FIVE-YEAR STATE PLAN TEMPLATE
STATE COUNCILS ON DEVELOPMENTAL DISABILITIES

SECTION I: COUNCIL IDENTIFICATION

Council: IA - IOWA

PART A. State Plan Report Period	10/1/2027 - 9/30/2031
PART B. Contact Person:	Brooke Lovelace
Phone Number:	515-288-0442
E-mail:	brooke.lovelace@hhs.iowa.gov
PART C. Council Establishment:	
(i) Date of Establishment:	1970
(ii) Authorization:	State Statute
(iii) Authorization Citation:	

Iowa administrative code 441-1.6

PART D. Council Membership. [Section 125(b)(1)-(6)].

(i) Complete the chart below.

Council Membership Category Codes

Citizen Member Representatives

B1 = Individual with DD
B2 = Parent/Guardian of child with I/DD
B3 = Immediate Relative/Guardian of adult with mental impairment
C1 = Individual now/ever in institution
C2 = Immediate relative/guardian of individual in institution

Race/Ethnicity

D1 = White, alone
D2 = Black or African American alone
D3 = Asian alone
D4 = American Indian and Alaska Native alone
D5 = Hispanic/Latino
D6 = Native Hawaiian & Other Pacific Islander alone
D7 = Two or more races
D8 = Race unknown
D9 = Some other race

Agency/Organizational Representatives

A1 = Rehab Act
A2 = IDEA
A3 = Older Americans Act
A4 = SSA, Title XIX
A5 = P&A
A6 = University Center(s)
A7 = NGO/Local
A8 = SSA/Title V
A9 = Other

Gender

M = Male
F = Female
DWA = Does not wish to answer

Geographical

E1 = Urban
E2 = Rural

#	Member Demographics		
1	Lastname, Firstname: ANDERSEN, WENDY		
	Agency / Org. / Citizen Code	Agency / Org. Name (if applicable)	
	B2, Parent/Guardian of child with I/DD		
	Race / Ethnicity Code	Gender	Geographical Code
	D1, White, alone	F = Female	E2 = Rural
	Initial Appt. Date: 7/1/24	Appt. Expiration Date: 6/30/27	
2	Lastname, Firstname: BERGESON, JULIE		
	Agency / Org. / Citizen Code	Agency / Org. Name (if applicable)	
	A3, Older Americans Act		
	Race / Ethnicity Code	Gender	Geographical Code
	D1, White, alone	F = Female	E1 = Urban
	Initial Appt. Date: 7/28/21	Appt. Expiration Date: 6/30/27	
3	Lastname, Firstname: BUSSAN, RACHEL		
	Agency / Org. / Citizen Code	Agency / Org. Name (if applicable)	
	B1, Individual with DD		
	Race / Ethnicity Code	Gender	Geographical Code
	D1, White, alone	F = Female	E1 = Urban
	Initial Appt. Date: 7/1/24	Appt. Expiration Date: 6/30/27	
4	Lastname, Firstname: EVANS, ERIC		
	Agency / Org. / Citizen Code	Agency / Org. Name (if applicable)	
	A1, Rehab Act		
	Race / Ethnicity Code	Gender	Geographical Code
	D1, White, alone	M = Male	E1 = Urban
	Initial Appt. Date: 4/18/22	Appt. Expiration Date: 6/30/27	
5	Lastname, Firstname: GALE, AMBER		
	Agency / Org. / Citizen Code	Agency / Org. Name (if applicable)	
	B2, Parent/Guardian of child with I/DD		
	Race / Ethnicity Code	Gender	Geographical Code
	D1, White, alone	F = Female	E2 = Rural
	Initial Appt. Date: 7/31/20	Appt. Expiration Date: 6/30/27	
6	Lastname, Firstname: HARRIS, KEVIN		
	Agency / Org. / Citizen Code	Agency / Org. Name (if applicable)	
	B2, Parent/Guardian of child with I/DD		
	Race / Ethnicity Code	Gender	Geographical Code
	D1, White, alone	M = Male	E1 = Urban
	Initial Appt. Date: 7/14/22	Appt. Expiration Date: 6/3028	
7	Lastname, Firstname: HENRY, JAYDE		
	Agency / Org. / Citizen Code	Agency / Org. Name (if applicable)	
	B1, Individual with DD		
	Race / Ethnicity Code	Gender	Geographical Code

	D1, White, alone		F = Female	E1 = Urban
	Initial Appt. Date: 7/1/25	Appt. Expiration Date: 6/30/28		
8	Lastname, Firstname: JOHNSON, CATHERINE			
	Agency / Org. / Citizen Code		Agency / Org. Name (if applicable)	
	A5, P&A			
	Race / Ethnicity Code		Gender	Geographical Code
	D1, White, alone		F = Female	E1 = Urban
	Initial Appt. Date: 10/14/24	Appt. Expiration Date: 6/30/26		
9	Lastname, Firstname: LAWSON, MELISSA			
	Agency / Org. / Citizen Code		Agency / Org. Name (if applicable)	
	A2, IDEA			
	Race / Ethnicity Code		Gender	Geographical Code
	D1, White, alone		F = Female	E1 = Urban
	Initial Appt. Date: 6/6/23	Appt. Expiration Date: 6/30/27		
10	Lastname, Firstname: MAHER, ANDREA			
	Agency / Org. / Citizen Code		Agency / Org. Name (if applicable)	
	A4, SSA, Title XIX			
	Race / Ethnicity Code		Gender	Geographical Code
	D1, White, alone		F = Female	E1 = Urban
	Initial Appt. Date: 7/1/25	Appt. Expiration Date: 6/30/28		
11	Lastname, Firstname: NOSBISCH, NICOLE			
	Agency / Org. / Citizen Code		Agency / Org. Name (if applicable)	
	B1, Individual with DD			
	Race / Ethnicity Code		Gender	Geographical Code
	D1, White, alone		F = Female	E2 = Rural
	Initial Appt. Date: 7/1/25	Appt. Expiration Date: 6/30/28		
12	Lastname, Firstname: OWENS, CAITLYN			
	Agency / Org. / Citizen Code		Agency / Org. Name (if applicable)	
	A6, University Center(s)			
	Race / Ethnicity Code		Gender	Geographical Code
	D1, White, alone		F = Female	E1 = Urban
	Initial Appt. Date: 7/1/23	Appt. Expiration Date: 6/30/26		
13	Lastname, Firstname: RICHARDSON, DARYN			
	Agency / Org. / Citizen Code		Agency / Org. Name (if applicable)	
	B3, Immediate Relative/Guardian of adult with mental impairment			
	Race / Ethnicity Code		Gender	Geographical Code
	D1, White, alone		M = Male	E2 = Rural
	Initial Appt. Date: 7/1/25	Appt. Expiration Date: 6/30/28		
14	Lastname, Firstname: SWARTZ, AARON			
	Agency / Org. / Citizen Code		Agency / Org. Name (if applicable)	
	B1, Individual with DD			

	Race / Ethnicity Code	Gender	Geographical Code
	D1, White, alone	M = Male	E2 = Rural
	Initial Appt. Date: 7/1/25	Appt. Expiration Date: 6/30/28	
15	Lastname, Firstname: THOMPSON, GEORGE		
	Agency / Org. / Citizen Code	Agency / Org. Name (if applicable)	
	B3, Immediate Relative/Guardian of adult with mental impairment		
	Race / Ethnicity Code	Gender	Geographical Code
	D1, White, alone	M = Male	E1 = Urban
	Initial Appt. Date: 7/14/22	Appt. Expiration Date: 6/30/28	
16	Lastname, Firstname: TRUJILLO-ROUSH, LORI		
	Agency / Org. / Citizen Code	Agency / Org. Name (if applicable)	
	B1, Individual with DD		
	Race / Ethnicity Code	Gender	Geographical Code
	D1, White, alone	F = Female	E1 = Urban
	Initial Appt. Date: 7/1/25	Appt. Expiration Date: 6/30/28	
17	Lastname, Firstname: VANBEEK, KIMBERLY		
	Agency / Org. / Citizen Code	Agency / Org. Name (if applicable)	
	B2, Parent/Guardian of child with I/DD		
	Race / Ethnicity Code	Gender	Geographical Code
	D1, White, alone	F = Female	E2 = Rural
	Initial Appt. Date: 3/1/24	Appt. Expiration Date: 6/30/27	
18	Lastname, Firstname: WILKINSON, CASEY		
	Agency / Org. / Citizen Code	Agency / Org. Name (if applicable)	
	B1, Individual with DD		
	Race / Ethnicity Code	Gender	Geographical Code
	D5, Hispanic/Latino	F = Female	E1 = Urban
	Initial Appt. Date: 10/14/24	Appt. Expiration Date: 6/30/26	
19	Lastname, Firstname: WYATT-SAUER, CHARLENE		
	Agency / Org. / Citizen Code	Agency / Org. Name (if applicable)	
	B2, Parent/Guardian of child with I/DD		
	Race / Ethnicity Code	Gender	Geographical Code
	[pick one]	F = Female	E2 = Rural
	Initial Appt. Date: 7/1/24	Appt. Expiration Date: 6/30/27	
20	Lastname, Firstname: ALT, JEFF		
	Agency / Org. / Citizen Code	Agency / Org. Name (if applicable)	
	B1, Individual with DD		
	Race / Ethnicity Code	Gender	Geographical Code
	D1, White, alone	M = Male	E2 = Rural
	Initial Appt. Date: 7/1/26	Appt. Expiration Date: 6/30/29	
21	Lastname, Firstname: COLLINS, ABBY		
	Agency / Org. / Citizen Code	Agency / Org. Name (if applicable)	

	B1, Individual with DD			
	Race / Ethnicity Code		Gender	Geographical Code
	D1, White, alone		F = Female	E2 = Rural
	Initial Appt. Date: 7/1/26	Appt. Expiration Date: 6/30/29		
22	Lastname, Firstname: CORBIN, ALEX			
	Agency / Org. / Citizen Code		Agency / Org. Name (if applicable)	
	B2, Parent/Guardian of child with I/DD			
	Race / Ethnicity Code		Gender	Geographical Code
	D1, White, alone		M = Male	E1 = Urban
	Initial Appt. Date: 7/1/26	Appt. Expiration Date: 6/30/29		
23	Lastname, Firstname: HERTEL, ERIKA			
	Agency / Org. / Citizen Code		Agency / Org. Name (if applicable)	
	A8, SSA/Title V			
	Race / Ethnicity Code		Gender	Geographical Code
	D1, White, alone		F = Female	E1 = Urban
	Initial Appt. Date: 7/1/26	Appt. Expiration Date: 6/30/29		
24	Lastname, Firstname: PRIMROSE, CALEB			
	Agency / Org. / Citizen Code		Agency / Org. Name (if applicable)	
	B1, Individual with DD			
	Race / Ethnicity Code		Gender	Geographical Code
	D1, White, alone		M = Male	E1 = Urban
	Initial Appt. Date: 7/1/26	Appt. Expiration Date: 6/30/29		
25	Lastname, Firstname:			
	Agency / Org. / Citizen Code		Agency / Org. Name (if applicable)	
	[pick one]			
	Race / Ethnicity Code		Gender	Geographical Code
	[pick one]		[pick one]	[pick one]
	Initial Appt. Date:	Appt. Expiration Date:		
26	Lastname, Firstname:			
	Agency / Org. / Citizen Code		Agency / Org. Name (if applicable)	
	[pick one]			
	Race / Ethnicity Code		Gender	Geographical Code
	[pick one]		[pick one]	[pick one]
	Initial Appt. Date:	Appt. Expiration Date:		
27	Lastname, Firstname:			
	Agency / Org. / Citizen Code		Agency / Org. Name (if applicable)	
	[pick one]			
	Race / Ethnicity Code		Gender	Geographical Code
	[pick one]		[pick one]	[pick one]
	Initial Appt. Date:	Appt. Expiration Date:		
28	Lastname, Firstname:			

	Agency / Org. / Citizen Code [pick one]		Agency / Org. Name (if applicable)	
	Race / Ethnicity Code [pick one]		Gender [pick one]	Geographical Code [pick one]
	Initial Appt. Date:	Appt. Expiration Date:		
29	Lastname, Firstname:			
	Agency / Org. / Citizen Code [pick one]		Agency / Org. Name (if applicable)	
	Race / Ethnicity Code [pick one]		Gender [pick one]	Geographical Code [pick one]
	Initial Appt. Date:	Appt. Expiration Date:		
30	Lastname, Firstname:			
	Agency / Org. / Citizen Code [pick one]		Agency / Org. Name (if applicable)	
	Race / Ethnicity Code [pick one]		Gender [pick one]	Geographical Code [pick one]
	Initial Appt. Date:	Appt. Expiration Date:		
31	Lastname, Firstname:			
	Agency / Org. / Citizen Code [pick one]		Agency / Org. Name (if applicable)	
	Race / Ethnicity Code [pick one]		Gender [pick one]	Geographical Code [pick one]
	Initial Appt. Date:	Appt. Expiration Date:		
32	Lastname, Firstname:			
	Agency / Org. / Citizen Code [pick one]		Agency / Org. Name (if applicable)	
	Race / Ethnicity Code [pick one]		Gender [pick one]	Geographical Code [pick one]
	Initial Appt. Date:	Appt. Expiration Date:		
33	Lastname, Firstname:			
	Agency / Org. / Citizen Code [pick one]		Agency / Org. Name (if applicable)	
	Race / Ethnicity Code [pick one]		Gender [pick one]	Geographical Code [pick one]
	Initial Appt. Date:	Appt. Expiration Date:		
34	Lastname, Firstname:			
	Agency / Org. / Citizen Code [pick one]		Agency / Org. Name (if applicable)	
	Race / Ethnicity Code [pick one]		Gender [pick one]	Geographical Code [pick one]
	Initial Appt. Date:	Appt. Expiration Date:		

35	Lastname, Firstname:			
	Agency / Org. / Citizen Code [pick one]		Agency / Org. Name (if applicable)	
	Race / Ethnicity Code [pick one]		Gender [pick one]	Geographical Code [pick one]
	Initial Appt. Date:	Appt. Expiration Date:		
36	Lastname, Firstname:			
	Agency / Org. / Citizen Code [pick one]		Agency / Org. Name (if applicable)	
	Race / Ethnicity Code [pick one]		Gender [pick one]	Geographical Code [pick one]
	Initial Appt. Date:	Appt. Expiration Date:		
37	Lastname, Firstname:			
	Agency / Org. / Citizen Code [pick one]		Agency / Org. Name (if applicable)	
	Race / Ethnicity Code [pick one]		Gender [pick one]	Geographical Code [pick one]
	Initial Appt. Date:	Appt. Expiration Date:		
38	Lastname, Firstname:			
	Agency / Org. / Citizen Code [pick one]		Agency / Org. Name (if applicable)	
	Race / Ethnicity Code [pick one]		Gender [pick one]	Geographical Code [pick one]
	Initial Appt. Date:	Appt. Expiration Date:		
39	Lastname, Firstname:			
	Agency / Org. / Citizen Code [pick one]		Agency / Org. Name (if applicable)	
	Race / Ethnicity Code [pick one]		Gender [pick one]	Geographical Code [pick one]
	Initial Appt. Date:	Appt. Expiration Date:		
40	Lastname, Firstname:			
	Agency / Org. / Citizen Code [pick one]		Agency / Org. Name (if applicable)	
	Race / Ethnicity Code [pick one]		Gender [pick one]	Geographical Code [pick one]
	Initial Appt. Date:	Appt. Expiration Date:		

(ii) Describe the Council membership appointment and rotation process:

The Iowa Developmental Disabilities (DD) Council is comprised of 24 members. Each Council Member is appointed by the Governor for a three-year term. Members may be appointed by the Governor for an additional three-year term at the discretion of the Governor. Members are only allowed to serve two consecutive three-year terms. To ensure continuity, appointments have been staggered so that few members rotate off the DD Council and are replaced each year. The DD Council works closely with the Governor•s office to appoint new members whenever there are resignations and/or when terms end. All council members are responsible for recruiting new members. When openings occur, this is an agenda item during Council meetings. We also post openings on our social media outlets and send out emails to our network. The Self-Advocacy group the council supports and the youth leadership academy graduates are also recruited. We currently have two youth leadership academy graduates that serve on the council The Executive Director communicates with the Governor's office frequently about appointments and meets at least twice a year. For the

Part E. Council Staff. [Section 125(c)(8)(B)]. Complete the chart below. Identify any vacant positions. *Disability data of Council staff will be collected. Response is voluntary and information shared will be kept confidential and serve for data purposes only. Self-identification of disability will be captured in the following manner:*

Y - Yes, has a disability (or previously had a disability)
N - No, does not have a disability
DWA - Does not wish to answer.

Staff #	Staff Demographics		
1	Lastname, Firstname: Lovelace, Brooke		
	Position or Working Title	Full/Part Time	% PT
	Executive Director	Full Time	
	Race/Ethnicity	Gender	Disability
	D1, White, alone	F = Female	N - No
2	Lastname, Firstname: Crowe, Carlyn		
	Position or Working Title	Full/Part Time	% PT
	Public Policy Manager	Full Time	
	Race/Ethnicity	Gender	Disability
	D1, White, alone	F = Female	N - No
3	Lastname, Firstname: Thomas, Melissa		
	Position or Working Title	Full/Part Time	% PT
	Administrative Assistant	Full Time	
	Race/Ethnicity	Gender	Disability
	D1, White, alone	F = Female	N - No
4	Lastname, Firstname:		
	Position or Working Title	Full/Part Time	% PT
		[pick one]	
	Race/Ethnicity	Gender	Disability

	[pick one]	[pick one]	[pick one]
5	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
6	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
7	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
8	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
9	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
10	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
11	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
12	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]

13	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
14	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
15	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
16	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
17	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
18	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
19	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
20	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
21	Lastname, Firstname:		

	Position or Working Title	Full/Part Time [pick one]	% PT
	Race/Ethnicity [pick one]	Gender [pick one]	Disability [pick one]
22	Lastname, Firstname: Position or Working Title	Full/Part Time [pick one]	% PT
	Race/Ethnicity [pick one]	Gender [pick one]	Disability [pick one]
23	Lastname, Firstname: Position or Working Title	Full/Part Time [pick one]	% PT
	Race/Ethnicity [pick one]	Gender [pick one]	Disability [pick one]
24	Lastname, Firstname: Position or Working Title	Full/Part Time [pick one]	% PT
	Race/Ethnicity [pick one]	Gender [pick one]	Disability [pick one]
25	Lastname, Firstname: Position or Working Title	Full/Part Time [pick one]	% PT
	Race/Ethnicity [pick one]	Gender [pick one]	Disability [pick one]
26	Lastname, Firstname: Position or Working Title	Full/Part Time [pick one]	% PT
	Race/Ethnicity [pick one]	Gender [pick one]	Disability [pick one]
27	Lastname, Firstname: Position or Working Title	Full/Part Time [pick one]	% PT
	Race/Ethnicity [pick one]	Gender [pick one]	Disability [pick one]
28	Lastname, Firstname: Position or Working Title	Full/Part Time [pick one]	% PT
	Race/Ethnicity [pick one]	Gender [pick one]	Disability [pick one]
29	Lastname, Firstname: Position or Working Title	Full/Part Time	% PT

		[pick one]	
	Race/Ethnicity	Gender	Disability
	[pick one]	[pick one]	[pick one]
	Lastname, Firstname:		
	Position or Working Title	Full/Part Time	% PT
30		[pick one]	
	Race/Ethnicity	Gender	Disability
	[pick one]	[pick one]	[pick one]
	Lastname, Firstname:		
	Position or Working Title	Full/Part Time	% PT
31		[pick one]	
	Race/Ethnicity	Gender	Disability
	[pick one]	[pick one]	[pick one]
	Lastname, Firstname:		
	Position or Working Title	Full/Part Time	% PT
32		[pick one]	
	Race/Ethnicity	Gender	Disability
	[pick one]	[pick one]	[pick one]
	Lastname, Firstname:		
	Position or Working Title	Full/Part Time	% PT
33		[pick one]	
	Race/Ethnicity	Gender	Disability
	[pick one]	[pick one]	[pick one]
	Lastname, Firstname:		
	Position or Working Title	Full/Part Time	% PT
34		[pick one]	
	Race/Ethnicity	Gender	Disability
	[pick one]	[pick one]	[pick one]
	Lastname, Firstname:		
	Position or Working Title	Full/Part Time	% PT
35		[pick one]	
	Race/Ethnicity	Gender	Disability
	[pick one]	[pick one]	[pick one]
	Lastname, Firstname:		
	Position or Working Title	Full/Part Time	% PT
36		[pick one]	
	Race/Ethnicity	Gender	Disability
	[pick one]	[pick one]	[pick one]
37	Lastname, Firstname:		
	Position or Working Title	Full/Part Time	% PT
		[pick one]	

	Race/Ethnicity [pick one]	Gender [pick one]	Disability [pick one]
38	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	Disability [pick one]
39	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	Disability [pick one]
40	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	Disability [pick one]
41	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	Disability [pick one]
42	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	Disability [pick one]
43	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	Disability [pick one]
44	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	Disability [pick one]
45	Lastname, Firstname: Position or Working Title Race/Ethnicity	Full/Part Time % PT [pick one] Gender	Disability

	[pick one]	[pick one]	[pick one]
46	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
47	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
48	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
49	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
50	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
51	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
52	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
53	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]

54	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
55	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
56	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
57	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]
58	Lastname, Firstname: Position or Working Title Race/Ethnicity [pick one]	Full/Part Time % PT [pick one] Gender [pick one]	 Disability [pick one]

SECTION II: DESIGNATED STATE AGENCY

PART A. The Designated State Agency (DSA)

The DSA is:

The Council

✓ Another agency:

1. Agency Name: Iowa Health and Human Services
2. DSA Official's Name: Iowa Health and Human services
3. Address: 321 E. 12th St Des Moines
4. Phone: 1-800-972-2017
5. E-mail: no generic email

PART B. Direct Services. [Section 125(d)(2)(A)-(B)]

If DSA is other than the Council, does it provide or pay for direct services to persons with developmental disabilities?

✓ Yes

No

If yes, describe the general category of services it provides (e.g. health, education, vocational, residential, etc.):

Medicaid, Case Management and Child Care services The state of Iowa has one state operated Intermediate Care Facilities that has oversight by HHS

PART C. Memorandum of Understanding/Agreement. [Section 125(d)(3)(G)]

Does Your Council have a Memorandum of Understanding/Agreement with your DSA?

Yes

✓ No

PART D. DSA Roles and Responsibilities related to Council. [Section 125(d)(3)(A)-(G)]

If DSA is other than the Council, describe how the DSA supports the Council:

HHS provides administrative support to the Iowa DD Council. This includes receiving and accounting for funds, contract management, information technology support and equipment.

PART E. Calendar Year DSA was designated. [Section 125(d)(2)(B)]: 1970

ASSURANCES [Section [124(c)(5)(A)-(N)]

Check the following:

✓ Written and signed assurances are available upon request in compliance with all requirements specified in Section 124 (C)(5)(A) - (N) in the Developmental Disabilities Assistance and Bill of Rights Act.

Approving Officials for Assurances

For the Council (if the Council is its own DSA, the Chairperson)

✓ For the State or Territory (DSA is to assist the DD Council in obtaining assurances)

SECTION III: COMPREHENSIVE REVIEW AND ANALYSIS [Section 124(c)(3)]

PART A. State Information

(i) As part of the State Plan development process, has the Council reviewed and assessed the following :

a) Census bureau poverty rate data based on federal poverty guidelines
b) State demographic data
c) Types of residential settings
d) Public input and assessment of:

- Services, supports, and other assistance are available to individuals with developmental disabilities and their families, and
- Unmet needs for services, supports, and other assistance for those individuals and their families.

✓ Yes
No

(ii) State Disability Characteristics

a) Prevalence of Developmental Disabilities in the State:
Does Your Council use the national prevalence rate of 1.58%?
✓ Yes
No

If the Council used another rate for determining prevalence of Developmental Disabilities, please provide the source used and a brief description of how the estimate was determined:

NA

If any state information was not available to review, please provide narrative explanation:

NA

PART B. Portrait of the State Services [Section 124(c)(3)(A)(B)]:

(i) Health/Healthcare [Section 124(c)(3)(A)(i)]

As part of the State Plan development process, has the Council reviewed and assessed the following:

a) Available medical assistance, maternal and child health care, services for children with special health care needs, mental health services for children and adults, institutional care options, and other comprehensive health and mental health services.
b) Information on public/private insurance access, prevention and wellness initiatives, and long-term services and supports.
c) Data on the number of children and adults with developmental disabilities and, as applicable, their families receiving each type of such health services and supports.

✓ Yes
No

(ii) Employment [Section 124(c)(3)(A)(ii)]

As part of the State Plan development process, has the Council reviewed and assessed the following:

a) Job training, job placement, worksite accommodation, vocational rehabilitation, and other work assistance incentive and benefits programs that are available to people with developmental disabilities.
b) Information on competitive, integrated employment efforts; sheltered workshops; Employment First policies/efforts; and sub-minimum wage.
c) Data regarding the number of youth and adults with developmental disabilities receiving each type of such employment services and supports.

✓ Yes
No

(iii) Informal and formal services and supports [Section 124(c)(3)(A)(iii)]

As part of the State Plan development process, has the Council reviewed and assessed the following:

a) Available social, child welfare, aging, independent living, and other such services not described elsewhere that are available to people with developmental disabilities and their families.
b) Information on family support efforts/policies, peer support initiatives, faith-based community efforts, volunteer activities, home and community-based services, and long-term services and supports.
c) Data regarding the number of children and adults with developmental disabilities and, as applicable, their families receiving each type of such services and supports.

✓ Yes
No

(iv) Interagency Initiatives [Section 124(c)(3)(B)]

As part of the State Plan development process, has the Council reviewed and assessed the following:

a) The extent to which agencies operating other federally assisted State programs (including activities authorized under section 101 or 102 of the Assistive Technology Act of 1998 (29 U.S.C. 3011, 3012)) pursue interagency initiatives to improve and enhance community services, individualized supports, and other forms of assistance for individuals with developmental disabilities.
b) Information on other state collaborations, such as the state early learning councils required under the Head Start program, State Interagency Coordinating Councils required under Part C of IDEA, Work Investment Boards, Centers for Independent Living, State Rehabilitation Council, Aging and Disability Resource Centers and other relevant state-established Councils, Committees, and/or Cabinets.

c) Participation of individuals with developmental disabilities, family members, and organizations representing people with disabilities on these Councils, Committees and/or Cabinets.

✓ Yes
No

(v) Optional: Portrait of The State Services [Section 124(C)(3)(A)(B)]

In addition to the four required areas of a Health/healthcare, Employment, Informal and formal community supports, and Interagency initiatives, please check off any other (optional) areas the Council reviewed and assessed as part of the State Planning process:

Childcare
Education/Early Intervention
Housing
✓ Quality Assurance
Recreation
✓ Transportation

PART C. Analysis of State Issues and Challenges [Section 124(c)(3)(C)]:

(i) Criteria for eligibility for services [Section 124(c)(3)(C)(ii)]:

As part of the State Plan development process, has the Council reviewed and assessed the following:

a) Eligibility criteria used to determine access to specialized services provided by State agencies that may exclude individuals with developmental disabilities from receiving services.

b) Eligibility criteria for generic services, waiver services, early intervention services, special education services, employment services, and long-term services and supports.

✓ Yes
No

(ii) Analysis of Barriers [Section 124(c)(3)(C)(iii)]:

As part of the State Plan development process, has the Council reviewed and assessed the following:

a) Populations identified by the Council as unserved/underserved
b) Rationale for identifying these population(s) over others
b) Barriers to full participation of unserved and underserved groups

✓ Yes
No

(iii) Assistive technology [Section 124(c)(3)(C)(iv)]:

As part of the State Plan development process, has the Council reviewed and assessed the following:

a) Availability of assistive technology, assistive technology services, rehabilitation technology, and/or the availability of information about these three things, to individuals with developmental disabilities.

b) To the extent available, information about access to generic technologies, such as universally designed technology, smart home-based technology, monitoring technology, etc.

✓ Yes
No

(iv) Waiting Lists [Section 124(c)(3)(C)(v)]:

As part of the State Plan development process, has the Council reviewed and assessed the following:

a) Number of people waiting for residential services per 100,000
b) To the extent available, state data on all other types of waitlists per 100,000
c) Entity who maintains wait-list data in the state
d) Services individuals on the wait list are receiving
e) To the extent possible, information about how the state places or prioritizes individuals to be on the waitlist
f) The state's wait-list definition, including the definitions for other wait lists
g) Whether individuals on the wait list have gone through an eligibility and needs assessment
h) Whether there are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (e.g., person-centered planning services)
i) Other relevant wait list data

✓ Yes
No

If wait list assessment was not conducted, please provide narrative explanation (e.g., no waitlist kept in state):

(v) Resource Analysis [Section 124(c)(3)(C)(vi-viii)]

As part of the State Plan development process, has the Council reviewed and assessed the adequacy of the following:

a) Analysis of the adequacy of current resources and projected availability of future resources to fund services

b) Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive.

c) Analysis of the adequacy of home and community-based waivers services (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c)).

✓ Yes
No

(vi) CRA Parts A-C: Summary Analysis

In reviewing the data, summarize the Council's analysis of the extent to which individuals with developmental disabilities directly benefit from the available community services, supports, and other assistance provided in the state. Focus on the ability of individuals with developmental disabilities to access and use services provided in their communities; to participate in opportunities, activities, and events offered in their communities; and to contribute to community life. Describe how people experience the services and supports they receive or do not receive, and how they view their lives rather than service system. Summarize the Council's analysis of obstacles (e.g., lengthy waitlist) that may impact the ability of people with developmental disabilities and their families in the state to fully participate in and contribute to their community:

People in Iowa receive a wide range of community-based supports through Medicaid funded services and limited state funded services to help them live and participate in their communities. These supports can include help with daily activities such as getting out of bed, personal care services, taking medications, transportation to appointments, and employment supports that help people find and keep jobs that match their interests and skills. Services are intended to support community living and independence.

However, many people report that services do not always match their actual support needs because eligibility is often based on diagnosis instead of individual needs. Accessing services can be especially difficult in rural areas, where provider shortages and gaps in available supports are common. Long waitlists, high case manager turnover, and limited training for case managers also make it harder for people and families to navigate the system and find available resources.

Although case managers work with individuals and families to develop service plans, families often report that plans are later denied or reduced by a reviewer at managed care organizations. In addition, people on waiting lists may struggle to connect with other community-based supports outside Medicaid, and there is no consistent referral process to help them find alternative resources.

Iowa•s waiver system can also create barriers because some people qualify for multiple waivers while others with significant support needs may not qualify for any waiver based on diagnosis alone. The lack of a single assessment process across waivers makes it difficult to fully evaluate a person•s needs and provide equitable services. Together, these challenges can delay or prevent access to needed supports and make it harder for people to remain in or transition back to the community. Iowa continues to have more than 20,000 people on HCBS waiting lists. For individuals with intellectual and developmental disabilities, it can take up to three years to access a waiver slot. Even after receiving a waiver, many people encounter additional waiting lists for needed services because provider capacity is limited. In some areas of the state, certain services or specialized providers are not available at all, leaving individuals and families with very few choices about who can provide support.

People use HCBS services to live independently and work in their communities. When services are delayed, unavailable, or difficult to access, many individuals must rely

PART D. Rationale for Goal Selection [Section 124(c)(3)(E)]

(i) Provide a rationale for the Council's selection of specific goals based on and related to the information in Part A and information from the CRA provided in Parts B and C, including rationale for strategies selected to address the goals. There should be a direct relationship between the goals and the needs identified based on the data collected and/or reviewed and feedback from a wide range of diverse stakeholders.

Given that the DD Act provides a broad mandate to address needs in the State, it is essential that Councils prioritize their work. Not all the issues identified and analyzed in Parts B and C can be addressed by the Council. Include a brief explanation of how the Council prioritized issues to be addressed in the Plan:

Our Council agreed to retain and expand upon our investments with our Advocacy goal, objectives and activities. Based on information gathered through the needs assessment and our annual survey, the Council agreed to continue building the advocacy and leadership skills of self-advocates and family members by providing training, resources, and clear guidance on how and where to raise concerns while also providing information in clear accessible language. The Council will also continue advocating for improvements in disability policies, funding, waiver and waitlist processes, and access to services, particularly in underserved rural areas.

Health emerged as a top need priority among self-advocates, family members, service providers, and other community stakeholders. The Council believes this issue continues to rise to the forefront due to ongoing funding instability, proposed Medicaid cuts, and long waiting lists that prevent people with disabilities from accessing needed services and supports. These challenges can jeopardize individuals' health, safety, independence, and overall quality of life.
Through its facilitated planning discussions, the Council determined that it is uniquely positioned to address this priority by equipping self-advocates and family advocates with the tools, knowledge, and opportunities needed to influence health policy and systems change. The Council will continue to elevate the voices of people with disabilities and their families through advocacy, education, and efforts to advance policy and system improvements needed. This commitment is reflected throughout the Council's advocacy and systems change goals, objectives, and activities.

The Council also believes that people with lived experience must have meaningful opportunities to share their perspectives and help shape policies and systems that affect their lives. To support this, individuals should have access to the tools, training, and resources needed to effectively tell their stories and advocate for change. The Council further believes that these contributions should be recognized and compensated whenever possible, valuing the expertise that comes from experience.
The Council also voted to retain and expand its investments in systems change efforts focused on improving policy and practice. Feedback from the needs assessment and facilitated discussions with Council members made it clear that there is a continued need for public policy resources, education, and support for advocates seeking to

(ii) DD Network Collaboration [Section 124(C)(3)(D)]

Describe planned collaboration efforts for the following:

- *DD Network Collaboration:* Describe how the Council plans to work with the DD Network partners (the UCEDD(s) and P&A), both together as a Network and individually. Include efforts informed by the Comprehensive Review and Analysis, and explain how the Council will coordinate activities, share and use resources, and work with partners to advance shared priorities and carry out the Council's purpose.

The Iowa DD Network which includes the DD Council, The Center for Disabilities and Development (CDD) Iowa•s Center for Excellence in Developmental Disabilities) and Disabilities Rights Iowa (DRI), Iowa•s Protection and Advocacy) have historically collaborated in many arenas and mutual goal areas which include voting rights, accessibility and education, employment, community integration, youth and adult leadership trainings, mentoring programs and supporting a grassroots self-advocacy organizations.

For the last seven years, the DD Council, CDD and DRI, a local Center for Independent Living Center and Iowa•s Parent Training and Information Center have partnered to provide a Youth Leadership Academy. The plan is to continue this project under our systems change goal.

In addition, our three organizations have also partnered to form a Disability Policy Alliance partnership that consists of over 20 disability organizations, human services providers and people with lived experience. The Alliance works to strengthen disability advocacy in Iowa through a common voice. We do this through collective action, policy development, and leadership. The mission of the alliance brings people and organizations together to empower the disability community, raise voices, take action and shape positive policy change. The alliance is still in its beginning stages but did host a policy event for the media and the general public to discuss federal policy changes and how that impacts Iowa. This work will continue and fits well in under activities in our advocacy and systems changes goal. A few agencies included in the alliance include: The ARC of Iowa, Brain Injury Alliance, Epilepsy Foundation, Iowa Council for the United Blind, Easterseals Iowa, APSE, and the Autism Society

Both DRI and CDD are members of our Bridging Aging and Disability grant state team and both want to continue with this work after the grant is concluded, including our supported decision-making initiatives which is also a partnership with Iowa Health and Human Services. Many of the other state agency partners, disability and aging partners, also want to continue this networking team.

The DD Council and the CDD plan to continue work with the health advocacy peer

- *Collaboration with Other State Entities:* Describe how the DD Network will collaborate with other entities in the State to assist with the goals and outcomes of the Council's 5 year state plan. Identify potential organizations and summarize the collaborative activities planned, such as joint meetings, joint public education events/initiatives joint trainings, etc.

The Iowa DD Council, Disability Rights Iowa (DRI) and the Center for Disabilities and Development (CDD) have also partnered to form a Disability Policy Alliance partnership that consists of over 20 disability organizations, human services providers and people with lived experience. The Alliance works to strengthen disability advocacy in Iowa through a common voice. We do this through collective action, policy development, and leadership. The mission of the alliance brings people and organizations together to empower the disability community, raise voices, take action and shape positive policy change. The alliance is still in its beginning stages but did host a policy event for the media and the general public to discuss federal policy changes and how that impacts Iowa. This work will continue and fits well in under activities in our advocacy and systems changes goal. A few agencies included in the alliance include: The ARC of Iowa, Brain Injury Alliance, Epilepsy Foundation, Iowa Council for the United Blind, Easterseals Iowa, APSE, and the Autism Society

Both DRI and CDD are members of our Bridging Aging and Disability grant state team and both want to continue with this work after the grant is concluded, including our supported decision-making initiatives, which is also a partnership with Iowa Health and Human Services. Many of the other state agency partners, disability and aging partners, also want to continue this networking team.

The Council and DRI will continue to partner on voter education efforts and disability-focused public policy forums across Iowa. These events are hosted in collaboration with community organizations and institutions such as Wartburg College, the Harkin Institute, and disability service providers. These partnerships help increase public awareness of disability issues, promote civic engagement, and create opportunities for individuals with disabilities and their families to engage in discussions about policies that affect their lives.

The three agencies also meet quarterly with Easterseals Iowa, the state's Assistive Technology Act program grantee, to identify opportunities for collaboration, share information on emerging needs, and coordinate activities that expand access to assistive technology and related supports for Iowans with disabilities.

PART E. 5-YEAR GOALS and OBJECTIVES [Section 124(4); Section 125(c)(5)]

Identify the State Plan goal in the box below. A goal is written as a broad statement of what the Council wants to accomplish. It should reflect the final impact or outcome(s) or what you want to accomplish with your funding. Goals should be SMART - specific, measurable, achievable, relevant and timely.

Identify the 5 year state plan goals, objectives, and outcomes.

Goal 1. Leadership and Advocacy	
Description	
BY 2031, THE COUNCIL WILL INCREASE OPPORTUNITIES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES TO IMPROVE THEIR KNOWLEDGE, SKILLS, AND ACTIVE PARTICIPATION IN ADVOCACY	
Expected Goal Outcome	
People with developmental disabilities and family members have the knowledge an	
Objectives	
Enter each objective separately. *Objectives are the actions the Council needs to take to achieve the 5-year goal. An objective is precise, tangible, concrete, and can be measured.* *Council will select the objectives they plan to implement from the 5-year goal section of the state plan template. For each objective selected, Council will identify key activities, expected outputs and outcomes for the objective, data and evaluation measurement(s), and the performance measure(s) that will be targeted for each objective.*	
1	Each year, we will support more Iowans with developmental disabilities as well as a variety of other disabilities, and their family members, to strengthen leadership and self-advocacy skills.
2	Yearly, the Council will support cross disability organizations and grassroots advocacy groups led by people with disabilities and expand opportunities for people with developmental disabilities to lead, mentor, and
3	Yearly, the Council will provide opportunities for individuals with disabilities who are subject matter experts to be compensated for their collaboration and leadership on key projects that advance systems change
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Goal 2. Empowering Communities Through System Change	
Description	
BY 2031, SELF AND FAMILY ADVOCATES WILL ADVOCATE TO STRENGTHEN POLICIES, PRACTICES, AND DISABILITY COMMUNITY SERVICES TO ENSURE PEOPLE WITH DEVELOPMENTAL DISABILITIES HAVE THE SUPPORT THEY	
Expected Goal Outcome	
Positive policy changes in employment, education, and long-term services will lead	
Objectives	
Enter each objective separately. *Objectives are the actions the Council needs to take to achieve the 5-year goal. An objective is precise, tangible, concrete, and can be measured.* *Council will select the objectives they plan to implement from the 5-year goal section of the state plan template. For each objective selected, Council will identify key activities, expected outputs and outcomes for the objective, data and evaluation measurement(s), and the performance measure(s) that will be targeted for each objective.*	
1	Through the DD Council•s resources, advocacy training, and events, people with developmental disabilities, their families, providers, advocates, and other stakeholders can yearly strengthen their engagement with policymakers on issues and legislation that matter to them
2	The council will actively engage and listen to people with developmental disabilities and their families, to ensure the council can inform and educate policymakers each year on at least three key policy issues or proposals that align with the council•s mission and the DD
3	Provide yearly Support to youth with developmental disabilities as they transition to adulthood, along with theirfamilies, providing the tools and supports they need to succeed and thrive
4	The DD Council will collaborate annually and as needed with partners across the DD network, state agencies to respond to natural and manmade disasters and public health issues that affect people with developmental disabilities and their families
5	Through training, policy change, technical assistance, and resources, the DD Council will annually support and collaborate with the DD network, state agencies, community programs, and other organizations to increase employment opportunities for people with disabilities
6	By 2031, people with developmental disabilities and their families will expand their knowledge,tools, and confidence to advocate for quality, accessible health care and engage in healthy behaviors through training, peer support, and learning opportunities
7	The DD Council will work each year with the DD network partners and state agencies to protect disability rights, promote supported decision-making, and strengthen policies and practices that support adults with disabilities and their families, including as

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Goal 3.	
Description	
Expected Goal Outcome	
Objectives	
Enter each objective separately. *Objectives are the actions the Council needs to take to achieve the 5-year goal. An objective is precise, tangible, concrete, and can be measured.* *Council will select the objectives they plan to implement from the 5-year goal section of the state plan template. For each objective selected, Council will identify key activities, expected outputs and outcomes for the objective, data and evaluation measurement(s), and the performance measure(s) that will be targeted for each objective.*	
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Goal 4.	
Description	
Expected Goal Outcome	
Objectives	
Enter each objective separately. *Objectives are the actions the Council needs to take to achieve the 5-year goal. An objective is precise, tangible, concrete, and can be measured.* *Council will select the objectives they plan to implement from the 5-year goal section of the state plan template. For each objective selected, Council will identify key activities, expected outputs and outcomes for the objective, data and evaluation measurement(s), and the performance measure(s) that will be targeted for each objective.*	
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Goal 5.	
Description	
Expected Goal Outcome	
Objectives	
Enter each objective separately. *Objectives are the actions the Council needs to take to achieve the 5-year goal. An objective is precise, tangible, concrete, and can be measured.* *Council will select the objectives they plan to implement from the 5-year goal section of the state plan template. For each objective selected, Council will identify key activities, expected outputs and outcomes for the objective, data and evaluation measurement(s), and the performance measure(s) that will be targeted for each objective.*	
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Goal 6.	
Description	
Expected Goal Outcome	
Objectives	
Enter each objective separately. *Objectives are the actions the Council needs to take to achieve the 5-year goal. An objective is precise, tangible, concrete, and can be measured.* *Council will select the objectives they plan to implement from the 5-year goal section of the state plan template. For each objective selected, Council will identify key activities, expected outputs and outcomes for the objective, data and evaluation measurement(s), and the performance measure(s) that will be targeted for each objective.*	
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Goal 7.	
Description	
Expected Goal Outcome	
Objectives	
Enter each objective separately. *Objectives are the actions the Council needs to take to achieve the 5-year goal. An objective is precise, tangible, concrete, and can be measured.* *Council will select the objectives they plan to implement from the 5-year goal section of the state plan template. For each objective selected, Council will identify key activities, expected outputs and outcomes for the objective, data and evaluation measurement(s), and the performance measure(s) that will be targeted for each objective.*	
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Goal 8.	
Description	
Expected Goal Outcome	
Objectives	
Enter each objective separately. *Objectives are the actions the Council needs to take to achieve the 5-year goal. An objective is precise, tangible, concrete, and can be measured.* *Council will select the objectives they plan to implement from the 5-year goal section of the state plan template. For each objective selected, Council will identify key activities, expected outputs and outcomes for the objective, data and evaluation measurement(s), and the performance measure(s) that will be targeted for each objective.*	
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Goal 9.	
Description	
Expected Goal Outcome	
Objectives	
Enter each objective separately. *Objectives are the actions the Council needs to take to achieve the 5-year goal. An objective is precise, tangible, concrete, and can be measured.* *Council will select the objectives they plan to implement from the 5-year goal section of the state plan template. For each objective selected, Council will identify key activities, expected outputs and outcomes for the objective, data and evaluation measurement(s), and the performance measure(s) that will be targeted for each objective.*	
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Goal 10.	
Description	
Expected Goal Outcome	
Objectives	
Enter each objective separately. *Objectives are the actions the Council needs to take to achieve the 5-year goal. An objective is precise, tangible, concrete, and can be measured.* *Council will select the objectives they plan to implement from the 5-year goal section of the state plan template. For each objective selected, Council will identify key activities, expected outputs and outcomes for the objective, data and evaluation measurement(s), and the performance measure(s) that will be targeted for each objective.*	
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SECTION IV: EVALUATION PLAN [Section 125(C)(3) And (7)]

Describe how the Council will monitor progress on its goals and objectives, review its activities to understand how well they are working, and use evaluation to understand results beyond required performance measures.

Over the next five years, the council will implement a multi-method approach to evaluate the plan and make changes as needed. Results of the methods used will inform the Council members as to which activities have been conducted, progress made on objectives, objectives that have been achieved, factors that have impeded achievement and results obtained.

Electronic surveys, hard copy surveys, listening sessions and, when appropriate, face-to-face interviews will be conducted with attendees and participants of all Council supported (either DD Council staff supported, or grant supported) events, trainings and conferences. In addition, all the members of our network that receive our publications, InfoNet and emails will be annually surveyed to determine their satisfaction with their participation in events, the resources made available to them, how they used the resources and if the resources helped them become better advocates and/or leaders. We will also ask what further resources are needed to help advocates stay engaged and be part of a greater system change and capacity building efforts. We will share all information obtained from these methods with Council members and decide if changes should be made our work plan or objectives. We will also make the survey results available on our website.

The council will also incorporate •qualitativeŽmethods of evaluation of our activities. By using face-to- face interviews and listening sessions we will collect the stories of people putting our training and/or using our resources and tools to practice and advocating successfully for what matters to them. We will share success stories with Council members, other advocates, state and local leaders and legislators. We will also use this method to listen to what is not working and share this information with Council members and make changes to our activities as needed.

The Council•s Public Policy Manager will monitor policy, legislation and policy discussions in agencies and in other disability related councils, boards and advocacy groups to allow the Council to have access to issues and needed policy changes. Council staff through participation in various work groups and committees gather information and data about trends in services and support for Iowans with Disabilities. Council members will also be a source of information about trends in services and needs in their local community and across the state. Information gathered will also assist the Council with updating the

SECTION V: PROJECTED COUNCIL BUDGET

Goal	Subtitle B $	Other(s) $	Total
Goal 1	$ 384,516.00		$ 384,516.00
Goal 2	$ 176,877.00		$ 176,877.00
Goal 3			
Goal 4			
Goal 5			
Goal 6			
Goal 7			
Goal 8			
Goal 9			
Goal 10			
General management (Personnel, Budget, Finance, Reporting)	$ 207,638.00	$ 35,000.00	$ 242,638.00
Functions of the DSA			
Total	$ 769,031.00		$ 804,031.00

SECTION VI: PUBLIC INPUT AND REVIEW [Section 124(d)(1)]

Describe how the Council made the plan available for public review and comment. Include how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.

The DD Council approved the draft state plan Goals, Objectives and a few key activities at the March 12, 2026, meeting for release for public comment. Public comment began March 16, 2026, and ended July 9, 2026, when the Council voted on the final version of the State Plan.

A link to the draft plan was emailed three times to more than 10,000 advocates in the Council•s network. The plan was also shared and discussed during four Capitol Chat webinars. Developmental disability network partners, including the Autism Society, Vocational Rehabilitation, Disability Rights Iowa, and the University Center for Excellence in Developmental Disabilities, distributed information about the plan through their email lists and newsletters.
Council staff shared the draft plan at several committee and stakeholder meetings, including the Olmstead Task Force, and presented it at a quarterly meeting of the State Rehabilitation Council. In addition, the plan was promoted on social media 18 times, with one posted boosted for more engagement. A press release was issued to encourage public participation. One rural newspaper did run an article about our public comment period twice.

In addition, our Council hosted three listening sessions through webinars to receive public comment. All three sessions provided an American Sign Language interpreter. Twenty-two people attended the sessions.

Overall, most of the comments received were positive and supportive of the State Plan. Council members reviewed the comments before the May Council meeting. During the discussion at the Council meeting, the Council agreed that comments identifying areas for action would be addressed through additional activities in the workplan. These activities include providing greater support for transitions to adulthood and increasing outreach to parents of young children with disabilities.

Describe the revisions made to the Plan to take into account and respond to significant comments.

No changes were made to the goals or objectives based on public comment. A few changes will be made to the workplan