

Fiscal Year 2017  
University Center for Excellence in Developmental Disabilities (UCEDD)  
Program Performance Report to the  
Administration on Developmental Disabilities (AIDD)

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<b>Project Title</b>	University Center for Excellence in Developmental Disabilities
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It was Margaret Mead who famously said "never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has". While we at the Center for Disability Resources are not necessarily trying to change the world, we do strive to support our fellow citizens with developmental disabilities and those who support them in a collaborative quest to improve our "local world". We engage in this undertaking by making best use of our UCEDD and leveraged funds, talented and committed faculty and staff and networked partners, in the context of our UCEDD core functions and overall commitment, to ensure that all persons with developmental disabilities are included and fully participate in their community of choice.

Our experience this year has included continued navigation of an evolving landscape of services, supports, funding and regulations that impact people with developmental disabilities and the systems and people that support them. Significant efforts and changes this year have included: a shift in the Part C agency (BabyNet) with which we collaborate for effective implementation of the BabyNet early intervention program for the state; the first year of funding from the SC Department of Education for our Transition Alliance of South Carolina (TASC) program (and likely expansion); our key role in collaborating with the SC Department of Disabilities and Special Needs (SC DDSN) on their Employment First initiative and continuing role with Positive Behavior Support implementation; loss of one of our projects for SC DDSN; a new project with the Title V agency; extensive work by our SC Act Early Team; serving in an educational capacity for our elected national and state representatives and providing technical assistance to national organizations such as the Association for Positive Behavior Support (APBS) and National Association for State Directors of Developmental Disability Services (NASDDDS).

Our collaborative effort with BabyNet this year has included the challenges associated with the program moving from one state agency to another. The new home for BabyNet has some challenges in effective communication and necessary follow through. This has resulted in a delayed contract and a modified scope of services for our role. We remain optimistic that all remaining issues will be resolved shortly and look forward to helping to continue with collaborative improvements to the Part C early intervention system in South Carolina.

TASC continues to be a centerpiece of our UCEDD efforts. The collaboration with the SC Department of Education continues to grow in both depth and breadth, along with their now full funding of this effort. While parts 1a and 1b of our report provide more detailed information, we are pleased to highlight the degree to which our TASC staff are providing leadership, technical assistance and training in this area that will have a positive impact on special education students across our state as they prepare to enter adulthood and contribute to their communities as they pursue meaningful lives.

We are very pleased to note our intensive involvement in SC DDSN's systemic improvement effort in the area of employment. While the DD Agency does not receive the credit it deserves for major efforts in employment (including the role that the Vocational Rehabilitation Agency is supposed to fulfill), SC DDSN continues to move forward on employment in meaningful ways with our help. The UCEDD staff who participates in this effort exemplifies the expertise, experience and forward thinking attitude that promotes the difficult but necessary improvements that enable the needed movement toward meaningful employment. Our PBS efforts with SC DDSN continue with technical assistance on policy, training for community staff, quality assurance and information dissemination. We do note, with regret, that our information and referral (screening) program for SC DDSN lost its funding this year. This was required by the commission that oversees the agency in opposition to the recommendation of the agency professional leadership and staff. The result has been a screening process that is

## **Introduction**

now complained about to the commission that made the change. Fortunately, the six UCEDD staff who worked on this project all were able to find suitable, local disability-related employment with no gap in service.

As noted in other sections of this report, the SC Title V agency has contracted with our center to help enhance the case management skills of their community based care coordinators. This 2- year contract is especially important since the case management responsibilities of the care coordinators is new, coinciding with the change from a clinic model to a community model for the Title V services for Children and Youth with Special Healthcare Needs.

Our SC Act Early Team efforts related to "presumptive eligibility" have gained deserved attention for their positive impact on young children found to be at risk for Autism. This year we published and presented this information in the hope that other states will replicate the process for the benefit of children residing outside of South Carolina. While we take great pride in this effort, we also recognize the major challenges that exist in our state, and likely most others, in that there is not sufficient provider capacity and/or funding to adequately serve the needs of young children with or at risk for ASD.

As our work in many areas gains the positive reputation it deserves, some has also received national exposure. Aside from our work on presumptive eligibility described above, our work on PBS is often highlighted by the NASDDDS (including a national audience webinar), by APBS with invited and/or featured presentations at their annual conference and by AUCD with webinar invitations and presentations.

We conclude with a quote that reflects upon our gratitude for creating and/or taking advantage of opportunities to help insure that all persons with developmental disabilities are included and fully participate in their community of choice:

"Opportunity is missed by most people because it is dressed in overalls and looks like work"

-- Thomas Edison

## Optional Attachments

1:	<a href="#">Rotholz_peds.2016-1061.full copy.pdf</a>
2:	<a href="#">NCI_DataBrief_SelfInjuriousBehavior_May2017.pdf</a>
3:	<a href="#">Bennett et al.pdf</a>
4:	<a href="#">Smith et al.pdf</a>
5:	<a href="#">Smith et al 2.pdf</a>

## 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:	<a href="#">Part 1a 2017.docx</a>

## 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 have noted in our past two annual reports, 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 (e.g., 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.

During the past year, our UCEDD Director (Dr. Rotholz) became the co-director of SC LEND as it began its new 5-year funding cycle (year 6 of SC LEND). This occurred at the same time as the establishment of the SC LEND Executive Committee comprised of Dr. Michelle Macias (Charleston), Dr. Rotholz (Columbia) and Dr. Anne Kinsman (Greenville). The change also coincided with the introduction of the new SC LEND goals on policy and advocacy, for which Dr. Rotholz has taken a leading role.

As part of the USC School of Medicine, Department of Pediatrics, the CDR provides learning experiences for medical students and pediatrics residents, USC social work masters students, 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. This past year our UCEDD long-term trainees gained real world experience in settings such as: Family Connection of SC (Parent 2 Parent, Parent Training Initiative {PTI}, etc.); SC Department of Health and Human Services (Medicaid); Carolina Behavior and Beyond (early intervention provider); the Supported Community Living Initiative (UCEDD DD Agency collaboration); Ed Venture (Childrens Museum); and SC Beginnings (Deaf and Hard of Hearing Advocacy organization).

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 assessment of adherence to breast and cervical cancer screening recommendations among women with and without intellectual disability; a collaborative report with ABLE SC (CIL in Columbia) on employment for people with disabilities; and receipt of recommended services among patients with selected disabling conditions and diabetes. 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. It is our understanding that our UCEDD is perhaps the only one whose library allows borrowers from neighboring states to make use of its resources.

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 (not included in original 5-yr plan):

Most of our more recent (new per the earlier report) activities this year represent enhancements and/or expansions of effort that were reported as new in our 2014 report. Others include efforts for which development was begun in subsequently with continuation and at times enhancement in the current year.

Previously we reported our activity focused on transition for high school students with developmental disabilities (SC TEAM - South Carolina Secondary Transition & Employment Advancement Model). This effort, that now includes the Transition Alliance of South Carolina (TASC) has steadily increased in scope while maintaining excellence in all of its activities. It has evolved to now include local interagency planning teams that included personnel from 46 local school districts, local DD provider agencies, local vocational rehabilitation office, local community organizations and/or parents of students with special needs. This effort has progressed from DD Council funding (ended June 2017) that enabled the development of this project and its activities to a new, stable and long-term funding contract from the South Carolina Department of Education that will fully fund this project initially from 2016 2021. This effort will be expanding in the coming year as we have an agreement (pending signatures on contract amendment) to provide training and technical assistance to the SC Department of Education to launch their new employability credential. This was recently approved by the SC Legislature for students seeking a vocational track instead of a diploma.

We have continued 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 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. Mr. Habib will be participating in the screening of his new film on May 23, 2018 in Columbia, SC. This public event will also include a panel discussion facilitated by Mr. Habib.

We have continued our active support of the statewide self-advocacy group, IMPACT SC though staff and financial resources. This evolving 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 members of the group identified, requested and received training from the

Massachusetts Developmental Disabilities Council: Self-Advocacy Leadership Series. We continue to be excited about 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 extend beyond the borders of our state, with one of the members serving as the national treasurer for SABE with a seat on its board of directors. It is important to note that our efforts in support of self-advocacy activities continue, in part, as a DD Network collaboration that includes support to CDR from the South Carolina Department of Disabilities and Special Needs as part of our extensive training and technical assistance contract as well as from the SC DD Council in a grant that supports IMPACT member training and travel.

Our collaboration with National Association of State Directors of Developmental Disabilities Services (NASDDDS) related to Positive Behavior Support continues to evolve. This exciting opportunity with potential for national impact extends from our collaboration on a national study of state IDD agency policies and practices in behavior support. With Dr. Rotholz playing a key role, we continue to support the work of the NASDDDS committee on positive supports in an effort toward developing more in-depth understanding of state practices in PBS and further national office efforts to support this. We also presented an invited, featured presentation (Rotholz) at the annual meeting of the Association for Positive Behavior Support includes the CEO of the AAIDD, Dr. Nygren and Ms. Barbara Brent from NASDDDS.

#### 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 child development & behavioral health (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 and LEND trainees. Our trainees have each participated in a year-long field placement with a developmental disability-focused agency (e.g., Family Connection of SC (Parent 2 Parent, Parent Training Initiative {PTI}, etc.); SC Department of Health and Human Services (Medicaid); Carolina Behavior and Beyond (early intervention provider); the Supported Community Living Initiative (UCEDD DD Agency collaboration); Ed Venture (Childrens Museum); and SC Beginnings (Deaf and Hard of Hearing Advocacy organization). 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:

As we have previously reported, 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. It is also a reason that state agencies choose to initiate and work with CDR for their training and technical assistance needs related to people with developmental and related disabilities. 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. Last year we reported having received interest from our Title V agency about potential training and technical assistance. We are pleased to report that in the past year we received a 2-year contract to provide training to Title V community care coordinators in the area of case management skills. This work began

approximately mid-way through the reporting year.

Our efforts also included implementing a new project, begun during the 2014 reporting year, that trains community staff to become certified brain injury specialists. Unfortunately, 2015 was our last year of the CBIS (certified brain injury specialist) training since they have changed their certification standards to the point that a full-semester course with an increased clinical focus will likely be required. Other areas of training and technical assistance include our project on transition that was described in Part 1A of this annual report.

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. 10- 11 in Part 1A of this annual report) our center continues to provide 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 four years (see accomplishments noted on page 3 of this section under new activities). We continue looking forward to 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

A strength of the CDR continues to be its focus on Positive Behavior Support. We continue to provide, via collaboration and funding from the SC Department of Disabilities and Special Needs (SC DDSN), training for community support staff at the supervisory, direct support, and staff trainer levels of community services. CDR also continues to provide ongoing technical assistance to the SC DDSN in quality assurance for behavior support and policy related to positive behavior supports for both adults with IDD and children with ASD. In addition to meeting the expectations of our planned activities specified in our workplan, the CDR and its director, Dr. David Rotholz, continues to provide technical assistance that extends beyond South Carolina during the past year. As noted on page 4, Dr. Rotholz has continued to provide ongoing technical assistance to NASDDDS for their policy development efforts related to positive behavior support.

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

CDR, through the work of the SC Act Early Team chaired by Dr. Rotholz as well as through other efforts, continues to make significant contributions toward improving early identification and intervention for young children with or at risk for ASD. We have previously reported on the significant effort in the implementation of a recent 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 and also a second-level screening test qualifies to receive EIBI early intervention services without a diagnosis of autism. This practice has reduced 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. Over 650 of children have become eligible for the EIBI services as a result of this policy change and we published an article on this in Pediatrics this year (attachment). Presentations on this effort have received great interest at the LEND Directors, Autism Cares, SC APA, and AAIDD meetings. Unfortunately, SC Medicaid did not take the recommendations of the team concerning provider reimbursement rates with the result of a currently insufficient provider capacity and a new service that is

likely to have long waiting lists and many unserved children and youth with ASD.

We have previously reported that CDR, in collaboration with SC DDSN, had developed a new quality assurance process to evaluate the early behavioral intervention services provided by SC DDSN through its autism waiver. This effort had been delayed due to repeated delays by the SC Medicaid Agency in concluding a contract with the SC DDSN for this service. Due to the impending end of the autism waiver program in South Carolina (since the Medicaid State Plan will include ASD services), this effort is being discontinued.

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 Administration for Community Living, Administration on Disabilities, Administration on Intellectual and Developmental Disabilities in the U.S. Department of Health and Human Services. 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. Our AT EXPO is the largest disability-focused event that occurs in South Carolina. This March, more than 600 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

We had noted last year that our project that provides essential support for the IDEA Part C program in South Carolina (BabyNet), underwent major adaptation and enhancement in recent years. This past year BabyNet was transferred to the South Carolina Department of Health and Human Services by executive order of the governor.

TECS provided face-to-face training on several family-centered service practices throughout the year, including rating child and family outcomes, family assessment, and family engagement. TECS trained service coordinators and service providers on family-centered services and 467 new staff earned their Part C credential. The core curriculum for this credential included 3 modules all related to regulations and service provision. Over 1700 providers were trained on topics related to data-quality. TECS also conducted workshops throughout the year that addressed issues key to success in natural environments and held a Family Outcomes and Dispute Resolution webinar for all service providers. This webinar was offered live and recorded and posted in our learning management system. To date, over 600 providers have completed the training. Other modifications to the BabyNet system and our work with them are in development (pending receipt of the leveraged funding contract from the new BabyNet host agency).

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. 19-21 in Part 1A of this annual report). This past year the areas of research included:

a) Assessment of adherence to breast and cervical cancer screening recommendations among women with and without intellectual disability;

- b) Colorectal cancer screening adherence in selected disabilities over ten years;
- c) Receipt of Recommended Services among patients with selected disabling conditions and diabetes;
- d) Using Medicaid Data to Characterize Persons with Intellectual and Developmental Disabilities in Five US States and
- e) Analysis of National Core Indicators Data About Respondents Who Need Support for Self-Injurious Behavior (in collaboration with Human Services Research Institute staff).

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. This year this included a focus on the 3rd edition of the AAIDD Positive Behavior Support Training Curriculum (Reid, Parsons & Rotholz, 2015) that is commercially distributed by AAIDD and has continued to be known in South Carolina as the Carolina Curriculum on Positive Behavior Support.

The CDR Library again provided high quality information services to over 2000 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, professional conference exhibits, 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 that this year had approximately 3,000 subscribers 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. The TECS website had 11,031 unique visitors during this past year.

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. We anticipate revising the roadmap once the SC Medicaid Agency finalizes the Medicaid State Plan ASD service. While we reported this same information on the Roadmap last year, the effort had to remain on hold as the Medicaid State Plan ASD services is rolled out. It had been anticipated that the state DD agency would be implementing the new ASD service via contract with the state Medicaid agency. Unfortunately, the contract offered to the DD agency was not acceptable and was rejected by the commission that oversees the agency. At the time of this report submission, the state Medicaid agency has indicated that they will directly implement the new ASD service. Once the dust has settled on the issue, we anticipate our SC Act Early Team prioritizing the revision of the Roadmap.

This year we published an article in Pediatrics that focused on the presumptive eligibility policy for

children at risk of ASD. This nationally unique effort has directly benefitted hundreds of young children in South Carolina.

Lastly, Dr. Rotholz collaborated with staff at the Human Services Research Institute on a National Core Indicators Data brief related to Self-Injurious Behavior. The brief is included as an attachment to this report.

1:	<a href="#">Part 1B 2017.doc</a>

## 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			
<b>Number and type (discipline, intermediate, long-term) of UCEDD trainees trained in the DD field</b>			
Discipline	Trainee Type		Trainees #
Social Work	Long-term		6
	Intermediate		0
Speech-Language Pathology	Long-term		2
	Intermediate		0
	Total Long-term		8
	Total Intermediate		0
<b>Total number of UCEDD trainees</b>			8
<b>Number of UCEDD interdisciplinary training programs</b>			0
<b>Number of UCEDD discipline specific training programs</b>			2
List of <b>discipline specific</b> training programs.			1. Physician Education Awareness Program 2. Graduate Course
<b>Diversity of UCEDD trainees (e.g., gender, person w/disability, family member, race/culture/language spoken)</b>			8 total trainees
Race	Ethnicity		Gender
White	5	Hispanic	0
Black or African American	2	Non Hispanic	6
American Indian and Alaskan Native	0	Unrecorded	2
Asian	0		
Native Hawaiian and Other Pacific Islander	0		
			Female
			7
			Male
			1

More than one race	0			
Unrecorded	1			
Personal Relationship with Disabilities	Primary Language			
Person with a disability	0	<b>Do you speak a language other than English at home?</b>	<b>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).</b>	
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	8	Not well 0
Family member of a person with a disability	1			Not at all 0
Family member of a person with a special health care need	0			
Unrecorded	3			
None	4			

Regarding pre-service preparation trainings conducted outside the UCEDD:

<b>Number of training events</b>	2
<b>Total number of hours for training events</b>	57 total hours
<b>Number of hours for each training event</b>	1. Physician Education Awareness Program - 12 hour(s) 2. Graduate Course - 45 hour(s)
<b>Total number of participants/students trained</b>	29

**Initial Outcome Measure**

	Total Number surveyed	9
	Total Number responding	9
	<b>Number responding</b>	
	Strongly Agree	9
	Agree	0

	Disagree	0
	Strongly Disagree	0
<b>Percent of UCEDD long-term trainees reporting an increase in knowledge or skills and/or change in attitude</b>	<b>100%</b>	

Consumer Satisfaction Measure			
Area of Emphasis	Definition	Consumer Satisfaction Measure	
<b>Health-Related Activities</b>		For those activities in which the UCEDD was the lead:	
		Number of activities	1
		Total Number surveyed	9
		Total Respondents	9
		<b>Response rate</b>	100%
		<b>Number Responding</b>	
		Strongly Agree	9 (100.0%)
		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 related to the health care needs of IWDD. (Strongly Agreed + Agreed)	100%	

## 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	
<b>Number of professionals participating in UCEDD continuing education programs</b>	4569
<b>Number of UCEDD continuing education programs</b>	24
<b>Length (amount of course time) of CE program</b>	180 total hours
	<ol style="list-style-type: none"> <li>1. PBS Training for School Personnel - 2 hour(s)</li> <li>2. AT TR: Introduction to Sign Language for Parents and Professionals - 2 hour(s)</li> <li>3. Selecting and Teaching Appropriate Replacement Behaviors - 3 hour(s)</li> <li>4. TECS: Manage the SC Part C Credential Process - N/A</li> <li>5. Positive Behavior Support Training for Community Program Staff - 123 hour(s)</li> <li>6. AT TR: Expo: AAC Funding - 1 hour(s)</li> <li>7. AT TR: Expo: AAC &amp; Literacy - 1 hour(s)</li> <li>8. AT TR: Expo: AAC Assessment - 1 hour(s)</li> <li>9. AT TR: Expo: Living Independently in Your Home - 1 hour(s)</li> <li>10. AT TR: Expo: Adaptive Sports - 1 hour(s)</li> <li>11. AT TR: Expo: Accessible Documents - 1 hour(s)</li> <li>12. AT TR: Expo: Workers with Disabilities - 1 hour(s)</li> <li>13. AT TR: Expo: Assistance Dogs - 1 hour(s)</li> <li>14. AT TR: Expo: AT and Transition - 1 hour(s)</li> <li>15. AT TR: Expo: AT for All Students - 1 hour(s)</li> <li>16. AT TR: Expo: Voice Controlled AT - 1 hour(s)</li> <li>17. AT TR: Expo: Google Drive - 1 hour(s)</li> <li>18. AT TR: AAC Basics-Spartanburg SC#6 - 2 hour(s)</li> <li>19. Effective Training for Successful BSP Implementation and Program Fidelity - 3 hour(s)</li> </ol>

- 20. TECS: Best Practice Methods: Interprofessional Teaming in Early Intervention and Early Childhood at AOTA Conference - 2 hour(s)
- 21. TECS: Understanding Professional Licensure and Regulation in South Carolina at South University - 1 hour(s)
- 22. SCL Presentations - 5 hour(s)
- 23. Life Planners Training - 24 hour(s)
- 24. AT TR: AT for Brain Injury - 1 hour(s)

**Consumer Satisfaction Measure**

Area of Emphasis	Definition	Consumer Satisfaction Measure	
<b>Other</b>		For those activities in which the UCEDD was the lead:	
		Number of activities	2
		Total Number surveyed	78
		Total Respondents	78
		<b>Response rate</b>	100%
		<b>Number Responding</b>	
		Strongly Agree	73 (93.6%)
		Agree	3 (3.8%)
		Disagree	2 (2.6%)
		Strongly Disagree	0 (0.0%)
	(Strongly Agreed + Agreed)	97%	
	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 satisfaction data as possible. That is why the response rate exceeds the 30% minimum amount.	
<b>Education &amp; Early Intervention</b>		For those activities in which the UCEDD was the lead:	
		Number of activities	1
		Total Number surveyed	225
		Total Respondents	225

		<b>Response rate</b>	100%
		<b>Number Responding</b>	
		Strongly Agree	77 (34.2%)
		Agree	146 (64.9%)
		Disagree	2 (0.9%)
		Strongly Disagree	0 (0.0%)
	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)	99%	
<b>Housing-Related Activities</b>		For those activities in which the UCEDD was the lead:	
		Number of activities	1
		Total Number surveyed	76
		Total Respondents	76
		<b>Response rate</b>	100%
		<b>Number Responding</b>	
		Strongly Agree	69 (90.8%)
		Agree	6 (7.9%)
		Disagree	1 (1.3%)
		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)	99%	
<b>Other - Assistive Technology</b>		For those activities in which the UCEDD was the lead:	
		Number of activities	15
		Total Number surveyed	1,048

		Total Respondents	1,048
		Response rate	100%
		<b>Number Responding</b>	
		Strongly Agree	769 (73.4%)
		Agree	258 (24.6%)
		Disagree	16 (1.5%)
		Strongly Disagree	5 (0.5%)
	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		
<b>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</b>		
Area of Emphasis		
Employment-Related Activities	<b>588 total</b>	
	Trainees Total	212
	Classroom Students	0
	Professionals & Para-Professionals	376
	Family Members/Caregivers	0
	Adults with Disabilities	0
	Children/Adolescents with Disabilities/SHCN	0
	Legislators/ Policymakers	0
	General Public/Community Members	0
Quality of Life	<b>8 total</b>	
	Trainees Total	0
	Classroom Students	0
	Professionals & Para-Professionals	8
	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	<b>2256 total</b>	
	Trainees Total	0

	Classroom Students	476
	Professionals & Para-Professionals	1208
	Family Members/Caregivers	238
	Adults with Disabilities	134
	Children/Adolescents with Disabilities/SHCN	155
	Legislators/Policy-makers	0
	General Public/Community Members	45
Other - Leadership	<b>15 total</b>	
	Trainees Total	1
	Classroom Students	0
	Professionals & Para-Professionals	14
	Family Members/Caregivers	0
	Adults with Disabilities	0
	Children/Adolescents with Disabilities/SHCN	0
	Legislators/Policy-makers	0
	General Public/Community Members	0
<b>Number of discrete training events and/or training series IN AREA OF EMPHASIS</b>		110
Area of Emphasis		
Employment-Related Activities		10
Quality of Life		1
Other - Assistive Technology		98
Other - Leadership		1

<b>Initial Outcome Measures</b>		
<b>For recipients of regular, on-going trainings, percent reporting an increase in knowledge gained IN AREA OF EMPHASIS:</b>		
Area of Emphasis	Initial Outcome Measure	
Employment-Related Activities	100%	
	Total number of activities	1
	Total number surveyed	100
	Total number responding	90
	<b>Number responding</b>	

	Strongly Agree	70
	Agree	20
	Disagree	0
	Strongly Disagree	0
Other - Assistive Technology	100%	
	Total number of activities	92
	Total number surveyed	21
	Total number responding	21
	<b>Number responding</b>	
	Strongly Agree	12
	Agree	9
	Disagree	0
	Strongly Disagree	0

### Consumer Satisfaction Measure

Area of Emphasis	Definition	Consumer Satisfaction Measure	
<b>Employment-Related Activities</b>		For those activities in which the UCEDD was the lead:	
		Number of activities	9
		Total Number surveyed	507
		Total Respondents	396
		<b>Response rate</b>	78%
		<b>Number Responding</b>	
		Strongly Agree	330 (83.3%)
		Agree	66 (16.7%)
		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)
<b>Quality of Life</b>		For those activities in which the UCEDD was the lead:	
		Number of activities	1
		Total Number surveyed	7

		Total Respondents	7
		<b>Response rate</b>	100%
		<b>Number Responding</b>	
		Strongly Agree	7 (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%	
<b>Other - Assistive Technology</b>		For those activities in which the UCEDD was the lead:	
		Number of activities	98
		Total Number surveyed	1,229
		Total Respondents	1,273
		<b>Response rate</b>	104%
		<b>Number Responding</b>	
		Strongly Agree	1,129 (88.7%)
		Agree	141 (11.1%)
		Disagree	3 (0.2%)
		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	
<b>Number of hours of technical assistance provided in the areas of emphasis</b>	5274 Total hours
Area of Emphasis	Hours
Quality Assurance	8
Education & Early Intervention	5
Health-Related Activities	5
Employment-Related Activities	2420
Housing-Related Activities	465
Quality of Life	853
Other - Assistive Technology	30
Other - Cultural Diversity	600
Other - Leadership	438
Other	450
<b>Number of hours of technical assistance per type of organization</b>	5274 total hours
Type of Organization	Hours
State Title V Agency	5
Other MCHB Funded or Related Program	17
State Health Dept.	1375
Clinical Programs/Hospitals	853
State Adolescent Health	300
Other Health-Related Program	859
Health Insurance/Managed Care Organization	853
Medicaid	1261
Development Disabilities Council	816
Protection & Advocacy Agency (P&A)	865
Another UCEDD	27
Head Start/Early Head Start	667
State/Local Special Education (3-21)	954

State/Local General Education	611
Post Secondary Education (Community College-University)	1165
Employment/Voc Rehab	1085
State/Local MR/DD Agency or Provider	5124
State/Local Social Services	1621
Aging Organization	673
Health Agency - Public/Private	859
Mental Health/Substance Abuse Agency	1457
Housing Agency/Provider	162
Recreation Agency	300
Transportation Agency	383
Provider Organization	1367
Consumer/Advocacy Organization	2690
State/Local Coalition	326
Justice/Legal Organization	1153
Community or Faith-Based Organization	1013
National Association	747
Independent research or policy organization	27
Other	443

Initial Outcome Measures																	
	<table border="1"> <tr> <td>Total number of activities</td> <td>22</td> </tr> <tr> <td>Total number surveyed</td> <td>4215</td> </tr> <tr> <td>Total number responding</td> <td>784</td> </tr> <tr> <td colspan="2"><b>Number responding</b></td> </tr> <tr> <td>Strongly Agree</td> <td>464</td> </tr> <tr> <td>Agree</td> <td>270</td> </tr> <tr> <td>Disagree</td> <td>42</td> </tr> <tr> <td>Strongly Disagree</td> <td>8</td> </tr> </table>	Total number of activities	22	Total number surveyed	4215	Total number responding	784	<b>Number responding</b>		Strongly Agree	464	Agree	270	Disagree	42	Strongly Disagree	8
Total number of activities	22																
Total number surveyed	4215																
Total number responding	784																
<b>Number responding</b>																	
Strongly Agree	464																
Agree	270																
Disagree	42																
Strongly Disagree	8																
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)	<b>93%</b>																

**Consumer Satisfaction Measure**

Area of Emphasis	Definition	Consumer Satisfaction Measure	
<b>Other</b>		For those activities in which the UCEDD was the lead:	
		Number of activities	2
		Total Number surveyed	38
		Total Respondents	38
		<b>Response rate</b>	100%
		<b>Number Responding</b>	
		Strongly Agree	38 (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.)	Our practice is to collect as much satisfaction data as possible. That is why the response rate exceeds the 30% minimum amount.		
<b>Quality Assurance</b>		For those activities in which the UCEDD was the lead:	
		Number of activities	6
		Total Number surveyed	168
		Total Respondents	66
		<b>Response rate</b>	39%
		<b>Number Responding</b>	
		Strongly Agree	21 (31.8%)
		Agree	39 (59.1%)

		Disagree	5 (7.6%)	
		Strongly Disagree	1 (1.5%)	
	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)	91%		
<b>Education &amp; Early Intervention</b>	For those activities in which the UCEDD was the lead:	Number of activities	4	
		Total Number surveyed	3,478	
		Total Respondents	852	
		<b>Response rate</b>	24%	
		<b>Number Responding</b>		
		Strongly Agree	67 (7.9%)	
	Agree	741 (87.0%)		
	Disagree	38 (4.5%)		
	Strongly Disagree	6 (0.7%)		
		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)	95%	
	<b>Employment-Related Activities</b>	For those activities in which the UCEDD was the lead:	Number of activities	7
Total Number surveyed			936	
Total Respondents			240	
<b>Response rate</b>			26%	
<b>Number Responding</b>				

		Strongly Agree	177 (73.8%)
		Agree	59 (24.6%)
		Disagree	2 (0.8%)
		Strongly Disagree	2 (0.8%)
	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)	98%	
<b>Housing-Related Activities</b>		For those activities in which the UCEDD was the lead:	
		Number of activities	3
		Total Number surveyed	39
		Total Respondents	39
		<b>Response rate</b>	100%
		<b>Number Responding</b>	
		Strongly Agree	19 (48.7%)
		Agree	18 (46.2%)
		Disagree	2 (5.1%)
		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)	95%	
<b>Quality of Life</b>		For those activities in which the UCEDD was the lead:	
		Number of activities	3
		Total Number surveyed	92
		Total Respondents	92
		<b>Response rate</b>	100%

		<table border="1"> <tr> <th colspan="2"><b>Number Responding</b></th> </tr> <tr> <td>Strongly Agree</td> <td>76 (82.6%)</td> </tr> <tr> <td>Agree</td> <td>16 (17.4%)</td> </tr> <tr> <td>Disagree</td> <td>0 (0.0%)</td> </tr> <tr> <td>Strongly Disagree</td> <td>0 (0.0%)</td> </tr> </table>	<b>Number Responding</b>		Strongly Agree	76 (82.6%)	Agree	16 (17.4%)	Disagree	0 (0.0%)	Strongly Disagree	0 (0.0%)								
<b>Number Responding</b>																				
Strongly Agree	76 (82.6%)																			
Agree	16 (17.4%)																			
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%																		
<b>Other - Leadership</b>		<p>For those activities in which the UCEDD was the lead:</p> <table border="1"> <tr> <td>Number of activities</td> <td>3</td> </tr> <tr> <td>Total Number surveyed</td> <td>53</td> </tr> <tr> <td>Total Respondents</td> <td>53</td> </tr> <tr> <td><b>Response rate</b></td> <td>100%</td> </tr> </table> <table border="1"> <tr> <th colspan="2"><b>Number Responding</b></th> </tr> <tr> <td>Strongly Agree</td> <td>34 (64.2%)</td> </tr> <tr> <td>Agree</td> <td>19 (35.8%)</td> </tr> <tr> <td>Disagree</td> <td>0 (0.0%)</td> </tr> <tr> <td>Strongly Disagree</td> <td>0 (0.0%)</td> </tr> </table>	Number of activities	3	Total Number surveyed	53	Total Respondents	53	<b>Response rate</b>	100%	<b>Number Responding</b>		Strongly Agree	34 (64.2%)	Agree	19 (35.8%)	Disagree	0 (0.0%)	Strongly Disagree	0 (0.0%)
Number of activities	3																			
Total Number surveyed	53																			
Total Respondents	53																			
<b>Response rate</b>	100%																			
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Strongly Agree	34 (64.2%)																			
Agree	19 (35.8%)																			
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	
<b>Number of specialized services offered by the UCEDD to enhance the well being and status of the recipient</b>	13

Initial Outcome Measures	
<b>Number of individuals who received specialized services from the UCEDD to enhance the well being and status of the recipient</b>	1670
Area of Emphasis	Number of Individuals
Other - Community Integration	1670

Consumer Satisfaction Measure			
Area of Emphasis	Definition	Consumer Satisfaction Measure	
<b>Other</b>		For those activities in which the UCEDD was the lead:	
		Number of activities	13
		Total Number surveyed	1,670
		Total Respondents	1,536
		<b>Response rate</b>	92%
		<b>Number Responding</b>	
		Strongly Agree	1,339 (87.2%)
		Agree	186 (12.1%)
		Disagree	7 (0.5%)
		Strongly Disagree	4 (0.3%)
	(Strongly Agreed + Agreed)	99%	
	Response Rate Explanation No explanation is required as the response rate was 30% or greater.		

	<p>Sampling Procedures (Random sampling is anticipated. Indicate if non-random sampling procedures were used. If non-random sampling measures were used, explain why.)</p>	<p>Our practice is to collect as much satisfaction data as possible. That is why the response rate exceeds the 30% minimum amount.</p>
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## **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.

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

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

<b>Consumer Satisfaction Measure</b>		
<b>Area of Emphasis</b>	<b>Definition</b>	<b>Consumer Satisfaction Measure</b>

## **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	
<b>Number of active research activities</b>	2

Initial Outcome Measures	
<b>Have you adopted research findings from research activities completed in current or prior years by most current fiscal year?</b>	Yes Year: 2017 TECS: Family Outcomes Survey TECS: Family Satisfaction Survey Year: 2016 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	
<b>Number of products developed in the current Fiscal Year</b>	11
<b>Number of products disseminated (regardless of whether they were created in the current or previous Fiscal Years)</b>	1
<b>Number of conferences and conference presentations</b>	4

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	131
<b>Number responding</b> (auto filled from below)	131
<b>Response rate</b>	100%
<b>Number Responding</b>	
*Highly satisfied	73
*Satisfied	45
*Satisfied somewhat	11
*Not at all satisfied	2
<b>Total</b>	
<b>Percent of Total who were Highly Satisfied or Satisfied</b>	90.1%

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

Leveraging

Outcome Measure	
<b>Number of grants and contracts and other funds leveraged.</b>	12

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 2017 AIDD Program Performance Report (PPR)		
SC-Center for Disability Resources, UCEDD/LEND		
TOTAL FUNDING LEVERAGED (excluding UCEDD core funding):	\$5,007,471.00	
Source	Funds Leveraged	% of Total Leveraged
Federal	\$2,089,956.00	42 %
ACL	\$1,067,063.00	
CMS (formerly HCFA)	\$941,893.00	
CDC	\$3,000.00	
ED (US Department of Education)	\$625,000.00	
State	\$1,751,816.00	35 %
Local	\$0.00	0 %
Other	\$1,165,699.00	23 %
Fee for Services	\$1,165,699.00	

AIDD Program Performance Report, Part 3: Measures of Collaboration

Required Reporting Elements	
<p><b>*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:</b></p>	<p>The key issues this past year remain Self-Advocacy, HCBS Final Rule Implementation and Emergency Preparedness</p>
<p><b>2. Describe the strategies collaboratively implemented by the DD Network for at least one of the issues/barriers identified above:</b></p>	
<p><b>*a. Issue/Barrier</b></p>	<p>The challenges in implementing the HCBS Final Rule are ones that the SC DD Network collaboration continue to address. It is an area where technical assistance, training and information dissemination continue to be key areas that our combined expertise, experience, training and networking are making key contributions.</p>
<p><b>*b. Provide a brief description of the collaborative strategies to address issue/barrier and expected outcome(s):</b></p>	<p>The UCEDD, DD Council and P &amp; A are in ongoing collaboration with each other and the SC Medicaid agency regarding the HCBS final rule. The UCEDD and DD Council are additionally closely collaborative on ASD issues (Act Early Team) and self-advocacy (IMPACT SC - statewide self-advocacy leadership group).</p>
<p><b>*c. Check applicable areas of emphasis</b></p>	<p>Quality Assurance Education &amp; Early Intervention Quality of Life Other - Leadership</p>
<p><b>*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</b></p>	<p>The UCEDD continues to provide key technical assistance and training on Person Centered Planning to the Medicaid PCP workgroup related to the HCBS final rule. We also, via our SC Act Early Team, have provided ongoing and nationally unique efforts with our Part C program for early intensive behavioral intervention prior to ASD diagnosis.</p>
<p><b>*e. Briefly identify problems encountered as a result of this collaboration, and technical assistance, if any, desired</b></p>	<p>None worth noting. We are fortunate to have an effectively collaborating DD Network.</p>
<p><b>*f. Describe any unexpected benefits of this collaborative effort</b></p>	<p>Optimism prevails.</p>
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.

a) We have extensive collaborations, including leveraged funding, with The SC Department of Disabilities and Special Needs, SC Medicaid agency, SC Department of Education, SC Title V agency and SC Part C organization. In addition we closely collaborate with private organizations such that are focused on: Autism; Developmental Screening; Early Intervention; Bullying prevention; Family Support; and many others. b) A rough estimate would be 500. c) A rough estimate is 10,000.

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 2017 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 (2016, 2012, 2007).				
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?	50	1 years: 9	1 years: 12304
			5 years: 8	5 years: 3203
			10 years: 0	10 years: 0
			Total: 17	Total: 15507
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?	50	1 years: 21	1 years: 10
			5 years: 12	5 years: 7
			10 years: 0	10 years: 0
			Total: 33	Total: 17

<b>Number of individuals to whom surveys were sent.</b>	<b>50</b>
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## AIDD Program Performance Report: Optional Attachments

Attachment A. [Rotholz\\_peds.2016-1061.full copy.pdf](#)

Attachment B. [NCI\\_DataBrief\\_SelfInjuriousBehavior\\_May2017.pdf](#)

Attachment C. [Bennett et al.pdf](#)

Attachment D. [Smith et al.pdf](#)

Attachment E. [Smith et al 2.pdf](#)