Fiscal Year 2015
University Center for Excellence in Developmental Disabilities (UCEDD)
Program Performance Report to the
Administration on Developmental Disabilities (AIDD)

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UCEDD Name	Center for Disability Resources
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Project Title	University Center for Excelence in Developmental Disabilities
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Fiscal year 2015 was a year of expansion, enhancement, adaptation and continued excellence for the Center for Disability Resources (SC UCEDD; CDR). In the context of excelling in all core function areas, we continued our highly involved and productive collaborations with public, private, state and national organizations. We also added a new collaboration with our state Medicaid agency related to development of the new CMS mandate to include Autism Spectrum Disorder (ASD) services in Medicaid State Plans. Our energy, passion and focus were devoted to activities and efforts that directly promote and support community integration and full inclusion for all people with developmental disabilities.

Our new and/or expanded efforts this year focused on positive behavior supports (PBS), ASD services and interventions, secondary transition, and self-advocacy. Each of these occurred within existing projects adding both value and impact with direct implications for people with developmental disabilities. Our collaboration on positive behavior supports includes other UCEDDs, national organizations, state agencies and community provider organizations. We briefly note that we have a pending funding proposal to create a nationally based community of practice in PBS that is led by our UCEDD (CDR), the University of Minnesota UCEDD, and the National Association of State Directors of Developmental Disability Services (NASDDDS). Additionally, NASDDDS is poised to widely disseminate their first ever position statement. It is focused on PBS and was created with ongoing collaboration/technical assistance by the CDR director.

In the area of ASD services, we initiated interaction and collaboration with the leadership of our state Medicaid agency (SC DHHS director and deputy director) on key issues related to Medicaid State Plan ASD services that are under development. We additionally added the SC DHHS deputy director as a new and regularly participating member of the SC Act Early Team that is chaired by our CDR director. We saw the number of children under age three at risk for ASD that became eligible for early intensive behavioral intervention double to over 600. This is due to our nationally unique presumptive eligibility process that uses a two-tiered screening process that enables children to access this evidence-based service earlier than would be possible when the full diagnosis of ASD is required. We also note that this process incurs only a 1% false positive rate based on the full diagnostic assessments completed before the child reaches age three.

Secondary transition is a key area in which we have cultivated the development of a project/process that creates a system of support to build secondary transition capacity in local communities. This new and innovative effort that began with 20 local interagency planning teams has grown to 42 teams and continues to expand and enhance its efforts in meaningful ways. The teams from across the state include personnel from the local school district, local DD provider agencies, local vocational rehabilitation office, local community organizations and/or parents of students with special needs. The annual transition conference focuses on strategic planning and local leadership development to improve the transition process and outcomes for high school students with developmental disabilities.

Introduction

The statewide self-advocacy group that we support (IMPACT SC) continues its development and growth in ways determined to be meaningful by its members (leadership, focus, & activities). The IMPACT SC group has moved from its initial and highly successful statewide conference to more specialized training on self-advocacy leadership development. This training was the focus of the statewide conference this year with targeted assistance from self-advocacy leadership trainers from Massachusetts.

Our project that provides essential support for the IDEA Part C program in South Carolina (BabyNet), continued to implement major changes this year. BabyNet dramatically altered the method by which federally required information is

provided by early intervention providers. Since they rely on the UCEDD for their: comprehensive system of personnel development, professional development/training and technical assistance, measurement of IDEA Part C child outcomes, family outcomes and family satisfaction, and data management for the South Carolina early intervention system, our efforts were essential to this local revision of the IDEA Part C efforts. Most effort this year focused on training initiatives to improve the quality of data in BRIDGES, the state's Early Intervention Data System. Through face-to-face and webinar sessions, TECS trained over 2000 BRIDGES users throughout this fiscal year. Modules and trainings were designed specifically for service providers, service coordinators, administrators, and billing personnel. Follow-up sessions were also offered for supervisors in a train-the-trainer format.

CDR trainees continue to excel as they demonstrate new multidisciplinary knowledge and skills. Especially important for our trainees are the field placements in which they have the opportunity to demonstrate application of what they have learned in the classroom in real-world applied settings. This past year those placements have included the South Carolina Developmental Disabilities Council, the Arc of South Carolina, the South Carolina Brain Injury Association, the Developmental Pediatrics Clinic at our USC School of Medicine, IMPACT SC and CDR projects that directly support the SC Department of Disabilities and Special Needs.

This year we successfully concluded the fourth year of the South Carolina LEND. The LEND is a collaboration between CDR (Columbia, SC), the Medical University of South Carolina (Charleston, SC), and the Greenville Hospital System (Greenville, SC). The SC LEND is administratively housed in Charleston, with the LEND co-directors in Charleston and Greenville and the training director, family liaison and selected discipline coordinators at the CDR in Columbia. This year our LEND continued the "maturation process" that becomes possible once a new effort is fully implemented and activities and processes are evaluated across years. A key aspect of this process is reflected in refinement of the research participation/focus at each of the LEND sites and adaptation of how the leadership development focus is infused throughout all activities.

As we transition across fiscal years and prepare for our incoming cohort of long-term trainees, all of our non-trainee activities continue in ways designed to maximize opportunities for full community inclusion of people with developmental disabilities.

Optional Attachments

1:	Intelligent_Lives_project_summary.pdf

AIDD Program Performance Report, Part 1A. Detailed Work Plan Progress Report

Implementation of basic and applied research, program evaluation, and analysis of public policy on issues impacting individuals with developmental disabilities.

This section provides a progress report on the UCEDD work plan. Use the work plan from the 5-year application, or the most recently updated workplan submitted with a continuation application, to provide annual updates along with a narrative report of progress for each section of the work plan that has activities planned for the time period. Activities not planned for during the reporting period should not be included in this section.

1:	Part 1a 2015.pdf

AIDD Program Performance Report, Part 1B. Summary of Evaluation Results

This section provides a summary report of the implementation of the evaluation plan described in the UCEDD 5-year core grant application. Other relevant information not reported elsewhere should also be reported in this section.

AIDD Annual Report, Part 1B. Summary of Evaluation Results

Background Note:
As we noted in our report last year, we previously submitted a narrative section (2013 continuation application) that revised some of our original goals and objectives in our UCEDD work plan. That report summarized implementation of our work plan and rationale for the changes that we proposed and that were subsequently approved by AIDD. Given the style of our evaluation plan (goals, activities, evaluation method, performance) our full summary report on our work plan (Part 1A of this annual report) includes performance information on all objectives and activities. The information that follows provides a summary of implementation of our evaluation plan plus other relevant information not provided elsewhere in this annual report.

Brief Overview:
The Center for Disability Resources (CDR) is the University Center of Excellence in Developmental Disabilities for the state of South Carolina. The CDR, as part of the University of South Carolina (USC) School of Medicine, provides important education and training of USC students across multiple departments and schools within the university, implements statewide technical assistance and training efforts, conducts research in key disability areas, and disseminates information to support increased knowledge, skills, and supports across various issues in developmental disabilities. CDR also provides education and training to students from other local universities (Winthrop University & South Carolina State University {historically black university}) in an effort to continue to increase awareness of,

knowledge of, and support opportunities for people with intellectual and developmental disabilities. CDR additionally is a key component of the South Carolina LEND program. While specific progress on our LEND is provided in the LEND report, it is appropriate to note that the UCEDD and LEND programs achieve synergistic results in key areas that benefit our trainees, service providers, citizens with disabilities and their families across South Carolina.

As part of the USC School of Medicine, Department of Pediatrics, the CDR provides learning experiences for medical students and pediatrics residents, people with developmental disabilities and their family members, and support provider agencies and communities throughout South Carolina. Our long-term trainees, in addition to their multidisciplinary classroom training in developmental disabilities, receive the real world experiences that foster the application of their classroom knowledge from various departments within the university for the benefit of people with developmental disabilities in a variety of community settings in South Carolina. The knowledge and experience that our trainees and students acquire through their experience at CDR additionally provides a comprehensive understanding of disability issues not available elsewhere in the university or community environments.

One of the areas in which CDR has earned and continues to expand our reputation for excellence is technical assistance and training. As described later in this update, we provide training related to disability services across the lifespan, across key areas of support, and in a variety of formats best suited to meet identified needs.

Research conducted by CDR faculty and staff includes topics such as content understanding of early interventionists, identifying unmet needs of children and young adults related to community participation, medical service utilization by adolescents and adults with Fragile X syndrome, adolescents and young adults with rare conditions, and behavior support policies and practices by state IDD agencies (and national ID/DD organizations). As described later in this report, research at CDR addresses key issues relevant to a large segment of people with developmental disabilities.

Information is disseminated individually by each project and collectively by the CDR Library housed within the USC School of Medicine library. Our CDR library is a collaboration among CDR, BabyNet (Part C agency), the SC Department of Disabilities and Special Needs and the USC School of Medicine Library. It is the largest collection of its kind in the Southeastern United States, with over 5,200 books, videos, brochures, curricula, monographs, and audiotapes covering a variety of disability-related topics. In addition, interested persons can contact our CDR librarian to receive services including literature searches, loans of books and other materials all at no cost to the borrower including return postage.

The CDR has achieved important accomplishments and outcomes directly related to community integration and full participation of individuals with developmental disabilities in all aspects of society. These accomplishments span the full range of goals, objectives and activities contained in our work plan and with performance measured as intended in our evaluation plan.

To most effectively report on our achievements this year, we begin with an update on the new activities that were not included in our original workplan.

New Activities:
Most of our new activities this year represent enhancements and/or expansions of effort that were reported as new in our 2014 report. Other new activities include efforts for which development was begun this year.

First on this list of projects in development is a collaborative proposal for funding for a Community of Practice in Positive Behavior Support. This proposal, currently under review by NIDILRR, would fund a DRRP (Disability and Rehabilitation Research Project) that would be collaboratively implemented by the Center for Disability Resources (USC), the Institute for Community Integration at the Research and Training Center on Community Living/Minnesota UCEDD and the National Association of State Directors of Developmental Disability Services. While we do not yet know if this project will be funded, it represents an ongoing collaboration between two UCEDDs and the NASDDDS that leverages our collective experience, knowledge and resources related to positive behavior support for the benefit of individuals with developmental and intellectual disabilities.

Another new effort this year is our collaboration with the filmmaker Dan Habib from the New Hampshire UCEDD. Based on his invitation for collaboration and sponsorship of his new project, a film in development with a working title of Intelligent Lives, CDR has become a partner in this effort. This partnership includes feedback and input on topical areas related to intellectual and developmental disabilities portrayed in the film, with a particular focus on the area of transition of high school age youth (with potential to film part or all of that segment in South Carolina based on the work of our SC TEAM/secondary transition program work) and partial financial sponsorship of production costs. We would note that the financial sponsorship is a collaboration between the CDR/UCEDD and the South Carolina Developmental Disability Council demonstrating yet another area of DD Network Collaboration.

Last year we reported, our new activity focused on transition for high school students with developmental disabilities (SC TEAM - South Carolina Secondary Transition & Employment Advancement Model). At that point, in addition to its work with a local high school in a high poverty area of the state, this collaborative effort (including a staff member who is a former trainee) led the development of and collaboratively implemented the South Carolina Transition Planning Institute for Local Interagency Transition Teams. In the past year this effort has evolved from 20, to now 42 local interagency planning teams from across the state that included personnel from the local school district, local DD provider agencies, local vocational rehabilitation office, local community organizations and/or parents of students with special needs. This effort began with DD Council funding (2 grants) that enabled the development of this project and its activities. During the past year we have been able to gain modest funding from the South Carolina Department of Education for these transition efforts. More importantly, the SC Department of Education has agreed, in principal, to provide long-term, stable funding to enable this project to continue past the expiration of DD Council funding.

Last year we reported that a key area of new activity was in our support of the statewide self-advocacy group, IMPACT SC. This group continues to grow in meaningful ways (leadership, focus, & activities) and continues to provide a statewide conference and training resources for South Carolina advocates. This year the conference focused on self-advocacy leadership development. The training was provided by advocates/experts from Massachusetts. We are extremely pleased to see IMPACT SC further developing its own voice as it considers issues and needs and then plans ways to address them. The contributions of the IMPACT SC members also appear beyond the borders of our state, with one of the members serving on the national SABE board of directors, currently elected as their treasurer. We also note that our efforts in support of self-advocacy activities are, in part, a DD Network collaboration that proves to be a continued successful effort and additionally includes support to CDR from the South Carolina Department of Disabilities and Special Needs as part of our extensive training and technical assistance contract.

The third area of our efforts reported last year as new, that continues with enhancements, is policy development with a national organization. This opportunity, with potential for national impact, is with the

National Association of State Directors of Developmental Disabilities Services (NASDDDS). Emanating from our collaboration on a national study of state IDD agency policies and practices in behavior support, the UCEDD director plays a key role in a NASDDDS committee that is developing potential policies focused on positive behavior supports and issues related to provision of these services and supports by state IDD agencies. As the reporting year drew to a close in June of 2015, NASDDDS was working on the final procedural details for public distribution of their first ever position statement on the topic of positive behavior support.

Summary Information on Goals Areas (continuing activities)

Interdisciplinary Pre-Service Preparation and Continuing Education:
Center for Disability Resources faculty and staff have maintained their excellent focus and activities in this key area. Activities this year have included pediatric residents completing a rotation in developmental pediatrics, medical students participating in a facilitated home visit for a child with developmental disabilities, graduate students completing an interdisciplinary practicum (long-term trainees) supervised by UCEDD faculty/staff, and targeted inclusion of graduate students from an historically black university as UCEDD trainees. Our trainees have each participated in a year-long field placement with a developmental disability-focused agency (e.g., SC DD Council, SC Arc, USC Developmental Pediatric Clinic, or one of our UCEDD/CDR projects such as IMPACT SC or our Supported Community Living Initiative). The pace and level of these activities during the current year meets the goals, objectives and activities specified in our annual workplan. Data on these activities are located in the NIRS and are reflected in Part 1A of this annual report.

Training and Technical Assistance:
Training and technical assistance to help people with developmental disabilities lead fulfilling lives as included members of their communities is a hallmark of our ongoing efforts. As our goals and objectives in this area highlight, the CDR has engaged in training and technical assistance focused on person-centered planning, finding a home preferred by the individual, positive behavior supports, engagement in meaningful activities, transition to meaningful adult life activities, implementing the Supports Intensity Scale for program planning, and finding a job that fits with individualized interests. Our efforts also included implementing a new project, begun during the 2014 reporting year, that trains community staff to become certified brain injury specialists. Other areas of training and technical assistance include our project on transition that was described in Part 1A of this annual report. Also of note is that this past year we have been providing technical assistance to the state IDD agency (SC Department of Disabilities and Special Needs) in planning strategies, developing policy, and implementing training to enhance their ability to meet the challenges of the new Centers for Medicare and Medicaid Services (CMS) final rule related to Medicaid waiver programs.

Promoting leadership, self-advocacy and self-determination for individuals with developmental disabilities and their families in supporting lives as valued community members
The CDR supports self-advocacy and self-determination in a number of meaningful ways. As noted in Goal 3 (p. 9 - 10 in Part 1A of this annual report) our center provides support for the IMPACT SC self-advocacy group. In collaboration with the SC DD Council and the SC Department of Disabilities and Special Needs, CDR provides continuing and sustained support for IMPACT SC through staff and trainee involvement. It would be difficult to be more successful in these efforts than we were in the past two years (see accomplishments noted on earlier this section under new activities). However we look forward to continued supportive efforts and additional collaboration focused on supporting development of youth leadership for students with developmental disabilities.

Increasing positive behavior support skills of local provider agency staff and behavioral consultants through training

Positive behavior support continues to be a strength of the CDR. We continue to provide, via collaboration and funding from the SC Department of Disabilities and Special Needs (SCDDSN), training for community support staff at the supervisory, direct support, and staff trainer levels of community services. CDR also provides ongoing technical assistance to the SC DDSN in the qualification process for providers of behavior support services, quality assurance for behavior support providers, crisis prevention and intervention system development, and policy related to positive behavior supports. In addition to meeting the expectations of our planned activities specified in our workplan, the CDR and its director, Dr. David Rotholz, have provided technical assistance that extends beyond South Carolina during the past year. As noted earlier in the section on new efforts, Dr. Rotholz has provided ongoing technical assistance to NASDDDS for their policy development efforts related to positive behavior support. Those efforts have produced policy and position statements that are 99% ready for distribution as the reporting year draws to a close.

Enhancing early identification of and services to children at risk or with a diagnosis of autism

The CDR, through the work of the SC Act Early Team chaired by Dr. Rotholz as well as through other efforts, has made significant contributions toward improving early identification and intervention for young children with or at risk for an autism spectrum disorder. We have previously reported on the significant effort in the implementation of a new policy for presumptive eligibility for early intensive behavioral intervention services (EIBI). Through collaboration with the South Carolina Part C Agency (BabyNet) and the SC DDSN, a young child who fails an autism screening test (M-CHAT) and also a second-level screening test administered by a professional trained via Act Early Team training (STAT - Screening Tool for Autism in Toddlers) now qualifies to receive applied behavior analysis early intervention services without a diagnosis of autism. This practice (presumptive eligibility) reduces the age at which a child receives critical early intervention services and has the potential to make major contributions in the life of the child. This year we are pleased to report that over 600 children have become eligible for the EIBI services as a result of this policy change and that the rate of approximately 1 child per day continues. New for this year has been our SC Act Early Team efforts related to the new CMS mandate for Autism Spectrum Disorder (ASD) service coverage in Medicaid State Plans. Our team has been directly involved in this effort. Due to concerns with South Carolina Medicaid Agency planning, our team leaders met with the state Medicaid Director and his deputy. In addition to a frank discussion of specific issues, agreement was made for direct collaboration between the Medicaid agency and our SC Act Early Team. As a result the SC Medicaid agency deputy director is now an involved member of our team, regularly attending and participating in our every other month meetings.

We have previously reported that CDR, in collaboration with SC DDSN, has developed a new quality assurance process to evaluate the early behavioral intervention services provided by SC DDSN through its autism waiver. This new process represents the first time that these services will have a dedicated quality assurance process, made even more notable by the on-location, direct observation of the service implementation component. This effort is currently in a new phase of development due to the ongoing efforts to craft ASD services within the Medicaid State Plan. Currently the state Medicaid agency and the state ID/DD agency, with CDR involvement, are developing the model and process for this new area of Medicaid funded service that will replace those supports currently provided by the Medicaid waiver for these services.

Enhancing opportunities for successful community living through assistive technology training and

technical assistance

CDR is proud to be one of the 16 UCEDDS nationally to host its states assistive technology program, funded by the Office of Special Education and Rehabilitative Services at the US Department of Education. The CDRs AT program continues to be a statewide resource for education, equipment, demonstration, and consultation in the many areas related to assistive technology. Additionally, it provides an annual AT EXPO that includes dozens of concurrent presentations, continuing education training, equipment displays, and provider information. This April, more than 800 participants from South Carolina and neighboring states attended the SCATP AT Expo. (Please note that Objective 7 was discontinued and that objective 8 follows.)

CDR Team for Early Childhood Solutions (TECS) will provide technical assistance and training to BabyNet (IDEA SC Part C system) personnel as part of the Comprehensive System of Personnel Development

As we noted in our introduction and in Part 1A of this report, our project that provides essential support for the IDEA Part C program in South Carolina (BabyNet), underwent major adaptation and enhancement again this year. BabyNet introduced a completely new system for all data collection, reporting and management, with other modifications related to IDEA Part C child outcomes, and family outcomes and family satisfaction. Since they rely on the UCEDD for their: comprehensive system of personnel development, professional development/training and technical assistance, measurement of IDEA Part C child outcomes, family outcomes and family satisfaction, and data management for the South Carolina early intervention system, our efforts were essential to this local revision of the IDEA Part C efforts. UCEDD staff adapted their efforts to focus on the planning, design, development and implementation of the new BabyNet data system. After the development, center staff provided training to over 2000 users of the BabyNet early intervention data & reporting system.

Conducting research, evaluation, and policy analysis in areas affecting persons with developmental disabilities, their families, and others who provide them with supports.

CDR faculty and staff have made progress as intended across the areas identified in our workplan (pgs. 18-20 in Part 1A of this annual report). The areas of research include:

a) Emergency Department Visits and Inpatient Hospitalization for Adolescents and Young Adults with Fragile X Syndrome. During this past year the CDR research director and her colleagues completed data analysis and published the following manuscript related to Fragile X syndrome: McDermott, S, Hardin JW, Royer JA, Mann JR, Tong X, Ozturk OD, Ouyang L. (2015) Emergency Department Visits and Inpatient Hospitalization for Adolescents and Young Adults with Fragile X Syndrome. American Journal of Intellectual and Developmental Disabilities. 120 (3), 230-243. DOI: 10.1352/1944-7558-120.3.230

b) Development of a Tool to Describe overall health, social independence, and activity limitations of adolescents and young adults with rare conditions. This year CDR research director and her colleagues completed a project to identify QOL among adolescents and young adults with spinal bifida, muscular dystrophy and Fragile X syndrome and published the following manuscript: Deroche C, Holland M, McDermott S, Hardin JW, Salzberg D, Mann JR, Royer JA, Ozturk O. (2015) Development of a Tool to Describe overall health, social independence, and activity limitations of adolescents and young adults with rare conditions. Research in Developmental Disability, 38, 288-300.

c) Analysis of job coaching related to integrated employment. This project is no longer ongoing. DDSN has established its own evaluation mechanism for review of job coaching services.

d) Conduct an evaluation study to assess the family experience with early intervention services

representative of families receiving BabyNet (Part C) services. This project is no longer ongoing. TECS has established their own system for outcome evaluation.

e) Development and dissemination of information on the analysis of state policies related to behavior support services for adults with developmental disabilities. This study was published last year with significant practical impact. As an example of translating Research Into Practice, this study directly led to policy work by the National Association of Directors of Developmental Disability Services (NASDDDS). The short-term result has been the first ever position statement by NASDDDS on Positive Behavior Support. This was available in in draft form in June 2015 with a rollout with greater public relations effort later in 2015.

Disseminate information to promote the translation of research into practice locally, nationally, and internationally in substantive area of expertise
Information dissemination activities conducted by CDR faculty and staff have addressed all areas that were specified in our work plan. CDR and its collaborators continued distribution of the local version of the PBS training curriculum to local community provider agencies whose staff successfully completed our train-the-trainer course. In addition, our long-standing collaboration with AAIDD continued with the commercial distribution of the PBS curriculum by AAIDD and their contracted commercial outlets such as amazon.com.

The CDR Library provided high quality information services to thousands of South Carolinas consumers, families, faculty, staff, students, and professionals who work with individuals with special needs, far surpassing its stated goal. In addition, the library advertised its services and materials via monthly newsletters, daily blog updates, and web-based searches, and lent out books, video materials, curricula, and other disabilities-related materials and/or information to hundreds of patrons in order to enhance community integration, skills acquisition, and other quality of life enhancing efforts for persons with disabilities.

TECS developed multiple technical assistance documents related to BRIDGES. These documents were disseminated through the TECSINFO listserv and posted on the TECS website on a new page specifically created to house BRIDGES resources. TECS disseminated early intervention materials using the following methods: website, Listserv, statewide coordination calls, and statewide and national trainings

Having already disseminated several thousand hard copies of our South Carolina Roadmap to Developmental Screening in English and Spanish over the past few years, our current dissemination effort has changed. While we still provide hard copies at local and state conferences, the presence of the Roadmap on several South Carolina-based websites is our current method that is continuously available.

AIDD Program Performance Report, Part 2: Measures of Improvement and Consumer Satisfaction

CORE FUNCTION: Interdisciplinary Pre-Service Preparation

Instructional program offered by the UCEDD that: (1) integrates knowledge and methods from two or more distinct disciplines; (2) integrates direct contributions to the field made by people with disabilities and family members; (3) examines and advances professional practice, scholarship and policy that impacts the lives of people with developmental and other disabilities and their families; (4) is designed to advance an individual's academic or professional credentials; and (5) takes place in an academic setting or program.

It may: (1) lead to the award of an initial academic degree, professional certificate, or advanced academic credential; and (2) contribute to a discipline-specific course of study offered by the UCEDD or by another academic department.

Output Measures		
Number and type (discipline, intermediate, long-term) of UCEDD trainees trained in the DD field		
Discipline	Trainee Type	Trainees #
	Total Long-term	0
	Total Intermediate	0
Total number of UCEDD trainees		0
Number of UCEDD interdiciplinary training programs		0
Number of UCEDD discipline specific training programs		2
List of **discipline specific** training programs.		1. AT TR: MUSC OT Lab 2. Presentation of UCEDD information and Part C Information to Pediatrics Residents
Diversity of UCEDD trainees (e.g., gender, person w/disability, family member, race/culture/language spoken)		0 total trainees

Race		Ethnicity		Gender	
White	0	Hispanic	0	Female	0
Black or African American	0	Non Hispanic	0	Male	0
American Indian and Alaskan Native	0	Unrecorded	0		
Asian	0				
Native Hawaiian and Other Pacific Islander	0				
More than one race	0				

Unrecorded	0				
Personal Relationship with Disabilities		Primary Language			
Person with a disability	0	**Do you speak a language other than English at home?**		**How well do you speak English? (only trainees who answer YES to the previous question "Do you speak a language other than English at home?" will be answering this question).**	
Person with a special health care need	0	Spanish	0	Very well	0
Parent of a person with a disability	0	Another language	0	Well	0
Parent of a person with a special health care need	0	No	0	Not well	0
Family member of a person with a disability	0			Not at all	0
Family member of a person with a special health care need	0				
Unrecorded	0				
None	0				

Regarding pre-service preparation trainings conducted outside the UCEDD:	
Number of training events	1
Total number of hours for training events	1 total hours
Number of hours for each training event	1. Presentation of UCEDD information and Part C Information to Pediatrics Residents - 1 hour(s)
Total number of participants/students trained	15

Initial Outcome Measure		
	Total Number surveyed	0
	Total Number responding	0
	Number responding	
	Strongly Agree	0
	Agree	0
	Disagree	0

		Strongly Disagree	0
Percent of UCEDD long-term trainees reporting an increase in knowledge or skills and/or change in attitude		**0%**	

Consumer Satisfaction Measure		
Area of Emphasis	**Definition**	**Consumer Satisfaction Measure**
Other		For those activities in which the UCEDD was the lead:
		Number of activities — 1
		Total Number surveyed — 15
		Total Respondents — 15
		Response rate — 100%
		Number Responding
		Strongly Agree — 8 (53.3%)
		Agree — 7 (46.7%)
		Disagree — 0 (0.0%)
		Strongly Disagree — 0 (0.0%)
	(Strongly Agreed + Agreed)	100%
	Response Rate Explanation No explanation is required as the response rate was 30% or greater.	
	Sampling Procedures (Random sampling is anticipated. Indicate if non-random sampling procedures were used. If non-random sampling measures were used, explain why.)	Our practice is to collect as much consumer satisfaction data as possible for specific events, exceeding the random sampling numbers.
Other - Assistive Technology		For those activities in which the UCEDD was the lead:
		Number of activities — 1
		Total Number surveyed — 0
		Total Respondents — 0
		Response rate — 0%
		Number Responding
		Strongly Agree — 0 (0.0%)

		Agree	0 (0.0%)
		Disagree	0 (0.0%)
		Strongly Disagree	0 (0.0%)
	Percentage of trainees who reported satisfaction with the knowledge and skills gained to serve as a resource for IWDD in other areas. (Strongly Agreed + Agreed)	0%	

AIDD Program Performance Report, Part 2: Measures of Improvement and Consumer Satisfaction
CORE FUNCTION: Continuing Education

Seminars or courses of instruction offered by the UCEDD that: (1) serve to maintain professional credentials; (2) encourage professionals to expand their knowledge base and stay up-to-date on new developments; and (3) offer certificates of completion or CEUs (or their equivalents).

Output Measures	
Number of professionals participating in UCEDD continuing education programs	4121
Number of UCEDD continuing education programs	42
Length (amount of course time) of CE program	146 total hours
	1. AT TR: Assistive Technology for Transition - 2 hour(s) 2. AT TR: Assistive Technology for Transition - 2 hour(s) 3. AT TR: Assistive Technology and Behavioral Supports - 3 hour(s) 4. AT TR: Intro to Assistive Technology - 1 hour(s) 5. AT TR: Intro to Assistive Technology - 1 hour(s) 6. AT TR: Intro to AT - 2 hour(s) 7. AT TR: Language Acquisition through Motor Planning - 6 hour(s) 8. AT TR: iPhones for Seniors - 2 hour(s) 9. AT TR: SCSHA Conference - 2 hour(s) 10. AT TR: SCSDB Transition Conference - 1 hour(s) 11. AT TR: Intro to AT - 2 hour(s) 12. AT TR: AT for Low Vision - 1 hour(s) 13. Introduction to Brain Injury and Spinal Cord Injury - 5 hour(s) 14. TECS: Service Coordination: Guiding Familites through the South Carolina Early Intervention System at SC Family Connection - 1 hour(s) 15. TECS: Creating Success with Early Child Outcomes through BabyNet at SC Family Connection - 1 hour(s) 16. TECS: SC Early Intervention Conference - 7 hour(s)

17. TECS: Manage the SC Part C Credential Process - N/A
18. TECS: Transitioning from Early Intervention Services to the Public School System at the FC Conference - 1 hour(s)
19. TECS: BRIDGES Phase 2 Billing Training for Service Provider Agency Administrators - 3 hour(s)
20. TECS: BRIDGES Phase 2 Billing Training for Interpreters - 3 hour(s)
21. TECS: BRIDGES Phase 2 Service Coordination Documentation and Teaming through BRIDGES - 3 hour(s)
22. TECS: BRIDGES Phase 2 Billing Webinar for Service Provider Agency Administrators - 3 hour(s)
23. TECS: BRIDGES Phase 2 Billing Webinar for Interpreters - 3 hour(s)
24. Consensus Statement 5 years - 2 hour(s)
25. Introduction to Brain Injury and Spinal Cord Injury - 5 hour(s)
26. Introduction to Brain Injury and Spinal Cord Injury - 5 hour(s)
27. Certified Brain Injury Specialist (CBIS) Training - 19 hour(s)
28. SCL Presentations - 1 hour(s)
29. Life Planners Training - 45 hour(s)
30. TECS: Hawaii Early Learning Profile (HELP) Training for SCSDB - 2 hour(s)
31. AT TR Expo - Assistive Robotics and Assistive Technology for the Aging Population - 1 hour(s)
32. AT TR Expo - Functional Communication Strategies for Individuals with Significant Disabilities - 1 hour(s)
33. AT TR Expo - It Takes a Village! - 1 hour(s)
34. AT TR Expo - Can Your Website Get You In Trouble? - 1 hour(s)
35. AT TR Expo - Making Text Accessible for Individuals with Print Disabilities - 1 hour(s)
36. AT TR Expo - Common Accessibility Barriers that Prevent Visitability. - 1 hour(s)
37. AT TR Expo - Aided Language Stimulation: What, Why, & How - 1 hour(s)
38. AT TR Expo - Creating Accessible Online Learning - 1 hour(s)
39. AT TR Expo - Ready to Launch - 1 hour(s)
40. AT TR Expo - Say Whats On Your Mind - 1

		hour(s) 41. AT TR Expo - Creating Accessible Documents - 1 hour(s) 42. AT TR Expo - Free Resources for Individuals with Learning Differences - 1 hour(s)

Consumer Satisfaction Measure		
Area of Emphasis	Definition	Consumer Satisfaction Measure
Other		For those activities in which the UCEDD was the lead:

For the "Other" area of emphasis:

Number of activities	1	
Total Number surveyed	15	
Total Respondents	15	
Response rate	100%	

Number Responding	
Strongly Agree	15 (100.0%)
Agree	0 (0.0%)
Disagree	0 (0.0%)
Strongly Disagree	0 (0.0%)

(Strongly Agreed + Agreed)	100%
Response Rate Explanation No explanation is required as the response rate was 30% or greater.	
Sampling Procedures (Random sampling is anticipated. Indicate if non-random sampling procedures were used. If non-random sampling measures were used, explain why.)	Random sampling was not used as our UCEDD attempts to survey as many training participants as possible.

Education & Early Intervention		For those activities in which the UCEDD was the lead:

Number of activities	9	
Total Number surveyed	427	
Total Respondents	252	
Response rate	59%	

Number Responding

		Strongly Agree	91 (36.1%)
		Agree	145 (57.5%)
		Disagree	15 (6.0%)
		Strongly Disagree	1 (0.4%)
	Percentage of trainees who reported satisfaction with the knowledge and skills gained to serve as a resource for achieving the developmental and educational goals of IWDD from birth to 22 years of age. (Strongly Agreed + Agreed)	94%	
Housing-Related Activities		For those activities in which the UCEDD was the lead:	
		Number of activities	1
		Total Number surveyed	10
		Total Respondents	10
		Response rate	100%
		Number Responding	
		Strongly Agree	5 (50.0%)
		Agree	5 (50.0%)
		Disagree	0 (0.0%)
		Strongly Disagree	0 (0.0%)
	Percentage of trainees who reported satisfaction with the knowledge and skills gained to serve as a resource for to choose where and with whom they will live and to facilitate the level of services needed to support those choices. (Strongly Agreed + Agreed)	100%	
Quality of Life		For those activities in which the UCEDD was the lead:	
		Number of activities	4
		Total Number surveyed	55
		Total Respondents	46

		Response rate	84%
		Number Responding	
		Strongly Agree	41 (89.1%)
		Agree	4 (8.7%)
		Disagree	0 (0.0%)
		Strongly Disagree	1 (2.2%)
	Percentage of trainees who reported satisfaction with the knowledge and skills gained to serve as a resource for IWDD in other areas. (Strongly Agreed + Agreed)	98%	
Other - Assistive Technology		For those activities in which the UCEDD was the lead:	
		Number of activities	24
		Total Number surveyed	1,100
		Total Respondents	1,100
		Response rate	100%
		Number Responding	
		Strongly Agree	739 (67.2%)
		Agree	338 (30.7%)
		Disagree	22 (2.0%)
		Strongly Disagree	1 (0.1%)
	Percentage of trainees who reported satisfaction with the knowledge and skills gained to serve as a resource for IWDD in other areas. (Strongly Agreed + Agreed)	98%	

AIDD Program Performance Report, Part 2: Measures of Improvement and Consumer Satisfaction

CORE FUNCTION: Community Services: Training

Training provided by UCEDD faculty/staff to enhance knowledge of a variety of community members (individuals with developmental and other disabilities, their families, professionals, paraprofessionals, policy-makers, students or others in the community).

Output Measures		
Number of people trained by participant type (e.g., individuals with D/OD, family members, Service providers, professionals, paraprofessionals, Policy makers, Community members) IN AREA OF EMPHASIS		
Area of Emphasis		
Education & Early Intervention	**982 total**	
	Trainees Total	350
	Classroom Students	8
	Professionals & Para-Professionals	599
	Family Members/Caregivers	25
	Adults with Disabilities	0
	Children/Adolescents with Disabilities/SHCN	0
	Legislators/Policymakers	0
	General Public/Community Members	0
Health-Related Activities	**16 total**	
	Trainees Total	12
	Classroom Students	0
	Professionals & Para-Professionals	0
	Family Members/Caregivers	4
	Adults with Disabilities	0
	Children/Adolescents with Disabilities/SHCN	0
	Legislators/Policymakers	0
	General Public/Community Members	0
Employment-Related Activities	**224 total**	
	Trainees Total	35

	Classroom Students	0
	Professionals & Para-Professionals	179
	Family Members/Caregivers	10
	Adults with Disabilities	0
	Children/Adolescents with Disabilities/SHCN	0
	Legislators/Policymakers	0
	General Public/Community Members	0
Quality of Life	**100 total**	
	Trainees Total	0
	Classroom Students	0
	Professionals & Para-Professionals	100
	Family Members/Caregivers	0
	Adults with Disabilities	0
	Children/Adolescents with Disabilities/SHCN	0
	Legislators/Policymakers	0
	General Public/Community Members	0
Other - Assistive Technology	**1396 total**	
	Trainees Total	0
	Classroom Students	309
	Professionals & Para-Professionals	527
	Family Members/Caregivers	171
	Adults with Disabilities	106
	Children/Adolescents with Disabilities/SHCN	140
	Legislators/Policymakers	0
	General Public/Community Members	143
Other - Leadership	**127 total**	
	Trainees Total	2
	Classroom Students	28
	Professionals & Para-Professionals	82
	Family Members/Caregivers	11

	Adults with Disabilities	0
	Children/Adolescents with Disabilities/SHCN	0
	Legislators/Policymakers	4
	General Public/Community Members	0
Other	**354 total**	
	Trainees Total	0
	Classroom Students	0
	Professionals & Para-Professionals	344
	Family Members/Caregivers	0
	Adults with Disabilities	10
	Children/Adolescents with Disabilities/SHCN	0
	Legislators/Policymakers	0
	General Public/Community Members	0

Number of discrete training events and/or training series IN AREA OF EMPHASIS	96
Area of Emphasis	
Education & Early Intervention	12
Health-Related Activities	1
Employment-Related Activities	7
Quality of Life	1
Other - Assistive Technology	62
Other - Leadership	4
Other	9

Initial Outcome Measures		
For recipients of regular, on-going trainings, percent reporting an increase in knowledge gained IN AREA OF EMPHASIS:		
Area of Emphasis	Initial Outcome Measure	
Education & Early Intervention	100%	
	Total number of activities	1
	Total number surveyed	8
	Total number responding	8
	Number responding	
	Strongly Agree	8

	Agree	0
	Disagree	0
	Strongly Disagree	0
Employment-Related Activities	100%	
	Total number of activities	2
	Total number surveyed	48
	Total number responding	45
	Number responding	
	Strongly Agree	31
	Agree	14
	Disagree	0
	Strongly Disagree	0
Quality of Life	90%	
	Total number of activities	1
	Total number surveyed	50
	Total number responding	50
	Number responding	
	Strongly Agree	40
	Agree	5
	Disagree	5
	Strongly Disagree	0
Other - Assistive Technology	100%	
	Total number of activities	53
	Total number surveyed	325
	Total number responding	325
	Number responding	
	Strongly Agree	325
	Agree	0
	Disagree	0
	Strongly Disagree	0
Other - Leadership	100%	
	Total number of activities	1
	Total number surveyed	75
	Total number responding	75
	Number responding	
	Strongly Agree	75
	Agree	0
	Disagree	0
	Strongly Disagree	0
Other	100%	
	Total number of activities	7
	Total number surveyed	22

	Total number responding	22
	Number responding	
	Strongly Agree	20
	Agree	2
	Disagree	0
	Strongly Disagree	0

Consumer Satisfaction Measure

Area of Emphasis	Definition	Consumer Satisfaction Measure

Other

		For those activities in which the UCEDD was the lead:

Number of activities	9
Total Number surveyed	106
Total Respondents	98
Response rate	92%

Number Responding	
Strongly Agree	76 (77.6%)
Agree	21 (21.4%)
Disagree	1 (1.0%)
Strongly Disagree	0 (0.0%)

Definition	Consumer Satisfaction Measure
(Strongly Agreed + Agreed)	99%
Response Rate Explanation No explanation is required as the response rate was 30% or greater.	
Sampling Procedures (Random sampling is anticipated. Indicate if non-random sampling procedures were used. If non-random sampling measures were used, explain why.)	Random sampling was not used as our UCEDD attempts to survey as many training participants as possible.

Education & Early Intervention

		For those activities in which the UCEDD was the lead:

Number of activities	8
Total Number surveyed	782
Total Respondents	278
Response rate	36%

		Number Responding	
		Strongly Agree	146 (52.5%)
		Agree	126 (45.3%)
		Disagree	5 (1.8%)
		Strongly Disagree	1 (0.4%)
	Percentage of individuals in the community who reported satisfaction with the knowledge and skills gained to support the achievement of the developmental and educational goals of IWDD from birth to 22 years of age. (Strongly Agreed + Agreed)	98%	
Employment-Related Activities		For those activities in which the UCEDD was the lead:	
		Number of activities	6
		Total Number surveyed	154
		Total Respondents	145
		Response rate	94%
		Number Responding	
		Strongly Agree	120 (82.8%)
		Agree	25 (17.2%)
		Disagree	0 (0.0%)
		Strongly Disagree	0 (0.0%)
	Percentage of individuals in the community who reported satisfaction with knowledge and skills gained related to employment, job choice, and career opportunities for IWDD. (Strongly Agreed + Agreed)	100%	
Other - Assistive Technology		For those activities in which the UCEDD was the lead:	
		Number of activities	62
		Total Number surveyed	990

		Total Respondents	990	
		Response rate	100%	
		Number Responding		
		Strongly Agree	989 (99.9%)	
		Agree	1 (0.1%)	
		Disagree	0 (0.0%)	
		Strongly Disagree	0 (0.0%)	
	Percentage of individuals in the community who reported satisfaction with the knowledge and skills gained related to IWDD in other areas. (Strongly Agreed + Agreed)	100%		
Other - Leadership		For those activities in which the UCEDD was the lead:		
		Number of activities		1
		Total Number surveyed		75
		Total Respondents	75	
		Response rate	100%	
		Number Responding		
		Strongly Agree	75 (100.0%)	
		Agree	0 (0.0%)	
		Disagree	0 (0.0%)	
		Strongly Disagree	0 (0.0%)	
	Percentage of individuals in the community who reported satisfaction with the knowledge and skills gained related to IWDD in other areas. (Strongly Agreed + Agreed)	100%		

AIDD Program Performance Report, Part 2: Measures of Improvement and Consumer Satisfaction

CORE FUNCTION: Community Services: Technical Assistance

Direct problem-solving services provided by UCEDD faculty/staff to assist programs, agencies, or other entities in improving their outcomes, services, management, and/or policies. This includes TA provided to self-advocacy organizations, family support groups, and other organizations.

Output Measures	
Number of hours of technical assistance provided in the areas of emphasis	6836 Total hours
Area of Emphasis	Hours
Quality Assurance	2252
Education & Early Intervention	24
Housing-Related Activities	202
Quality of Life	3887
Other - Leadership	402
Other	69
Number of hours of technical assistance per type of organization	6836 total hours
Type of Organization	Hours
State Health Dept.	2937
Clinical Programs/Hospitals	2937
Other Health-Related Program	2937
Medicaid	3200
Development Disabilities Council	402
Protection & Advocacy Agency (P&A)	9
Another UCEDD	3278
Childcare/Early Childhood/Part C Infants and Toddlers	2250
Head Start/Early Head Start	2250
State/Local Special Education (3-21)	2257
State/Local General Education	7
Employment/Voc Rehab	120
State/Local MR/DD Agency or Provider	6786
State/Local Social Services	2937
Health Agency - Public/Private	2250
Mental Health/Substance Abuse Agency	2937

Housing Agency/Provider	120
Provider Organization	3200
Consumer/Advocacy Organization	531
State/Local Coalition	14
Justice/Legal Organization	2259
Community or Faith-Based Organization	2265
Other	26

Initial Outcome Measures

	Total number of activities	35
	Total number surveyed	2049
	Total number responding	525
	Number responding	
	Strongly Agree	288
	Agree	178
	Disagree	43
	Strongly Disagree	16
For TA recipients with a sustained relationship with the UCEDD, percent reporting an increase in any of the identified or requested item(s):Enhanced resources , Enhanced services, Strengthened networking of public and private entities across communities , Increased awareness of evidence-based practices , Enhanced capacity to assess current practices in relation to evidenced-based approaches, Identification of policy changes needed within the areas of emphasis: (Strongly Agreed + Agreed)	**88%**	

Consumer Satisfaction Measure

Area of Emphasis	Definition	Consumer Satisfaction Measure	
Other		For those activities in which the UCEDD was the lead:	
		Number of activities	1
		Total Number surveyed	4
		Total Respondents	2
		Response rate	50%
		Number Responding	

		Strongly Agree	1 (50.0%)
		Agree	1 (50.0%)
		Disagree	0 (0.0%)
		Strongly Disagree	0 (0.0%)
	(Strongly Agreed + Agreed)	100%	
	Response Rate Explanation No explanation is required as the response rate was 30% or greater.		
	Sampling Procedures (Random sampling is anticipated. Indicate if non-random sampling procedures were used. If non-random sampling measures were used, explain why.)	Random selection was not used since this UCEDD attempts to survey as many participants as possible.	
Quality Assurance		For those activities in which the UCEDD was the lead:	
		Number of activities	4
		Total Number surveyed	180
		Total Respondents	37
		Response rate	21%
		Number Responding	
		Strongly Agree	10 (27.0%)
		Agree	25 (67.6%)
		Disagree	2 (5.4%)
		Strongly Disagree	0 (0.0%)
	Percentage of individuals in the community who reported satisfaction with the knowledge and skills gained related to promoting quality assurance activities for IWDD. (Strongly Agreed + Agreed)	95%	
Education & Early Intervention		For those activities in which the UCEDD was the lead:	
		Number of activities	19
		Total Number surveyed	3,079

		Total Respondents	1,679
		Response rate	55%
		Number Responding	
		Strongly Agree	105 (6.3%)
		Agree	1,102 (65.6%)
		Disagree	458 (27.3%)
		Strongly Disagree	14 (0.8%)
	Percentage of individuals in the community who reported satisfaction with the knowledge and skills gained to support the achievement of the developmental and educational goals of IWDD from birth to 22 years of age. (Strongly Agreed + Agreed)	72%	
Employment-Related Activities		For those activities in which the UCEDD was the lead:	
		Number of activities	2
		Total Number surveyed	10
		Total Respondents	8
		Response rate	80%
		Number Responding	
		Strongly Agree	7 (87.5%)
		Agree	1 (12.5%)
		Disagree	0 (0.0%)
		Strongly Disagree	0 (0.0%)
	Percentage of individuals in the community who reported satisfaction with knowledge and skills gained related to employment, job choice, and career opportunities for IWDD. (Strongly Agreed + Agreed)	100%	
Housing-Related Activities		For those activities in which the UCEDD was the lead:	
		Number of activities	3

		Total Number surveyed	13
		Total Respondents	13
		Response rate	100%
		Number Responding	
		Strongly Agree	13 (100.0%)
		Agree	0 (0.0%)
		Disagree	0 (0.0%)
		Strongly Disagree	0 (0.0%)
	Percentage of individuals in the community who reported satisfaction with knowledge and skills gained related to IWDD to choosing where and with whom they will live and to facilitate the level of services needed to support those choices. (Strongly Agreed + Agreed)	100%	
Quality of Life		For those activities in which the UCEDD was the lead:	
		Number of activities	1
		Total Number surveyed	25
		Total Respondents	25
		Response rate	100%
		Number Responding	
		Strongly Agree	22 (88.0%)
		Agree	3 (12.0%)
		Disagree	0 (0.0%)
		Strongly Disagree	0 (0.0%)
	Percentage of individuals in the community who reported satisfaction with the knowledge and skills gained related to IWDD in other areas. (Strongly Agreed + Agreed)	100%	
Other - Leadership		For those activities in which the UCEDD was the lead:	

		Number of activities	3
		Total Number surveyed	68
		Total Respondents	68
		Response rate	100%
		Number Responding	
		Strongly Agree	68 (100.0%)
		Agree	0 (0.0%)
		Disagree	0 (0.0%)
		Strongly Disagree	0 (0.0%)
	Percentage of individuals in the community who reported satisfaction with the knowledge and skills gained related to IWDD in other areas. (Strongly Agreed + Agreed)	100%	

AIDD Program Performance Report, Part 2: Measures of Improvement and Consumer Satisfaction

CORE FUNCTION: Model Services

Specialized services delivered with the intention to enhance the well being and status of the recipient and not for testing new practices and may be integrated with training, research, and/or dissemination functions. Includes direct problem-solving services provided to assist individuals with developmental and other disabilities and their families.

Output Measure	
Number of specialized services offered by the UCEDD to enhance the well being and status of the recipient	12

Initial Outcome Measures	
Number of individuals who received specialized services from the UCEDD to enhance the well being and status of the recipient	1858
Area of Emphasis	Number of Individuals
Other - Community Integration	1858

Consumer Satisfaction Measure		
Area of Emphasis	Definition	Consumer Satisfaction Measure
Other		For those activities in which the UCEDD was the lead:

Number of activities	12	
Total Number surveyed	1,858	
Total Respondents	1,765	
Response rate	95%	

Number Responding	
Strongly Agree	1,627 (92.2%)
Agree	137 (7.8%)
Disagree	1 (0.1%)
Strongly Disagree	0 (0.0%)
(Strongly Agreed + Agreed)	100%
Response Rate Explanation No explanation is required as the response rate was 30% or greater.	

	Sampling Procedures (Random sampling is anticipated. Indicate if non-random sampling procedures were used. If non-random sampling measures were used, explain why.)	Non-random sampling was used as we attempt to survey as many participants as possible.

AIDD Program Performance Report, Part 2: Measures of Improvement and Consumer Satisfaction

CORE FUNCTION: Community Services: Demonstration Services

Services that field test promising or exemplary practices and may be integrated with training, research, and/or dissemination functions.

Output Measure	
Number of services offered solely by the UCEDD that are being field tested as promising or exemplary/best practices	0
Number of services offered in partnership with others that are being field tested as promising or exemplary/best practices	0

Initial Outcome Measures
UCEDD and/or partnering agency adopts findings from field test to make at least one modification to the UCEDD services being field tested

Consumer Satisfaction Measure		
Area of Emphasis	Definition	Consumer Satisfaction Measure

AIDD Program Performance Report, Part 2: Measures of Improvement and Consumer Satisfaction

CORE FUNCTION: Research

Implementation of basic and applied research, program evaluation, and analysis of public policy on issues impacting individuals with developmental disabilities.

Output Measure	
Number of active research activities	3

Initial Outcome Measures	
Have you adopted research findings from research activities completed in current or prior years by mod current fiscal year?	
	Yes
	Year: 2015
	TECS: BRIDGES User Evaluation
	TECS: Family Outcomes Survey
	TECS: Family Satisfaction Survey
	Year: 2014
	TECS: Family Outcomes Survey
	TECS: Family Satisfaction Survey

AIDD Program Performance Report, Part 2: Measures of Improvement and Consumer Satisfaction

CORE FUNCTION: Information Dissemination

Distribution of knowledge-based information through UCEDD developed products and activities.

Output Measures	
Number of products developed in the current Fiscal Year	25
Number of products disseminated (regardless of whether they were created in the current or previous Fiscal Years)	12
Number of conferences and conference presentations	8

Consumer Satisfaction Measure	
How satisfied were individuals surveyed with the information on the UCEDD's website? (At least 50 people should be surveyed.)	
*Number surveyed	400
Number responding (auto filled from below)	84
Response rate	21%
Number Responding	
*Highly satisfied	50
*Satisfied	28
*Satisfied somewhat	6
*Not at all satisfied	0
Total	
Percent of Total who were Highly Satisfied or Satisfied	92.9%

AIDD Program Performance Report, Part 2: Measures of Improvement and Consumer Satisfaction

Leveraging

Outcome Measure	
Number of grants and contracts and other funds leveraged.	17

This report provides details on the funds leveraged by the UCEDD for a particular year. The ADD core funds are subtracted from the figures provided in the project records.

FY 2015 AIDD Program Performance Report (PPR)		
SC-Center for Disability Resources, UCEDD/LEND		
TOTAL FUNDING LEVERAGED (excluding UCEDD core funding):	$4,170,909.00	
Source	Funds Leveraged	% of Total Leveraged
Federal	$2,159,048.00	52 %
HRSA	$106,248.00	
CMS (formerly HCFA)	$918,851.00	
CDC	$3,000.00	
ED (US Department of Education)	$1,130,949.00	
State	$1,399,690.00	34 %
Local	$3,600.00	0 %
Other	$608,571.00	15 %
Fee for Services	$608,571.00	

Required Reporting Elements	
*1. Identify the critical issues/barriers affecting individuals with developmental disabilities and their families in your State that the DD Network (The State DD Council, Protection and Advocacy Agency, and UCEDD) has jointly identified:	Self Advocacy leadership development, emergency preparedness/planning, voting accessibility.
2. Describe the strategies collaboratively implemented by the DD Network for at least one of the issues/barriers identified above:	
*a. Issue/Barrier	While the UCEDD, DD Council and P & A of South Carolina are in regular collaborative efforts, the area of our greatest focus this year has continued to be self advocacy leadership development. The key issue is how best to provide the appropriate level of support to the wonderful self advocates in South Carolina and stepping back sufficiently to allow them the opportunity to step up and develop their own vision, organization and efforts.
*b. Provide a brief description of the collaborative strategies to address issue/barrier and expected outcome(s):	We, the DD Network Partners, collaborate in a number of ways to support self advocacy leadership development. This includes meaningful support (facilitation as needed, financial, etc) for the statewide group IMPACT SC, for the Youth Leadership Forum, and for the youth self advocacy group EQUIP. Each of these groups has made major progress in determining their own path, with considerably less assistance from us over the past few years. The self advocacy groups, especially IMPACT SC has truly blossomed. However we also recognize that outside assistance is needed at times. Therefore we collaborated to bring in leaders from Massachusetts DD Council this spring to provide a train the trainer session developed and implemented by that council for the IMPACT SC group. The expected outcome is continued growth for self advocates in South Carolina in ways that they choose.
*c. Check applicable areas of emphasis	Quality of Life
*d. Describe the UCEDD's specific role and responsibilities in this collaborative effort. Include any technical assistance expertise you can provide to other States in this area	The UCEDD has a talented staff member who devoted approximately 40% of her FTE to the IMPACT SC self advocacy effort this year. We additionally involved two trainees in this effort to both provide them with meaningful training and experience and to support the IMPACT SC effort under the supervision of our staff member.

*e. Briefly identify problems encountered as a result of this collaboration, and technical assistance, if any, desired	The challenges this year were in finding sufficient resources to meet the needs of this effort. By combining the collective efforts of DD Network partners and their resources we were able to meet the needs.
*f. Describe any unexpected benefits of this collaborative effort	The new youth leadership group, EQUIP, has far exceeded our expectations in how quickly they assimilated information from the National Youth Leadership Forum. As a result, a local South Carolina organization, with collaborative assistance from the DD Network Partners has taken on the role formerly provided by the national organization at least a year ahead of schedule.
Optional Reporting Elements	

3. Describe your collaborations with non-DD Act funded programs:
    a. List which disability populations benefited from your collaborations.
    b. Estimate the number of individuals with disabilities, other than developmental disabilities, who were affected by your collaborations with non-DD Act funded programs.
    c. Estimate the number of individuals with developmental disabilities who were affected by your collaborations with non-DD Act funded programs.
	South Carolina Department of Special Needs: a) persons with IDD, ASD and head &/or spinal cord injury HASCI), b) several hundred people served by the HASCI division of SC DDSN c) several thousand of the 24,000 served by SC DDSN through our efforts in PBS training, SIS assessments, eligibility screening (single point of contact). First Steps to Readiness of South Carolina/BabyNet (Part C program): a) children at risk of developmental disability based on developmental delays b) 2166 children served by BabyNet c) all children served by the Part C program in South Carolina since our staff provide the training and certification for these early interventionists, their supervisors, and case managers. National Association of State Directors of Developmental Disability Services: a) primarily those with IDD, but potentially all served by the state DD agencies across the United States b) very difficult to assess, but the policy work on which we collaborate with NASDDDS has the potential to positively affect all who receive behavioral services from state IDD agencies c) very difficult to assess, but the policy work on which we collaborate with NASDDDS has the potential to positively affect all who receive behavioral services from state IDD agencies (especially as NASDDDS has now developed, with our UCEDD technical assistance {Rotholz}, their first position statement. It is on positive behavior supports.

AIDD Program Performance Report, Part 4: UCEDD Government Performance and Results Act (GPRA) Measures

Data for the GPRA measures that has been collected through surveys of interdisciplinary pre-service trainees who are asked 2 questions at 1, 5, and 10 years post training.

FY 2015 AIDD Program Performance Report (PPR)				
SC-Center for Disability Resources, UCEDD/LEND				
Data for the GPRA measures is collected through surveys of interdisciplinary pre-service trainees who are asked 2 questions at 1, 5, and 10 years post training (2014, 2010, 2005).				
Measure 1:	Survey Question	number of former trainees to whom surveys were sent	Number of former trainees responding	Reported number of individuals who are receiving services
Percent of individuals with developmental disabilities who are receiving services through activities in which UCEDD-trained professionals are involved.	What is the number of individuals with developmental disabilities who are receiving direct services through activities in which you are involved?	34	1 years: 9 5 years: 2 10 years: 1 Total: 12	1 years: 1875 5 years: 375 10 years: 100 Total: 2350
Measure 2:	Survey Question	number of former trainees to whom surveys were sent	Number of former trainees responding	Number of "Yes" Responses
Percent of UCEDD trainees who demonstrate leadership in the developmental disabilities field at 1, 5, and 10 years after completion of UCEDD training.	Are you in a leadership position in the field of developmental disabilities?	34	1 years: 15 5 years: 3 10 years: 1 Total: 19	1 years: 8 5 years: 2 10 years: 1 Total: 11

Number of individuals to whom surveys were sent.	34

AIDD Program Performance Report: Optional Attachments

Attachment A. Intelligent_Lives_project_summary.pdf