

University of Kentucky Human Development Institute (HDI)
University Center for Excellence in Developmental Disabilities
Annual Report: July 1, 2013 – June 30, 2014

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 first year of the current five-year plan (2013-2018), including summary data for the period of July 1, 2013 through June 30, 2014. 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.

A key highlight of this past year was that HDI core activities reached 72,298 individuals. This is nearly 9,000 more people than FY2013. Included in this total were 54,288 professionals and paraprofessionals; 8,150 family members and caregivers; 2,705 individuals with disabilities; 254 children with special healthcare needs; 243 policymakers and/or legislators; 1,438 classroom

students (and 2,587 students in total across all Core Functions); and 3,762 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 monitoring our progress towards 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 2013; December, 2013; March 2014; and June 2014). Our August 2013 was once again a jointly held KY DD Network meeting with the KY Council for Developmental Disabilities and the KY Division of Protection & Advocacy.

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).

The *Underserved Populations Engagement Committee*, was established in Fall 2012. This year the committee expanded its membership by including a self-advocate, with visual impairment, and a family member of a child with disability (she is also an advocate for Spanish speak families in the state). 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)

The Underserved Populations Engagement Committee continues to work on identifying and engaging underserved communities within the state. The committee’s work can be broadly categorized into two broad categories—1) Building capacity within the Institute to engage underserved communities, and 2) Ensuring that all informational materials are truly accessible. During this reporting period, committee members focused on learning how other programs and projects are engaging the rural communities in the Appalachian region. The committee invited Dr. Patrick Kitzman, Director of the Kentucky Appalachian Rural Rehabilitation Network

(KARRN), and Dr. Walt Bower, Outreach Coordinator of Project CARAT (Coordinating and Assisting the Re-use of Assistive Technology) to present on their work with rural community partners in the Appalachian region. Members of the committee have started collaborating with KARRN to see how they can expand and enhance the services provided to the individuals with disabilities residing in the Appalachian region. Additionally the committee continues to ensure that the products and information available to individuals and families are truly accessible. During this reporting period, Ms. Maria Degaldo, American Printing House of the Blind, was hired to provide expert recommendations on how to make HDI's website and products accessible. Ms. Degaldo also translated the most commonly downloaded HDI products to Spanish. The Underserved Populations Engagement Committee also worked with web administrator to ensure that the HDI website was fully accessible.

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. *With self-advocates and families, to provide interdisciplinary pre-service training to promote the independence, productivity, and inclusion of people with disabilities and their families throughout life:*

Objective 1.1. Expand family/individual mentorships to include 20 family mentorships, including 10 graduate certificate mentorships, and 10 medical student and/or resident 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 6 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 “Parent Perspectives on Raising a Child with a Developmental Disability and the Role of the Physician,” facilitated by HDI’s Pre-Service Training Coordinator on 10/9/2013, included 3 HDI Mentor Families. This presentation was given to 100 first year Medical Students; many students stayed to talk with the parent presenters afterwards.

Objective 1.2 Embed individually designed research and leadership projects into HDI’s Graduate Certificate for at least 10 students per year

During this reporting period, HDI recruited its 14th 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 eleven receiving funding support from the Administration on Intellectual and Developmental Disabilities through our Core grant. Student disciplines included: School Psychology, Rehabilitation Counseling, Gerontology, Physical Therapy, Social Work, and Health Promotion and Kinesiology. Additionally, two students participated with post-baccalaureate status, attending the University solely for the purpose of attaining the Certificate. School Psychology, Rehabilitation Counseling, Gerontology, Physical Therapy, Social Work, and Health Promotion and Kinesiology 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) *Strategies Available to Youth with IDD in the Clinical Transition from Pediatric to Adult Oriented Therapy*, 2) *Training Resource Parents in Kentucky on Intellectual and Developmental Disabilities: Needs Assessment*, 3) *Life Outcomes for Money Follows the Person Recipients*, 4) *Parents Who Plan*, 5) *Support Systems: An Ecological Systems Analysis of Supported Self-Employment Cases*, 6) *Creating Natural Networks for Youth and Young Adults with Disabilities*, and 7) *TPSID Snapshot: The Current Policy Landscape for Sustaining TPSID Programs*.

Objective 1.3: Develop/implement HDI online Developmental Disabilities Leadership Certificate for at least 5 students per year.

Three HDI courses in the 2013-2014 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* (4 students); HDI 602 - *Interdisciplinary Supports* (1 student) and HDI 604 - *Leadership Seminar in Developmental Disabilities* (2 students) .

Marketing plans have been developed to expand the visibility of the online Certificate nationally. In the upcoming academic year, stipend amounts for distance learning students will be increased in an effort to bolster enrollment.

Objective 1.4: Provide interdisciplinary training to at least 10 research assistants per year.

During this past year, 11 students worked as Research Assistants (RAs). These Long-Term Trainees included 3 HDI Research Assistants who participated also in the HDI Graduate Certificate program. Of our RAs, a total of 4 disciplines were represented, 7 students in School Psychology (either PhD or Masters/Ed. S. students), 1 PhD in Special Education, 2 Masters in Communication Disorders, and 1 Masters in Communication Science. A key recognition of the outstanding work of our Research Assistants was the selection of Ashley Candelaria Alumbaugh as the 2013 AUCD Ann Rudigier Awardee; this award is given to one trainee in the national network each year who demonstrates leadership and commitment in serving individuals with developmental disabilities and their families.

Objective 1.5: Provide training in developmental disabilities to 100 medical students per year.

During this past year, approximately 90 first year medical school students 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. The youth also presented briefly. HDI also facilitated a parent panel to 100 first year medical school students this past year.

Objective 1.6: Increase collaborative pre-service training through at least 15 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: 17 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 36 students and SED 341 *Applied Behavior Analysis* to 31 students in Fall 2013; EDS 600: *Survey of Special Education* to 2 students and SED 577-777, *Dual Sensory Impairments and Communication* to 26 students in Spring 2014.

In the last year, Dr. Kathy Sheppard-Jones taught thirteen courses for the Department of Early Childhood, Special Education, and Rehabilitation Counseling. The courses were: *Rehabilitation Supported Employment, Transition and Independent Living* (RC560) for 15 students in Summer II 2013; a second section of *Rehabilitation Supported Employment, Transition and Independent Living* (RC560) for another 15 students in Summer II 2013; a third section of *Rehabilitation Supported Employment, Transition and Independent Living* (RC560) for another 9 students in Summer II 2013; *Human Growth, Disability and Development* (RC525) for 13 students in Fall 2013; a second section of *Human Growth, Disability and Development* (RC525) for 11 students in Fall 2013; a third section of *Human Growth, Disability and Development* (RC525) for 14 students in Fall 2013; *Rehabilitation Research* (RC750) for 14 students in Fall 2013; *Rehabilitation Research* (RC750) for 15 students in Spring 2014; a second section of *Rehabilitation Research* (RC750) for 15 students in Spring 2014; *Human Growth, Disability and Development* (RC525) for 16 students in Spring 2014; *Assistive Technology* (RC558) for 15 students in Summer I 2014; a second section of *Assistive Technology* (RC558) for 15 students in Summer I 2014; and a third section of *Assistive Technology* (RC558) for 9 students in Summer I 2014.

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* (8 students on campus, 1 student distance learning); HDI 603 - *Interdisciplinary Supports Practicum* (6 students); and HDI 604 *Leadership Seminar in Developmental Disabilities* (11 students on campus, 2 students distance learning).

Objective 1.7: Provide training in rehabilitation technology to 10 pre-professionals including allied health and residents in physical and rehabilitation medicine.

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 has continued to

provide the online modules to residents at the University of Kentucky and the University of Louisville. 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, new collaboration with the College of Education Rehabilitation Counseling Program has resulted in 26 master's level students completing the online modules as part of their coursework. .

Objective 8: Increase knowledge on critical life span issues throughout KY through our HDI Fall and Spring Seminar Series (at least 6 statewide video-conferenced seminars per 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 20, 2013 - "*Social-Emotional Health and Self-Regulation Strategies for Young Children*" with 143 statewide attendees; 2) October 18, 2013 "*Updates to Universal Applications to the iPhone and iPad for Persons with Developmental Disabilities and Communication Disorders*" with 97 statewide attendees; 3) November 15, 2013 - "*What Good Transition Planning Looks Like: Empowering Parents and Professionals with Evidence Based Practice Information*" with 42 statewide attendees; 4) Feb 27, 2014 - "*Communication First: Facilitating Access to the General Curriculum*" with 69

statewide attendees; 5) March 6, 2014 - “*DSM-5 Changes and Implications for Rehabilitation*” with 161 statewide attendees; and 6) April 11, 2014 - “*College and Intellectual Disability? Absolutely!*” with 26 attendees.

Status of Objectives Under Goal 1:

Goal 1: Overall during this past fiscal year, HDI provided instruction to 1,438 classroom students (and services to 2,587 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 (154), General Education (157), Special Education (52), Early Childhood Education (25), Psychology (23), Speech (32), Rehabilitation Counseling (212), Psychiatry (4), Physical Therapy (6), Family Advocate (3), Biology (2), Social Work (12), Nursing (1), Occupational Therapy (1) and Other Disciplines (185). For Year 1, all of the objectives under Goal 1 have been achieved, or are in progress. We did not attain our targeted number of family mentorships for Year I, largely because the key staff member who coordinates the Family Mentorship was on medical leave for the final six months of the year.

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 Provide training to 100 early care and education trainers per year to promote and support knowledge of early care and education staff and enhance quality of early care and education settings to support all young children.

The *Training into Practice Project (TIPP)* focuses on professional development for early childhood trainers and early care and education program directors. During 2014, the major activities included: 1) providing quarterly hybrid training-of-trainers seminars for individuals applying to receive a KY Early Childhood Trainer's Credential (106 participants), 2) coordination of seminars required for renewal of Trainer Credentials (68 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*) (7 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 (411 participants) provided information and professional development primarily for Early Care and Education Professionals during three days in July 2013, and the Trainer's Institute addressed the training needs of 153 trainers during two days in late May 2014.

A 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. One example is a survey administered following the *Kentucky Trainers Institute* indicated that 93% (N = 90) were either highly satisfied or satisfied with the Institute overall.

Objective 2.2. Provide training to 1,500 early care and education staff and family members per year to support providers in meeting needs of all young children.

As noted above, the Annual Infant-Toddler Institute (411 participants) provided information and professional development primarily for Early Care and Education Professionals during three days in July 2013, with families members also in attendance. In addition, we also

provided online ECOOL initial certification training to approximately 2,400 child care providers during this past year.

Objective 2.3 Provide training to at least 2,000 practitioners per year on access to the general curriculum for students with significant cognitive disabilities (multi-state and national objective, NCSC).

To insure that policy makers and practitioners receive training on the technical/content issues that must be addressed in large-scale alternate assessments, as well as access to the general curriculum, 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, Council for Exceptional Children, and the National Conference on Student Assessment in New Orleans*. Overall, this past year, ILSSA and NCSC staff provided training to over 5,000 individuals, including teachers, administrators, and other practitioners, both through in-person and electronic training modes.

We also provide online training to teachers in the individual states that we serve. For example, in Kentucky, *ILSSA* staff trained approximately 1,400 participants about administration of the NCLB alternate assessments via the online modules in 2012-2013. All of the Kentucky alternate assessment teacher trainings were delivered electronically. 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 content and bias reviews of the newly developed items.

Examples of our work with states include:

- In *Kentucky*, *ILSSA* led development, training and test administration activities for the state's 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 assessing College and Career Readiness Benchmarks. All assessment training materials were provided online. *ILSSA* staff trained approximately 1,400 participants about administration of the alternate assessment Attainment Tasks 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). Approximately 700 stakeholders completed these additional modules which 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 four of the new format. *ILSSA* facilitated the revision and editing of writing of new assessment tasks to replace released items. Additionally, *ILSSA* facilitated the selection of Kentucky's new Alternate Assessment Science Standard Progressions from the Next Generation Science Standards.
- In *New Jersey*, *ILSSA* staff members worked with the New Jersey Dept. of Education to develop and revise 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 content resource materials for planning access to instruction in the general curriculum and ongoing assessment of specific content targets designated for their alternate assessment linked to New Jersey's grade level

standards. 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, to identify training sets needed for scoring. Beginning in mid-April, *ILSSA* staff developed and conducted scorer training and certification with 160 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 have included providing a learning management system (LMS) to deliver the Pilot Phase I NCSC Alternate Assessment Administration Training, facilitating access to the NCSC instructional and curriculum resources online, and establishing and managing the communities of practice in 18 states and the Pacific Territories. We created a Learning Management System (LMS) to deliver online training modules and track course completion, compile data and generate reports, and complete an evaluation of the NCSC Alternate Administration Training. HDI also developed a WIKI for the NCSC instructional and curriculum resources. The WIKI is accessible online and presents the NCSC materials in an easy to navigate categorical format. Users can search NCSC resources quickly. The documents developed in the grant are linked to NCSC presentations and external resources.

Over the past year, UK staff supported the continuation of the NCSC Communities of Practice through webinar and in person training. Participating states have 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 have supported 12 Tier 2 states that have committed to implementing the NCSC assessment and curriculum materials.

Finally, we hosted an expert panel considering the implications of using alternate assessment data in teacher evaluation systems. Two papers are in progress on that topic.

Also addressing Objective 2.3 is our newly funded *KY Peer Support Network Project*. Funded for three years by the Commonwealth Council on Developmental Disabilities, this project is designed to work with schools throughout KY in increasing access to the general curriculum for students with significant disabilities through peer supports in general education classes, as well as increasing student engagement in extra-curricular and after school activities through peer networks. To date, we have held three Regional Trainings with Dr. Erik Carter, nationally recognized authority on peer supports. We have trained 23 school teams with a total of 94 school personnel and parents, with six additional Regional Trainings scheduled throughout the state in August and September. We have selected the first three pilot sites for project implementation: King Middle School in Mercer County, Trimble County High School, and Danville Independent, where we have a unique opportunity to train teams from a high school, a middle school and an elementary school. Our Pilot Site training for those schools will take place in late August.

An important component of the project is parental engagement, which will be facilitated by Community Conversations in Pilot Site schools, in which a diverse set of community members, school staff, and families come together to brainstorm strategies to increase peer

friendships for students with significant disabilities in extra-curricular and community activities. To that end, the project is hosting Community Conversations for parents and other community members at each of our pilot sites.

We have developed a website, <http://www.kypeersupport.org/>, as well as a Facebook page, <https://www.facebook.com/kypeersupportnetwork>, in order to share resources, including newly added Student Leadership Modules. Finally, the project recently collaborated with HDI's Teaching Academic Age-Appropriate Learning via Communication (TAALC) project to host a 2-day institute on using Peer Support and Peer Networks to engage peers as communication partners for students using alternative communication.

Objective 2.4 Provide training and/or technical assistance to at least 100 teachers and related service personnel per year on communicative competence for students with the most significant cognitive and/or multiple disabilities (TAALC) to promote *inclusion in the general education curriculum*.

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 and relationship of student communication level and access to the general curriculum. Working closely with the Low Incidence Coordinators for the 9 special education cooperatives in KY, we have completed 4 workshops for staff and families of students with significant communication needs in 8 school districts. We have consulted on students in 8 schools, involving a total of 14 students and their teams and families whenever possible. Most

importantly, we 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 255 school staff, administrators and families representing 49 student teams. Data from the weekly coaching calls have shown 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.

Team members have indicated that not only have the targeted students, in each case, learned more efficient and sophisticated modes of communication, team members have learned to generalize their own skills to other students whom they serve.

We have also completed and posted 5 modules regarding communication system development for students with complex communication needs and significant disabilities, and these are now available for use by our TAALC participants. Having new TAALC teams watch these modules *before* our on-site training has allowed us to focus more of the actual training on the needs of each team's specific targeted student. Completed modules 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 *State Personnel Development Grant* (2012-2017). In addition, we are near completion on a series of 4 modules on data collection, use, and analysis of communication skills for our participating teams. We hope to have these modules posted by September of 2014. These modules were developed in response to a needs

survey from our teams and from the Low Incidence Coordinators representing our state-wide special education cooperatives.

This past year the project presented at the ASHA conference, KY Council for Exceptional Children Conference, KY Parent Professional Conference, presentations to meetings of the KY Special Education Cooperative Low Incidence Coordinators and to the quarterly meetings of the KY SPDG of the KY Department of Education. TAALC faculty also presented to Indiana Speech-Language-Hearing Association 2014 convention as an invited presentation.

Finally in June of this year, TAALC held a Communication Institute on engaging peers as communication partners of students with complex communication needs. This institute was attended by over 40 teachers and therapists, administrators, family members and other state level consultants, and was conducted jointly with the KY Peer Support Network Project. Feedback and evaluations were extremely positive, with all participants (100%) expressing satisfaction with the outcomes, and noting that they had learned new skills in engaging peers as communication partners. We should also note that other states have asked our assistance in implementing the TAALC model. We conducted a two day workshop on communication for the Delaware Department of Education, with school teams having students with complex communication needs, and two representatives of the Delaware UCEDD then attended our TAALC Summer Institute.

Objective 2.5: Provide ongoing statewide training and/or technical assistance to 60 local school systems per year in *improving transition outcomes for youth with disabilities, including community based vocational training, student self-advocacy, wages and government benefits, and College and Career Readiness for students with significant disabilities.*

HDI is providing training and assistance to approximately 57 school districts and 100 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 2013-2014 school year. This past year, personnel from CBWTP developed, conducted, 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, (d) Networking, (e) Informational Interviews, and (f) Transitioning Youth with Autism into the Workforce. 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.

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 2012-2013 CBWTP End of Year Data, 46% of the seniors were competitively employed at the time of graduation and 10% of the juniors were competitively employed at the end of the school year. The average hourly wage for students competitively employed was \$7.71 and the average hours working per week was 22 hours. Ninety-four percent of the students who were competitively employed were satisfied with their job. Based on the alignment of the

CBWTP data with the KY Post School data, one year out, 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 HDI's *College and Career Readiness Project* and *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 such as the *KY Association for Persons Supporting Employment*. Dr. Hall also presented at state conferences, *KY Office for the Blind Transition*, *KY Council for Exceptional Children* and *the KY ARC/TASH* conferences. In addition, Dr. Hall developed and presented with the HDI Cross Agencies Webinar series, topics included: What good transition planning looks like; Creating a vision; and Predictors and practices for successful transition for student with significant intellectual disabilities.

Objective 2.6: Collaborate with KDE, the KY OVR, and KY DDID, and other state agencies, in the development of collaborative interagency training programs focused on seamless and integrated post-school transitions for both school and adult agency staff (with a focus on students with autism and other significant disabilities).

The Human Development Institute (HDI), in collaboration, with the Office of Vocational Rehabilitation (OVR), the KY Department of Behavioral Health, Development and

Intellectual Disabilities (BHDDID), and the KY Dept. of Education (KDE) organized a series of webinars focused on the transition of youth with significant intellectual disabilities from school to community. The webinars were live-streamed from HDI/Coldstream and were held from 11/13 – 2/14. The series included the following four (4) webinars:

1. *Key State Agencies Involved in Transition of Youth with Significant Intellectual Disabilities from High School to the Community:* The focus of the webinar was to describe the purpose of each agency (HDI, OVR, BHDDID), the roles each agency plays in transition planning and provision of post-school supports, and how these agencies collaborate to facilitate student transition.
2. *Developing a Vision:* This webinar focused on the importance of having a vision of the future for youth transitioning from high school to community. Strategies for developing a vision were incorporated.
3. *Transition Planning with Evidence Based Practices:* The focus of the webinar was to inform practices proven to facilitate successful transition to community settings, to show how these practices are utilized, to provide examples of these practices and of how they have been used.
4. *Meeting the Challenges to Successful Transition:* The purpose of the webinar was to discuss typical barriers to successful transition, strategies for overcoming them, and examples of how these strategies have worked.

A total of 93 individuals registered for the Cross Agency Webinar Series. Of the 93 registrants, 11 individuals registered for more than one webinar. Most of the participants identified themselves as a professional or a para professional.

Objective 2.7 Provide ongoing training, leadership development, and technical assistance to at

least 50 providers and employers/businesses per year, as well as to job seekers with disabilities and their families, to increase employment options for persons with the most severe disabilities, including individuals currently receiving KY Supports for Community Living/Michelle P. waiver services and/or services in segregated day programs.

A major HDI project addressing Objective 2.7 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* that's offered annually involving 12 days of content and a practicum. (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.

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, its amended rules in the Supports for Community Living 2 Medicaid Waiver (SCL2), and the Michelle P. (MP) Medicaid waiver. KSETP staff convene bi-monthly SE

Quality meetings involving OVR and DDID representatives. SETP staff also serve on multiple employment first committees organized by OVR and DDID.

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), two have reached exemplary fidelity and two have reached good fidelity. Sites that began in 2012, Seven Counties, (Louisville), Lifeskills, (Bowling Green), and Cumberland River (Corbin), have all reached good 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.

When we began implementation in 2010, we started with four sites. We began with 6 Employment Specialists and 4 Supported Employment Supervisors who were serving 6 counties.

As of this year, we have expanded in to all 14 Community Mental Health Centers within Kentucky. We have 36 Employment Specialists and 16 Supported Employment Supervisors serving 37 counties. We are working with 32 Vocational Rehabilitation Counselors and have 7 Kentucky NAMI Family Advocates. We have served 519 clients since we began implementation. We served 258 clients in 2013, and had 196 job starts for the year of 2013. With the expansion of sites, we hired an additional Supported Employment Trainer this year for the HDI Dartmouth Project.

The average age of a client receiving Individual Placement and Support (IPS) Supported Employment services in Kentucky is thirty seven years old. The Kentucky Division of Behavioral Health applied for and is the recipient of the SAMHSA Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) grant. Through policy academy within this grant, the Division created a vision to accomplish goals of promoting employment supports for young adults in Kentucky. The vision is that young adults (ages 18-25) with behavioral health challenges will have opportunities to develop and follow their career path through awareness and access to employment supports based on the SAMHSA recovery principles and commitment to utilizing innovative ways to implement evidence based practices.

Kentucky was chosen to host this year's annual national Dartmouth conference. We hosted several states and countries that are a part of the Dartmouth IPS National Collaborative. Communicare, one of our sites was nominated and received the 2014 Transformation award. Communicare currently has a 56% competitive employment rate. We also had an individual self-advocate share her back to work story at the conference. She has started her own candy making business. The goal for HDI's Dartmouth Project is to have consistent Supported Employment for people with serious mental illness in every county.

A third HDI project related to this objective is our *Kessler Foundation – Putting Faith to Work Project*. Despite decades of efforts to improve employment prospects, people with disabilities continue to be relegated to low paying, low status jobs or chronic unemployment. Some gains have been made through the years, but additional innovative employment strategies must be developed. Has too much emphasis been placed on formal, professionalized approaches within human services and too little thought given to typical, organic, neighborly, personalized ways of finding good work? Putting Faith to Work is a 2-year multi-state initiative sponsored by the Kessler Foundation that’s designed to explore possibilities for people with disabilities pursuing good employment through the supports inherent in their faith communities. The Human Development Institute at the University of Kentucky is one four partnering UCEDDs along with The Vanderbilt Kennedy Center, the Texas Center for Disability Studies within the University of Texas, and the University of Minnesota's Institute on Community Integration.

Objective 2.8: 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, nearly 250 drivers have completed the online training, with 39 drivers having successfully completed the module this year. 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

Status of Objectives Under Goal 2:

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

Goal 3: Community Services – Community Collaboration. *In collaboration with families and self-advocates, to provide technical assistance and model services 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 support to at least 300 early care and education providers to enhance their professional development and the quality of early care and education settings for 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 designed to support and improve the quality, accessibility, and affordability of child care needs for *all* Kentucky families. Within this partnership, the Child Care Aware project is the managing network for the Child Care Resources and Referral agencies across the state.

Child Care Aware staff include: 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. During this fiscal year, child

care aware staff provided technical assistance services to approximately 1,900 child care facilities.

The Quality Enhancement Initiative (QEI) has been 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. With specific emphasis on underserved populations, QEI maintains three goals: 1) To 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 for and access to the KIDS NOW scholarship program.

STARS Quality Coordinators (SQC)s conduct needs assessments and subsequently design and provide technical assistance for early care and education programs throughout the Commonwealth and then reliably rate those providers on four environment rating scales. 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, 2014, QEI staff provided 2,460 total technical assistance contacts to child care providers this year, including 628 contacts that targeted infant/toddler care and 402 environment rating scales. Professional Development Counselors completed 127 new professional development plans and provided technical assistance to 336 scholars. In addition, staff conducted 268 STARS Overview sessions for early care and education personnel across the state, giving a summary of the components of the KIDS NOW Initiative. Currently, 931 (38.9%)

of all licensed and certified childcare programs in Kentucky are participating in this voluntary quality rating and improvement system coordinated through HDI.

Objective 3.2 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)*. This is done 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 focused on the newly release State Systemic Improvement Plan (SSIP) and also 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 the State Systemic Improvement Plan (SSIP), Results Driven Accountability, role of Early Childhood Technical Assistance Center, and Part C system of payments. 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 continues to lead 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.

All nine states that MSRRC served also received Targeted Technical Assistance, including strategic planning, multiple meetings and onsite visits focused on a specific issue or need. During a sampling of technical assistance events from March 1, 2013 to March 31, 2014 a total of 6 events were held with 148 total participants. A total of 117 participants responded to the end-of-event online survey, a 79% response rate. Two end-of-event survey items pertained to the usefulness of MSRRC-provided TA and State Clients responded using a 6-point, Likert-type scale (Strongly agree, Agree, Not sure, Disagree, Strongly disagree, Not applicable). Data reflect the proportion of 92% of event participants responded they Strongly agree and Agree the technical assistance event they attended was useful and relevant.

In March 2014, 17 MSRRC State Clients receiving Targeted or Sustained TA or who were State Directors or Coordinators completed an online survey to inform the MSRRC. State Clients responded to one item regarding the usefulness of MSRRC-provided TA; State Clients responded on a 5-point, Likert-type scale (Highly satisfied, Satisfied, Neutral, Somewhat satisfied, Not at all satisfied). Ninety two percent of MSRRC State Clients responded they were Highly satisfied and Satisfied with the Targeted or Sustained TA they received.

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 of the United States with a high level of satisfaction reported by our clients.

Objective 3.3 Provide assistance to at least 5 post-secondary programs in KY (including at least 3 universities) in creating sustainable 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 fourth year on September 30, 2014. 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..

Work with Institutes of Higher Education

In the past year, SHEP has partnered with Bluegrass Community and Technical College (BCTC) (Lexington-central KY), Spalding University (SU) (Louisville-urban KY), and Murray State University (MSU) (Murray-west KY) to establish Comprehensive Transition Programs (CTPs) for students with intellectual disabilities. Students attending an approved CTP are eligible for both Pell Grants and Federal Work-Study Programs. SHEP continues to work with Northern Kentucky University (NKU) to submit an application to the Department of Education to establish our fourth CTP in the state. SHEP is also working to expand the BCTC CTP model to their Lawrenceburg, KY campus and has identified a student who plans to enroll at that campus. Additionally, SHEP is or has supported students in the past year at Jefferson Community Technical College (JCTC) in Louisville and Big Sandy Community Technical College (BSCTC) in Prestonsburg, Kentucky.

In April of 2014, SHEP met with Disability Services Coordinators (DSC) representing various colleges within the Kentucky Community and Technical Colleges System (KCTCS) to share information about BCTC's newly approved CTP and to provide information about CTPs. The result of this meeting was a consensus, on behalf of the DSC, that KCTCS should move forward toward a system-wide CTP. SHEP staff are working with BCTC and KCTCS staff to explore this option.

In January of 2013, Murray State University became the first IHE in Kentucky approved to provide a Comprehensive Transition Program (CTP). The Murray CTP served two students during the 2013-2014 academic year. BCTC became an approved CTP in January 2014. SHEP staff have met with and identified six students for this CTP which will be fully operational in August, 2014. SU currently has one student enrolled as a pilot student. This student will transition to their new CTP in August 2014.

NKU continues to serve a maximum of six students in a project and is working towards CTP approval.

Student Support

SHEP is supporting seventeen students in various stages of participation in postsecondary education; four of these are taking (or planning to take) courses for credit, and 13 are auditing. These 17 students are currently attending postsecondary classes. SHEP is working with three 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 2014 semester, having completed this preparatory phase with SHEP mentors.

SHEP students have attended a variety of classes, Students have also taken classes specific to their program of study. These classes have included history, graphic design, digital information and art.

Supported Higher Education and College/Career Readiness

SHEP is collaborating with the Kentucky Department of Education (KDE) and the HDI College and Career Readiness Project (CCR) 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 (OVR) to assure a clear connection between post-secondary education and career and to explore sustainability options for Supported Higher Education (SHE) in Kentucky. In 2013, our Service Fee memorandum with OVR was revised. An hourly fee for service was established. During the spring semester, five students worked in practicum settings through the SHEP-OVR partnership.

Peer Mentors

Peer mentors are responsible for many of the direct services provided by SHEP. In the fall of 2013, SHEP trained and utilized 23 peer mentors. Six of these were Northern Kentucky University students supporting SHEP participants at NKU. For students attending Spalding, JCTC, and Murray State, mentors from those institutions were provided. Fourteen mentors were graduate students at the University of Kentucky, and were recruited from courses in Rehabilitation Counseling, Social Work, School Psychology, and Special Education. All mentors received training consisting of both in-person and online modules created by SHEP. The mentors assisted SHEP students by providing in-class supports, social supports, and tutoring.

For the spring 2014 semester, 8 University of Kentucky students received peer mentor training to work with SHEP students at Bluegrass Community and Technical College. Including these mentors in the Central Kentucky area, 17 mentors were trained by SHEP staff at all locations. During the spring semester, SHEP created several new training modules for mentors. These are now in the final review stages, and will be available online by the beginning of the fall 2014 semester.

Project Communications

In the fall of 2013, SHEP began producing a quarterly newsletter. The Supported Higher Education Project Newsletter distributes information regarding numerous topics about Kentucky's program. The announcements of the state's CTP approvals; student, family and mentor perspectives on the benefits and experiences of the program as well as presentations and training provided by SHEP staff have all been highlighted in the newsletter. The newsletter can be found on the Supported Higher Education Website (<http://www.shepky.org/>) and is distributed to students, IHEs, families, Family Resource and Youth Service Centers, KY Dept. of Education's Special Education Coordinators, Vocational Rehabilitation personnel and various state legislators. The newsletter is also posted on social media sites such as Facebook and LinkedIn. In addition to these efforts, SHEP staff has acted as Co-facilitators of the Think College SIG Building Inclusive Campus Communities and the Think College Employment SIG.

Objective 3.4 Collaborate with the KY Division of Developmental and Intellectual Disabilities in improving quality of life (improved health, access to the community, recreation, relationships) for 100 individuals each year receiving DD waiver services in KY.

We have recently initiated two statewide projects to address Objective 3.4. The first is our Health Matters initiative, in collaboration with the University of Illinois-Chicago UCEDD and the KY Division of Developmental and Intellectual Disabilities. First, in working with the University of Illinois at Chicago on the startup for Health Matters in Kentucky, we gave a short introductory presentation in Spring 2014 to 168 provider agencies across the state explaining the benefits of health promotion programming for individuals with intellectual and developmental disabilities. A Rapid Health Matters Assessment is open until June 29 to identify resources and current health views of provider agencies. This was sent to approximately 236 recipients and to

date we have had 117 surveys completed. A statewide provider webinar in August will be used to share the survey results and recruit provider agencies to implement the Health Matters curriculum. The goal is to have the staff at provider agencies across the state participate in the Health Matters training and implement the health promotion programming within their organizations. The participants at these organizations will be educated on healthy lifestyle choices and engage in physical activities. Positive health benefits are expected from the clients as well as the agency staff for all participating locations. We anticipate a minimum of 10 Health Matters sites with 10 participants at each site.

Second, our Endeavor for Excellence (EFE), also in collaboration with the KY Division of Developmental and Intellectual Disabilities, is a leadership development course, designed to build the expertise of selected staff within an organization, to influence both their own work and the future work of their colleagues. EFE teaches a clear and coherent theory of practice and a related systematic methodology. The content is derived from many best practice sources with a major emphasis on Social Role Valorization theory. As a result, participants learn *what* specific actions have a better chance of success than others and, especially, *why*, in truly building community participation for individuals with the most significant disabilities. This level of clarity and competence is necessary to lead others toward positive change through 1-Community Access and 2- Shared Living, two innovative services now available through Kentucky's Supports for Community Living 2 Medicaid Waiver (SCL2).

Participants of EFE attend in small teams (ideally three to five), and include implementers, managers, and executive leadership. Each facilitator (course participant) works throughout the course with one learning partner who desires a different kind of support than what is currently received and who gives his or her well informed consent to be involved.

Six teams will be involved with our first EFE community of practice. Initial meetings with participating agencies are underway including discussions about the precise makeup of team members attending the course, as well as considerations related to the invitation of their learning partners. It's anticipated that there will be 30 course participants involved with 30 learning partners. There will be 16 total days of training organized into four 4-day weeks beginning July 29 and ending February 12, 2015. Follow-up visits will be provided in-between the weeks of training.

Objective 3.5 Provide home modification assessments to at least 12 individuals per year transitioning from institutional or nursing home centers, including the completion of at least 10 home modifications yearly under KY's Money Follows the Person Grant.

A final related initiative to Objective 3.5 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 15 home assessments between July 1, 2013 and June 30, 2014. 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 3.6 Coordinate Drivers Rehabilitation Training Program for the KY Office of Vocational Rehabilitation, and serve 100 individuals per year to increase their personal independence

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, 2013 – June 30, 2014, 151 individuals received vehicle evaluations and ninety-seven (97) people received training to drive through HDI's Driver Rehabilitation Services.

Status of Objectives Under Goal 3:

Overall, HDI provided training and technical assistance this past year to 28,780 individuals; this includes 24,827 professionals and paraprofessionals, 1,019 family members and caregivers, 371 individuals with disabilities, 242 children with special health care needs, 145 policymakers and/or legislators, 271 members of the general public, and 1,899 students.

Goal 4: Interdisciplinary Research. *In collaboration with self-advocates 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 Under Goal 4

Objective 4.1 Conduct and disseminate research related to the child care market rate, workforce and variables associated with quality environments for children and effective professional development for those caring for children (2 whitepapers/4 national presentations).

The Kentucky Partnership for Early Childhood Services in collaboration with the Division of Child Care conducts this study to examine Kentucky's early care and education workforce, every other year. A series of three surveys examines the background, experience, education, professional development, wages, and benefits of child care directors, teachers and family child care providers.

This report is developed in part with Child Care Block Grant funds through a contract to the Human Development Institute from the Kentucky Cabinet for Health and Family Services, Division of Child Care. Data for the Kentucky Early Care and Education Workforce study were collected through the Fall of 2013. This survey targeted Directors of Licensed Type I and II child care centers, Family Child Care Home (FCC) providers, and teachers and teaching assistants. The study focused on background, experience, education, professional development, wages, and benefits of the targeted participants.

Surveys were disseminated via email, based on availability of valid email address and were also available for completion via an anonymous on-line link. A total of 303 certified family child care home providers received the survey with 71 (23%) completed. Another 1,576 surveys

were sent out to directors of licensed child care centers with 434 (28%) returning a valid survey. A work force survey was also sent to 27,257 teachers and teacher assistants with 1,707 (8%) completing the survey.

Longitudinal data from this study will provide information about wages and benefits, retention and professional development for the child care work force in the Commonwealth. While wages reported showed an increase from the baseline study, Kentucky wages are still below the average nationwide median salary. Findings are designed to inform both policy and quality improvement efforts and included.

Under Objective 4.1, 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. NECTC has continued to disseminate findings from the study via the website and email communications.

Objective 4.2 Provide leadership to state agencies in Kentucky in measuring OSEP mandated early childhood outcomes for children participating in Part C (~5,000 children annually) and Section 619 programs (~10,000 children).

To address this Objective, 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 36,300 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 an additional grant from KY's System to Enhance Early Development and the KY Division of Child Care. 6 early care centers were trained in the administration and use of the *Ages and Stages Questionnaires* for their young children and in Baveloc's Nurturing Parenting Program. Screening and follow-up activities continue. The KEDS project has expanded during each of its nine 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 evaluation results for activities conducted across the state, and by requests for the expertise of the KEDS

staff. This fiscal year, all 173 KDE preschool districts with approximately 25,000 students, including Head Start children with and without disabilities; 11,000 Part C children aged birth to three years with disabilities; and 300 children in early care centers throughout KY participated in KEDS, for a total of 36,300 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 KEDS partners and the state-wide KEDS Workgroup. 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) in six early care centers across the state. 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 this year. 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. Results were provided for Part B Section 619 programs by each district for students with and without IEPs. Two-year targets were provided for all programs for the two OSEP target statements. Target 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 both Part B Section 619 and Part C Annual Performance Reports (APRs). The platform 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.

Training sessions have been conducted by KEDS staff on the use of approved assessment tools, online data entry, results of data analyses, social-emotional health of young children, and environmental modifications to facilitate inclusion of children with special needs. Tutorial online modules were refined to allow providers to receive orientation to KEDS data entry at any time. Trainings on approved Part C instruments were provided by KEDS staff through online modules, developed in collaboration with the publisher of each instrument. Future assessment modules are in development. The KEDS website continued to be expanded this year, with updated resources for assessment and outcome measurement, including the KEDS Online User Guide, Part B Section 619 and Part C Questions & Answers, PowerPoint presentations, web-based tutorials, and agency-specific guidance documents. Many requests for technical assistance were received via meetings, webinar, phone, and email.

Objective 4.3 Provide national leadership in alternate assessment, access to the general curriculum and promoting communicative competence for students with significant disabilities, including at least 2 refereed manuscripts/3 national presentations per year.

Under Objective 4.3, 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. As noted previously, we made presentations to *the International TASH Conference*, *the Kentucky Council for Exceptional Children*, *the National Conference on Student Assessment*, and *the American Speech and Hearing Association Annual Conference*

(ASHA) on access to the general curriculum and communicative competence as essential foundations to participation in alternate assessments.

In publications under this objective, we have one manuscript in press in *Exceptional Children*, 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. This study involved a data set of nearly 40,000 students across 15 states. Dr. Kleinert and Dr. Kearns also have a book chapter in press on recent developments in alternate assessment for the 4th edition of *Educating Students with Severe and Multiple Disabilities*, to be published in the Fall. Finally, we hosted an expert panel considering the implications of using alternate assessment data in teacher evaluation systems. Two papers are in progress on that topic.

Objective 4,4 Provide yearly data, including report cards for every district, on post-school outcomes for all former students with IEPs in KY, and research those school related factors that are most related to positive post-school outcomes.

The *Kentucky Post School Outcome Center (KyPSO)* is responsible for overseeing the Kentucky Department of Education/Division of Learner Services (KDE/DLS) study of youth post-school outcomes and KDE's study of parental involvement in special education. Now in its eighth year, KyPSO collects census data on all former students who had an IEP one year after school exit in the state. Some of the key highlights from this past year are:

- *Continued work on enhanced data security measures.* Recognizing the increasing complexity of online data management, KyPSO implemented measures to ensure greater privacy and confidentiality of its data. To this end, KyPSO has increased its data sharing protocols and worked 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 is still in 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 (KCEWS) (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. KyPSO will be presenting how it has collaborated with KCEWS, alongside The *National Post School Outcomes Center*, at the September 2014 *Improving Data, Improving Outcomes Conference in New Orleans*.
- For the past five years, KyPSO has overseen the dissemination, analysis, and reporting of the *KY Department of Education Study of Parental Involvement*. Each of these five years, a random sample of school districts has been selected and parents from these districts receive a paper survey via standard mail. KyPSO is currently working with KDE to determine a better way to obtain information about parental involvement utilizing extant data from Infinite Campus (IC) and/or the Individual Learning Plan (ILP). We are

exploring whether the number of times a parent/family member logs into their student's IC and/or ILP profile is a more valid measure of parental involvement.

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, 450 consumers, families and caregivers have participated in face-to-face surveys.

Data gained from the *KY National Core Indicators Project* are used to assess life outcomes and satisfaction with services received through the KY Supports for Community Living Waiver Program. KY Core Indicators reports are also used in the Annual Report of the *KY Commission on Long-term Services and Supports for Persons with Intellectual and Other Developmental Disabilities*, submitted to the Governor and the State Legislature on the status of developmental disabilities services in Kentucky. Most importantly, a *Quality Improvement Committee* was convened, consisting of family members, self-advocates, and professionals from HDI, the College of Education, and the 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) which is now rolling out as SCL-II; 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 and resulted in a full-time staff position at HDI that is focused on improving health and wellness for individuals with disabilities and those who support them, and that promote community integration and development of meaningful social networks.

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 2013. This survey was conducted with 1,019 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*. Three hundred twenty-six individuals (226) participated, responding to items related to employment status and quality of employment, orientation and mobility and assistive technology services.

Objective 4.6 Conduct research and evaluation studies in targeted areas of need in KY (e.g., *life satisfaction, supported employment, continuing health education/health promotion, transportation*) through the publication of at least 2 peer reviewed articles per year across these areas, and 3 national presentations (with HDI trainee/student involvement whenever possible

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 2014 Research Brief* features an analysis of KY National Core Indicator data on health and wellness for individuals receiving Supports for Community Living Services, as well as the results of a statewide provider survey on the extent to which they are engaging the individuals they support in health and wellness activities and promoting promising practices in this life area (see: http://www.hdi.uky.edu/Media/Default/Documents/ResearchBrief_Winter2014.pdf). Our Summer 2014 Research Brief included a longitudinal analysis of KY National Core Indicator mental health measures (self-reported loneliness, friendships, use of prescribed psychotropic medicines) for individuals receiving Supports for Community Living Services (see: http://www.hdi.uky.edu/Media/Default/Documents/Research/ResearchBrief_Summer2014.pdf). This research brief indicates critical areas of mental health and relationship needs in our state for adults with the most significant disabilities. Other peer-reviewed HDI research has included such topics as using large-scale data sets (National Core Indicators) to influence state policy decisions (Moseley, Kleinert, Sheppard-Jones, & Hall, 2013, *Intellectual and Developmental Disabilities*). Our Supporting Higher Education Project (SHEP) co-authored a paper on higher education, inter-agency collaboration for *Insight: A Think College Brief on Policy, Research, & Practice*, (22), http://www.thinkcollege.net/images/stories/Insight_22_F.pdf, as well as making national and international presentations to the Pacific Rim Conference (2 presentations, May 2014), the AHEAD Conference (July 2013), and the AUCD Annual Conference (November, 2013).

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 Spring of 2014, 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 provided various infographics on the state of RTI implementation in TN and resources identified by the school system for implementing RTI as the only method of identifying a student with a learning disability.

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. 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 to the KY Department of Education in Fall 2013.

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.

In collaboration with the Department of Educational Leadership, College of Education, the Unit conducts the evaluation of the University of Kentucky's Center for Clinical and Translational Science (CCTS). The CCTS is funded by a National Institutes of Health Center for Translational Science Awards. The CCTS activities include the integration and support of scientific research and work across the continuum of clinical investigation and translational research to foster collaborative team science, as well as enhancing and developing e-pathways to confront chronic health issues in rural and underserved populations throughout the Commonwealth and the Appalachian region.

The Unit also conducted the internal evaluation of the Youth Mentoring Project. The project was supported by the Commission of Children with Special Health Care Needs through a Health Resources and Services Administration grant. The project trained and provided support to adults with disabilities, who had successfully transitioned from high school, on how to be mentors to young adults who are about to transition from school.

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 Workslope. 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 were 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, exceeded, or are 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 self-advocates 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 Disseminate information to at least 2,000 family members and providers per year on practices to support *high quality child care settings for all children*, and to be able to choose child care options to meet the needs of their family through our parent referral services

In July 2013, a total of 411 individuals attended the three-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 6 family members interested in attending.

Child Care Aware of Kentucky provides assistance families seeking child care through a statewide call center within HDI. In SFY13-14, this new central call center provided nearly 2,800 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.

Objective 5.2 Provide online modules for 2- and 4-year faculty and professional development providers on topics related to early childhood special education. All modules are translated in Spanish and one in Portuguese. Instructor landing page will receive approximately 10,000 web hits per year.

CONNECT: The Center to Mobilize Early Childhood Knowledge, partnered with an international online provider of early childhood training programs to convert all 7 CONNECT

modules into online courses. In addition, the CONNECT website will continue to host the free online resources for instructors, which were reviewed and revised by the module authors.

Objective 5.3 Provide information to at least 2,000 self-advocates and family members per year on self-determination and self-advocacy through training materials, newsletters, DVDs, and other products, and through inter-agency collaboration.

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). Several hundred print copies were disseminated this year, in addition to 636 electronic downloads.

Other educational materials targeted to professionals, families, and individuals with disabilities include “*Student Survey for Transition Planning*” (356 downloads this past year). Topics include self-determination and self-advocacy, transportation options, resources for independent and supported living, employment, and recreational opportunities. We also continue to disseminate our popular student transition handbook “Get A Life” –also available in Spanish-<http://www.hdi.uky.edu/ktcp/materials/Get%20a%20Life%202006.pdf> with 277 downloads this year.

Our Supporting Higher Education Project in Kentucky (SHEP) (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 2014 issue featuring the impact of the Affordable Care Act on individuals with developmental disabilities and their families, our partnership in the National IDEA Data Center serving all states and US territories, our Youth

Mentoring Project with the KY Commission on Children with Special Health Care Needs, our supported higher education project for students with intellectual disabilities (and how two of our SHEP students presented at our state Council for Exceptional Children Conference), and our state-wide quality tracking system for child care programs serving children with and without disabilities: http://www.hdi.uky.edu/Media/Default/Documents/InTouch_Winter2014.pdf . Our Summer 2014 newsletter focused on our National Center for Prenatal and Postnatal Down Syndrome Resources, our Putting Faith to Work Project, KY Peer Support Network Project, and Health & Wellness education for individuals with significant disabilities, providers and families: http://www.hdi.uky.edu/Media/Default/Documents/Newsletters/InTouch_Summer2014.pdf . Our newsletters are disseminated statewide to advocates, families, professionals, policymakers, and legislators.

Objective 5.4 Provide information to at least 1,000 self-advocates and family members on KY's Supported Living Program, KY Supports for Community Living Waiver, Michelle P. Waiver, opportunities for Supported Employment, and impact of the Affordable Care Act.

HDI staff continued its collaborative relationship with The Arc of Kentucky to develop a chapter of the *Sibling Leadership Network*. HDI staff partnered financially with The Arc of Kentucky to bring Katie Arnold, the current director of the National Sibling Leadership Network, to be a plenary speaker at The Arc's state-wide conference in April 2014. HDI staff assisted in the development of a KY Sibling Leadership Network Facebook page and staff have worked to find and invite people to join. HDI staff, in collaboration with The Arc of Kentucky, will submit an application to officially start a Kentucky Chapter in July.

The National Sibling Leadership Network Conference will be held in Louisville, KY on May 30-31, 2015. While at the Arc of KY's conference, HDI staff introduced Katie Arnold to

staff with the KY Commonwealth Council on Developmental Disabilities. Council staff shared the process with Ms. Arnold for applying for funding (\$5000) from the Council for the National Sibling Leadership Network National Conference. HDI staff will continue to collaborate with both Ms. Arnold and The Arc of KY to promote this event as we have encountered significant challenges in finding and engaging adult biological siblings.

In another advocacy project for families and individuals with developmental disabilities, Life Plan of Kentucky, Inc. has opened over thirty First Party Special Needs Trust accounts to assist Kentuckians with disabilities to maintain their Medicaid benefits and to utilize these excess resources for supplemental needs. Life Plan has also opened five Third Party Supplemental Needs Trust accounts for family members, the majority of which will be funded upon the death of the parent(s). HDI staff continue to serve on the Board of Directors and we have provided ongoing technical assistance and consultation in the development of this growing organization. In addition, the training HDI staff provide for Case Managers for the Supports for Community Living waiver program provides an overview of special and supplemental needs trusts which results in requests for follow-up consultation and information.

Also under Objective 5.2 (Supported Living and Supports for Community Living), HDI's *Kentucky Disability Resource Manual* was wholly revised this year to reflect changes in KY's Developmental Disability Residential Waiver, and the broad impact of the *Affordable Care Act* on the lives of individuals with developmental disabilities. The manual is available at:

http://www.hdi.uky.edu/Media/Default/Documents/HDI_ResourceManual_12_2013.pdf and in Spanish at:

http://www.hdi.uky.edu/Media/Default/Documents/ManualdeRecursos_April2014.pdf . During this past year, HDI disseminated 670 downloads of the new Resource Manual from the website

in English and 632 downloads in Spanish, as well as 1971 printed copies; we also had 3,412 downloads of our earlier edition of our Resource Manual this year, before we released the new edition at mid-year. In addition, we disseminated 500 hard copies of our Belonging in the Community Living Newsletter, as well as 1,400 copies of our new Health and Wellness Newsletter. Both are available electronically.

Objective 5.5 Expand information dissemination to agencies in the broader community, including underserved individuals, through at least 5 collaborative events (e.g., community fairs, collaborative conferences, Annual Assistive Technology Conference) per year with our DD partners, KY Self-Advocates for Freedom, KY OVR and other community agencies.

We have outlined some of the key activities of our Underserved Populations Engagement Committee in the introduction of this report. We are conducting a thorough audit of the accessibility of our overall HDI website, with a consultant (who herself has a severe visual impairment) from the American Printing House for the Blind. We have also participated an Hispanic Family Resource Fair in Louisville, and translated several print and online materials to Spanish e.g. HDI Resource Manual, HDI web pages, “Those of Us Dislabelled” (a popular HDI product). Finally, we have entered into a partnership with the KY Appalachian Rural Rehabilitation Network (KARRN) in reaching out to individuals with disabilities in some of the most rural and isolated parts of our state.

Objective 5.6 Develop and sustain *National Center for Prenatal and Postnatal Down Syndrome Resources*, to enable expectant and new families to receive balanced, accurate, and up-to-date information on Down syndrome, with at least 10,000 products/booklets disseminated nationally each year to medical practitioners and to families

Our *National Center for Prenatal and Postnatal Down Syndrome Resources* (www.downsyndromediagnosis.org) is comprised of our Lettercase (www.lettercase.org), Down Syndrome Pregnancy (www.downsyndromepregnancy.org) and Brighter Tomorrows (www.brightertomorrows.org) websites. Each of these sites has extensive web visits, and downloads of our products. This year, with support from the *Administration on Intellectual and Developmental Disabilities*, we created a *Prenatal Screening Guide* (in both English: <http://www.lettercase.org/prenataltesting/> and Spanish) describing what the new Non-Invasive Prenatal Screening Tests (NIPS) can and cannot do, and what patients and prospective parents need to know - this was our first product that not only included the condition of Down syndrome, but also Trisomy 18, Trisomy 13, and the sex chromosome conditions. This year, we also updated our *Understanding a Down Syndrome Diagnosis* booklet (with over 45,000 copies disseminated thus far) and *Delivering a Down Syndrome Diagnosis*. In our *Understanding a Down Syndrome Diagnosis*, we included more diverse photography to reflect increasing our nation's increasing cultural and ethnic diversity, as well as health care conditions and life span examples of children and adults with Down syndrome.

Currently, all of our resources are fully integrated into a seamless portal as the cornerstone of the *National Center*. Not counting the extensive web visits, download, and e-published downloads of our products, this year we disseminated over 14,000 hard copies of our products including: 6,628 copies of *Understanding a Down Syndrome Diagnosis* (including about 4,800 of the new version)(note each booklet contains *both* the English and Spanish version); 3,189 copies of *Delivering a Down Syndrome Diagnosis* (and about 2,500 new version); and 2,679 copies of our new Prescreening Testing Pamphlet in English and 718 copies in Spanish. We have also disseminated 1,192 *Understanding a Down Syndrome Diagnosis*

downloads (Apple Store, Kindle, etc.) this past year, including both English and Spanish versions. We have also distributed 982 hard copies of *Diagnosis to Delivery: A Pregnant Mother's Guide to Down Syndrome* books this past year, with 598 downloads of this book.

Finally, staff of the National Center have made national presentations this past year to the annual conferences of the *National Society of Genetic Counselors*, the *American College of Medical Genetics and Genomics*, the *Association of University Centers on Disability*, the *Down Syndrome Affiliates in Action*, and the *American Society of Human Genetics*. We also presented a webinar for AUCD entitled: "Helping Patients Navigate the Current Landscape of Genetic Testing During Pregnancy and Ensuring They Receive Reliable Support and Information." We exhibited our materials at the following conferences: *Society of Maternal and Fetal Medicine*, *Association of University Centers on Disability*, and *Down Syndrome Affiliates in Action*.

The work of the National Center mirrors both federal and recent state legislation. At the federal level, the 2008 *Prenatally and Postnatally Diagnosed Conditions Awareness Act* (known as "Kennedy-Brownback") was passed unanimously by both Houses of Congress and signed into law by President Bush. While no funds were appropriated, this bill would have created a national entity to "disseminate current evidence-based information relating to Down syndrome or other prenatally or postnatally diagnosed conditions." We have tried to do just that.

Meanwhile, states are passing "Kennedy-Brownback" legislation on their own. In 2012, Massachusetts became the first state to require that parents and prospective parents be given up-to-date, evidenced-based information upon a prenatal or postnatal diagnosis. Kentucky became the second state to do so with the unanimous passage (in both our House and Senate) of the "*The Down Syndrome Information Bill*" (SB 34). Both Kentucky and Massachusetts are using the resources of our National Center to fulfill their respective state laws. This May, two additional

states – Delaware and Maryland - passed similar laws, with several other states considering legislation. Our National Center staff provided assistance to advocates for this legislation in both states.

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 3,474,734 page views (an average of over 9,516 page view per day), as well as a total of 133,070 product downloads (all offered at no cost).

This year, there were 764,038 page views of our main HDI website (average daily view of 2,093), including the KY Alternate Assessment Project (designed primarily for teachers), 344,246 page views, or 943 page views per day. Other major HDI sites included the KY Post-School Outcomes Center at 201,830 page views (average 553 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 1,070,798 page views (average daily pages 2,933) and our other Early Childhood Projects (designed to provide ongoing training and assistance to early childhood educators), collectively reported 536,604 page views (under the related HDI website Kentucky Partnership) during this past year, for an average of 1,469 page view daily.

Other major HDI sites include www.transitiononestop.org (HDI lifespan transition website designed for teachers, administrators, policy makers, families, and students) 139,287, (daily avg., 381); our National Alternate Assessment Center www.naacpartners.org (135,850 page views for the past 12 months, and a total of 26,931 product downloads from this site alone); www.kypeertutoring.org (our statewide site for KY Peer Tutor Programs), 40,356 (daily avg.

110); and the Preservice Health Training Modules, 55,751 page views in the past 12 months (daily avg. 153). Also added this year was the National Center and State Collaborative Wiki site with 530,220 page views (daily avg. 1,452) and 13,033 downloads.

Status of Objectives Under Goal 5:

All objectives under Goal 5 have been achieved or are in progress for Year I. However, even though we receive tremendous traffic on our website (nearly 3.2 million page views this year), and our website satisfaction surveys have indicated that 98% of responders (N = 51) were satisfied or highly satisfied with the overall products and resources on the website, and 90% of the respondents were satisfied or highly satisfied with the website navigation, we really need to ensure that our most important products are readily findable by first-time visitors. As a result, we are working on a new platform for our HDI website, that will clearly direct visitors to our broad array of resources by life area (area of emphasis) rather than to mainly project-specific resources, for which site visitors may not be as familiar.

Finally, though we were able to achieve our measure for Objective 5.6 for the National Center for Prenatal and Postnatal Down Syndrome Resources (at least 10,000 products/booklets disseminated nationally each year to medical practitioners and to families), rapid changes in prenatal screening and testing this past year have resulted in a need for us to update each of these products to ensure that they really are the most accurate and current possible. We are requesting Year I Carry-Over funds for this objective as well, to ensure that the products identified as essential to this objective remain the best available, and most balanced, for families, prospective parents, and medical practitioners.

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

Under the theme of Self-Advocacy, our three agencies held *our Ninth Annual KY DD Network Meeting* of our respective agency Advisory Councils, on August 9, 2013. The focus on our Joint Network meeting this past year was on providing self-advocates and family members the opportunity to tell their personal stories (which we filmed on site for use in community education activities for our respective agencies, in promoting self-advocacy, and in educating legislators and policymakers). We have developed a print and electronic brochure of the stories (with the stories now posted on You Tube and the brochure being prepared for posting on each of our websites. The brochure provides a link to each of these stories of self-advocacy, with a brief description of each story.

A second focus of our Joint Meeting this year was on the availability and importance of 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 had the opportunities to experience meditation and yoga, and Zumba fitness exercises at the meeting.

A second important collaboration of our three agency partners this year focused on the need to support self-advocacy activities in our state. Together, we collaborated with and provided fiscal support to our state's self-advocacy organization, KY Self-Advocates for Freedom, in putting together a two-day conference on March 7th and 8th, 2014. The theme of the first day was "Working Together for Change" and the theme of the second day was "Building Communities." Staff from our three agencies joined in making presentations, as did self-advocates and family members from our Boards. Approximately 130 self-advocates, family members and professionals attended the conference.

One issue of significance on which we have been working together centers on Participant Directed Services in our state's new Supports for the Community Living regulations (SCL is our state residential Medicaid waiver for persons with ID/DD). At present, pre-employment and initial support worker training activities (background checks, drug checks, TB tests, first aid training and other mandatory training) cannot be reimbursed for individuals who are hiring and directing their own supports, as these activities do not represent Medicaid reimbursable services. Thus, these services are coming out of pocket, and may require participants to incur significant costs, especially if they hire multiple individuals to provide those supports. Our State Developmental Disability Agency is very much aware of the need to resolve this extra cost for individuals directing their own support. Through our three agencies' collective work and participation and testimony to the KY House Bill 144 Commission on Long-Term Supports and Services for Persons with ID/DD, we are working with our State DD agency to resolve this. In addition, our state DD Council has commissioned the Martin School of Public Policy at the University of Kentucky to determine how other states may have addressed this issue.

Also this year, Protection and Advocacy entered into a Settlement Agreement with the Cabinet for Health and Family Services to provide active treatment, including assertive case management, supported employment, housing, and crisis intervention, to 600 individuals with mental health diagnoses living in Personal Homes in Kentucky. Through its Dartmouth Employment Project, HDI is working to ensure that individuals served under this Agreement who wish to work have the opportunity to participate in the Dartmouth Project.

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.