



**University of Kentucky Human Development Institute (HDI)**

**University Center for Excellence in Developmental Disabilities**

**Annual Report: July 1, 2012 – June 30, 2013**

**University of Kentucky Human Development Institute (HDI)****University Center for Excellence in Developmental Disabilities****Annual Report: July 1, 2012 – June 30, 2013**

This annual report of progress to the Administration on Intellectual and 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 fifth year of the current five-year plan (2008-2013), including summary data for the period of July 1, 2012 through June 30, 2013. 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, Technical Assistance, and Direct Services; 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.

Overall: A key highlight of this past year was that HDI core activities reached 63,929 individuals. Included in this total were 44,718 professionals and paraprofessionals; 8,214 family members and caregivers; 4,716 individuals with disabilities; 275 children with special healthcare needs; 1,061 policymakers and/or legislators; 1,129 classroom students (and 1,717 students in total across all Core Functions); and 3,228 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 \$18,000,000 in external funding per year, with approximately 180 employees, and its work impacts every corner of the state, and programs across over 25 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 developing the objectives of our new Five Year Plan (2013-2018). Our Consumer Advisory Council met four times over the course of the past year (August 2012; November 2012; March 2013; and June 2013). Our August 2012 was once again a jointly held KY DD Network meeting with the KY Council for Developmental Disabilities and the KY Division of Protection Advocacy. Our joint meeting focused on the role of stories and personal narratives, including personal dramatic re-enactments, on the lives of individuals with developmental disabilities and their families.

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, and increasing COCA membership

across all UCEDDs. His other work on COCA has included advocacy on the passage of the Convention on the Rights of Persons with Disabilities (CRPD) – the International Disability Treaty, as well as the development of a universal para-transit card for individuals with disabilities. Mr. Caldwell also continues to serve a three-year term on the Board of Directors of the Association of University Centers on Disabilities (AUCD).

An important new initiative of HDI is our *Underserved Populations Engagement Committee*, established in Fall 2012. This new committee is charged with a very specific task: to ensure that we focus on engagement with underserved/diverse populations in each of our mandated Core functions. We have defined ‘underserved communities’ as groups of individuals who do not have adequate access to services. They share one or more of these characteristics:

1. They may be poor
2. They have limited English language proficiency and/or lack familiarity with the service delivery system
3. They may live in locations where providers are not readily available to meet their needs.
4. They may be members of ethnic, racial, and other minority groups (they are not by definition “underserved”, but are often disproportionately represented and not well served)

To date, the committee has completed the following activities:

1. Developed a template of how to align our CORE grant’s goals and activities to be culturally and linguistically competent.
2. Developed an internal virtual site that contains information on how to create products and documents that are more accessible, with the intent of creating a template for application uniformly across the institute.

3. Organized an expert presentation on how to engage with underserved Hispanic communities in the state.

**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 embedded community and mentorship experiences within the Pediatric residency program for 15 pediatric and related area residents year.

As the College of Medicine, Department of Pediatrics has not had a Behavior and Development Specialist on their faculty for the 2012 -2013 academic year, HDI has worked with the Chief of the Pediatric Residency Program and the Chair of the Pediatric Advocacy Committee to identify how HDI could contribute to and help “embed” developmental competencies for the Pediatric Residents. We were asked to coordinate in-services on B & D topics during the Pediatric Noon Conferences. HDI Pre-Service Training Director collaborated with First Steps Point of Entry Coordinator in presenting the first HDI Noon Conference, entitled “Pediatrician’s Role in Facilitating Early Intervention Services” on 8/31/2012 to 27 residents and compiled an e-link listing of all relevant early intervention services in KY, which was subsequently disseminated to all Residents. HDI’s second Pediatric Noon Conference to 30 residents was presented on March 24, 2013 by Dr. Marlene Huff, a former HDI Graduate

Certificate professional and Clinician with the UK Adolescent Clinic, on the topic of “Transition Care for Elementary to Middle School Children with Disabilities: A Physician’s Role.”

Also, during this past year, in a collaborative effort between HDI and the UK Department of Psychiatry, HDI coordinated community placements for 3 Child & Adolescent Psychiatric Residents on Wednesday mornings of each month during the 2012 Fall Semester. These community shadowing and orientation visits were organized with 11 community agencies; we also included an orientation to the work and resources of HDI and other UCEDDs and a Panel presentation by coordinators of Parent Support Groups serving the 17 counties in the Bluegrass area, as well as several statewide parents support organizations. The Department of Psychiatry gathered positive feedback from their Residents, noting improved insights into developmental disabilities, better awareness of services they could utilize with the families they saw in Clinics, an increased understanding of the inter-disciplinary team, the positive role of parent support groups, and psycho-social issues in raising children who have developmental disabilities.

UK Outpatient Psychiatry also asked HDI to coordinate 2 Panel Presentations on 3/11/2013 and 3/14/2013, highlighting organizations serving at-risk teens. HDI coordinated and facilitated the panels for both outpatient clinicians and Psychiatry Residents (20 Psychiatry Residents and clinicians total). The panels included several organizations offering social support and social skills for lonely/at risk teens on the Autism Spectrum, as well as wrap-around services for teens with co-existing diagnoses, and support for parents who are fostering or adopting children who have learning disabilities and/or developmental disabilities, including severe mental health and behavioral issues.

Objective 1.2: *Expand family/individual mentorships to include 20 family mentorships, including 10 graduate certificate mentorships, and 10 medical student mentorships.*

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 17 of our Graduate Students in the Developmental Disability Certificate Practicum class who met on 2 occasions with their mentor family 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 meetings with Dr. John Wilson of UK Behavioral Sciences led to the inclusion of a Mentor Family Panel for all first year Medical Students. A Panel presentation entitled “Family Perspectives on Raising a Child with Disability,” facilitated by HDI’s Pre-Service Training Coordinator on 10/11/2012, included 3 HDI Mentor Families raising children who had Down syndrome, autism, and pervasive disabilities. This presentation was given to 110 first year Medical Students; many students stayed to talk with the parent presenters afterwards. In response to this evident interest, HDI subsequently coordinated a Medical Student small group session with the parents of a young adult daughter on the autism spectrum, the daughter and her direct support provider.

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: 16 courses within the UK Department of Special Education and Rehabilitation Counseling, and 4 courses as part of our Certificate in Developmental Disabilities (a total of 20 graduate level courses directly related to the educational and societal inclusion of individuals with disabilities). Dr. Meada Hall taught *EDS*

*604 Special Education for Secondary Education to 61 students in Fall 2012; EDS 546*

*Transdisciplinary Services for Students with Moderate to Severe Disabilities to 15 students in Spring 2013: SED 590/790 Applied Behavior Analysis to 12 students and SED 735 Teaching Students with Moderate and Severe Disabilities to 10 students in Summer 2013.*

In the last year, Dr. Kathy Sheppard-Jones taught twelve courses for the Department of Early Childhood, Special Education, and Rehabilitation Counseling. The courses were:

*Rehabilitation Supported Employment, Transition and Independent Living* (RC558) for 18 students in Summer II 2012; a second section of *Rehabilitation Supported Employment, Transition and Independent Living* (RC558) for 23 students in Summer II 2012; *Human Growth, Disability and Development* (RC525) for 18 students in Fall 2012; a second section of *Human Growth, Disability and Development* (RC525) for 20 students in Fall 2012; a third section of *Human Growth, Disability and Development* (RC525) for 11 students in Fall 2012; *Human Growth, Disability and Development* (RC525) for 15 students in Spring 2013; *Cultural Diversity* (RC530) for 16 students in Fall 2012; a second section of *Cultural Diversity* (RC530) for 22 students in Fall 2012; *Rehabilitation Research* (RC750) for 11 students in Fall 2012; *Rehabilitation Research* (RC750) for 17 students in Spring 2013; *Assistive Technology* (RC558) for 10 students in Summer I 2013; and a second section of *Assistive Technology* (RC558) for 7 students in Summer I 2013.

In addition, Dr. Sheppard-Jones, in collaboration with our HDI Affiliate Faculty, taught four HDI courses during 2012-2013 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* (12 students on

campus); HDI 603 - *Interdisciplinary Supports Practicum* (13 students); and HDI 604 *Leadership Seminar in Developmental Disabilities* (11 students on campus).

**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 twelfth 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 Intellectual and Developmental Disabilities through our Core grant. Student disciplines included: School Psychology, Rehabilitation Counseling, Special Education, Counseling Psychology and Sociology. Additionally, two students participated as post-baccalaureate status, attending the University solely for the purpose of attaining the Certificate. These students worked in the field of rehabilitation counseling and residential supports for individuals with I/DD. Faculty disciplines included: Special Education, Communication Disorders, Pediatrics, Social Work, Family Studies, Educational Psychology, Aging/ Gerontology, Rehabilitation Counseling, Early Childhood, Public Administration and Public Health. Personnel from numerous state agencies also participated in the instruction, including: KY Protection & Advocacy, the Commonwealth Council on Developmental Disabilities, and the Kentucky Office of Vocational Rehabilitation. In addition, two parent advocates provided instruction along with the Kentucky Self-Advocates for Freedom, and other individuals with disabilities. The HDI Consumer Advisory Council continues to provide input regarding ways to enhance and promote the Certificate Program to a diverse audience of pre-professionals and professions.

Graduate certificate students completed a variety of projects in research, leadership, and family mentorships. Examples of research projects include: 1) *Kentucky Transitions Staff Knowledge of Vocational Rehabilitation*; 2) *Piloting a Health and Wellness Programs Led by Individuals with Intellectual Disability: Lessons Learned*; 3) *Disability Within the Immigration System*; 4) *Autism Spectrum Disorders and Co-Occurring Anxiety: A Literature Review*; 5) *Mental Health Problems in Children and Adolescents with Intellectual Disability*; 6) *KY Assistive Technology Loan Corporation Consumer Satisfaction Survey Results and Analysis*; 7) *The Importance of Spirituality in the Lives of Individuals with Developmental Disabilities, and*; 8) *Children with Developmental Disabilities in the Foster Care System: A Literature Review*.

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

Three HDI courses in the 2012-2013 academic year were also 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; The other two courses, HDI 602 - *Interdisciplinary Supports* and HDI 604 - *Leadership Seminar in Developmental Disabilities* were cancelled due to enrollment of just two students. One of the students opted to take the on campus section of the course instead. Marketing plans have been developed to expand the visibility of the online Certificate nationally. In the upcoming academic year, stipends will also be awarded to distance learning students in an effort to bolster enrollment.

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

During this past year, 10 students worked as Research Assistants (RAs). These Long-Term Trainees included 8 HDI Research Assistants who participated also in the HDI Graduate

Certificate program. Of our RAs, a total of 6 disciplines were represented, 3 PhD and 3 Masters/Ed. S. in School Psychology , 1 PhD and 1 Masters in Special Education, 1 Masters in Communication Disorders, and 1 PhD in Sociology.

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

During this past year, approximately 100 first year and 90 second year medical school students (190 total) participated in presentations on Autism Spectrum Disorders, co-delivered by Dr. Kleinert, that included excerpts from HDI's Preservice Health Training Module on serving a child with autism. The presentations included a UK Child Psychiatry Faculty Member, as well as a mom and dad of a transition youth with autism. For one of the presentations, the youth also presented. As noted under Objective 1.2, HDI also facilitated a parent panel to 110 first year medical school students this past year.

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

The primary purpose of the *Kentucky Resident Training Program in Rehabilitation Technology* was to provide knowledge, skills and opportunities for application of rehabilitation technology (RT) for residents in Physical Medicine and Rehabilitation. This training program has emphasized: (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 has consisted 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 provided 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. 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. Over the past year (2012-2013), many of the modules have been updated. A new collaboration with the College of Health Sciences has resulted in proposal development of a recently submitted NIDRR grant that, if funded, will result in use of these online modules with Allied Health professionals and individuals with disabilities.

*Status of Objectives Under Goal 1:*

Goal 1: Overall during this past fiscal year, HDI provided instruction to 1,190 classroom students (and services to 1,717 students in total across all Core Functions). As the preceding narrative indicates, we carried out a diverse range of preservice activities across all levels of university preparation. The scope of our training activities is most noted by the breadth of student disciplines that participated in our training activities this year including: General Medicine (325), General Education (213), Special Education (130), Early Childhood Education (44), Psychology (37), Speech (37), Rehabilitation Counseling (20), Psychiatry (12), Public

Administration (3), Family Advocate (3), Biology (3), Public Health (2), Social Work (2), Law (2), Nutrition (1), Disability Studies (1) and Other Disciplines (286). For Year V, all of the objectives under Goal 1 have been achieved, exceeded or are clearly in progress.

**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. The *Annual Institute in Assistive Technology* that HDI co-sponsors with the Kentucky Office of Vocational Rehabilitation, Protection and Advocacy, the KATS Network and Kentucky AgrAbility at the Kentucky State University Research and Demonstration Farm in Frankfort, Kentucky will be held July 10 – 11, 2013. Thus far, 127 rehabilitation technologists, vocational rehabilitation counselors, occupational and physical therapists, extension agents, consumers, family members, school staff, and graduate students have registered for the series of sixteen workshops on topics ranging from technology and horticulture, 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* and emerging levels 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 six workshops for staff and families of students with significant communication needs in six districts, consulted on students in seven 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 36 student teams. Data from the weekly coaching calls significant positive changes in student communication, behavior, and participation in academic activities. We have also seen increases in:

- 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 a further dissemination activity under this initiative, we developed two webinars for introducing communication to teachers in all nineteen of the *National Center and State Collaborative* (NCSC) states.

We have also begun work on 5 modules regarding communication system development for students with complex communication needs and significant disabilities. Modules will include: Introduction to the Communication Modules; Identifying Communication; Factors Impacting Communication; Early Communication and AAC; and Strategies for Communication

Intervention. These modules will be used throughout Kentucky as part of our state's newly funded *State Personnel Development Grant* (2012-2017).

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 broaden our outreach to the national medical community in the area of prenatal diagnosis of Down syndrome, during this past year HDI created the *National Center for Prenatal and Postnatal Down Syndrome Resources* ([www.downsyndromediagnosis.org](http://www.downsyndromediagnosis.org)) to develop education programs and resources for medical practitioners and for couples receiving a prenatal or postnatal diagnosis of Down syndrome, as well as other genetic conditions. The purpose of the National Center is to ensure that both medical practitioners and prospective and new parents have access to accurate, current, and balanced information about Down syndrome and other genetic conditions. Currently, three sets of resources are fully integrated into a seamless portal as the cornerstone of the *National Center*:

1. “Understanding a Down Syndrome Diagnosis” is a print and digitally published resource intended for expectant parents immediately after receiving a prenatal diagnosis. It provides balanced, accurate, and up-to-date information about common medical conditions for people with Down syndrome, available health and education services, helpful resources, information about pregnancy options, and authentic photos of people with Down syndrome. The booklet also includes a Spanish translation and has been optimized for different reading levels. It is the *only* resource for both medical providers and prospective parents that included in its development representation from the American Congress of Obstetricians and Gynecologists (ACOG), the National Society of

Genetic Counselors (NSGC), the American College of Medical Genetics and Genomics (ACMG), the National Down Syndrome Society (NDSS), and the National Down Syndrome Congress (NDSC). We have recently updated our photo library, with 30 culturally diverse models, to illustrate a greater breadth of diversity in our next edition scheduled for the Fall ([www.lettercase.org](http://www.lettercase.org)). Dissemination totals for our Lettercase website this year included 10,914 visits (7,246 unique visitors), with 5,428 printed copies of "Understanding a Down Syndrome Diagnosis" distributed, including 801 printed copies of "Delivering a Down Syndrome Diagnosis" for medical providers. Lettercase digital books we disseminated this year included 342 Spanish versions of "Understanding a DS Diagnosis" and 2,988 English versions of "Understanding a DS Diagnosis" in digital form (available either through our website or Amazon).

2. "Brighter Tomorrows" is an online English and Spanish resource that provides both prenatal and postnatal support. Brighter Tomorrows ([www.brighter-tomorrows.org](http://www.brighter-tomorrows.org)) was funded by the National Center on Birth Defects and Developmental Disabilities, through a cooperative agreement with AUCD. The Brighter Tomorrows *Family Version* ([www.brightertomorrows.org](http://www.brightertomorrows.org)) was updated as of July 2012 to reflect the most current research on the information that prospective parents have indicated they *most* need, as well as life experiences of families and individuals with Down syndrome. Totals included 7,444 website visits for this year (including 1,326 from outside the United States, primarily Australia, Canada and the United Kingdom).
3. Down Syndrome Pregnancy ([www.DownSyndromePregnancy.org](http://www.DownSyndromePregnancy.org)) is an online resource which includes the books *Diagnosis to Delivery: A Pregnant Mother's Guide to Down Syndrome* and *Your Loved One is Having a Baby with Down Syndrome*, available as free

downloads and through Woodbine House Publishing Company.

DownSyndromePregnancy.org serves as a source of both information and support for women who have recently received a prenatal diagnosis and have decided to continue their pregnancy. This past year the Down Syndrome Pregnancy website had 79,707 visits (66,869 unique visitors), with "Diagnosis to Delivery: A Pregnant Mother's Guide to Down Syndrome" downloaded 862 times and "You Loved One Is Having a Baby with Down Syndrome" viewed 1,034 times. (The Woodbine book sales of Diagnosis to Delivery included 314 copies this year, and for *Your Loved One is Having a Baby with Down Syndrome* 145 copies, with all author royalties donated to our National Center).

All of our above resources are recommended in the *NSGC Practice Guidelines for Communicating a Prenatal or Postnatal Diagnosis of Down Syndrome* Most recently, the National Center's Brighter Tomorrows and Lettercase booklet, along with the American Academy of Pediatrics "Health-Care Supervision for Children with Down Syndrome" were the only resources recommended following a prenatal diagnosis of Down syndrome in the *ACMG* statement on noninvasive prenatal screening for fetal aneuploidy:

[http://www.acmg.net/docs/nips-GiM\\_galley\\_text\\_130301.pdf](http://www.acmg.net/docs/nips-GiM_galley_text_130301.pdf) released in March 2013.

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.

We continued work on this Objective during this current year through several important activities. In September 2012, SCL Medicaid waiver provider agencies from around the state were invited by the Kentucky Division of Developmental and Intellectual Disabilities (KY DDID) to apply to become a pilot agency in a 12 week health and wellness program. Teams were

led by an individual with a disability with mentoring from a direct support professional. HDI, in conjunction with partners, began piloting the health and wellness program in the state of Kentucky. The program was developed by affiliates of the Rehabilitation Research Training Center on Aging with Developmental Disabilities in the Department of Disability and Human Development at the University of Illinois at Chicago. A total of 19 agencies were accepted into the pilot program after applying on behalf of the directors of each agency. Fourteen teams completed the program, with results and interviews being used to assist in implementing statewide scale up in the fall of 2013.

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 2013, the major seminar components included: 1) providing quarterly hybrid training-of-trainers seminars for individuals applying to receive a KY Early Childhood Trainer's Credential (84 participants), 2) coordination of seminars required for renewal of Trainer Credentials (39 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*) (20 participants); and 4) providing required orientation training to new child care staff (51 participants for scheduled meeting; 2,382 for web-based seminar). Two TIPP Institutes were also held: the Infant-Toddler Institute (450 participants) provided information and professional development primarily for Early Care and Education

Professionals during two days in August 2012, and the Trainer's Institute addressed the training needs of 105 trainers during two days in late May 2013.

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, 22 participants completed an evaluation for the seminar on assessment in early childhood. Sixty-five percent ( $N = 15$ ) of the individuals completing the evaluations were highly satisfied and 30% ( $N = 7$ ) were satisfied with the training event. A similar survey administered following the *Kentucky Trainers Institute* indicated that 98% ( $N = 39$ ) were either highly satisfied or satisfied with the Institute overall.

A more in-depth evaluation was completed for participants of the 17-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*; 100% said they considered how adults processed information when planning a training session; 50% reported using information presented on set up of the physical environment related to location and room arrangement; 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.

HDI is providing training and assistance to approximately 62 school districts and 55 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 700 students began the program for the 2012-2013 school year. This past year, personnel from CBWTP developed, implemented, and evaluated nine trainings across the state to assist districts in implementing the program. New training materials and Power Points were developed for participating districts including: (a) Exploration and Evaluating Students' Individual Strengths (b) Job Development, (c) Teaching Soft Skills and (d) Networking and Informational Interviews. In addition, all training materials, Power Point presentations and monthly reports were revised to reflect "career readiness". The CBWTP's Career Assessment Report was revised to align with the Department of Labor's Office of Disability Employment Policy's (ODEP) curriculum, "Skills to pay the bills" to prepare students participating in the CBWTP to enter the work force. 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 all school districts were implementing the CBWTP as intended.

The CBWTP Director, Dr. Meada Hall, is working collaboratively with the *KY Supported Higher Education Project (SHEP)* (see Objective 3.4) to help provide additional options for youth with disabilities in transition and with the *Kentucky Post-school Outcome Center* to align

project data with KY's overall post-school outcomes data for students with disabilities.

According to the 2010-2011 CBWTP End of Year Data, 42% of the seniors were competitively employed at the time of graduation and 14% of the juniors were competitively employed at the end of the school year. Based on the alignment of the CBWTP data with the KY Post School data, one year out, for *all* disability types, 44% of CBWTP participants were competitively employed compared to 42% of Non-CBWTP participants showing little advantage for students to participate in the CBWTP. However when comparing the KYPSON data for students representing students with *more significant* disabilities (i.e., MMD, FMD, Autism, or Multiple Disabilities), there was a sizable advantage, 11% greater, for students to be competitively employed if they participated in the CBWTP. For students with more significant disabilities, 41% of the CBWTP participants were competitively employed compared to 30% competitively employed for Non-CBWTP participants. 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 in KY's alternate assessment for students with significant cognitive disabilities (the "1% population of students") and to align the CBWTP as a "career" ready program.

Finally, CBWTP staff presented at several conferences and trainings, including two national presentations at the *TASH* conference, and the *American Council on Rural Special Education* conference in which one of the CBWTP school districts, Webster County, won the *Exemplary Program Award in Vocational Training and Transition*. Dr. Hall also presented at state conferences, the *Association for Persons in Supported Employment* and the *KY ARC* conferences and provided in-service trainings to schools not participating in the CBWTP (Estill County and Prestonsburg High School).

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, the Council of Chief State School Officers (CCSSO) Conference, and the American Speech and Hearing Association Annual Conference(ASHA)*.

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 in 2012-2013. All of the New Jersey and Kentucky alternate assessment teacher trainings were delivered electronically. In *Pennsylvania*, Jane Kleinert and Jacqui Kearns led a 2- day workshop with approximately 100 participants to learn more about the KY SPDG Communication Initiative. 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 (Lexington/Fayette County Metro Government) Public Transit Authority continues to have all new transit drivers take the on-line training module developed by our

Consumer Advisory Council, HDI and Lextran staff. To date, over 200 drivers have completed the online training. The module has video vignettes illustrating key ADA points, with self-advocate “actors” on Lextran buses with actual drivers; talking points by drivers and consumers in online interviews; and multiple choice quizzes with a printable certificate for those who complete the module successfully. The module can be accessed directly at [www.ADAdrivers.org](http://www.ADAdrivers.org)

HDI also organizes periodic face-to-face training with self-advocates for new drivers in Lextran’s Orientation Classes. 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.

*Status of Objectives Under Goal 2:*

All objectives within Goal 2 have either been met for Year V or are clearly in progress.

**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 *Peer to Peer Health Messages Program*. Several of the pilot participants held their weekly meetings at YMCAs and other recreation locations throughout their community.

HDI is also sponsoring an adaptive recreation session at the 10<sup>th</sup> Annual Institute in Assistive Technology that is scheduled for July 11.

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 postschool outcomes and KDE's study of parental involvement in special education. Now in its seventh 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.

- *Enhanced post-school outcome instrument.* The Youth One Year Out (YOYO) former student interview was modified in several ways. The overall instrument was modified for readability both of the items and the instructions to interviewers. There were substantive changes to the instrument in two areas. First, a better conceptualization of supported employment was added. This involved removing ‘supported employment’ as a response option under the item “Describe the job you have or had,” as supported employment is not a type of employment but a type of service one might receive in a variety of types of jobs. A second added item then asked if the respondent received any supports at his/her job. Response options were modified from a similar item found on the NLTS-2, and

included, “Job coach / employment specialist,” “Personal aide or assistant,” “Flexible work hours,” “Special equipment like computer, braille, furniture,” and “Other.” A second change to the instrument involved an item related to job quality. Previously, we asked employed respondents to rate how much they “liked” their job on a 5-point scale. We have noted that responses to this item have been markedly high, and perhaps not discriminating in terms of job quality. This year the item was changed to a 5-point scale regarding how “interesting” respondents found their job.

- *Enhanced data security measures.* Recognizing the increasing complexity of online data management, KyPSO implemented measures to ensure greater privacy and confidentiality of its data. First, KyPSO required that local Directors of Special Education (DOSEs) specify their interviewers in advance. This would not only prevent the unlikely scenario that someone would falsely claim to be a YOYO interviewer, receive training, and gain access to confidential student information, but also had the secondary benefits of alerting DOSEs to the need to be proactive in their selection of interviewers, as well as giving KyPSO a current list of interviewers from each district. As part of this process, KyPSO also allowed DOSEs to designate interviewers to be responsible for particular schools. When DOSEs took advantage of this option, interviewers would then only see information for former students at that school, unlike previous years when all interviewers could see information for all former students in their district. This change allowed us to more directly target certain alternative high schools that had previously been overlooked. KyPSO has also increased its data sharing protocols, and plans to work with KDE to distribute district level reports. A secure file transfer protocol has been established when confidential information needs to be sent between KyPSO and districts.

- *Increased use of extant data.* While the use of data for state and district decision making was in its early formative stages last year, and is still in later formative stages, much has been accomplished regarding KyPSO's use of extant data this year. Working collaboratively with the Kentucky Center for Education and Workforce Statistics (formerly the P-20 Data Collaborative), KyPSO developed a template for comparing former student outcomes between students who had IEPs and those who did not. This strategy should allow results of the YOYO to be viewed within a broader context and recognize achievement gaps in outcomes. The *National Post School Outcomes Center* recognized this effort and invited KyPSO to present its work to other states as part of the State Longitudinal Data Systems Community of Practice.
- *Continued Professional Development (PD).* As in previous years, professional development has been a major focus for KyPSO. We again 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 provided PD to local and regional educational professionals through a series of webinars. In conjunction with large group PD, we also used the webinar format to provide real-time technical assistance. Training webinars taught interviewers how to utilize resources in the event that unmet former student needs were identified at the point of the follow-up interview. This would, of course, not change one-year post-school outcomes, but could help improve longer term outcomes if former students were made aware of these additional resources.

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. 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 fifth 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 these districts receive the paper survey via standard mail. Parents are also 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) discovery, (c) job development, (d) job analysis, and (e) impact of wages on benefits. Additional offerings include: a) a 3-day Systematic Instruction workshop, based on Marc Gold's work, and b) the *SE Leadership Series* initiated last February, involving 11 days of content and a practicum. The SE Leadership Series will continue to be offered annually.  
[\(http://www.hdi.uky.edu/setp/se\\_leadership\\_series.aspx\)](http://www.hdi.uky.edu/setp/se_leadership_series.aspx)

Project personnel provide follow-up technical assistance for individuals served, their families, employers and supported employment program staff. A particular area of emphasis for technical assistance (with SE provider organizations and businesses) has been pursued through the Coalition for Workforce Diversity:

[\(http://www.hdi.uky.edu/setp/Materials/Walgreens\\_Relections\\_with\\_REDIAddendum\\_11-26-12r.pdf\)](http://www.hdi.uky.edu/setp/Materials/Walgreens_Relections_with_REDIAddendum_11-26-12r.pdf)

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, and the Michelle P. (MP) Medicaid waiver. KSETP staff worked with departmental staff regarding policy recommendations for upcoming amended waivers that are intended to incentivize employment. It's important to maintain the integrity of SE when there's increased interest, and especially when many new SE providers are also involved with Medicaid funded day program services that are antithetical to SE. Therefore, our project has reorganized the

registration process, reduced by half the maximum number of people attending, and amended the format of the 6-day core training, as ways of responding to a significant need for increasing service quality in Kentucky. (<http://www.hdi.uky.edu/setp/training.aspx> )

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 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. A second goal is to develop high fidelity supported employment services.

Our four original 2010 pilot sites, including Four Rivers Behavioral Health (Paducah), Communicare, Inc. (Elizabethtown), Northkey Community Care (Covington), and Comprehend, Inc. (Maysville), have all reached good fidelity with one reaching exemplary fidelity. Each pilot site is receiving on site and off site training and technical assistance from the statewide Supported Employment Trainer. Each site is also part of a national network of other Evidence Based Practice providers, and we have formed a Statewide Steering Committee.

Three of the four Supported Employment sites have expanded into new counties and hired additional staff. One site now has 8 Employment Specialists. In 2012, we added 3 new sites which include Seven Counties (Louisville), Lifeskills (Bowling Green), and Cumberland River

(Corbin). In total, we had 176 job starts for 2012. As of July 1<sup>st</sup> of 2013, we are beginning implementation with three new sites, Mountain Community Mental Health Center (Pikeville), Bluegrass (Lexington), and Adanta (Somerset). We are also providing technical assistance to a Personal Care Home that is assisting people in transitioning to the community.

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. The KY NAMI Family Project received an award at the Dartmouth Annual Conference this year.

We are currently looking at ways to sustain Evidence Based Supported Employment in KY. We are looking at managed care companies as a way to pay for the service, as well as a proposed 1915 I waiver. The KY Division of Behavioral Health as of July 1, has asked that the mental health block dollars that are dispersed to the Community Mental Health Centers be used toward an Evidence Based Practice. There are four to choose from, one being Evidence Based Supported Employment for people with mental illness.

We currently have 23 Employment Specialists and 12 Supported Employment Supervisors working with the Dartmouth program in KY. The goal for this project is to have consistent Supported Employment for people with serious mental illness in every county.

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, 2012 – June 30, 2013, 120 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

Beginning in July 2011 the Kentucky Early Childhood Transition Project (KECTP) turned over this work to the State's Department of Education and Department of Public Health to continue the early childhood transition programs. 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 act 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 2013, the [www.transitiononestop.org](http://www.transitiononestop.org) website received over 26,000 visitors (increase of 10,000 from the previous fiscal year) with a daily average of 72 users (an increase of 26 daily users from

the previous fiscal year). The effective strategies for interagency collaboration and 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 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. 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 included 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 PD opportunities for child care staff,
- 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.

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 & Rs 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 & Rs in improving child care outcomes throughout the Commonwealth.

*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 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: 1) increase participation in the STARS for KIDS NOW quality rating system; 2) increase the quality of and access to infant/toddler care and education; and 3) provide counseling and access to the KIDS NOW scholarship program.

HDI-QEI staff are 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 24 STAR Quality Coordinators (SQCs) 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, 13 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, 2013, QEI staff provided 4,513 total technical assistance contacts to child care providers this year, including 1,686 contacts that targeted infant/toddler care and 907 environment rating scales. Professional Development Counselors completed 264 new

professional development plans and provided technical assistance to 624 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 participant in the STARS for KIDS NOW quality rating system. Currently, 1,058 (38%) 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 third year on September 30, 2013. 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.

#### *Work with Institutes of Higher Education*

SHEP is currently working with the University of Kentucky, Bluegrass Community and Technical College, Spalding University (Louisville), and Northern Kentucky University in assisting these institutions in developing applications to provide *Comprehensive Transition and Postsecondary Programs* (CTP's) for students with intellectual disabilities. Students attending an approved CTP are eligible for both Pell Grants and Federal Work-Study Programs.

In January of 2013, Murray State University became the first IHE in Kentucky approved to provide a Comprehensive Transition Program (CTP). Murray will begin serving students through the CTP beginning in the fall semester of 2013. Because SHEP is trying to increase access to postsecondary education statewide, systems change is happening one IHE at a time with each institution having different protocols in terms of making decisions regarding applying for and providing a CTP. It is our belief that Murray State's approval as a CTP will serve as a catalyst for other IHEs.

#### *Increasing Access to PSE through Financial Support*

Through the work of SHEP, the Postsecondary Opportunities Workgroup (POW), and Representative Carl Rollins of the 56<sup>th</sup> District, *Kentucky House Bill (HB) 45* was passed, unanimously in both House and Senate, and signed by Governor Brashear on March 21, 2013. HB 45 provides access to *Kentucky Educational Excellence Scholarships (KEES)* for students exiting high school without a standard diploma. Until the passage of this bill, students exiting without a standard diploma were ineligible for these funds. This systems change allows students to utilize KEES to attend approved Comprehensive Transition Programs (CTP). The impact of this legislation is three-fold: 1). Students who receive an alternate diploma (students with significant cognitive disabilities) have access to funds all other KY students have access to for postsecondary education, 2). Students will have more incentive to go on to post-secondary education, 3). IHEs have an incentive to provide CTPs in order to access this tuition stream.

#### *Student Support*

SHEP is supporting 21 students in various stages of participation in postsecondary education; four of these are taking (or planning to take) courses for credit, and 17 are auditing. Of these 21 students, 13 students are currently attending postsecondary classes. SHEP is

working with four additional students who are preparing for college classes by working toward admissions requirements or through related internships. Two new students have been accepted to BCTC for the fall 2013 semester, having completed this preparatory phase with SHEP mentors.

Though Bluegrass Community and Technical College is not currently a CTP, the BCTC pilot allows a few students who lack standard credentials to audit courses at as SHEP students. The first two students in this pilot each completed a second semester in the spring of 2013. One student audited a developmental writing course and a course in graphic design, while a second student audited a developmental level reading course. Both students participated fully in class activities and assignments.

#### *Supported Higher Education and College/Career Readiness*

Additionally, SHEP is collaborating with the Kentucky Department of Education and the HDI College and Career Readiness Project to quantify what college and career ready means for youth eligible for our state's alternate assessment. Our work is focusing on the skills high school students need to be successful in post-secondary education and in professional development of classroom teachers/administrators around planning for postsecondary education for this population of students (e.g., those students with significant cognitive disabilities).

#### *Supported Education and Employment*

SHEP is continuing its collaboration with the Office of Vocational Rehabilitation to assure a clear connection between post-secondary education and career and to explore sustainability options for Supported Higher Education (SHE) in Kentucky. We are currently considering, with the OVR Leadership Team, hourly fee for service, semester fee for service, and state/federal match options that would provide on-going funding of SHEP in Kentucky.

#### *Universal Design for Learning (UDL)*

In the winter of 2013, SHEP collaborated with ThinkCollege, our national technical assistance center, to develop a series of three video tapes about Universal Design for Learning (UDL) aimed at faculty and staff of IHEs. Our purpose was to provide an introduction to UDL as a pedagogy which increases the accessibility of course content to a wide array of different learners. The videos address topics such as sharing information with colleagues, engaging students as experts, and using UDL in the classroom. We anticipate both SHEP and ThinkCollege utilizing this video series for professional development.

**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. Kentucky's NCI *Quality Improvement Committee* was convened twice, consisting of family members, self-advocates, and professionals from HDI, 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 National Core Indicators. 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 for KY's Supports Community Living Waiver which is slated to roll out later this year. Two new, user-friendly reports were developed to provide more accessible results of this long-standing research effort.

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 13 home assessments between July 1, 2012 and June, 2013. Eight homes have received subsequent 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 facilitated standard setting, and continued developing new items for Kentucky's item-based assessment as well as facilitated development of new items in English Language Arts and mathematics for Kentucky's Transition Attainment Record (TAR).

Examples of our work with states include:

- In *Kentucky*, ILSSA led development, training and test administration activities for the state's revised alternate assessment containing two components: 1) Performance Task format, which includes NCLB content area requirements as well as state assessed content areas, and 2) 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 TAR 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 revision and editing of writing of 130 new five item assessment tasks that were implemented in the 2012-2013 school year. Additionally, ILSSA facilitated the development of 15 new items in English Language Arts and 12 new items in mathematics for the TAR.

- 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 specific targets linked to the grade level content standards designated for the alternate assessment, content resource materials for planning access to instruction in the general curriculum, the assessment implementation guide for teachers, and 12 training modules related to both instruction and assessment. *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 NJ alternate assessment. Range finding activities included training approximately 15 NJ teachers and 3 Questar staff (New Jersey's assessment contractor) 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 145 scorers, who scored approximately 10,000 portfolios from NJ students participating in the alternate assessment based on alternate achievement standards.

Further, through our partnership with the University of Minnesota National Center on Education Outcomes, we are collaborating on the *National Center and State Collaborative (NCSC) 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, UK staff supported the continuation of the NCSC Communities of Practice through webinar and in person training. Participating states included: Alaska, Arizona, Connecticut, Rhode Island, Washington D.C., South Carolina, Georgia, Florida, Tennessee, Indiana, Louisiana, Pennsylvania, North Dakota, South Dakota, Nevada, Wyoming and the Pacific Territories. In addition to the original NCSC member states, we are supporting 12 Tier 2 states that have committed to implementing the NCSC assessment and curriculum materials. The tier 2 states are reviewing the original series of six webinars developed for and conducted with each state community of practice (CoP) over the 2011 – 2012 school year impacting over 1,000 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. Part B State Directors' Forum topics included such areas as Common Core State Standards, ESEA Flexibility Waivers, college and career readiness, closing the achievement gap, teacher and principal evaluations, multi-tiered systems of support, and fiscal monitoring. Part C Coordinators' Forum topics included such areas as Results Driven Accountability, role of Early Childhood Technical Assistance Center, quality practices (including tele-practice), Part C system of payments, and impact of new Part C regulations on family assessment and child evaluation. 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.
- MSRRC led the Building Shared Capacity Collaborative, a project comprised of Directors, Associate Directors, and State Liaisons from federal TA Centers across the nation. The Collaborative is working toward development and implementation of an integrated technical assistance (TA) system that capitalizes on the expertise and resources of several TA providers in order to build the capacity of state educational systems to ensure a high-quality education for all students. The Collaborative promotes a partnership between general and special education and a growing alignment between the Elementary and Secondary Act (ESEA) and the IDEA.

- MSRRC staff led the Disproportionality Priority Team, a collaborative effort across Regional Resource Centers. The focus of the team is to help states address racial/ethnic imbalances in special education. For example, a forum was held on disproportionate identification which included 25 participants representing the Equity Assistance Centers, Regional Comprehensive Centers, Regional Resource Centers, and multiple state education agencies. As a result of the forum, a rubric/self-assessment tool which is under development was revised and expanded to address all educational leaders. The final product will assist states and local education agencies in evaluating their practices and developing school improvement plans which address significant gaps in educational outcomes for particular groups of students.

All nine states the states that we serve 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 is providing technical assistance to the South Carolina Office of Exceptional Children staff on general supervision with an initial focus on compliance monitoring, specifically their on-site monitoring process and policies, procedures, and processes to meet federal program requirements. This builds on previous MSRRC work in SC to facilitate the design and implementation of a revised on-site monitoring system. The focus is to build the capacity of SC staff to review and analyze the implementation of their revised on-site monitoring processes and resulting data, develop targeted technical assistance and professional development, and continue to improve an integrated monitoring system.

- MSRRC staff facilitated a new Evaluation and Assessment workgroup for North Carolina Part C as part of systems change work to the Individual Family Service Plan (IFSP) process. The State requested technical assistance to build their staff's capacity to align their evaluation and assessment policies and procedures with the new Part C regulations. As a result, Part C staff developed their capacity and began revising their evaluation and assessment policies and procedures to align with the new Part C regulations.
- MSRRC staff assisted the Maryland State Department of Education Part B Fiscal Manager with the development, planning, and implementation of a fiscal task force of local stakeholders to discuss the use of discretionary grants. This resulted in an action plan for the State on adjustments to discretionary grants.
- MSRRC, at the request of the Centers for Disease Control, facilitated conversations between Delaware Part C, the Delaware Early Hearing Detection and Intervention Program, and additional key stakeholders regarding policies and procedures for data and information sharing between both programs. As a result, the State was able to revise policies and procedures, as needed, and to provide clarification to stakeholders regarding data and information sharing.

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

During this past year, we have continued our collaboration with the Arc of Kentucky to jointly address this objective. Specifically, The Arc of Kentucky was funded by the Commonwealth Council on Developmental Disabilities to develop a project to address the

planning needs of aging caregivers which utilized *The Future Is Now* curriculum developed by the UCEED at the University of Chicago. This project has included the development of parent/family and self-advocate mentors to facilitate the training for family members and their adult children with disabilities in three separate Arc chapters. HDI staff continued to serve on the Advisory Committee for The Future Is Now project and provided technical assistance in the design and implementation of this project.

HDI staff also attended the National Sibling Leadership Network conference in Pittsburgh in June of 2013. As a result of this event, HDI staff are working in collaboration with The Arc of Kentucky to develop a Kentucky Sibling Leadership Network. Through this effort, The Future Is Now project will utilize siblings to assist their aging caregivers to plan for the future. Also under this objective, HDI staff provided an overview to 430 case managers for participants in the Supports for Community Living and Michelle P waiver services on resource information regarding estate planning issues that 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 provided extensive technical assistance in the creation and establishment of this organization and a staff person currently serves on the Board of Directors. The tax exempt status has been granted from the IRS, and Life Plan is now able to open first and third party special needs trust accounts. The establishment of Life Plan 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 Life Plan's ability to provide guidance and

education, as well as Trustee services to any resident of KY. 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) has sought 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* completed its fifth year of outreach into the Hispanic community with funding ended through HDI on September 30, 2013. The final months of the project (July - September, 2013) focused primarily on assisting existing clients with the application process with the Office of Vocational Rehabilitation and the development of Individual Plans of Employment.

*Status of Objectives Under Goal 3:*

Overall, HDI provided training and technical assistance this past year to 19,804 individuals; this includes 17,683 professionals and paraprofessionals, 784 family members and caregivers, 865 individuals with disabilities, 33 children with special health care needs, 78 policymakers and/or legislators, 190 members of the general public, and 171 students. All objectives within Goal 3 have either been met for Year V or are clearly in progress, with the exception of Objective 3.10, for which the project ended in August 2012.

**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 continued to draft training materials for the *National Center and State Collaborative Communities of Practice*. These materials included a five webinars as well as 1 & 2 day in person agendas. 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. Dr. Kearns presented in a TASH research panel with other notable experts in severe disabilities. In addition, Dr. Kearns participated on an expert panel reviewing the accessibility of the two general education consortia assessments and served as an expert in a CCSSO technical assistance group. She developed a webinar for CCSSO-ASES on College and Career Ready for Students with Disabilities, based on the paper drafted with Dr. Harold Kleinert that discusses the relationship between alternate assessments on alternate achievement standards and college career readiness. We also convened a 1.5 day expert panel on teacher evaluation and the appropriate use of the NCSC alternate assessment in teacher evaluation systems.

Finally, we developed a manuscript (currently in submission), in collaboration with edCount, LCC and the University of Minnesota, that is the first large scale study to examine least

restrictive environment, and most specifically access to general education settings, for students with the most significant disabilities who take state alternate assessments on alternate achievement standards, and how placement in more inclusive settings is correlated with expressive communication, use of an augmentative/alternative communication (AAC) system, and reading and math skill levels for students in alternate assessments.

Objective 4.2: Conduct and disseminate research related to family, programmatic, agency, curricular, and instructional variables associated with positive early childhood transitions.

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 three years, NECTC has continued to disseminate findings from the study via the website and email communications.

Also this year, NECTC investigators, in collaboration with *CONNECT: The Center to Mobilize Early Childhood Knowledge*, continued support of an on-line module entitled “Transition” which assists providers and families with transitions between and among early childhood programs. CONNECT has partnered with Quality Assist, a national online provider of early childhood training programs to convert all 7 CONNECT modules into online trainings. In addition, the CONNECT website will continue to host the free online resources for instructors, which are currently being reviewed and revised by the module author. The online modules through Quality Assist will be available by December 2013, when the 6-year project will end.

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 greater 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 included the development of a teacher survey to measure high quality instructional and environmental practices in preschool settings. The measure was designed to serve as a proxy for on-site observational assessments. In Spring of last year, field testing began with 67 master teachers across three states. Shortened versions of the measure were developed and tested with a national sample of 1,500 preschool teachers from Head Start, child care, and public preschool settings. Based on the results of the national sample, the measure was redesigned to condense the number of items. Validity studies of the revised measure are currently underway.

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. There have been significant technical setbacks in the system; however, testing with pilot agencies has been successfully completed and a gradual rollout to all Kentucky SE providers will begin this summer.

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 (~30,000 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 continued this year, through

two additional grants from KY's System to Enhance Early Development and the KY Division of Child Care. For the first grant, staff from five Department for Community Based Services offices were trained in appropriate screening and referral measures with the *Ages and Stages Questionnaires* for families seeking child care assistance. For the second grant, 6 early care centers were trained in the administration and use of the *Ages and Stages Questionnaires* for their young children. Screening and follow-up activities based on results are currently occurring. 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. 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 continuation of screening data for increased identification of children with developmental needs. To facilitate progress toward best practice for screening and assessment, where none was occurring, screening data were again added to the KEDS platform,

based on administration of the *Ages and Stages Questionnaires* (ASQ-3 and ASQ: SE). Collaboration for training with the HANDS Home Visiting Program continued this year, with the expectation to include their children in the KEDS data platform in the future. There are approximately 10,000 children and families served by HANDS each year. The addition of child screening data and modified assessment instruments for the platform continues to require 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. For the first time this year, data results were provided for Part B Section 619 programs by each district for students with and without IEPs. 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 continued 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 updated to accomplish this objective. The result is a rich data set of the progress of KY's young children on each of the *KY EC Standards* and benchmarks.

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 instrument was modified this year (*Work Sampling System*), with resultant updated alignment documents for analyses. 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*.

Training sessions have been conducted by KEDS staff on the use of approved assessment tools, online data entry, results of data analyses, and social-emotional health of young children. In response to provider need, tutorial online modules were refined to allow Part C and Part B providers to receive orientation to KEDS data entry at any time. In addition, trainings on approved Part C instruments were provided by KEDS staff through newly-developed online modules, developed in collaboration with the publisher of each instrument. These modules allow for 24/7 access to training for administration of assessment instruments. The response to the modules has been fantastic, including participation by providers across the country and from Canada. Future assessment modules are in development. Also, three new online modules were created for early care providers on the Social-Emotional Health of Young Children. Preliminary feedback results are encouraging. Lastly, KEDS staff attended a Training-of-Trainer session to be certified to train staff on the administration of the *Brigance Kindergarten Screen* for use in all KY counties. 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, 465 consumers, families and caregivers have participated in face-to-face surveys, along with 406 Kentuckians who responded to our telephone survey that asks parallel questions to provide an additional yardstick by which to measure NCI results. Five hundred forty-nine families responded to mail out NCI family surveys in this data cycle. A total of 158 providers took part in the NCI Staff Stability Survey.

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 KY Division of Developmental and Intellectual Disabilities, to make recommendations for areas of improvement for providers. This group provided a recommendations report to the KY 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 newly approved SCL waiver amendment. 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, have piloted health and wellness programs through the past year. This pilot program has led to new grant writing efforts to scale up and sustain the response to identified needs in health and wellness.

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 2012. This survey was conducted with 1,022 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 seventy-five individuals (275) 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 *Winter*

*2013 Research Brief* features an analysis of the school and student factors most strongly associated with post-school success, with evidence-based strategies for policymakers and practitioners, students and families in enhancing post-school outcomes (see: [http://www.hdi.uky.edu/Media/Default/Documents/HDI\\_ResearchBrief\\_Winter2013.pdf](http://www.hdi.uky.edu/Media/Default/Documents/HDI_ResearchBrief_Winter2013.pdf)). This Research Brief was disseminated to all school districts in Kentucky by the KY Department of Education. Our Summer 2013 Research Brief included an analysis of KY's early childhood outcome data for children with developmental delays in the communication/language domain, showing overall progress for children in KY in this domain, with suggested strategies for improving outcomes in communication for preschool children with developmental delays (see: [http://www.hdi.uky.edu/Media/Default/Documents/Research/ResearchBrief\\_Summer2013.pdf](http://www.hdi.uky.edu/Media/Default/Documents/Research/ResearchBrief_Summer2013.pdf)). This research brief was also distributed to preschools statewide by the KY Department of Education. Other peer-reviewed HDI research has included such topics as teacher education for teachers of students with moderate and severe disabilities (Whetstone, Abell, Collins, & Kleinert, 2013), teaching the principles of heredity to students with significant cognitive disabilities in a way that enhances students' ability to understand healthy living (Riggs, Collins, Kleinert, & Knight, 2013), and using large-scale data sets (National Core Indicators) to influence state policy decisions (Moseley, Kleinert, Sheppard-Jones, & Hall, in press).

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 2013, the Evaluation Unit

submitted an annual report documenting evaluation data and findings on each of the KY SPDG initiatives. As a part of the SPDG evaluation report, we developed project performance measures for each initiative. The project performance measures examine both intervention and implementation fidelity of the SPDG initiatives.

After serving as the external evaluators for Tennessee's OSEP-funded *State Improvement Grant*, our 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 promote academic achievement and successful transitions, and development of response to intervention models. We are also evaluating the RTI in literacy, RTI in math, and science 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 the grant. We presented the summative evaluation findings to the TN SPDG leadership team.

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. We submitted an annual report and an interim report to the KY Department of Education in Fall 2012 and Spring 2013 respectively.

Our 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 (AT) and durable medical equipment (DME) for residents of these counties who cannot afford to purchase or rent this equipment on their own. We are assessing the impact that receipt of AT/DME has on the quality of life of individuals who receive it. We conducted follow-up phone interviews with individuals who received the AT/DME. The results of the phone interviews were included in the annual evaluation report. We are also assessing the satisfaction of community agencies/programs working with CARAT to donate/obtain this equipment for their clients and assessing 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.

Our Evaluation Unit was recently chosen to serve as the external evaluator of the *National Information Materials Access Center (NIMAC)* grant. This grant is funded by OSEP to the American Publishing House of the Blind to create a central repository of accessible source files which schools systems can use to produce accessible formats on behalf of student who have eligible print disabilities in grades K-12. We will be responsible for collecting data on the program and project performance measures.

Finally, our Evaluation Unit is responsible for collecting evaluation information on specific HDI projects aligned to the objectives in our Five Year Core Workscope. Over the last year, the Unit has conducted in-depth evaluations of the trainings provided by the *KY Supported Employment Training* and the *Community Work Based Transition* projects. Evaluations were not only conducted to examine the quality of the trainings but also the impact of the trainings on the training participants' work. Surveys were administered at the trainings and follow-up surveys were administered 3 months after the training. The purpose of the follow-up training was to examine the impact, successes and challenges in implementing the skills and concepts learned in the trainings. As a part of the evaluation of these projects, impact of technical assistance and leadership training was also examined. The Unit is currently working with the State Independent

Living Council coordinator to develop a feasible evaluation approach for the State Independent Living Plan as well.

*Status of Objectives Under Goal 4:* All objectives under Goal 4 for Year V have either been met or in progress. 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.

**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, HDI continues to disseminate *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](http://www.shepky.org/wp-content/uploads/2011/07/Life_After_High_School1.pdf)). Several hundred print copies were disseminated this year, in addition to 279 electronic downloads.

Other 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 (394 downloads this past year). 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>.

Our Supporting Higher Education Project in Kentucky (SHEP) ([www.shepky.org](http://www.shepky.org)) 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.

Our HDI newsletter, *In Touch*, published its Winter 2013 issue featuring HDI's new *Supported Employment Training Project Leadership Training Series*; our *Health and Wellness Initiatives* in collaboration with our State Developmental Disabilities Agency; and our *Child Care Aware Project*, which coordinates technical assistance to child care agencies throughout the state, as well as referral services for families in locating high quality child care:

[http://www.hdi.uky.edu/Media/Default/Documents/InTouch\\_Winter2013.pdf](http://www.hdi.uky.edu/Media/Default/Documents/InTouch_Winter2013.pdf). Our Summer 2013 newsletter focused on new Kentucky legislation directly related to our work, our Peer-to-Peer Health Messages Project in collaboration with our State DD Agency and the University of Illinois-Chicago UCEDD, and our Annual Infant Toddler Institute:

[http://www.hdi.uky.edu/Media/Default/Documents/Newsletters/InTouch\\_Summer13.pdf](http://www.hdi.uky.edu/Media/Default/Documents/Newsletters/InTouch_Summer13.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. The manual is available at: [http://www.hdi.uky.edu/Media/Default/Documents/ResourceManual\\_10\\_10.pdf](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 1,181 downloads of the Resource Manual from the website in English and 190 downloads in Spanish, as well as 600 printed copies. We are currently revising the Manual to reflect pending changes in Kentucky's Developmental Disability Waiver services, and the broad impact of the *Affordable Care Act* on the lives of individuals with developmental disabilities.

In addition, HDI's Recreation Manual with options for accessible recreational activities (<http://www.hdi.uky.edu/Media/Default/Documents/RecreationManual.pdf>) was downloaded 319 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.

In August 2012, a total of 450 individuals attended the two-day collaborative Infant-Toddler Institute. The majority of individuals in attendance were early care and childcare professionals; however, TIPP collaborated with Early Childhood Systems grant staff and the Kentucky Partnership for Families and Children to provide scholarships to 7 family members interested in attending. Registration for the 2013 Institute is already underway; thus far, 6 family members have been registered.

Providing technical assistance and training for many years, 14 State-mandated community-based Child Care Resources and Referral (CCR & R) agency personnel across the state have become a part of Child Care Aware. Child care referrals, which used to be provided

by the CCR & R agencies are now centrally located at a single call center within HDI. In SFY13-14, this new central call center provided nearly 2,500 referrals to parents seeking information on appropriate care for their children. As the managing network of Child Care Aware, HDI's *Kentucky Partnership for Early Childhood Services* supports these efforts and tracks the performance of each CCA Training Coordinator and Technical Assistance Coordinator on various responsibilities to child care providers, credentialed trainers and families.

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](http://www.brightertomorrows.org)). During the past fiscal year, we have had 7,444 for this year (including 1,326 from outside the United States). As we had noted previously in this report, another resource within our *National Center for Prenatal and Postnatal Down Syndrome Resources*, our [Down Syndrome Pregnancy](#) website had 79,707 visits (66,869 unique visitors), with "Diagnosis to Delivery: A Pregnant Mother's Guide to Down Syndrome" downloaded 862 times and "You Loved One Is Having a Baby with Down Syndrome" viewed 1,034 times. (The Woodbine book sales of Diagnosis to Delivery included 314 copies this year, and for *Your Loved One is Having a Baby with Down Syndrome* 145 copies, with all author royalties donated to our National Center).

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.

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

this year alone received over 440 phone calls and web-based 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.

In addition, 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. Our *Disability Connect* service had 12 referrals from UK employees during this past year.

HDI also organizes statewide Seminars on topics relevant to health care, education and human service professionals, parents and self-advocates. These Seminars are offered to a live audience at the HDI Coldstream Training Room and are video-conferenced live to our other 2 HDI locations, as well as up to 19 other statewide locations. CEU’s have been approved for in Early Childhood, Speech and Language Pathology, Occupational Therapy, Social Work, Education, Psychology and Licensed Professional Counseling. HDI also posts the Seminar recording links on our web-site to make them available throughout the year to those parents and professionals who could not attend.

The Seminars this past year have included: 1) September 21, 2013 - “*Behavioral and Learning Strategies for Individuals across the Lifespan with Autism Spectrum Disorder*” with 225 statewide attendees; 2) October 5, 2012 “*Faith Communities and People with Disabilities*:

*Responding to the Call for Inclusion*" with 93 statewide attendees; 3) November 30, 2012 - "Disruptive Behavior in Children with Attention Deficit Hyperactivity Disorder and Oppositional Defiance Behavior – Evidence-Based Treatment Strategies for Home and School" with 374 statewide attendees; 4) Feb 15, 2013 - "Universal Design for Learning – Tools that Promote Excellence in Higher Education and Community Learning" with 110 statewide attendees; 5) April 12, 2013 - "Navigating the Challenges of Transition: Supporting Youth in Educational, Community and Pediatric to Adult Health Care Planning" with 69 statewide attendees; and 6) April 19, 2013 - "Transition and Beyond for Youth and Young Adults with Autism Spectrum Disorder" with 88 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 3,196,735 page views (an average of over 8,758 page view per day), as well as a total of 94,275 product downloads (all offered at no cost).

This year, there were 759,551 page views of our main HDI website (average daily view of 2,081), including the *KY Alternate Assessment Project* (designed primarily for teachers), 326,487 page views, or 869 894 page views per day. Other major HDI sites included the *KY Post-School Outcomes Center* at 258,730 page views (average 709 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 1,328,544 page views (average daily pages 3,640) and our other Early Childhood Projects (designed to provide ongoing training and assistance to early

childhood educators), collectively reported 574,715 page views (under the related HDI website *Kentucky Partnership*) during this past year, for an average of 1,574 page view daily.

Other major HDI sites include [www.transitiononestop.org](http://www.transitiononestop.org) (HDI lifespan transition website designed for teachers, administrators, policy makers, families, and students) 74,937, (daily avg., 205); our National Alternate Assessment Center [www.naacpartners.org](http://www.naacpartners.org) (136,634 page views for the past 12 months, and a total of 25,678 product downloads from this site alone); [www.kypeertutoring.org](http://www.kypeertutoring.org) (our statewide site for KY Peer Tutor Programs), 36,908 (daily avg. 101); and the *Preservice Health Training Modules*, 26,716 page views in the past 12 months (daily avg. 74).

*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 3.2 million page views this year), we were not able to obtain *current* website satisfaction totals. In early June of this year (during the last month of Year 5), we made significant updates to our website, including a new section for “Health Care Professionals”, live Twitter feeds from our HDI Facebook page, and several key portions of our overall website translated into Spanish. In the brief time that these changes have been up (last weeks of June), 9 individuals completed the satisfaction survey with 100% indicating satisfaction with the information and resources on HDI’s website (and 89% indicating they were highly satisfied) and 100% of the respondents indicating that they were satisfied with navigating and finding that information on our website (with 78% highly satisfied). Given the timing of these changes, we have not yet received 50 survey responses to our updated website.

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

Under the theme of Self-Advocacy, our three agencies held *our Eighth Annual KY DD Network Meeting* of our respective agency Advisory Councils, on August 24, 2012. The focus on our Joint Network meeting this past year was on the use of community theater techniques to enable self-advocates and family members to develop their own stories. The meeting was extraordinarily well received by members of all three Boards, but we also realized that it would be necessary to do follow-up activities to enable individuals to truly create and tell their stories.

Thus, we will expand upon the work we did at our *2012 Joint Meeting*, by the activities we have planned for our *2013 Joint Meeting* (to be held August 9, 2013). At our 2013 meeting, we will provide self-advocates and family members, who wish to do so, with the opportunity to tell their personal stories (which we will film on site for use in community education activities for our respective agencies, in promoting self-advocacy, and in educating legislators and policymakers).

In further preparation for this year's Joint DD Network Meeting, a small sub-group of the Council members from our three agencies developed an electronic survey to all of our respective members this spring, with a very strong response rate (N = 44). We found that, in addition to the importance of telling one's story for both personal and systems advocacy, our members also expressed a also high interest in learning about community physical fitness activities. This is a critical need for our state, given our *KY National Core Indicator Data* showing lack of regular physical exercise for individuals with intellectual/developmental disabilities in KY is even lower than the national average for individuals with IDD. Thus, members of our three boards, who so choose, will have the opportunities to experience meditation and yoga, and Zumba fitness

exercises at this year's meeting. For all of the small group activities for this year's meeting (fitness and the creation of personal stories), we are planning specific opening and closing activities that will connect these smaller group and individualized activities to what our members are doing within their own local communities, and what they can bring back from the Joint Meeting to those communities.

Two significant collaborations this past year have included our three agencies' joint work around the passage of:

- 1) the new *Supports for Community Living Waiver regulations* (which passed the KY Legislative Administrative and Regulations Rules Committee on December 17<sup>th</sup>, 2012) with testimony provided by each of our agencies (including research data provided by HDI's National Core Indicators Project). The Supports for Community Living regulations almost double the provider rates for supported employment; introduce a new community access service to connect people to activities and organizations in their communities with embedded natural supports; provide conflict-free case management; and provide a focus on positive behavioral supports;
- 2) the new Kentucky Department of Education regulation on *Restraint and Seclusion*.

The development of this essential educational regulation, to prevent restraint and seclusion of children with and without disabilities as an "allowable" disciplinary response, was spearheaded by KY Protection & Advocacy. P & A brought together a group of stakeholders, including family members and individuals with disabilities, and worked in collaboration with the KY Department of Education throughout this difficult two year process. Our DD Council assisted in developing a state-wide publication on stories of restraint and seclusion to ensure that the general community

understood the importance of this issue, and a member of HDI's professional staff testified at the Legislative Administrative and Regulations Rules Committee meeting at which the new regulation unanimously passed.

Finally, the Executive Director of HDI, the Director of the DD Council, and the Director of KY P & A continue to meet approximately 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.