

University of Kentucky Human Development Institute (HDI)
University Center for Excellence in Developmental Disabilities
Annual Report: July 1, 2011 – June 30, 2012



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This annual report of progress to the Administration on Developmental Disabilities on the activities of the Human Development Institute (HDI)-University Center for Excellence (HDI) at the University of Kentucky summarizes progress toward the goals of the fourth year of the current five-year plan (2008-2013), including summary data for the period of July 1, 2011 through June 30, 2012. It provides information on progress made in achieving the projected goals of the Institute, including a description of the extent to which goals were achieved and a description of the strategies that contributed to achieving those goals. To the extent goals were *not* achieved, we also describe factors that impeded that achievement.

This report describes our goals and activities across each of the core functions (Preservice Training; Community Education and Technical Assistance; Research; and Information Dissemination), especially in reference to how our activities have addressed consumer satisfaction with the advocacy, capacity building, and systemic change activities initiated by HDI; the extent to which HDI's advocacy, capacity building, and systemic change activities have provided results through improvements; and the extent to which collaboration has been achieved in the areas of advocacy, capacity building, and systemic change.

A key highlight of this past year was that HDI core activities reached 37,365 individuals. Included in this total were 26,507 professionals and paraprofessionals; 2,859 family members and caregivers; 3,225 individuals with disabilities; 262 policymakers and/or legislators; 869 students, and 3,643 members of the general public.

The Human Development Institute (HDI) is the *University Center for Excellence in Developmental Disabilities Education, Service, and Research* for Kentucky, and operates as a major, university-wide unit of the University of Kentucky, administered through the Office of the Vice President for Research. Established in the late sixties (1969), HDI had its beginnings in UK's Department of Pediatrics, and was known as the Center for the Handicapped. Now, over 40 years later, the Institute generates approximately \$20,000,000 in external funding per year, with nearly 200 employees, and its work impacts every corner of the state, and programs across over 20 other states as well.

The Institute continues to strengthen its relationships with families and consumers, as well as the direct role that families and consumers play in the guidance and evaluation of the Institute. The primary example of this is the prominence of our *Consumer Advisory Council* within the work of our UCEDD. During this past year, HDI's Consumer Advisory Council (CAC) was instrumental in evaluating our progress toward the objectives of our current Five Year Plan. Our Consumer Advisory Council met four times over the course of the past year (August 2011; December 2011; April 2012; and June 2012). Our August 2011 was once again a jointly held KY DD Network meeting with the KY Council for Developmental Disabilities and the KY Division of Protection Advocacy, and focused on the critical issue of health, wellness and exercise for individuals with developmental disabilities.

At the national level, our CAC members are active as well. For example, Mr. Shannon Caldwell, our CAC Liaison, has been involved in assisting AUCD's Council on Community Advocacy in reformulating its pivotal role within AUCD. In October of 2011, in recognition of his national leadership role in COCA, Mr. Caldwell was elected to a three-year term on the

Board of Directors of the Association of University Centers on Disabilities (AUDC). At the state level, our CAC has been instrumental in the development of an interactive, web-based training module for transportation providers (developed in collaboration with LexTran of Lexington, our city's public transit authority), which has now been completed by approximately 150 public transit drivers in central Kentucky. Finally, our HDI CAC Liaison, Mr. Shannon Caldwell serves, along with the HDI Executive Director, on the *KY Commission for Long-term Supports for Individuals with Intellectual and Developmental Disabilities*.

EXTENT TO WHICH PROJECT GOALS HAVE BEEN ACHIEVED, STRATEGIES THAT HAVE CONTRIBUTED TO GOAL ACHIEVEMENT, AND FACTORS IMPEDING GOAL ACHIEVEMENT

Goal 1: Interdisciplinary Pre-Service Training.

In collaboration with consumers and families, to provide interdisciplinary pre-service training to promote the independence, productivity, and inclusion of people with disabilities and their families throughout life.

Progress on Objectives under Goal 1:

Objective 1.1: Coordinate developmental rotations for 15 pediatric & related area residents per year

Beginning in July 2010, HDI's role in infusing community experiences into the developmental rotation was discontinued primarily due to an emphasis on clinical and didactic experiences required to improve Residents' Board Exam scores. To continue our teaching role for residents, HDI's Pre-Service Training Coordinator facilitated a Pediatric Grand Rounds on November 17, 2011 with a three member, "Mentor Mothers Perspective Panel". Thirty faculty members from the Department of Pediatrics & 7 residents attended this HDI presentation.

Though we were unable to meet this Core Objective for the current year, we are currently negotiating a renewed role for HDI within the Department of Pediatrics. HDI's new collaboration with the Department of Pediatrics will include HDI presenting 3 Noon Conference to the Residents each academic year within a 3 year cycle, with Conferences focusing on age-related and transition-related resources from a "case conference" perspective.

Also, during this past year, in a collaborative effort between HDI and the UK Department of Psychiatry, HDI coordinated community placements for 2 Child & Adolescent Psychiatric Residents one Wednesday morning each month during the fall 2012 semester. These community shadowing and orientation visits were organized with 11 agencies and institutions serving those with developmental disabilities, including a meeting with representatives of 3 direct-support HDI programs. The Department of Psychiatry gathered positive feedback from their Residents, and concluded that their Residents' gained insights into developmental disabilities, better awareness of services they could utilize with the families they saw in Clinics, and an increased understanding of the inter-disciplinary team, positive role of parent support groups and psycho-social issues in raising children who have developmental disabilities. As agreed in our previous year planning with the U.K. Department of Psychiatry, HDI Pre-Service Coordinator arranged 2 Panel Presentations: "Mentor Families' Perspective on Raising a Child with A Disability" for 2 separate teams within their Outpatient Clinical Department, totaling attendance by 19 clinical Psychiatrists, therapists, faculty and residents.

Objective 1.2: Expand *family/individual mentorships* to include medical students and other disciplines/colleges (40 mentorships per yr)

Mentor Family – Student matches continued to be made with our HDI Graduate Certificate on-line and on-campus students during their HDI 603 practicum class. This fiscal

year, we had 16 of our Graduate Students in the Developmental Disability Certificate class who met on 2 occasions with their mentor family during this year and then wrote a “Family Mentorship Reflection Paper” revealing the insights they had gained. As noted in their reflection papers, the Family Mentor-Trainee match has provided the Graduate Certificate students one of the most powerful aspects of disability awareness and the need for advocacy.

Planning has been initiated with Dr. John Wilson of UK Behavioral Sciences to present a panel to 110 First-Year Medical Students in October of 2012. The Panel topic will be “Mentor Family Perspectives on Raising a Child with Disability.” Following this activity, Dr. Wilson will work with HDI Pre-Service Training Coordinator to match 1st Year Medical Students with Mentor Families as an option in the Medical Students’ Small Group mandatory requirements. This will help boost this Core Objective quantitative goal, beyond Graduate Certificate student matches. Finally we are working with the Department of Pediatrics to infuse Pediatric Resident Mentor Family matches into the Developmental Pediatrics Rotation.

Objective 1.3: Increase collaborative pre-service training through at least 12 HDI co-taught Education/ Developmental Disabilities courses per year.

During the past year, HDI faculty and staff taught the following graduate or graduate level courses at the University of Kentucky: 14 courses within the UK Department of Special Education and Rehabilitation Counseling, and 5 courses as part of our Certificate in Developmental Disabilities (a total of 19 graduate level courses directly related to the educational and societal inclusion of individuals with disabilities). In addition, we also taught a Freshman Discovery Class in disability awareness (a total of 20 University of Kentucky courses with HDI faculty and staff as lead instructors). The Discovery Seminar Program class was entitled *Those of us Disabled: Disability and Society*. Jeff Bradford was the instructor for this

Fall 2011 Semester class of 26 freshman students. This class explored the roles of people in society and examined the interaction of disability, health, employment, sexuality, spirituality, culture, technology, policy and quality of life.

In other HDI-taught courses, Dr. Harold Kleinert, HDI Executive Director, taught EDS 600 – *A Survey of Special Education* – to 5 students in the Fall 2011 Semester, 18 students in the 2011 Spring Semester, and 9 students in the Summer semester (June 2011). The Summer 2012 class was taught on campus and via compressed video to 3 sites in southeastern and central KY. Dr. Meada Hall taught *EDS 604 Special Education for Secondary Education* to 50 students in Fall 2011; *EDS 550 Student Teaching: Moderate and Severe Disabilities* to 7 students in Fall 2011; and *EDS 550 Student Teaching: Moderate and Severe Disabilities* to 5 students in Spring 2012. Dr. Kathy Sheppard-Jones taught seven courses for the Department of Special Education and Rehabilitation Counseling. The courses were: *Rehabilitation Supported Employment, Transition and Independent Living (RC558)* for 28 students in Summer II 2011, *Human Growth, Disability and Development (RC525)* for 18 students in Fall 2011, teach a second section of *Human Growth, Disability and Development (RC525)* for 28 students in Fall 2011, *Human Growth, Disability and Development (RC525)* for 17 students in Spring 2012, *Cultural Diversity (RC530)* for 15 students in Fall 2011, *Rehabilitation Research (RC750)* for 16 students in Fall 2011, *Rehabilitation Research (RC750)* for 17 students in Spring 2012, and *Assistive Technology (RC558)* for 14 students in Summer I 2012. In Spring 2012, Dr. Allison Layland taught *EDS 546 Transdisciplinary Services for Students with Moderate to Severe Disabilities* to 15 students, including 6 graduate and 9 undergraduate.

In addition, Dr. Sheppard-Jones taught five HDI courses during 2011-2012 academic year for our *Graduate Certificate in Developmental Disabilities*; those courses were: HDI 600 -

Interdisciplinary Approaches to the Needs of Persons with Developmental Disabilities and Special Health Care Needs (12 students on campus, 4 students distance learning); HDI 602 - *Interdisciplinary Supports* (10 students on campus, 4 students distance learning); HDI 603 - *Interdisciplinary Supports Practicum* (12 students); HDI 604 *Leadership Seminar in Developmental Disabilities* (10 students on campus, 3 students distance learning), and; HDI 605 *Interdisciplinary Leadership Project* (1 student).

Dr. Elizabeth Harrison also served as faculty for ED 103 – Introduction to Special Education for the Fall 2011 (23 students) and Spring 2012 semester (15 students) and EDU 150 Practical Experiences for the Paraeducator for the Spring, 2012 semester with 8 students.

Thus, an overall total of 23 university courses were taught by HDI faculty and staff during 2010-2011, including 20 courses taught at the University of Kentucky and 3 undergraduate courses taught at Bluegrass Community and Technical College.

Objective 1.4: Embed individually designed leadership projects into HDI’s Graduate Certificate for at least 10 students per year

During this reporting period, HDI recruited its eleventh class in its Graduate Certificate in Developmental Disabilities (an eleven hour, Graduate-level course of study). Twelve on-campus students participated in the cycle of courses this year, with all twelve students receiving funding support from the Administration on Developmental Disabilities through our Core grant. Student disciplines included: School Psychology, Rehabilitation Counseling, and Special Education. Faculty disciplines included: Special Education, Communication Disorders, Pediatrics, Social Work, Family Studies, Educational Psychology, Aging/ Gerontology, Rehabilitation Counseling, and Public Health. Personnel from numerous state agencies also participated in the instruction: KY Protection & Advocacy, Commonwealth Council on Developmental Disabilities, and the

Kentucky Office of Vocational Rehabilitation. In addition, a parent of a child with significant, multiple disabilities continues to serve on as Affiliate Faculty. Numerous other parents, family members, and people with disabilities were involved in presentations throughout the year. The HDI Consumer Advisory Council continues to provide input regarding ways to enhance and promote the Certificate Program.

Graduate certificate students completed a variety of projects in research, leadership, and family mentorships. Examples of research projects include: 1) *Student communication: A parent and teacher perspective on children enrolled in the low incidence TAALC program*; 2) *Factors affecting post-secondary transitioning for individuals with intellectual and developmental disabilities*; 3) *Effective collaboration: From research to practice for the provision of technical assistance*; 4) *Literacy: An overlooked indicator in vocational rehabilitation counseling*; *Postsecondary education and students with intellectual disabilities: Knowledge and attitudes of vocational rehabilitation counselors, and*; 5) *Current screening trends in licensed STAR rated programs*.

In their final evaluations of the DD Certificate class, all ten (100%) of the responding students gave the highest possible ratings (a 4 or 5 or “agree” or “strongly agree”) to each of the following questions: 1) “I learned to respect viewpoints different from my own”; 2) “I gained an understanding of concepts and principles in this field”; 3) “Grading was fair and consistent”; 5) “Rate the overall quality of teaching by the primary instructor in the courses”; 6) “Rate the overall quality of teaching by the other instructors in the courses”; 7) “Rate the overall value of the seminar coursework”, and 8) “Rate the overall value of this Certificate.”

Objective 1.5: Develop/implement HDI *online* Developmental Disabilities Leadership Certificate for at least 8 students per year.

Three HDI courses in the 2011-2012 academic year were offered via distance learning. HDI 600 - *Interdisciplinary Approaches to the Needs of Persons with Developmental Disabilities and Special Health Care Needs* included 4 students via distance learning; HDI 602 - *Interdisciplinary Supports* included 4 students distance learning, and; HDI 604 - *Leadership Seminar in Developmental Disabilities* included 3 students distance learning. Marketing plans have been developed to expand the visibility of the online Certificate nationally. Research stipends will also be awarded to distance learning students who propose research projects which include a scholarly manuscript to add to the literature within the field of developmental disabilities.

Objective 1.6: Provide interdisciplinary training to at least 10 research assistants per year.

During this past year, 16 students worked as Research Assistants (RAs); this represents a significant increase in the RAs we supported this year with both salary and tuition (up from 11 RAs in 2010-2011). These Long-Term Trainees included 6 HDI Research Assistants who participated also in the HDI Graduate Certificate program. Of our RAs, a total of 4 disciplines were represented, 3 PhD and 4 Masters/Ed. S. (7 total) in School Psychology, 1 PhD in Clinical Psychology, 1 PhD and 1 Masters in Special Education, 2 Masters in Communication Disorders, 1 PhD in Gerontology, 1 Masters in Education and 2 Masters in Rehabilitation Counseling.

Objective 1.7: Provide training in developmental disabilities to 100 nursing, medical, physician assistant, and dental students per year.

During this past year, the *Preservice Health Training (PHT) Project*, funded by the Kentucky Council on Developmental Disabilities, continued to offer interactive training modules to student dentists (approximately 50 third year dental students participated). Also at UK, 109 medical school students participated in the online Preservice Medical Modules; finally,

approximately 90 medical students participated in a presentation, co-delivered by Dr. Kleinert, that included excerpts from the Preservice Training Module on serving a child with autism.

Objective 1.8: Provide training in rehabilitation technology to 14 physical and rehabilitation medicine residents

Another HDI preservice training project is the *Kentucky Resident Training Program in Rehabilitation Technology*. The primary purpose of this project is to provide knowledge, skills and opportunities for application of rehabilitation technology (RT) for residents in Physical Medicine and Rehabilitation. This training program emphasizes: (1) the role played by the physiatrist on the interdisciplinary RT team, (2) the importance of early clinical patient exposure to RT, (3) the process for identification and assessment of RT-related needs, (4) procedures for planning, coordinating and evaluating the application of RT services in both clinical and post-discharge settings, and, (4) direct experience with the RT service delivery systems in vocational and rural/agricultural rehabilitation. The program consists of two primary components: (1) a series of 24 accessible, web-based training modules on RT with accompanying on-line assessment and moderated discussion board for years 2 and 3 of residency training, and, (2) a month-long rotation in year 3 of the residency program which provides an opportunity for active participation in the planning and delivery of RT services in vocational, rural/agricultural and other community settings. The participants in this training program were second, third and fourth year residents in the Department of Physical Medicine and Rehabilitation at the University of Kentucky College of Medicine in Lexington, Kentucky and their counterparts at the University of Louisville. At the completion of the two-year training program each resident will sit for and attain the *Assistive Technology Practitioner (ATP) Certification* offered through the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). The

federal grant from the Rehabilitation Services Administration (RSA) ended September 30, 2010. HDI continued to provide the online modules to residents at the University of Kentucky and the University of Louisville through June 2012. A total of thirty-eight medical residents have been enrolled in the on-line course and each completed a portion of the twenty-four modules commensurate with their year of residency.

Status of Objectives Under Goal 1:

Overall during this past fiscal year, HDI provided instruction and core services to 869 students, and as the preceding narrative indicates, carried out a diverse range of preservice activities across all levels of university preparation. The breadth of our training activities is most noted by the breadth of student disciplines that participated in our training activities this year including: Disability Studies – 10 students; Early Childhood --67 students; General Education – 59 students; Special Education – 37 students; Medicine (General) – 353 students; Dentistry (Pediatric) – 58 students; Psychology – 28 students; Rehabilitation Counseling – 184 students; Social Work – 57 students; Medicine (Pediatric) -3 students and Other Disciplines – 12 students. For Year IV, all of the objectives under Goal 1 have been achieved, exceeded or are clearly in progress, with the exception of Objectives 1.1 and 1.2. For those objectives, we are working closely with units within the College of Medicine to increase training and mentorship opportunities for medical students and residents. In addition, as was noted in our Continuation Proposal to AIDD earlier this year, we have requested to modify those two objectives as follows:

- 1) Coordinate *embedded* community and mentorship experiences within the Pediatric residency program for 15 pediatric and related area residents year.
- 2) Expand family/individual mentorships to include to include *20 family mentorships, including 10 graduate certificate mentorships, and 10 medical student mentorships.*

Goal 2: Community Services – Continuing Education.

In collaboration with consumers and families, to provide continuing education programs that promote the independence, productivity, and inclusion of people with disabilities and their families throughout life.

Progress On Objectives under Goal 2:

Objective 2.1 Educate at least 10 community, civic, and/or faith-based organizations per year regarding inclusion/full participation

To address Objective 2.1, educating community and civic organizations about inclusion, we have focused our efforts in this regard around *both* school and community inclusion. On June 13-14, HDI co-sponsored the 9th *Annual Institute in Assistive Technology* with the Kentucky Office of Vocational Rehabilitation and Kentucky AgrAbility at the Kentucky State University Research and Demonstration Farm in Frankfort, Kentucky. One hundred fifty (150) rehabilitation technologists, vocational rehabilitation counselors, occupational and physical therapists, extension agents, consumers, family members, school staff, and graduate students (60 representing occupational therapy) attended the series of sixteen workshops on topics ranging from technology and farming, technology and education, to adaptive recreation, home modifications, and mobile technologies.

Secondly, a key issue for inclusion within Kentucky schools is appropriate access to general education settings and to the general curriculum for students who are at the *pre-symbolic* level of communication (those students with the most significant disabilities who have not yet developed a formal communication system). To address the needs of these students, the *KY SPDG Low Incidence Communication Initiative* has developed training materials for teachers

addressing the impact of student communication level and access to the general curriculum, conducted three workshops for staff and families of students with significant communication needs in six districts, and most importantly conducted bi-weekly or monthly conference calls with participating school teams to enable their students with the most significant disabilities to establish communicative competence. To date, this initiative has trained approximately 200 school staff representing 31 student teams. Data from the weekly coaching calls significant positive changes in:

- Student communication, behavior, and participation in academic activities
- Teacher/Speech/Language Pathologist knowledge and skills
- Team knowledge and skills and
- Parent knowledge and skills.

Most significantly, team members have indicated that not only have the targeted students, in each case, learned more efficient and sophisticated modes of communication, the team itself has learned to generalize their own skills to other students whom they serve. As one of the teachers with whom we worked noted, “Our student didn’t change, we changed. We learned to read his communication and acknowledge it. That’s what made the difference!”

Objective 2.2 Expand community education to 100 health care professionals per year in serving persons with developmental disabilities and their families through such vehicles as on-line CME courses and conference presentations.

To address Objective 2.2, we have converted our Preservice Health Training modules to a FLASH-based application that will enable them to be readily accessed, with maximum user control and flexibility. Our newest version of our web-based Women’s Health Module was approved for CME credits for nurses/nurse practitioners and was made available nationally

through the University of Kentucky's Continuing Medical Education website. This past year, we continued to offer physician assistants received CME credits by enrolling in our Virtual Patient Developmental Disability Modules for Physician Assistants (Julia Module on well adolescent care for a young woman with Down syndrome) and our Olivia Module (follow-along visit for a toddler born with extreme prematurity and receiving early intervention services), offered through the American Academy of Physician Assistants. Our Virtual Patient Dental Modules are also offered for CMEs through the American Dental Association, and its designated CME provider. We also post all of Preservice Training Modules on HDI website (<http://www.phtmodules.net/>) healthmodules.net received a total of 78,766 page views during this past fiscal year.

To broaden our outreach to the national medical community in the area of prenatal diagnosis of Down syndrome, HDI assumed in June, 2012 administrator status of the Lettercase booklet "Understanding a Down Syndrome Diagnosis", (lettercase.org) the only published resource in prenatal DS diagnosis that included representation of the American Congress on Obstetrics and Gynecology, the American College on Medical Genetics, the National Society of Genetic Counselors, the National Down Syndrome Society, and the National Down Syndrome Congress. In the first month alone, we have disseminated over 50 copies of the booklet (produced in both English and Spanish), and a free, downloadable web-based version has been made available for medical practitioners and families, with over 400 hundred downloads of the book within the first two weeks of release. Our intent is to pair this "gold standard" resource with our own Brighter Tomorrows website to provide comprehensive information on prenatal diagnoses of Down syndrome to both medical practitioners and families.

Objective 2.3: Collaborate with at least one state and two local health wellness and prevention initiatives for all citizens to ensure the active participation of individuals with disabilities in these broader-based programs.

Objective 2.3 is identified for implementation for Years II through V under our Five Year Work Plan. We continued work on this Objective during this current year (Year IV) through several important activities. HDI sponsored a health and wellness initiative project in the spring of 2012. A statewide request for proposals was issued in January. Applicants were Kentucky based organizations that demonstrated an ability to provide inclusive health and wellness activities over at least a six week period that could be subsequently sustained. Thirty-three applications were received and reviewed by committee. The eight top scoring applicants received up to \$1,000 to assist in meeting their objectives. Program participant organizations are: The Health Choice Program - *Independence Place*, Physical Activity for Children with and without Disabilities (23 children of which 6 have disabilities) - *UK Early Childhood Laboratory*, Inclusive Summer Camp (60 campers of which 13 have disabilities) - *LYSA TopSoccer*, Community Gardening - *Bell County Health Department*, Aqua Zumba (30 people of which 16 have a disability) – *Cardinal Hill Rehabilitation Hospital*, Cook Date Program – *Lexington Parks and Recreation*, Green the District – *Latitude Artist Community*, Health and Wellness Initiative – *Bluegrass Council of the Blind*.

In addition, a poster was presented at the Kentucky Appalachian Rural Rehabilitation Network Conference. *Health promotion across abilities: A community-based approach* highlighted the outcomes of the HDI-sponsored health promotion training in 2011. An additional outcome of the health promotion training is the collaboration between HDI and the KY Division of Developmental and Intellectual Disabilities in the development of a health promotion pilot for

Supports for Community Living (Kentucky's residential DD waiver) provider agencies that will enable a direct support professional and an interested individual with a disability who is supported at the pilot agency to lead their organization through a 12 week Health Messaging program. A minimum of 20 agencies are expected to participate when the pilot launches in September, 2012.

Objective 2.4: Provide training to 200 early care/education staff and family members per year to support providers in meeting needs of children with disabilities

In Early Childhood Education, *the Training into Practice Project (TIPP)* continues to be well received by its target audiences: early childhood trainers and early care and education program directors. The focus of TIPP is to carry out professional development activities of the KY KIDS NOW Early Childhood Initiative. During 2012, the major seminar components included: 1) providing quarterly training-of-trainers seminars for individuals applying to receive a KY Early Childhood Trainer's Credential (135 participants), 2) coordination of seminars required for renewal of Trainer Credentials (83 participants), 3) training for early care and education directors and staff related to the KIDS NOW quality initiatives (e.g., implementing *KY's Continuous Assessment Guide*) (50 participants); and 4) providing required orientation training to new child care staff (27 participants for scheduled meeting; 1,674 for web-based seminars). Two TIPP Institutes were also held: the Infant-Toddler Institute (447 participants) provided information and professional development primarily for Early Care and Education Professionals during two days in August 2011, and the Trainer's Institute addressed the training needs of 129 trainers during two days in early May 2011.

One component of TIPP since its inception has been evaluation of all project trainings conducted. In this way, personnel are able to ensure the quality of training sessions, identify

problems, and address gaps in training. For example, 40 participants completed an evaluation for the seminar on assessment in early childhood. Fifty-seven percent (N = 23) of the individuals completing the evaluations were highly satisfied and 43% (N = 17) were satisfied with the training event. A similar survey administered following the *Kentucky Trainers Institute* indicated that 97.5% (N = 39) were either highly satisfied or satisfied with the Institute overall.

A more in-depth evaluation was completed for participants of the 15-hour training seminar, *Fundamentals of Effective Training (FET)*. This seminar is a requirement for the Kentucky Early Childhood Trainer's Credential and covers criteria for effective training, adult learning theory, training design, evaluation of training, and organizational skills. Participants rated their *application* of the skills covered prior to attending *FET* and again 6 months after attending the seminar. *Most* participants from the 6 month follow-up indicated that they had *applied* the concepts taught during *FET* to their own training sessions *to a high degree*; 50% said they considered how adults processed information when planning a training session; 50% reported using a new training method and/or training aid during a training session; 75% evaluated implementation of new skills in their own workplaces (compared to 50% before attending *FET*), and 50% evaluated the impact of behavior changes by staff on the children who attend their programs (compared to 25% before attending *FET*).

Objective 2.5: Provide statewide training opportunities to 100 local school systems and adult service agencies per year in improving transition outcomes for youth with disabilities, including Self-advocacy, Student-Directed IEPs, alternatives to guardianship.

Several projects at HDI are focused on Objective 2.5. First, HDI is providing training and assistance to approximately 68 school districts and 58 vocational rehabilitation counselors throughout Kentucky in the implementation of the *Community Based Work Transition Project*

(*CBWTP*). This project has a primary focus on improved employment outcomes for youth as they move through their last two years of school. Approximately 800 students began the program for the 2011-2012 school year. This past year, personnel from CBWTP developed, implemented, and evaluated four trainings across the state to assist districts in implementing the program. New training materials and Power Points were developed for participating districts to: (a) evaluate students' individual strengths, (b) use the results of that information to write monthly reports and the Career Assessment Reports, and (c) develop job analyses to meet the students' strengths and employers' needs. In addition, all training materials, Power Point presentations and monthly reports were revised to reflect "career readiness". To ensure that school districts were implementing the CBWTP's policies and procedures correctly and effectively, CBWTP staff conducted 20 random on site school visits. Example of questions included: (a) Does the job coach work with students individually (b) Does the job coach attend IEP meetings and give reports on the status of students (c) Are CBWTP services noted on the IEP and (d) Is the job coach assigned other duties to perform at the school, and if so, what are those other duties? Results from the audits indicated that 19 out of 20 school districts were implementing the CBWTP as intended.

The CBWTP Director, Dr. Meada Hall, is working collaboratively with the *Post-Secondary Inclusion Partnership* (see Objective 3.4) to help provide additional options for youth with disabilities in transition and with the Kentucky Post-school Outcome projects to align project data with KY's overall post-school outcomes data for students with disabilities. The 2009-2010 data showed that out of the 300 CBWTP seniors, 236 CBWTP students were matched to the Kentucky Youth One Year Out Survey (YOYO), 162 students were able to be contacted and consented to YOYO Interview. The alignment of the data indicated that 33% of the CBWTP

students were competitively employed and 28% were in other employment one year after graduation. In addition, Dr. Hall is working collaboratively with *KDE's Assessment and Accountability and Career and Technical Education Departments* to create a College and Career Readiness Program for students who represent 1% of the school age population and to align the CBWTP as a "career" ready program.

Finally, CBWTP staff presented at several conferences and trainings, including one national presentation at the national *Division of Career Development and Transition* conference, and the national *TASH* conference. Dr. Hall served a member of the state team representing Kentucky for the *National Secondary Transition Technical Assistance Center's 2012 Capacity Building Institute*.

Objective 2.6: Provide training to at least 5,000 practitioners per year on inclusive alternate assessments, and access to the general curriculum to enable students to succeed.

To insure that policy makers and practitioners have access to the technical/content issues that must be addressed in large-scale alternate assessments for students with disabilities, HDI staff, through the *Inclusive Large Scale Standards and Assessment Project (ILSSA)*, have made numerous state, national and international presentations during the past year at such conferences as *the International TASH Conference, the Kentucky ARC/TASH Conference, the Pennsylvania Low Incidence Conference, Council for Exceptional Children, and the Council of Chief State School Officers (CCSSO) Conference*.

We also provide online training to teachers in the individual states that we serve. For example, in Kentucky, *ILSSA* staff trained approximately 1,200 participants about administration of the NCLB alternate assessments via the online modules. All of the New Jersey and Kentucky alternate assessment teacher trainings were delivered electronically. In *Pennsylvania*, two *ILSSA*

staff led a 1- day workshop with approximately 100 participants to learn more about the *NAAC Classroom and Student Observation Tools*. Over this past year, ILSSA and NCSC staff provided training to over 3,000 teachers, administrators, and other practitioners in person and through electronic means.

Objective 2.7: Provide training to 40 transportation personnel per year in the needs of individuals with developmental disabilities, (e.g., individuals who use augmentative systems, sighted guides).

Lextran's Public Transit Authority continued their collaboration with HDI in finalizing technical edits to our consumer-oriented on-line training module on ADA issues and disability awareness and allowing HDI's Pre-Service Coordinator to organize face-to-face training with consumers and new driver training classes. Though Lextran is a local Lexington KY transit authority, these consumer-lead classes, utilizing our CAC public transit video segments, present a pilot for other consumer-advocacy groups and transit companies across KY. We facilitated a consumer-based face-to-face training session for 9 new transit drivers on October 28, 2012. Though we have been asked to return to other driver training classes, we have an understanding with Lextran that we will coordinate consumer face-to-face training when new driver classes total 7 or more drivers. All new drivers do continue to take the on-line training module that HDI developed in collaboration with Lextran drivers.

Face-to-face interactive training has been very helpful, and it often provides a first-time opportunity for some new drivers to engage a person with a significant disability in candid discussion about their disability. A driver in the one fall 2011 class commented, ".....I really appreciate you all being here. I can say that I felt that I know some about disability.....but I really never considered some of these aspects that you brought out today. I really appreciate

your comments and what you had to share with us as I had never thought about some of the ways disability affects people and how important my response is....”

HDI and Lextran’s mixed media, on-line Training Module and Certificate Program on “*Public Transit Driver ADA and Disability Awareness*” was finalized in its production this fall. The on-line training module was utilized and passed successfully by *118 new and existing Lextran drivers from October through December of 2011*. This module has key learning points, video segments showing disability issues and compliance with ADA regulations, using consumers on Lextran buses with actual drivers, multiple-choice questions, as well as talking points by drivers and consumers in online interviews, with a printable certificate of completion for those who complete the module successfully. As it is a link both through HDI’s web-page and the internet, it will be able to be updated as ADA public transit guidelines are changed. The module can be accessed directly at www.ADAdrivers.org

HDI receives immediate driver feedback on the training and ADA issues through the Evaluation Tool which they must answer prior to generating their Certificate of Completion. As comments from drivers have been positive, HDI Consumer Advisory Council will be submitting this consumer-collaborative training model on transit driver training to AUCD as a potential seminar at the December 2012 annual meeting. HDI’s Consumer Advisory Council has also recommended that the link to this module and some of the drivers’ comments be forwarded to all the public transit companies in KY as an on-line potential training tool. A letter, denoting the applicability of the module to transit drivers around KY, was sent to all public transit companies in the state offering this no-cost training. This web-based module is “universal” in its design, so it could be utilized with other UCEDD’s who work with transit

drivers across the country. It also provides any Transit company with a universal and free means of enhancing their annual driver-training regarding disability etiquette and ADA guidelines.

Status of Objectives Under Goal 2:

All objectives within Goal 2 have either been met for Year IV or are clearly in progress. In fact, the only objective under Goal 2 that has *not* been exceeded from our projected numbers, is Objective 2.6, and that objective resulted in training for over 3,000 teachers and administrators nationally!

Goal 3: Community Services – Community Collaboration.

In collaboration with consumers and families, to provide consultation and technical assistance to national, state and local agencies, providers, and advocacy groups that contribute to improvements in practice and outcomes in the lives of persons with disabilities and their families.

Progress on Objectives under Goal 3:

Objective 3.1: Provide technical assistance to at least 10 local community recreation programs/agencies per year to increase the availability and accessibility of recreational opportunities, and to increase peer support in these activities.

Under Objective 3.1, HDI worked this past year to include recreation organizations in participating in the Health and Wellness initiative pilot, which resulted in a total of 8 funded applications. In addition, HDI began a partnership with the national No Barriers organization, which has a mission of unleashing the potential of the human spirit. As a result of collaborative efforts, No Barriers has removed mention of solely physical disability on its website, recognizing a broader population of people with developmental and intellectual disabilities. HDI also

sponsored an adaptive recreation session at the 9th Annual Institute in Assistive Technology, which received the highest evaluations of the conference.

Objective 3.2: Provide technical assistance to at least 50 providers and 20 employers/businesses per year to increase employment options for persons with the most severe disabilities, including adults who are currently receiving KY Supports for Community Living/Michelle P. waiver services, and adults currently receiving services in segregated day programs.

There are a broad range of HDI projects that address Objective 3.2, centered on transition from high school to community for youth with disabilities. The *Kentucky Post School Outcome Center (KyPSO)* is responsible for overseeing the Kentucky Department of Education/Division of Learner Services (KDE/DLS) study of youth post-school outcomes and KDE's study of parental involvement in special education. Now in its sixth year, the KyPSO has made tremendous progress over the past fiscal year, and collects census data on all former students who had an IEP one year after school exit in the state. These key improvements are highlighted, below.

- New post-school outcome instrument. The Youth One Year Out (YOYO) former student interview underwent three major revisions for this year's implementation. First, the instrument is now pre-populated with those former students who need to be contacted by each district. This clearly identifies our population and eliminates the ambiguities that have existed in the past regarding who should and should not be interviewed. Further, this process has also allowed us to include demographic and contact information to help interviewers in their preparation to conduct interviews. Second, the instrument itself has been streamlined to more concisely ask the most relevant and useful questions to former students. Educational and employment items conform more directly to categories used by

the US Department of Special Education Programs (OSEP). Community participation items are more straightforward, such as inquiries regarding whether or not a respondent has a driver's license, is registered to vote, and participates in leisure activities. Third, the instrument itself now provides links to resources that may help former students access supports if needed. Interviewers are trained to offer to share this information on a case by case basis when a respondent expresses a desire to obtain further education, employment, independent living or community participation.

- Increased use of extant data. This is the first year that KyPSO has not utilized the Kentucky In School Transition Survey (KISTS) as a means of collecting information on student transition planning. These data will be obtained instead through other sources including KDE's Infinite Campus system and Individual Learning Plan (ILP) Senior Survey. Additional data may be obtained through collaboration with Kentucky's P-20 Data Collaborative. Other data sources that KyPSO has been able to utilize to inform its work have been data from the U.S. Census, the Community Based Work Transition Program and our own Transition Services Inventory. Shifting many of our data collection efforts in this way has lessened the time commitment for district staff and has helped forge greater collaborative opportunities with partners, while not sacrificing data quality.
- *Enhanced professional development (PD)* ~ The true change we hope to realize from the KyPSO are better post-school outcomes for youth. This goal can only be possible when secondary education professionals know what to do. Therefore, we approached professional development (PD) along four paths: 1) PD to personnel at the local level regarding how to input data, 2) PD to the personnel at the local level regarding how to

interview former students, 3) PD for personnel regarding what their data mean, and 4) PD for personnel regarding how to utilize the data.

For paths 1 – 2 we utilized webinar technology provide PD to local and regional educational professionals through a series of webinars. In conjunction with large group PD, we also utilized the webinar format to provide real-time technical assistance. Training webinars taught interviewers how to utilize resources in the event that *unmet* needs were identified. This would, of course, not change one-year post-school outcomes but could help improve *longer term* outcomes.

For Professional Development paths 3 and 4, the KyPSO has customized the Data Use Toolkit (DUT) recommended by the National Post School Outcome Center (NPSO) and used it as the basis for sharing data with districts and regions. The Kentucky version of the DUT includes context for post-school outcome data, best practices and extensive data reporting. A generic version was shared with districts and cooperatives as part of our webinar series in order to explain how to use and interpret the toolkit. These webinars also included information on completing requirements for the Kentucky Continuous Improvement Monitoring Process related to Indicator 14 (post-school outcomes data on enrollment in post-secondary education, employment or both). KyPSO additionally created a Transition Services Inventory (as noted above) and used it to send a needs assessment for all identified transition related services to all districts. Results were included in individualized Data Use Toolkits.

This is also the fourth year in which KyPSO has overseen the dissemination, analysis, and reporting of the KY Department of Education Study of Parental Involvement. A random sample of school districts is selected and parents from within these districts receive the paper survey via standard mail. Parents are given the option to complete the survey on-line as well. *The*

survey gauges how welcomed and involved parents feel in the special education of their son/daughter. The relationships between parent involvement and subsequent post-school outcomes are interrelated. In previous years, we have received well over 1,000 responses to this survey, and are currently on track to do so again this year. As the instrument and measurement strategies for Indicator 8 are adapted by the US Office of Special Education Programs (OSEP), we are in an excellent position to integrate their proposed changes with our interests in secondary transition.

A second major HDI project addressing Objective 3.2 is the *Kentucky Supported Employment Training Project (KSETP)*. In conjunction with the KY Office of Vocational Rehabilitation Supported Employment Branch, the KSETP continues to provide six days of required training for personnel with Kentucky OVR Supported Employment vendors. These seminars offer the following primary content areas: (a) history, values and principles that underlie supported employment, (b) person centered job selection, (c) job development, (d) job analysis, and (e) impact of wages on benefits. Typically, the KSETP provides optional and advanced supported employment events. However, due to increased demand for the 6-day series, 2-day administrator, and 1-day roundtable follow-up workshops this fiscal year, time and resources were not available for advanced or optional events. However, plans are in place for these to resume these events in FY 13, with a Systematic Instruction workshop scheduled for July 2012. Additionally, initial plans were developed for a leadership series of events, including a practicum, to be initiated in FY 13. Project personnel provide follow-up technical assistance for individuals served, their families, employers and supported employment program staff.

KSETP continues to work with the KY Department for Behavioral Health, Developmental and Intellectual Disabilities and the KY Office of Vocational Rehabilitation to

address employment services for people served through the KY Supports for Community Living (SCL) Medicaid waiver, the Acquired Brain Injury (ABI) Medicaid waiver, and the Home and Community Based (HCB) Medicaid waiver. KSETP staff worked with departmental staff regarding policy recommendations for upcoming amended waivers that are intended to incentivize employment.

In other initiatives, KSETP staff Milt Tyree and Katie Wolf Smith are involved in a pilot project demonstrating Customized Employment through Southeast TACE and KY OVR, along with Marc Gold & Associates consultants, Abby Cooper and Melinda Mast. This project selected teams of employment providers and OVR Counselors to illustrate the effectiveness of quality Customized Employment practices in finding employment for people with significant disabilities. Milt assisted with overall technical assistance and Katie was a member with the Morehead team. This project was designed to serve as a model to increase understanding about Customized Employment across the state.

In a related supported employment training and technical assistance project, HDI is partnering with the KY Division of Behavioral Health in partnership with the KY Office of Vocational Rehabilitation through a four -year grant from *Johnson & Johnson-Dartmouth Community Mental Health* program. The purpose of the grant is to implement Evidence Based Supported Employment services for adults with serious mental illness and co-occurring mental health and substance abuse disorders throughout the Commonwealth.

In Kentucky, less than 10% of adults with serious mental illness receiving services from the regional Community Mental Health Centers were employed in state fiscal year 2009. The goal of the *Dartmouth Supported Employment Project* is to work with new and existing programs so that consistent Supported Employment will be available to every person with

serious mental illness who wants to work. Another goal of the project is to develop high fidelity supported employment services.

The KY Division of Behavioral Health issued a Request for Applications to become to become a pilot site to Regional Community Mental Health Boards in December 2009. Applications were received in January 2010 and sites selected in early March 2010. Pilot sites selected include: Four Rivers Behavioral Health (Paducah), Communicare, Inc. (Elizabethtown), Northkey Community Care (Covington), and Comprehend, Inc. (Maysville).

Each pilot site is receiving on site and off site training and technical assistance from the statewide Supported Employment Trainer. Each site will also receive \$15,000 in carry over Mental Health Block Grant funds to be used for start-up for the first year of implementation, and a minimum of \$30,000 for model implementation during the second full year of the project. Each site will also be a part of a national network of other Evidence Based Practice providers.

To date, over 80 persons have gone to work through this project. All jobs are looked at as positive learning experiences. We have a Statewide Supported Employment Steering Committee that has been formed. Three of the four Supported Employment sites have expanded in to new counties and hired additional staff. Three of the four sites have reached good fidelity of the Dartmouth model within 6 months. Most recently, we have added 3 new sites which include Seven Counties (Louisville), Lifeskills (Bowling Green), and Cumberland River (Corbin).

Kentucky has also been chosen to be a part of the Johnson-Johnson-Dartmouth Community Mental Health Program Family Advocacy for Evidence Based Supported Employment Project. The family project develops partnerships between family groups (state and local NAMI affiliates) and Evidence Based Supported Employment teams. Each Supported Employment site chosen for our project works with its local NAMI affiliate.

Finally, related to the intent of this objective (though focused directly on individual services as opposed to agency capacity) is an HDI Demonstration Project, directed specifically to increasing employment outcomes and community independence for individuals with disabilities. HDI, in conjunction with the University of Kentucky Hospital Occupational Therapy Outpatient Services, facilitates HDI's Driver Rehabilitation Services program. Our Driver Rehabilitation Services program provides high quality driver evaluation and training services for people with disabilities who have a desire to become independent and self-sufficient through employment. Referrals are made through the Kentucky Office of Vocational Rehabilitation. Skilled UK occupational therapists who are also Certified Driver Rehabilitation Specialists provide clinical and behind the wheel evaluations that assess what kind of rehabilitation technology and training are needed for someone to drive safely. Following an evaluation, consumers may return for subsequent training to effectively use the equipment they need. Ultimately, the goal is for consumers to complete their training using their own personal vehicles. Between July 1, 2011 – June 30, 2012, ninety-seven (97) individuals received vehicle evaluations and ninety (90) people received training to drive through HDI's Driver Rehabilitation Services..

Objective 3.3 Provide technical support to at least 10 regional technical assistance staff and 10 interagency teams per year in developing effective transition processes in early childhood

Through June 30, 2011, achievement of Objective 3.3 (effective early childhood transition programs) was addressed by the Kentucky Early Childhood Transition Project (KECTP). The project met or exceeded all of its goals before the State's Department of Education and Department of Public Health became responsible for continuing the work in July of 2011. KECTP's project guide, *Technical Assistance Guide for Part C*, along with the interagency transition agreements (ITA) and interagency transition plans (ITP) put in place

during the project period acted as a foundation for the state's continued work. Personnel from HDI continue to facilitate the work of the state as needed. In particular, HDI serves as a host for web-based transition resources (including ITAs and ITPs). In 2012, the www.transitiononestop.org website received over 16,000 visitors with a daily average of 46 users. The preschool to primary documents that address transition are some of the most popular on this site.

Objective 3.4: Provide technical assistance to at least 50 early care and education programs per year to enhance quality early care and education settings in the support of all young children.

The HDI Project, *Kentucky Partnership for Early Childhood Services*, funded through the Cabinet for Health and Family Services, Division of Child Care is the managing network for the 15 community-based Child Care Resources and Referral (CCR & R) agencies across the state.

The mission of the Kentucky Partnership for Early Childhood Services is to improve the quality, accessibility, and affordability of child care needs for *all* Kentucky families. Last year alone, the CCR & R agencies were contacted 3,252 times to provide technical assistance and coordinated over 3,300 trainings for early child care providers. HDI's role in this partnership is to: 1) coordinate and support the local CCR & R agencies across the state; 2) track performance for each of the CCR & R's across our state's child care indicators; 3) provide those data to the KY Cabinet for Health and Family Services; and 4) provide training, support, and evaluation to the CCR & R's in improving child care outcomes throughout the Commonwealth.

In 2011, our Principal Investigator for this project and the Program Manager met with the Division of Child Care to redesign the infrastructure of the CCR & R agencies in order to more efficiently meet the needs of consumers. Effective July 1, 2012 the redesign will include the following Child Care Aware staff:

- 14 Regional Training Coordinators to identify and address gaps in professional development (PD) opportunities for licensed facilities and certified family homes and to ensure quality of PD opportunities
- 14 Regional TA Coordinators to identify and support high-need licensed and certified child care programs in meeting licensing standards, and
- 2 Regional TA Specialists to support facilities under sanction and in immediate danger of closure due to licensing deficiencies.

The Quality Enhancement Initiative (QEI) is HDI's second major state-wide child care project funded by the KY Cabinet for Health and Family Services, Division of Child Care since July 2005. The main purpose of the QEI is to improve the quality of early care and education throughout KY; the project specifically targets underserved populations and promotes the KIDS NOW Early Childhood Initiative. QEI goals include three major areas: 1) to increase participation in the STARS for KIDS NOW quality rating system; 2) to increase the quality of and access to infant/toddler care and education; and 3) to provide counseling and access to the KIDS NOW scholarship program.

HDI-QEI staff is located in 16 KY Community and Technical College System (KCTCS) sites throughout the Commonwealth. Four regional supervisors (Anchors) mentor, coach, and train the project's 25 STAR Quality Coordinators (SQC) to reliably rate early care and education providers on four environment rating scales. SQCs also conduct needs assessments and subsequently design and provide technical assistance for early care and education programs throughout the Commonwealth. Finally, 15 Professional Development Counselors (PDs) maintain core services to early childhood scholars by providing information about scholarships and achievement awards and by supporting early care and education staff and programs. Benefits

of this project include annual professional development plans for early care and education providers, increased parental involvement, and developmentally appropriate curriculum in Kentucky's early care centers.

Through June 30, 2012, QEI staff provided 5,142 total technical assistance contacts to child care providers this year, including 1,492 contacts that targeted infant/toddler care. Professional Development Counselors completed 240 new professional development plans and provided technical assistance to 974 scholars. In addition, staff conducted regional STARS Overview sessions for early care and education personnel across the state, giving a summary of the components of the KIDS NOW Initiative. These sessions are required for all owners and directors who wish to participate in the STARS for KIDS NOW quality rating system. Currently, 1,054 (37%) of all licensed and certified childcare programs in Kentucky are participating in this voluntary quality rating and improvement system that is coordinated through HDI.

Objective 3.5 Provide assistance to at least three post-secondary programs in KY (including at least one 4 yr college) in creating inclusive higher education for students with developmental disabilities.

The Supported Higher Education Project (SHEP) is a five year, 2.1 million dollar grant that will complete its second year on September 30, 2012. SHEP received funding October 1, 2010 from the Office of Postsecondary Education, US Department of Education. SHEP is based upon the understanding that education for all students is a lifelong endeavor. For too long, students with intellectual disabilities have been overlooked as their peers have graduated from high school and moved on to postsecondary settings. The Higher Education Opportunity Act

Amendments (2008) provide the tools needed to remediate this situation (SHEP website is: www.shepky.org)

SHEP's goals are as follows:

1. Support 150 Students with intellectual disabilities in inclusive educational settings using person-centered planning.
2. Train 2,000 professionals in secondary, higher education, and disability services to effectively serve a broader audience of learners.
3. Implement individualized certificates and meaningful academic recognition that promotes improved educational and employment outcomes.
4. Create viable funding streams to sustain project efforts beyond project funding.

SHEP is currently working with the University of Kentucky, Bluegrass Community College, Eastern Kentucky University, Murray State University, and Northern Kentucky University in assisting these institutions in developing applications to become *Comprehensive Transition and Postsecondary Programs* (CTP's) for students with intellectual disabilities, so that these students participating in these individually crafted programs will be eligible for both Pell Grants and Federal Work-Study Programs. This process requires ongoing meetings with representatives from all levels of administration which includes presidents, provosts, deans, etc. We are also working to insure that 42 students receive various levels of supports to participate in postsecondary education either by auditing classes, participating in internships or doing preparatory work to have a college experience.

There were many success stories involving SHEP students. This year, we had our first SHEP student to finish a certificate program at Bluegrass Community and Technical College. The graduate proudly wore her cap and gown and received her Office Systems Technology

Certificate with several hundred other graduates in BCTC's most recent commencement ceremony.

SHEP student Silas Jones participated in his first book signing at Barnes and Noble Bookstore in Lexington, Kentucky. Silas' illustrations are featured in a published science fiction novel, *Dark Shala* by Cathy Benedetto. Approximately fifty people attended this event to recognize the novel and Silas' contribution to this piece of work. SHEP is currently working with a local venue to feature his art in a show in a local gallery.

SHEP has extended a formalized Mentoring Project that began at its Northern Kentucky University Campus (under the guidance of Dr. Missy Jones) to its Lexington Campuses (BCTC and University of Kentucky). The purpose of this project is to match undergraduate and graduate level students interested in mentoring SHEP students in academic and social settings. Training materials have been developed to implement Mentoring Supports state wide to other campuses as they become CTPs.

SHEP has been approved for a third year of supports for a pilot project with the Office of Vocational Rehabilitation (OVR). With OVR, we will be working with 10-20 students (at NKU, BCTC and Murray State University), a supported employment specialist, and postsecondary personnel to assist students in taking classes and internships. So far, four of our students are employed and four more are participating in internships. The ultimate goal for the students will be gainful and meaningful employment.

Additionally, SHEP has begun collaborating with the Kentucky Department of Education to quantify what college and career ready means for youth eligible for Kentucky's Alternate Assessment for students with significant cognitive disabilities. Finally, in the past year, SHEP has been recognized nationally for its work. This past year, SHEP staff have published one

feature article in *Teaching Exceptional Children* and a policy brief in *Insight, A Think College Brief on Policy, Research and Practice*, as well as making presentations at 4 national conferences.

Objective 3.6. Provide education on legislative issues to persons with disabilities, legislators and policymakers (e.g., reducing waiting lists, Medicaid Buy-In, Michelle P. Waiver)

To address Objective 3.6, HDI has engaged in a number of activities. For example, data gained from the *KY National Core Indicators Project* are used to assess life outcomes and satisfaction with services through both the KY Supports for Community Living Waiver Program. KY Core Indicators data were used in the 2010 Annual Report of the *KY Commission on Long-term Services and Supports for Persons with Intellectual Disabilities and Other Developmental Disabilities*, submitted to the Governor and the State Legislature on the status of developmental disabilities services in Kentucky. In addition, a *Quality Improvement Committee* was convened, consisting of family members, self-advocates, and professionals from HDI, the College of Education, and the KY Division of Developmental and Intellectual Disabilities, to make recommendations for areas of improvement for providers. These recommendations were based directly upon an analysis of the life outcomes reported through the KY Core Indicators Project, and were delivered the KY Division of Developmental and Intellectual Disabilities in Fall 2010. The recommendations centered on increasing employment for persons receiving state waiver services, as well as increasing friendships, decreasing the use of psychotropic medicine and increasing opportunities for regular and ongoing physical exercise. These recommendations were reflected in the specific language of our state's New Waiver Applications for KY's Supports Community Living Waiver, and our Michelle P. Waiver – both waiver applications are

now under consideration by the US Center for Medicaid Services (CMS), with the state receiving official approval of our new Supports for Community Living Waiver in July, 2011.

A final related initiative to Objective 3.6 (though it goes well beyond the provision of education to actually include *direct services* provided to individuals returning from facilities to the community) is our *Money Follows the Person* project. In November, 2008, HDI received a contract from the Kentucky Department of Medicaid Services to provide home assessment and modification services for Kentucky's Money Follows the Person grant, with the aim of assisting approximately 550 people living in long term care to return to their home communities over five years. HDI's *Home Assessment and Modification Services* project has conducted 20 home assessments between July 1, 2011 and June, 2012. Fifteen homes have received home modification services. Client satisfaction has been assessed as a follow-up measure a minimum of 30 days post transition.

Objective 3.7: Provide technical assistance to at least 10 states per year in implementing inclusive large-scale and alternate assessments and access to the general curriculum.

As noted under Objective 2.6, we continue to work with states on their respective alternate assessments for students with significant cognitive disabilities. For example, ILSSA staff recruited, trained, and supervised the scoring of alternate assessments for Hawaii; facilitated standard setting, and designed a new item-based assessment for Kentucky.

Examples of our work with states include:

- In *New Jersey*, ILSSA staff members worked with the New Jersey Dept. of Education to develop and revise the implementation and scoring materials related to the large scale assessment test design of the Alternate Assessment based on Alternate Achievement Standards (AA-AAS). Materials created and revised by ILSSA include the teacher

resource document of the specific targets linked to the grade level content standards designated for the alternate assessment, content resource materials for planning access and instruction in the general curriculum, the assessment implementation guide for teachers, and 12 training modules related to both instruction and assessment. All of the New Jersey trainings were delivered electronically. *ILSSA* staff prepared the training materials for the fall teacher training, as well as examples of student work that demonstrated access to the general curriculum and performance in the alternate assessment. Follow-up technical assistance was provided to teachers via email and phone throughout the school year. In March, *ILSSA* conducted range finding activities in preparation for scoring the alternate assessment. Range finding activities included training approximately 15 NJ teachers and 6 Pearson Measurement Inc., staff to score portfolios based on a set of scoring rules and using the scoring process to identify training sets needed for scoring. Beginning in mid-April through the end of May, *ILSSA* staff developed and conducted scorer training and certification with approximately 145 scorers, who scored approximately 10,000 portfolios from NJ students participating in the alternate assessment based on alternate achievement standards.

- In *Kentucky*, *ILSSA* led development, training and test administration activities for the state's revised alternate assessment containing two components: Performance Task format includes NCLB content area requirements, as well as, state assessed content areas, and Rating scale format for high school exit. All assessment training materials were provided online. *ILSSA* staff trained approximately 1,400 participants about administration of the alternate assessment via the online modules. In addition to the required training materials, supplemental information about the alternate assessment was

developed and posted for teacher use. Online training modules were also designed for the Checklist assessment (grades 8, 10 and 11). These modules provided information about the assessment format, administration and resources. Each module was combined with a qualification quiz to ensure acquisition of information. ILSSA continues to assist in the development and illustration of the new alternate assessment attainment tasks, preparing for year two of the new format. ILSSA facilitated the writing of 146 new five item assessment tasks that were implemented in the 2011-2012 school year.

- In *Hawaii*, ILSSA staff assisted with several activities that pertained to scoring including developing documents to be used in the scoring center; developing a computer application and expediting protocol to receive, sort, and route student evidence; and testing the Hawaii State Online Scoring Database. ILSSA staff directed the Hawaii scoring center, and trained Data Entry and Quality Control staff. ILSSA's scoring center director worked with Keystone (primary alternate assessment contractor for Hawaii) throughout the year planning scoring center activities and debriefed with HI state personnel regarding the work in the Hawaii State Alternate Assessment Scoring Center.

Further, through our partnership with the University of Minnesota National Center on Education Outcomes, we are collaborating on the *National Centers and State Collaborative General Supervision Enhancement Grant* to develop a common alternate assessment on alternate achievement standards for 19 participating states. HDI's responsibilities include establishing and managing the communities of practice in all 18 states and the Pacific Territories. Over the past year, communities of practice were developed in all of the participating states: Alaska, Arizona, Connecticut, Rhode Island, Massachusetts, Washington D.C., South Carolina, Georgia, Florida, New York, Tennessee, Indiana, Louisiana, Pennsylvania, North Dakota, South Dakota, Nevada,

Wyoming and the Pacific Territories. The initial face to face training impacted over 600 teachers and related service providers. A series of five webinars were also developed for and conducted with each state community of practice (CoP) over the 2011 – 2012 school year impacting over 3,000 educators, administrators, and related service providers.

Objective 3.8 Provide ongoing assistance to nine states per year in the implementation of IDEA to improve results for students.

HDI, through its *Mid-South Regional Resource Center (MSRRC)*, continues to provide ongoing technical assistance to nine states in the Mid-South region in the implementation of the *Individuals with Disabilities Education Improvement Act of 2004 (IDEA)* through regional, multi-state and individual state activities. Examples are described below.

- MSRRC conducted bi-annual Part B State Directors' Forums and Part C/619 State Coordinators' Forums. Topics included such areas as new state fiscal management requirements, low incidence disability services, new national teacher evaluation standards, SPP/APR preparation, Common Core Standards, and the OSEP continuous improvement visits held in states. Part C Coordinators' Forums were also conducted and topics procedural safeguards, new finance regulations, and preparation of SPP/APR submissions. As a result of these Forums, State Directors and Part C Coordinators have a shared understanding of these issues and were able to share strategies, resources and learning with each other.
- A cross-regional Fiscal Forum was conducted by MSRRC to provide Part B and Part C fiscal managers and agency directors/coordinators up-to-date fiscal management information. Participants from DE, DC, KY, MD, NC, SC, TN, VA, and WV attended. The forum focused on state fiscal monitoring with states sharing their own processes and

strategies. Presenters from OSEP shared new ARRA monitoring tools and responded to 47 participant generated questions. Due to the multiple fiscal issues and the increased fiscal monitoring, states are in continual need of more information and tools related to fiscal requirements, reporting and monitoring. As a result of the forum, a new fiscal team was established to target this important area.

- MSRRC staff presented at the Region 2 Parent Technical Assistance Conference, *Rings of Knowledge in Richmond Virginia*. MSRRC staff provided a workshop on the SPP and APR for the directors and staff of PTIs and local parent centers. The centers are using the SPP/APR as a management tool and other resources shared at the workshop to help support parents to better understand local education agency accountability measures. The MSRRC presentation increased participants' understanding of ESEA and IDEA, accountability responsibilities of the State and Districts under each law, and how to use the State Performance Plan (SPP) and the Annual Performance Reports (APR) indicators for District special education reform.

All nine states also received Targeted Technical Assistance, including strategic planning multiple meetings and onsite visits focused on a specific issue or need. Examples are described below.

- MSRRC, in collaboration with the Southeast Comprehensive Center, began a joint project with South Carolina which for the first time combines two technical assistance agencies working together across special and general education departments. This activity targeted the implementation of Common Core Standards across schools in the state. Special effort has been placed on establishing support from the Office of the State Superintendent that will allow this long term project to cut across multiple departments and branches. Currently work is underway to identify priorities within general and

special education departments and establish outcomes that will allow teachers in SC to implement new core content in meaningful and engaging ways to all students.

- MSRRC staff assisted the **District of Columbia**, Special Education Department of the Office of State Superintendent of Education requested technical assistance to build its staff's capacity related to the SPP/APR and special education issues and concepts. In addition, the department needed to build its capacity to support new staff when hired. There is a need to assist OSSE in systemically supporting new staff to ensure work that is started is continued effectively and that they can continue to work on improving their determinations. Data reviewed included examining their staff changes, their current practices of support and coming to agreement on the need to build their capacity in effectively building structures and routines to support staff. As a result, Part C staff developed their capacity and began developing procedures to guide new staff when hired.
- MSRRC in collaboration with the State Implementation of Scaling-Up Evidence- Based Practices Center (SISEP), facilitated the establishment and implementation of the **North Carolina** State Readiness Team; and guided staff in planning policy and practice changes to improve systems and build capacity across state, regional and local levels to improve student achievement outcomes. The team is now further engaging MSRRC and SISEP to examine longitudinal data on student outcomes to better inform program decision making across departments all while targeting improved student outcomes. The Data Accountability Center (DAC) is also working in collaboration with them effort.

In summary, MSRRC continues to provide high quality, relevant and useful technical assistance to State Education Agencies and Lead Agencies in the Mid-South region.

Objective 3.9: Provide ongoing assistance to KY Dept of Aging and Independent Living in addressing needs of aging caregivers through the development of a network of 20 Parent Mentors

Objective 3.9 is identified for implementation for Years II through V under our Five Year Work Plan. During this current year (Year IV), we have continued our collaboration with the Arc of Kentucky to jointly address this objective. Specifically, our state Arc was funded by the KY Council on Developmental Disabilities to develop a statewide cadre of parent mentors to assist aging caregivers in addressing the needs of their families. HDI staff continued to serve on the Advisory Committee for The Future Is Now project and provided technical assistance to three parent mentors, and twelve aging caregivers directly in the development of letters of intent and estate plans. In addition, two hundred and fifty case managers who provide case management services to participants in the Supports for Community Living and Michelle P waiver services were provided an overview and resource information regarding estate planning issues family members need to address to maintain a participant's eligibility for Medicaid waiver services, including information regarding special and supplemental needs trusts.

In continuation of last year's activities, the workgroup which was convened to explore the formation of a pooled special needs trust is now an incorporated, non-profit entity called life Plan of Kentucky, Inc. HDI staff has provided extensive technical assistance in the creation and establishment of this organization and a staff person currently serves on the Board of Directors. Once the tax exempt status has been granted from the IRS, the organization will be able to open first and third party special needs trust accounts. The establishment of such an entity will be a key component in helping aging caregivers develop and implement a plan to safeguard the future of their adult child with developmental disabilities due to its ability to provide guidance and education, as well as the Trustee services to any resident of Kentucky. While there will be

enrollment fees, the cost of establishing an account will be less expensive than working with an estate planning attorney, of whom there are only a few who are knowledgeable, to establish a stand-alone Trust.

Objective 3.10: Provide employment assistance to migrant and seasonal workers with disabilities and their families (secure employment for up to 120 workers over the five year period) in collaboration with KY Office of Voc Rehab, KYBLN, and community partners.

The *Migrant farmworkers with Disabilities Employment Partnership* (MDEP) seeks to identify and connect migrant and seasonal farmworkers with disabilities or their family members with disabilities to the KY Office of Vocational Rehabilitation (OVR) and other community resources for employment training and opportunities. The *Migrant farmworkers with Disabilities Employment Partnership* is in its fifth year of outreach into the Hispanic community with funding scheduled to end on September 30, 2012. A non-cost budget extension is being requested by the KY Office of Vocational Rehabilitation from the Rehabilitation Services Administration which could extend the funding to February of 2013.

Still functioning with only two full time outreach workers and a part-time project coordinator, the project made 2,876 educational contacts, conducted 132 interviews and referred 37 people to the KY Office of Vocational Rehabilitation during this past year alone. The Partnership meetings resumed on a quarterly basis with the agenda focusing on educating partner organization regarding resources to serve people from an Hispanic or Latino background in order to build capacity to continued services once the Project ends. In addition, the outreach workers have been consistently attending meetings of Migrant Coalitions, which exist in Fayette and Scott County, in order to make sure all possible connections have been made for the individuals whom they have referred to OVR for continued support.

Project staff continue to develop innovative partnerships with other agencies and maintain relationships with existing collaborators. The partnership with the Lexington Affiliate of the National Alliance on Mental Illness (NAMI-LEX) has remained one of the strongest on-going partnerships, continuing beyond the Spring 2010 Family to Family session MDEP facilitated in Spanish for the Hispanic community in Lexington. Family to Family provides a 2-3 hour per week intensive psycho-education workshop for family members of people with severe mental illness for a 12 week period. While the Spanish Family to Family was considered a success by graduating 10 participants, both MDEP and NAMI felt there were additional platforms to educate and build awareness about mental health and mental illness in central Kentucky's Spanish speaking communities. To this end, the project developed a bi-monthly curriculum known as "Sano y Seguro" or "Safe and Sane" where NAMI and MDEP project staff and invited guest speakers present important acculturation and stress management information to immigrant families in an informal environment in the hopes of reducing the stress, anxiety and sometimes depression that accompanies immigrating to a new country. While planning the Safe and Sane curriculum, MDEP and NAMI continued to conduct outreach at community events, festivals, and churches, attending events like the Day of the Latin Woman and the Lexington Latino festival, among many other community activities.

Referrals identified by outreach staff continue to experience multiple institutional, cultural, and personal barriers to receipt of employment services from KY OVR and other social service agencies. However, the project partners have revised several key processes which have resulted in a substantial increase in the number of referrals (individuals) who follow through with their first appointment. As medical eligibility has been identified as another stage of the OVR process that continues to cause problems for applicants (as they frequently do not have access to

medical care or records), the project has instituted a process for outreach workers to assist in either going for the initial assessment or obtaining medical records. Currently, 31 people are receiving services from KY OVR and with twelve of these individuals receiving job placement services from a bi-lingual Job Placement Specialist. Examples of achievements of individuals with disabilities referred by MDEP to OVR include: 1) one individual has almost completed all requirements for an RN degree; 2) another individual has a completed Certified Nurse Assistant training program; and 3) another Latino self-advocate is enrolled in her second semester of college classes to become a case manager, thus enabling her to use her own exceptional self-advocacy skills to support others.

In order to connect migrant and seasonal farmworkers and their family members to services like KY OVR, the outreach team frequently educates community members about different disabilities and health conditions. Over the five years of active outreach on this project, staff have identified that there is a large need for information about developmental and intellectual disabilities in central Kentucky's Spanish speaking communities. In an effort to connect Hispanic families with developmental and intellectual disability services, outreach workers have begun to volunteer on their own time to translate and interpret for other organizations. One such example is the *Down Syndrome Association of Central Kentucky (DSACK)*. Outreach worker Esperanza Rivera has volunteered with the organization to provide a welcome call to Spanish speaking families inquiring about DSACK services and activities, as well as to translate some of their basic educational materials. Karen Cinnamond, former Project Coordinator for MDEP, is now serving on the NAMI Lexington Board of Directors and plays a leadership role in directing and coordinating outreach to Hispanic communities.

MDEP has developed several state wide trainings for Independent Living Centers, the Kentucky Office of Vocational Rehabilitation, and the Kentucky Office for the Blind. An all-day cultural competency training on conducting outreach and serving the Hispanic community has been adapted to an online curriculum for distribution to all KY OVR and KY OFB (Office for the Blind) counselors, managers, and staff. In addition, the project has begun developing a cultural competence curriculum for staff at HDI itself, which will also be disseminated throughout Kentucky using an on line platform. It is hoped that by providing educational and awareness opportunities for potential consumers and service providers, a bridge can be built that will address the personal, cultural, and institutional barriers to the best extent possible so that people in our immigrant communities who have disabilities can live fuller, more independent lives.

Status of Objectives Under Goal 3:

Overall, HDI provided training and technical assistance this past year to 27,846 individuals; this includes 21,566 professionals and paraprofessionals, 1,656 family members and caregivers, 316 individuals with disabilities, 152 policymakers and/or legislators, 3,384 members of the general public, and 772 students. All objectives within Goal 3 have either been met for Year IV or are clearly in progress.

Goal 4: Interdisciplinary Research.

In collaboration with consumers and family members, to conduct research that contributes to improvements in practice and outcomes in the lives of persons with disabilities and their families.

Progress on Objectives under Goal 4:

Objective 4.1: Provide national leadership in alternate assessment research, including at least 3 refereed manuscripts/5 national presentations per year.

Under Objective 4.1, HDI continues to provide national leadership in alternate educational assessment research, to insure the full inclusion of students with severe disabilities in school accountability measures. This year we drafted training materials for the National Center and State Collaborative Communities of Practice. These materials included a full day training agenda and five webinars. Each webinar included a study guide followed by a discussion chat. These materials are still in draft. In addition, Dr. Kearns and Dr. Jane Kleinert developed a full day presentation on communication as a TASH TECH session with other noted experts. Lou Ann Land also conducted presentations at TASH in Atlanta. Dr. Kearns and Dr. Kleinert presented learner characteristics for students participating in alternate assessments in an AUCD webinar on the assessment collaboratives. Dr. Kearns presented to advocates at the National Down Syndrome Society Buddy Walk on Capitol Hill in Washington DC. Dr. Kearns presented information about assessment participants at a joint session at the American Educational Research Association (AERA) NCME entitled Next Generation Alternate Assessments featuring the NCSC consortium and Developmental Learning Maps (DLM). In addition, draft papers on teacher evaluation systems were presented at the National Conference on Student Assessment.

In previous years, the primary vehicle for achieving Objective 4.1 had been the *National Alternate Assessment Center (NAAC)*. This project provided assistance to many states over its six year tenure. As the funding for the NAAC came to a close, the work was folded into the *National Centers and State Collaborative General Supervision Enhancement Grant* to develop a common alternate assessment on alternate achievement standards for 19 participating states. In June 2012, a three day institute was held for all 19 participating states and five additional (tier

two) states: Delaware, Idaho, Arkansas, Oregon, and Maine. Participants were provided in-depth information on building communicative competence through state initiatives for systemic change. States were also asked to develop goals for planning and next steps to achieve this systemic change. This work has resulted directly from our research across a broad range of states in communication competence of students with significant disabilities, and the intervention strategies we have piloted to increase students, competence in this most foundational of educational outcomes.

The final HDI project related to Objective 4.1, the *KY Math Etext Project* is examining digital conversion and delivery of not just the textbook, but of a complete 7th grade math curriculum. This investigation involved providing students with an accessible electronic version of math curriculum materials, which can be read aloud to students from a laptop computer using a MathML-aware text-to-speech (TTS) engine. Classroom implementation also included identification and resolution of the myriad of contextual variables inherent to student routine use of math etext. This project is supported by federal funds provided through the *Math Etext Research Center* (MeTRC) at the University of Oregon. In collaboration with Shelby County, KY Schools, the KY Math Etext project entails three phases. Phase I involved refining the technology used for electronic reading of complex math, developing a protocol for conversion of traditional math materials to digital format, and establishing a process for delivery and routine student use of math content on computer. Once this was established, Phase II served as a means for piloting school and student use of the digital math content to verify all issues were identified and resolved for ongoing implementation in a real world context. This included determining what local hardware and software usage procedures must be in place. Training was provided to support student routine use of math etext. This led to Phase III, in which project staff conducted

a case study during the 2011-2012 school year of the extent to which a 7th grade math curriculum can be converted to an accessible digital format and integrated into instructional routine as an oral accommodation for use by students with disabilities served in a resource setting. Out of 49 days spent in the classroom by project staff during Phase III, there were 43 days where math content was digitized (88%). On these 43 days where content was digitized, there were 115 different instructional activities with 78 (68%) of those activities being digitized and 37 (32%) not being digitized. A number of the items not digitized were in a format conducive to being digitized but were too brief to warrant startup of laptops. A “Technical Brief” has also been drafted which captures the key elements and processes of math content digital conversion and electronic delivery.

At a broad, national policy level, the published results of SMART, and to some extent the current work on the current KY Math Etext Project with MeTRC, have indirectly impacted both the adoption of MathML within NIMAS, as well as the release of the US Office of Special Education and Rehabilitation Services (OSERS) Structure Guidelines in two ways: (1) The results of Project SMART helped to validate the importance of use of MathML for accessible math content in the minds of the NIMAS Standards Board, which led to the group voting to adopt MathML as a requirement for publisher math textbook content and then sending this recommendation to OSERS; (2) The KY projects were able to provide a wealth of information on using MathML for middle school mathematics by students with non-visual disabilities. This input helped MathML 3 and the Structure Guidelines become more appropriate for these populations than might have occurred otherwise. Specifically, NIMAS recommends that the most recent version of MathML be used to improve the accessibility of mathematical and scientific content in core instructional materials.

Objective 4.2: Conduct and disseminate research related to family, programmatic, agency, curricular, and instructional variables associated with positive early childhood transitions (3 refereed manuscripts/14 national presentations this year).

Under Objective 4.2, the *National Early Childhood Transition Center (NECTC)*, funded through the Office of Special Education Programs from January 2003 through December 2010, completed a series of studies to explore factors that influence the transition of young children as they move between early intervention, preschool, and kindergarten settings. Over the past two years, NECTC has continued to disseminate findings from the study via the website and presentations. During 2012, one additional webinar was held for Part C Providers in Virginia. Approximately 100 people attended the seminar.

Also this year, NECTC investigators worked in collaboration with *CONNECT: The Center to Mobilize Early Childhood Knowledge* to create an on-line module “Tiered Interventions” which illustrates how tiered instruction can be used to enhance learning and development in young children in early childhood centers and programs. Since its deployment in May, there have been 3,500 visits to the module.

Transition resources continue to be updated on the NECTC website, through an online searchable transition data base with over 1,000 resources. The Transition Tips web-based Toolkit of Transition Practices and Strategies continues to be supported and allows families and providers to search for and print empirically validated transition activities by topical areas such as the child’s age at transition, the presence of challenging behaviors, and children and families from culturally diverse backgrounds. Over the past year, there were 44,949 downloads of reports and documents and 85,000 website page views; a total of 74 national organizations have links to

the NECTC website. The website will continued to be maintained with new findings posted as they become available.

Also related to Objective 4.2, The *Randomized Trial of Teacher Qualifications and Salary in Kentucky's Pre-Kindergarten Programs* was a 3.5-year, \$438,800, collaborative research project between HDI and the National Institute for Early Education Research (NIEER) and was funded by the Pew Charitable Trusts. Initially, this project included two activities. The first activity was a randomized trial that examined the effects of teacher qualifications and teacher compensation on children's preschool outcomes. The results of this study did indicate that higher teacher education and salary were associated with higher scores on some measures of classroom quality. However, the same relationship was not reliably established between teacher education/salary and scores on performance outcomes. Replication of this study with larger samples was recommended to fully understand this relationship. The second activity involved the development of a database of credentialing requirements for state-issued preschool teacher certifications.

At the completion of the first two studies, an additional \$66,000 from the Pew Charitable Trusts was awarded to HDI by NIEER, extending the project for an additional year in order to complete a third study. Study three includes the development of a teacher survey to measure high quality instructional and environmental practices in preschool settings. The measure will be designed to serve as a proxy for on-site observational assessments. In Spring of this year, field testing began with 67 master teachers across three states. Shortened versions of the measure are currently being tested with a national sample of 1,500 preschool teachers from Head Start, child care, and public preschool settings. Survey analysis is scheduled for July and August of this

current year. This analysis will be followed by concurrent validity studies using three observational measures of quality.

Objective 4.3: Provide annual data to KY legislators, policymakers, families, and consumers on KY's utilization of supported employment

To address Objective 4.3, HDI's KY Supported Employment Training Project has developed a web based statewide supported employment provider data collection system that will provide annual data to KY's legislators, policymakers, consumers, and family members on Kentucky's utilization of supported employment (SE). A user-friendly feature of this data base is the report generating feature, which allows individual SE agencies to generate their own quarterly reports, while providing their overall data (stripped of personally identifiable information to protect individual worker confidentiality) to be included in the overall statewide data base. The development of this system has been more complex than originally anticipated, and the data system itself encountered significant technical setbacks before its completion. Data entry among pilot agencies has begun and on-line instructions are under development. Hopefully, the system will go on-line for all Kentucky SE providers during FY 13.

Objective 4.4: Provide leadership to state agencies in Kentucky in measuring OSEP-mandated early childhood outcomes for children participating in Part C (~11,000 children annually), Part B Section 619 programs (~3,000 children annually), and early care programs (~500 annually).

To address Objective 4.4, HDI has continued its refinement of a state-wide data platform to correlate individual early childhood assessment data to state and national outcomes measures for all children. Kentucky is one of the leading states to develop such a platform for the measurement of student outcomes for reporting to the Office of Special Education Programs

(OSEP). Specifically, the *Kentucky Early Childhood Data System (KEDS)* project has expanded the data platform for all Part B Section 619, Part C, early care, and home visitation programs in KY. This year the KEDS project collected data on approximately 41,500 children aged birth through five years across the state in various settings, in order to facilitate quality assessments, screening, and improved instructional services, and to provide child outcome measurement data to state and federal agents. Screening training and implementation was added this year, through a grant from KY's System to Enhance Early Development and the KY Division of Child Care. Staff from nineteen Level 1 and 2 STARS centers were trained in appropriate screening and referral measures, and implemented screening and follow-up procedures in their centers. The KEDS project has expanded during each of its five years of operation, and has the potential to collect data for all young children across the state in early childhood settings, with significant impact upon the educational quality of all citizens in the Commonwealth.

Consumer satisfaction with advocacy, capacity building, and systems change activities was evidenced by the increasing numbers of programs joining the KEDS system, by the evaluation results for activities conducted across the state, and by requests for the expertise of the KEDS staff. This fiscal year, all 174 KDE preschool districts with approximately 30,000 students, including Head Start children with and without disabilities; 11,000 Part C children aged birth to three years with disabilities; and 500 children in early care centers throughout KY participated in KEDS, for a total of 41,500 children. These numbers represented an increase of approximately 5,900 children from last year. For the participating programs, staff and families are experiencing benefits of improved instruction from continuous assessment, with increased identification from screening, in many instances where no child-level assessment or screening had occurred before.

Expansion to the KEDS platform was approved by the KEDS partners and the state-wide KEDS Workgroup this year in the addition of screening data for increased identification of children with developmental needs. To facilitate progress toward best practice for screening and assessment, where none is currently occurring, screening data were added to the KEDS platform, based on administration of the Ages and Stages Questionnaires (ASQ-3 and ASQ: SE). Discussions with the HANDS Home Visiting Program continued this year, with the expectation to include their children in the KEDS data platform during the next fiscal year. There are approximately 10,000 children and families served by HANDS each year. The addition of child screening data to the platform has required considerable modifications and negotiations with publishers, as well as with state agencies.

KEDS data analyses also improved and expanded this year. First, OSEP-required progress data according to five levels of functioning for the three child outcomes were provided for both Part B Section 619 and Part C programs. Second, two-year targets were established for all programs for the two OSEP summary statements. The summary statements combined the data collected for the three child outcomes to examine student performance for significant progress and for achieving age-appropriate levels of performance. KEDS staff supplied progress data for all child outcomes and summary statements for both Part B Section 619 and Part C Annual Performance Reports (APRs). Third, the platform was expanded to produce reports based on child progress on the *KY Early Childhood Standards*, for both Part C and Part B Section 619 students. Expanded alignment documents and report features were added to accomplish this objective. This new feature was piloted with Part C students this year, and will be extended to part B Section 619 programs in the next fiscal year. The result is a rich data set of the progress of KY's young children on each of the *KY EC Standards*.

KEDS staff continued to refine and develop the data platform to produce the required outcome measurement for each of the 12 approved assessment instruments for children aged birth through five years in KY. One new instrument was added to the platform this year (Teaching Strategies GOLD™), and web-based data entry was expanded. KEDS staff continued to gather data for comparative analyses of student progress measurement, through twice annual surveys of preschool teachers' perceptions of student progress on *KY's EC Standards*. A second survey was added to assess the time spent on verifying demographic data received from Infinite Campus (IC), in response to provider comments that data from Infinite Campus were inaccurate.

Training sessions have been conducted by KEDS staff on the use of approved assessment tools, online data entry, and results of data analyses. In response to provider need, innovative tutorial online modules were refined to allow Part C and Part B providers to receive orientation for KEDS data entry at any time. The cadre of trainers for the approved assessment tools has been increased to include additional early care trainers as well as Part B Section 619 and Part C trainers. Trainings on approved Part C instruments were conducted by KEDS staff at the Annual Infant-Toddler Institute and at multiple locations across the state throughout the year. KEDS staff attended a Training-of-Trainer Institute to be certified to train staff on the correct administration of the new Teaching Strategies GOLD™. Two innovative online training modules were developed to train Part C providers in administration of approved assessment instruments. These modules were developed in collaboration with the publishers and authors of the instruments, and allow for 24/7 access to training for administration of assessment instruments. Response from providers has been positive, and future modules are planned.

The KEDS website continued to be expanded this year, with new resources for assessment and outcome measurement. New or updated documents include: the KEDS Online

User Guide, Part B Section 619 and Part C Questions & Answers, KEDS Phase-In Schedule, PowerPoint presentations, web-based tutorials, and agency-specific guidance documents. Many requests for technical assistance were received via meetings, webinar, phone, and email.

Objective 4.5: Provide leadership to Kentucky in determining consumer satisfaction with services and life outcomes by face-to-face interviews with at least 400 consumers per year, and Annual Consumer Surveys for the KY Office for the Blind and the KY Office of Vocational Rehabilitation

To address Objective 4.5, HDI coordinated Kentucky's participation in the *National Core Indicators (NCI)* survey. National Core Indicators is the primary mechanism in determining consumer and family satisfaction with services and is an essential tool in monitoring efforts to improve overall service quality. Nationally developed consumer measures are being used to examine outcomes and performance of state agency service providers. Over the past year, 472 consumers, families and caregivers have participated in face-to-face and telephone surveys.

Data gained from the *KY National Core Indicators Project* are used to assess life outcomes and satisfaction with services received through the KY Supports for Community Living Waiver Program. KY Core Indicators reports are also used in the Annual Report of the *KY Commission on Long-term Services and Supports for Persons with Intellectual and Other Developmental Disabilities*, submitted to the Governor and the State Legislature on the status of developmental disabilities services in Kentucky. Most importantly, a *Quality Improvement Committee* was convened, consisting of family members, self-advocates, and professionals from HDI, the College of Education, and the Division of Developmental and Intellectual Disabilities, to make recommendations for areas of improvement for providers. This group provided a recommendations report to the Department for Behavioral Health, Developmental and

Intellectual Disabilities in October, 2010, which indicated pressing areas of need for the state in areas related to competitive community employment, psychotropic medications, health and wellness, and loneliness. The recommendations led to specific revisions in the Supports for Community Living Waiver (SCL); for example, to increase the percentage of individuals receiving the waiver who are employed, the reimbursement rate for supported employment services was more than doubled in KY's proposed SCL waiver amendment to the US Center for Medicaid Services (this proposed change has since been approved by CMS). In other areas of need documented by this analysis of National Core Indicator data, HDI, in collaboration with the KY Division of Developmental and Intellectual Disabilities, are piloting health and wellness programs statewide in the fall of 2012.

In another initiative related to objective 4.5, the *Kentucky Office of Vocational Rehabilitation* contracted with HDI to conduct a consumer satisfaction survey of individuals who had cases closed with the Office in FY 2011. This survey was conducted with 1,042 consumers and examined quality of specific and overall services and experiences from the consumer's perspective. Additionally, HDI conducted a consumer satisfaction survey for consumers of the *Kentucky Office for the Blind*. Two hundred thirty-four individuals (234) participated, responding to items related to employment status and quality of employment, orientation and mobility and assistive technology services.

Objective 4.6: Conduct research in targeted areas of need in KY (e.g., life satisfaction, recreational opportunities, supported employment, services to children with autism, individuals with dual diagnosis and mental health needs, continuing health education/health promotion, transportation) through the publication of at least 3 peer reviewed articles per year across these areas, and 10 national presentations.

The breadth of our research at HDI continues to reflect the myriad aspects of our work, as noted throughout this narrative report. We continue to publish our semi-annual *HDI Research Briefs*, highlighting the research of our faculty/staff and our students. For example, our *Summer 2012 Research Brief* features an analysis of the school and student factors most strongly associated with post-school success, as well as a student research synopsis done as part of our Graduate Certificate in Developmental Disabilities (see: http://www.hdi.uky.edu/Media/Default/Documents/ResearchBrief_Summer2012.pdf)

Under the broad rubric of Objective 4.6, *HDI's Evaluation Unit* has made a contribution to system change in a number of diverse contexts. In the evaluation of the OSEP-funded *KY State Personnel Development Grant* administered by KY Department of Education, we have regularly provided evaluative input into the planning and design of SPDG initiatives, and continue to provide evaluation technical assistance and information regarding what other states are doing with similar initiatives. Most importantly, in the Spring of 2012, the Evaluation Unit submitted an annual final report documenting evaluation data and findings on each of the KY SPDG initiatives, as well as a set of recommendations for improving initiative performance and productivity. As a part of the SPDG evaluation report, we made recommendations for statewide initiatives focused on School Climate, Secondary Transition, Early Childhood, Inclusion of Low Incidence Students, and Special Education Teacher Training and Retention.

The Evaluation Unit continues to provide technical assistance to the *Kentucky Center for Instructional Discipline* in reformatting and analyzing outcome data from several evaluation protocols, thus enriching the evaluation information available to the SPDG's Positive Behavioral and Instructional Support (PBIS) initiative.

After serving as the external evaluators for Tennessee's OSEP-funded *State Improvement Grant*, the HDI evaluation Unit also provided ongoing evaluation assistance to the *Tennessee Department of Education* for the continuation of its *State Personnel Development Grant*.

Tennessee's State Personnel Development Grant has focused on supporting children with special needs, ages 2-22, and their families in the development of requisite language, communication, pre-literacy and literacy skills to achieve academic achievement and successful transitions, and development of response to intervention models. In addition, HDI evaluators are also evaluating the RTI in literacy, RTI in math, Positive Behavioral and Instructional Supports, and special education teacher retention and equity initiatives of Tennessee's State Personnel Development Grant. In addition to providing information on this grant's implementation progress and outcomes, evaluation results have led to improved management of and communication among diverse initiatives within this grant.

The Evaluation Unit is also evaluating the *Supporting Higher Education Project (SHEP)* which expands the scope of services provided under HDI's Postsecondary Inclusion Project. SHEP is attempting to build a statewide infrastructure for transitioning students with developmental disabilities into postsecondary education (see Objective 3.5 of this report). Evaluators are currently tracking characteristics of SHEP students as they come into SHEP, SHEP service delivery to students, professional development provided by SHEP personal, and assessment of progress toward student goals which has been used by SHEP staff in PATH planning with students.

A major project on which the Evaluation Unit is working is the Kentucky State Improvement Grant (SIG). The KY SIG project has been a three year project evaluating the KY Department of Education's interventions in the lowest performing schools in KY, which are in

turn around models per No Child Left Behind. A major component of the State's intervention is to have Educational Recovery Teams working in each of these lowest performing schools to provide professional development and technical assistance to assist principals and math and language teachers. A major part of the evaluation is conducting annual interviews with Team members, as well as principals and samples of math/literacy teachers in each school, to track how the work of the Education Recovery Teams is impacting classroom instruction and student achievement.

The Evaluation Unit is currently working with the Coordinating and Assisting the Reuse of Assistive Technology (CARAT) project which is operating in 33 counties in Appalachia Eastern Kentucky. The purpose of the project is to refurbish assistive technology and durable medical equipment (DME) for residents of these counties who cannot afford to purchase or rent this equipment on their own. HDI evaluators are assessing the impact that receipt of assistive technology/DME has on the quality of life of individuals who receive it. We are also assessing 1) the satisfaction of community agencies/programs working with CARAT to donate/obtain this equipment for their clients and 2) the perceptions of members of the organizations in the Consortium engaged in administering CARAT regarding the difference the project is making in these rural counties. Finally, since CARAT is operating a service learning component for students who will be refurbishing the assistive technology/DME, evaluators will obtain data on student assessments of the learning opportunity presented by the service learning program, how this opportunity has impacted their career plans, and if this opportunity has affected decisions to remain and work in Appalachian Kentucky.

Finally, the Evaluation Unit is also responsible for collecting evaluation information on those HDI projects which are pertinent to the objectives in HDI's federal five year plan. Over the

last year, HDI evaluators met with a number of Project Directors and provided assistance to them to put evaluation processes and tools in place to capture data on project short-term and intermediate outcomes. Evaluators are also working with Project Directors to identify existing data routinely collected on projects which can be used for evaluative purposes.

Status of Objectives Under Goal 4: With the exception of Objective 4.3, all objectives under Goal 4 for Year IV have either been met or in progress. To achieve Objective 4.3, we have completed the statewide supported employment data-base structure, and the system is now being piloted. Finally, successful strategies for achieving HDI research objectives have been described above, and have included key collaborations with state policymakers, self-advocates, and family members, and other universities (as is in the case of the *National Center for Early Childhood Transition Center* and the *National Alternate Assessment Center*).

Goal 5: Dissemination.

In collaboration with consumers and family members, to disseminate HDI products through a variety of methods, including electronic and alternate formats, to assure that multiple audiences have timely access to information to improve services and results.

Progress On Objectives under Goal 5:

Objective 5.1: Provide information to at least 2,000 consumers and family members per year on self-determination and self-advocacy through training materials, newsletters, DVDs, and other products, and through inter-agency collaboration (e.g., KY Commission for Children with Special Health Care Needs)

Under Objective 5.1 (Self-Determination and Self-Advocacy Materials), we continue to disseminate our 2011 book, *Life After High School: The Next Chapter*, both available in hard copy at no cost and online (<http://www.shepky.org/wp->

content/uploads/2011/07/Life_After_High_School1.pdf). The purpose of this book is to highlight examples of youth and young adults with intellectual and developmental disabilities who have followed their dreams by going onto to college, or starting their own businesses. The book also includes resources and tips for transition planning, and is aimed at middle and high school students with disabilities, their teachers, and families, to enable them to see what is possible in their lives. This year, there were 4,157 electronic downloads of this product alone.

HDI continues to disseminate a range of educational materials targeted to professionals, families, and individuals with disabilities, including its transition manual “*Get a Life: Planning for Transition from School to Adult Life*” to both teachers and students with disabilities (948 downloads). Topics include self-determination and self-advocacy, transportation options, resources for independent and supported living, employment, and recreational opportunities. This popular student transition handbook is also-available in Spanish and is available in hard copy or download from <http://www.hdi.uky.edu/ktcp/materials/Get%20a%20Life%202006.pdf> . We have also developed a student transition guide to post-secondary education, *Access to Post Secondary Education*, available from our at:

http://www.hdi.uky.edu/ktcp/materials/Access%20to%20Postsecondary%20Education%20Final%20Draft%20101706%20_2_.pdf . We continue to make available our *Student-Directed IEP* (SD-IEP) materials, a collaborative effort between the KY Protection and Advocacy, the KY Council on Developmental Disabilities (KCDD), the KY State Personnel Development Grant (SPDG)/Post School Outcome Study, and KY’s Special Education Cooperatives. The training module for the SD-IEP is available via www.transitiononestop.org

Our Supporting Higher Education Project in Kentucky (SHEP) has a wealth of self-advocacy materials for students with intellectual and developmental disabilities planning to

attend post-secondary education, including student success stories, as well as a separate section developed just for students. We have also produced a new video on the role of mentor college students in providing support to students with intellectual and developmental disabilities:

Our HDI newsletter, *In Touch*, published its Winter 2011 issue featuring HDI's *Dartmouth Supported Employment Project*, serving individuals with psychiatric disabilities; our *Supported Employment Training Project*, with examples of innovative supported and customized employment the project has facilitated; and our *Training into Practice Project*, which provides statewide training to early childhood trainers, as well as direct child care staff:

http://www.hdi.uky.edu/Media/Default/Documents/InTouch_Winter2012.pdf . Our Summer 2012 newsletter focused on our TAALC project designed to enable school teams to create communication systems for students with the most significant disabilities, our statewide pilots on inclusive health and wellness initiatives, our drivers rehabilitation training direct services project, and our Mid-South Regional Resource Center:

http://www.hdi.uky.edu/Media/Default/Documents/InTouch_Summer2012.pdf . Our newsletters are disseminated statewide to advocates, families, professionals, policymakers, and legislators.

Objective 5.2: Disseminate information to at least 1,000 consumers and family members on KY's Supported Living Program, KY Supports for Community Living Waiver, Medicaid Buy-In, Michelle P. Waive, opportunities for Supported Employment.

Under Objective 5.2 (Supported Living and Supports for Community Living), HDI's *Kentucky Disability Resource Manual* includes direct information on housing, KY Supported Living, and the state's Supports for Community Living Waiver Program. To date, several thousand copies of this manual have been disseminated in hard copy and a web-based version is available at: http://www.hdi.uky.edu/Media/Default/Documents/ResourceManual_10_10.pdf .

and in Spanish at:

<http://www.hdi.uky.edu/Media/Default/Documents/ManualDeKentuckyParaRecursos.pdf> .

During this past year, HDI disseminated nearly 4,000 electronic downloads of the Resource Manual from the website. The newest edition of the Manual was released in the Fall of 2010, and also translated into Spanish, with the Spanish translation also available on our website.

In addition, HDI's Recreation Manual

<http://www.hdi.uky.edu/Media/Default/Documents/RecreationManual.pdf> with options and suggestions for accessible recreational activities was downloaded 567 times last year.

Objective 5.3: Disseminate information to at least 500 family members and providers per year on practices to support high quality child care settings for all children.

For objective 5.3, the *Training into Practice Project (TIPP)* staff trained 61 early care and education professionals during the past year in the recommended practices and approved instruments for screening young children, as disseminated in *Kentucky's Early Childhood Continuous Assessment Guide* (KIDS NOW, 2004) and trained an additional 59 professionals/paraprofessionals in using authentic methods for assessing young children. A total of 384 early care and education professionals attended the two-day collaborative Infant-Toddler Institute in August 2010.

To assist families and prospective parents who have just received a diagnosis of Down syndrome either for their newborn or in utero, we have developed a Web-based *Family Version* of Brighter Tomorrows (www.brightertomorrows.org). During the past fiscal year, we have nearly 4000 visits to the Website from 98 countries.

Objective 5.4: Expand information dissemination to agencies in the broader community, including underserved individuals, through at least 5 collaborative events (e.g., community fairs) per year with our DD partners, FIND, and KSAFF.

To expand the reach of our work into underserved communities this past year, we co-sponsored, along with KY Protection & Advocacy and the Commonwealth Council on Developmental Disabilities, a series of Family and Youth Advocacy workshops conducted by FIND of Louisville. The three Family workshops, directed to Hispanic families, were attended by 31 participants, the majority of whom were family members. The three Youth Advocacy workshops were attended by a total of 39 transition age youth and 14 professionals and supporting adults.

Ms. Marybeth Vallance, HDI Pre-service Coordinator, continues to serve as the contact person for “*Disability Connect*,” a program through the University of Kentucky’s Human Resources “Work-Life.” U.K.’s “*Disability Connect*” is a free, employee service for full-time and part-time University of Kentucky faculty, staff, retirees, and spouses/partners who assist in the care of family members and friends of any age who have disabilities. HDI’s “Disability Connect” offers information and referral services to UK employees and their family members who have personal questions regarding various aspects of caring for a family member, relative, or even a member of their neighborhood community who has a disability. Our *Disability Connect* service had 14 documented referrals from UK employees during this past year.

Our HDI web-site has also been a source of inquiries from people around the state about programs and resources for those with disabilities or their caregivers/relatives. While HDI web-inquiries are emailed to many of the HDI Project Directors or staff, our Pre-service Coordinator has received multiple inquiries around referral requests, resources for parents of recently-

diagnosed children on the autism spectrum or having a variety of learning disabilities to adult caregivers inquiring about home and vehicle accessibility, universal design, as well as school IEP, post-secondary transition planning, and funding needs. This has included over 400 phone calls and web-based inquiries into HDI about disability-related information or program contacts.

To expand our community outreach, we coordinate both a Fall and Spring Seminar Series which are offered at no charge to our trainees, Research Assistants, educators/professionals, self-advocates and families of children with disabilities. We offer the “live” presentation at our Coldstream location (free, accessible parking) and we provide video-conferencing to our two other HDI locations, thus increasing the convenience for our students, staff, and community members in attending. Most importantly, we provide video conferencing links to up to 22 sites throughout the state for our Seminar Series. We have expanded CEU applications and have received approvals for a broad spectrum of professionals, as well as expanded the list-serve to include individuals’ in state government, colleges and community colleges throughout Kentucky, as well as disability advocacy groups located throughout the state. Our single Seminar attendance has increased up to 169 statewide attendees for our most widely-attended Seminar this fiscal year.

Academic year 2011 - 2012 HDI Seminars included: Fall 2011 Statewide Seminar “Part 2- Universal Applications of the iPhone & iPads for Persons with Developmental Disabilities and Communication Disorders” on 9/16/2011 with 169 attendees, 2) Improving Outreach Services to the Latino Population in the Bluegrass” on 10/18/2011 with 44 attending, 3) “Best Practices for Inclusion of Young Children with Disabilities” on 12/2/2012 with 80 attending; 4) Spring 2012 Statewide Seminar: “Inside/Out: Perspectives on Autism Topics” on 2/3/ 2012 with 50 attendees; 5) “The Impact of Supported Higher Education on Improving the Lives of those

with Intellectual Disabilities on 3/23/2012 with 40 participants; and 6) "Supports for Children with ADHD at Home, School & Community" with 89 attendees.

Finally, a major source of information dissemination for the Institute occurs through its Website, which has greatly expanded its capacity over the past two years to provide information to practitioners, policymakers, families, and consumers in Kentucky, nationally and internationally. During this past year, HDI and its related sites had 4,389,105 page views (an average of over 12,000 page view per day), as well as a total of 199,371 product downloads (all offered at no cost).

This year, there were 709,056 page views of our main HDI website (average daily view of 1,937), including the *KY Alternate Assessment Project* (designed primarily for teachers), 317,292 page views, or 869 page views per day. Other major HDI sites included the *KY Post-School Outcomes Center* at 264,363 page views (average 722 page views per day). Our largest single site, the *KEDS Project* (designed to collect ongoing individual child outcome data for KY's toddlers and young children) had 1,514,501 page views (average daily pages 4,137) and our other Early Childhood Projects (designed to provide ongoing training and assistance to early childhood educators), collectively reported 1,268,146 page views (under the related HDI website *Kentucky Partnership*) during this past year, for an average of well over 3,474 page view daily.

Other major HDI sites include www.transitiononestop.org (HDI lifespan transition website designed for teachers, administrators, policy makers, families, and students) 73,340, (daily avg., 200); our National Alternate Assessment Center www.naacpartners.org (101,565 page views for the past 12 months, and a total of 32,325 product downloads from this site alone); www.kypeertutoring.org (our statewide site for KY Peer Tutor Programs), 62,076 (daily

avg. 170); and the *Preservice Health Training Modules*, 78,766 page views in the past 12 months (daily avg. 216).

Status of Objectives Under Goal 5:

All objectives under Goal 5 have been achieved or are in progress for Year IV. However, even though we receive tremendous traffic on our website (nearly 4.4 million page views this year), we were not able to obtain *current* website satisfaction totals. This is due to the fact that we launched our wholly revised, new UCEDD website (<http://www.hdi.uky.edu/> in the final week of June (last several days of our reporting period). Preliminary data on the satisfaction with our new website indicates a high level of satisfaction with our products (87.5%) and navigation features of the new site (85.7%), but we do not yet have sufficient responses to reflect an accurate picture. In Year V, we will continue to refine the website to insure that all of our most important products are no more than “two clicks away” and we are also translating our new web content into Spanish. We will also be able to provide a fully detailed analysis of satisfaction with our website.

COLLABORATION WITH OUR DD NETWORK PARTNERS: EXTENT TO WHICH COLLABORATION WAS ACHIEVED

As part of the Health Matters Initiative that we have developed (in response to *KY National Core Indicator Data* showing lack of regular physical exercise for individuals with intellectual/developmental disabilities in KY that is significantly lower than the national average), our three agencies developed our *Seventh Annual KY DD Network Joint Meeting* of our respective agency Advisory Councils, on August 19, 2012 in Lexington, in which the members of our three boards actually had the opportunity to experience meditation and yoga, exercise,

horseback riding, and Wi physical fitness activities as part of our meeting. This also provided our membership with the opportunity to learn about healthy food choices, so that they could provide the health/wellness information from this meeting to the community and advocacy groups with whom they work.

Also this past year, in order to identify statewide needs of self-advocates, family members, and professionals who provide services, we conducted our 4th Biennial DD Network Needs survey in the Spring of 2012 (closing date July 1, 2012). The survey asks participants to rate the DD Act areas of emphasis in terms of priority for our state, and to delineate the specific elements (e.g., inclusive early childhood services, postsecondary education) *within* those life areas that they perceive as most critical. The survey, available in both English and Spanish, and both online and in printed copy, was developed, and the results are being compiled and analyzed, by HDI's Evaluation Unit. We received a total of 445 responses, including 295 online and 150 hard copy responses. Our three agencies will each use the results of the Biennial survey in the developing our individual state plans, as well in coordinating our overall efforts.

To address the need to develop a coordinated self-advocacy effort in our state, our three DD agencies actively participated in the AIDD Self-Advocacy Summit (Chicago, April 2012); the two co-chairs of our team were Stephanie Sharp (current DD Council Chair) and Harold Kleinert (Executive Director of HDI, our state UCEDD). Each of our agencies attended, and we also supported other team KY members so they could attend (self-advocate, student members, key state agency members). KY's Self-Advocacy State Plan can be found at:

<http://alliesinselfadvocacy.org/stateteams/state-team-presentations-and-plans/> The focus of our plan is on educating individuals of all ages, as well as family members, on community living,

learning and employment opportunities, to support our overall goal to increase funding and access to community services and to decrease our state's reliance on congregate settings.

Two additional persistent areas of need in our state have been: 1) access to inclusive school services for students with significant disabilities; and 2) outreach to families and youth in the Hispanic community. To equip both families and professionals with the principles of effective inclusive education, our three agencies co-sponsored the Arc of Kentucky's Inclusion Tour: "More Than Shared Classrooms – Strategies for Educating Students with Disabilities", a series of workshops held throughout the state on inclusive education, conducted by Dr. Michael Remus. The four full-day workshops were held in Bowling Green, Florence, Prestonsburg and Louisville – thus representing each of the major regions of our state. A total of 176 participants attended, including 60 parents and 116 educators, and were very highly evaluated.

To increase outreach to families in the Hispanic community, as well as to youth with disabilities across all cultural groups, our three agencies developed a joint contract with FIND of Louisville to hold a series of family and youth advocacy workshops in our state. During the Spring and early Summer of 2012, FIND held three Family workshops, directed to Hispanic families, attended by 31 participants, the majority of whom were family members. The three Youth Advocacy workshops were attended by a total of 39 transition age youth and 14 professionals and supporting adults. Increased outreach to underserved populations is a key part of each of our DD agency plans, and this DD Network collaboration with FIND allowed us to pool our resources to work with a community parent resource center with extensive experience in serving culturally diverse populations.

Finally, the Executive Director of HDI, the Director of the DD Council, and the Director of KY P & A continue to meet monthly on critical issues facing Kentuckians with developmental

disabilities, and how we can best use the resources and expertise of our three agencies to jointly address the changes needed in our state. Areas in which we have focused this year include input into proposed regulations to support our newly approved Supports for Community Living Waiver, educating KY legislators about key issues affecting constituents with disabilities, and the work that KY P & A has spearheaded on restraints and seclusion, in collaboration with the KY Department of Education. The extensiveness of our collaboration, and our work together on key state issues affecting individuals with developmental disabilities and their families, was noted by the U.S. Administration on Developmental Disabilities in its MTARS visit and subsequent report (July 2010).

INFORMATION ON PROPOSED REVISIONS TO THE GOALS

This report details our progress on the fourth year of our 2008-2013 Work Plan for each of our five goals. As we had noted in our Continuation Proposal for Year V, submitted earlier this year, we are modifying two of our objectives under Goal 1:

- 3) Coordinate *embedded* community and mentorship experiences within the Pediatric residency program for 15 pediatric and related area residents year.
- 4) Expand family/individual mentorships to include *20 family mentorships, including 10 graduate certificate mentorships, and 10 medical student mentorships.*