

ADD Annual Report: Section 1**FY 2006: Goals and Objectives****AR- Partners for Inclusive Communities, UCEDD/LEND**

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Goal	1: Partners will provide pre-service training for 35 graduate/undergraduate students in health related professions.
Area(s) of Emphasis	Health-Related Activities, Other - Leadership
Core Function(s)	Interdisciplinary Pre-Service Preparation and Continuing Education
Type of Activity	Capacity Building
Objectives	
Extent to Which Goal was Achieved:	Achieved
Explanation:	<p>The training program this year was based on two federal grants, Leadership Education in Neurodevelopmental and Related Disabilities (LEND) from the Bureau of Maternal and Child Health and Quentin N. Burdick Rural Interdisciplinary Training from the Bureau of Health Professions. Through these two grants, training was provided to 35 graduate and post-graduate students. A total of twelve LEND trainees completed a minimum of 300 hours, including didactic, clinical, research, and leadership activities. The Rural Interdisciplinary Training project provided 180 hours of clinical and didactic experiences to nine trainees from nursing, nutrition, occupational therapy, and speech-language pathology. The goal of that project was to recruit and retain professionals to work in underserved areas upon completion of their degree. Over the ten years of our work with the project, nearly 40% of the program completers served in health profession shortage areas. Through one specific activity, the Summer Immersion Project, eight additional students received 80 hours of training. Eight additional trainees received course credit for participating in the didactic portion of the training program</p> <p>Two unique activities in our training program were the Summer Immersion Project and Solution Focused Learning (SFL). The Summer Immersion Project involved eight graduate students and five faculty members who spent two weeks in Dumas, a small town in the Mississippi River Delta. As a way to introduce the students to life in the Delta, host families were arranged to provide lodging for the trainees. After the activities of the day were completed, the team participated in local social activities. During the day, the team provided physicals for children enrolled in the Migrant and Seasonal Head Start of Dumas. This provided not only clinical experience for the trainees, but a cultural immersion as well. The children at the center present a mix of racial groups present in the area, including about one-third each of African American, Hispanic, and Anglo. The children also represent the culture of poverty that is prevalent in the region. The agenda included considerable time for reflection on the cultural experiences and observations. On two of the days, the team traveled to a neighboring town to conduct physicals and then provide related health education to a group of 40 high school students who were attending a program at the area university for a program targeting at-risk youth. Other activities included arena assessment of children with developmental delays or disabilities, a health fair, a farm safety day, and a day to shadow area professionals. This project typically results in students expressing a newfound interest in working in a rural, underserved area.</p> <p>During the academic year, all trainees participate in an adaptation of problem-based learning. Renamed Solution Focused Learning (SFL), the process involves the class interviewing a family about issues involved in their lives. The interview covers medical, motor, communication, nutrition, social, education, recreation, and financial issues. Trainees select learning issues that come up during the interview, investigate their issue, and teach their</p>

fellow trainees about that topic at the next class session. At the conclusion of three class sessions with each family, the class reports to the family the things they found that might be of benefit or interest to the family. In the small group sessions where trainees select and present their learning issues, the faculty guide trainees to select topics that reflect both micro and macro perspectives. Using this method, trainees learn about issues involved in a given condition, such as autism, cerebral palsy, or one of the syndromes. They also learn about health care policies and the impact they have on a specific child, as well as local resources available to families.

This educational approach has provided many benefits to the program. The first benefit observed by the faculty was the trainees increased motivation to learn. The trainees become captivated by the stories of the families and often express their desire to find information that will benefit the family. Not only has this approach increased the knowledge of the trainees, but it has also helped them to become more self-directed learners. By placing trainees in groups with a mixture of disciplines, the faculty has found that it has aided the cohesiveness of the clinical teams. Trainees have expressed their improved understanding of other disciplines due to this enhanced communication.

The trainees are evaluated in many ways throughout the year, and evaluate the program and its components as well. These are some excerpts from evaluations of trainees who exited the program this spring.

The training program gave me public speaking experience that I desperately needed. I feel I gained more from this program than I ever got from classes. I learned more about the health care system as a whole and how to help someone work their way through it. I learned where to find resources when I am working in my profession.

I now feel comfortable interpreting results to families.

I enjoyed learning about program development and research. I feel like I am a lot more competent than I was before.

I learned how to effectively collaborate with those in and out of my discipline.

I learned to take initiative and find information independently.

I was able to lead groups of 20-30 people, which was a new experience for me.

I learned about how legislation is formed.

Because of the training, I now feel comfortable talking with families from various cultural and economic backgrounds.

Through my experiences, I learned more about other disciplines, the services they offer, and how to access those services that will be of benefit to patients I see.

I will be more confident as part of a multidisciplinary team and thus more willing to give input and advocate more for my patients.

Its amazing what you learn about other disciplines when you work along side them.

I benefited greatly from being able to mentor other trainees. That experience will allow me to be a better teacher and leader in the future.

The training program is encountering significant challenges for the coming year. First we learned that the Quentin N. Burdick Rural Interdisciplinary Training program was not funded by Congress for the current year. Then as our fiscal year ended, we learned that we were not refunded for LEND. Our entire training program was built on those two funding sources. Fortunately, we have a wonderfully dedicated faculty who are willing to volunteer their time. With anticipated close-out funding from MCH that will only cover 0.29 FTE for all faculty combined, we expect to be able to offer all of the activities the trainees had available this past year. Due to the disruption in recruiting trainees, however, we are reducing the number of trainees we expect to have in the program from 35 to 12.

Proposed Revision to Goal

We lost all of our funding for training programs this year. Our faculty plan to continuing working in the interdisciplinary training program without salary support. However, this will necessitate lowering the number of students we plan to train. Our proposed Goal 1: "Partners will provide pre-service training for 12 graduate/undergraduate students in health related professions."

Goal	2: Partners will provide continuing education for 2000 professionals on a variety of disability related topics.
Area(s) of Emphasis	Child Care-Related Activities, Quality Assurance, Education & Early Intervention, Other - Cultural Diversity
Core Function(s)	Community Services: Training & Technical Assistance
Type of Activity	Capacity Building
Objectives	
Extent to Which Goal was Achieved:	Achieved
Explanation:	Training for professionals is reported under goal 3
Proposed Revision to Goal	We would like to combine Goals 2 and 3 into one new goal. When we wrote Goal 2, we misunderstood the definition of continuing education. Most of the training we provide to this group does not meet the definition for continuing education, but is actually training/technical assistance for professionals. Our proposed Goal 2 will be, "Partners will provide outreach training/technical assistance for 3000 consumers, family members, professionals, or paraprofessionals on a variety of disability-related topics."
Goal	3: Partners will provide outreach training/technical assistance for 750 consumers, family members or paraprofessionals on a variety of disability related topics.
Area(s) of Emphasis	Employment-Related Activities, Child Care-Related Activities, Health-Related Activities, Quality Assurance, Education & Early Intervention, Housing-Related Activities, Transportation-Related Activities, Recreation-Related Activities, Other, Other - Assistive Technology, Other - Cultural Diversity, Other - Leadership
Core Function(s)	Community Services: Training & Technical Assistance
Type of Activity	Advocacy, Capacity Building
Objectives	
Extent to Which Goal was Achieved:	Achieved
Explanation:	<p>While many activities have been accomplished in the area of outreach training and technical assistance during this year, there are three projects that will be highlighted in this report. These three include: Welcome the Children, Disability and Health Program, and Direct Support Professionals. Each of these will be described separately as follows in Sections I, II and III.</p> <p>I. Welcome the Children (WTC) Project Background Arkansas experienced a 337% increase in the number of Latinos living in the state from 1990 2000, (U.S. Census Bureau). As our newest residents, these families bring a rich mix of culture and language that varies considerably from the Caucasian and African American ethnic groups that have historically comprised the majority of Arkansas' population. Child care providers, early childhood and elementary educators, and other professionals have been greatly affected by this population growth, but few have received training to assist them in adapting their services to work more effectively with Spanish speaking children and their families.</p> <p>The primary goal of Welcome the Children is to assist child care providers and educators through training and technical assistance to understand cultural issues, learn strategies to support Latino children, and make appropriate referrals for possible developmental delays. Fulfillment of this goal is ensuring that adults providing care to children birth to age 12 have knowledge and skills to provide nurturing experiences essential to helping young Latino children develop intellectually, physically, socially and emotionally.</p> <p>Accomplishments</p>

Welcome the Children uses research based training materials that were initially developed by Partners for Inclusive Communities through the Nuestra Familia ("Our Family") project and were revised based on input from participants and evaluators. These modules were revised in June 2006 to address the changing training needs of participants. Two seven-hour training modules are presented on Cultural Diversity and Second Language Development and Working with Families. Condensed versions (3 hours each) of the two modules are also available for participants who are unable to attend the two day training sessions. Additional training modules are being developed on observing and assessing Spanish-speaking children, using interpreters, and appropriately portraying cultural images in the classroom.

To ensure sustainability, Welcome the Children is developing community trainers who will provide the training to their areas of the state. To maintain credibility, the community trainers train in pairs with at least one being bilingual and bicultural and one having early childhood experience, preferably in a classroom setting. Welcome the Children staff provides ongoing training, technical assistance, all training materials, and some financial support to assist the community trainers. Updated information and resources are provided to the community trainers through an e-mail distribution list and the project website www.uams.edu/welcomethechildren.

In May 2006, the project hosted the first Welcome the Children Celebrating Cultural Harmony Conference in North Little Rock, AR. This annual conference included presenters from Arkansas and other states on Latino, African American, Caucasian, Asian, and American Indian culture as well as disability and poverty issues. The complete conference program may be viewed on the project website through this link: <http://www.uams.edu/welcomethechildren/conference/WTC%20Conference%20MASTER.pdf>.

Welcome the Children project staff presented at three national conferences this report period: (1) the Head Start Region VI Conference in Little Rock, AR on September 9, 2005; (2) the National Head Start Hispanic Institute in Denver, Colorado, February 27 March 3, 2006; and (3) the Smart Start Conference in Greensboro, North Carolina, March 6 March 9, 2006. Presentations were also made at three state conferences: the Arkansas Early Childhood Association Conference in Hot Springs, AR, October 13, 2005; the Arkansas School Age Conference in Ferndale, AR, November 12, 2005 and the Welcome the Children Celebrating Cultural Harmony Conference in North Little Rock, AR, May 11, 2006. A total of 29 training sessions were presented during the year to 757 participants. The average evaluation results for the sessions indicated an overall participant approval rating of 9.05 out of a possible 10. An independent evaluation of the training is being conducted by the University of Arkansas at Little Rock and has shown significant improvement in the knowledge of participants based on comparisons of pre- and post-test results. The separate evaluation report will be available by August 31, 2006.

II. The Arkansas Disability and Health Program (ADHP), through funding from the Centers for Disease Control and Prevention, works toward the mission of improving the health of Arkansans with disabilities and preventing secondary conditions. Specific activities include surveillance of the health related issues, training for health care providers, emergency preparedness, and health promotion activities.

Surveillance of Health Related Issues:

The ADHP pays for additional questions on the Behavioral Risk Factor Surveillance Survey. This is a population based phone survey of the health of Arkansans. Through the purchase of some key questions, we are able to sort the data by severity of disability and examine access issues. 5,280 Arkansans were surveyed and a chartbook of Disability and Health in Arkansas: 2005 is being prepared. Since phone based surveys typically exclude individuals with developmental disabilities, we also surveyed this group at the Developmental Disability Councils annual Conference in September, 2005. 33 individuals with developmental

disabilities completed a survey of health behaviors. There were questions regarding nutrition, exercise, smoking and mental health.

Training for Health Care Providers:

There were several training opportunities offered for health care professionals in a number of settings. Community Health Centers (CHC) of Arkansas provide comprehensive medical, dental, mental health, and preventive services through an interdisciplinary team comprised of board certified/eligible physicians, nurses, nurse practitioners, dentists, dental hygienists, pharmacists, social workers, and health educators. Their mission: To lead the integration of comprehensive, accessible, and affordable quality primary and preventive services to everyone in Arkansas, makes them a valuable partner in the pursuit of accessible health services for people with disabilities. Payment can be on a sliding fee scale in order to offer services to the uninsured. Medicaid is also accepted. The ADHP provided TTYs to 12 of these CHC clinics in order to improve their accessibility. Training was provided to receptionists at these clinics regarding the use of TTY. Calls were made to the CHC using the TTY by ADHP staff following the training. Results indicate that 75% answered appropriately and that 25% needed further technical assistance regarding their use.

While the collaboration with CHCs is valuable, 80% of people with disabilities have health insurance including HMOs or government plans such as Medicare and Medicaid. With this coverage they seek primary health care from Family Practice physicians in private practice across the state. Through collaboration with the Department of Family and Preventive Medicine (DFPM) in the College of Medicine at the University of Arkansas for Medical Sciences, CME is offered to Family Practice Physicians and other health professionals across the state. The DFPM holds two CME conferences each year. The ADHP purchased an hour of interactive video training at the 9th Annual Drug Update training course. 78 participants attended the live session in Little Rock and an additional 163 participated at 27 distant learning sites across the state. The topic, The Diagnosis and Treatment of Developmental Disabilities was well received with evaluation scores of 4.53 overall and 4.64 for effectiveness of the speaker (both on a 5.0 as excellent scale). The ADHP purchased another hour of interactive video training at the 28th Annual Family Medicine Intensive Review. The topic, Secondary Conditions of Disability, was attended by 200 participants in Little Rock. 133 participants (74%) were primary care physicians; the other 47 participants (26%) consisted of pharmacists, advanced practice nurses, and physician assistants. An additional 341 participated at distant learning sites across the state. This training was well received, earning an evaluation score of 4.64 overall and 4.51 for effectiveness of the speaker (both on a 5.0 as excellent scale).

The ADHP supports Project DOCC (Delivery of Chronic Care), which was developed at North Shore University Hospital in Manhasset, New York, by parents of children with chronic illnesses. In Project DOCC, parents become the teachers who educate pediatric residents about the special health care needs of children who are chronically ill or disabled. The focus is on meeting these children's special health care needs in the community, addressing the impact that chronicity has on the family as a whole, as well as understanding the illness and/or disability. During their developmental-behavioral pediatrics rotation, pediatric residents make an in-home visit (with two parents one speaking about their personal experiences and the other addressing global issues) and conduct an in-depth interview of the parent of a special needs child. Since the collaboration between the ADHP and Project DOCC began in April of 2006, 9 pediatric residents have completed parent interviews and 11 have completed home visits. Evaluations are compiled on a yearly basis, so evaluation data is unavailable.

Emergency Preparedness:

The ADHP conducted listening sessions with people with disabilities to identify emergency preparedness needs and concerns. 30 individuals participated and educational materials are being prepared to address the issues identified. The following were issues identified:

1. No one had a first aid kit
2. Only about half of participants could identify their county by its shape or location on a map
3. The group suggested:
 - A. actual run through of emergency drills was best way to prepare.
 - B. buddy system would be good way to deal with an emergency.
 - C. voluntary registry with local fire or police departments was a good thing.
4. First responders need training on communication with persons with disabilities

Health Promotion Activities:

To provide health information, two issues of the DisAbility Wellness Newsletter have been produced and distributed to 247 people across Arkansas. These newsletters contained information highlighting the work of the ADHP and health care access issues for people who are deaf are hard of hearing.

Health was a highlight of the Annual Developmental Disability Conference.

A health fair offered blood pressure screening, BMI calculation, nutrition information, stress reduction tips, emergency preparedness planning, recording health information, and prevention of abuse. Over 100 people attended the health fair. There were also workshops titled: Healthy Choices Today to Age Well Tomorrow and Spirituality and Health. These were well received and comments from the evaluation regarding what participants found helpful include:

take care of my body
stay healthy and positive
got a different mind set
tips on nutrition and exercise
everything was informative; learning that exercise helps depression
loved hand out thanks!
walking helps strengthen bones as well as calcium supplements
good recommendations for daily life

III. Direct Support Professionals (DSPs) are workers who provide assistance and support to individuals with developmental disabilities that enhance their independence and contribution to the community. With a history of many different titles (aide, waiver worker, houseparent, life skills instructor, etc.), this group of workers is virtually invisible to society. The industry faces a national annual turnover of 70% and a shrinking workforce with demand for workers growing daily. The DSP Project in Arkansas worked to increase the professionalism of the career while providing a foundational base of knowledge and skills creating a quality workforce.

The training curriculum developed through this Project consists of the following topics:

What is a DSP?
Definition of Developmental Disability
Autism
Cerebral Palsy
Epilepsy
Mental Retardation
Communication
Disability Etiquette
Alternative and Augmentative Communication & Assistive Technology
Relationships & Grief
Person Centered Planning
Sensory Processing
Understanding & Supporting Behavior

Crisis Prevention
Social Understanding & Sexuality Education
Caregiver Abuse
Incident Reporting
Ring of Safety
Ethics of Touch
Service Delivery System
Health & Wellness
Stress Management

Accomplishments

During the 2005-2006 fiscal year, the DSP Project in Arkansas created the Arkansas Alliance for Direct Support Professionals, a professional association for direct care staff to network, learn about national and state initiatives regarding this profession, and an opportunity to professionalize this career.

Direct Support Professional Training was also conducted around the state by local trainers as well as staff from Partners for Inclusive Communities.

Outcomes

During the 2005-2006 fiscal year, 492 individuals were trained on the Direct Support Professional curriculum. Additionally, there were other organizations, community-based non-profit organizations, who used this curriculum in training their staff.

Each of the modules of the Direct Support Professional curriculum is now available on VHS or DVD with accompanying self-study workbooks. Each module includes a post-test which can be used to measure the Each There are also participants and trainers manuals that were developed prior to 7/1/2005.

Many disability service providers are using the Direct Support Professional curriculum in their own staff training; however, one provider has made it mandatory for all new staff to attend the DSP training within the first month of employment.

In Arkansas there are currently 98 developmental disability service providers. Of that group, 60 providers have been represented in training. Also represented in training, (but not DD service providers) are All Our Children in West Memphis, AR School for the Blind, Department of Health & Human Services Staff in DDS and CMS, Opportunities, Inc. in Texarkana, and Booneville and South East Arkansas Human Development Center.

The DVD/VHS training curriculum sets were pre-purchased by 27 of the developmental disability service providers. (These were purchased even before the final edits and availability). We anticipate additional sets will be ordered now that they are available.

Anecdotal comments on evaluation how training influenced people doing their jobs.

When asked if they would recommend this training to other DSPs, participants responded:

*I would recommend this training to all DSPs. In fact I have told my supervisor I wish we could have it at our facility.

*Yes because you can learn a lot of information in one place that could take years to learn on your own.

*Yes because whether we work with children or adults we need to know what to do to assist as best we can in their areas of need.

*Yes we have had a need for this for a long time. Good job to all who put this training program/manual together.

*Yes, very good information. Empowering. Necessary.

*Yes. An understanding of their position responsibilities, rules, will lend to individuals with disabilities receiving better services in a professional manner. Well received by participants.

	<p>*Absolutely. More than us supervisors need to be here. We do not have the time to train them. This entire workshop should include as many DSPs as possible.</p> <p>*Yes! Would be a great help and morale booster.</p> <p>*I have and will continue to push for all my co-workers to come to this training.</p> <p>*Yes, very much.</p> <p>*Yes. We all need the opportunity to talk, discuss and share ideas, thoughts, and suggestions as well as learn together to accomplish what we strive for everyday.</p> <p>*Yes. It gives a lot of good information that will be helpful.</p> <p>*Yes. I think this would be great for all DSPs. I think every organization and agency could benefit from this training.</p> <p>*Yes, great overview and good practical information.</p> <p>*Yes, this type training is a deeply needed tool for any service provider to have for educational purposes if not anything else.</p> <p>*Yes, it is what DSPs need along with the other workers who work with people with disabilities. Excellent!</p> <p>*Yes, it will give them a good framework to begin with.</p> <p>*Yes, because it opened my eyes to some things that our agency wasnt doing and gave better ways of making the lives of our consumers better which is most important.</p> <p>*Yes it was a great first training in every aspect of the job.</p> <p>*Yes, it is excellent! Even if some items were review there is always something new to learn or be remembered. Thank you for sharing your knowledge and encouraging us.</p> <p>*Yes, everyone should have this training regardless of how long they might have been at their jobs as DSPs.</p> <p>When asked what they learned that would be most helpful in their jobs, many responded by identifying particular modules of the training. The modules identified most often wee the ones addressing abuse and healthy relationships. The second most frequently identified sections were the ones on sensory processing and behavioral intervention. These additional comments were recorded:</p> <p>*I serve in an advisory, QA interpretation application of policy, tech assist capacity All will be helpful.</p> <p>*All of the training has helped me better understand different parts of my job. So I feel that I will use all of the training.</p>
Proposed Revision to Goal	We propose combining Goals 2 and 3 into one new goal. Please see the section, "Proposed Revision to Goal" that is explained under Goal 2.
Goal	4: Partners will conduct 9 research/evaluation projects with a minimum of 12 publications/presentations resulting.
Area(s) of Emphasis	Child Care-Related Activities, Health-Related Activities, Quality Assurance, Education & Early Intervention, Other - Cultural Diversity
Core Function(s)	Research
Type of Activity	Systemic Change
Objectives	
Extent to Which Goal was Achieved:	Achieved
Explanation:	<p>Over the past several years, Partners has maintained a focus on developing our capacity for research and evaluation. A fourth researcher was added to the faculty this past year. Partners conducted eleven research and evaluation projects and published fourteen articles based on that work during the past year. Some of the highlights of those efforts at Partners are described below.</p> <p>I. The Early Head Start Study is a randomized clinical trial supported by the Administration on Children, Youth, and Families, Department of Health and Human Services. It is a partnership project between the University of Arkansas for Medical Sciences and Child Development, Inc., of Russellville, Arkansas. This research is evaluating the effectiveness of Early Head</p>

Start programming, through which the target objective is to enhance the quality of mother-child relationships and interactions and to provide integrated maternal support services to improve the health and development of low-income women and their infants. This EHS study is part of the Early Head Start Research and Evaluation Study (EHSRE), the national evaluation of the program that was carried out in 17 Early Head Start programs, located in diverse communities across the United States. The study began when the first cohort of children enrolled in Early Head Start and continues in an effort to document the ongoing impact of the program in the lives of the children as they grow and develop. Over the years, this project has resulted in a number of publications by our faculty on family functioning, child development, and early intervention.

II. Evaluation of Community Mental Health Centers Partnership with Early Childhood Programs

The purpose of the project is to evaluate the effectiveness of the collaboration between Community Mental Health Centers (CMHCs) and early childcare programs, including Head Start centers and Arkansas Better Chance for School Success (ABC) programs. ABC is a program established by the Arkansas legislature to serve children ages three and four who are living at 200% of poverty. The Division of Childcare and Early Childhood Education funded three CMHCs to serve as pilot sites, and to partner with at least three childcare programs in their region. The evaluation contract was awarded to the UAMS/Partners for Inclusive Communities.

Through a series of meetings with staff from the funding agency, pilot sites, evaluators and other partners, the specific goals and objectives of the project were outlined. While the specific activities differ somewhat from site to site, each pilot site agreed upon the following goals: 1) Enhance the capacity of childcare centers/teachers to prevent and manage mental health problems in children; 2) Enhance the capacity of parents to prevent and manage mental health problems in children; 3) Improve the outcomes of children enrolled in the collaborating childcare programs; and 4) Enhance the capacity of mental health professionals to prevent and manage mental health problems in children. Some of the activities include teacher training and consultation, screening children for behavioral concerns and protective factors, making referrals for individual mental health services, conducting small and large group classroom activities, conducting parenting education classes, and collaborating with local colleges and universities to offer training opportunities to students.

The stakeholder meetings were also used to obtain input from all partners on the evaluation plan. Together the group developed a logic model, and discussed assessment tools they would like to use or were already using. Data collection is ongoing.

III. Chartbook of Disability and Health in Arkansas

The Arkansas Disability and Health Project paid for questions to be added to Arkansas's version of the Behavioral Risk Factor Surveillance Survey. This is a population based phone survey of the health of residents of each state. Through the purchase of some key questions, we are able to sort the data by severity of disability and examine access issues. 5,280 Arkansans were surveyed and a Chartbook of Disability and Health in Arkansas was prepared. Since phone based surveys typically exclude individuals with developmental disabilities, we also surveyed this group at the Developmental Disability Councils annual conference in September, 2005. 33 individuals with developmental disabilities completed a survey of health behaviors. There were questions regarding nutrition, exercise, smoking and mental health. The Chartbook provides information about demographics, health status, health care coverage and access, preventive health, chronic health conditions, cardiovascular health, veterans, and women's health. These data are a huge addition to the information about people with disabilities in an information poor state.

IV. Arkansas Autism and Developmental Disabilities Monitoring Project

Autism Spectrum Disorder (ASD) is the ultimate challenge in the disability field as it has the most unanswered questions regarding etiology, epidemiology, diagnosis, clinical intervention,

	<p>need for an interdisciplinary approach, systems of care and funding issues. Surveillance for ASD is critical to unraveling the mystery of ASD from a scientific and policy standpoint. This project will help answer the question of prevalence, so that we can work backward to etiology and work forward to services, service systems and funding.</p> <p>Through funding and direction from the Centers for Disease Control and Prevention, the AR Autism and Developmental Disabilities Monitoring Project has developed a prevalence database for Arkansas by identifying from educational and clinical records, 8 year-old-children who meet criteria for ASD. By reviewing all special education records in the state that involved children from that birth year, then having each record reviewed by a clinician trained for such reviews, a database of children with ASD was developed. This database has been cleaned and is currently undergoing analysis, with publications to follow.</p>
Proposed Revision to Goal	We propose renumbering this goal as "Goal 3". Please see the rationale under Goal 2.
Goal	5: Partners will disseminate 10,000 pieces of educational material on disability related topics. These materials will include such items as: training manuals/handouts, conference presentations, publications, brochures, and fact sheets.
Area(s) of Emphasis	Employment-Related Activities, Child Care-Related Activities, Health-Related Activities, Quality Assurance, Education & Early Intervention, Housing-Related Activities, Transportation-Related Activities, Recreation-Related Activities, Quality of Life, Other, Other - Assistive Technology, Other - Cultural Diversity, Other - Leadership
Core Function(s)	Information Dissemination
Type of Activity	Advocacy, Capacity Building, Systemic Change
Objectives	
Extent to Which Goal was Achieved:	Achieved
Explanation:	<p>At almost every training event and many technical assistance activities that Partners conducts, staff members disseminate information. Most trainings have a training manual or presentation notes and often as many as five to ten other handouts. Health fairs and conference exhibits are another major venue for disseminating information. Partners will often have three or four booths at one health fair. Journal articles often have a circulation of several hundred subscribers and many more readers.</p> <p>Capture of this information in NIRS was a major shortcoming this year. Only as we began working on the annual report did we realize that we must do two separate entries into NIRS in order to capture our dissemination activities in the database. At that point there was not adequate time to get all the staff members to do the additional entries. Therefore, we collected data from each staff member directly. According their reports, we have disseminated 12,475 pieces of information this year. Our plan is to address the issue of entry into the database for the coming year, in order that the numbers will be captured in NIRS.</p>
Proposed Revision to Goal	We propose renumbering this goal as "Goal 4". Please see the rationale under Goal 2.

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