

People & Families

NEW JERSEY COUNCIL ON DEVELOPMENTAL DISABILITIES

TECHNOLOGY

Opening Doors to Independence

VOLUME 2025, NO. 3



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By Jason Krasnow

This comprehensive law provides the broadest and most wide-ranging set of protections for people with disabilities in the United States. It covers many of the areas left unprotected by other civil rights laws and guarantees rights in private businesses, a major milestone. While stereotypes and bias remain, with the ADA, the disability community has its strongest foundation yet for a brighter future. To commemorate the 35th anniversary of the ADA, people with disabilities, family members, and those who work in disability support shared the impact of the Act on their lives.

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According to the Assistive Technology Industry Association, Assistive Technology (AT) is defined as “products, equipment, and systems that enhance learning, working, and daily living for persons with disabilities.” Familiar examples include smartphones, communication devices, and screen readers. This technology can help people with disabilities (PWDs) navigate their jobs and communities and gain more control of their environments.



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The Partners in Policymaking Advanced Leadership Academy

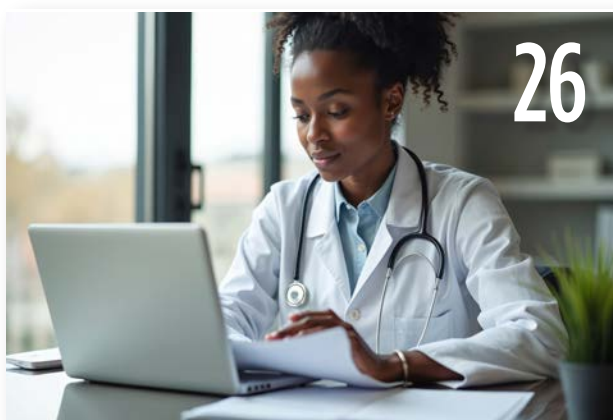
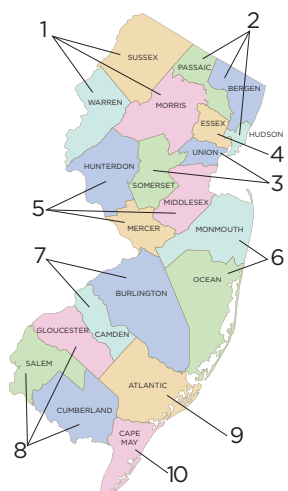
By Jason Krasnow

On April 5, 2025, the Partners in Policymaking Advanced Leadership Academy celebrated the graduation of its first cohort of advocates. Partners in Policymaking teaches adults with developmental disabilities and their families skills for advocacy in communities, on committees, with policymakers, and through state agencies. The new Advanced Leadership Academy builds on this work to provide further training for past Partners in Policymaking graduates.



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Woods Services, on behalf of Woods System of Care (WSOC), serving as lead agency for this project, will build capacity and promote systems change by designing and disseminating training and tools that enable providers throughout New Jersey to provide better care to individuals dually diagnosed with I/DD and mental health conditions, while also empowering families with knowledge and resources so that they can better navigate the system.

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from the Executive Director ■

Innovating to Improve the Quality of Life for Individuals with I/DD

“For people without disabilities, technology makes things easier, but for people with disabilities, technology makes things possible.”

—1991 IBM Training Manual

Dear Friends of NJCDD,

The above quote truly struck a chord with me, when it was shared by Mike Marotta, Director of the Richard West Assistive Technology Advocacy Center, during the July 22 New Jersey Disability Legislative Caucus webinar. While technology helps some of us to be more productive, it is literally life-changing for many individuals with disabilities. From wheelchairs to screen readers to accessible door openers, technology helps individuals with disabilities to function and live a meaningful life.



Photo by Andrea Cipriani Mecchi

The cover story of this issue of *People & Families*—Technology: Opening Doors to Independence—showcases two innovative programs that have been implemented by Bancroft and Jewish Services for the Developmentally Disabled. In addition to these programs, the article highlights some of the Council’s efforts to advance the use of technology to assist individuals with disabilities, as well as available resources.

The other stories in this issue also connect to the theme of innovation. This issue shares the outcomes of two innovative projects funded by the Council. The first project aimed to design and disseminate training and tools that enable health care providers throughout New Jersey to provide better care to individuals dually diagnosed with I/DD and mental health conditions, while the second project aimed to reduce seclusion, restraint, suspension, and expulsion of Black and Hispanic students with I/DD in schools. Another story in this issue provides an overview of an innovative new program—the Partners in Policymaking Advanced Leadership Program. The final story commemorates the 35th anniversary of innovative legislation—the Americans with Disabilities Act—and is complete with reflections from members of the disability community.

Happy reading!

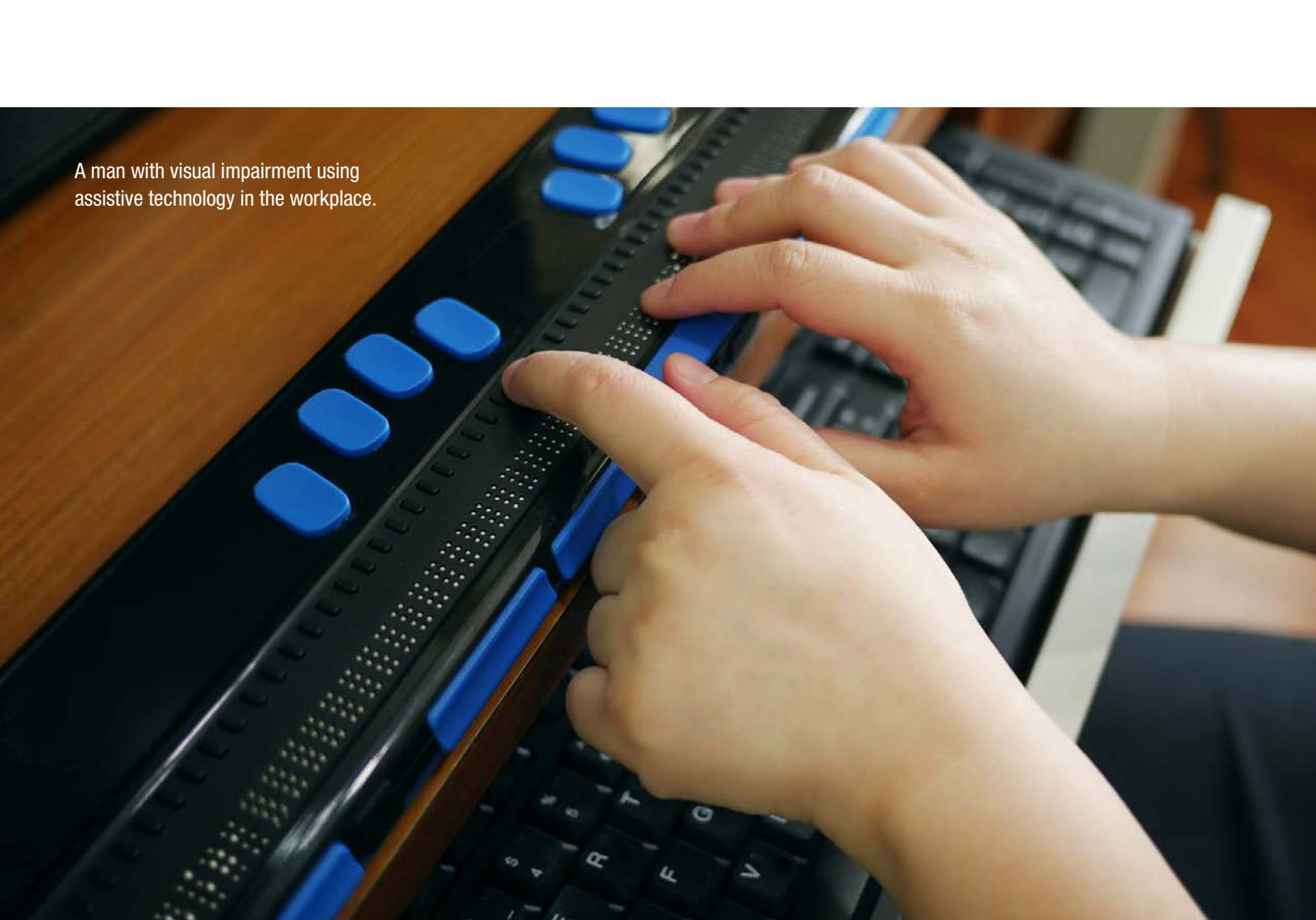
Sincerely,

Mercedes Witowsky

Mercedes Witowsky

Executive Director

New Jersey Council on Developmental Disabilities



A man with visual impairment using assistive technology in the workplace.

TECHNOLOGY

Opening Doors to Independence

By Victoria Rossi

When people with developmental disabilities live independently, cooking alone can bring the risk of burns and fire. Staff at Jewish Services for the Developmentally Disabled (JSDD), which is based in Livingston and has homes in Morris and Essex Counties, were able to find a simple solution to reduce risk and increase residents' independence. Where needed, they installed smart cooktops, which work only when a pot is on the burner. Now, roommates can safely make meals

and enjoy eating them together. This is just one example of how technology solutions can enhance independence.

According to the Assistive Technology Industry Association, Assistive Technology (AT) is defined as “products, equipment, and systems that enhance learning, working, and daily living for persons with disabilities.” Familiar examples include smartphones, communication devices,



A young woman and a young man in a wheelchair are cooking on an induction stove top. Induction stove tops offer a safer method of cooking that provides increased independence for individuals with disabilities.

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and screen readers. This technology can help people with disabilities (PWDs) navigate their jobs and communities and gain more control of their environments.

Barriers

Unfortunately, the number of people in the intellectual and developmental disability (I/DD) community who could benefit from AT far exceeds the number of people who have access to it. According to the Council on Quality and Leadership, roughly one-third of PWDs who need assistive technology do not have access to it. Additionally, many people with I/DD and their families have limited information on what AT is available or how it could help them.

Most states provide minimal AT training. A study from the National Association of State Directors of Developmental Disabilities Services (NASDDDS) found that only 18 of 40 states that participated in the survey fund video

conferencing services or training related to AT, meaning less than half of these participating states dedicate money to AT training services.

Overall, there is confusion around what service agencies qualify as AT. The NASDDDS study stated that terminology describing the technology needs to be broader. The study also stated that agencies should include more specific definitions of different forms of AT. For example, in the NASDDDS study, the term “remote supports” was categorized and defined differently in 21 policies analyzed by the researchers.

Looking for Solutions

In 2019, the New Jersey Council on Developmental Disabilities organized an AT Summit. Bringing together leaders in the field of technology and disability, NJCDD sought to learn about ways in which AT can improve the lives of people with I/DD, and to look for ways to expand the use of AT in New Jersey.

Attendees agreed that AT can offer greater independence and opportunities for people with I/DD. It can address workforce issues and allow for the reallocation of staff resources. AT can also be a way to address the shortage of direct support professionals (DSPs).

The NJCDD reconvened the group in 2025. Participants suggested that leaders collaborate to offer education through webinars and live events. From this meeting, the New Jersey Legislative Disability Caucus, a group of 36 state assembly members and senators, held a webinar titled “Using Tech to Enhance Independent Living” on July 22, 2025.

Funding

One of the most significant barriers to accessing AT is a lack of funding. State entities at the 2025 Summit said that a weakness of support from NJ included that some specific tech is still expensive and more difficult to obtain, such as eye gaze technology and durable medical equipment.

New Jersey’s Medicaid waiver programs, the Community Care Program and the Supports Program, specifically allow assistive technology as a DDD-funded service. Some services permitted within a member’s budget include evaluations, purchases, customization, repairs, training, and remote monitoring.

Some university clinics also support students under 21. An example is The College of New Jersey’s Center for Assistive Technology & Inclusive Education Studies (CATIES), which offers evaluations and workshops to educate staff, students with I/DD, and their families on further implementing technology into curriculum to promote independence.

Innovation in New Jersey

In 2023, JSDD received a grant from the federal government to launch Life | Home | Tech, a program to help people with I/DD live more independently.



A person in a wheelchair using a tablet to control smart home technology

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Many discussions in the disabled community and its support systems revolve around Enabling Technology, which Life | Home | Tech Program Manager Susan Nasberg-Abrams defined as technology that promotes independence to live a more fulfilling life. Some examples of enabling technology are mobile applications and smart devices.

Through Life | Home | Tech (LHT), JSDD creates Enabling Tech Integration Plans (ETIPs) for the individuals it supports. Each plan consists of the resident's goals; the technology needed; the steps needed to accomplish these goals; and necessary policies, such as an emergency backup plan.

Nasberg-Abrams emphasized the need for staff education and involvement in the use of technology. She said that LHT staff regularly check in on each resident to make sure the devices they use help them gain independence. They also provide additional staff training, discuss other goals, and determine what technology is necessary to complete those goals.

Bancroft, a New Jersey and Delaware-based organization, received \$1 million in grants from state and federal governments in 2023. With those funds, Bancroft began to provide smart home tools to make tasks easier and help staff have quality interactions with individuals. For example, using devices to control items—such as thermostats, lights, security cameras, and appliances—allows people with I/DD to have greater independence.

Danny Manchel, a self-advocate supported by Bancroft, shared his love for the smart home tools installed in his apartment, from using a fingerprint door lock to using an Amazon Alexa speaker for music and medication reminders.

“I love it. I love it. I absolutely love it,” he said at the Caucus’ webinar. “I feel more responsibility with it.”

One of Bancroft’s goals is to create ways for individuals to test technology before bringing it into their homes. Bancroft is currently developing a

smart home lab, an apartment for individuals and staff to test equipment, learn more about it, and choose what specifically works best for the individual’s needs before implementing it into their home.

The Richard West Assistive Technology Advocacy Center (ATAC), located in Trenton, is a federally funded Assistive Technology Act state program. According to the program’s director, Mike Marotta, the mission is “to ensure that people across New Jersey understand what AT is, the power of AT, what technology tools might work for them, and then ultimately where to get them.”

ATAC offers a unique loan program that allows consumers to try technology in their own homes before they buy it. Last year, ATAC managed 240 such loans. The center also partners with Goodwill Home Medical Equipment in Camden County, which sells refurbished durable medical equipment at much lower prices. Last year, over 24,000 pieces of equipment were reused.

“We were able to save consumers \$1.3 million when they’re thinking of buying technology,” Marotta added. “That is incredibly powerful.”

Looking Ahead: Tech First

Attendees at the 2025 Summit looked to initiatives in other states as a model for change in New Jersey, including the concept of becoming a Tech-First State. Former Ohio Governor John Kasich spearheaded this initiative by signing an executive order in 2018. This order requires consideration and implementation of technology into all support plans for people with I/DD in the state. It also requires that technology is considered as part of all service and support plans for PWDs. Additionally, the order says that remote support must be considered as the first option when authorizing services for a person with disabilities before authorizing on-site homemaker/personal care staff. The policy aims to help people learn more about how to use technology to improve their quality of life and how they can experience more independence and personal freedom.

Tennessee has an Enabling Technology Utilization Protocol, which requires care coordinators of individuals with I/DD to educate their members about using Enabling Technology to become more independent. California Connect, known as the Deaf and Disabled Telecommunications Program, provides communication access for Californians with hearing, vision, cognitive, mobility, and speech-related disabilities.

The role of technology in supporting people with I/DD is often underestimated. But Marotta, a speaker at the July NJ Legislative Disability Caucus webinar, brought attention to a powerful quote from the 1991 IBM training manual. “For people without disabilities, technology makes things easier, but for people with disabilities, technology makes things possible.” **P&F**

RESOURCES

Many resources are available to help individuals with I/DD and their loved ones gain more access and education on assistive technology. Some programs provide services to help individuals decide what technology works best for them. Others provide technology for independent living both at home and in the community. See these online resources for more information:

The Richard West Assistive Technology Advocacy Center (ATAC), a federally funded AT project that helps individuals in making assistive technology more accessible and affordable: <https://at4nj.org/>

Goodwill Home Medical Equipment, a nonprofit organization that provides sanitized and refurbished medical supplies at their Bellmawr, NJ, location: <https://www.goodwillhomemedical.org/>

The Jewish Services for the Developmentally Disabled's Life | Home | Tech Program, an initiative that helps individuals in Morris and Essex Counties achieve goals and optimize daily routines: <https://www.jsdd.org/life-home-tech/>

Bancroft's Smart Home Program, a federally funded project that implements tools and technology into individuals'

homes to promote independence and address the direct support provider shortage: <https://www.bancroft.org/bancroft-unveils-smart-supports-home/>

The College of New Jersey's Center for Assistive Technology and Inclusive Education Services (CATIES), an AT program that helps families and school districts enhance disabled students' education experience by providing AT workshops (NOTE – CATIES' services are free for students ages 3-21 only.): <https://atcenter.tcnj.edu/>

Advancing Opportunities, a multi-service agency that offers AT services for students of all ages, including evaluations, software, computer access, and several other technology solutions: <https://www.assistivetechcenter.org/for-school/>

Division of Developmental Disabilities (DDD) assures the opportunity for individuals with developmental disabilities to receive quality services and supports, participate meaningfully in their communities, and exercise their right to make choices. DDD offers Medicaid waiver programs that allow AT services as part of a supported individual's budget (NOTE – for individuals ages 21 and older only): <https://www.nj.gov/humanservices/ddd/individuals/community/support/>

35 Years of the Americans with Disabilities Act

By Jason Krasnow



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On July 26, 1990, the Americans with Disabilities Act (ADA) was passed, providing comprehensive protections for individuals with disabilities.

On July 26, 2025, the Americans with Disabilities Act (ADA) celebrated its 35th anniversary. The ADA changed lives when it was passed by Congress in 1990 as the first comprehensive disability rights bill, ending decades of patchwork protections. But above all, it set a new precedent for what disability advocates can achieve, a foundation for future progress that remains the gold standard.

The story of the ADA begins with the disability rights movement. For centuries, people with disabilities faced exclusion and poverty. From the 1800s onward, governments forced them into institutions and spread the idea that society would benefit from their absence. Waves of veterans with disabilities advocated for disability rights and access after the First and Second World Wars, leading to some small changes, but attitudes remained cruel.

In the 1960s, people with disabilities followed the model of the Civil Rights Movement to end their exclusion. They gained their first major victory with the Rehabilitation Act of 1973, which banned employers and organizations that receive federal funds from discriminating based on disability. The 1975 Education for All Handicapped Children Act and the 1973 introduction of new regulations under Section 504 of the Rehabilitation Act added to the list of accomplishments.

Following a decade of battles in the courts and Congress, and a federal attempt to remove Section 504 regulations, the disability community pressed for a single law to ensure their rights. In 1988, Congress began considering that law, the Americans with Disabilities Act. Disability rights advocates campaigned for the law across the nation. Many spoke about the prejudice they faced and their exclusion from public spaces to reinforce the need for stronger protections. Both presidential candidates, George H.W. Bush and Michael Dukakis, agreed to support a stronger framework for these civil rights.

As soon as Congress introduced the ADA on May 9, 1989, organizations for people with disabilities mobilized to show support. Advocates from across the spectrum of disabilities resisted attempts to chip away at the definition of disability and remove people with AIDS, mental illnesses, and other conditions. Their arguments strengthened as senators and representatives spoke about their own relatives' struggles with discrimination. Dozens of people testified before Congress and thousands of letters poured in to support the new law.

After passing the Senate on September 7, 1989, the Bill went to the House of Representatives. In the House, business associations lobbied against the bill, the first to prohibit discrimination against people with disabilities for all private organizations. After strong lobbying by supporters, on July 26, 1990, the ADA became law.

The Americans with Disabilities Act of 1990 includes five sections, or titles.

- Title I, on employment, requires employers to provide reasonable accommodations and regulates the process of applying for accommodations.
- Title II, on public services, requires state and local governments to make their services accessible to people with disabilities and bans them from discriminating. It also covers public transportation, like bus and rail service.
- Title III, on services offered by private businesses, bans discrimination in private businesses, nonprofits, or anywhere offering services like food, medical care, or hotel space to the public. It also covers private transportation, like taxi cabs and private buses.
- Title IV, on telecommunications, requires phone and internet companies to offer specific communications services for people with hearing or speech disabilities, such as telecommunications relay services (TRS).
- Title V, the miscellaneous section, includes a variety of other regulations and a list of temporary health issues and psychological conditions that do not qualify as disabilities under the law.

This comprehensive law is the broadest and most wide-ranging set of protections for people with disabilities in the United States. It covers many of the areas left unprotected by other civil rights laws and guarantees rights in private businesses, a major milestone. While stereotypes and bias remain, with the ADA, the disability community has its strongest foundation yet for a brighter future.

People with disabilities, family members, and those who work in disability support shared their thoughts on the anniversary.

Lauren Agoratus,

Family Voices NJ State Coordinator:

The Americans with Disabilities Act (ADA) is first and foremost a civil rights act. The most important provisions protect against discrimination of people with disabilities regarding employment, as well as public accommodations in buildings, schools/daycares, transportation, and doctors' offices, etc. (and healthcare access was expanded under the Affordable Care Act.) Personally, the ADA helped my daughter with medical complexity get adequate healthcare, accessible busing, and college accommodations.

Bill Byrne,

Attendee at the ADA Signing in 1990:

I got a chance to make history and represent all of New Jersey with the Americans with Disabilities Act. I got to go to Washington, D.C., out on the West Lawn of the White House. I got a letter from President Bush, Sr. saying, "You've been invited to the White House to witness the Americans with Disabilities Act being signed into law." The Americans with Disabilities Act was a victory. It allows people to vote, making sure the voting places are ADA-compliant. It's really opened up a new world so that people who have physical disabilities can go out in their communities.

Patrice Jetter,

Self Advocate, Special Olympics Medalist, and Star of Patrice: The Movie:

The ADA protected me from housing and job discrimination and I felt more empowered to speak up when I felt like I was being wronged. The ADA protects my rights, and the rights of others, as a person with a disability. We need to continue to move forward, and not backwards, in this country.

Pamela King,

Self Advocate & NJCDD Council Member:

The ADA means a lot to me, as it enables me to live independently in my own apartment

and participate in daily activities. I go to a day program, enjoy a gym membership through my DDD budget, and grill at my apartment complex. I engage with neighbors at the community pool and participate in events organized by my apartment complex. I love going out to shop, visiting my mom and brother, and even baby-sitting animals. Advocacy for uniquely-abled adults is my passion, and I cherish the opportunities the ADA provides to live and thrive in my community.

Alison Malnak,

NJCDD Advocacy Liaison:

In my 35 years of working in the developmental disability field, I have had the pleasure of seeing what the ADA can do in its "elements," assisting people with disabilities when working in agency departments (e.g., residential, job coach, and day programs), coaching self-advocacy, working for private families, and attending national events with people with disabilities (in Baltimore, MD, and Washington, D.C.). I have had the opportunity to be happy to see that people with disabilities have the same rights.

Johanne Mayer,

Self Advocate:

The ADA impacts my life because it gives me access to spaces, opportunities, and rights that weren't guaranteed for people with disabilities before the ADA. It helps me get the support I need, which in turn helps me to thrive. What the ADA helps with shouldn't be seen as conveniences: they are essentials because they allow people with disabilities to live, learn, and contribute fully to society. The ADA tells me that I have the same right to participate in life as anyone else.

Overall, the ADA gives us all a foundation to stand on and a reason to keep working towards a more inclusive world. While the law changed things in a good way for people with disabilities, our culture and society aren't at the same spot and need to catch up. Right now, it's so important to keep the work up, because of the climate in our country. We need to remember

that nothing is guaranteed and the fight must never stop. No matter what a law says, challenges will always exist, as long as there is discrimination, inaccessibility, and misunderstanding. Positive change can start with you—we all need to keep pushing forward, listening and learning to ensure that no one is left behind. Remember, the ADA means having the right to move through the world with dignity.

Nicole Pratt,

SPAN Parent Advocacy Network, Family and Professional Development Director:

When he [my son] graduated in 2021 and he wanted to get employment, when I began looking into employment for him, I wanted to make sure, one, that the employer had a statement about enforcing the ADA within the place of employment, and how they would support individuals with disabilities. When I did that, I found an employer where he's been working for going on four years now.

Darlene Reeves,

Parent Advocate:

The ADA has given my daughter and me independence through paratransit door-to-door service. With it, we are able to manage life without needing the constant help of others.

Cherie Rodan,

Self Advocate:

I am a woman with a disability. The Americans with Disabilities Act allows me to speak and make changes for myself and others with disabilities. This Act also allows me and others to be able to live successfully in the community. For example, I use a Hoyer lift to lift me up in case I fall, I use a sit-to-stand to get into bed, I use a shower chair for my showers, and I use a toilet chair for the toilet. The ADA also allows me to live in my own independent community apartment and get about with my van. My apartment complex, my van, my community (my county and my town), and my staff are central in my life to enjoy my community.

P&F



Eye on Advocacy

weekly e-newsletter

Eye on Advocacy is a NJCDD weekly e-newsletter focusing on important news and events for the I/DD community. It is published every Tuesday and replaces the monthly Advocacy in Action e-newsletter. We welcome news items and encourage your feedback about this new publication. Please send potential news items and your feedback to njcdd@njcdd.org.

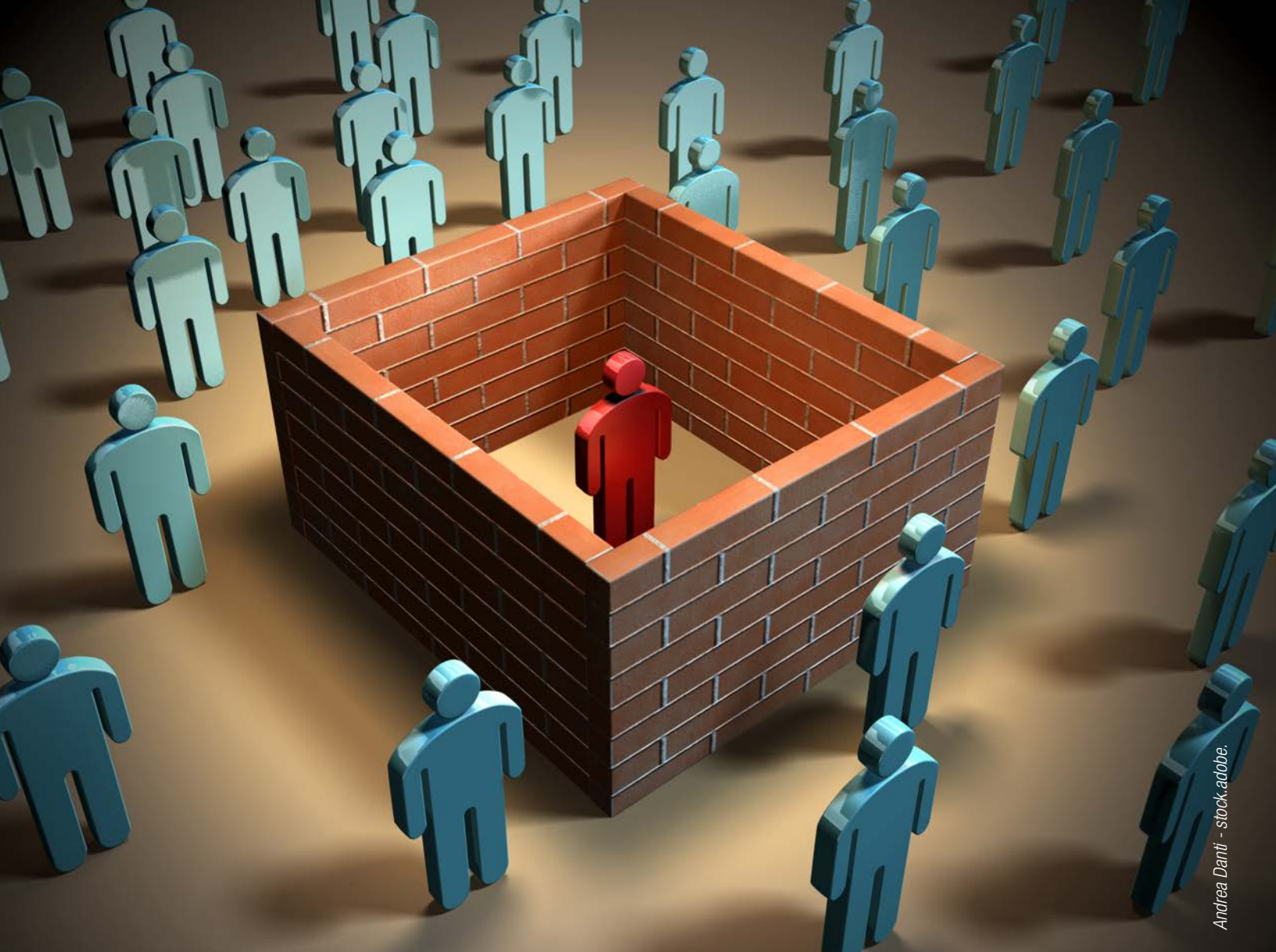


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NJCDD Funds Project to Help At-Risk Teens with Disciplinary Problems

By Jonathan Jaffe

During the 2020–2021 school year, students with disabilities under the Individuals with Disabilities Education Act (IDEA) comprised just 14% of K–12 students in America, yet those students comprised 81% of the students who were physically restrained and 75% of the students who were secluded that year.

As part of the New Jersey Council on Developmental Disabilities' (NJCDD) 2022–2026 State Plan Goal 3.2.2: Capacity-Building: Supporting Black and Hispanic Communities to Reduce Seclusion, Restraint, Suspension, and Expulsion in Schools, the Council awarded a \$185,271 contract to All in for Inclusive Education of Little Falls. Through the project, the grantee worked with students from Elizabeth, Plainfield, and Perth Amboy—districts with high rates of seclusion, restraint, suspension, and expulsion—who are classified for specialized services and have been challenged with significant behavioral problems.

The mission of the project is to leverage its limited resources to make an impactful and lasting change for 30 middle school students in the selected districts, who are often teetering on expulsion.

The effort began in April 2024, when behavior support specialists began meeting with students, parents, and administrators at the three schools: Thomas A. Edison Career and Technical Academy in Elizabeth, Hubbard Middle School in Plainfield, and Samuel E. Schull School in Perth Amboy.

Through this project, which concluded in September 2025, each school district selected 10 students, ages 12–14, to participate. The students—all of whom had individualized education programs (IEPs)—have ongoing behavioral problems and are often disciplined and suspended from school.

“This project was a multi-pronged intervention model targeting parents, students, and the school staff—all simultaneously,” explained Ana Rivera, a specialist with the Center for Partnership Services in Wayne, a project partner who provided direct and ongoing support. “I was able to work with them all.”

As part of the multi-pronged intervention model Rivera noted, there were monthly meetings with parents and constant communication via phone and email with parents. In addition to the

The mission of the project is to leverage its limited resources to make an impactful and lasting change for 30 middle school students in the selected districts, who are often teetering on expulsion.

behavioral components, Rivera worked as a quasi-case manager, helping families access services in the greater community.

There were meetings with the students to support self-regulation and self-advocacy, as well as helping them to understand their disability and the supports available. In addition, project staff helped the teachers to develop, implement, and monitor behavioral support plans.

Rivera underscored the project did not just focus on the at-risk students; specialists saw parents and school staff as keys to success. In the process, Rivera provided weekly onsite support visits with the schools to support the implementation of behavioral plans and help the schools respond to unwanted behaviors.

One of Rivera's assets is her bilingual ability, speaking both English and Spanish. Having a similar racial/ethnic background to the students and their families, and the ability to translate the information into their native language, was important to her success and the sustainability of this project. It allowed for the accurate translation of information and shared experiences, natural engagement, and deeper dives into issues, concerns, and solutions that needed to be explored.

Historically, schools have used punitive discipline for students facing confounding variables, such as personal trauma, other mental health concerns, or behavior that might be exhibited

because of their disability, said Fred Buglione, CEO of the Center for Partnership Services.

“Schools have largely been making the shift towards attempting to better understand the function of unwanted behaviors and then tailor their response in a way that would dis-incentivize those unwanted behaviors,” he added. “This project supported the process of change, focusing more on working to change those unwanted behaviors instead of using a punitive disciplinary approach.”

In this country, there is a disproportionate number of students with learning difficulties who are physically restrained or secluded. In the 2020–2021 school year, students with disabilities under the Individuals with Disabilities Education Act (IDEA) comprised just 14% of K–12 students in America, yet those students comprised 81% of the students who were physically restrained and 75% of the students who were secluded that year. Moreover, Black students and students of two or more races were disproportionately impacted, according to a parents’ manual developed for this project.

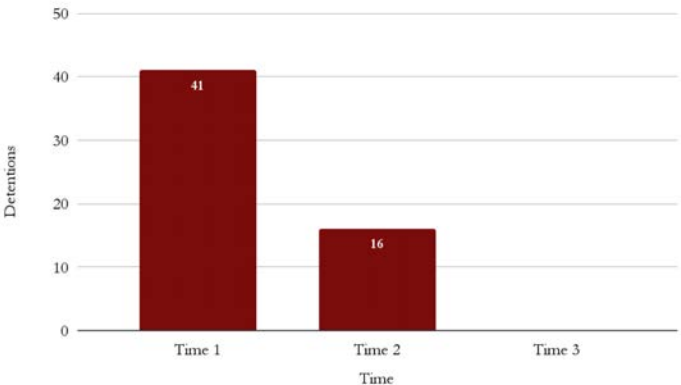
Such concerning statistics were key reasons why the NJCDD funded this project in the selected schools.

“As I began to meet with the students weekly, the reaction I received was very positive,” Rivera said. “The students liked the idea of getting attention from someone outside of the school district who would come to meet with them. When they would see me in the school hallways, they would ask if we were going to meet that day.”

Typically, Rivera would schedule weekly visits to the schools to meet with the students, which allowed time for plenty of individual discussions about inappropriate behavior and productive ways to address feelings and motives.

Figure 1

Number of Detentions in Elizabeth



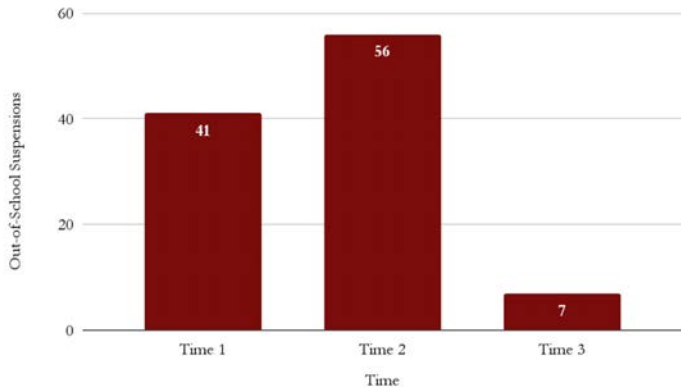
Note. For Figures 1–4, Time 1 is the baseline/prior school year, Time 2 is the start of the project, and Time 3 is the end of the project.

Rates of Detention and Suspension Over Time for Participating Students

In order to monitor progress related to detention and out-of-school suspension, team members collaborated with school-based staff members to collect data on discipline rates. Information was gathered three times: time 1 (baseline/prior school year), time 2 (start of the project), and time 3 (end of the project). Figures 1–4 show the rates of detention and suspension at these three points in time.

Figure 2

Number of Out-of-School Suspensions in Elizabeth



The project was considered a strong success in Plainfield and Elizabeth, where parents and school administrators embraced the efforts. Perth Amboy, unfortunately, did not see the same project success.

William Davis, a consultant who facilitated group meetings with the students, said school administrators at the middle schools in Plainfield and Elizabeth worked well with the project, recognizing the special needs of the students and showing leniency, resulting in stark reductions in detentions and suspensions (see Figures 1-4).

Project organizers highlighted the overall success. More of the participating parents are now able to engage with their children’s schools and are no longer hesitant to pick up the phone and call. Teachers are also reaching out on a more regular basis to share news of progress. Meanwhile, the students are on a pathway to continue learning in a cooperative environment, where open communication and teamwork are embraced.

In the post-assessment survey, a parent from Elizabeth wrote, “I learned that I need to get involved with school services.”

The school counselor from Plainfield reported a high level of satisfaction with the project in the post-assessment survey, noting that students demonstrated meaningful growth and that families and caregivers were more positively engaged in school processes. Additionally, they felt that the guidance and recommendations provided by the team were both relevant and valuable.

“When everyone is working together and identifying solutions, amazing things can happen,” said Buglione, noting his team helped teachers implement behavior intervention plans and met with school administrators, so they could better understand the underlying root of the disruptive behaviors.

He noted the overarching indicators of success are when parents become more connected, teachers receive more supports in addressing unwanted student behavior, and administrators see a lower number of incidents.

“It becomes a win-win all the way around,” Buglione said.

As part of the project, IncludeNJ, another project partner, created a manual for parents and caregivers of students with

Figure 3
Number of Detentions in Plainfield

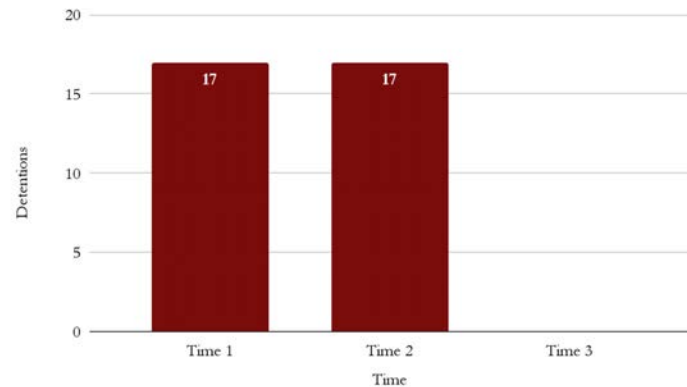
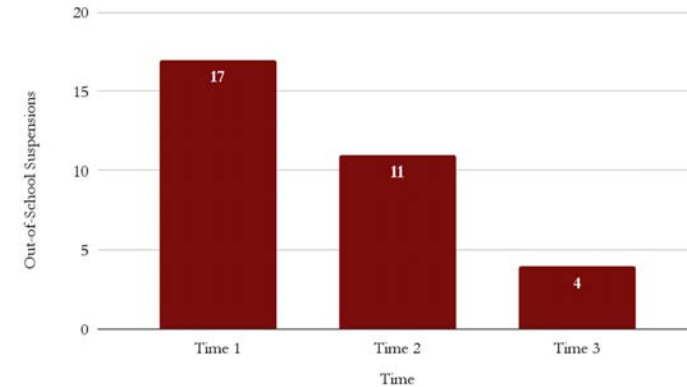


Figure 4
Number of Out-of-School Suspensions in Plainfield



"The strategies this program is utilizing to combat the disconnect between school districts and families provide a long-term solution, not a short-term fix, that has value well beyond when students and their families leave the school system."

—Jade Pollock

disabilities. IncludeNJ, of Jersey City, outlined policies and procedures related to restraint, seclusion, and suspension in New Jersey's special education settings.

The handbook also includes tips that other parents have found helpful in ensuring that students with disabilities are placed in inclusive classrooms. Additionally, it explains the basics of special education, helping parents better understand how the system works and how they can advocate for their child's needs.

Jade Pollock, who is a consultant at NJCDD, noted the project shows that success can be achieved when you pull together school districts, administrators, students, and their families to address common concerns.

"The strategies this program is utilizing to combat the disconnect between school districts and families provide a long-term solution, not a short-term fix, that has value well beyond when students and their families leave the school system," Pollock said.

She added the total time invested in this programming by the participating school districts is well worth its weight in future investments. "Returns can already be seen in the reduced amount of reported seclusion, restraint, and expulsion incidents, as well as the overwhelmingly strong feedback and experiences from the students, parents, and teachers involved," Pollock said.

Rivera noted that one of the most positive experiences about the project was learning the hopes and dreams of the students. As these young men and women are at a crossroads—with high school on the horizon—they candidly shared their visions.

"Some of them want to own a business, such as a beauty salon," she said. "Others spoke about wanting to play professional basketball and buy a really big house for their mother. I was really happy with the responses. They were so positive."

While there are currently no future next steps for this project, Rivera suggests that this type of work needs to be ongoing and expanded to other school districts. Students and families could then continue to build on their skills, year after year, while having a way to address new challenges they face in the higher grades.

"They need support every school year to continue promoting these goals," she said. "They need to build upon the foundation that has been established."

Visit <https://njcdd.org/njcdd-current-grants/> to read more about the project. **P&F**

By the Numbers

- The project recruited 35 families from three districts—Elizabeth, Plainfield, and Perth Amboy.
- 22 families completed the full program.
- Across all districts, the project delivered:
 - 18 parent/caregiver group sessions and 47 individual consultations
 - 18 student support group sessions and 25 individual student consultations
 - 25 teacher consultation sessions

An enhanced
**FAMILY
SUPPORT
CRISIS**
Handbook

Un manual
**MEJORADO
DE APOYO
PARA LAS
FAMILIAS E**
momentos de crisis



*A Behavioral Health
Wellness Toolkit*

Promoting voice and choice for New Jerseyans of all ages with intellectual and developmental disabilities, and all stakeholders who support them.

*Caja de herramientas para el
bienestar y la salud conductual*

Fomentar que la gente de Nueva Jersey de todas las edades que padezca discapacidades del desarrollo e intelectuales, al igual que todas las partes interesadas que provee apoyo puedan dar su opinión y hacer una elección.

Partners Advancing Advocacy

The Partners in Policymaking Advanced Leadership Academy

By Jason Krasnow

On April 5, 2025, the Partners in Policymaking Advanced Leadership Academy celebrated the graduation of its first cohort of advocates. Partners in Policymaking teaches adults with developmental disabilities and their families skills for advocacy in communities, on committees, with policymakers, and through state agencies. The new Advanced Leadership Academy builds on this work to provide further training for past Partners in Policymaking graduates.

Partners in Policymaking began in Minnesota in 1987 and spread in short order to many states and countries around the world. As a leadership training program, Partners teaches people with developmental disabilities and their families how to advocate for themselves and others on matters of disability policy.

Both Partners in Policymaking and the Advanced Leadership Academy aim to live up to the name and enable graduates to participate as full partners across the policymaking process. New Jersey's program brings three organizations together to achieve this goal: the Boggs Center on Disability and Human Development at Rutgers University, Disability Rights New Jersey, and the New Jersey Council on Developmental Disabilities.

Colleen A. McLaughlin, MEd, Co-Director of the Boggs Center on Disability and Human Development, says the Advanced Leadership

Academy is "... for people who had participated in New Jersey's Partners In Policymaking program across the past few decades, so the reason to have it was really to revitalize some of their advocacy, bring them together in a way that they could feel additional camaraderie across classes, and bring a current perspective into their work."

The emphasis on camaraderie and updated advocacy training arrives during a time of rapid change. With an ever-changing landscape in funding for people with disabilities and the isolating effects of the coronavirus pandemic, every connection counts.

McLaughlin says, "The curriculum lends itself to some of the topics that the classes already taught about, but really expands and delves more into how they can take their experiences and apply them to policy, how they can take it to the next level. And I think the other thing is how they can take their expertise and use it to mentor others on those topics."

The Academy's first class includes 24 past graduates: 12 individuals with disabilities and 12 parents. Participants follow a curriculum similar to Partners in Policymaking, with topics including:

- Integration in the community, such as ways for people with developmental disabilities to build social connections and gain employment.

- Disability policy history, which can provide a background for current events and includes the history behind key laws that still shape policy today.
- Inclusion in education, and the often-difficult transition to adulthood, when educational services end at 18 or 21.
- Policy engagement, with an emphasis on federal policy topics and how to advocate within state systems. This also includes communication skills, with special attention to the skills needed to speak before legislatures and boards.
- Medical and personal care, including Medicaid; the direct support professional workforce, which helps many people with developmental disabilities care for themselves; and the needs of people with disabilities as they age.
- Supported decision-making, an alternative to guardianship, which helps people keep their independence and ensure that they can still request and receive help with life decisions as needed.

As participants review these topics again, they dive into more detailed information about each issue and build on their earlier experiences. Throughout training, the Academy aims to empower graduates with practical options for all of the many forms that developmental disability advocacy can take. Many participants approve of the practical emphasis and say the program strengthened their networking, policy engagement, and community-building skills.

One participant says, “It felt like we were closer and more connected, more willing to be there for each other, learn, and collaborate. My professional network has expanded. My drive to continue to advocate for the disability community is now stronger. My personal sense of community and my disability pride has increased.”

Besides education and network building between people with disabilities, the Academy brings people and families together on an equal level. With



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Partners in Policymaking teaches adults with developmental disabilities and their families skills for advocacy in communities, on committees, with policymakers, and through state agencies. The new Advanced Leadership Academy builds on this work to provide further training for past Partners in Policymaking graduates.

an even playing field, the partnership strengthens and new connections emerge.

A second participant in the program says, “Partners in Policymaking, especially the Advanced Leadership program, has been the starting point for much personal and professional growth for me. Partners was the first time I was ever in rooms where parental voices were not elevated above those of people with disabilities. We were all listened to equally. Family members and individuals with disabilities worked together.”

McLaughlin agrees. “I think the one thing that the people with disabilities said was that they felt they were in a safe space, that they could share their perspective to the same extent as the parents that were there, and that their voice was not put on the back burner but was up front.”

After this first success, Partners in Policymaking hopes to continue strengthening its community and reaching more advocates across the state. For more information about Partners in Policymaking, including upcoming cohorts, please visit <https://bit.ly/NewJerseyPIP>. **P&F**

Statewide Regional Family Support Planning Councils

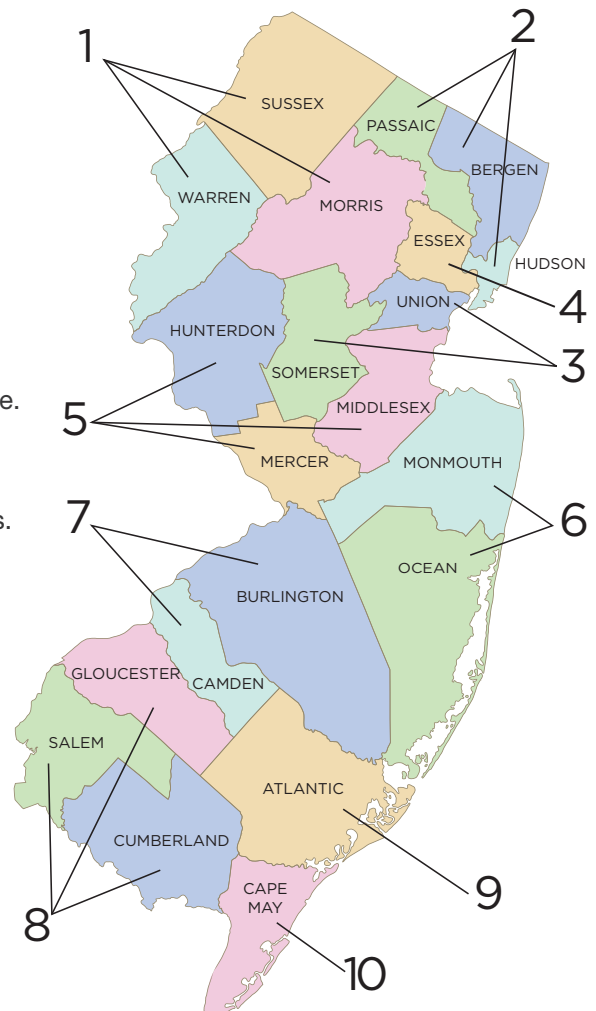
New Jersey's Regional Family Support Planning Councils are looking for new members!

A number of regional councils were established in New Jersey by the Family Support Act of 1993 (see map). Their general purpose is to ensure that people with developmental disabilities and their families participate in the design of, and have access to, the needed community services, individual supports, and other forms of assistance that promote self determination, independence, productivity, integration, and inclusion in all aspects of community life.

The Councils work in partnership with the state's Division of Developmental Disabilities and Children's System of Care to advise on policy decisions that affect people with developmental disabilities. Councils sponsor events where individuals and their families can learn about the services available in the area, as well as host public forums soliciting feedback from the community. In addition, councils regularly distribute literature with important information for people with developmental disabilities and their families.

Family members of people with developmental disabilities can volunteer to serve on their regional planning council. Council members assist and advise the Division of Developmental Disabilities and Children's System of Care as to how resources can best meet the needs of families and individuals living in their region.

Councils meet regularly—usually once a month; each Council may have up to 11 members. Council members are volunteers but are reimbursed for reasonable transportation, child care, and other costs related to serving on the council.



For more information, call the Family Support Liaison, Kerry McGrath, at 609-984-4516, or email her at Kerry.McGrath@njcdd.org.

Additional information can be found by visiting our website at www.njcdd.org or following the link to the Family Support Facebook page at www.facebook.com/NJFSPC.

The Family Support Act of 1993

This Act establishes, in the Division of Developmental Disabilities, a system of family support designed to strengthen and promote families who provide care within the family home for a family member with developmental disabilities.

1 SUSSEX, WARREN, MORRIS

RFSPC #1

e-mail: RFSPC1@gmail.com

Chair: Margaret Hefferle

Meets the third Tuesday
of each month

Wegmans Market Cafe
34 Sylvan Way
Hanover, NJ 07054

7:00 p.m.–8:30 p.m.

2 BERGEN, HUDSON, PASSAIC

RFSPC #2

e-mail: RFSPC2@gmail.com

Co-Chairs: Dorothy Blakeslee, Fel Lim

Meets the third Monday
of each month

7:00 p.m.–8:30 p.m.

3 SOMERSET, UNION

RFSPC #3

e-mail: RFSPC3@gmail.com

Chair: John Brewer

Meets the third Tuesday
of each month

7:00 p.m.–8:00 p.m.

4 ESSEX

RFSPC #4

e-mail: RFSPC4.Essex@gmail.com

**Co-Chairs: Yolanda Smith,
Cathy Tamburello**

Meets the first Wednesday
of each month

7:00 p.m.–8:30 p.m.

5 HUNTERDON, MIDDLESEX, MERCER

RFSPC #5

e-mail: RFSPC5@gmail.com

Chair: Paul Blaustein

Meets the second Monday
of each month

6:30 p.m.–8:00 p.m.

6 MONMOUTH, OCEAN

RFSPC #6

e-mail: RFSPC6@gmail.com

Chair: Mike Brill

Meets the second Thursday
of each month

6:30 p.m.–7:30 p.m.

7 BURLINGTON, CAMDEN

RFSPC #7

e-mail: RFSPC7@gmail.com

Chair: Laura Kelly

Meets the second Thursday
of the month

Odd months: 1:00 p.m.–2:30 p.m.

Even months: 7:00 p.m.–8:30 p.m.

8 CUMBERLAND, SALEM, GLOUCESTER

RFSPC #8

e-mail: RFSPC8@gmail.com

**Co-Chairs: Melanie McGackin,
Trish Thomasons**

Meets the second Thursday
of each month

7:00 p.m.–8:00 p.m.

9 ATLANTIC

RFSPC #9

e-mail: RFSPC9.atlantic@gmail.com

Chair: Susan Coll-Guedes

Meets the fourth Tuesday of
every even month

6:30 p.m.–7:30 p.m.

10 CAPE MAY

RFSPC #10

e-mail: RFSPC10CM@yahoo.com

Chair: Anne Borger

Meets the third Thursday
of the month except January,
July, August, and December

6:30 p.m.–8:00 p.m.

All RFSPCs hold their meetings virtually, except RFSPC #1, who offers hybrid meetings. If you are interested in attending any meeting, please email the specific RFSPC to request a meeting link.

NJCDD Collaborates with Woods Systems of Care to Teach Best Practices for Those With I/DD

By Jeremy Einbinder

In the spring of 2024, the New Jersey Council on Developmental Disabilities (NJCDD) awarded a grant to the Woods System of Care, a non-profit population health management organization. Woods Services, on behalf of Woods System of Care (WSOC), serving as lead agency for this project, will build capacity and promote systems change by designing and disseminating training and tools that enable providers throughout New Jersey to provide better care to individuals dually diagnosed with I/DD and mental health conditions, while also empowering families with knowledge and resources so that they can better navigate the system.

The New Jersey Division of Developmental Disabilities (DDD) oversees home and community-based services for about 26,500 adults with intellectual and/or developmental disabilities. Of those, per 2023 DDD statistics, at least 3,500 have a co-occurring psychiatric diagnosis. While the data is not exhaustive, this indicates that based on this sample, roughly 13% of New Jersey residents with I/DD may be dual diagnosed with co-occurring mental health conditions.

The NJCDD is proud to work with Woods Systems of Care to better understand how to work with and treat those with I/DD.

The grant focuses on providing education, training, and skill development to healthcare workers

on best practices for providing care and services to people with I/DD and autism.

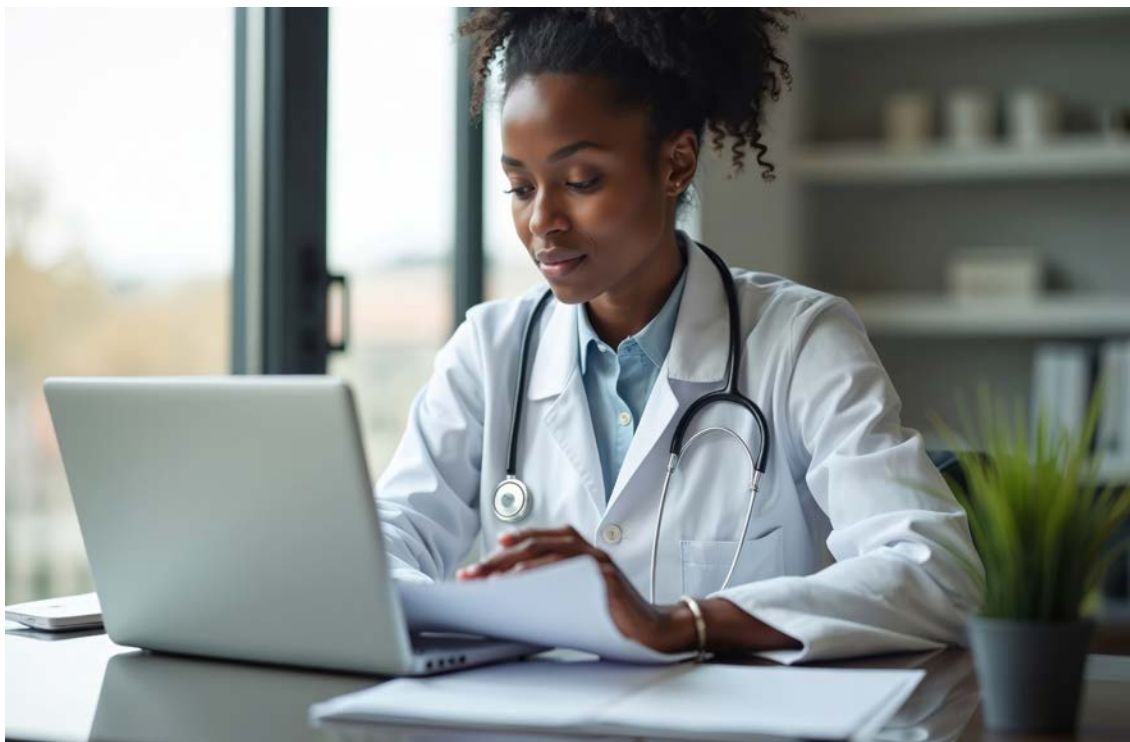
The goal is to increase the quality of care provided by program participants to people with I/DD after completion of the program.

The grant funding totaled \$281,250, including \$225,000 in Council funds and \$56,253 in matching funds from the Woods System of Care. The project ran for 18 months, from April 2024 through September 2025.

Erin Drummond, Woods' Senior Vice President for Human Resources Strategic Leadership, gives a brief overview of the training modules associated with the grant, thusly:

Behavioral/Mental Health Focus Modules:

“The behavioral health modules adopt a holistic, person-centered approach, focusing on the unique intersection of mental health and developmental needs. Designed collaboratively with stakeholders, including self-advocates, family members, and practicing clinicians, these modules provide practical, actionable strategies for behavioral health professionals to improve assessment accuracy, therapeutic relationships, and overall care quality for individuals with I/DD experiencing mental health challenges.”



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Through this project, Woods Services designed and disseminated training and tools that enable providers throughout New Jersey to better care for individuals who are dually diagnosed with I/DD and mental health conditions.

Drummond listed the following objectives for the project:

- Introduction to Intellectual and Developmental Disabilities
- Trauma-Informed Care for Individuals with I/DD
- Assessing and Treating Mental Health Issues in Individuals with I/DD
- Navigating Appointments for Individuals with I/DD
- Crisis Prevention and Intervention

Drummond expanded:

“The NJCDD grant-funded medical modules comprise a comprehensive training program designed to equip healthcare professionals with practical tools and strategies to enhance patient care for individuals with intellectual and developmental disabilities (I/DD) and autism.”

Drummond heavily emphasized the importance of a partnership between participants and facilitators. Expanding on the process of the modules, she said:

Developed through stakeholder feedback and clinical expertise, these four core modules address the most critical aspects of providing equitable healthcare: understanding barriers to care, implementing trauma-informed approaches, developing effective communication strategies, conducting appropriate clinical encounters, and creating accessible healthcare environments.

In another bullet-pointed list, she highlighted key learnings from the grant training modules:

- Best Practices for the Clinical Encounter for Individuals with I/DD
- Understanding and Overcoming Roadblocks to Care
- Providing Care to Individuals with I/DD
- Helping Individuals with I/DD

Drummond expanded, citing partnerships and collaborations related to facilitating the grant. These include:

- **Bridgeway Behavioral Health Services:** Served as a pilot location for the behavioral/mental health-focused training modules, assisted in the development of the modules, and served as a key partner in training others in northern NJ through a train-the-trainer approach.
- **Allies, Inc.:** Contributed to the development of training content, conducted training sessions, and led the creation of resources and materials for individuals with lived experiences and families/caregivers of those with I/DD.
- **Legacy Treatment Services:** Reviewed training content.
- **Woods Community Services and RL Health:** Contributed to the development of training content, provided medical and behavioral health subject matter expertise, reviewed training content, and conducted training sessions.
- **Rutgers Health - University Behavioral Health Care:** Offered Continuing Education credits for: New Jersey social workers (i.e., CSW, LSW, and LCSW), board-certified New Jersey professional counselors (LAC/LPC) through a co-sponsorship, and psychologists, as well as other mental health professionals through a partnership with the American Psychological Association (APA).
- **eMed Events:** Offered Continuing Medical Education (CME) as a global CME marketplace and healthcare networking hub for medical professionals, such as doctors and nurses.

Charlotte Layton, who works with Drummond, was eager to share her findings as well:

As the Instructional Design Project Manager, I serve as the main designer of the

educational components of this NJCDD-funded initiative.

My role involves overseeing the entire instructional design process using the ADDIE methodology, incorporating stakeholder feedback, and coordinating with subject matter experts to develop both in-person and eLearning modules.

The ADDIE Methodology refers to:

- Analysis
- Design
- Development
- Implementation
- Evaluation

This methodology is an important aspect of the Woods System of Care, which the NJCDD felt was vital to embrace. Incorporating feedback from stakeholders, such as the direct participants in the modules and their families, allowed for substantial data collection and continuous improvement of the systems of care and best practices.

Layton thoroughly expanded on the reasons why the grant was necessary, especially in New Jersey, where it is evident that those with I/DD need serious and profound assistance.

Speaking to the necessity of the grant, she said, “The grant was applied for to address critical healthcare disparities facing individuals with intellectual and developmental disabilities in New Jersey.”

The partnership of the NJCDD and Woods System of Care was facilitated in order to correct these glaring deficiencies.

Speaking with more specificity, Layton continued,

Research shows that healthcare providers often lack confidence in providing care to people with I/DD, and our stakeholder

“Research shows that healthcare providers often lack confidence in providing care to people with I/DD, and our stakeholder survey revealed that 85% of respondents graded medical healthcare for people with I/DD as ‘poor to fair,’ with 98% rating mental health services similarly.”

—Charlotte Layton,
Instructional Design Project Manager

survey revealed that 85% of respondents graded medical healthcare for people with I/DD as ‘poor to fair,’ with 98% rating mental health services similarly.

Feedback from training modules included the following highlights:

- 100% of respondents reported a positive change in their understanding of I/DD and autism.
- 97% of participants were satisfied with the quality of materials provided, indicating the resources were effective in supporting learning
- 86% found the training informative, well-organized, easy to follow, and engaging
- 92% noted that what they learned was a valuable addition to their professional toolkit. 98% reported increased confidence/comfort level in providing care or services to this population and an improved readiness to work with individuals with I/DD.

In her final assessment, Drummond punctuated, “Most people in the sessions already have the skills needed to provide specialized care and treatment to this population; they just needed

enhanced perspective and an understanding of how to apply those skills.”

For the NJCDD, staff liaison Kyoko Coco was also eager to share her assessment, having coordinated with all involved.

In excitement, Coco divulged,

Helping professionals often say, ‘Meet your clients where they are,’ and WSOC are doing so, quite literally, by delivering in-person training directly at mental and behavioral health clinics. Interestingly, the same strategy did not resonate with medical doctors and nurses. After receiving candid feedback, Woods pivoted: clinicians shared that their packed schedules leave little room for in-person sessions, and they strongly prefer flexible, self-paced online training. They also emphasized that CME/CEU accreditation is essential for participation. In response, Woods launched fully virtual, self-paced modules with accredited continuing education hours, ensuring accessibility and relevance for busy medical professionals.

In describing future plans, Layton expounded, “Similar to this initiative, we are planning on expanding our training to target other healthcare professionals, such as community health workers.”

She continued, “We’re also developing the Woods System of Care Training Institute to serve as a permanent resource for disseminating these evidence-based practices nationally, ensuring this critical work continues beyond the grant period.”

With research and analysis conducted, and methodologies thoroughly entrenched, both the NJCDD and WSOC have a bright future ahead in bringing much-needed assistance to those with I/DD and all the loved ones thereby affected.

To read more about this grant, visit:

<https://njcdd.org/njcdd-current-grants/> **P&F**



The New Jersey Council on Developmental Disabilities (NJCDD) is authorized under the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 (The DD Act), P.L. 106-402 and New Jersey Administrative Code P.L. 1979, Chapter 103.

The purpose of the NJCDD is to assure that individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, integration, and inclusion in all facets of life through culturally competent programs.

Council members include NJ Governor-appointed public members, representatives of state agencies, and federally mandated members with a majority of members (60 percent) who are individuals with developmental disabilities or family members of individuals with developmental disabilities.

The Council conducts four public meetings each year. The Council's Executive Committee meets throughout the year to handle matters concerning the Council when it is not possible for the full Council to meet and monitors the Council's Standing and Ad Hoc Committees.

The Council's standing committees consist of the State Plan Committee, Grants Committee, and Public Policy Committee. Sub-Committees on Children and Youth and Health and Wellness meet under the Public Policy Committee. The Access for All Sub-Committee (formerly the Diversity, Equity and Inclusion Sub-Committee) meets under the State Plan Committee and the Advocate Advisory Sub-Committee meets under the Executive Committee. The following is a snapshot of some of the committee highlights.

Executive Committee

Paul Blaustein serves as chair of the NJCDD Executive Committee. The Committee acts

NJCDD will schedule our next Community Building Awards luncheon for the fall of 2026. The Council will solicit nominations from the public for individuals to receive awards in various categories.

on behalf of the Council in matters when it is not possible for the full Council to meet. The Executive Committee is responsible to assure that ongoing policies and procedures are in place and implemented consistently with Council bylaws as well as federal and state mandates, including oversight of the Council's budget and monitoring of the Council's committees. Committee updates include:

- NJCDD was informed by state authority that we could not sponsor and host meetings with the two major party gubernatorial candidates. We shifted these responsibilities to SPAN, to ensure that individuals with I/DD and their family members have the opportunity to meet with the candidates to express their needs and advocate for the services they require to lead safe, healthy, and rewarding lives.
- The Executive Committee discussed widespread concerns that individuals with I/DD who rely on Medicaid-funded services may encounter difficulties maintaining eligibility for their services, and whether that funding will be adequate to maintain the level and range of needed services.
- The next Legislative Disability Caucus is scheduled for October 28. The session will focus on key takeaways from the annual reports submitted by Paul Aronsohn, the inaugural Ombudsman for Individuals with Intellectual or Developmental Disabilities and Their Families.
- NJCDD will schedule our next Community Building Awards luncheon for the fall of 2026. The Council will solicit nominations from the public for individuals to receive awards in various categories.

Executive Committee's Self-Advocacy Advisory Subcommittee

Ryan Roy serves as chair of the Self-Advocacy Advisory Subcommittee. It is comprised of all of the self-advocate members of the Council, as well as self-advocates from the community. It serves as a voice for New Jerseyans with I/DD by promoting self-advocate participation and peer advocacy that advances independence and inclusion. On an on-going basis, the Subcommittee advises the Council regarding self-advocate needs to ensure full participation in all meetings; advises the Council regarding policies, programs, and any other areas affecting self-advocates in New Jersey; conducts activities that align with the goals and objectives of the Council's state plan; reviews materials and other Council-produced information to evaluate and make recommendations regarding plain language approaches; and responds to additional requests made by the Council or in conjunction with others.

The Self-Advocacy Advisory Subcommittee is committed to advancing self-advocate initiatives to include:

- Making sure their concerns and issues are included in the five-year State Plan.

The NJCDD Subcommittee on Health and Wellness co-hosted a virtual discussion with diverse participants from the I/DD community to gather input on improving health and safety in licensed residential settings.

- Understanding the importance of maintaining benefits while they are employed.
- Continuing to work on Medicaid and transportation advocacy.

Public Policy Committee

Nantanee Koppstein is the chair of the NJCDD Public Policy Committee. Andrew McGeady is the vice-chair of the NJCDD Public Policy Committee. The Committee reviews legislation and public policy issues. Committee updates include:

- The federal budget was signed on July 4, 2025, preserving funding for NJCDD activities in 2025–2026, but troubling cuts in services to certain populations that are dependent on federal funding remain a concern. The importance of non-partisan education and information for constituents and legislators was highlighted during the budget process.
- The Public Policy Committee met on October 9. The Council's five-year plan, the Legislative Disability Caucus, and the activities of the Children & Youth Subcommittee were discussed, and reports from DRNJ and the Boggs Center were presented. Bills addressing issues of abuse and neglect in group homes and shortcomings in the safety systems for student transportation continue to be a focus. Chair Nantanee Koppstein welcomed a new member to the Committee.

Public Policy Committee's Subcommittee on Health and Wellness

Elizabeth Dalzell is the chair of the Subcommittee on Health and Wellness. Operating under the Legislative Public Policy Committee, this Subcommittee advises the Council on health and wellness matters that impact individuals with I/DD and their families as well as health and wellness legislation and policies impacting individuals with I/DD. It conducts activities that align with, and fulfill the goals and objectives of, the Council's state plan. Recently, the subcommittee has been engaged in the following activities:

- Co-hosted a virtual discussion with diverse participants from the I/DD community to gather input on improving health and safety in licensed residential settings.
- Collected and reviewed recommendations from subcommittee members on next steps to address concerns raised during the conversation.
- Invited healthcare professionals to engage with subcommittee members, providing education on available resources, healthcare options, and advocacy priorities.

Public Policy Committee's Subcommittee on Children and Youth

Peg Kinsell is the chair of the Subcommittee on Children and Youth, which is comprised of more than a dozen parents, advocates, community

State Plan development is on track for the next State Plan (2027–2031). Public input has been compiled, and a draft plan has been submitted to the State Plan Committee for review and comment.

leaders, state leaders, educators, and Council members. Operating under the Public Policy Committee, this subcommittee focuses on issues that affect those under the age of 21 and their families.

The committee is monitoring and responding to:

- Developments in Washington, D.C., that impact special education services rights and funding, as well as developments that could impact Section 504, ADA, Medicaid, SNAP, ACA, and more.
- Opportunities for input into the NJ Special Education Code.
- Issues around school transportation safety, the roles of the IEP, and the need for more state-wide training and education.
- Access to Family Support Services through the Children's System of Care.
- Seclusion/restraint/suspension and expulsion; abuse and neglect in school settings.

State Plan Committee

Helen Steinberg is the chair of the State Plan Committee. The committee is responsible for gathering information and data for planning, reviewing progress through the completion of the five-year State Plan, advising on unmet needs, and making recommendations to NJCDD around policy and funding priorities. The Council is on target to meet goals and objectives in the current State Plan. The Council remains on target to meet

goals and objectives in the current State Plan (2022–2026).

- State Plan development is on track for the next State Plan (2027–2031). Public input has been compiled, and a draft plan has been submitted to the State Plan Committee for review and comment. The final five-year plan for the period of FY2026 to FY2031 is due in August of 2026.
- The Administration for Community Living approved the FY2026 Work Plan.

State Plan Committee's Subcommittee on Access for All (formerly Diversity, Equity, Inclusion, and Accessibility)

Annette Smith is chair for the Access for All subcommittee. The Subcommittee, operating under the State Plan Committee, is comprised of NJCDD Council members, members of the I/DD community and their family members, advocates/self-advocates, and state agency representatives. Established within the bylaws of the Council and in alignment with the goals of the 2022–2026 Five-Year State Plan, the Access for All subcommittee works to ensure that there is diverse representation within the Council and its members. It reviews equity in practices, policies, messaging, communication and interactions with people, awareness of environmental impact on family and communities served, as well as openness and accessibility to information and all services provided by the Council throughout the planned goals and objectives.

The Access for All Subcommittee discussed major gaps—in medical and continuing education, care coordination during pediatric-to-adult transitions, and provider-family dynamics—and produced policy recommendations (e.g., sustainable funding, annual ADA training, sibling engagement, and family-centered models), while acknowledging caregiver emotional realities (e.g., guilt and stigma).

Recent subcommittee updates include:

- The Access for All subcommittee welcomed Dr. Caroline Coffield from the Boggs Center to their September 18 meeting. Dr. Coffield spoke about advancing disability-inclusive healthcare via a “whole family” treatment model, noting that despite growing interest, systemic barriers still block equitable disability care across health systems.
- The subcommittee discussed major gaps—in medical and continuing education, care coordination during pediatric-to-adult transitions, and provider-family dynamics—and produced policy recommendations (e.g., sustainable funding, annual ADA training, sibling engagement, and family-centered models), while acknowledging caregiver emotional realities (e.g., guilt and stigma).
- The subcommittee affirmed that curriculum reform alone won’t suffice, stressing the need for systemic change, cultural competency, and caregiver partnership; the NJCDD Executive

Committee approved activities focused on a sibling awareness campaign.

Grants Committee

Kevin Nuñez serves as chair of the NJCDD Grants Committee. The Committee oversees the development of funding announcements that align with the Council’s five-year plan goals, objectives, and activities. The Committee reads all responses to funding announcements and makes recommendations to the Executive Committee for funding and continued funding aligned with the Council’s five-year plan, based on grantee performance. Recently, the Committee:

- Reviewed all funded projects and discussed the progress and status of each.
- Reviewed status of Community Innovation Projects (i.e., current, new, and letters of interest).
- No new grants are being solicited as the current five-year plan wraps up. **P&F**



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In July 2025, the Americans with Disabilities Act turned 35 years old. Read more about what this comprehensive Act means to members of the disability community in this issue.