is committed to this improvement area.

C. Input on National Priorities	
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Based upon the work generated for the five year state plan for the Kansas Council on Developmental Disabilities, the Council recommends the following recommendations for input on national priorities:

- Elimination of State Waitlists in Kansas and Throughout the Country: In Kansas, we continue to face a significant crisis when it comes to the number of individuals who are waiting more than 10 years to receive services. As of September 8, 2022, our state currently has 4,814 individuals with I/DD waiting for HCBS waiver services. KCDD, self advocates, and our DD Network Partners, the Disability Rights Center of Kansas and the Kansas University Center for Developmental Disabilities, successfully advocated for the creating of a Waiting List Study in Kansas so that policymakers and providers can make more informed, data driven decisions regarding the needs of people who are waiting for supports and services. Efforts to eliminate the waiting list in Kansas, and those across the nation, must be driven by accurate and reliable data so that proper planning for adequate supports and services can be provided to meet the individual needs and preferences of those waiting for services.
- Federal Elimination of Subminimum Wage/14(c) Certificate Program led by the U.S. Department of Labor: The phase out of 14(c) continues to advance in state capitals across the country. Further, the National Disability Council (NCD), U.S. Civil & Human Rights Commission, AbilityOne Program as well

as other prominent organizations continue to support the phase out of sub-minimum wage. The Council supports the elimination of this archaic policy and encourages coordination between the Administration and Congress to eliminate this 1938 law.

-Disability and Caregiver Workforce Crisis: Kansas, like the rest of the country, is facing a shortage of Direct Support Professionals (DSP).

Targeted Case Management (TCM) provides a crucial and necessary level of support for individuals and families across the individual with I/DD's lifespan whether they are on the waitlist or receiving waiver services. One of the most effective tools to empower people with disabilities and families is to strengthen network of Targeted Case Management (TCM) system and workforce (i.e., providers). This service/support might be known by other names in other states such as Care Coordinator, Service Navigator, etc.

Unfortunately, TCM is not a waiver service, and did not benefit from the 25% reimbursement I/DD waiver rate increase that was approved by the Kansas Legislature that went into effect on July 1, 2022. In fact, it has been over ten years since TCM services in Kansas have seen a reimbursement rate increase. As a result, the state has begun to lose vital TCM provider capacity and talent over the past several months.

KCDD also believes that the direct support professional profession should be considered an "in-demand job" by the national workforce network and the US Department of Labor. To meet the criteria as an in-demand" job for O-Net classification, however, direct support professionals need to be guaranteed both a competitive wage and benefits--something that is all too often, not guaranteed by current national and statewide reimbursement rates for I/DD supports and services.

There needs to be the development of a national career ladder for those who are exploring the DSP field as a career and not just a job, and there needs to be an emphasis on providing paid training and accreditation for Direct Support Professionals that is nationally recognized.

Nationwide, Medicaid reimbursement rates are too low for providers and individuals who self directed services to offer competitive employment rates for qualified individuals as Direct Support Professionals (DSP). ANCOR notes that there is currently insufficient data on wages and how that can be used to attract new members of the workforce, low wages due to current reimbursement rates, insufficient benefits for the workforce, a lack of ongoing support, career advancement opportunities, and public recognition of the value of direct support professional as a career. Long term demographic trends also suggest that this workforce crisis will only worsen as many of the current DSPs are aging and exiting the workforce themselves.

Potential opportunities for collaboration exists between ACL and Dept. of Commerce to increase awareness of DSP as a career trajectory; the use of technology to support people with disabilities (virtual assistance) could also alleviate some of the capacity issues for people who need fewer supports, however, there remains barriers to technological access due to funding and a lack of connectivity in rural areas such as Kansas. Increasing opportunities for family supports could be a cost effective way to provide long term, quality supports for people with disabilities and at the same time, address the current workforce crisis.

-National Transition Bill of Rights: Students with an IEP have certain rights under both state and federal law. A National Transition Bill of Rights would help students, parents, educators and supports

understand a person's rights related to getting an education and other important issues regarding the transition to life after high school. Proper and effective transition planning helps to promote opportunities for greater independence and higher quality of life throughout a person's lifespan.

-A National Alternative to Guardianship/Supported Decision Making: The incidence of guardianship for individuals with I/DD is much higher than any other population with a disability determination. While many, if not most guardianships are entered into with the best of intentions, ultimately, guardianship robs an individual of personal rights and liberties. States that have adopted Supported Decision Making legislation/policies have seen a decrease in guardianship which will, ultimately, foster greater independence and preservation of personal rights and responsibilities.

-National Project of Significance on Abuse, Neglect, and Exploitation (ANE): People with I/DD are 7x more likely to be victims of ANE in their lifetime. It is imperative that we understand why and how people with I/DD experience ANE across the lifespan, the risk factors that contribute to ANE, and how to mitigate those risk factors to help prevent ANE before it happens. There also needs to be greater understanding of how people with disabilities intersect with the reporting and enforcement agencies and whether or not people with I/DD (and other disabilities) are "revictimized" during the reporting, investigative, and remediation process.

-Affordable and Quality Housing: The housing crisis that individuals with disabilities face can only be solved at a local level. However, innovation, funding and the new incentives can all help bolster new, creative solutions that increase options for safe, affordable and quality housing throughout Kansas and across the country. The Council would like to see more coordination between ACL and HUD as well as new funding mechanisms to support housing innovation projects and developments that increase access to new housing solutions and promote economic development opportunities in our rural, urban and suburban communities.

According to CMS guidance given for the HCBS Settings Final Rule, "...states, as opposed to individual providers, have the responsibility for ensuring that individuals have options available for both private and shared residential units within HCBS programs." While at first glance this guidance would seem to ensure that people with disabilities would have the opportunity to live independently in a private setting with supports, the reality of the housing market would dictate otherwise. The National Low Income Housing Coalition's (NLIHC) annual report recently took a look at the Housing Wage, an estimate of the hourly wage a full-time worker needs to earn to afford a rental home at the US Department of Housing and Urban Development's fair-market rent. NLIHC found that a worker needs to earn seventeen dollars and ninety cents an hour at a full time job, 40 hours a week, 52 weeks a year; to afford a modest one bedroom apartment. That's 10 dollars more than the federal minimum wage of seven dollars and twenty five cents.

Most people with I/DD do not have the resources to afford even a one bedroom apartment on their own, and the income threshold needed to afford a one bedroom apartment would automatically disqualify them from Medicaid waiver services in states such as Kansas where that level of income would no longer qualify the person to be considered indigent for eligibility considerations. This situation puts states in the paradoxical position of having to ensure adequate housing (which can't be paid for using Medicaid dollars) for people who receive Medicaid paid supports that can only be afforded by people who wouldn't be eligible for Medicaid paid supports due to having too many assets. While individuals can leverage public housing and vouchers, there is usually a waiting list for these services and often in undesirable locations, once again, only serving to "disconnect" the person

with a disability from the larger community of their choice.

-Increasing Access to Transportation Options: Transportation remains a significant barrier to competitive, integrated employment throughout our country. Like the housing crisis, this too, can only be solved by providing local transportation options that meet the needs of the individual and the community they choose to live in. Practical public transportation options are extremely limited from our rural communities (which are nonexistent) to our more affluent suburban communities where they are not reliable, affordable and sometimes not safe. The Council would like to see more coordination with ACL and DoT to create new programs, funding mechanisms to strengthen local solutions for transportation as well as ease restrictions on federal benefits, through partnerships with CMS, that allow self-advocates to utilize resources to find individualized transportation options, like Uber, Lyft, Cab Vouchers and even hiring a peer or caregiver to help assist with transportation supports.

-Access to Technology: Going forward, the nation should look to broaden its scope of cultural diversity activities by promoting access to technology and the internet. Technology can connect people, allow opportunities to learn, and can be used to augment and supplement personal supports and services. Given the nationwide workforce crisis, and how comfortable today's youth are with technology, it would make sense to shift our national priority to include some type of "Technology First" initiative such as has been implemented in Ohio. But getting technology into people's hands isn't enough; people need universal access to broadband internet the same way that they have access to electricity, water, and gas to get the full benefit of technology. Rural areas in the nation are especially hard hit when it comes to broadband access, but new innovations such as satellite internet may remove the geographical barrier. Even if a person has broadband access in their current community, it doesn't help them if they can't afford to access it. People with disabilities all too often live in poverty and can't afford broadband access. To ensure access to the community, including access to telehealth, telemedicine, and telesupport, access to the internet should ultimately be included in Medicaid reimbursement options.

SECTION IV: STATE PLAN IMPLEMENTATION PROGRESS REPORT

Planned Goals

Goal 1: Create Leaders and Empower Advocacy

Section IV: A

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

Strategies	Planned for this Goal	Strategies Used
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Outreach	Yes	Yes
Training	Yes	Yes
Supporting and Educating Communities	Yes	Yes
Interagency Collaboration and Coordination	Yes	Yes
Coordination with Related Councils, Committees and Programs	Yes	Yes
Coalition Development and Citizen Participation	Yes	Yes
Other Activities	Yes	Yes

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

Goal Narrative
<p>Creating Leaders and Empowering Advocacy continues to be a strength for the Council, and ongoing significant progress was made toward the goal objective of "People with I/DD, as valued members of their communities, belong and thrive at all tables where voices are shared and regarded, including organizational and civic boards. Their role as community leaders is welcomed and respected. Empower families to advocate for change. Provide equitable access to statewide support services for all families of loved ones with I/DD, thereby increasing their ability to navigate and understand the system, offer long-term stability to the family unit, and break down barriers."</p> <p>The Council, SACK and the KLC continued the work in partnership to create and turn the leadership principles taught at KLC into consumer friendly language so that self-advocates can teach the leadership competencies to other self-advocates.</p> <p>As more self-advocates participate in leadership training from KLC, the language of leadership is becoming ingrained in the self-advocacy movement in Kansas. A key tenet of the KLC leadership philosophy is that leadership is an activity, not a position--and that anyone, at any time, at any place can practice leadership.</p> <p>In Kansas, these leadership skills have been put into action as self-advocates engage in public policy and advocacy activities. The impact and dividends of these leadership activities become apparent in Goal 2 of our report as in this past year historic legislative systems change efforts were realized in Kansas, led by self advocates and family members. Self advocates and family members are now being viewed as subject matter experts on issues that impact their lives by the legislature. KCDD believes that this shift in perception is due not only because of the increased advocacy activity by self advocates and family members, but because there is now a shared "leadership language" with legislators, many of whom have gone through the same leadership training as self advocates and family members at the Kansas Leadership Center.</p> <p>Self-advocates who've gone through the integrated leadership training offered by KLC have gone on to teach these principle to other self-advocates, not only in Kansas, but in the region (KS,NE, MO &</p>

IA), and at the national level. SACK reported that the next regional Seeking Opportunities for an Advocacy Revolution (SOAR) conference will be hosted by Kansas self advocates.

Although much of SACK's work had been conducted virtually the past two years, the winding down of the pandemic allowed SACK to once again resume in-person activities including establishing and strengthening local self-advocacy groups in Kansas and offering in-person integrated leadership training opportunities at KLC the latter half of the year.

Self-advocates that have gone through the KLC Leadership Training have gone on to serve on numerous committees and workgroups including, but not limited to, the Planning Committee for the Disability Caucus, Peer Mentors for the Kansas Youth Empowerment Academy (KYEA) Youth Leadership Forum (YLF), University of Kansas Internal Review Board to help ensure self-advocates can provide opinions on a wide range of topics without undue burden or external influence, and the ACL My Transition/My Career 5 year grant conducted by the University of Kansas Center on Developmental Disabilities. At the Disability Caucus, self advocates not only helped to plan the event, present breakout sessions on Supported Decision Making and Housing, and reporting out to the general assembly, but they were featured as closing keynote speakers for the event as well.

Self advocates who have gone through the KLC leadership training also served as Peer Mentors at the KYEA Youth Leadership Forum helping future self advocate leaders explore their strengths and discover their voice, sometimes literally. One participant's parents noted after attending YLF, "Kyle had an amazing week, and, although it seems little to others, to us, a huge thing that came from the week was Kyle is now more comfortable ordering his own food when we go to restaurants. Because of his stutter, he often had us order for him." His Pre-ETS specialist reported that Kyle very excitedly told her that the KSYLF was "awesome!" and that he learned a lot. He talked most about learning about other disabilities.

Going forward, KCDD will continue its partnership with SACK and the Kansas Leadership Center as well as partnering with other advocacy organizations working to empower self advocates and family members so that they can lead systems change in Kansas. SACK, in its upcoming grant period will also be targeting populations that have historically been underserved in leadership activities looking recruit more Hispanic, Spanish speaking self advocates in Garden City, people of color in Wyandotte County, and youth across the state.

FY22 was a period of transition for the Council. Not only did the Council transition from one five year planning cycle to another, and experienced a transition of 60% of its staff, it also saw a successful transition of two Council family advocacy projects into long term sustainability with outside organizations. KCDD has had a grant with Families Together, Inc. for a Peer IEP Mentor project where family members are trained and supported by family member peers to more effectively advocate for their loved one during the IEP process so that more effective outcomes and higher quality of education support services can be achieved. The program was successful enough that the Kansas State Department of Education contracted with Families Together to continue this program and facilitate its expansion statewide.

KCDD remains the statewide facilitator for the Supporting Families/Charting the LifeCourse Framework Community of Practice since Kansas began participating in the CoP in 2016. During this time, Kansas has developed a robust network of LifeCourse Ambassadors across the state and has worked to embed the LifeCourse Framework into the fabric of Kansas' I/DD supports and service

system. During FY22, the Kansas Department for Aging and Disability Services (KDADS) began having staff attend Ambassador training and assumed the lead facilitator role in the state going forward ensuring the long term sustainability of Kansas' participation in the CoP as well as signaling to the provider network that the LifeCourse Framework as an individual and family planning tool was considered a best practice in the state.

KCDD partnered with Aetna Better Health of Kansas and the University of Missouri Kansas City Institute for Human Development to offer Kansas families two LifeCourse Framework Lunch and Learn Opportunities during FY22. KCDD will continue this partnership with Aetna Better Health of Kansas to offer Charting the LifeCourse Training opportunities to the Kansas I/DD provider network in FY23.

KCDD had a \$50,000 grant with Families Together to create the Parent IEP Mentor Project. This promising practice has been an ongoing project of KCDD and has become successful enough for the program funding to transition to the Kansas State Department of Education (KSDE) to achieve long term sustainability.

KCDD partnered with a family caregiver and the Kansas Department of Health and Environment (KDHE) to offer a three day screening of the Unseen video documentary, highlighting the struggles of family caregivers. During this three day event, a special screening was held with a panel of family caregivers that was also attended by two state legislators who, after hearing from the panel, pledged to support legislation supporting family caregivers in upcoming legislative sessions.

KCDD also witnessed an uptick in the number of family caregivers who offered legislative testimony in FY22; the impact of having family voices heard was an unprecedented increase in the I/DD waiver reimbursement rate in Kansas (25% increase).

No state plan amendments are required for Goal 1, "Create Leaders and Empower Advocacy", at this time.

Objective 1: Establish and Strengthen Statewide Self Advocacy (DD Act Requirement): By 2026, Kansas will strengthen a state self-advocacy organization led by people with DD, the Self Advocate Coalition of Kansas (SACK), through supporting and increasing the number of self-advocates who participated in leadership training so they can provide others, including additionally identified self-advocates, with opportunities to learn and engage in personal, collaborative, and civic leadership so that self-advocates can be on workgroups, committees, Councils, and commissions.

3. This objective is:	Individual & Family Advocacy
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4. This objective is:	New
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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
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A demonstration of projects or activities	No
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6. Stage of Implementation:	Implementation
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<p>7. Provide an overall description of this effort:</p>	<p>Key Activity 1.1.1: Partnership with SACK and Kansas Leadership Center for self advocate leadership training Key Activity 1.1.2: Sponsorship of SACK conference Key Activity 1.1.3: Partner with stakeholder groups to identify new self advocates for leadership training opportunities Key Activity 1.1.4: Sponsorship of Kansas Youth Empowerment Academy Youth Leadership Forum Key Activity 1.1.5: Sponsorship of Kansas Disability Caucus Key Activity 1.1.6: Individual Scholarships and Sponsorships for leadership trainings and activities</p> <p>Background: KCDD understands that all systems change begins not with professionals and policy makers, but with the efforts and outreach of self advocates and the family members who love and support Kansans with I/DD. Any systems change must begin with the very people it is designed to serve: Nothing about me without me. Systems change must be led by self advocate and family member leaders, and is thus the foundation for the Council's first Goal: Create Leaders and Empower Advocacy: People with developmental disabilities and their families will have access to leadership development trainings and tools so that they can better advocate for their needs and preferences.</p> <p>The Council firmly believes that, "people with I/DD, as valued members of their communities, belong and thrive at all tables where voices are shared and regarded, including organizational and civic boards." Their role as community leaders is welcomed and respected. This firm commitment is the basis for Objective 1: Establish and Strengthen Statewide Self Advocacy (DD Act Requirement).</p>
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	<p>People with developmental disabilities need flexible supports to enable them to live in and meaningfully participate in their communities, and there is a continuing need to address the barriers to self-direction.</p> <p>Strategies/Key Activities: Activities undertaken by the Council in the past year were designed to support Self-Advocates to create leaders and empower advocacy, including the following:</p> <ul style="list-style-type: none">- Funding and scholarship for Self-Advocates, support staff and families to attend integrated and/or advanced leadership training, including lodging, board, travel, training materials, and individualized support, as needed, both locally and nationally (as per federal mandate). (Key Activity 1.1.1)(Key Activity 1.1.3)(Key Activity 1.1.6)- Financial and staff support for the annual SACK conference (as per federal requirements to support statewide Self-Advocacy programs). (Key Activity 1.1.2)- Support of long-term cultivation of advocacy efforts across the lifespan. (Key Activity 1.1.4)- Support to ensure opportunity to exercise leadership training activities by Self-Advocates (as per federal mandate). (Key Activity 1.1.5)- Engagement in cross-disability coalition building and advocacy efforts. (Key Activity 1.1.5)- Support and collaboration between organizations and with network partners to increase public knowledge of best practices leading to more informed choice and community engagement. (Key Activity 1.1.5) <p>The Self-Advocate Coalition of Kansas (SACK) was awarded a \$50,000 sole source contract from KCDD. As part of that contract, SACK will continue to grow the number of local community Self-Advocacy groups in Kansas, and insure that Self-Advocates have the opportunity to participate in Leadership Training through the Kansas Leadership Center (KLC). (SACK) has emerged as not only a statewide resource on how to empower Self-Advocates to become more effective leaders, but has become a national resource as well due to our partnerships with the Kansas Leadership Center and inclusion of Self-Advocates in integrated leadership training. This activity was carried forward from</p>
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	<p>the prior 5 year planning cycle due to its success; it is quickly emerging from a promising practice to a best practice activity.</p> <p>Self Advocate leadership has become engrained in the Kansas advocacy culture over the past several years and is at the forefront of all SACK activities, including the annual SACK conference. The SACK conference is often the first time newly identified self advocates learn about the Leadership Competencies taught by SACK's partnership with the Kansas Leadership Center. Because of this, KCDD is a perennial sponsor of the annual SACK conference.</p> <p>KCDD also believes that leadership occurs across the lifespan, and that tomorrow's leaders are today's youth. KCDD also believes that self advocates who have gone through leadership training often serve best as peer mentors to today's youth and can connect with them in unique ways due to having lived experience as a person with a disability. KCDD has historically helped to sponsor the Kansas Youth Empowerment Academy (KYEA) Youth Leadership Forum (YLF), but has been unable to do so for the past couple of years due to the worldwide pandemic. As we emerge from the pandemic, KCDD had hoped that the Youth Leadership Forum would resume, and planned on being a sponsor of the event. Fortunately, this past year, KYEA felt that with sufficient precautions the YLF could be held in person again utilizing self advocates who had both lived experience and leadership training as peer mentors. KCDD was able to sponsor the event once again.</p> <p>Expected Objective Outcome: By 2026, Kansas will strengthen a state self-advocacy organization led by people with DD, the Self Advocate Coalition of Kansas (SACK), through supporting and increasing the number of self-advocates who participated in leadership training so they can provide others, including additionally identified self-advocates, with opportunities to learn and engage in personal, collaborative, and civic leadership so that self-advocates can be on workgroups, committees, Councils, and commissions.</p>
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Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
IFA 1.1 The number of people with developmental disabilities who participated in Council supported activities	Yes

designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems; 8 New Self Advocate Leaders from partnership with SACK and KLC	
IFA 1.1 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; 100 Self Advocates who learned about Self Advocacy from attending SACK conference	Yes
IFA 1.1 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; 2 New Self Advocate Leaders identified from partnership with stakeholder groups	Yes
IFA 1.1 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; 3 Youth with I/DD will increase advocacy skills from participation in Youth Leadership Forum	Yes
IFA 1.1 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; 10 people will I/DD will increase advocacy skills from participation in Disability Caucus	Yes

10. The report should include the following:	<p>(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.</p> <p>(b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative.</p> <p>(c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.</p> <p>(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)</p>
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Implementation Activities: Key Activity (1.1.1; 1.1.3; and 1.1.6) Partnership with the Self Advocate Coalition of Kansas (SACK) and the Kansas Leadership Center (KLC) for Self-Advocate Leadership Training; Partner with Stakeholder groups to identify new self-advocates for leadership training opportunities; and, Individual Scholarships and Sponsorships for leadership trainings and activities: KCDD partnered with SACK through a \$50,000 grant/contract as part of the DD Act requirement to Establish and Strengthen Statewide Self Advocacy and increasing the number of self-advocates who have participated in leadership training so they can provide others, including additionally identified self-advocates with opportunities to learn and engage in personal, collaborative, and civic leadership so that self-advocates can be on workgroups, committees, Councils, and commissions. Dollars matched/leveraged: \$16,000 in in-kind donation by self advocates participating in leadership activities.

Although much of SACK's work had been conducted virtually the past two years, the winding down of the pandemic allowed SACK to once again resume in-person activities including establishing and strengthening local self-advocacy groups in Kansas and offering in-person integrated leadership training opportunities at KLC the latter half of the year. As a result of these efforts, six self-advocates attended the KLC Leadership training in July and another six self-advocates attended the training in September. Attendees of these trainings presented at the SACK conference about their KLC experience.

The leadership training partnership between KCDD, SACK, and KLC has created many opportunities for self-advocates to engage and practice leadership competencies. SACK has helped self-advocates provide legislative testimony over the past year, especially for the Joint Bob Bethell KanCare Oversight Committee which monitors and makes recommendations regarding managed care waiver services in Kansas along with other legislative committees. Some outcomes of these testimonies include: withdrawal of potential legislation that potentially excluded group home settings in certain locales, and an increase in funding for I/DD waiver services. (The increase in funding for I/DD waiver services will be covered in more detail under Goal 2, Objective 3 of this report.) Because of the leadership displayed by self-advocates in Kansas, some self-advocates were asked by a Special Committee Chair and the Kansas Legislative Research Department to serve on a workgroup for a Special Committee on Intellectual and Developmental Disabilities Waiver Modernization. The first meeting of this group was at the end of the fiscal year and will continue into FY23. The purpose of the Special Committee is to explore ways to reduce the waiting list in Kansas and perhaps implement a Family/Community Supports Waiver alongside the current I/DD Comprehensive Waiver so that Kansans may have a wider array of supports and services which better meet their individual needs and preferences.

Self-advocates that have gone through the KLC Leadership Training have gone on to serve on numerous other committees and workgroups including, but not limited to, the Planning Committee for the Disability Caucus, Peer Mentors for the Kansas Youth Empowerment Academy (KYEA) Youth Leadership Forum (YLF), University of Kansas Internal Review Board to help ensure self-advocates can provide opinions on a wide range of topics without undue burden or external influence, and the ACL My Transition/My Career 5 year grant conducted by the University of Kansas Center on Developmental Disabilities.

Self-advocates have the opportunity to exercise their leadership skills by offering presentations and training on self-advocacy, supported decision-making, transition, and diversity, equity and inclusion. SACK staff presented at the Governor's Crime Rights Conference on Providing Culturally Competent Services and Supports for Self-Advocates Experiencing Sexual Violence with a focus on Supported Decision Making (SDM) and Person-Centered Supports. SACK staff has also presented multiple trainings on Supported Decision Making across the state. SACK was awarded the Promoting Equity Award from the Council for Exceptional Children/Division on Career Development and Transition this past summer. It was the first time that this national award had been given to a self-advocacy organization.

This past year, SACK applied for, and was awarded, another 5-year grant from the Council to continue their support and expansion of self-advocacy across the state, and to continue to partner with KLC in offering integrated leadership training. As part of this 5-year grant cycle, SACK has said that there will be an emphasis on ensuring that youth, African American self-advocates, and Hispanic/Spanish speaking self-advocates are able to participate in the KLC leadership training opportunities.

Key Activity (1.1.2) Sponsorship of the SACK conference. KCDD partnered with SACK with a \$30,000 sponsorship of the 2022 SACK conference. Dollars matched/leveraged: \$27,500 via SACK cash from registrations and in-kind donations and other sources such as matching sponsorships.

200+ self-advocates were registered and attended the conference. Throughout the course of the day (Saturday) self-advocates could choose from among sixteen (16) Learning Sessions to attend. Most Learning Sessions were presented by self-advocates and all included an interactive section that included self-advocates and their opinions. Keynote Speaker Ollie Cantos spoke to the self-advocates as a group and then presented a Learning Session on Community Engagement.

SACK only received around a 40% response rate after the event to measure IFA outcomes. Of those who responded, however, the conference was an overwhelming positive experience: 100% of respondents reported being satisfied with the event and satisfied with the workshops at the conference; 100% of respondents reported having more choice and control as a result of the conference, 100% of respondents reported being able to do more things in their community as a result of the conference, and 100% of respondents reported having a better understanding of their rights as result of this event.

KCDD also had a vendor table at the SACK conference where staff shared information about Vaccine Hesitancy and handed out Personal Protective Equipment (PPE).

Key Activity (1.1.4) Sponsorship of the Kansas Youth Empowerment Academy (KYEA) Youth Leadership Forum (YLF). KCDD partnered with KYEA to help sponsor the YLF with a \$14,000 sponsorship. Dollars matched/leveraged: \$12,000 via other sponsorships and KYEA contract with the Kansas Department of Children and Families (DCF).

The Kansas Youth Leadership Forum (KSYLF) is a leadership training for high school juniors and seniors (as well as those within an 18-21 transition program) with a variety of disabilities. The program focuses on helping youth to develop into community leaders, advocates, and contributing members of society.

The YLF had 18 participants this year, 12 of whom had identified as having intellectual/developmental disability. Of project participants who responded to evaluation questions (17/18), 100% of respondents reported having more choice and control as a result of the event, can do more things in the community, have a better understanding of their rights, and can better protect themselves from harm. All participants reported being satisfied with the event.

Key Activity (1.1.5) Sponsorship of the Kansas Disability Caucus. KCDD partnered with the Kansas Disability Caucus and helped to sponsor the Caucus with a \$20,000 sponsorship. Dollars matched/leveraged: \$78,270 from cash match, other sponsorships, registration fees for event, and in-kind donations.

The 2022 Kansas Disability Caucus's purpose is to provide people with all types of disabilities, including individuals with IDD all ages, representing every county of the State, the opportunity to share concerns and provide solutions to issues faced by the Kansas disability community to promote system change. In addition, they gain valuable tools to increase their independence and leadership roles in their communities.

Event coordinators reported that 192 individuals attended the event, noting that while only 28 individuals identified as persons with I/DD in post event evaluations, the number of self-advocates was significantly higher. Self-advocates served on the Caucus Board, presented trainings, and delivered the closing keynote address at the event. Kathy Lobb, long time SACK employee, received the Lifetime Achievement Award for self-advocacy. Event satisfaction and advocacy IFA measure outcomes were consistent with other events in this report.

Individual and Family Advocacy numbers at a glance:

Demographics reported in IFA measures

IFA 1.1 Number of self advocate participants: Total 296

Leadership Training: 12

SACK conference: 200

Youth Leadership Forum: 12

Disability Caucus: 72

IFA 1.2 Number of family participants: 1

Disability Caucus: 1

IFA 1.1 Number of self advocate respondents: 77

SACK conference: 43 (No demographic)

Youth Leadership Forum: 12

Disability Caucus: 22

IFA 1.2 Number of family respondents: 0

IFA 2.3 Percent better say what is important to them:

Self Advocates: 100%

Family: N/A

IFA 2.4 Percent who say will participate in advocacy:
 Self Advocates: 100%
 Family: N/A

IFA 2.5 Percent who say will serve on board:
 Self Advocates: N/A
 Family: N/A

IFA 3 Percent Satisfied:
 IFA 3.1 Self Advocate: 93%
 IFA 3.2 Family: 100%

Systems Change Numbers at a glance:
 SC 1.3/SC 1.3.2 Number of promising practices supported: 4 (KLC Leadership Training, SACK conference, Youth Leadership Forum, Disability Caucus)

SC 2.1/SC 2.1.3 Number of promising practices improved: 4 (KLC Leadership Training, SACK conference, Youth Leadership Forum, Disability Caucus)

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
IFA 2.1 After participation in Council supported activities, 50 percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.	Yes
IFA 2.3 Fifty percent of people who are better able to say what they want or say what services and supports they want or say what is important to them	Yes
IFA 2.4 Fifty percent of people who are participating now in advocacy activities	Yes
IFA 2.5 10 percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	NO

13. Progress towards achieving outcomes for overall objective:

Goal 1, Objective 1: Establish and Strengthen Statewide Self Advocacy (DD Act Requirement): By 2026, Kansas will have increased the number of self-advocates who have participated in leadership training so they can provide others including additionally identified self-advocates with opportunities to learn and engage in personal, collaborative, and civic leadership so that self-advocates can be on workgroups, committees, Councils, and commissions, is a DD Act requirement in the KCDD 5 year

state plan. This objective and most key activities are continuations of the Council's previous 5 year state plan DD Act Self Advocacy requirement, and will remain an objective in the Council's state plans for the foreseeable future. Significant progress has been made on this objective, not only in this fiscal year, but in prior planning years as well. The impact of Council activities, however, are becoming more apparent as self advocates are being recognized as leaders and are now more naturally assuming leadership activities. The KCDD OIDD program officer noted in the prior review that the partnership between KCDD, SACK, and the KLC is rapidly moving beyond a promising practice and towards recognition as a best practice.

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).

As self-advocates who have undergone leadership training, they are presented with opportunities to exercise their newfound leadership skills in a variety of ways. One way that self advocates demonstrate leadership is by serving as peer leadership mentors to Kansas youth with disabilities. Two SACK staff who underwent leadership training at the Kansas Leadership Center served as peer mentors at this year's Kansas Youth Empowerment Academy (KYEA) Youth Leadership Forum (YLF).

The Kansas Youth Leadership Forum (KSYLF) is a leadership training for high school juniors and seniors (as well as those within an 18-21 transition program) with a variety of disabilities. The program focuses on helping youth to develop into community leaders, advocates, and contributing members of society.

Although YLF is only a week-long event, the impact of learning from a peer mentor can have a lifetime effect. Below are comments from youth self-advocates and their families on how peer mentoring changed their lives.

Kyle H. - We saw Kyle grow a lot in his confidence, knowledge, and disability pride. He also made lots of friendships during the KSYLF week. His mom reported- "Kyle had an amazing week, and, although it seems little to others, to us, a huge thing that came from the week was Kyle is now more comfortable ordering his own food when we go to restaurants. Because of his stutter, he often had us order for him." His Pre-ETS specialist reported that Kyle very excitedly told her that the KSYLF was "awesome!" and that he learned a lot. He talked most about learning about other disabilities.

Alexis B. - Alexis felt accepted and heard at the KSYLF. She grew in her ability to use her voice and gained friendships from the week. She benefitted from the sense of community at the KSYLF. Her mom reported to us that- "Lexi had an amazing time and we wouldn't change that for the world. She learned a lot and came out a better person. We can already see that."

Yasmine D. - Yasmine gained a ton from the week. She gained friends, resources, the confidence to speak up for what is right, and a new support system. After KSYLF, she said to us- "Thank you for the most amazing experience ever. I had a lot of fun and learned a lot of the program. I am so thankful for the experience." Her mom shared- "Yasmine LOVED it and can't wait to come back as a volunteer." Yasmine learned about the Kansas Miss Amazing program from KSYLF and considered competing in October.

Mark B. - Mark expressed during the KSYLF week just how honored and excited that he was to be accepted into the program. He gained acceptance about all parts of himself from the week, which increased his confidence. Mark expressed that he gained friends, and even family. He also expressed that it helped him find his voice and grow as a leader.

Christopher G. - Christopher was truly able to fully experience life during the KSYLF week. He learned that there is a big world of opportunity out there. Christopher lives in western KS, so doesn't get a lot of exposure to bigger opportunities. He also had not been away from home before. He was completely taken by the State Capital building. He also learned how to push through challenges in order to stick with things. Half of the week, he wanted to leave, but then made the decision to stay and ended up having an amazing time. This week gave him a bigger family.

Amelia S. - The biggest skill that Amelia learned during the KSYLF was communication and conflict management. She had some struggles with communicating with her peers, but worked through that. She treated one of the other delegates poorly, saw how it affected him, and then was able to learn from that and form a friendship with him.

Anna N. - Anna was somewhat out of her comfort zone throughout the KSYLF week, but she gained a ton from it. She learned responsibility and time management. She found her voice and blossomed from the week. She also gained a friendship that she now calls her "best friend."

Daniel V. - Daniel gained so much self-efficacy from the week. He has been sheltered a lot because of his disability. During the KSYLF week, he was able to be on his own, making his own decisions and learning the successes and failures of those decisions. He learned that he can be successful even with having multiples disabilities and saw various role models who too have multiple disabilities. Daniel gained friends from the week as well, and the experience of being on a college campus.

Self advocates, because of the leadership training, are now seen not only as co-equals in cross disability communities and events, but as leaders as well. Self advocates served on the Disability Caucus Board and planning committee, offered breakout sessions, reported out on regional caucus sessions to the full assembly, delivered the closing keynote address on leadership, and Kathy Lobb, long time self-advocate and SACK Legislative Liaison was awarded the Lifetime Achievement Award for self-advocacy by her cross disability peers. Comments on how much more inclusive the Disability Caucus has become due to the leadership skills demonstrated by self-advocates include:

"I have heard many peers comment on how impressed they were with how inclusive the event was, and how the many roles they observed individuals with I/DD fulfilling would not have happened not all that long ago."

"The 2022 Caucus was the most inclusive cross- disability event I have ever attended. I observed individuals with I/DD being included in all aspects of the event, from presenting at sessions to presenting or receiving awards, being a mic runner in the caucus sessions, etc. It seems self-advocates are not just welcomed but are now an expected participant/partner in all aspects of the event. "

Objective 2: Support advocacy training and development programs for family members: By 2026, Kansas will have increased the number of newly identified family members who have participated in leadership and advocacy training so they can provide their families and other family to family peers with opportunities to learn and engage in personal, collaborative, and civic leadership.

3. This objective is:	Individual & Family Advocacy
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4. This objective is:	New
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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
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A demonstration of projects or activities	No
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6. Stage of Implementation:	Implementation
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7. Provide an overall description of this effort:	<p>Background: As Council staff prepared the FY17-21 plan, they noticed what at first appeared to be an anomalous set of data regarding the number of Kansans with I/DD: Utilizing the Gollay study rate of prevalence for I/DD of 1.58%, the data suggested that based upon the population of Kansas, there were approximately 46,000 Kansans with I/DD. When looking at the number of Kansans served and those on the waiting list, however, only about 13,000 Kansans were known to the system. This meant that both state policies and Council activities were targeting only roughly 28% of Kansans with I/DD. Over the course of the last five year cycle, the Council learned that this was not just an anomalous data set, but rather a data set that trended with national averages and was reflected again in the data for the FY22-26 planning cycle. Where then, were these other 72% of Kansans with I/DD?</p> <p>After digging deeper, the Council discovered that the vast majority of these "missing" Kansans with I/DD were living with, and supported by, a family member caregiver and not</p>
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	<p>accessing formal supports and services. Armed with this understanding, the Council believes that it is important to engage not only self advocates in leadership development so that they can lead systems change, but to equip family members with these advocacy tools as well. Council members were firm in their commitment to, "Empower families to advocate for change; provide equitable access to statewide support services for all families of loved ones with I/DD, thereby increasing their ability to navigate and understand the system, offer long-term stability to the family unit, and break down barriers." It is with this intent that the Council formed objective 2.</p> <p>Strategies/Key Activities: Key Activity 1.2.1: Families Together Parent IEP Peer Mentor Grant Key Activity 1.2.2: KCDD participation in Supporting Families Community of Practice/Charting the LifeCourse Framework. Key Activity 1.2.3: Individual scholarships and sponsorship for family members to attend leadership training and activities. Key Activity 1.2.4: Planning: Family Peer to Peer trainings on grant writing and community engagement strategies to create more inclusive communities (accessible parks, splash pads, changing tables, etc.)</p> <p>Expected Objective Outcome: By 2026, Kansas will have increased the number of newly identified family members who have participated in leadership and advocacy training so they can provide their families and other family to family peers with opportunities to learn and engage in personal, collaborative, and civic leadership.</p>
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Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
IFA 1.2 The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems; 25 Family Members who increased thier advocacy after participating in Families Together Parent IEP Peer Mentoring project	Yes
IFA 1.2 The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems; 25 Family Members who increased thier advocacy after participating	NO

in Supporting Families Community of Practice/LifeCourse lunch and learns and events	
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10. The report should include the following:	<p>(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.</p> <p>(b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative.</p> <p>(c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.</p> <p>(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)</p>
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<p>Implementation</p> <p>Key Activity 1.2.1: Families Together Parent IEP Peer Mentor Grant KCDD has had a \$50,000 grant with Families Together to create the Parent IEP Mentor Project. This work has been an ongoing project of KCDD and has become successful enough for the program funding to transition to the Kansas State Department of Education (KSDE). The overall concept of teaching family members to support other families in the IEP process has greatly expanded Families Together's outreach allowing more families to have support during meetings, learn to advocate for themselves and know what can be expected from the school districts to support greater inclusion and independence for their student.</p> <p>Meetings typically slowed down due over summer and parents do not follow up with agreements for training. IEP meetings continue to be more complex and requires more time than anticipated. Families continue to request attendance as more than one IEP meeting due to issues that continue to be unresolved in the original meeting. At the end of the year, there have been 63 IEP Mentor participants. This project has overall been successful so long term funding is being transferred to the dept. of education. The partnership has evolved from the grantee as being seen as dept of Ed adversary at IEP meetings to another support for families at the IEP team. Expended \$42,870.79 Match \$15,274.93</p> <p>Key Activity 1.2.2: KCDD participation in Supporting Families Community of Practice/Charting the LifeCourse Framework. This work has been an ongoing project of KCDD and has become successful enough for the program facilitation to transition to the Kansas Department of Aging and Disability (KDADS). It has been adopted by the state program that administers IDD HCBS services and state staff and MCO are sponsoring statewide trainings, with the support of KCDD staff.</p>
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KCDD partnered with Aetna Better Health of Kansas and the University of Missouri Kansas City Institute for Human Development to offer Kansas families two LifeCourse Framework Lunch and Learn Opportunities. Presenting on this promising practice has led to 85 additional families and persons with IDD learning about this person centered approach to planning over the lifetime. Additionally, we have frequently paired this conversation with supported decision making to show how the two ideas work together to support people with IDD to have the greatest independence while still getting help in the areas they need assistance. KCDD will continue this partnership with Aetna Better Health of Kansas to offer Charting the LifeCourse Training opportunities to the Kansas I/DD provider network in FY23. Dollars matched/leveraged: \$5,000 from Aetna's sponsorship of the LifeCourse Lunch and Learns.

Key Activity 1.2.3: Individual scholarships and sponsorship for family members to attend leadership training and activities. KCDD continues to partner with SACK and the Kansas Leadership Center to increase individuals with IDD and their families' abilities to advocate at local and state levels to increase inclusion of people with disabilities in their communities.

The statewide Unseen video screening was held in partnership with the Kansas Department of Health and Environment (KDHE) Children and Youth with Special Health Care Needs (CYSHCN) Supporting You program, a peer mentor program for families of children with disabilities. 195 families participated in the screenings across 3 days. A special legislative screening was held which had 16 family members, with a presentation panel consisting of 5 parent presenters discussing their challenges as family caregivers; attendees included 2 legislators. Both legislators pledged to help family caregivers in the upcoming session. Unseen Budget \$1500 Match \$2500 from KDHE

Family member Legislative and Bob Bethell KanCare Oversight Committee Testimonies
We continue to increase the numbers of parents and self advocates that testify quarterly at various legislative committees, including the KanCare HCBS Oversight committee legislative hearings; most recently, on Sept 28th we had 5 family members testify. The growth in advocacy from these families and self advocates led to 25% rate increase for IDD services last year, a special committee on IDD services modernization, and planning for creation of a new community support waiver.

Planning-

Key Activity 1.2.4: Family Peer to Peer trainings on grant writing and community engagement strategies to create more inclusive communities (accessible parks, splash pads, changing tables, etc.) KCDD has identified several needs within their communities and these goals are starting place to focus the advocacy skills families have learned to promote funding via multiple sources to create more inclusive and accessible community resources.

IFA Performance Measures at a Glance:

Demographics: (from Unseen panel participants)

3 female/2 male

4 white/1 Hispanic

5 urban/0 rural

5 family members/0 self advocates

IFA 1.2 # of family participants: 343 (LifeCourse Lunch and Learns 85; Peer IEP Mentor Project 63; Unseen screening event 195)

IFA 1.2 # of family respondents: 5 (Unseen panel participants)

IFA3/3.2 Percent of family members satisfied with project 5/5 100%

IFA 2.2 percent of family members who increased their advocacy 100% (5/5)

IFA 2.3 Percent of people better able to say what they need 100% (5/5)

IFA 2.4 Percent of people participating in advocacy activities 100% (5/5)

IFA 2.5 Percent of people on cross disability coalitions NA

SC performance measures at a glance:

SC 1.3 Number of promising and/or best practices created and/or supported 2 (LifeCourse Lunch and Learns; Peer IEP Mentor Project)

SC 1.3.2 Number of promising practices supported 2 (LifeCourse Lunch and Learns; Peer IEP Mentor Project)

SC 1.4 Number of people trained/educated 5 (3 staff, 2 legislators at Unseen special screening)

SC 1.5 Number of Systems Change activities with other organizations 3 (LifeCourse Lunch and Learns, Peer IEP Mentor Project, Unseen statewide screening event)

SC 2.1 - Efforts that led to improvements 2 (LifeCourse Lunch and Learns, Peer IEP Mentor Project)

SC 2.1.3 Number of improved promising or best practices 2 (LifeCourse Lunch and Learns, Peer IEP Mentor Project)

SC 2.2 - Efforts that were implemented 1 (Unseen screening)

SC 2.1.4 Number of implemented promising or best practices 1 (Unseen screening)

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
IFA 2.2 After participation in Council supported activities, 50 percent of family members who report increasing their advocacy as a result of Council work.	Yes
IFA 2.3 Fifty percent of people who are better able to say what they want or say what services and supports they want or say what is important to them	Yes
IFA 2.4 Twenty five percent of people who are participating now in advocacy activities	Yes
IFA 2.5 Ten percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	NO

13. Progress towards achieving outcomes for overall objective:

Several of the key activities are continuations of the Council's previous 5 year state plan, and will remain an objective in the Council's state plans for the foreseeable future. Significant progress has been made on this objective, not only in this fiscal year, but in prior planning years as well. The impact of Council activities, however, are becoming more apparent as family advocates are being recognized as leaders and are being invited to stakeholder groups independently of their involvement with the council.

KCDD intuits that at least 25 Family members increased their advocacy as a result of the LifeCourse Lunch and Learn series (85 participants); the lack of survey opportunities at the Lunch and Learns meant that no quantitative data was collected for those events.

While lacking in quantitative data, the qualitative data and anecdotal responses to the Peer IEP Mentor Project show that it was extremely effective in increasing the advocacy efforts and activities of family members. The Peer IEP Mentor Project achieved long term sustainability as the Kansas State Department of Education (KSDE) extended a contract to Families Together to continue this program and replicate its success statewide.

KCDD has developed a reporting training for subgrantees and partners to increase quantitative data collection measures, and is working on simplifying the survey questions to elicit more responses.

The newest key activity is still in its planning stages but will build on the other activities: Family Peer to Peer trainings on grant writing and community engagement strategies to create more inclusive communities (accessible parks, splash pads, changing tables, etc.) will utilize skills developed during other KCDD trainings and recruit other potential family advocates to attend KLC, IEP Mentors and LifeCourse Planning trainings.

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).

Many families who participate in the IEP Mentor program have had previous experiences that have been unsuccessful when participating in an IEP meeting. The goal of the IEPM program is to work one on one with the parents/youth using the LifeCourse Framework to prepare them for the meeting. Attendance at the meeting of the Mentor is typically to support the family in this process.

One Spanish speaking families' comments "this has been life changing for me and my son." Mom struggled with the language barrier that made her feel "inferior" and was fearful to ask questions. Information she was receiving was not in her native language, so she was not understanding the complete process. Her son was constantly sent to the office because he was struggling to attend classes and mom was concerned, he was not receiving his education. She contacted our bi-lingual Information specialist with our IEP Mentor program and agreed to participate in the program. She

worked with the IEP Mentor using the LifeCourse Framework to guide her in what changes she wanted for her son to learn and address concerns she had. When they attended the IEP meeting mom felt confident enough to voice her frustration with the school not providing her son with Free and Appropriate Public Education. As a result of the positive IEP meeting and the work of the IEP Mentor and mom working together the school came together to address the issues of his fear of the classroom. The school apologized for their error, and he is receiving compensatory services. Mom is relieved and happy that now her son would get the education he deserved as well as assistance with his behaviors. She is happy with the IEP Mentor program because it gave her confidence in understanding the IEP process as well as knowing her rights as a parent. She reported the school was more involved with him, paying attention to him and he is actually attending classes.

Section IV: B

Individual & Family Advocacy Performance Measures

Race and Ethnicity

Race/Ethnicity	#	%
White alone	24	72.73%
Black or African American alone	1	3.03%
American Indian and Alaska Native alone	1	3.03%
Hispanic/Latino	4	12.12%
Asian alone	1	0%
Native Hawaiian & Other Pacific Islander alone	0	0%
Two or more races and Race unknown	2	6.06%
Gender	#	%
Male	22	59.46%
Female	15	40.54%
Other	0	0%
Category	#	%
Individual with DD	34	87.18%
Family Member	5	12.82%
Geographical	#	%
Urban	17	45.95%
Rural	20	54.05%

I. Output Measures

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

Establish and Strengthen Statewide Self Advocacy (DD Act Requirement):): By 2026, Kansas will strengthen a state self-advocacy organization led by people with DD, the Self Advocate Coalition of Kansas (SACK), through supporting and increasing the number of self-advocates who participated in leadership training so they can provide others, including additionally identified self-advocates, with opportunities to learn and engage in personal, collaborative, and civic leadership so that self-advocates can be on workgroups, committees, Councils, and commissions.	296	1
Support advocacy training and development programs for family members: By 2026, Kansas will have increased the number of newly identified family members who have participated in leadership and advocacy training so they can provide their families and other family to family peers with opportunities to learn and engage in personal, collaborative, and civic leadership.	-1	343
Total # of Output Respondents (The total number of respondents should be the number of people from each category that responded to a survey/evaluation)	77	5

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
Establish and Strengthen Statewide Self Advocacy (DD Act Requirement):): By 2026, Kansas will strengthen a state self-advocacy organization led by people with DD, the Self Advocate Coalition of Kansas (SACK), through supporting and increasing the number of self-advocates who participated in leadership training so they can provide others, including additionally identified self-advocates, with opportunities to learn and engage in personal, collaborative, and civic leadership so that self-advocates can be on workgroups, committees, Councils, and commissions.	77	-1
Support advocacy training and development programs for family members: By 2026, Kansas will have increased the number of newly identified family members who have participated in leadership and advocacy training so they can	-1	5

provide their families and other family to family peers with opportunities to learn and engage in personal, collaborative, and civic leadership.		
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)	77	5
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
Establish and Strengthen Statewide Self Advocacy (DD Act Requirement):): By 2026, Kansas will strengthen a state self-advocacy organization led by people with DD, the Self Advocate Coalition of Kansas (SACK), through supporting and increasing the number of self-advocates who participated in leadership training so they can provide others, including additionally identified self-advocates, with opportunities to learn and engage in personal, collaborative, and civic leadership so that self-advocates can be on workgroups, committees, Councils, and commissions.	77	-1
Support advocacy training and development programs for family members: By 2026, Kansas will have increased the number of newly identified family members who have participated in leadership and advocacy training so they can provide their families and other family to family peers with opportunities to learn and engage in personal, collaborative, and civic leadership.	-1	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)	77	5
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
Establish and Strengthen Statewide Self Advocacy (DD Act Requirement):): By 2026, Kansas will strengthen a state self-advocacy organization led by people with DD, the Self Advocate Coalition of Kansas (SACK), through supporting and increasing the number of self-advocates who	-1	-1

participated in leadership training so they can provide others, including additionally identified self-advocates, with opportunities to learn and engage in personal, collaborative, and civic leadership so that self-advocates can be on workgroups, committees, Councils, and commissions.		
Support advocacy training and development programs for family members: By 2026, Kansas will have increased the number of newly identified family members who have participated in leadership and advocacy training so they can provide their families and other family to family peers with opportunities to learn and engage in personal, collaborative, and civic leadership.	-1	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)	0	5
IFA 2.5 Percent of people on cross disability coalitions	0.00%	100.00%

II. Outcome Measures

Satisfied	Percent (%)
IFA 3 The percent of people satisfied with a project activity	94
IFA 3.1 Percent of people with DD satisfied with activity	93
IFA 3.2 Percent of family members satisfied with activity	100

Section IV: C

Systems Change Performance Measures

SC 1: Output Measures

Objective	
Establish and Strengthen Statewide Self Advocacy (DD Act Requirement): By 2026, Kansas will strengthen a state self-advocacy organization led by people with DD, the Self Advocate Coalition of Kansas (SACK), through supporting and increasing the number of self-advocates who participated in leadership training so they can provide others, including additionally identified self-advocates, with opportunities to learn and engage in personal, collaborative, and civic leadership so that self-advocates can be on workgroups, committees, Councils, and commissions.	
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	4
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	4

SC 1.4 Number of people trained/educated	-1
SC 1.5 Number of Systems Change activities with other organizations	4

Objective	
Support advocacy training and development programs for family members: By 2026, Kansas will have increased the number of newly identified family members who have participated in leadership and advocacy training so they can provide their families and other family to family peers with opportunities to learn and engage in personal, collaborative, and civic leadership.	
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	3
SC 1.4 Number of people trained/educated	5
SC 1.5 Number of Systems Change activities with other organizations	3

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	1

III. Sub-Outcome Measures

Objective	Number (#)
Establish and Strengthen Statewide Self Advocacy (DD Act Requirement):): By 2026, Kansas will strengthen a state self-advocacy organization led by people with DD, the Self Advocate Coalition of Kansas (SACK), through supporting and increasing the number of self-advocates who participated in leadership training so they can provide others, including additionally identified self-advocates, with opportunities to learn and engage in personal, collaborative, and civic leadership so that self-advocates can be on workgroups, committees, Councils, and commissions.	
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	4
SC 2.1.4 Number of implemented promising or best practices	-1

Objective	Number (#)
Support advocacy training and development programs for family members: By 2026, Kansas will have increased the number of newly identified family members who have participated in leadership and advocacy training so they can provide their families and other family to family peers with opportunities to learn and engage in personal, collaborative, and civic leadership.	

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

Goal 2: Lead Systems Change

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
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
Other Activities	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
Goal 2: Lead Systems Change: The Council identified 25 key activities for this 5 year plan to create IDD systems change in Kansas. The activities ranged from transitions supports across the life span, Latinx family supports connection in culturally appropriate ways, innovative solutions to address waiting lists, increasing ANE protections in Kansas, and ways to increase Supported Decision Making (SDM) use. An overview follows of those objectives and activities.

Obj 2.1 To increase awareness of informal & formal supports & services with a focus on transitions across the lifespan KCDD utilized grantees to work on employment first summits, Family Employment Awareness Training (FEAT), ABLE account trainings, SDM, and Supporting You program.

KCDD awarded Employment First of Butler County a new grant award in this current 5 year planning cycle to host an in-person Employment First Summit this upcoming federal fiscal year based upon the success and outcomes of previous events held by this organization resulting in on-going implementation of this project.

FEAT program hosted a series of trainings designed to increase awareness about the advantages and importance of competitive integrated employment (CIE) opportunities for youth with IDD as they transition from high school to the adult world.

ABLE Accounts outreach and trainings: KCDD partnered with the Treasurer's Office and the Disability Rights Center of Kansas (DRC) P&A to educate lawmakers about the urgent need to update Kansas statute to follow new federal regulations. Legislation was introduced and is now in compliance with federal legislation allowing greater access to ABLE Accounts for all Kansans with disabilities.

KCDD also partnered with the Treasurer's Office and the Kansas Department of Health and Environment (KDHE) to provide an ABLE Account training and outreach to participants at the SDM Summit KCDD. Planning for partnerships with KDHE children and youth with special health care needs on how KCDD can help promote the Supporting You project and identify gaps and barriers for families with young children transitioning into school.

Obj 2.2: Increased awareness and participation of early childhood and education interventions and supports for English as a Second Language/Hispanic Kansas families with children with disabilities (Targeted Disparity): Families Together created FEAT for families, youth who have disabilities and individuals who serve and support them, because of the success of this effort the funding is being transitioned to the dept of education. Discussions have been held on ways to be further inclusive to reach families beyond those currently in the special education services including how to be more culturally inclusive and meeting families in places (faith based groups, local HR departments, and healthcare sites for undocumented workers) that are less traditional to share resource information.

Obj 2.3: Cultivate innovative solutions for Kansans with I/DD on a waiting list and those who seek more individualized support options.

KCDD partnered with KUCDD, DRC, and other stakeholders for the implementation of waiting list study In FY22, the Kansas Department of Aging and Disability Services (KDADS) announced that an RFP utilizing ARPA funds would be released for bid.

KCDD, along with self advocates, families, and stakeholders advocated for the adequate funding of I/DD Supports and Services, increased rates for IDD HCBS services at various legislative hearings.

KCDD and other stakeholders partnered with KDHE to increase CIE outcomes for programs such as the Supports and Training to Employ People Successfully (STEPS) program. One barrier for the STEPS program is a lack of provider network capacity due to low reimbursement rates in Kansas. The increase in IDD rates will hopefully address this issue.

The Kansas Legislature convened a Special Committee on IDD service modernization, topics covered were reimbursement rates, the workforce crisis, and the waiting list. KCDD, partners, self advocates, & family members, offered testimony on the state of the IDD waiver.

KCDD staff noted in the hearing that the elimination of the waiting list would take time, but that families and self advocates needed help now to avoid going into crisis, and that the state would benefit from the adoption of a "Waiting List Navigator" position that could help families access non waiver supports while waiting for waiver services. The Legislature reached out to the Council and the DD Network Partners to present and participate in the discussions. Including self advocates and family members to testify and discuss the lived experience during this special committee to help legislators formulate recommendations on ways that Kansas can modernize its I/DD waiver to better meet the needs of Kansans with I/DD. The Kansas Legislative Research Department asked KCDD staff to reach out to other states for testimony on waivers that had been proven to be successful. Virtual testimony was provided by Council staff from Wisconsin, North Carolina, Pennsylvania, Washington, and Tennessee.

KCDD partnered with both Aetna and the Kansas State Department of Education (KSDE) to provide LifeCourse Trainings/Lunch and Learns for families, self advocates, and professionals over the past year.

Obj. 2.4: Increase Protections from Abuse, Neglect, and Exploitation (ANE): KCDD Staff participation with DCF Adult Protective Services (APS) advisory council, & Attorney General's Vulnerable Adult Task Force. Staff provided input on need for further data sharing breakdown, training needs and guardianship law change discussions and to identify system processes and mapping. This process has identified need for addressing gaps in ANE oversight policy implementation as well as desire to implement a universal registry to have a free open access site for ANE registry checks.

KCDD Staff made requests for data both directly from the APS and KDADS staff as well as testified at the legislature to increase the data transparency and agency coordination of the data. The combined challenges of the pandemic and staffing shortages have impacted the quality of care and safety of persons with IDD. At the same time the monitoring of these services has been reduced by the number of KDADS staff available. Testimony included an overview of the complex system of supports for persons with disabilities, which leads to fragmented reporting around quality issues. When a person is abused, neglected, or exploited there are multiple agencies that could receive the report. Providers are asked to submit to multiple agencies the same report and follow up and coordination of investigation can be confused by the many players involvement. Including background on the lack of data specific to persons with disabilities and protective services available publicly in the state. There is no published record of monitoring these metrics by the department of Children and Families (DCF) or KDADS.

While we did not receive any proposals specifically around ANE training, the council is currently exploring costs to bring specific training to Law enforcement and first responders around IDD and promote response teams like the Community Intervention Teams for Mental Health. This will likely occur in conjunction with the 988 implementation of the suicide and crisis lifeline which in Kansas is going to include crisis response teams specifically including persons with IDD.

2)Self Advocate leaders conduct peer to peer ANE prevention and reporting training. KCDD staff in partnership with SACK plan to present at 2023 Kansas Crime Victim's Rights Conference. This learning

session will explore the ANE system in Kansas and identify existing gaps in the system. Current information and data will drive the discussion and provide an understanding of what ANE means in the lives of Kansans with disabilities. Advocates can take this information back to their home communities and actively engage the disability community in their local area.

3) Supporting improving quality assurance processes in the state for I/DD supports and services that lead to better outcomes regarding ANE has been brought before the legislature in the context of the significant reduction of state staff and process for oversight of direct services since the implementation of managed care.

Obj 2.5: Increased utilization of Supported Decision Making (DD Network Collaboration Measure): SDM legislation in KS SDM bill (HB 2122) did not make it all the way through the legislative process this year it stalled in the house under general orders. Plans are to continue working with financial institutions to better understand and remove any remaining concerns. KCDD Presented in partnership with KSDE for training of educators, transition staff, and families on alternatives to guardianship (TASN) conference.

SDM Summit "Living the good life: supported decision making "an alternatives to guardianship" was held. The planning for SDM summit 2.0 for Education professionals has been worked on this year in partnership with KDHE and KSDE. Training of legal, financial, medical, and other professionals and judicial system of SDM as a legally viable alternative to guardianship consistent with current Kansas law.

KCDD has played a key role on the APS adult decision making steering committee to develop a learning collaborative for a diverse group of professionals who have interactions with individuals in the capacity of decision making.

Obj 2.6: Emerging Needs: There have been no emerging needs in the first year of this 5 year plan. There are no state plan amendments are required for Goal 2

Objective 1: Increase Awareness of Informal and Formal Supports and Services with a focus on Transitions across the Lifespan: By 2026, Kansans with disabilities and their family members will have increased awareness of formal and informal supports and services that meet their individual needs and preferences.

3. This objective is:	System Change
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4. This objective is:	New
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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
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A demonstration of projects or activities	No
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6. Stage of Implementation:	Implementation
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<p>7. Provide an overall description of this effort:</p>	<p>Key Activity 2.1.1: Employment First Summit (Regional events) Key Activity 2.1.2: Families Together Family Employment Awareness Training grant Key Activity 2.1.3: ABLE Account outreach and trainings Key Activity 2.1.4: Planning: Partner, Support, and Referral for KDHE Supporting You program (Peer Support Network) Key Activity 2.1.5: Planning: Identify gaps and barriers for Family Information and Referral grant; Targeted Trainings for TinyK participants transitioning to school (Pre IEP mentor type project?), Targeted Trainings for TinyK participants transitioning to school (Pre IEP mentor type project?)</p> <p>Background: As part of the goal selection process, KCDD completed a comprehensive review, including an analysis of state issues and challenges, which provided the rationale for KCDD's goal and objective selection. The process included a 45-day public review and comment period. Only minor revisions to the proposed 5 Year Plan was necessary after considering Council feedback and responding to public comments. Informing the Goal selection process was information gathered by KCDD Staff and considered by the Council in 2020 and early 2021 through surveys, outreach, and information gathering.</p> <p>One trend that emerged during the information gathering process was the notion that the general public had difficulty understanding what exactly Councils do and why they exist. Council members also relayed troubles articulating the current plan and how that tied back to the Developmental Disabilities Act. Furthermore, the feedback that the Council received from the surveys and focus groups indicated that Kansans with I/DD and their families lacked an awareness and understanding of formal and informal supports that might be available to them.</p>
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	<p>Out of approximately 46,000 Kansans with I/DD, only about 13,500 (9,000 receiving waiver services and another 4,500 on the waiting list) are known to the system. In other words, roughly 70% of Kansans with I/DD are not known to the system and/or have not identified themselves to our current supports and services system. When KCDD conducted its KCDD Needs Assessment Survey during the FY22-26 planning process, less than 15% of the respondents said, "Yes," when asked, "Do you feel like state agencies are reaching out to families and consumers?"</p> <p>When KCDD conducted a series of virtual town halls to gather public feedback on the state of supports and services in Kansas, time and again, family members and self advocates commented that one main barrier to access to formal and informal supports and services is a lack of knowledge of available resources. While Kansas has a robust supports and services system, the state is very fragmented in its approach how to make these supports available across the lifespan.</p> <p>When developing the current plan, Council members wanted to, "Ensure that individuals with I/DD and their families have access to individualized supports through the creation of a coordinated and collaborative system to eliminate the fragmented approach. This bridge will provide for smoother transitions across the lifespan and life domains, promote independence, and enhance inclusion in all facets of community life."</p> <p>Given the feedback received from both the KCDD Needs Assessment Survey, and the comments offered during the virtual townhalls, the first step towards ensuring that families and self advocates have access to the supports they need is ensuring that they are aware of the options, both formal and informal, that might be available to them. This focus is the foundation for Objective 1 under the Council's Systems Change goal: Increase Awareness of Informal and Formal Supports and Services with a focus on Transitions across the Lifespan: By 2026, Kansans with disabilities and their family members will have increased awareness of formal and informal supports and services that meet their individual needs and preferences.</p> <p>Fiscal year 2022 was a transition year for the Council both in terms of planning cycles and staffing. As a result, the Council undertook activities that closed out the previous</p>
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	<p>grant cycle and focused on partnerships that could help expand awareness of formal and informal supports.</p> <p>Strategies/Key Activities: Activities undertaken by the Council in the past year were designed to increase awareness of formal and informal supports that meet individual needs and preferences including the following:</p> <ul style="list-style-type: none">-KCDD helped sponsor a statewide Employment First Summit through a \$25,450 grant with Employment First of Butler County (Key Activity 2.1.1)-KCDD funded the Families Together, Inc. Family Employment Awareness Training (FEAT) program with a \$27,550 grant (Key Activity 2.1.2)- KCDD partnered with the Kansas State Treasurer's Office to educate both lawmakers and the public on ABLE accounts in Kansas (Key Activity 2.1.3)-KCDD explored ways to partner with the Kansas Department of Health and Environment to help bolster that agency's Supporting You program and identify gaps and barriers for families of young children with I/DD and other disabilities (Key Activities 2.1.4 and 2.1.5); detailed explanation of this partnership will be discussed in Goal 1, Objective 2 (Partnership with KDHE in hosting Unseen screening activity), and Goal 2, Objective 5 (Partnership with KDHE in hosting Supported Decision Making Summit activity). <p>KCDD also participated in other activities that were not originally planned during the fiscal year, but opportunities were presented to the Council that aligned with Council goals and objectives to raise awareness about formal and informal supports such as LifeCourse Lunch and Learn training opportunities (discussed in Goal 1, Objective 2) and LifeCourse Training opportunities targeting professionals in partnership with the Kansas State Department of Education at both a virtual learning session and in person Technical Assistance and Support Network (TASN) conference for special education professionals.</p> <p>Expected Objective Outcome: By 2026, Kansans with disabilities and their family members will have increased awareness of formal and informal supports and services that meet their individual needs and preferences.</p>
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Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
SC 1 The number of Council efforts to transform fragmented approaches into a coordinated and effective system ; Employment First Summit	Yes
SC 1 The number of Council efforts to transform fragmented approaches into a coordinated and effective system; Families Together FEAT training grant	Yes
SC 1 The number of Council efforts to transform fragmented approaches into a coordinated and effective system ; ABLE Account outreach and trainings	Yes
SC 1.3.2 # of promising practices supported; 1 Families Together FEAT training supported by Council activities	Yes
SC 1.4 # of people trained or educated through Council systemic change initiatives; 50 people trained at Employment First Summits	Yes
SC 1.4 # of people trained or educated through Council systemic change initiatives; 30 people trained at Families Together FEAT trainings	Yes
SC 1.4 # of people trained or educated through Council systemic change initiatives; 5 people trained/referred to from ABLE account outreach and training	Yes
SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Department of Commerce Transition Transformers group in partnership with Employment First Summit	Yes
SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration) Families Together in partnership with FEAT trainings	Yes
SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration) KS Dept. of Treasury in partnership with ABLE account outreach and training	Yes

<p>10. The report should include the following:</p>	<p>(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.</p> <p>(b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative.</p> <p>(c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.</p>
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(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)

Implementation Activities: Key Activity (2.1.1) Employment First Summit (Regional Events) KCDD partnered with the Employment First of Butler County coalition and sponsored an Employment First Summit via a \$25,450 grant. The Transition Transformers group served as a partner organization in an advisory role. The Summit was held on April 6th, 2022, and although originally planned to be held as an in-person event, ultimately was held as a virtual event as an abundance of caution due to the still ongoing public health emergency due to the COVID-19 pandemic. Employment First of Butler County also partnered with the Kansas Leadership Center for event space and technical assistance in hosting this event. One hundred seventy five (175) Kansans attended the event, but only 59 participants responded to a post event survey; while self advocates and family members accounted for the vast majority of the Summit's attendees, only 9 respondents were either self advocates or family members representing about a 5% response rate; it is hypothesized that the low response rate from self advocates and family members was due to the fact that the survey was sent out to participants after the event rather than during the event. Historically, that has resulted in a very low response rate. That said, overall, the Employment First Summit was deemed a success.

Michael Murray, Chief Relationship Officer for GT Independence, was the opening keynote speaker for the Summit speaking about the power of disability inclusion. This keynote highlighted the contributions that people with disabilities made to the US economy, and noted that a recent report found that employers with strong disability inclusion programs saw increased shareholder returns and outperformed their peers. Mr. Murray spoke about the need to be intentional in creating a disability inclusive work environment, and helped participants develop a greater understanding of the power of disability inclusion, how to break down barriers to inclusion, and discussed best practices that are revolutionizing the workforce, not only in Kansas, but around the world.

Bill Snyder, former football coach for Kansas State University, offered a closing keynote address titled: Establishing Principles of Leadership and Achieving Success. A myth busters panel was offered to Summit participants to help dispel misunderstandings about the impact of employment on healthcare benefits for people with disabilities. Misinformation about the impact of employment on benefits has long been identified as a barrier for individuals and family members seeking competitive, integrated employment opportunities.

In between keynote speeches, two breakout sessions with five different learning opportunities were offered to Summit Participants. Since the Summit was held virtually, participants were able to view all recordings of sessions. Breakout sessions followed five different tracks: Leadership, employment, education, quality assurance, and self-advocacy and included subject matter experts like Lisa Mills and self advocates with lived experience. Dollars matched/leveraged: \$9,100 in-kind match from Employment First of Butler County and Central Kansas Community Foundation.

KCDD awarded Employment First of Butler County a new grant award in this current 5 year planning cycle to host an in-person Employment First Summit this upcoming federal fiscal year based upon the

success and outcomes of previous events held by this organization resulting in on-going implementation of this project.

Key Activity (2.1.2) Families Together, Inc., Family Employment Awareness Training (FEAT) program. KCDD partnered with Families Together, Inc. to host a series of trainings designed to increase awareness about the advantages and importance of competitive, integrated employment opportunities for youth with intellectual and developmental disabilities as they transition from high school to the adult world. KCDD provided Families Together with a \$27,550 grant to provide these trainings statewide. KCDD renewed this grant opportunity with Families Together over a five year period, and included special training opportunities in Spanish Language only (these trainings will be discussed under Goal 2, Objective 2). Over the course of this past fiscal year, 126 Kansans, including 17 youth attended FEAT trainings held in various parts of the state. During the past five years of this grant, however, there have been 1,633 parents and professionals who attended these events. Of those, 92 were Spanish speaking only. There were 50 youth who attended the youth sessions. Families Together collected data on the FEAT trainings using post event surveys and follow up calls with participants 3 months after the event. Unfortunately, survey responses were qualitative in nature and did not line up specifically with federal performance measures. That said, the program was universally liked with 100% satisfaction, anecdotally.

Topics that were consistent through the years was the fear of losing benefits if the individual worked. To address this concern, Families Together expanded on the information in the trainings as well as included benefits specialists at the trainings and statewide conference to allay those fears and rectify the myths surrounding employment and benefits.

The FEAT training program has been proven so successful over the past five years that other states have asked Families Together, Inc. to help mentor those states in setting up a similar training program. Moreover, this promising practice was recognized by the Kansas State Department of Education for the value it provided self advocates, family members, and professionals and awarded Families Together a contract to continue offering FEAT trainings across the state thus ensuring its long term sustainability after Council funding has ended this year resulting in the program becoming fully integrated into the Kansas supports and services system. Dollars matched/leveraged: \$2,657 from Families Together in-kind and operational match.

Key Activity (2.1.3) ABLE Accounts outreach and trainings: KCDD partnered with the Kansas State Treasurer's Office and the Disability Rights Center of Kansas to educate lawmakers about the urgent need to update Kansas statute to follow new federal regulations pertaining to the ABLE Act. Legislation was introduced by the Kansas State Treasurers Office, and education efforts for lawmakers were conducted by that office, KCDD, and the Disability Right Center of Kansas. Although the legislation passed the Kansas Senate, it was stalled in House Committee. Advocacy efforts, however, resulted in the passage of the legislation via a Conference Committee Report. Kansas ABLE Account regulations are now in compliance with federal legislation allowing greater access to ABLE Accounts for all Kansans with disabilities.

KCDD also partnered with the Kansas State Treasurers Office and the Kansas Department of Health and Environment (KDHE) to provide an ABLE Account training and outreach to participants at the Supported Decision Making Summit held in Wichita. Thirty six Kansans participated in this training; more detailed analysis of participants at this training will be discussed under the Supported Decision Making Summit under Goal 2, Objective 5 so to avoid data duplication. Unfortunately, no data was

collected to know whether or not participants who attended the ABLE Account training used the information gathered to open new accounts. KCDD plans on continuing its partnership with the Kansas State Treasurer's Office and offering ABLE Account outreach and training opportunities going forward into this five year planning cycle.

Key Activity (2.1.4 and 2.1.5) Planning for partnerships with KDHE children and youth with special health care needs on how KCDD can help promote the Supporting You project, and identify gaps and barriers for families with young children transitioning into school. KCDD is currently in discussions with KDHE on this, but like KCDD, this department is currently understaffed due to staff turnover; it is believed that a partnership will be valuable to both KCDD and KDHE and will ultimately help families become more aware of formal and informal supports and services.

Individual and Family Measures at a glance: (ABLE Account Training measures will be reported under Goal 2, Objective 5)

Project Participants: 278

IFA 1.1 Self Advocates: 93 (76 Employment First Summit, 17 FEAT Training)

IFA 1.2 Family Members: 185 (56 Employment First Summit, 109 FEAT Training)

Respondents:

IFA 1.1 Self Advocates: 5 (Employment First Summit) (20% black, 20% Hispanic, 40% white, 20% 2 or more; 80% female/20% male; 20% Urban/80% rural)

IFA 1.2 Family Members:4 (Employment First Summit) (100% White, 100% female, 50% urban/50% rural)

Percent who increased advocacy:

IFA 2.1 Self Advocates: 100%

IFA 2.2 Family: 100%

Percent better say what is important to them:

IFA 2.3 Self Advocates: 100%

IFA 2.3 Family: 100%

Percent who say will participate in advocacy:

IFA 2.4 Self Advocates: 100%

IFA 2.4 Family: 100%

Percent who say will serve on board:

IFA 2.5 Self Advocates: 60%

IFA 2.5 Family: 50%

Percent Satisfied:

IFA 3 Percent Satisfied: 100%

IFA 3.1 Self Advocate: 100%

IFA 3.2 Family: 100%

Systems Change measures at a glance:

SC 1.2 -1: Statute Created/Improved ABLE Account update

SC 1.3/1.3.2 -2: Promising Practices Improved- FEAT Training and Employment First Summit
 SC 1.4- 336: People Trained at Employment First Summit (not including self advocates and families, 175 total); 36 people trained in ABLE accounts; 125 trained at FEAT training
 SC 1.5-4 Systems Change Activities with other organization- FEAT training, Employment First Summit, Educate Lawmakers about updated ABLE Act requirements, ABLE Account training

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); KCDD effort leads to improvement of FEAT training promising practice	Yes
SC 2.1.3# of promising and/or best practices improved; KCDD effort leads to improvement of FEAT training promising practice	Yes

13. Progress towards achieving outcomes for overall objective:

KCDD believes that progress was made in their efforts to increase awareness of formal and informal supports and services that meet individual needs and preferences of self advocates and family members. As noted in the progress report, FEAT trainings were deemed successful enough that other states are wanting to replicate the trainings, and Families Together, Inc. received a contract with the Kansas State Department of Education to ensure long term sustainability. The Employment First Summit was successful enough that KCDD awarded Employment First of Butler County an additional grant in the upcoming 5 year planning cycle to continue hosting this event. While FEAT trainings, the Employment First Summit, and ABLE Account trainings are promising practices, if not best practice in the case of FEAT trainings and met their expected outputs and outcomes, it is still unclear how many of the Kansans with I/DD and their families who are currently unknown to the service system (approximately 70% of all Kansans with I/DD) participated in these events, or if the project participants were largely individuals and family members who were already connected to the service system.

KCDD will continue to support promising practices throughout this five year planning cycle that raise awareness of formal and informal supports and services available to Kansans with I/DD. KCDD will also explore new and innovative ways to reach Kansans with I/DD through partnerships with organizations such as Special Olympics Kansas who have a reach into the I/DD community that does not necessarily access the Kansas service system. KCDD will also explore and promote outreach communication strategies such as a continued social media presence and work to raise awareness of not only KCDD but of the supports and services available to Kansans with I/DD.

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 purpose of the FEAT program was to build on broadening the dreams of families, persons with disabilities, service providers, and employers. It was meant to provide support and encouragement to all families (including those whose first language is Spanish), persons with disabilities and other stakeholders to build the capacity to change systems toward the outcomes of persons with disabilities to be better prepared for employment and supported by their networks. It engages employers who have the capacity to incorporate persons with disabilities in their businesses and use best practices to support persons with intellectual and developmental disabilities in their choice of employment.

Over the course of the five year grant with KCDD, there have been 1,633 parents and professionals who attended FEAT trainings. Of those, 92 were Spanish speaking only. There were 50 youth who attended youth oriented sessions.

Topics of concern that were consistent through the years was the fear of losing benefits if the individual worked. To address this concern, Families Together expanded the information in the trainings as well as included benefits specialists at the trainings and statewide conference to allay those fears and rectify the myths surrounding employment and benefits.

Comments from events this past year from project participants included:

- It gave me hope and did not sugar-coat anything
- It helped me understand I absolutely need community for my son
- The resources, links, and personal experience got me to thinking about how much more I can do to help my families (professional feedback)
- I have learned that it takes more than one person to be involved with employment
- This gives me hope for my son's future
- I definitely feel more empowered on a personal level

The FEAT training over the years became a promising practice that was adopted by several states, and given its success, in this past year, Families Together did not need Council funding to continue with the program as the Kansas State Department of Education offered Families Together a contract to offer the training to families, self advocates, and professionals in the school system thus ensuring the long term sustainability of the program.

Objective 2: Increased awareness and participation of early childhood and education interventions and supports for English as a Second Language (ESL)/Hispanic Kansas families with children with disabilities (Targeted Disparity): By 2026, Spanish speaking Latinx families and people with disabilities in Garden City will have increased awareness of formal and informal supports and services that meet their individual needs and preferences in a culturally appropriate manner.

3. This objective is: System Change

4. This objective is: New

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
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A demonstration of projects or activities	No
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6. Stage of Implementation:	Implementation
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<p>7. Provide an overall description of this effort:</p>	<p>Key Activity 2.2.1: Families Together Spanish Language Family Employment Awareness Training grant Key Activity 2.2.2: Planning: Outreach to Hispanic/Latinx community and community organizations in SW Kansas Key Activity 2.2.3: Planning: Support Spanish Language Translation of KDHE Supporting You materials and ensure plain language materials in a culturally competent manner</p> <p>Background: While the lack of awareness of available resources, supports, and services is endemic to Kansas families statewide, there a population in Kansas where this problem is especially acute for linguistic, political, and cultural reasons. Southwest Kansas is a largely agrarian region of the state punctuated by a large meat packing industry in several communities in that area. Counties in this area of the state are classified as being either "rural" or "frontier" based upon their population densities, yet the economies are dependent upon a workforce that tend to be either immigrant or migrant in nature. Statewide, the Hispanic population accounts for 8.7% of the total state population. Hispanic/English as a Second Language families, however, make up the majority of the population in many of these rural southwest areas of the state, yet they do not comprise a majority of the families and self advocates receiving supports and services in the area.</p> <p>Council outreach in these areas during the current five year planning cycle has shown that there is multitude of reasons</p>
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	<p>why this disparity exists. First and foremost is the language barrier. For many of the Hispanic families in this area, English is not the primary language spoken in the home; oftentimes, children serve as translators for parents who speak no English. While technological solutions such as Google Translate and other translation software and apps provide a first step in offering information in a non-English format, translations tend to be incomplete at best, and the syntax and structure of the translation is lost without a native speaker acting as translator.</p> <p>Cultural and political differences also contribute to the disparate access to formal and informal supports and services for Hispanic families in Southwest Kansas. Culturally, both geographically and familiarly, there can be a tendency for Hispanic families and communities to support each other rather than rely upon outside supports and services. Politically, many Hispanic families in this part of the state are undocumented and are reluctant to reach to the government for support for fear of deportation, even if many, if not most, family members happen to be citizens. Given the disparate access to needed supports and services, the Council wanted, "(t)o increase awareness, understanding, and equitable access to formal and informal supports for Hispanic Kansans in Southwest Kansas with language and cultural differences in a linguistic and culturally appropriate manner." This impact is the focus of the Council's Targeted Disparity and second objective under its Systems Change goal. From this, the following key activities have been established:</p> <p>Key Activity 2.2.1: Families Together Spanish Language Family Employment Awareness Training grant Key Activity 2.2.2: Planning: Outreach to Hispanic/Latinx community and community organizations in SW Kansas Key Activity 2.2.3: Planning: Support Spanish Language Translation of KDHE Supporting You materials and ensure plain language materials in a culturally competent manner</p> <p>Expected Outcomes: By 2026, Hispanic families and people with disabilities will have increased awareness of formal and informal supports and services that meet their individual needs and preferences in a culturally appropriate manner.</p>
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Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved

SC 1 The number of Council efforts to transform fragmented approaches into a coordinated and effective system; KCDD support of Spanish Language FEAT trainings	Yes
SC 1.3 # of promising and/or best practices created and/or supported; Families Together Spanish Language Family Employment Awareness Training (FEAT) grant	Yes
SC 1.3.2 # of promising practices supported; Families Together Spanish Language Family Employment Awareness Training (FEAT) grant	Yes
SC 1.4 # of people trained or educated through Council systemic change initiatives; 7 Spanish speaking families participating in Spanish language FEAT trainings	Yes
SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Spanish Language FEAT trainings with Families Together	Yes

10. The report should include the following:	<p>(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.</p> <p>(b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative.</p> <p>(c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.</p> <p>(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)</p>
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Families Together has created The Family Employment Awareness Training (FEAT) is for Kansas families, youth/young adults who have disabilities and individuals who serve and support them. They have been a grantee over the last 5 years. Due to the success of this effort the funding is being transitioned to the dept of education.

While this year has lower participation as a result of some community disconnections during the pandemic there were 9 Garden City families who were Spanish speakers for the 2022 year who attended FEAT. There was a total of 92 Spanish Speaking families for the grant period, most of whom were from rural areas of Kansas.

The training over school, employers, and families collaborating to support employment for youth with IDD is based on the following:
 Building the Dream of Employment: "Outside the Box" Job Possibilities

- Session 1: A New Path: Exploring "Outside the Box Job Possibilities" Using Supported and Customized Employment

- Session 2: Individualizing Employment Possibilities: The Family and Community's Role and Transition to Adulthood and the IEP

- Session 3: Kansas Stories of Employment Success Panel

Identifying and Accessing Employment Resources

Overview of the services, programs, supports and other information to support gaining and maintaining employment

- Session 4: You Don't Have to Do It Alone: Supports Available for Employees & Employers

- Session 5: Working and Maintaining Needed Benefits

- Session 6: Agencies and Resources Panel

Bonus Youth & Family Session: Individualized person centered planning (Charting the LifeCourse) with youth and their family members who attend sessions 1-3.

Families Together collected data on the FEAT trainings using post event surveys and follow up calls with participants 3 months after the event. Unfortunately, survey responses were qualitative in nature and did not line up specifically with federal performance measures. That said, the program was universally liked with 100% satisfaction, anecdotally.

While the Spanish language in person event was cancelled this year due to lack of enrollment in western Kansas and virtual event was offered. Discussions have been held on ways to be further inclusive to reach families beyond those currently in the special education services. The current approach of utilizing special education para's as translators during the training have been helpful as they already have relationships and trust built with families. Going forward in partnership with dept of ed. Starting with Garden City the council will be working with a new grantee to help rebuild the transition team networks, building on the work FEAT has done. Discussions have included how to be more culturally inclusive and meeting families in places (e.g. faith based groups, local HR departments, and healthcare sites for undocumented workers) that are less traditional to share resource information about supports for youth with IDD.

Additionally, KCDD Staff are currently serving on the advisory board for the My Transition/My Career grant, part of which targets the Garden City School district and Spanish speaking families.

Individual and Family Measures at a glance:

Demographics:

9 Hispanic

9 Rural

FEAT total: 125 for year Reported under Goal 2, Objective 1 excluding Spanish Language Participants

Parents:125

Youth: 23

Project Participants: (targeted disparity only)

IFA 1.1 Self Advocates:

IFA 1.2 Family Members: 9

Respondents:

IFA 1.1 Self Advocates:

IFA 1.2 Family Members: 9

Percent who increased advocacy:

IFA 2.1 Self Advocates: %

IFA 2.2 Family: 100%

Percent better say what is important to them:

IFA 2.3 Self Advocates: %

IFA 2.3 Family: 100%

Percent who say will participate in advocacy:

IFA 2.4 Self Advocates: %

IFA 2.4 Family: 100%

Percent who say will serve on board: NA

IFA 2.5 Self Advocates:

IFA 2.5 Family:

Percent Satisfied:

IFA 3 Percent Satisfied: 100%

IFA 3.1 Self Advocate: %

IFA 3.2 Family: 100%

SC 1.3/1.3.2 Number of Promising Practices Supported 2- Spanish Language FEAT training; My Transition/My Career grant

SC 1.5 Number of Systems Change Activities with other organizations-2 Spanish Language FEAT training; My Transition/My Career grant

SC 2.1/SC 2.1.3 # of Council efforts that led to improvements (promising practices) 1 Spanish Language FEAT Training

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Families Together Spanish Language Family Employment Awareness Training (FEAT) grant	Yes
SC 2.1.3 # of promising and/or best practices improved; Families Together Spanish Language Family Employment Awareness Training (FEAT) grant	Yes

13. Progress towards achieving outcomes for overall objective:

KCDD believes that progress was made in the effort to increase awareness of services that meet individual needs and preferences of self advocates and family members in the Garden City area who are Spanish speaking. As noted in the progress report, FEAT trainings were deemed successful enough that other states are wanting to replicate the trainings, and Families Together, Inc. received a contract with the Kansas State Department of Education to ensure long term sustainability. While progress was made to meet the expected outputs and outcomes, it is still unclear around some of the demographics of the Kansans with I/DD and their families who participated in these events, and whether participants were already connected to the service system. KCDD has implemented a reporting training for grantees for the next grant cycle to improve the collection of the federally requested data.

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).

Families Together was required to provide a training in Western Kansas once a year specific to Spanish Speaking only participants.

The first year the training was presented in Spanish was a success. All of the families and youth who attended were new to the resources. As many families were reluctant to even allow their young adult/youth to work due to fear of rejection and public humiliation one mom began to see the opportunity for her son. She attended the training and proceeded to work with the school to begin doing job shadowing in the community. His senior year they both returned to attend the training again bringing other families with her. The training and resources she gathered gave her confidence that her son can be employed and be successful. Her son also expressed his desire to work and make friends. She became an advocate for community employment and began encouraging parents to let their young adult branch out. Her son has been employed for 4 years and returns to the FEAT trainings as an employment panel member. His mom also continues to participate in the trainings as a parent "mentor" for those families who are new to the transition/employment concept.

One parent reported she and her son did not know there were so many resources available to support her son to work. They attended the FEAT and have been able to apply some of the person-centered planning in her son's recent IEP meeting. He used the LifeCourse Profile to share information about himself in an "All About Me" style to the school team. He began volunteering at Deanna Rose Farmstead 2 days a month and has since transitioned it into a summer job. He feels like Deanna Rose is his second home now, thanks to the natural supports they learned about and have utilized.

Objective 3: Cultivate innovative solutions for Kansans with I/DD on a waiting list and those who seek more individualized support options: By 2026, Kansans who seek more individualized options or who are on a waiting list for waiver services will have increased awareness and access to formal and informal supports and services that meet their individual needs and preferences, including enhanced data collection efforts.

3. This objective is:

System Change

4. This objective is:	New
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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
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A demonstration of projects or activities	No
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6. Stage of Implementation:	Implementation
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7. Provide an overall description of this effort:	<p>Key Activity 2.3.1: Partner with UCEDD and P&A in advocating for and implementing Waiting List Study</p> <p>Key Activity 2.3.2: Advocate for increased reimbursement rates for Supported Employment Services and Supports</p> <p>Key Activity 2.3.3: Explore and implement strategies to increase competitive, integrated employment outcomes of persons with significant disabilities including support for 1915i-like programs such as STEPS and WORK programs</p> <p>Key Activity 2.3.4: Advocate for development and implementation of a Family Supports waiver</p> <p>Key Activity 2.3.5: Advocate for adequate funding of formal and informal I/DD supports and services</p> <p>Key Activity 2.3.6: LifeCourse Trainings/Lunch and Learns for families, self advocates, and professionals</p> <p>Key Activity 2.3.7: Advocate for development of Waiting List Navigator</p> <p>Background: As part of the goal selection process, KCDD completed a comprehensive review, including an analysis of state issues and challenges, which provided the rationale for KCDD's goal and objective selection. The process included a 45-day public review and comment period. Only minor revisions to the proposed 5 Year Plan were necessary after considering Council feedback and responding to public comments. Informing the Goal selection process was information gathered by KCDD Staff and considered by the</p>
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Council in 2020 and early 2021 through surveys, outreach, and information gathering.

One trend that emerged during the information gathering process was the notion that the general public had difficulty understanding what exactly Councils do and why they exist. Council members also relayed troubles articulating the current plan and how that tied back to the Developmental Disabilities Act. Furthermore, the feedback that the Council received from the surveys and focus groups indicated that Kansans with I/DD and their families lacked an awareness and understanding of formal and informal supports that might be available to them.

Kansas currently has a waiting list of 4,814 for I/DD waiver services as of Sept 2022. It is estimated that Kansans who are now coming off the wait list have been requesting services from between 8-12 years. Given the rate of growth of the wait list over that time period, it is estimated that, with the current system, those who now enter onto the wait list can expect to wait 16-24 years for services in Kansas without a crisis exception. The waiting list and the need for more awareness about formal and informal supports and services were the top two issues stakeholder identified during the Council's Needs Assessment Survey and virtual town hall series.

Any reduction in the waiting list in Kansas will require a fundamental rethinking of supports and services; simply increasing funding to the service system will not solve the problem. For those Kansans who do come off the waiting list, they are often greeted with an array of services that comprise a comprehensive I/DD waiver yet at the same time do not necessarily meet their individual needs and preferences. The Council felt it was important that activities in the upcoming five year planning cycle "greatly reduce the barriers Kansans with disabilities may experience when waiting for needed, appropriate individualized services and supports, resulting in increased independence within each individual's chosen community thus promoting an environment where everyone in the family thrives."

The need for individualized supports and services occurs whether or not a person is on a waiting list or currently received services. Covid19 taught us as a nation that congregate settings as the default option for supports and services could have disastrous outcomes for people with disabilities. National data showed that individuals with

I/DD were 2.5x as likely to contract Covid19, 2.7x as likely to be hospitalized due to Covid19, and 5.9x as likely to die from Covid19 than the general population.

It must be recognized that quality of life is every bit as important as a person's quantity of life and the health and safety measures that are in place to ensure that. Reducing the barriers for Kansans with disabilities so that they may access supports and services so that they may live more independent, fulfilling lives in their chosen community forms the basis for the Council's third objective under the Systems Change goal, Cultivate innovative solutions for Kansans with I/DD on a waiting list and those who seek more individualized support options: By 2026, Kansans who seek more individualized options or who are on a waiting list for waiver services will have increased awareness and access to formal and informal supports and services that meet their individual needs and preferences, including enhanced data collection efforts.

The Council recognizes that a person's life is like a tapestry with different threads woven throughout, however, all too often the supports and services offered to Kansans with disabilities are offered in silos. The Council's activities over the previous five year planning cycle made it clear that we must take a more holistic approach towards supports and services and approach novel and innovative formal and informal supports that addresses an individual's needs across the lifespan. What merit does transforming an educational system have when an individual doesn't have a support network in place once they transition into adulthood? In the past five years, the Council helped reshape expectations around Transition in education through various activities including the statewide development of a Transition Bill of Rights. But what are these students with disabilities transitioning into if they desire competitive, integrated employment but there is no real supports available to them to turn that dream into a reality?

By focusing on innovative solutions for Kansans with I/DD on a waiting list and those who seek more individualized support options, the Council has positioned itself to address an array of support options across life domains, across the lifespan, and across a multitude of areas of emphasis. Seeking innovative solutions for more individualized supports also allows the Council to proactively address emerging issues and trends that might not currently be on

our radar such as the Covid19 pandemic or any other type of emergency or disaster.

Although Fiscal year 2022 was a transition year for the Council, especially in terms of staffing, many strides were made in implementing activities outlined in the annual workplan to increase more access individualized options for those who are on a waiting list for waiver services or who want more individualized supports and services.

Strategies/Key Activities: Activities undertaken by the Council in the past year that were designed to increase access to informal and formal individualized supports and services include the following:

-KCDD partnered with both the University of Kansas Center on Developmental Disability (UCEDD) and the Disability Rights Center of Kansas (P&A) in advocating for the implementation of a waiting list study (Key Activity 2.3.1)

-KCDD, along with self advocates, families, and stakeholders advocated for the adequate funding of I/DD Supports and Services, increased reimbursement rates for home nursing, and increased reimbursement rates for Supported Employment supports and services (Key Activities 2.3.2 and 2.3.5)

-KCDD and other stakeholders partnered with the Kansas Department of Health and Environment (KDHE) to explore and implement strategies to increase competitive, integrated employment outcomes for programs such as the Supports and Training to Employ People Successfully (STEPS) program (Key Activity 2.3.3)

-KCDD and other stakeholders advocated and offered testimony to both KDADS and the legislature for the development of a Family/Community Supports Waiver and the development of a Waiting List Navigator for those on the waiting list (Key Activities 2.3.4 and 2.3.7)

-KCDD, in partnership with Aetna Better Health and the Kansas State Department of Education offered LifeCourse Lunch and Learns and other trainings for families, self advocates, and professionals throughout the year (Key Activity 2.3.6)

Expected Objective Outcomes: By 2026, Kansans who seek more individualized options or who are on a waiting list for

	waiver services will have increased awareness and access to formal and informal supports and services that meet their individual needs and preferences, including enhanced data collection efforts.
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Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
SC 1.1 # of policy and/or procedures created or changed; implementing Waiting List Study	Yes
SC 1.1 # of policy and/or procedures created or changed; increased reimbursement rates for Supported Employment Services and Supports	Yes
SC 1.1 # of policy and/or procedures created or changed; implementation of a Family Supports waiver	NO
SC 1.1 # of policy and/or procedures created or changed; Increased funding for formal and informal I/DD Supports and Services	Yes
SC 1.1 # of policy and/or procedures created or changed; development of Waiting List Navigator	NO
SC 1.3 # of promising and/or best practices created and/or supported; LifeCourse Trainings/Lunch and Learns for families, self advocates, and professionals	Yes
SC 1.3.2 # of promising practices supported; LifeCourse Trainings/Lunch and Learns for families, self advocates, and professionals	Yes
SC 1.4 # of people trained or educated through Council systemic change initiatives; 50 people trained at LifeCourse Trainings/Lunch and Learns for families, self advocates, and professionals	Yes
SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Partner with UCEDD and P&A in advocating for and implementing Waiting List Study	Yes
SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Partner with Working Healthy to Explore and implement strategies to increase competitive, integrated employment outcomes of persons with significant disabilities including support for 1915i-like programs such as STEPS and WORK programs	Yes
SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Partner with National Community of Practice and Kansas State Strategic Planning team for LifeCourse Trainings/Lunch and Learns for families, self advocates, and professionals	Yes

<p>10. The report should include the following:</p>	<p>(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.</p> <p>(b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative.</p> <p>(c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.</p> <p>(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)</p>
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Implementation Activities: Key Activity (2.3.1) KCDD partnered with the Kansas University Center on Developmental Disabilities (KUCDD), the Disability Rights Center of Kansas (P&A), and other stakeholders for the implementation of waiting list study to better understand the needs of the more than 4,800 Kansans who are currently on the waiting list for I/DD services. In FY22, the Kansas Department of Aging and Disability Services (KDADS) announced that an RFP utilizing American Rescue Plan Act (ARPA) HCBS FMAP enhancement funds would be released for bid. KDADS noted in the RFP and in testimony to the legislature that the study would offer the following benefits so that Kansas would be better equipped to make data-driven funding decisions, and providers would be able to develop data driven strategic plans with the eventual goal of reducing and ultimately eliminating the waiting list in Kansas. KDADS awarded the RFP to the KUCDD. The waiting list study will have two overarching research questions:

- 1) What is the overall demographic makeup of the people on the Waiting List? (what are the experiences of people on the waiting list, what risk factors and characteristics predict entering HCBS through a crisis exception, and how did COVID-19 impact use of crisis exceptions for HCBS Services?)
- 2) What do people on the waiting list identify as their needed supports for independent living, community living, lifelong learning, health, safety and social participation? (what is the support needs of people on the waiting list who are (a) at risk for entering services the next 5 years through a crisis exception and (b) served by each CDDO/ADRC; how doe employment, functional, and health outcomes differ for people on waiting list when compared to receiving HCBS services?)

Work on the Waiting List study will begin in FY23. Dollars matched/leveraged: \$973,000

Key Activities (2.3.2 and 2.3.5) KCDD, along with self advocates, families, and stakeholders advocated for the adequate funding of I/DD Supports and Services, increased reimbursement rates for home nursing, and increased reimbursement rates for Supported Employment supports and services at various legislative hearings such as the Bob Bethell KanCare Oversight Committee and Social Services Budget Committee. The uptick in legislative testimony by self advocates and family members is believed to be due, in large part, to the Council's efforts to create leaders and empower advocacy.

Having legislators hear the stories and the impact of an underfunded service system and the current workforce crisis in I/DD supports and services paid large dividends this past fiscal year as the Kansas legislature announced historic funding increases to I/DD waiver services in Kansas this past session. Included in the funding increases were a 25% reimbursement rate increase for providers of HCBS I/DD service providers including Supported Employment Services. This increase amounted to adding \$122.2 million to the Kansas service system, including \$48.9 million SGF. Family caregivers of children with I/DD and special health care needs testified about the lack specialized nursing care and the difficulty in hiring nurses for in home support and the legislature approved a \$7.7 million increase, including \$3.1 million SGF to increase the reimbursement rate for specialized nursing care from \$43.00/hour to \$47.00/hour. CDDO's, which serve as gatekeepers to the I/DD waiver and perform eligibility assessments for Kansans with I/DD saw a \$2.5 million increase, including \$1.5 million SGF to help better fulfill their role in the service system. Dollars matched/leveraged: \$132.4 million via reimbursement rate increases for I/DD waiver services, skilled nursing (which is billed under the I/DD waiver), and CDDO rate enhancements.

Key Activity (2.3.3) KCDD and other stakeholders partnered with the Kansas Department of Health and Environment (KDHE) to explore and implement strategies to increase competitive, integrated employment outcomes for programs such as the Supports and Training to Employ People Successfully (STEPS) program. One barrier for the STEPS program is a lack of provider network capacity due to low Supported Employment reimbursement rate. The increase in I/DD reimbursement rate should ultimately help to address this issue. The need to increase awareness of the STEPS program was another barrier address by Council activities. As of Sept. 2022, the STEPS program had 172 referrals and 36 individuals enrolled in the program, up from 28 in April and 14 in February.

Key Activities (2.3.4 & 2.3.7) In October of FY 22, the Kansas Legislature convened a Special Committee on the HCBS I/DD Waiver. Of topics covered in that hearing were reimbursement rates, the workforce crisis, and the waiting list. KCDD, our DD network partners, self advocates, family members, professionals and other stakeholder offered testimony on the state of the I/DD waiver. KCDD staff noted in this and other hearings how Kansas ranked last in the nation in terms of fiscal effort for individual and family supports (including supported employment), and that one possible solution to the waiting list would be the exploration of a new, more cost effective Family and/or Community Supports waiver authority that better meets individual needs and preferences. KCDD staff noted in the hearing (and at other opportunities) that the elimination of the waiting list would take time, but that families and self advocates needed help now to avoid going into crisis, and that the state would benefit from the adoption of a "Waiting List Navigator" position that could help families access non waiver formal and informal supports while waiting for waiver services. Because of these and other testimonies throughout the FY22 legislative session, a Special Committee on Intellectual and Developmental Disability Waiver Modernization was formed set to convene at the end of the FY22 fiscal reporting period into the FY23 fiscal reporting period.

The Kansas Legislature reached out to the Council and the DD Network Partners to ensure that self advocates and family members were both able to testify at this special committee and were able to participate in a workgroup with the committee to formulate suggestions and recommendations on ways that Kansas can modernize its I/DD waiver to better meet the individual needs of Kansans with I/DD and their families. The committee was set to meet for three sessions, the first of which was held on Sept. 28th; staff from KUCDD and KCDD staff offered testimony on Waiver Modernization Considerations and a History of I/DD Waiver Modernization Efforts and Kansas Specific Considerations.

The Kansas Legislative Research Department (KLRD) asked KCDD staff to reach out to other states for testimony on waivers that had been proven to be successful. Virtual testimony was provided by Council staff from Wisconsin, North Carolina, Pennsylvania, Washington, and Tennessee. Recommendations from the Committee will forthcoming in FY23. Dollars matched/leveraged: N/A

Key Activity (2.3.6) KCDD partnered with both Aetna Better Health of Kansas and the Kansas State Department of Education (KSDE) to provide LifeCourse Trainings/Lunch and Learns for families, self advocates, and professionals over the past year. In partnering with Aetna Better Health of Kansas and the University of Missouri at Kansas City Institute for Human Development, two Life Course Lunch and Learn training opportunities targeting families and self advocates. Although originally planned as in person events, the ongoing public health emergency due to COVID-19 meant that these Lunch and Learns had to be conducted virtually. The first event had 57 participants (family members) and the second event had 28 participants. Unfortunately, as a virtual event, KCDD was not able to collect demographic, advocacy, or satisfaction data as the tool that had been planned to be used was not functional for these events. KCDD staff offered a LifeCourse training for special education coordinators sponsored by the KSDE; this too was a virtual event and had 14 participants (professionals). KCDD staff also attended the KSDE TASN conference over the summer to provide a LifeCourse briefing connecting with 63 special education professionals. More trainings are planned for FY23 in partnership with Aetna Better Health of Kansas. Dollars leveraged/matched: \$5,000 (1/2 of grant from Aetna).

Systems Change Numbers at a glance: (IFA measures for the LifeCourse Lunch and Learns are recorded under Goal 2, Objective 1.)

SC 1.1 # of policy and/or procedures created or changed: 3: Implementation of Waiting List Study, Increased funding for Supported Employment, Increased funding for formal and informal I/DD supports and services

SC 1.3 and 1.3.2 # of promising practices supported- 1: LifeCourse Trainings/Lunch and Learns

SC 1.4 # of people trained or educated through Council systemic change initiatives- 77 KSDE special education professionals (does not include family members or self advocates)

SC 1.5 # of Council supported systems change activities with organizations- 4: Collaboration to advocate for waiting list study; partner with Working Healthy; Aetna Better Health and National CoP for LifeCourse Lunch and Learns; KSDE for LifeCourse trainings for special education professionals

SC 2.1/2.1.1 # of policy, procedure, statute, regulation improved- 2: Increased funding for Supported Employment and formal and informal I/DD Services

SC 2.1/2.1.3 # of Council efforts that led to improvement-2: Increased participation in STEPS program, LifeCourse Trainings

SC 2.2/2.1.4 # of Council efforts implemented-1: Implementation of the Waiting List Study

Expected Outcomes Achieved	
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11. Expected Outcomes	12. Outcomes Achieved
SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Increased reimbursement rates for Supported Employment Services and Supports	Yes
SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Increased competitive, integrated employment outcomes of persons with significant disabilities including support for 1915i-like programs such as STEPS and WORK programs	Yes
SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Increased funding of formal and informal I/DD supports and services	Yes
SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4); Implementation of Waiting List Study	Yes
SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4); Implementation of Family Supports Waiver	NO
SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4); Implementation of Waiting List Navigator	NO
SC 2.1.1 # of policy, procedure, statute, regulation changes improved; Increased reimbursement rates for Supported Employment Services and Supports	Yes
SC 2.1.1 # of policy, procedure, statute, regulation changes improved; Increased competitive, integrated employment outcomes of persons with significant disabilities including support for 1915i-like programs such as STEPS and WORK programs	Yes
SC 2.1.1 # of policy, procedure, statute, regulation changes improved; Increased funding of formal and informal I/DD supports and services	Yes

SC 2.1.2 # of policy, procedure, statute, regulation changes implemented; Implementation of Waiting List Study	Yes
SC 2.1.2 # of policy, procedure, statute, regulation changes implemented; Implementation of Family Supports Waiver	NO
SC 2.1.2 # of policy, procedure, statute, regulation changes implemented; Implementation of Waiting List Navigator	NO
SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Supporting Families Community of Practice/LifeCourse Framework	Yes
SC 2.1.3 # of promising and/or best practices improved Supporting Families Community of Practice/LifeCourse Framework	Yes

13. Progress towards achieving outcomes for overall objective: |

KCDD believes that significant progress was made toward cultivating innovative solutions for Kansans with I/DD on a waiting list and those who seek more individualized support options resulting in Kansans who seek more individualized options or who are on a waiting for waiver services will have both increased awareness and access to formal and informal supports and services that meet their individual needs and preferences, including enhanced data collection efforts by 2026.

As noted in the progress report and objective narrative, Kansas experienced a historic increase in funding of I/DD waiver services including supported employment services, skilled nursing services, and CDDO reimbursement rates totaling \$132.4 million. here is, however, still work to be done to help ensure the long term viability and improvement of the Kansas I/DD system. While the 25% I/DD reimbursement rate increased the reimbursement rate of Supported Employment Services, it still lacks capacity due to a lack of providers; the starting reimbursement rate for supported employment services in Kansas was one of, if not the lowest reimbursement rate in the nation. More funding is needed to build the network capacity to help turn the dream of Employment First into a reality in Kansas. Secondly, Targeted Case Management (TCM) was not included in the I/DD reimbursement rate increase as it is a state plan amendment and not a waiver service. TCM has not seen a rate increase in over a decade and as a result, some providers are going out of business creating a capacity shortage in parts of the state. Finally, the state must look to ongoing cost of living adjustments to reimbursement rate increases rather than one time increases to help address the workforce crisis. These issues will be ongoing priorities going forward.

FY23 and beyond should see some dividends paying off on activities undertaken/begun in FY22 such as the implementation of the waiting list study and the Kansas Legislature convening of the Special Committee on Intellectual and Developmental Disability Waiver Modernization. Together, these projects will help the state to make data driven decisions on how to eventually eliminate the waiting list in Kansas while at the same time offer more individualized supports and services to Kansans with I/DD and their families that better meet their individual needs and preferences. Kansas is somewhat of an outlier in that it has a single comprehensive I/DD waiver; while state of the art 30 years ago, supports and services philosophy has evolved since it was first implemented. Kansas currently ranks last in the nation in fiscal effort in terms of individual and family support, and over 98% of all I/DD expenditures are for providers and institutional settings as per State of the States. It is hoped that recommendations from the Special Committee on I/DD Waiver Modernization will include recommendations for the development and implementation of a Family or Community Supports Waiver that better meets the individual needs and preference of Kansans with I/DD and their families, and as result, help shift some of the state's fiscal effort back towards individual and family supports.

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).

KCDD saw unprecedented systems change activities impacting Kansans with I/DD and their families by the Kansas legislature and state agencies this past year. Although not reported elsewhere in the program performance report, the Kansas Department for Aging and Disability Services (KDADS) utilized \$51 million of the FMAP enhancement funds to invest in a Workforce Recruitment and Retention Bonus Program. These funds were used to help address the direct care workforce crisis in Kansas impacting Kansans with I/DD and their families. Unfortunately, these FMAP enhancement funds were one time distributions.

The Kansas legislature, however, as noted in the progress report stepped up and increased the reimbursement rate for I/DD waiver services by 25% to help sustain funding so that providers could provide a competitive wage to direct support professionals long term. Along those lines, the legislature approved increased funding to raise the reimbursement rates for skilled nursing and maintenance and operation of the Community Developmental Disability Organizations (CDDOs) across Kansas which serve as the gatekeepers to the Kansas I/DD service system. All told, the ongoing legislative investment in the Kansas I/DD Service System-not including the one time FMAP enhancement funding- totals a \$132.4 million increase in annual funding.

Kansas is somewhat of an outlier in that it only has a single "comprehensive" I/DD waiver option. In terms of fiscal effort, Kansas ranks last in the nation in individual and family supports according to the State of the States data. That is not to say that Kansas does not invest in I/DD supports and services, only that the state has historically prioritized the funding of provider and institutional based supports and services, accounting for over 98% of I/DD expenditures in Kansas currently.

Thanks to testimony from Kansas self advocates and family members, the Kansas legislature took initial steps this past year to reverse this trend and explore options for more individualized supports and services for Kansans with I/DD and their families. A Special Committee on Intellectual and

Developmental Disability Waiver Modernization was formed set to convene at the end of the FY22 fiscal reporting period into the FY23 fiscal reporting period. The Kansas Legislature reached out to the Council and the DD Network Partners to ensure that self advocates and family members were both able to testify at this special committee and were able to participate in a workgroup with the committee to formulate suggestions and recommendations on ways that Kansas can modernize its I/DD waiver to better meet the individual needs of Kansans with I/DD and their families. The committee was set to meet for three sessions, the first of which was held on Sept. 28th; staff from KUCDD and KCDD staff offered testimony on Waiver Modernization Considerations and a History of I/DD Waiver Modernization Efforts and Kansas Specific Considerations.

It is hoped that recommendations from the committee will include the creation of a Family/Community Supports Waiver to increase options for more individualized support options that meet personal needs and preferences in the community.

Objective 4: Increase Protections from Abuse, Neglect, and Exploitation: By 2026, Kansans with disabilities will have increased protections from abuse, neglect, and exploitation (ANE) through enhanced reporting, data, and training opportunities.

3. This objective is:	System Change
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4. This objective is:	New
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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
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A demonstration of projects or activities	No
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6. Stage of Implementation:	Implementation
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7. Provide an overall description of this effort:	Key Activity 2.4.1:KCDD Staff participation with DCF APS program and advisory council Key Activity 2.4.2:KCDD Staff Participation in Attorney General's Vulnerable Adult Task Force Key Activity 2.4.3: KCDD Staff participation in development of enhanced data collection measures
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	<p>Key Activity 2.4.4: Planning: Professional staff training on preventing, recognizing, and reporting ANE</p> <p>Key Activity 2.4.5: Planning: Self Advocate leaders conduct peer to peer ANE prevention and reporting training</p> <p>Key Activity 2.4.6: Planning: Supporting improving quality assurance processes in the state for I/DD supports and services that lead to better outcomes regarding ANE</p> <p>KCDD has had a Quality Assurance goal in place from the last five year plan with an emphasis on protection from Abuse, Neglect, and Exploitation within its objectives. KCDD is carrying forward into the next 5 year plan, Goal 2. Objective 4, to Increase Protections from Abuse, Neglect, and Exploitation: By 2026, Kansans with disabilities will have increased protections from abuse, neglect, and exploitation (ANE) through enhanced reporting, data, and training opportunities. This Staff run project has included (Key Activities 2.4.1 and 2.4.2) participation in Adult Protective Services advisory council, Attorney General's work with Vulnerable Adult task force. KCDD staff has also worked with state partners to include increasing awareness of policy development and data transparency, identification of training need development for self advocates, families and professionals (Key Activities 2.4.3 and 2.4.4).</p> <p>It is widely recognized that ANE has a high prevalence for people with IDD. KCDD has kept this as an important effort to recognize ways to prevent abuse, and to address in a trauma informed way healing and restorative justice for those who have experienced ANE. We hope to build on past partnerships with SACK and Kansas Domestic Violence and Sexual Assault Center to promote Project Believe; and continue to build upon concepts developed from this partnership. Specifically, the toolkits on authentic inclusion and trauma informed responses to people with I/DD who are survivors of sexual violence. The Kansas BELIEVE team worked with sexual assault advocacy, self-advocate, and disabilities experts to develop a toolkit for self-advocates and a toolkit for sexual assault advocates. Both toolkits address accommodations and guardianship.</p> <p>Reliable data is important for the development of dreams, but is also essential for the prevention of nightmares. Adult Protective Services (APS) staff report that when looking at reports received related to persons receiving HCBS services, that APS provides to KDADS, approximately 300 reports per month, about 200+ of those reports investigated every</p>
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month are for Kansans with I/DD alone. KDADS staff have indicated that 80% of referrals they receive are related to an individual with I/DD. According to APS Reports (SFY2020), statewide, 21.4% of assigned Adult reports involve either Fiduciary Abuse or Exploitation, while the top three maltreatment types involved in assigned reports (with or without disability) are physical abuse (18.4%), Neglect (17.5%).

Nationally, it is recognized people with disabilities experience the same forms of physical violence, sexual abuse and molestation and neglect as the general population. However, they experience these abuses at much higher rates.

All people deserve to live a life free from abuse, neglect, and exploitation. The Council is committed to "Increasing the number of Kansans who are living, learning, working, playing and belonging in their community with dignity and respect free from abuse, neglect and exploitation."

KCDD had several attempts to address ANE issues in Kansas in the past, including multiple failed RFPs. Given the gravity of ANE, KCDD decided to hire staff to focus on this issue in-house and work with the state, self advocates, family members, and other stakeholders to identify and address areas of improvement in the state. Specific areas of improvement for Kansas that can be addressed in the fourth Systems Change objective, "Increase Protections from Abuse, Neglect, and Exploitation" include the following:

- The increased awareness of Trauma Informed Care: Empowerment, Connections, Safety are areas of growth needed in Kansas in response to ANE.
- Self-advocates need continued skills training to successfully exercise their rights and maintain choice in their lives.
- Individuals with developmental disabilities are at greater risk of abuse, neglect, and exploitation and need education, advocacy and training that extends beyond the urban core, to include those individuals and families in rural areas.
- Self-advocates need support and guidance to develop and manage coalitions, networks of support, and outreach efforts to assure continued investigation and improvement of quality assurance activities in Kansas.

	<p>- Quality Assurance systems, regulations, and legislation require continued oversight, analysis, and advocacy efforts to insure they contribute to and protect self-determination, independence, productivity, and integration and inclusion in all facets of community life.</p> <p>Activities undertaken by the Council in the past year were designed to increase protections from abuse, neglect and exploitation, including the following:</p> <p>Key Activity 2.4.1: KCDD Staff participation with DCF APS program and advisory council</p> <p>Key Activity 2.4.2: KCDD Staff Participation in Attorney General's Vulnerable Adult Task Force</p> <p>Key Activity 2.4.3: KCDD Staff participation in development of enhanced data collection measures</p> <p>Key Activity 2.4.4: Planning: Professional staff training on preventing, recognizing, and reporting ANE</p> <p>Key Activity 2.4.5: Planning: Self Advocate leaders conduct peer to peer ANE prevention and reporting training</p> <p>Key Activity 2.4.6: Planning: Supporting improving quality assurance processes in the state for I/DD supports and services that lead to better outcomes regarding ANE</p> <p>Expected Outcomes: By 2026, Kansans with disabilities will have increased protections from abuse, neglect, and exploitation (ANE) through enhanced reporting, data, and training opportunities</p>
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8. Expected Outputs	9. Outputs Achieved
SC 1.1 # of policy and/or procedures created or changed; 1 policy change due to KCDD Staff participation with DCF APS program and advisory council	NO
SC 1.1 # of policy and/or procedures created or changed; 1 policy change due to KCDD Staff Participation in Attorney General's Vulnerable Adult Task Force	NO
SC 1.1 # of policy and/or procedures created or changed; 1 policy change due to KCDD Staff participation in development of enhanced data collection measures	NO

SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); 1 collaboration from KCDD Staff participation with DCF APS program and advisory council	Yes
SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); 1 collaboration from KCDD Staff Participation in Attorney General's Vulnerable Adult Task Force	Yes
SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); 1 collaboration from KCDD Staff participation in development of enhanced data collection measures	Yes

10. The report should include the following:	<p>(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.</p> <p>(b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative.</p> <p>(c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.</p> <p>(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)</p>
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The staff-led projects around this objective to increase protections from Abuse, Neglect, and Exploitation By 2026, Kansans with disabilities will have increased protections from abuse, neglect, and exploitation (ANE) through enhanced reporting, data, and training opportunities have been progressing slower than desired due to staff turn over the last 5 months of the 2022 project.

Key Activity 2.4.1: KCDD Staff participation with DCF Adult Protective Services program and advisory council. Staff attended (7) 100% of the council meeting and provided input on need for further data sharing breakdown, Guardianship law change discussions.

Key Activity 2.4.2: KCDD Staff Participation in Attorney General's Vulnerable Adult Task Force. Staff continue to meet (5 times) with AG Staff to identify system processes and mapping. Process has identified need for addressing gaps in ANE oversight policy implementation as well as desire to implement a universal registry to have a free open access site for ANE registry checks for Certified Nursing Aides, Direct Service Professionals, Nurses, Child and Adult registry confirmations and possible even KBI. This one stop background check would benefit anyone hiring staff.

Key Activity 2.4.3: KCDD Staff participation in development of enhanced data collection measures
Staff made requests for data both directly from the APS and KDADS staff as well as testified at the legislature to increase the data transparency and agency coordination of the data. The combined challenges of the pandemic and staffing shortages have impacted the quality of care and safety of persons with IDD. At the same time the monitoring of these services has been reduced by the number of KDADS staff available.

Testimony included a summary the problem: Kansas has a complex system of supports for persons with disabilities, which leads to fragmented reporting around quality issues. When a person is abused, neglected, or exploited there are multiple agencies that could receive the report. Providers are asked to submit to multiple agencies the same report and follow up and coordination of investigation can be confused by the many players involvement.

Background: No data specific to persons with disabilities and Protective services is available publicly in the state of Kansas. There is no published record of monitoring these metrics by the department of Children and Families (DCF) or Kansas Department on Aging and Disability Services (KDADS).

Key Activity 2.4.4: Planning: Professional staff training on preventing, recognizing, and reporting ANE
KCDD released an RFP this summer and encouraged training providers to apply for the grants. While we did not receive any proposals specifically around ANE training, the council is currently exploring costs to bring specific training to Law enforcement and first responders around IDD and promote response teams similar to the Community Intervention Teams for Mental Health. This will likely occur in conjunction with the 988 implementation of the suicide and crisis lifeline which in Kansas is going to include crisis response teams specifically including persons with IDD.

In October, 17 self advocates participated in a presentation on KCDD five year planning goal on ANE to give feedback on ANE prevention and reporting.

Key Activity 2.4.5: Planning: Self Advocate leaders conduct peer to peer ANE prevention and reporting training. KCDD staff in partnership with SACK plan to present at 2023 Kansas Crime Victim's Rights Conference. This learning session will explore the ANE system in Kansas and identify existing gaps in the system. Current information and data will drive the discussion and provide an understanding of what ANE means in the lives of Kansans with disabilities. Advocates can take this information back to their home communities and actively engage the disability community in their local area.

Key Activity 2.4.6: Planning: Supporting improving quality assurance processes in the state for I/DD supports and services that lead to better outcomes regarding ANE has been brought before the legislature in the context of the significant reduction of state staff and process for oversight of direct services since the implementation of managed care in Kansas.

Individual and Family Measures at a glance: (Demographic data was not collected)

Project Participants:

IFA 1.1 Self Advocates: 14

IFA 1.2 Family Members: 3

Percent who increased advocacy:

IFA 2.1 Self Advocates: 100%

IFA 2.2 Family: 100%

Percent better say what is important to them:

IFA 2.3 Self Advocates: 100%

IFA 2.3 Family: 100%

Percent who say will participate in advocacy:

IFA 2.4 Self Advocates: 100%

IFA 2.4 Family: 100%

Percent who say will serve on board: NA

IFA 2.5 Self Advocates:

IFA 2.5 Family:

Percent Satisfied:

IFA 3 Percent Satisfied: 100%

IFA 3.1 Self Advocate: 100%

IFA 3.2 Family: 100%

Systems Change Measures at a glance:

SC 1.3 Number of promising and/or best practices created and/or supported (2) ANE training for self advocates, APS learning collaborative,

SC 1.3.1 Number of promising practices created: 1 APS learning collaborative,

SC 1.3.2 Number of promising practices supported 1 (1) ANE training for self advocates

SC 1.4 Number of people trained/educated: 0 people trained (recorded under IFA)

SC 1.5 Number of Systems Change activities with other organizations (4) AG vulnerable adults council, APS learning collaborative, APS advisory council, SACK presentation

SC 2.1 - Efforts that led to improvements 1 SACK conference presentation/training

SC 2.1.3 Number of improved promising or best practices 1 SACK conference presentation/training

SC 2.2 - Efforts that were implemented: 1 learning collaborative

SC 2.1.4 Number of implemented promising or best practices 1 learning collaborative

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); 1 improved ANE reporting/prevention policy from KCDD Staff participation with DCF APS program and advisory council	NO
SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); 1 improved ANE	NO

reporting/prevention policy from KCDD Staff Participation in Attorney General's Vulnerable Adult Task Force	
SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); 1 improved ANE reporting/prevention policy from KCDD Staff participation in development of enhanced data collection measures	NO
SC 2.1.1 # of policy, procedure, statute, regulation changes improved; 1 improved ANE reporting/prevention policy from KCDD Staff participation with DCF APS program and advisory council	NO
SC 2.1.1 # of policy, procedure, statute, regulation changes improved; 1 improved ANE reporting/prevention policy from KCDD Staff Participation in Attorney General's Vulnerable Adult Task Force	NO
SC 2.1.1 # of policy, procedure, statute, regulation changes improved; 1 improved ANE reporting/prevention policy from KCDD Staff participation in development of enhanced data collection measures	NO

13. Progress towards achieving outcomes for overall objective:

KCDD believes that progress was made towards increased protections from abuse, neglect, and exploitation (ANE) through enhanced reporting, data, and training opportunities. Our partnerships and collaboration with APS and the Kansas Attorney General's Committees on ANE continue to bring issues impacting individuals with I/DD in our current systems to the forefront. Awareness of issues surrounding guardianship and supported decision making help foster new and significant inroads to connect the State's Judiciary Committee. Planning work continues to promote training of first responders, and a self advocates peer training on identifying and responding to ANE.

While progress was made to meet the expected outputs and outcomes, it is still challenging to collect some of the demographics of the Kansans with I/DD and their families who participated in these events. Much of this work has been workgroup focused further challenging the collection of data as members are not surveyed at each meeting. KCDD has implemented a reporting training for grantees for the next grant cycle to improve the collection of the federally requested data for those events that lend themselves to that process.

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).	
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The relationship building with staff at APS, the AG office and KCDD has lead to development of plans for a learning collaborative. The goal of the learning collaborative will be to address cross system partners views on guardianship and building awareness of all types of decision making supports for persons with disabilities for doctors, bankers, attorneys, hospital social workers, community providers, and financial planners.

Objective 5: Increased utilization of Supported Decision Making (DD Network Collaboration Measure): By 2026, Kansans with disabilities and their families will have increased awareness and utilization of Supported Decision Making (SDM), an alternative to Guardianship facilitated by collaboration between the Council, the Disability Rights Center of Kansas, and the Kansas University Center for Excellence on Developmental Disabilities.

3. This objective is:	System Change
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4. This objective is:	New
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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
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A demonstration of projects or activities	No
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6. Stage of Implementation:	Implementation
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7. Provide an overall description of this effort:	<p>Key Activity 2.5.1: Partner with UCEDD and P&A to advocate for adoption of Supported Decision Making (SDM) legislation in KS</p> <p>Key Activity 2.5.2: Partner with KSDE for training of educators, transition staff, and families on alternatives to guardianship (TASN)</p> <p>Key Activity 2.5.3: Training of legal, financial, medical, and other professionals and judicial system of SDM as a legally</p>
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	<p>viable alternative to guardianship consistent with current KS law</p> <p>Background: KCDD had a goal in place from its last 5 year plan carrying forward into this 5 year phase which is to increased utilization of Supported Decision Making (DD Network Collaboration Measure): By 2026, Kansans with disabilities and their families will have increased awareness and utilization of Supported Decision Making (SDM), an alternative to Guardianship facilitated by collaboration between the Council, the Disability Rights Center of Kansas, and the Kansas University Center for Excellence on Developmental Disabilities. KCDD has worked over the last 3 years to pass legislation to include SDM in Kansas (Key Activity 2.5.1). While we recognize the strong guardianship language Kansas has which allows for SDM it is not called out specifically or have requirements for SDM to be tried and failed. The reality in Kansas for persons with IDD is often schools will inform parents that to attend/participate in the IEP for their 18 year old they need to get guardianship. If the family can afford the legal costs the courts will have a very short hearing to revoke the persons rights indefinitely. Currently, Kansas guardianship laws are under review with the Kansas Judicial Council.</p> <p>As identified in our rationale for goal selection, in Kansas, personal and civil rights are unwittingly taken away from individuals with I/DD with the best of intentions. Kansans with I/DD are 3x more likely to have a guardian than their peers across the nation. Current Kansas law provides that guardianship is the last option for people with disabilities; unfortunately, it doesn't provide what other options are available. As a result, guardianship becomes the default option when a person with I/DD approaches the age of majority and guardianship is discussed in schools during the IEP process.</p> <p>The Council desires to reverse this trend and "Increase an individual's, their family, and their community's ability to understand, navigate and advocate for alternatives to guardianship, resulting in protection of personal rights and freedoms." The Council will work together with its DD Network partners to better fulfill the intent of current law, propose and advocate for legislation that clearly offers better options for Kansans to protect and preserve their civil rights through the final Systems Change objective, Increased utilization of Supported Decision Making (DD</p>
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	<p>Network Collaboration Measure): From this the following key activities have been established</p> <p>Strategies/Key Activities: Activities undertaken by the Council in the past year were designed to increase awareness and use of SDM including the following:</p> <p>Key Activity 2.5.1: Partner with UCEDD and P&A to advocate for adoption of Supported Decision Making (SDM) legislation in KS</p> <p>Key Activity 2.5.2: Partner with KSDE for training of educators, transition staff, and families on alternatives to guardianship (TASN)</p> <p>Key Activity 2.5.3: Training of legal, financial, medical, and other professionals and judicial system of SDM as a legally viable alternative to guardianship consistent with current KS law</p> <p>Expected Outcomes: By 2026, Kansans with disabilities and their families will have increased awareness and utilization of Supported Decision Making (SDM), an alternative to Guardianship facilitated by collaboration between the Council, the Disability Rights Center of Kansas, and the Kansas University Center for Excellence on Developmental Disabilities.</p>
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Outputs Achieved	
8. Expected Outputs	9. Outputs Achieved
SC 1.2 # of statute and/or regulations created or changed; 1 adoption of Kansas SDM statute	NO
SC 1.3 # of promising and/or best practices created and/or supported; 1 adoption of SDM in Kansas through legal, financial, medical, and other professionals and judicial system training	Yes
SC 1.3.4 # of best practices supported through Council activities; 1 adoption of SDM in Kansas through legal, financial, medical, and other professionals and judicial system training	Yes
SC 1.4 # of people trained or educated through Council systemic change initiatives; 25 legal, financial, medical, and other professionals and judicial system trained on SDM	Yes
SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); 1	Yes

partnership with UCEDD and P&A to advocate for adoption of SMD legislation in KS	
SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); 1 partnership with UCEDD and P&A to train legal, financial, medical, and other professionals and judicial system of SDM as a legally viable alternative to guardianship consistent with current KS law	Yes

10. The report should include the following:	<p>(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.</p> <p>(b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative.</p> <p>(c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.</p> <p>(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)</p>
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<p>Increased utilization of Supported Decision Making (DD Network Collaboration Measure): By 2026, Kansans with disabilities and their families will have increased awareness and utilization of Supported Decision Making (SDM), an alternative to Guardianship facilitated by collaboration between the Council, the Disability Rights Center of Kansas, and the Kansas University Center for Excellence on Developmental Disabilities.</p> <p>Key Activity 2.5.1: Partner with UCEDD and P&A to advocate for adoption of Supported Decision Making (SDM) legislation in KS</p> <p>SDM bill (HB 2122) did not make it all the way through the legislative process this year it stalled in the house under general orders. Liability concerns from the banking association necessitated a technical amendment adding language saying not having a written agreement would not mean there was not a SDM agreement in place to allow informal agreements. Plans are to continue working with financial institutions to better understand and remove any remaining concerns. The DD partners agreed we should reach out to KS Bar to educate legal professionals and seek support of bill as well as treasurer's office.</p> <p>Key Activity 2.5.2: Partner with KSDE for training of educators, transition staff, and families on alternatives to guardianship (TASN)</p>
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Staff presented on SDM at the annual dept of education TASN conference for 63 attendees
SDM Summit "Living the good life: supported decision making "an alternatives to guardianship" was held hybrid and recorded for 70 people and 153 online views post event
The planning for SDM summit 2.0 for Education professionals has been worked on this year in partnership with Kansas department of health and environment and Kansas department of education.

Key Activity 2.5.3: Training of legal, financial, medical, and other professionals and judicial system of SDM as a legally viable alternative to guardianship consistent with current Kansas law.

KCDD has played a key role on the Adult Protective Services adult decision making steering committee to develop a learning collaborative for a diverse group of professionals who have interactions with individuals in the capacity of decision making. The first meeting was held and covered capacity assessment and reminded participants that capacity is fluid and can be dependent on the topic. The planning for the second meeting is complete and will cover the Kansas judicial council's work on guardianship law revisions, overview of DPOA, limited guardianship, SDM and consequences of legal actions. The training will ensure a person-centered approach and look at what we can do. In an ideal world: What statutes may need to be . tweaked, while addressing communication including inter-system communication (who all needs to be communicated with).

Individual and Family Measures at a glance:

2.5 Increased utilization of Supported Decision Making (DD Network Collaboration Measure): By 2026, Kansans with disabilities and their families will have increased awareness and utilization of Supported Decision Making (SDM), an alternative to Guardianship facilitated by collaboration between the Council, the Disability Rights Center of Kansas, and the Kansas University Center for Excellence on Developmental Disabilities.

Project Participants:

IFA 1.1 Self Advocates: 10

IFA 1.2 Family Members: 40

Other: 28

Respondents:

IFA 1.1 Self Advocates: 3

IFA 1.2 Family Members: 15

Percent who increased advocacy:

IFA 2.1 Self Advocates: 100%

IFA 2.2 Family: 100%

Percent better say what is important to them:

IFA 2.3 Self Advocates: 100%

IFA 2.3 Family: 100%

Percent who say will participate in advocacy: NA

IFA 2.4 Self Advocates: 100%

IFA 2.4 Family: 100%

Percent who say will serve on board: NA

IFA 2.5 Self Advocates:

IFA 2.5 Family:

Percent Satisfied:

IFA 3 Percent Satisfied: 100%

IFA 3.1 Self Advocate: 100%

IFA 3.2 Family: 100%

Systems Change Measures at a glance:

SC 1.3 Number of promising and/or best practices created and/or supported: 3- APS learning collaborative, SDM Summit, and training of education professionals at TASN conference

SC 1.3.1 Number of promising practices created: 1- APS Learning collaborative

SC 1.3.2 Number of promising practices supported: 2-SDM Summit, and training of education professionals at TASN conference

SC 1.4 Number of people trained/educated: 83 (20 professionals at SDM Summit; 63 educational professionals at TASN conference)

SC 2.1 - Efforts that led to improvements: 2 -(SDM Summit, KSDE TASN conference)

SC 2.1.3 Number of improved promising or best practices 2 -(SDM Summit, KSDE TASN conference)

SC 2.2 - Efforts that were implemented: 1 -(APS learning collaborative)

SC 2.1.4 Number of implemented promising or best practices: 1- (APS learning collaborative)

SC 1.5 Number of Systems Change activities with other organizations: 4- Advocating for SDM legislation with state P&A, APS learning collaborative, SDM Summit, KSDE TASN conference

Expected Outcomes Achieved	
11. Expected Outcomes	12. Outcomes Achieved
SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); 1 improved best practice of adoption of SDM in Kansas through training	Yes
SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4); 1 adoption of Kansas SDM statute	NO
SC 2.1.2 # of policy, procedure, statute, regulation changes implemented; 1 adoption of Kansas SDM statute	NO

SC 2.1.3 # of promising and/or best practices improved; 1 improved best practice of adoption of SDM in Kansas through training	Yes
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13. Progress towards achieving outcomes for overall objective:

KCDD has made considerable progress around increasing families increased awareness and utilization of Supported Decision Making (SDM), an alternative to guardianship. While the SDM bill (HB 2122) stalled in the State House at the end of session, the Council is committed to advancing it again in 2023. The SDM Summit provided training on alternatives to guardianship to families, self advocates and professionals on all forms of SDM and guardianship alternatives. The event also provided information on ABLE accounts, Supporting You (peer family program), LifeCourse person centered planning a lived experiences of adults using SDM. It was very well received and recorded for future use. The planning for SDM summit 2.0 for Education professionals has been worked on this year in partnership with Kansas department of health and environment and Kansas department of education. Also, KCDD has played a key role on the Adult Protective Services adult decision making steering committee to develop a learning collaborative for a diverse group of professionals who have interactions with individuals in the capacity of decision making.

While progress was made to meet the expected outputs and outcomes, the demographics of the Kansans with I/DD and their families who participated in these events is unavailable. KCDD has implemented a reporting training for grantees for the next grant cycle to improve the collection of the federally requested data.

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).

One example of a success story for KCDD this year was the SDM summit held in Wichita KS. Of the 79 attendees responses to a post event survey found the key note speaker Elizabeth Moran to be especially helpful. "The first presentation on Supported Making. I was extremely impressed with how well she explained guardianship and alternatives." "Elizabeth Moran's knowledge of why supportive decision making is a much better option to pursue than guardianship." Others found the information about LifeCourse, ABLE saving accounts, other benefits helpful and 'Loved real people & real examples".

Objective 6: Emerging Needs: By 2026 KCDD will collaborate with stakeholders and organizations to monitor and respond to emerging needs that affect Kansans with ID/DD and their families that are a result of manmade, natural or environmental events.

3. This objective is:	System Change
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4. This objective is:	New
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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
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A demonstration of projects or activities	No
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6. Stage of Implementation:	Planning
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7. Provide an overall description of this effort:	KCDD did not need to implement the Emerging Needs Objective in FY22.
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10. The report should include the following:	<p>(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.</p> <p>(b) For system change activities, include a description of the stage of implementation (Planning, initiation, implementation, outcome/fully integrated) of the system change initiative.</p> <p>(c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.</p> <p>(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)</p>
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KCDD did not need to implement the Emerging Needs Objective in FY22.
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13. Progress towards achieving outcomes for overall objective:	
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KCDD did not need to implement the Emerging Needs Objective in FY22.

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).

KCDD did not need to implement the Emerging Needs Objective in FY22.

Section IV: B

Individual & Family Advocacy Performance Measures

Race and Ethnicity

Race/Ethnicity	#	%
White alone	6	33.33%
Black or African American alone	1	5.56%
American Indian and Alaska Native alone	0	0%
Hispanic/Latino	10	55.56%
Asian alone	0	0%
Native Hawaiian & Other Pacific Islander alone	0	0%
Two or more races and Race unknown	1	5.56%
Gender	#	%
Male	1	11.11%
Female	8	88.89%
Other	0	0%
Category	#	%
Individual with DD	15	33.33%
Family Member	30	66.67%
Geographical	#	%
Urban	3	16.67%
Rural	15	83.33%

I. Output Measures

Objective	Performance Measure: IFA 1.1 People with DD who participated in activities	Performance Measure: IFA 1.2 Family members
Increase Awareness of Informal and Formal Supports and Services with a focus on Transitions across the Lifespan: By 2026, Kansans with disabilities and their family members	93	185

will have increased awareness of formal and informal supports and services that meet their individual needs and preferences.		
Increased awareness and participation of early childhood and education interventions and supports for English as a Second Language (ESL)/Hispanic Kansas families with children with disabilities (Targeted Disparity): By 2026, Spanish speaking Latinx families and people with disabilities in Garden City will have increased awareness of formal and informal supports and services that meet their individual needs and preferences in a culturally appropriate manner.	-1	9
Cultivate innovative solutions for Kansans with I/DD on a waiting list and those who seek more individualized support options: By 2026, Kansans who seek more individualized options or who are on a waiting list for waiver services will have increased awareness and access to formal and informal supports and services that meet their individual needs and preferences, including enhanced data collection efforts.	-1	-1
Increase Protections from Abuse, Neglect, and Exploitation: By 2026, Kansans with disabilities will have increased protections from abuse, neglect, and exploitation (ANE) through enhanced reporting, data, and training opportunities.	14	3
Increased utilization of Supported Decision Making (DD Network Collaboration Measure): By 2026, Kansans with disabilities and their families will have increased awareness and utilization of Supported Decision Making (SDM), an alternative to Guardianship facilitated by collaboration between the Council, the Disability Rights Center of Kansas, and the Kansas University Center for Excellence on Developmental Disabilities.	10	40
Emerging Needs: By 2026 KCDD will collaborate with stakeholders and organizations to monitor and respond to emerging needs that affect Kansans with ID/DD and their families that are a result of manmade, natural or environmental events.	-1	-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)	22	22

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
Increase Awareness of Informal and Formal Supports and Services with a focus on Transitions across the Lifespan: By 2026, Kansans with disabilities and their family members will have increased awareness of formal and informal supports and services that meet their individual needs and preferences.	5	4
Increased awareness and participation of early childhood and education interventions and supports for English as a Second Language (ESL)/Hispanic Kansas families with children with disabilities (Targeted Disparity): By 2026, Spanish speaking Latinx families and people with disabilities in Garden City will have increased awareness of formal and informal supports and services that meet their individual needs and preferences in a culturally appropriate manner.	-1	9
Cultivate innovative solutions for Kansans with I/DD on a waiting list and those who seek more individualized support options: By 2026, Kansans who seek more individualized options or who are on a waiting list for waiver services will have increased awareness and access to formal and informal supports and services that meet their individual needs and preferences, including enhanced data collection efforts.	-1	-1
Increase Protections from Abuse, Neglect, and Exploitation: By 2026, Kansans with disabilities will have increased protections from abuse, neglect, and exploitation (ANE) through enhanced reporting, data, and training opportunities.	14	3
Increased utilization of Supported Decision Making (DD Network Collaboration Measure): By 2026, Kansans with disabilities and their families will have increased awareness and utilization of Supported Decision Making (SDM), an alternative to Guardianship facilitated by collaboration between the Council, the Disability Rights Center of Kansas, and the Kansas University Center for Excellence on Developmental Disabilities.	3	15
Emerging Needs: By 2026 KCDD will collaborate with stakeholders and organizations to monitor and respond to emerging needs that affect Kansans with ID/DD and their families that are a result of manmade, natural or environmental events.	-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)	22	31
IFA 2.3 Percent of people better able to say what they need	100.00%	140.91%

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

Projects	# People with Developmental Disabilities	# Family Members
Increase Awareness of Informal and Formal Supports and Services with a focus on Transitions across the Lifespan: By 2026, Kansans with disabilities and their family members will have increased awareness of formal and informal supports and services that meet their individual needs and preferences.	5	4
Increased awareness and participation of early childhood and education interventions and supports for English as a Second Language (ESL)/Hispanic Kansas families with children with disabilities (Targeted Disparity): By 2026, Spanish speaking Latinx families and people with disabilities in Garden City will have increased awareness of formal and informal supports and services that meet their individual needs and preferences in a culturally appropriate manner.	-1	9
Cultivate innovative solutions for Kansans with I/DD on a waiting list and those who seek more individualized support options: By 2026, Kansans who seek more individualized options or who are on a waiting list for waiver services will have increased awareness and access to formal and informal supports and services that meet their individual needs and preferences, including enhanced data collection efforts.	-1	-1
Increase Protections from Abuse, Neglect, and Exploitation: By 2026, Kansans with disabilities will have increased protections from abuse, neglect, and exploitation (ANE) through enhanced reporting, data, and training opportunities.	14	3
Increased utilization of Supported Decision Making (DD Network Collaboration Measure): By 2026, Kansans with disabilities and their families will have increased awareness and utilization of Supported Decision Making (SDM), an alternative to Guardianship facilitated by collaboration between the Council, the Disability Rights Center of Kansas, and the Kansas University Center for Excellence on Developmental Disabilities.	3	15
Emerging Needs: By 2026 KCDD will collaborate with stakeholders and organizations to monitor and respond to	-1	-1

emerging needs that affect Kansans with ID/DD and their families that are a result of manmade, natural or environmental events.		
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)	22	31
IFA 2.4 Percent of people participating in advocacy activities	100.00%	140.91%

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
Increase Awareness of Informal and Formal Supports and Services with a focus on Transitions across the Lifespan: By 2026, Kansans with disabilities and their family members will have increased awareness of formal and informal supports and services that meet their individual needs and preferences.	3	2
Increased awareness and participation of early childhood and education interventions and supports for English as a Second Language (ESL)/Hispanic Kansas families with children with disabilities (Targeted Disparity): By 2026, Spanish speaking Latinx families and people with disabilities in Garden City will have increased awareness of formal and informal supports and services that meet their individual needs and preferences in a culturally appropriate manner.	-1	-1
Cultivate innovative solutions for Kansans with I/DD on a waiting list and those who seek more individualized support options: By 2026, Kansans who seek more individualized options or who are on a waiting list for waiver services will have increased awareness and access to formal and informal supports and services that meet their individual needs and preferences, including enhanced data collection efforts.	-1	-1
Increase Protections from Abuse, Neglect, and Exploitation: By 2026, Kansans with disabilities will have increased protections from abuse, neglect, and exploitation (ANE) through enhanced reporting, data, and training opportunities.	-1	-1
Increased utilization of Supported Decision Making (DD Network Collaboration Measure): By 2026, Kansans with disabilities and their families will have increased awareness and utilization of Supported Decision Making (SDM), an alternative to Guardianship facilitated by collaboration between the Council, the Disability Rights Center of Kansas,	-1	-1

and the Kansas University Center for Excellence on Developmental Disabilities.		
Emerging Needs: By 2026 KCDD will collaborate with stakeholders and organizations to monitor and respond to emerging needs that affect Kansans with ID/DD and their families that are a result of manmade, natural or environmental events.	-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)	3	2
IFA 2.5 Percent of people on cross disability coalitions	13.64%	9.09%

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	
Increase Awareness of Informal and Formal Supports and Services with a focus on Transitions across the Lifespan: By 2026, Kansans with disabilities and their family members will have increased awareness of formal and informal supports and services that meet their individual needs and preferences.	
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	2
SC 1.4 Number of people trained/educated	43
SC 1.5 Number of Systems Change activities with other organizations	4

Objective	
Increased awareness and participation of early childhood and education interventions and supports for English as a Second Language (ESL)/Hispanic Kansas families with children with disabilities (Targeted Disparity): By 2026, Spanish speaking Latinx families and people with disabilities in Garden City will	

have increased awareness of formal and informal supports and services that meet their individual needs and preferences in a culturally appropriate manner.	
SC 1.1 Number of policy/procedures created/changed	0
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	9
SC 1.5 Number of Systems Change activities with other organizations	2

Objective	
Cultivate innovative solutions for Kansans with I/DD on a waiting list and those who seek more individualized support options: By 2026, Kansans who seek more individualized options or who are on a waiting list for waiver services will have increased awareness and access to formal and informal supports and services that meet their individual needs and preferences, including enhanced data collection efforts.	
SC 1.1 Number of policy/procedures created/changed	3
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	77
SC 1.5 Number of Systems Change activities with other organizations	5

Objective	
Increase Protections from Abuse, Neglect, and Exploitation: By 2026, Kansans with disabilities will have increased protections from abuse, neglect, and exploitation (ANE) through enhanced reporting, data, and training opportunities.	
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	2
SC 1.4 Number of people trained/educated	-1
SC 1.5 Number of Systems Change activities with other organizations	4

Objective	
Increased utilization of Supported Decision Making (DD Network Collaboration Measure): By 2026, Kansans with disabilities and their families will have increased awareness and utilization of Supported Decision Making (SDM), an alternative to Guardianship facilitated by collaboration between the Council, the Disability Rights Center of Kansas, and the Kansas University Center for Excellence on Developmental Disabilities.	
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	3
SC 1.4 Number of people trained/educated	83
SC 1.5 Number of Systems Change activities with other organizations	4

Objective	
Emerging Needs: By 2026 KCDD will collaborate with stakeholders and organizations to monitor and respond to emerging needs that affect Kansans with ID/DD and their families that are a result of manmade, natural or environmental events.	
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	-1
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	12
SC 2.2 - Efforts that were implemented	3

III. Sub-Outcome Measures

Objective	Number (#)
Increase Awareness of Informal and Formal Supports and Services with a focus on Transitions across the Lifespan: By 2026, Kansans with disabilities and their family members will have increased awareness of formal and informal supports and services that meet their individual needs and preferences.	
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	-1

Objective	Number (#)
Increased awareness and participation of early childhood and education interventions and supports for English as a Second Language (ESL)/Hispanic Kansas families with children with disabilities (Targeted Disparity): By 2026, Spanish speaking Latinx families and people with disabilities in Garden City will have increased awareness of formal and informal supports and services that meet their individual needs and preferences in a culturally appropriate manner.	
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 (#)
Cultivate innovative solutions for Kansans with I/DD on a waiting list and those who seek more individualized support options: By 2026, Kansans who seek more individualized options or who are on a waiting list for waiver services will have increased awareness and access to formal and informal supports and services that meet their individual needs and preferences, including enhanced data collection efforts.	
SC 2.1.1 Policy, procedure, statute, regulation improvements	2
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 (#)
Increase Protections from Abuse, Neglect, and Exploitation: By 2026, Kansans with disabilities will have increased protections from abuse, neglect, and exploitation (ANE) through enhanced reporting, data, and training opportunities.	
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 (#)
Increased utilization of Supported Decision Making (DD Network Collaboration Measure): By 2026, Kansans with disabilities and their families will have increased awareness and utilization of Supported Decision Making (SDM), an alternative to Guardianship facilitated by collaboration between the Council, the Disability Rights Center of Kansas, and the Kansas University Center for Excellence on Developmental Disabilities.	

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 (#)
Emerging Needs: By 2026 KCDD will collaborate with stakeholders and organizations to monitor and respond to emerging needs that affect Kansans with ID/DD and their families that are a result of manmade, natural or environmental events.	
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
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1. Fiscal Year	2020
2. Reporting Period	10/01/2019 - 9/30/2020
3. Total Federal Fiscal Award for Reporting Year	\$628944
4. State Funds Contributing to Council State Plan Activities	\$58092
5. Additional Council Funds Used for Other Activities	\$0
6. Federal Share of Expenditures	\$576376
7. Federal Share of Unliquidated Obligations	\$52568
8. Unliquidated Balance of Federal Funds	\$0
9. Match Required	\$0
10. Match Met	\$58092
11. Match Unmet	\$-58092

1. Fiscal Year	2021
2. Reporting Period	10/01/2020 - 9/30/2021
3. Total Federal Fiscal Award for Reporting Year	\$628580
4. State Funds Contributing to Council State Plan Activities	\$62516
5. Additional Council Funds Used for Other Activities	\$0
6. Federal Share of Expenditures	\$406127
7. Federal Share of Unliquidated Obligations	\$218427
8. Unliquidated Balance of Federal Funds	\$4026
9. Match Required	\$0

10. Match Met	\$62516
11. Match Unmet	\$-62516

1. Fiscal Year	2022
2. Reporting Period	10/01/2021 - 9/30/2022
3. Total Federal Fiscal Award for Reporting Year	\$614590
4. State Funds Contributing to Council State Plan Activities	\$56892
5. Additional Council Funds Used for Other Activities	\$0
6. Federal Share of Expenditures	\$394263
7. Federal Share of Unliquidated Obligations	\$8611
8. Unliquidated Balance of Federal Funds	\$211716
9. Match Required	\$0
10. Match Met	\$56892
11. Match Unmet	\$-56892

Dollars leveraged for the reporting year being reported	
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SECTION VI: MEASURES OF COLLABORATION

<p>5. 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.</p>
<p>There are several important issues that continue to be significant for the Council and our vast partnerships with our I/DD Network in Kansas. These include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Solve the DSP Shortage/Caregiving Crisis in Kansas to meet the needs of all individuals with I/DD, those that require 24/7 care to individuals who live independently in their communities across the state, and ensure adequate funding for formal and informal supports and services 2. Ending the 5000 over 4,800 person I/DD Waitlist in Kansas and modernizing the state's I/DD waiver by increasing reimbursement rates for services, moving away from the BASIS eligibility assessment tool, adapting individual budget authority for families and allowing for paid family caregiving, etc. 3. Eliminate health disparities in the I/DD population by Improve social determinants of health 4. Enhance resources for self-advocates, family members, caregivers to solve the aging caregiver crisis by the Life Course Framework, ABLE accounts and other solutions that improve life planning options for Kansans with disabilities 5. Increase our Employment Rate and Outcomes for Kansans with disabilities

6. Protection from ANE

7. Improved educational outcomes and enhanced transition opportunities across the lifespan

8. Supported Decision Making legislation and training for self advocates, family members, and professionals

The Council leads and participates in several stakeholder coalitions throughout the year. These Coalitions including the following:

- Buddy Network with our Kansas Disability Rights Center and the Kansas UCEDD
- Big Tent Coalition
- KanCare Advocacy Group
- Kansas Disability Concerns Advisory Group
- Kansas Employment First Committee
- Transition Transformers
- My Transition My Career ACL Grant Advisory Board
- KUCEDD LEND Consumer Advisory Board
- KUCEDD Self Determined learning Model of Instruction Advisory Board
- Assistive Technology for Kansans Advisory Board
- Kansas Department for Children and Families (DCF) Adult Protective Services Advisory Board
- Kansas Attorney General's Office Vulnerable Adults Task Force

Each of these groups include cross disability stakeholders, including aging and mental health advocates; collectively these coalitions have been coming together to not only plan but to share their most pressing issues.

6. 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
Quality of Life	Yes
Assistive Technology	Yes
Cultural Diversity	Yes
Other - Leadership	Yes
Other - Supported Decision Making	Yes

7. 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:

Issue/Barrier: One hallmark of protecting a person from abuse, neglect, and exploitation is ensuring the protection of their personal rights and freedoms. Unfortunately, in Kansas, personal and civil rights are unwittingly taken away from individuals with I/DD with the best of intentions. Kansans with I/DD are 3x more likely to have a guardian than their peers across the nation. Current Kansas law provides that guardianship is the last option for people with disabilities; unfortunately, it doesn't provide what other options are available. As a result, guardianship becomes the default option when a person with I/DD approaches the age of majority and guardianship is discussed in schools during the IEP process.

The Council desires to reverse this trend and "Increase an individual's, their family, and their community's ability to understand, navigate and advocate for alternatives to guardianship, resulting in protection of personal rights and freedoms." The Council has been working together with its DD Network partners to better fulfill the intent of current law, propose and advocate for legislation that clearly offers better options for Kansans to protect and preserve their civil rights, and provide trainings for self advocates, families, and professionals to raise awareness about, and utilization of, alternatives to guardianship such as Supported Decision Making (SDM).

Collaborative Strategies: Kansas is fortunate in that KCDD is able to collaborate with nationally recognized subject matter experts on SDM from our UCEDD, educate legislators on the importance of passing SDM legislation in partnership with our state P&A, and provide education and training opportunities to self advocates, family members, and professionals with not only our DD Network partners, but with other I/DD stakeholders including the Self Advocate Coalition of Kansas (SACK), Families Together, and the Kansas Department of Health and Environment (KDHE) Children and Youth with Special Health Care Needs (CYSHCN) program.

Technical assistance for Kansas specific legislation surrounding alternatives to guardianship was provided by both the UCEDD (KUCEDD has provided technical assistance to several states helping to write/propose language for legislation surrounding SDM) and the Disability Rights Center of Kansas (DRC). KCDD's executive director partnered with DRC's Director of Policy and Outreach and Executive Director (both of whom are former KS legislators) to educate KS lawmakers on the importance of enacting a SDM statute in Kansas. KCDD and DRC staff have worked to ensure passage of SDM legislation in Kansas for the past four years. It is anticipated that, due to the collaborative efforts of the DD Network partners and other stakeholders, SDM legislation will become law in the upcoming legislative session.

One lesson learned from our collaboration efforts surrounding the enactment of Employment First legislation (KS was the first state in the nation to enact Employment First law) is that the passage of a law does not necessarily translate into a change in behavior. It is vitally important to provide information and training for self advocates, family members, and professionals whenever a systems change activity is enacted so that the systems change can be incorporated into individual supports and services.

KCDD's specific role in this collaboration: Given the Council's natural role as a collaborator and connector in systems change activities across the state, KCDD has served as a nexus of sorts for

information and education activities surrounding SDM in Kansas. KCDD sponsors many events and partners with unexpected stakeholders to increase the capacity of network partners to reach a wider audience. Examples of events where DD Network partners and stakeholders such as SACK and Families Together have been able to provide training and information on SDM include, but isn't limited to, the Disability Caucus, the SACK conference, and a Supported Decision Making Summit that was funded by the KDHE/CYSHCN program in Wichita. KCDD staff have also been invited to work with the Kansas State Department of Education (KSDE) and talk to education and transition professionals about SDM and how the LifeCourse Framework can be an effective tool to envision and plan for the individual supports a person might need who seeks an alternative to guardianship.

Going forward, KCDD awarded the KUCEDD a grant during this past RFP cycle to create an online self advocate/peer led training opportunity for youth and families on the benefits of SDM as an alternative to guardianship. KCDD will continue to partner with the state P&A to educate legislators on the importance of passing SDM legislation in Kansas, and will continue to seek opportunities to educate self advocates, family members, and professionals.

Problems/barriers: Kansas SDM legislation seemed on track for passage by the second year it was introduced to the legislature, unfortunately, at that point, the COVID-19 pandemic cut the legislative session short that year, and SDM did not pass as anticipated. Once it was reintroduced, however, another barrier arose: opposition to the legislation by the banking/financial lobby. KCDD and the DRC have worked with the KS Attorney General's office to include language in the proposed SDM legislation that would provide additional protections for Kansans with disabilities who enter into a Supported Decision Making agreement, including the inclusion of harsher penalties for parties that take advantage of a person whom they support in the decision making process. Staff have also worked to assuage legislative and banking interest concerns about potential fiscal liability arising from SDM agreements.

Unexpected benefits: Kansas continues to have a long history of strong collaboration between its DD Network partners. One of the many benefits, perhaps not necessarily unexpected, is that the strength of our collaboration efforts is the ability to forge new partners with untraditional stakeholders in the I/DD community. For instance, the KDHE/CYSHCN program and the Kansas State Department of Education. KCDD looks forward to our work together, and the expansion of coalition partners as the years progress and new issues arise.