

Start Date	Share your questions or comments for Goal 1 - Leadership and Advocacy.	Share your questions or comments for Goal 2 - Empowering Communities Through System Change.	What do you like about the plan?	What do you NOT like about the plan?	Who else should we partner with to help achieve this plan?	How can we develop better relationships with others in the community who may not know us?	Please identify yourself as being a... Response	Gender Response	Please identify your race: Response	Which best describes the area in which you live? Response		
4/15/2026	Open-Ended Response	Open-Ended Response	Open-Ended Response	Open-Ended Response	Open-Ended Response	Open-Ended Response	Family Member of a Person with a Disability	Female	White	Urban (more than 50,000 population)		
4/15/2026	I wish that more forceful steps would be taken when Olmstead is not abided by. Lawsuits? Demonstrations? Media events?						Other Stakeholder or Community Member	Male	White	Urban (more than 50,000 population)		
4/9/2026	There are several children who get lost in the education system these days. The government has taken away special education for children.	Bring back the programs for special needs/ education. The schools are not helping them with anything.	Your plan looks good but what about the people who can't get to you.	There is always something to improve.	That is a really good question.		Person with a Disability / Self-Advocate	Female	White	Unsure / choose not to answer		
4/9/2026	1.1 and 1.2 Toolkits and mentorship are strong ways to nurture advocacy skills and impact, and are useful for users. I love Obj. 1.3 to compensate subject matter experts! Lived experience is extremely valuable and time and effort given by people with disabilities is worthy of compensation. The number of adults with developmental disabilities will grow exponentially within a few years so the plan to build their advocacy skills is excellent.	With the rapidly growing population of adults with developmental disabilities, this will be key for them to get their needs met. The extensive collaboration plans will generate engagement by stakeholders. Obj. 2.2 Listening to people with developmental disabilities is critical. Obj. 2.3 Supporting and nurturing youth will build network of adult advocates! Obj. 2.4 Great planning for the changing environment and increasing natural disasters. Obj. 2.5 Employment is an area in great need. Obj. 2.6 I'm curious about what "healthy behaviors" means? There is a need for inappropriate and dangerous behaviors to be addressed and supports provided. I assume this refers to healthy behaviors like eating nutritious food, exercising, and avoiding addictive substances. Obj. 2.7 I appreciate the focus on lifespan. Housing is a severe issue. I have ideas based on my son and families I serve.	As a parent and a citizen I look at your policy priorities every year to plan my advocacy. I love many things about it, as listed above: collaboration, listening, lifespan, empowerment, recognizing future growth of this population and resulting expansion of needs...	There currently are huge limitations to accomplishing these goals due to state and Federal funding cuts. Much of the plan can be achieved without additional funding, but there is so much more that needs to be done.	NAMI IOWA employment program providers Regional Autism Assistance Program Child Health Specialty Clinics county housing authorities adult disability service providers like 24-hour SCL homes, Day Hab, hourly SCL... Department of Education Department of Corrections	Make connections with adult disability service providers- caregivers and adults with disabilities are connected to them. Reach out to rural communities and immigrant communities.	Family Member of a Person with a Disability	Female	White	Urban (more than 50,000 population)		
4/8/2026	I really like this goal. Self advocacy and opportunities are important. Would the stipends helps pay for support staff if a speaker needed a support staff?	This is a hard one. The change and growth has been a lot in the last year. Would these system changes be in tandem with the changes the State is already implementing? I wonder how these will work together? People do not need more barriers to services but more bridges to them.	I really like the focus on increasing communication and knowledge during legislative times and helping people come out and advocate for themselves and the community.	More change. There has been so much change already that people are not sure where to turn for services. I think ultimately the new system will be great once the bumps are worked out. I just get nervous when I hear the words systems changes.	The Disability Access Points, the ADRCs they are a part of, the Counties, and the ASO.	Community outreach and open communication. Networking.	Service Provider or Caregiver	Female	White	Rural (less than 50,000 population)		
4/8/2026	Really like and support Objective 1.3, compensation. Curious how this has any fit with Medicaid work requirements and Medicaid income limits, if they apply for an individual.	Our ADS system is changing with the recent change to DAPs: it doesn't seem there is a no-wrong door or better yet, a one-door entry approach yet. Would love to see those individuals with lived experience have more input in how to make our system more user-friendly and more easily understood for those who utilize DAPs, the ADRCs, and community providers, for example.	The plan focuses on empowering individuals with developmental disabilities and includes supported decision making for those who need the support.	Nothing to note. With the HOME Project, will there be anything included about the change in waivers/impact that has on HCBS for individuals with DD?	HHS ADS, ADS legal assistance developer, DAPs, DRI, possibly MCOs who serve individuals with DD through waivers.	The personal and lived stories are what gains the most traction for my office: they are most impactful. Keep doing that: it seems like this is part of your 5-year plan, tool	State or Federal Employee	Female	White	Urban (more than 50,000 population)		
4/8/2026	Fine	Fine	Very thorough	N/A	Need to build a strong partnership with the Managed Care Organizations of Wellpoint, Molina and Iowa Total Care to insure ease of transition for long term funding for supported employment service funding	The Public Forums is a good idea Reduce abbreviations, for example is it the Iowa Developmental Disabilities Council or DD Council? Unfamiliar lingo and inconsistencies create barriers to understanding.	State or Federal Employee	Female	White	Rural (less than 50,000 population)		
4/7/2026				Too many undefined abbreviations.	The Arc of Iowa Common Coalition Allies in Advocacy		Family Member of a Person with a Disability	Decline to Answer	Decline to Answer	Urban (more than 50,000 population)		
4/7/2026			Everything. Reasonable and achievable goals. The transition from high school to adult independence was the hardest for us. There are more options now that people can be made aware of. Thanks for all you do.				Family Member of a Person with a Disability	Female	White	Rural (less than 50,000 population)		
4/7/2026	Looks great. I especially like that it is focused on spectrum of need from developing skills as well as compensating individuals for their expertise.	objective 2.4, would be great to see how DD Council will partnership with state agencies (similar to how HHS is called out in 2.7). Is it implied in the action plan?	I really like how this plan is laid out. It is easy to follow, feel achievable and will help improve lives of individuals with DD and other disabilities.				State or Federal Employee	Female	White	Urban (more than 50,000 population)		
4/6/2026	I don't know I don't understand I have a TBI and can't find any support Good goals. It is very hard as the parent to an adult child with IDD to get excited about anything changing. I feel these are common sense goals that have been around for quite some time. I would like more information about policy change in regards to the Psych Evals that now must be done every other year for the IDD waiver. I do like the whole storytelling training as this is something I would like to build better skills.	I don't know I don't understand because I have a TBI and can't find any help	I don't know because I can't get any help from anyone because having a TBI since 1995 when doctors had no clue doesn't help	I wouldn't know I am disabled and can't get any help	I wouldn't know because I am disabled and can't get any help	Come speak with us come live like we do for a long term so you can understand what it's like to be disabled and not have any support	Person with a Disability / Self-Advocate	Female	White	Urban (more than 50,000 population)		
4/2/2026		Again, good goals. In our family we are at the stage where our adult child has transitioned to adulthood and does live independently, works as much as he can, but is fairly isolated in finding friends. It feels as if, once in adulthood, support goes away.	It is sincere.			We need to see each individual as a valued human being and stop being so partisan in our communication and advocacy.	Family Member of a Person with a Disability	Female	White	Urban (more than 50,000 population)		
4/2/2026	You should partner more with the Iowa family leadership training Institute. They are doing great things and have gave me so many new skills to use in advocating.	I think there should be more education to parents about their rights roles in safeguards for IEP in 504's. Yes we are given the manual, but it's never really explained to us in a way that we all can understand. That would be a big part of a school system change that would be very helpful.	I like that it has different area areas that you guys are working on and lists what could be focused on.		I think you could partner with the ARC and university of Iowa, specifically the Iowa family leadership training Institute	I think holding community events for everyone to attend not just people who have disabilities or kids with disabilities	Family Member of a Person with a Disability	Female	White	Rural (less than 50,000 population)		

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3/28/2026	Here are draft responses for each question. Direct, factual, no filler. 1. Share your questions or comments for Goal 1 - Leadership and Advocacy. Goal 1 is built entirely for adults who can already self-advocate. Every objective — the Make Your Mark! Conference, grassroots advocacy groups, storytelling workshops, mentoring — assumes a participant who can speak, travel independently, and engage in legislative processes. There is no objective for children with intellectual disabilities who are nonverbal or minimally verbal. There is no objective for parents advocating on behalf of young children with DD who are being excluded in schools, denied childcare, or excluded from peer activities right now. The DD Act defines developmental disabilities as originating before age 22. Where is the plan for the 5-year-old, the 8-year-old, the 10-year-old with ID whose parents are fighting school districts alone? Objective 1.1 says "family members" — but there is no action item that addresses the specific advocacy needs of families with young children with DD in the education system. If the Council's network is 10,200+ Iowans, how many of them are parents of elementary-age children with intellectual disabilities? How is the Council reaching them? The plan doesn't say, because it hasn't asked	Objective 2.3 is the only children-specific provision in the entire plan, and it targets transition-age youth. There is no objective addressing early childhood or elementary-age children with DD. This is a five-year plan that will run from 2027 to 2031. During that period, thousands of Iowa children with intellectual disabilities will be in public schools where they are subject to seclusion and restraint, denied access to extracurricular programs, excluded from community childcare, and structurally excluded from the state's behavioral health system through the SED definition in Iowa Code § 225C.2. The DOJ Civil Rights Division issued findings (DI 169-42-90, February 2026, signed by Harmeet Dhillon) documenting nearly 4,000 seclusions in Missouri's Special School District — a structure analogous to Iowa's AEA system. Iowa has no comparable enforcement mechanism. This plan does not mention seclusion. It does not mention restraint. It does not mention IDEA enforcement. It does not mention the C.A. v. Garcia settlement's class definition that excludes children whose conditions are "attributable to an intellectual or developmental disability" from Iowa's children's behavioral health system. The state's own Olmstead Plan (March 2026) takes credit for REACH as Olmstead progress for children, while REACH excludes children with DD by class definition. Objective 2.2 says the Council will educate policymakers on "at least three key policy issues." The structural exclusion of children with DD from behavioral health services should be one of them. It is not identified anywhere in this plan. Objective 2.5 addresses employment. Objective 2.6 addresses health care. Objective 2.7 addresses supported decision-making. None of them address the fact that right now, today, Iowa schools can seclude a nonverbal child with ID, deny him access to Best Buddies — a program literally created for children with IDD — deny him childcare, pull him from field trips, and no entity in the DD network has a plan objective to stop it.	Objective 1.3's commitment to compensating individuals with disabilities as subject-matter experts is meaningful and long overdue. The Council's willingness to accept public comment is appreciated. The plan's structure is clear and the objectives are measurable.	This plan has a children-with-intellectual-disabilities-shaped hole in it. There is not a single objective, action item, or strategy that addresses: (1) seclusion and restraint of children with DD in Iowa schools; (2) the exclusion of children with DD from the state's behavioral health system through the SED definition; (3) childcare access for children with DD, which is an ADA Title III obligation; (4) elementary-age peer inclusion and social integration; (5) IDEA enforcement failures at the district level; or (6) the Olmstead Plan's failure to include children with DD in its children's behavioral health initiatives. The plan references "all disability types" nowhere. The Olmstead Plan does — and then fails to deliver. This plan doesn't even make the promise. The DD Council is one of three entities in the DD network under the DD Act, alongside the P&A (Disability Rights Iowa) and the UCEDD. DRI has repeatedly denied representation to families of children with DD facing discrimination. The plan's only health-related action item is to "partner with the UCEDD to provide health advocacy peer training" — one line for an entire five-year objective. If the DD Council does not prioritize children with ID in this plan, no entity in Iowa will. That is not an acceptable outcome for a federally funded council whose mandate under the DD Act is to address the most significant needs of people with developmental disabilities.	The Council should partner directly with parents raising children with intellectual disabilities in Iowa's public schools. These parents are the front line of every failure this plan doesn't address — they are fighting seclusion, fighting for childcare, fighting for peer inclusion, fighting for behavioral health services their children are structurally excluded from. They are not transition-age youth. They are not self-advocates at conferences. They are parents of 5-, 7-, and 9-year-olds with ID who sit across from five district employees at IEP meetings with no advocate, no legal representation, and no DD Council objective that acknowledges they exist. If the Council is not partnering with them, the Council is not serving the population the DD Act requires it to serve. Beyond that, the Council should partner with COPAA (Council of Parent Attorneys and Advocates), which has national expertise in IDEA enforcement and seclusion/restraint policy. The Council should engage the DOJ Civil Rights Division, which just issued findings on seclusion practices in a system structurally identical to Iowa's AEA's. The Council should partner with Best Buddies International, whose elementary school programs are being denied to children with IDD in Iowa school districts. The Council should engage Iowa's Olmstead Consumer Taskforce to ensure the Olmstead Plan's children's behavioral health framework actually includes children with DD. The Council should partner with the Iowa State Education Association and individual school districts' Special Education Advisory Committees, where parents of children with DD are doing the work this plan doesn't address. The Council should engage pediatric developmental specialists at the University of Iowa UCEDD and Blank Children's Hospital who see the downstream consequences of systemic exclusion in their clinics every day.	Start by being present where parents of young children with DD are already fighting. IEP meetings. Due process hearings. School board meetings in rural districts. Facebook groups where parents of children with autism and ID share information because no state entity is helping them. The Council's current outreach model — conferences, Capitol Chats, newsletters — reaches people who already know the system exists. The parents who most need the Council are the ones who have never heard of it because they are too consumed by daily survival — managing seclusion incidents, fighting for childcare, losing income because no provider will take their child. If the Council wants to reach them, go to the schools. Go to the childcare deserts. Go to the IEP meetings where a single parent is sitting across from five district employees with no advocate. That is where the Council's mandate lives, and that is where this plan is silent.	Family Member of a Person with a Disability	Decline to Answer	Decline to Answer	Rural (less than 50,000 population)		
3/25/2026	How can we help the less fortunate that our youth and the community?		We need more mental health services in Iowa for sure			Word of mouse or postcards or social media	Person with a Disability / Self-Advocate	Male	White			
3/20/2026	I love Objective 1.3! Paying people for their knowledge is key to better understanding for those who do not have that first-hand experience and knowledge. Great plan!	I have been listening to Capitol Chats for several years. I find them extremely helpful in understanding the legislation that is being proposed. I encourage you to connect with Disaster PrepWise at the University of Iowa as they are a leader in disaster preparedness for individuals who are aging and those with disabilities. https://www.public-health.uiowa.edu/prepwise/	The planned connections to various systems and partners throughout the state.	There is nothing in it that I do not like.	ADRC network partners including the AAAs, DAPs, Iowa Compass, and the ADRC Training and Technical Assistance team, which would be included in the listings within the plan	Connect with and present to the bipartisan groups that work within the state. Connect with the county auditor's - https://www.iowaauditors.org/	State or Federal Employee	Female	White	Rural (less than 50,000 population)		
3/17/2026	We appreciate the plan's strong commitment to systems change that promotes community inclusion, self-advocacy, and person-centered supports. The emphasis on people with developmental disabilities living, working, and participating fully in the communities of their choosing aligns well with the values of dignity, independence, and meaningful choice. We are encouraged by the focus on building capacity across systems rather than short-term or isolated solutions, and by the intentional inclusion of self-advocates and families in shaping priorities.	The focus on strengthening community living, self-advocacy, and inclusive employment is especially important. We also see strong value in objectives that support family engagement and lifespan planning, particularly during transitions. Additionally, the plan's recognition of workforce challenges as a critical system issue is essential, as a stable, well-supported workforce is foundational to achieving quality outcomes for individuals and families.	The plan could be strengthened by further emphasizing how providers can be engaged as partners in systems change. Providers bring practical, on-the-ground insight into how policies and funding structures impact real-life choices, continuity of care, and service quality. Clearer pathways for collaboration with providers, such as pilots, learning communities, or structured feedback loops, could help ensure that strategies are both values-driven and operationally sustainable.	Workforce stability deserves continued and sustained attention. Direct support professionals play a critical role in supporting choice, safety, and quality of life, yet ongoing shortages and turnover threaten the effectiveness of community-based services. Further emphasis on workforce recruitment, retention, training, and leadership development would strengthen the plan's ability to drive long-term systems change. Additionally, continued focus on supporting families proactively, rather than only during crisis, is important.	The DD Council can support successful implementation by continuing to convene diverse stakeholders, including self-advocates, families, providers, and state agencies, in meaningful ways. Sharing data, promising practices, and lessons learned across the system will help build shared understanding and momentum. We also encourage the Council to explore pilot opportunities and partnerships that test innovative approaches and can be scaled statewide if successful.	Overall, we are encouraged by the direction of the 2027–2031 State Plan and believe it reflects the values and priorities needed to build a more inclusive and responsive system in Iowa. We appreciate the opportunity to share input and look forward to continued collaboration to ensure people with developmental disabilities can pursue lives of their own choosing with the support they need to thrive.	Service Provider or Caregiver	Female	White	Urban (more than 50,000 population)		
3/16/2026	I think that is a terrific goal to have in place.	I think we should get more families involved with disability.	I really enjoyed the plan would be good.	N/A	Peer Support with disabilities.	By speaking out	Person with a Disability / Self-Advocate	Female	White	Rural (less than 50,000 population)		