

STATE PLAN DEVELOPMENT

5-Year State Plan Survey Findings

Community input for Washington's 2027-2031 State Plan

1,097 substantive responses The survey identifies clear priorities while also showing where the Council should listen more closely to voices underrepresented in the response pool.

Prepared September 2026

Washington State Developmental Disabilities Council

Executive summary

Washingtonians who responded to the State Plan Development Survey described a system in which services and supports are essential but often difficult to find, secure, coordinate, and sustain. Across 1,097 substantive responses, the strongest message was not simply a request for more programs. Respondents asked for reliable access, better quality, clear information, and housing that makes community life possible.

The clearest mandate Focus on access to services and supports, housing, and improvement of existing services. Each was selected by more than 43% of respondents who answered the priority question.

- Services and supports were the most frequently selected “important” issue (62.9%), followed by healthcare (39.5%) and housing (36.4%).
- The most common barrier was not knowing what resources are available (47.6%). Affordable or accessible housing, lack of money, lack of supports, and waitlists formed a second cluster of major barriers.
- Barriers were experienced as serious: 77.8% of respondents who rated their impact selected 4 or 5 on a five-point scale. The average rating was 4.16.
- People with IDD identified housing as their leading Council priority (57.7%) and selected self-advocacy/civil rights at more than twice the rate of family members (26.8% versus 10.1%).
- Open-ended comments repeatedly described fragmented systems, workforce shortages, behavioral-health gaps, difficult transitions to adulthood, aging caregivers, and the need for stronger community inclusion and individual choice.

These findings provide strong direction, but they are not a representative statewide poll. The self-selected pool was disproportionately family members, women, white respondents, and adults age 41 or older. Use the findings alongside targeted outreach and listening sessions—especially with people with IDD and communities less visible in this dataset.

About the survey and this analysis

The workbook contains 1,102 response rows recorded between September 4, 2024, and August 1, 2025. Five rows contained no substantive survey answers and were excluded, leaving an analysis base of 1,097. Most responses were submitted in January and February 2025.

Measure	Responses	How used
Substantive response base	1,097	Rows with at least one substantive survey answer
“Important issues” question	1,097	Percentage denominator for that question
Barriers question	1,062	Percentage denominator for that question
Barrier impact rating	979	Mean and rating distribution denominator
Council priorities question	1,090	Percentage denominator for that question
Open-ended comments	446	Reviewed for recurring themes

Source: WADDC 5 Year State Plan Survey(1-1102) (1).xlsx.

How percentages were calculated

Percentages use the number of people who answered each question, not the full workbook row count. For “select all” and “select three” questions, percentages show the share of respondents selecting each option. They therefore do not sum to 100%.

The report retains the responses as submitted. Minor spelling differences were standardized only for display—for example, “Transporation” is shown as “Transportation.” Free-text “Other” entries were reviewed qualitatively and were not forced into a standard category unless the intent was unambiguous.

Data quality checks

- 1,071 respondents selected exactly three “important” issues; 997 selected exactly three Council priorities.
- Two records exceeded the requested number of selections. They were retained because removing them would not materially change the rankings.

- One pair of identical response patterns was identified. With no identifying information and no basis to determine which entry was valid, both were retained.
- Respondent categories overlap because people could identify in more than one role.

Who responded

Family members were the largest respondent group. Because respondents could select more than one category, the role percentages overlap.

Relationship to IDD	Count	Percent of 1,091
Family member of a person with IDD	661	60.6%
Professional	361	33.1%
Person with IDD	143	13.1%

Age and community setting

Respondents skewed older: 46.5% were age 41-60 and 31.5% were age 61 or older. Only 20 respondents were under age 22. Among 1,093 people answering the community-setting question, 608 (55.6%) selected urban, 376 (34.4%) selected rural, and 109 (10.0%) used another description—most often suburban or small-town language.

Age	Count	Percent of 1,088
41-60	506	46.5%
61+	343	31.5%
22-40	219	20.1%
15-21	14	1.3%
0-14	6	0.6%

Race, gender, and language

The sample was predominantly white or Caucasian (80.8% of those answering the race/ethnicity question) and women (74.3% of those answering gender identity). All recorded language values were English

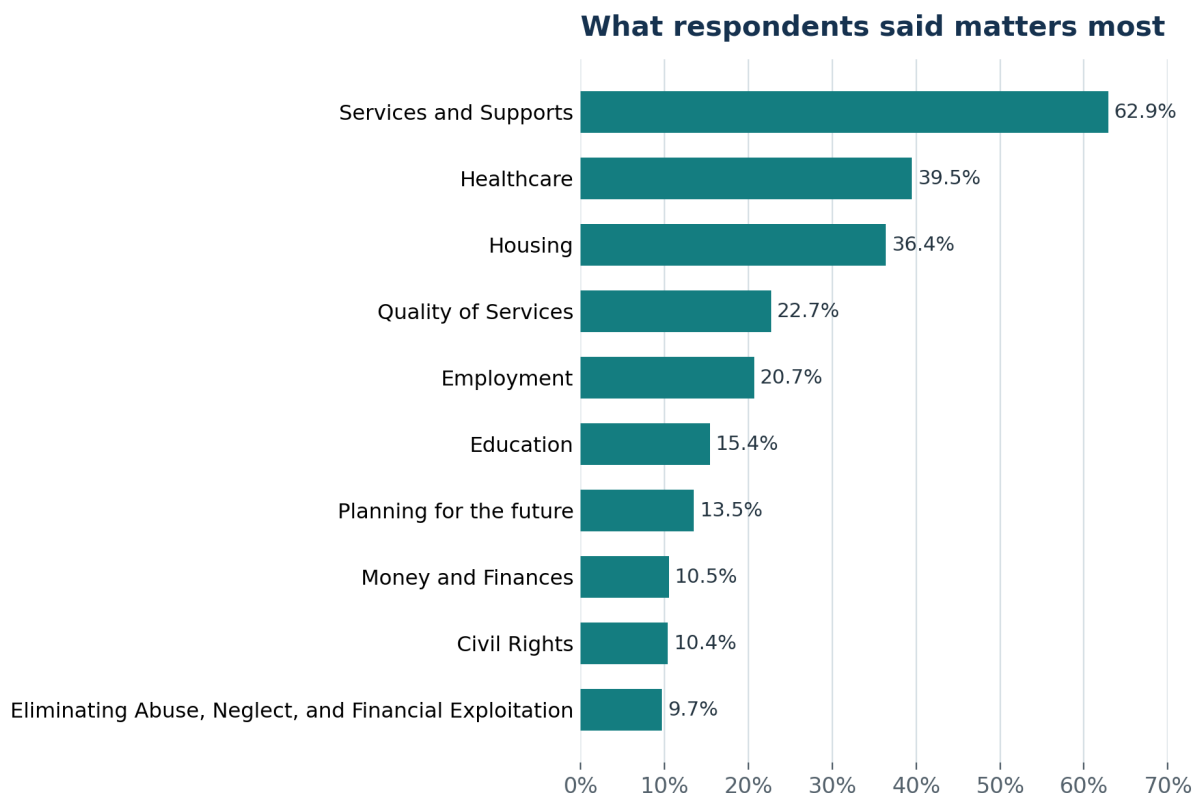
(United States). Race/ethnicity allowed multiple selections, so its percentages overlap.

Race and/or ethnicity	Count	Percent of 1,094
White or Caucasian	884	80.8%
Prefer not to answer	81	7.4%
Hispanic or Latino	65	5.9%
Asian or Asian American	44	4.0%
Black or African American	41	3.7%
American Indian or Alaskan Native	31	2.8%
Native Hawaiian or Pacific Islander	8	0.7%

Demographic patterns describe who answered this survey; they should not be interpreted as the demographic profile of Washingtonians with IDD.

What respondents said matters most

Respondents were asked to identify three things important to them. Services and supports led by a wide margin, selected by nearly two-thirds of respondents. Healthcare and housing formed the next tier.

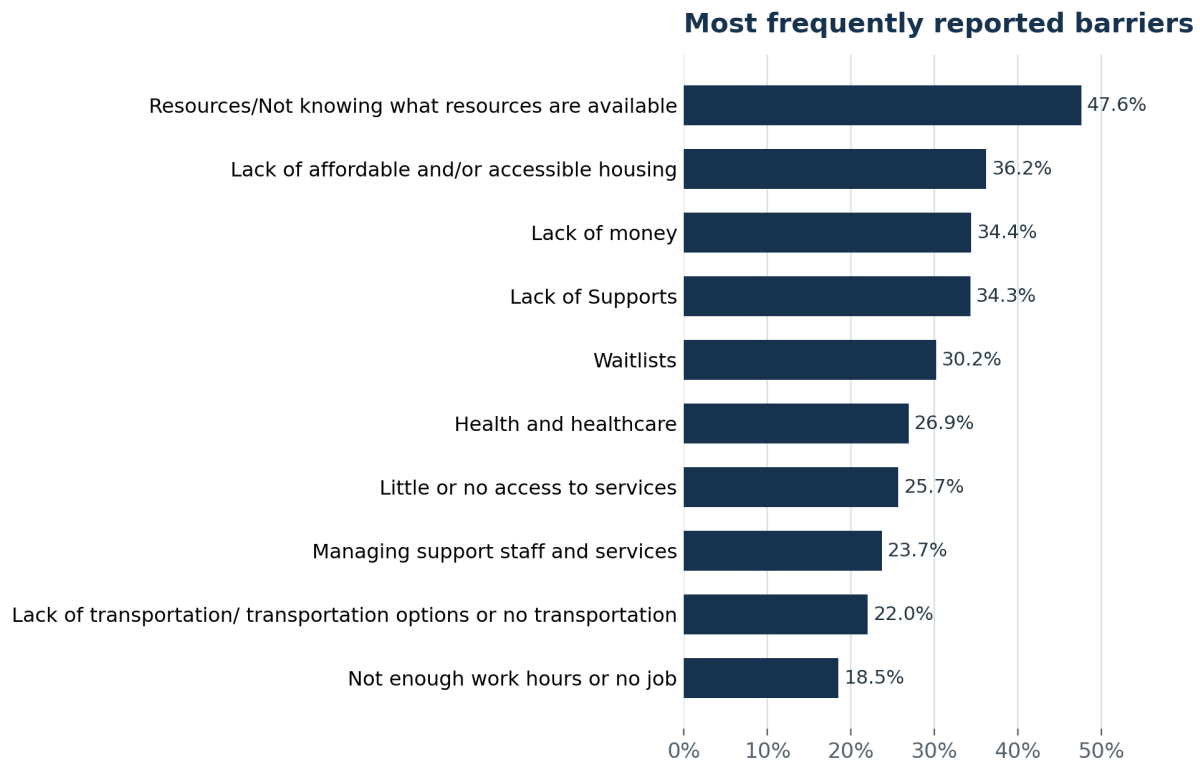


Percent of 1,097 respondents answering the question. Multiple responses allowed; percentages do not sum to 100%.

Interpretation The leading selections describe the practical foundation of community life: dependable supports, healthcare, housing, service quality, and employment. “Planning for the future” ranked seventh overall but reappeared in comments about aging caregivers and continuity of support.

Barriers respondents are experiencing

The leading barrier was informational: 47.6% said they did not know what resources were available. Yet the next cluster shows that better information alone is not enough. Respondents also reported shortages of affordable or accessible housing, money, supports, and service capacity.



Percent of 1,062 respondents answering the barriers question. Multiple responses allowed.

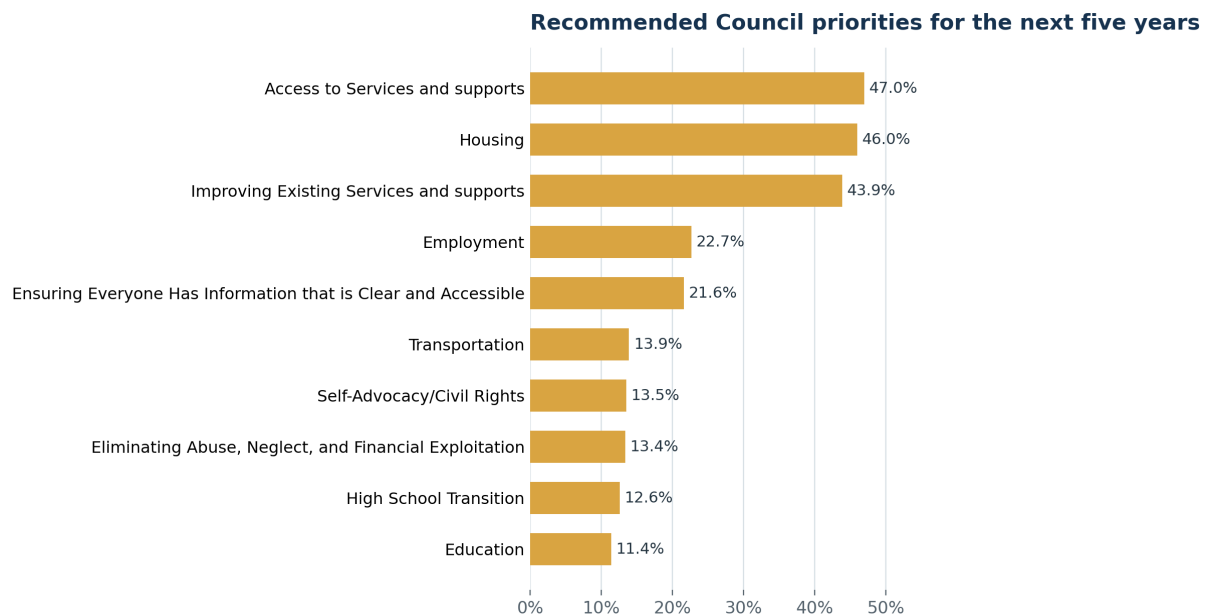
Barrier severity

Rating	Count	Percent of 979
5 - most impactful	435	44.4%
4	327	33.4%
3	174	17.8%
2	24	2.5%
1 - least impactful	19	1.9%

Severity matters The average impact rating was 4.16. More than three-quarters of respondents rated their barriers a 4 or 5, indicating that these are not minor inconveniences but substantial constraints on daily life and participation.

What the Council should prioritize

Respondents were asked to select their top three priorities for the next five years. Three closely related choices dominated: access to services and supports, housing, and improving existing services and supports.



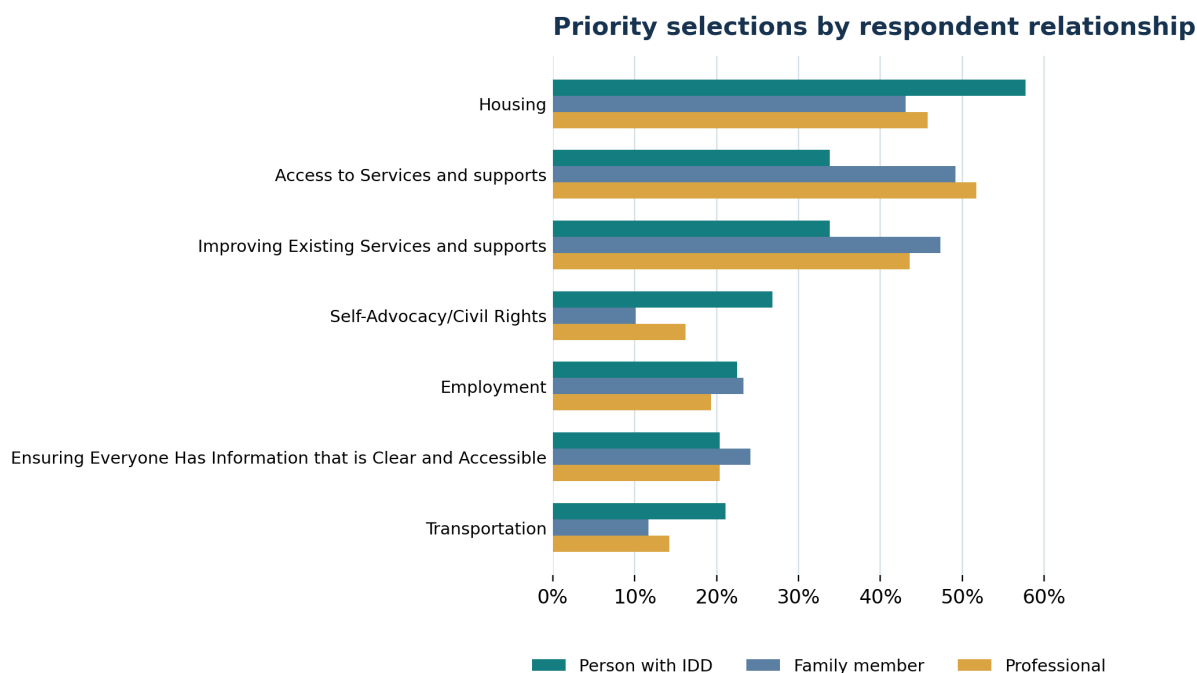
Percent of 1,090 respondents answering the priority question. Multiple responses allowed.

Full priority ranking

Rank	Priority	Count	Percent
1	Access to Services and supports	512	47.0%
2	Housing	501	46.0%
3	Improving Existing Services and supports	478	43.9%
4	Employment	247	22.7%
5	Ensuring Everyone Has Information that is Clear and Accessible	235	21.6%
6	Transportation	152	13.9%
7	Self-Advocacy/Civil Rights	147	13.5%
8	Eliminating Abuse, Neglect, and Financial Exploitation	146	13.4%
9	High School Transition	137	12.6%
10	Education	124	11.4%
11	Advocacy	118	10.8%
12	Recreation	103	9.4%
13	Understanding Money/Financial Literacy	62	5.7%
14	Childcare	52	4.8%
15	Leadership and Other Trainings	50	4.6%

Differences by respondent relationship

The same broad priorities appeared across people with IDD, family members, and professionals, but their relative emphasis differed. These subgroup percentages are descriptive, not estimates for the statewide population.



Question denominators: people with IDD n=142; family members n=656; professionals n=358. Categories overlap because respondents could identify in more than one role.

What stands out

- Housing was selected by 57.7% of people with IDD, compared with 43.1% of family members and 45.8% of professionals.
- Self-advocacy/civil rights was selected by 26.8% of people with IDD—more than twice the family-member rate of 10.1%.
- People with IDD selected transportation more often than family members (21.1% versus 11.7%).
- Family members and professionals placed comparatively greater emphasis on access to and improvement of services and supports.

Planning implication The overall ranking should not be the only decision rule. Giving explicit weight to the priorities of people with IDD changes the emphasis—especially for housing, self-advocacy/civil rights, and transportation.

What people added in their own words

Four hundred forty-six respondents used the final open-ended question. The comments ranged from short statements to detailed descriptions of service systems and family circumstances. The themes below are qualitative and overlapping; they show recurring concerns rather than statistically coded prevalence.

Finding and navigating help

People described information as fragmented across agencies and programs. They wanted clear, accessible resource information and knowledgeable navigators who can help with eligibility, applications, and coordination.

A workforce that can sustain services

Comments described caregiver shortages, turnover, inadequate pay, limited provider capacity, and uneven training. Respondents connected workforce instability directly to service quality and availability.

Housing and the full range of residential support

Respondents called for more affordable, accessible housing and more supported-living options. Comments also reflected strong disagreement about residential habilitation centers, underscoring the need to address safety, choice, community integration, and continuity without flattening different experiences.

Behavioral health and crisis response

Families and professionals described gaps for people with both IDD and mental-health or behavioral-support needs, including limited crisis stabilization, diversion, and appropriately trained providers.

Life after school

Respondents raised transition planning, employment, meaningful day activities, recreation, transportation, friendships, and adult services—especially in communities where few options exist.

Aging caregivers and continuity

Comments asked what happens when a parent or caregiver can no longer provide support or dies. They emphasized future planning, respite, sibling or successor support, and the ability to remain safely at home.

Rights, voice, and dignity

Respondents discussed self-advocacy, discrimination, supported decision-making, dignity of risk, and the need for people with IDD to shape the systems affecting them.

Financial security and eligibility cliffs

Comments described low wages, benefit limits, caregiver compensation, the cost of care, and rules that keep people poor in order to retain essential services.

Accessible communication and culturally responsive support

Respondents called for plain, usable information; communication access; ASL; interpretation; and stronger help for families whose first language is not English.

Implications for State Plan development

Taken together, the quantitative and qualitative responses suggest six principles for translating community input into Council work. These are interpretations of the survey findings, not additional survey questions.

1. Treat access and quality as inseparable. Information can help people find services, but it cannot resolve waitlists, workforce shortages, limited providers, or services that do not meet individual needs.

2. Keep housing visible across the plan. Housing was a top-three issue, a top barrier, and a leading requested priority. It was the first-ranked priority among people with IDD.

3. Design information around navigation, not publication alone.

Respondents need clear information that leads to action: eligibility guidance, warm connections, application help, and support across agency boundaries.

4. Center the perspectives of people with IDD. Subgroup differences show why aggregate rankings are insufficient. Self-advocacy, civil rights, housing, and transportation become more prominent when the responses of people with IDD are examined directly.

5. Plan across life transitions. Comments described recurring breaks at school exit, changes in employment or day activity, caregiver aging or death, behavioral-health crises, and moves between service settings.

6. Use targeted outreach to fill the survey's blind spots. The next stages of planning should continue to seek input from younger people, people with IDD who do not also identify as professionals or family members, non-English-speaking communities, Tribal communities, and racially diverse communities.

Limitations and responsible use

- This was a voluntary, self-selected survey. Results describe respondents and should not be generalized as population estimates for all Washingtonians with IDD or their families.
- The survey was completed online and all recorded language values were English. People with limited internet access, language access, literacy, or communication supports may be underrepresented.
- Family members constituted 60.6% of respondents answering the relationship question; people with IDD constituted 13.1%. Their categories can overlap.
- The respondent pool was disproportionately white, female, and age 41 or older. These differences affect whose experiences dominate the overall ranking.
- The survey asked respondents to choose from listed options. Rankings are influenced by the choices and wording provided, while free-text entries were diverse and not always directly comparable.
- Some questions allowed “Other” responses, producing spelling and wording variations. Standard options were counted as recorded; free-text entries were considered qualitatively unless their equivalence was clear.
- Open-ended themes were reviewed for recurring content but were not coded through a formal inter-rater qualitative research process.

Best use of the findings Use the survey as a strong directional source, triangulated with public comment, listening sessions, Tribal and culturally specific outreach, Council member experience, and program data.

Appendix: complete quantitative results

Important issues

Rank	Issue	Count	Percent
1	Services and Supports	690	62.9%
2	Healthcare	433	39.5%
3	Housing	399	36.4%
4	Quality of Services	249	22.7%
5	Employment	227	20.7%
6	Education	169	15.4%
7	Planning for the future	148	13.5%
8	Money and Finances	115	10.5%
9	Civil Rights	114	10.4%
10	Eliminating Abuse, Neglect, and Financial Exploitation	106	9.7%
11	Transportation	101	9.2%
12	Recreation	95	8.7%
13	Information and Education for the DD Community and Others	71	6.5%
14	Transition Services	67	6.1%
15	Childcare	52	4.7%
16	Relationships	44	4.0%
17	Federal Issues	42	3.8%
18	Leadership and Other Training Opportunities	40	3.6%
19	Our state institutions	32	2.9%
20	Language accessibility	11	1.0%

Denominator: 1,097. Respondents were asked to select three; percentages do not sum to 100%.

Reported barriers

Rank	Barrier	Count	Percent
1	Resources/Not knowing what resources are available	505	47.6%
2	Lack of affordable and/or accessible housing	384	36.2%

Rank	Barrier	Count	Percent
3	Lack of money	365	34.4%
4	Lack of Supports	364	34.3%
5	Waitlists	321	30.2%
6	Health and healthcare	286	26.9%
7	Little or no access to services	273	25.7%
8	Managing support staff and services	252	23.7%
9	Lack of transportation/ transportation options or no transportation	234	22.0%
10	Not enough work hours or no job	196	18.5%
11	Communication	189	17.8%
12	Ableism or other discrimination	186	17.5%
13	Supports and accommodations at school	185	17.4%
14	Having enough food	85	8.0%
15	Little or no access to technology	56	5.3%

Denominator: 1,062. Respondents could select all that applied; percentages do not sum to 100%.