

ADD Annual Report: Section 1

FY 2006: Goals and Objectives

NE- Munroe-Meyer Institute of Genetics & Rehabilitation

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Goal	1: By June 30, 2006, at least 150 preservice trainees will demonstrate increased knowledge and skills in the provision of services and supports to persons with developmental disabilities as measured by pre-post and/or post-only assessment of skills, attitudes and knowledge.
Area(s) of Emphasis	Health-Related Activities
Core Function(s)	Interdisciplinary Pre-Service Preparation and Continuing Education
Type of Activity	Capacity Building
Objectives	<ul style="list-style-type: none"> 1: Provide clinical training for future health professionals including 80 medical students, 12 Pediatric residents, 8 Psychology interns, 2 Social Work practicum students, and 20 other allied health professionals.
Extent to Which Goal was Achieved:	Achieved
Explanation:	<p>The UCEDDs goal was to train at least 150 students from fourteen different disciplines. During the past year we trained 229 students. These students received 83,600 hours of training. The number of trainees increased by almost 10% and training hours increased over 20% compared to last year. Fifty-one of these students were long-term trainees who accounted for almost 67,000 hours (over 80%). Seven percent of all trainees came from minority backgrounds which is a slight increase from last year. This reflects the demographics of Nebraska and the University of Nebraska, and our continuing efforts to attract minority students. During the last year, 50 different topics within the UCEDD core curriculum were presented to 653 attendees. This represents a decrease in core topics within the core curriculum. The decrease reflects the impact of feedback received from trainees, staff and consumers which led to modification of our leadership series. As in the past, additional presentations on disabilities were presented to students on the University of Nebraska Medical Center campus. With the changes in NIRS, these are reported under activities. We have modified the data set to differentiate this information for the coming year.</p> <p>In the last year, UCEDD faculty taught 24 University courses related to developmental and other disabilities. Courses taught included: Assessment and Management of Voice Disorders, Neuroscience, Musculoskeletal Physical Therapy I, Developmental Psychology (Spring and Fall Semesters), Developmental Psychology, Augmentative & Alternative Communication, Occupational Performance in Early Life, Human Genetics Laboratory 912, Human Genetics & Cytogenetics Principles 911, Doctoral Seminar Speech, Introduction to Psychology, Psychological Assessment I, Psychological Assessment I: Foundations, Behavioral Analysis and Intervention, Nutrition in the Life Cycle (A and B), Psychotherapeutic Intervention with Children & Adolescents, Pediatric Physical Therapy, Motor Speech Disorders, Musculoskeletal Physical Therapy II, Life Span Adolescence, Early Childhood Assessment, and Cleft Palate. The number of courses (24) and the number of students taught (543) were higher than previous years.</p>

Four major strategies impacted our training results this year. First, even with a decrease in MCHB funding for our LEND project, the UCEDD was able to offer stipends to seventeen long term trainees based upon state and regional needs. In addition, almost 80 other students received some support for their training at the UCEDD. State funding, funds from other federal grants, funds from the MMI Board, the MMI Guild, donations and funds from other philanthropic organizations allowed us to maintain the stipends.

The second strategy was the use of our continual improvement model which includes student feedback to determine the need for revisions to our core curriculum. These revisions, many of which are substantial, have kept the training program up-to-date and relevant to student needs. Study plans were modified to enhance students' systemic understanding of interdisciplinary health care teams and systemic interface with the community. For example, every Pediatric Dentistry resident, interviewed upon leaving the program showed an increase in their knowledge base even though several had previous exposure to persons with disabilities. These residents were not aware of available community resources or the depth of interdisciplinary activities provided by MMI throughout the state. Our third strategy involved the enhancement of student project criteria. Projects this past year included those by Social Work trainees who pursued the initial development of an NIH grant in the area of methadone rehabilitation of women in rural communities. Their project resulted in a comparison of the interventions available, success of interventions, required community resources, and how to establish resources in a rural community to benefit these women. Another student project affected program change at the Cass County Head Start program. A systematic referral process was developed for children demonstrating behavior problems. The outcomes of this project included designing and implementing a systematic staff training program which then led to the development of teacher support teams and staff implementing new behavioral techniques to obtain positive classroom interactions. One student project resulted in an instructional manual for families to facilitate the 'transitions' their children make as they age through the school system. This manual was reviewed by family members for the use of family friendly and people first language and usefulness. The students coordinated their efforts with the MMI Consumer/Family Advocate to assure a comprehensive approach.

The fourth strategy was the development of new or expanded programs that were of particular interest to students. These programs included the expansion of our rural behavioral health program, programs related to autism spectrum disorder and the initiation of a new pediatric feeding disorders program. To accomplish the latter activities, we made the decision to close our orthotics and prosthetics program and transition it to community providers. This allowed us, with the addition of University of Nebraska Programs of Excellence funds and a significant increase in funds from philanthropic individuals, to initiate the renovation of over 7,000 square feet of space for new programs in Autism and Pediatric Feeding Disorders.

Pre-post evaluations were conducted of long term trainee skills across 11 domains related to interdisciplinary core competencies: Family Centered Care, Cultural Competence, Communication Skills, Interpersonal Skills, Understanding of Neurodevelopmental and Related Disabilities, Life span Issues, Health Policy, Community Resources, Program Planning, Information Technology and Interdisciplinary Research. A 5 point Likert scale with 1= limited skills and

knowledge and 5= high level of skill and knowledge was utilized. This assessment was completed at the beginning and at the end of the trainees experience. The average total score on the pre-test was 2.95 and the post-test was 4.46. Both the pretest scores and post test scores were higher than previous years. The ratings show trainee skill and knowledge improvement across all domains of the interdisciplinary training program.

Pre-post evaluations were also conducted using the Self-Assessment Checklist developed by the Georgetown UCEDD to determine the impact of the program on long term trainee understanding of cultural issues. The scale asks individuals to rate whether or not they engage in a wide array of practices, with 1 indicating rarely and 3 indicating frequent. Pretest scores averaged 2.459 indicating that even at the initiation of training, students were aware of and incorporating many culturally appropriate practices. The post test average was 2.901.

Pediatric residents evaluate their training in two ways. First, using a 5 point Likert scale, residents are asked to indicate if their training objectives were met. The mean rating of 4.355 (where 5 is the highest rating) indicates their view that the program met their expectations. Information collected which rates consumer satisfaction indicated that 11 of the 14 residents responded to the question. Of these respondents, all (100%) were either satisfied or highly satisfied with the training they received.

Seventy-five third year Medical Students who participated in one week rotations also were asked to evaluate their training on the same 5 point Likert scale used for residents. The mean rating on whether their training objectives were met was 4.227. Since this data is provided by the College of Medicine, no satisfaction data was collected. In addition, given the limited duration of the experience and their stage of training, it is difficult for M-3s to truly evaluate if this program is satisfactory, since it includes students who may go into anesthesiology, pathology, dermatology and radiology with students going into primary care such as future pediatricians and family practitioners. It is after they are more immersed in a relevant curriculum that they see the real value that the training program offers.

In summary, all long term trainees rated the program well and gained critical skills that will allow them to provide needed services and supports and to assume leadership roles in the future.

Proposed Revision to Goal	This goal will continue in 2006-2007 without modification.
Goal	2: By June 30, 2006, at least 100 consumers and providers will receive continuing education opportunities which will increase their knowledge and skills to operate within a consumer-directed service system.
Area(s) of Emphasis	Health-Related Activities, Quality Assurance, Quality of Life
Core Function(s)	Community Services: Training & Technical Assistance
Type of Activity	Capacity Building

Objectives	<ul style="list-style-type: none"> • 1: Provide an Issues Summit in Nebraska in collaboration with AAMR following the Summit for Full Participation. Seventy-five percent of participants will commit to continued activities. • 2: Provide at least two workshops under the auspices of Real Choice to enhance consumer directed supports in Nebraska. Attendees will rate their satisfaction level above the 75% level. • 3: Conduct a statewide workshop for providers on Augmentative Communication. Both attendees increased knowledge and satisfaction level will be rated above the 75% level.
Extent to Which Goal was Achieved:	Achieved
Explanation:	<p>Two of the three objectives described under Goal 2 were completed this year. As will be seen, Objective 2 was not completed because the funding agency decided not to continue with the activity.</p> <p>Our first objective was to convene a Nebraska Issues Summit which was held on September 28, 2005 in Lincoln, Nebraska. Ninety people participated in the summit. MMI and the Nebraska chapter of the American Association on Mental Retardation co-sponsored the Summit addressing current developmental disabilities services in Nebraska in relation to leading national trends. The Nebraska Issues Summit featured Charlie Lakin, PhD from the University of Minnesota, as the keynote speaker, as well as members from Nebraska who participated in the Alliance for Full Participation (AFP) meeting held in Washington, DC. Input from participants was addressed by a panel of representatives from various organizations such as Nebraska Advocacy Services, Nebraska Provider Network, Nebraska Developmental Disabilities Planning Council, The Arc of Nebraska, People First of Nebraska, and Nebraska Health and Human Services/Developmental Disabilities System. One of the UCEDDs Family Coordinators, who attended the Summit in Washington, presented at the Nebraska Summit. Issues identified were statewide system problems. Participants requested that the major issues identified be moved into an agenda which could be used by a variety of organizations coming together to develop strategies to address the issues. An outcome of the summit was the development of a monograph, the 'Nebraska Summit Proceedings' which was disseminated statewide.</p> <p>There were preliminary discussions among some of the summit attendees and other stakeholders regarding the development of an agenda for Nebraska, utilizing the Nebraska State Team document (developed for the AFP Summit), the AFP agenda document and proceedings. The Nebraska DD Network (DD Council, P&A and UCEDD) became concerned about an apparent decrease in momentum regarding the Summit and met to collaboratively determine if the network should convene a meeting of all stakeholders. The UCEDD convened a meeting in collaboration with its network partners and invited representatives of AAMR, the Arc, League of Human Dignity and other groups to attend. During that meeting, it was decided to use the Nebraska Consortium of Citizens with Disabilities (NCCD) as the main focus of the efforts to develop a Nebraska Agenda. Since all three ADD supported programs are members of NCCD, we are able to support the effort and expand the number of stakeholders, without setting up a special group that might impose more time demands on advocates. Mark Smith, the UCEDDs Family Coordinator has also worked to maintain momentum within the state. The Arc of Omaha had previously approached Madeleine Will, Chair of the Presidents Council on</p>

Individuals with Cognitive Disabilities, to come speak at their end-of-the-year PRISM event. The Arc staff person had recalled that Ms. Will had approached Mr. Smith expressing interest in coming to Nebraska to support disability planning and activities. A teleconference with Ms. Will led to a visit to Nebraska where state disability stakeholders discussed strategic planning in Nebraska. The information from that meeting has been incorporated into the work of NCCD. NCCD members are presently assembling draft language on the Nebraska Disability agenda, with a focus on providing information to policy-makers and service providers.

Our second objective related to our Real Choices Initiative in collaboration with Nebraskas Department of Health and Human Services (HHS). Funded by CMS are three systems change grants, Quality Assurance, C-PAS and Medicaid Buy-In. The Quality Assurance grant is supporting the Nebraska A&D Waiver to refine and expand their quality assurance activities. Medicaid Buy-In activities provided by the UCEDD include helping to evaluate the effectiveness of Nebraskas Medicaid Insurance for Workers with Disabilities (MIWD) project. This project is aimed at increasing the number of individuals with disabilities who work, by assuring that they maintain Medicaid (health care) benefits. The C-PAS grant was designed to enhance consumer control by establishing the infrastructure for an intermediary service organization (ISO) system for a new consumer-directed model of financing and delivering personal assistant services. This system was designed to ensure compliance with legal requirements related to employment of attendants and was to have offered supportive services to enable consumers to perform the required tasks as employers of their own attendants. Another goal of C-PAS was to develop a peer advocacy network to support consumers through training and peer mentoring. However, after four meetings, HHS determined that based upon current expenditures, the proposed C-PAS model was not cost effective. HHS then placed the project on hold. Since the UCEDDs role was to design and provide two workshops for consumers related to the new model developed by the project, those workshops were not scheduled and therefore did not take place. At the present time, HHS has not indicated that the project will be resumed. As part of our Real Choices activities, over the past year UCEDD staff did hold fifteen meetings with HHS staff and consumers regarding quality assurance, self determination and training goals for these projects.

The third objective was met when the UCEDD held the fourth annual Nebraska Augmentative and Alternative Communication (AAC) Conference sponsored by the Munroe-Meyer Institute Guild. The conference was held on June 2, 2006 at the Durham Research Center in Omaha, NE. Sixty (60) participants including speech pathologists, teachers and parents attended the conference. The topic of this years conference was "Augmentative and Alternative Communication in Children: Issues and Strategies." The purpose of the conference was to prepare educators and other human services personnel to design and utilize AAC options for children in school settings and to increase the awareness of cultural diversity when caring for children from diverse backgrounds. The featured guest speaker was Gloria Soto, PhD. Gloria, who is originally from Spain, is a Professor in the Special Education Department at San Francisco State University. A panel of speech pathologists and teachers who provide services to children who use AAC ended the program by discussing how they provide ACC services in the school setting. Fifty-four (90% return rate) of the attendees rated their satisfaction with the conference. Fifty three (53) of these individuals indicated that they were either highly satisfied or satisfied (98%).

Proposed Revision to Goal	<p>We propose no changes to Goal 2. However, the objectives from 2005-2006 have been updated to reflect proposed activities as indicated in our March report to ADD.</p> <p>Objective 1: Provide, through the state's distance learning network, a televised workshop on the topic of Eliminating Lead Paint Contamination as a source of Developmental Disabilities leading to an 80% mastery level on materials presented.</p> <p>Objective 2: Provide a distance learning workshop on healthy lifestyles and promotion of wellness for persons with disabilities leading to 80% mastery level on materials presented.</p> <p>Objective 3: Provide a distance education workshop on the topic of treatment options for persons diagnosed with epilepsy leading to an 80% mastery level on materials presented.</p>
Goal	3: By June 30, 2006, The UCEDD, P&A and DDC will conduct at least 10 collaborative meetings to develop strategies to enhance our joint advocacy, capacity building and systems change activities.
Area(s) of Emphasis	Health-Related Activities, Quality Assurance, Transportation-Related Activities, Quality of Life, Other - Leadership
Core Function(s)	Community Services: Training & Technical Assistance
Type of Activity	Advocacy, Capacity Building, Systemic Change
Objectives	<ul style="list-style-type: none"> • 1: A second Consumer/Family Coordinator will be hired to expand family and consumer led activities at the UCEDD. • 2: Conduct a statewide needs assessment for the DDC for use as part of their new 5-year state plan. • 3: The three ADD supported programs will develop at least one joint project to affect systems change benefiting Nebraskan's with disabilities. • 4: The three programs will collaborate on advocacy and capacity building activities related to self-determination. The UCEDD will apply for DDC funding to support at least one of these initiatives. • 5: The three ADD supported programs will work with the Nebraska Consortium for Citizens with Disabilities (NCCD) to strengthen coalitions and expand legislative advocacy.
Extent to Which Goal was Achieved:	Achieved
Explanation:	<p>All objectives under Goal 3 were met.</p> <p>Collaborative activities continued including the monthly planning meetings with the directors of the D.D. Council and Nebraska Advocacy Services (P&A). These meetings, and membership on our respective consumer boards, serve as the basis of our communication strategy to effect collaborative activities among the ADD supported programs in Nebraska whenever possible. This year, these meetings led to joint initiatives in leadership development and transportation. Another activity involved our joint participation on the Nebraska Alliance for Full Participation state team and subsequent activities described under Goal 2. Both the DD Council and the UCEDD also participated on a work group that developed the goals and objectives for the MCH Statewide Needs Assessment. The priorities determined by the assessment will be utilized in the Maternal and Child Health State Plan. We continued to be actively involved in the Nebraska Consortium of Citizens with Disabilities (NCCD) where many legislative and systems change activities were</p>

initiated. Both collaboratively with NCCD and with our ADD funded partners, we have been active in trying to effect systems change legislatively. We testified and met with Senators regarding LB101 which would require the state to submit a new waiver to CMS to support early intervention services to children with Autism Spectrum Disorder. While this bill did not pass in the most recent Unicameral session, we will continue our efforts during the next legislative session. We also worked to support expanded preventative efforts regarding fetal alcohol syndrome and children born of mothers addicted to crack cocaine. These efforts will continue next year as well. Finally, we actively supported LB 1220 which would fund rural behavioral health initiatives. We were ultimately successful in having the state fund these initiatives, which would have ended or have been reduced due to HRSA cuts at the federal level.

Objective 1 was met with the successful recruitment of Ms. Shirley Dean who brings over 30 years experience in the field of Developmental Disabilities to her position at the UCEDD. A primary focus of her time has been the development and implementation of a new medical transition clinic project funded by CMS. The "Portals Clinic" works with teenagers with disabilities and their parents in the development of a plan allowing for a successful transition to adult medical services. In addition, she has increased supports to underserved communities in the state and has worked to bring pertinent information and products to our staff, families, and individuals with disabilities. She has also provided support to varying statewide projects and activities, including our P&As development of a value-based training series and our statewide self-advocacy organization, People First. Shirley also serves as Co-Primary Investigator for our leadership training project described below in objective 4.

Objective 2 was completed when the UCEDD in collaboration with our network partners conducted a Statewide Needs Assessment for the DD Council. The overall purpose of the assessment was to gather information to guide the DD Council in the development of its federally-mandated Five-Year State Plan for improving services to individuals with Developmental Disabilities in Nebraska. A survey instrument was devised that addressed the Administration on Developmental Disabilities' eight "areas of emphasis." A total of 252 individuals participated in the statewide needs assessment. One hundred twenty-four (124) consumers and family members completed a survey along with 128 provider agency staff members. Six regional focus group meetings were conducted across the state along with focus group data collection sessions at the annual conference of People First of Nebraska. Overall, a total of 99 persons participated in the focus groups with the majority being direct consumers (55%). Finally, a series of "personal interviews" with persons with disabilities and family members was conducted by regional data collectors trained through teleconferencing by MMI staff. Data from both consumers and agency providers indicated that Nebraska's most pressing needs were in the areas of transportation, employment and quality assurance.

Objective 3 was met with the successful completion of a major collaborative activity on transportation. Representatives of the Developmental Disabilities Network in Nebraska (UCEDD, Nebraska Advocacy Services, Inc., and the Nebraska Planning Council on Developmental Disabilities) agreed to work together to identify strategies and approaches to improve the availability and accessibility of transportation services for people with disabilities. Initially, the UCEDD secured funding from the DD Council to conduct two video teleconferences. The two teleconferences, one

last year and one this year, explored the Nebraska transportation system and options for persons with disabilities. The project built coalitions which allowed us to initiate discussions with the state to support legislative and procedural changes to affect lower costs and more functional approaches to transportation in rural and urban areas of the state. Representatives of the DD Network also met with Senator Dennis Byars to get suggestions concerning possible strategies. Based on this meeting, it was decided to survey small sample of individuals with disabilities and their service providers. One hundred thirteen (113) surveys were completed by persons with disabilities and nineteen provider surveys were returned. An outcome of the survey was the introduction of Legislative Bill 1069 by Senator Byars. LB 1069 allows a person who is eligible to receive transportation services from Nebraska Department of Health and Human Services to choose a non legally responsible relative to provide the transportation. The Nebraska Department of Health and Human Services will reimburse the cost of the travel at the same rate provided to state employees. Senator Byars selected this bill as his priority bill in the recent session of the Nebraska Unicameral (legislature). The bill was successfully passed. The legislature indicated in its fiscal impact statement that the bill each year would save the state over one million dollars. In addition, and more importantly, it would increase choice and flexibility for consumers.

Objective 4 was met with the UCEDD receiving funding from the DD Council for a new leadership development project. Nebraska has lacked formal leadership development activities for the past several years. In August of 2005, the UCEDD began a pilot project to develop a Leadership Training Initiative. This was part of our work plan described in our continuation application last year. The goal was to provide leadership skill training for people with disabilities, parents and family members, and interested citizens across Nebraska. During the initial development of the project, we sought and received DDC funding to expand our efforts. During this year we worked with primary consumers and family members to develop a curriculum. Workshops are now planned across the state over the next six months. A resource manual and a web site on statewide training opportunities will be developed and disseminated as part of this project. We anticipate training from eighty to one hundred individuals in disability-related leadership skills. The curriculum will include information on the history of the disability movement in Nebraska, disability philosophy, communication skills, and systems-level information regarding the disability service systems in Nebraska. The information will cross the life span, disability areas, advocacy systems, and current initiatives in systems improvements. Along with the support of the DDC, our P & A has provided significant staff support to the project. Plans, including cooperative agreements with other stakeholder agencies, are already in place to sustain these activities beyond the project period.

Objective 5 involves the continued support and participation by the UCEDD and our ADD program partners in the activities of the Nebraska Consortium for Citizens with Disabilities. Representatives of the UCEDD, the DDC, and the P & A have routinely attended consortium meetings (which includes over twenty disability organizations in the state), developed responses to specific legislation, provided information directly to legislators and their staff, and testified on legislation specific to Developmental Disabilities and other disability concerns. As described under Goal 2, UCEDD staff have worked with NCCD members in the development of a Nebraska Disabilities Agenda similar to the agenda for the Alliance for Full Participation. This will serve numerous purposes, including informing policymakers

	<p>on disability issues and public awareness activities. In May 2006, MMI with the Arc of Omaha sponsored a Leadership Conference involving national presenters on coalition development in support of disabilities system improvements. This represented an opportunity for individuals with disabilities, family members, and interested citizens to receive information and training on coalition development and current issues in disabilities at the national level. We are also involved in the development of a Law Conference on Special Education for parents to be held in November 2006. The focus of this activity will be to inform families on law and regulations on IDEA 04.</p>
Proposed Revision to Goal	<p>We propose no changes to Goal 3. However, objectives have been updated to reflect changes in the specific activities proposed.</p> <ul style="list-style-type: none"> ● Objective 1: The three ADD supported programs will maintain and/or develop at least one joint project to affect systems change benefiting Nebraskans with disabilities. ● Objective 2: The three programs will collaborate on advocacy and capacity building activities related to self-determination. The UCEDD will finish its project to develop materials and conduct training for parents of children and adults with disabilities and with primary consumers. ● Objective 3: The three ADD supported programs will work with the Nebraska Consortium for Citizens with Disabilities (NCCD) to strengthen coalitions and expand legislative advocacy.
Goal	<p>4: By June 30, 2006, Nebraska's rural behavioral health policies and services for persons with all types of disabilities will be modified through UCEDD systems change efforts.</p>
Area(s) of Emphasis	Health-Related Activities
Core Function(s)	Community Services: Training & Technical Assistance, Community Services: Direct Services & Demonstration Projects
Type of Activity	Advocacy, Capacity Building, Systemic Change
Objectives	<ul style="list-style-type: none"> ● 1: Continue to work with the State's task force on mental health reform that will produce a blueprint document of plans to re-shape the Nebraska behavioral health service delivery system. ● 2: Provide technical assistance and support to rural communities wishing to incorporate behavioral health into primary care practices in an additional two communities. ● 3: Provide behavioral health services and supports to rural communities through placement of UCEDD faculty and pre-service trainees in rural primary care settings in at least three rural communities.
Extent to Which Goal was Achieved:	Achieved
Explanation:	<p>The Nebraska UCEDD has been actively involved in building the capacity of the state to support children, youth and adults with behavioral health issues. In previous progress reports, we have described the creation of our rural Behavioral Health Clinic Network. We now have clinic sites in thirteen locations across Nebraska. These clinics are designed to integrate behavioral health services into pediatric primary care offices and expand the capacity of both the UCEDD and the local medical providers to support individuals in underserved areas. In addition to the services and supports provided by these new clinics, educational opportunities have been enhanced for students from the state college system, which has campuses in more rural areas and for students in private colleges in rural Nebraska. Talks to</p>

parent and advocacy groups in rural areas have increased as a result of our behavioral health expansion. UCEDD staff, in collaboration with the HOPE Medical Outreach Coalition (a Community Health Center (CHC) funded by HRSA's Bureau of Primary Health Care), have continued to assist with the design of mental health integration into primary care settings which primarily serve minority groups such as the Charles Drew Center and the Indian Chicano Health Center. These activities have been supported by funds from HRSA.

Objective 1 relates to our work to support systemic change. Two UCEDD faculty members have participated on committees and sub-committees of the Nebraska Behavioral Health Reform Task Force. Our staff are members of the Academic Committee of the Task Force and have provided input into educational programming and preparation of professionals to work in the behavioral health field. Additionally, a UCEDD faculty member authored the state's Behavioral Telehealth working paper that was adopted by the Task Force and emphasizes the role of telehealth in the state's behavioral health delivery system. As a result of the work of the Task Force, two of the state's regional centers are closing and community-based alternatives are emerging across Nebraska that will be more person-centered, will emphasize community involvement, and will be more cost-effective.

Objective 2 relates to expansion of our efforts to build the state's capacity through technical assistance activities. Over the past year, primary care practices in several Nebraska communities have approached us regarding placement of behavioral health services in their communities. Specifically, primary care practices and hospitals in smaller rural communities such as Blair (population = 7,000), Grand Island (population = 39,000), and Lexington (population = 12,000) have received technical assistance involving the recruitment and placement of behavioral health professionals in their communities. As described under the first paragraph of this goal's explanatory information, CHCs in the underserved areas of North Omaha and South Omaha have approached us to assist in recruiting personnel as CHCs are now required to provide behavioral health programming as well as physical health, dentistry, and pharmacy services. The two community health centers serve a significant number of families of minority origin, many of whom are uninsured, receive disability income, are elderly, or who are among the "working poor."

Objective 3 relates to our placement of UCEDD staff and students in rural areas to directly influence the expansion of behavioral health services. Over the past year, additional "Outreach Behavioral Health Clinics" have been established by UCEDD faculty in Crete (population = 6,000), Lincoln (population = 200,000), and at the Community Health Center in Columbus, Nebraska. One post-doctoral fellow has moved to Crete and has been providing services through the Regional Hospital located in this community. Another fellow travels from Omaha to Columbus to provide services at the Community Health Center. The center provides behavioral health support for uninsured and under insured persons from a four-county area, many of whom are of minority status. Finally, a post-doctoral fellow moved to and is providing services in Lincoln, Nebraska. Although Lincoln is the second largest city in Nebraska, it is still located in a county that has been classified as a Mental Health Professions Shortage Area. All fellows have been provided with both on-site and telehealth supervision over the past year by licensed faculty members and it is expected that services in these three settings will continue as individuals are "hired" or contracted for services in their respective communities. This expansion has resulted in the provision of over 1,200 behavioral health services and supports that

	would normally not have been available to families in these underserved areas of the state.
Proposed Revision to Goal	Goal 4 will continue during the next fiscal year, as indicated in our continuation application.
Goal	5: By June 30, 2006, at least 6,000 persons with disabilities will receive direct services or supports relating to healthy outcomes, and developmental or educational goals. Ninety percent of consumers who return consumer surveys will report satisfaction with these services and supports.
Area(s) of Emphasis	Health-Related Activities, Recreation-Related Activities
Core Function(s)	Community Services: Direct Services & Demonstration Projects
Type of Activity	Advocacy
Objectives	<ul style="list-style-type: none"> • 1: Provide at least 40,000 evaluation and treatment services to persons with disabilities in Nebraska and the surrounding area. • 2: Provide clinical and recreational services to Nebraskans with disabilities across Nebraska in collaboration with community service providers and through the use of telehealth. • 3: Provide direct services through externally funded projects such as: A. Early identification and assessment services conducted through the Tracking Infant Progress Statewide (TIPS) Program. B. Assessment of youth with disabilities through the Medically Handicapped Children's Program (Title V). C. Development of a transition clinic in collaboration with Nebraska HHS D. Evaluation and treatment of children with speech disabilities through the RiteCare programs funded by the Scottish Rite Masons. E. Recreational services for children and adults with disabilities funded through the Hattie B. Munroe and C. Louis Meyer Foundations. F. Assessment of children with neuromuscular disabilities in clinics sponsored by the Muscular Dystrophy Association. G. Genetic assessment throughout Nebraska in clinics supported by the Nebraska Department of Health and Human Services.
Extent to Which Goal was Achieved:	Achieved
Explanation:	All objectives of Goal 5 were met. The Nebraska UCEDD provides a very comprehensive array of services and supports for children, youth and adults. Services were provided across the state, in schools, homes, clinics, other hospitals, physicians offices, in surrounding states (South Dakota and Iowa) and by telehealth. Over 85% of our services and supports take place in the community. The NIRS data system does not accurately reflect services provided. The methodology used to report this information distorts this data due to the combination of disparate data elements. By separating the number of consumers who received services and the number of services and supports provided, we can provide a more accurate picture of these activities. Forty-four thousand nine hundred and fifty-six (44,956) individual services were provided this past year. The UCEDD provided services to 10,879 individuals. Five thousand six hundred and eleven (5,611) were seen for the first time and 5,268 returned for services. Of those individuals reporting ethnicity, minority groups made up 16.2% of the individuals we served. This information is also not comparable to NIRS which combines individuals who did not provide this information with an 'other' category in response to this question. The 16.2% represents an increase in our services and supports to the minority community reflecting the increasing population trend in Nebraska. Physicians and hospitals continued to be our largest referral source. Consumers of all age ranges from below

1 year of age to over 55 years of age received services and supports.

As can be seen by the information above, we exceeded our goal in Objective 1 to provide over 40,000 services. The UCEDD made the decision this year to eliminate its Orthotics and Prosthetics program (The Brace Place) and to transition these services to community providers. In spite of the closure we were still able to meet this goal.

As indicated above, services and supports were provided across the state. Objective 2 relates to services which are provided collaboratively. A large number of these services and supports are funded by Title V through the MCH Block grant, by the state Department of Education (NDE), and by the Nebraska Health and Human Services System (HHS). The continued expansion of our rural behavioral health program was supported by local health and behavioral health programs. Individuals with behavioral disabilities living in remote areas previously had to travel as far as 200 miles to obtain behavioral health services. We have now established clinics within primary care medical offices in 13 communities ranging from 35 to 400 miles from Omaha. As a complement to these clinics, we also offered behavioral telehealth services which were supported by NDE and HHS. Telehealth services were provided to families living in and around community hospitals that are linked to the Munroe-Meyer Institute through the state's Telehealth Network. During the past year, over 200 sessions were conducted for individuals and families via the use of telehealth technology. Individuals and families were frequently seen at the request of local physicians and, on the average, telehealth technology saved families hundreds of miles of travel, which would otherwise been required to obtain services. Other collaborative services include statewide clinics supported by HHS which are described below in Objective 3.

Recreational therapy services expanded this past year. Programs include center based, school based and community inclusion programs for children, youth and adults with disabilities. Multiple recreational programs, largely supported by private funds, are provided collaboratively with the public schools, local developmental disabilities service providers and community agencies. Camp Munroe provides summer and winter day camp programs on a full day basis. The camps run for seven weeks in the summer and six to eight days over the Christmas and New Year Holidays and serve over 250 campers and families annually. The Splash and Play Pre-school Program annually provides two 12 week fall/spring programs for 12 to 20 children. This program includes aquatic activities and focuses on early enrichment activities to support the development of language, social and motor skills. Our Community Inclusion Teenager Social Clubs include monthly outings to community concerts, sports, social dining and other entertainment events. Girls Group, uses mixed ability grouping to facilitate friendship and social skills development. The Arnold Stern Group is a mixed gender/mixed ability group designed to facilitate appropriate social behaviors. Each group serves 15 to 20 participants per month. Our after school program, is run in conjunction with Omaha Public Schools special education services. Students are bused to the Munroe-Meyer Institute after the school day is completed where structured sport, aquatic and social play activities are provided. Activities are designed to provide additional instruction and support to participant's IEP goals. A secondary outcome is the provision of respite support for care-givers whose work day does not end at 2:30 or 3:00. Each twelve week fall and spring program serves approximately 24 participants. Saturday morning recreation and respite care programs provide enrollment for 36 participants each fall and

spring. Participants are placed in mixed ability age appropriate groups and receive active instruction in sport and aquatic skills. Care-givers are provided with several valuable hours of weekend respite not otherwise available for participants with behavioral and medical issues requiring close personal support and supervision.

Our recreational program has also expanded its programs for adults. Our center based swim program for adults serves participants with severe mobility restrictions and other medically fragile conditions. The hot water therapy pool, operated at MMI, provides access to aquatic services that community cold water basins make impossible. Limited to 10 participants due to the carrying capacity of the pool and high staffing ratios required, this program for 30 weeks each year. Our Adult Evening Respite and Habilitation Program is a center based evening program which provides recreational club-house services to 36 participants and operates year round for 36 weeks. Entertainment, sports, games and aquatic activities provide the stage for friendship and acquaintanceships to be formed and maintained to enrich the social network of adults with developmental disabilities. Our newest programs for adults include four adult social clubs which are held monthly. These clubs, the Overnight and Day Trip Chaperoned Vacations, Social Dining, Sports and Entertainment, and Wheel Club consist of community inclusion activities and provide small group outings to enrich and expand the hobbies and leisure experience of participants. Enrollment for over 100 participants a year is provided at no cost. Additionally, over 30 individuals may receive one-to-one leisure coaching services, where recreational therapy staff and participants are paired together in order to enroll in leisure skill instruction in natural community environments (e.g. YMCA, City Park and Recreation, etc.).

All of the services and supports indicated in Objective 3 were provided this past year. The TIPS program, funded by the state Department of Health and Human Services (HHS) continued to provide follow-up services for premature infants while at the same time providing a web based data system to provide longitudinal information on outcomes for these children who were served in NICUs at seven hospitals.

The UCEDD continued to provide statewide clinics through the MHCP program. Interdisciplinary evaluation and follow-up services were provided in Omaha, Lincoln, Kearney, North Platte and Scottsbluff, Nebraska. Over 40 clinics were provided this past year for children with cerebral palsy, neural tube defects, cranio-facial problems and genetic disorders.

With the support of the Sunshine Foundation (founded by Gail Werner-Robertson), we doubled our diagnostic services and supports for children and youth with Autism, and began construction of new space for the Center for Autism Spectrum Disorders. We also conducted an Autism Summit on June 3, 2006 for family members, professionals and consumers that attracted 425 individuals to the all day event. The Keynote Speakers included Dr. Temple Grandin, Associate Professor, Colorado State University and Dr. Jose Cordero, from the CDC, in Atlanta. Presenters also included Dr. Wayne Fisher, Director of the MMI Center for Autism Spectrum Disorders, Dr. Michael Crawford and Jessie Woolhiser, (MMI Recreation Therapy) and a panel of students, parents and other MMI staff. This was the second and most successful summit held. We are presently planning our summit for next year.

We continued our MDA sponsored clinics for children and adults with Muscular

	Dystrophy. MDA clinics took place twice a month in Omaha and Lincoln. Four times a year UCEDD faculty provide genetics clinics supported by HHS. These clinics take place in Kearney (the middle of the state) and in Scottsbluff, Nebraska which is almost 450 miles from Omaha. We also to provide similar clinics in Rapid City and Pierre, South Dakota.
Proposed Revision to Goal	This goal will be continued in FY 2007. As indicated in our continuation application, some adjustments in objectives were made due to changes in specified programs.
Goal	6: By June 30, 2006, conduct at least 10 community education workshops and consultations to direct care workers, state and community policy makers, family members, providers and agencies to expand capacity and promote quality programs across Nebraska.
Area(s) of Emphasis	Health-Related Activities, Transportation-Related Activities
Core Function(s)	Community Services: Training & Technical Assistance
Type of Activity	Advocacy, Capacity Building
Objectives	<ul style="list-style-type: none"> • 1: Provide a distance education workshop on the topic of treatment options for persons diagnosed with epilepsy leading to an 80% satisfaction with the materials presented. • 2: Sponsor at least one statewide conference on innovative methods to improve accessibility to transportation services to expand transportation options available to persons with disabilities.
Extent to Which Goal was Achieved:	Achieved
Explanation:	<p>In the last year 818 activities related to our goals and objectives were provided by UCEDD staff. Almost 40,500 individuals participated in these activities. Capacity building activities such as community education and technical assistance activities comprised the largest number (62%) of these activities. Most of these activities consisted of video teleconferences, workshops held in communities across the state, or in direct assistance to service providers. The workshops and conferences were either sponsored or co-sponsored by the UCEDD. Participants included professionals and paraprofessionals, family members, children and adults with disabilities, legislators, students and the general public. Forty-one (41%) percent of the topics of these workshops related to health care. However, our technical assistance and community education activities impacted upon each of ADDs areas of emphasis.</p> <p>UCEDD staff coordinated a series of statewide interactive video conferences for direct support workers in Nebraska. We partner with 10 local site coordinators in an effort to reach these individuals across the state. The site coordinators assist in the identification of training topics and potential presenters and serve as "hosts" for their local site the day of the videoconference. The site coordinators are trained in operating the videoconference equipment and play a key role in seeing that direct support workers in their local area are aware of the training. Our experience has indicated that the video conference format provides the direct support worker with a cost effective way to receive information from nationally and regionally recognized speakers. In an effort to broaden the availability and flexibility of the training, the conferences can be video streamed from an archive on the MMI Web site. This allows the direct support worker and interested individuals to view the presentation any time from their own desktop computers. Five video conferences were presented this year, specifically for direct care workers in community programs:</p>

Communication: Best Practice and Future Directions was presented by Pat Cottingham, Region V Services. One hundred and one (101) participants attended the video conference on August 4, 2005.

Results Matters: Child Assessment was presented by Barb Jackson, PhD, UNMC. One hundred and eighty-two (182) participants attended the video conference on August 8, 2005.

No Neurotoxicants for Me, Please! was presented by Michelle Gagnon, MPH, American Association on Mental Retardation. Fifty-one (51) participants attended this conference on January 19, 2006.

Epilepsy: A Window to the Brain was presented by Dr. Sanjay Singh, UNMC. Eighty-one (81) people attended this video conference on February 23, 2006.

Exercise is GOOD for EveryBODY was presented by Mary OHare and Allen Carlson from Wellness Initiatives of Nebraska. One hundred people (100) attended the video conference on March 23, 2006.

Both objectives specified for the year were accomplished. Objective 1 indicated that we would provide a distance education workshop relating to epilepsy. This was a topic of interest to community service providers. That video conference was presented on February 23, 2006 to community providers at 12 sites. Eighty-one (81) participants took part in the conference. Fifty-four individuals (67% of attendees) turned in evaluations of the workshop with 53 (98% of respondents) either highly satisfied or satisfied with the workshop. No attendee expressed dissatisfaction with the workshop.

Objective 2 related to our strategy to change the transportation network for persons with disabilities in Nebraska. Part of this information was presented above under Goal 2, Objective 1 and Goal 3, Objective 3. Over the past two years the UCEDD, in concert with our ADD funded partners began to address long-standing concerns around the issue of transportation and disabilities. At the same time, People First of Nebraska, our state self-advocacy organization for individuals with developmental disabilities, took two priority positions. The first involved employment and the second involved transportation. Transportation has been a concern in Nebraska for a number of years. The geography and demography of the state, along with governmental regulation of public transit, had worked against making meaningful change. Without the ability to get to a place of employment in a reasonably affordable and timely manner, employment becomes almost impossible. Both cost and availability have been significant barriers to increased employment of persons with disabilities in the state. The UCEDD's involvement started with our Consumer Advisory Board. A year ago, one of our members, described the difficulties members of her minority community with disabilities were having in getting to necessary appointments: medical, school, shopping, and so on, in a timely and affordable basis. At that time, she investigated developing a service to provide another resource for her community and described running into a wall of red tape and regulations that effectively halted her efforts. She posed the question as to what the UCEDD could do to address this problem. When these concerns were again raised at the next meeting of our Consumer Advisory Board and knowing People First's position statement, the decision was made to have transportation become an additional focus of the UCEDD's systems change efforts. Two activities were initiated to address this issue. First, funding through our Developmental Disabilities Council was sought and gained with the intent to provide statewide videoconferences on the subject. Two conferences were held in the summer of

	<p>2005 and were well attended by consumers and transportation stakeholders from private providers and the state. The gaps in transportation access and regulatory problems affecting people with disabilities were better defined for the attendees in these sessions. The Nebraska DD Network then developed a plan to work with key state legislators to develop legislation to increase transportation opportunities. A stakeholders group was assembled, and LB 1069 was drafted for the 2006 Legislative Session. This bill was designed to decrease reliance on specialized transportation providers. Instead, family members could request mileage-based reimbursement through Medicaid for providing transportation for their family member with disabilities to specific activities. Members of the MMI Consumer Advisory Board testified in support of the bill at its Committee hearing along with other disability advocates (in particular, the Nebraska Consortium for Citizens with Disabilities). The bill was so well-received by Senators that ultimately the eligibility for reimbursement was expanded to include friends and neighbors. In addition, not only did this bill provide additional access and transportation choices for people with disabilities, it also has the potential for savings to the state a win-win for all. LB 1069 was passed and signed into law in April of 2006. The Governors signing ceremony was attended by members of our Consumer Advisory Board.</p>
<p>Proposed Revision to Goal</p>	<p>No changes are proposed for FY 2007. However, new objectives were described in our continuation application and are as follows:</p> <ul style="list-style-type: none"> ● Objective 1. Conduct technical assistance services for a minimum of 60 teachers, special educators, and allied health professionals over the next year. ● Objective 2. Conduct at least one workshop in collaboration with local and state agencies on supported employment to improve access to meaningful employment experiences for persons with disabilities. ● Objective 3. Co-sponsor a minimum of one regional conference on housing, utilizing speakers knowledgeable about best practices from members of the AUCD network to increase access to appropriate housing and home ownership. ● Objective 4. Sponsor at least one statewide conference on innovative methods to improve accessibility to transportation services to expand transportation options available to persons with disabilities.
<p>Goal</p>	<p>7: By June 30, 2006, conduct and disseminate the results of at least ten research and evaluation activities that investigate strategies to effect meaningful change in health and educational outcomes for persons with developmental disabilities.</p>
<p>Area(s) of Emphasis</p>	<p>Child Care-Related Activities, Health-Related Activities, Education & Early Intervention, Other - Assistive Technology</p>
<p>Core Function(s)</p>	<p>Research</p>
<p>Type of Activity</p>	<p>Advocacy, Capacity Building</p>
<p>Objectives</p>	<ul style="list-style-type: none"> ● 1: UCEDD staff will present research findings at over 40 major regional and national conferences and publish a minimum of 50 papers in refereed journals over the next year in order to expand the basic knowledge in the treatment of bio-behavioral, communication, gait, and learning disorders. ● 2: Provide at least 5 program evaluation and quality assurance services to agencies, schools, and programs providing such supports to improve the quality of early intervention, education, child care, health, and recreation services to persons with disabilities in Nebraska.
<p>Extent to Which Goal was Achieved:</p>	<p>Achieved</p>

Explanation:

Goal 7 relates to the research activities of the UCEDD and the dissemination of results based upon these activities. As can be seen in section 2 of this report, the UCEDD successfully leverages core funds by submitting many proposals to external funding agencies. Our success rate in securing extramural funds has been high. This also means that many of the 62 funded projects described in NIRS have research and/or program evaluation components which result in opportunities for dissemination. The major strategy the UCEDD utilizes to achieve this goal relates to the provision of supports to faculty and staff to submit applications (see Goal 8, Objective 1 as an example). In addition, the UCEDD uses non-federal funds to support staff research travel, uses a portion of returned indirect cost funds from extramural grants to support academic endeavors and has senior faculty mentor more junior staff to afford them opportunities to contribute to the literature by publishing papers or presenting at national meetings.

Faculty and staff of the UCEDD published 73 papers in refereed journals, text books and book chapters in the past year. UCEDD faculty and staff also presented 65 papers at international, national, regional and major state meetings. This far exceeds the number of activities specified in Objective 1. A complete listing of these activities is attached to this report as attachment A.

Objective 2 relates to the conduct of program evaluation activities that led to products that were disseminated. Of the projects described in NIRS, the vast majority have program evaluation components. These data were then used by agencies across Nebraska to improve the quality of their services. The NIRS database indicates that we had 23 projects with goals that encompassed quality assurance and that of all projects, 30% were related to our major area of emphasis, health care. The NIRS product database indicates that we developed a total of 96 products, of which 71 (74%) were related to our major area of emphasis.

The following highlights a few of these activities. Within the context of our efforts to change the Nebraska transportation system for persons with disabilities, we conducted a survey of stakeholders to evaluate the current system that was then used by the sponsor of successful legislation to change the method of funding of transportation for persons with disabilities (highlighted previously under Goal 3, Objective 3).

The UCEDD continued to conduct Developmental TIPS which is a statewide neonatal intensive follow up program. The program has developed a standardized evaluation process for seven hospitals across the state of Nebraska. Different agencies and programs including parents have been part of the planning of this program. Data has been continuously collected via an Internet database, which is centralized at the UCEDD, allowing us to evaluate outcomes for these children and to disseminate the results at state, regional and national meetings.

The Nebraska UCEDD is one of the partners in the NICHD funded "Parent Engagement Project". This grant is evaluating the effectiveness of implementing a relationship based curriculum that includes working with parents to support their young childrens development. This five year grant targets young children in Early Head Start and Head Start programs.

The Nebraska Department of Education and the UCEDD have collaborated with the state coordinator of Even Start Programs, 21st Century Community Learning

	<p>Centers, Educare Child Care and Early Childhood programs to develop a systematic strategy to evaluate statewide early education programs. UCEDD faculty are also working with the state Department of Education which is charged with developing a system of evaluation child outcomes as mandated by the US Department of Education: Office of Special Education Programs.</p> <p>The success of the UCEDD to conduct program evaluation activities and disseminate the findings has led to the proposed establishment of a new Interdisciplinary Center of Program Evaluation to serve as a statewide and regional resource that strengthens community-based education, health, disability and family support programs through a high quality process of evaluation and program improvement. This proposal is part of the UCEDDs strategic plan.</p>
Proposed Revision to Goal	No changes are proposed for this goal and the specified objectives.
Goal	8: By June 30, 2006, leverage additional funds to support UCEDD activities.
Area(s) of Emphasis	Health-Related Activities
Core Function(s)	Community Services: Training & Technical Assistance, Community Services: Direct Services & Demonstration Projects, Research, Information Dissemination
Type of Activity	Advocacy, Capacity Building, Systemic Change
Objectives	<ul style="list-style-type: none"> • 1: Hire a part time staff member to assist faculty and staff and our CAB to develop additional funds to support the UCEDD's mission. Increase such funds by 10% during the first full year of these activities.
Extent to Which Goal was Achieved:	Achieved
Explanation:	<p>Recognizing the recent minimal increases in funding by the state of Nebraska and the present level funding of the UCEDD grant, we developed Goal 8 to increase our level of extramural funds. This will allow us to secure funds to maintain current activities in light of possible budget cuts and to increase UCEDD activities by securing additional funds. Section 2 of this report indicates the total funding leveraged. In FY 2005, 58 separate projects were reported in NIRS, resulting in a total of \$7,083,761 in extramural funds that were leveraged. In FY 2006, 62 projects were reported in NIRS and the level of leveraged funds increased to \$7,489,271. Part of our successful strategy is described by Objective 1.</p> <p>The UCEDD successfully recruited for the part-time position of funding associate. Ms. Deb Winckler, who previously was a member of UNMCs Sponsored Programs Administration, accepted this position. However, recruitment took much longer than expected with Ms. Winckler starting in February of 2006. While she has been very helpful in stimulating new projects, five months is not enough time to see the fiscal impact of her efforts. In FY 2005, there were 58 funded projects and 9 that were submitted but not funded. In FY 2006, there were 62 projects funded, 13 projects are still under review and 1 project was not funded. This represents an increase of 13.4% in submitted projects. The increase in funding of \$405,510 represents an increase of 5.72% from last year which was below our goal of 10%. This is due to the late start and the increased difficulty in securing such funding. We expect to see the impact in funds leveraged in the next year.</p>

Proposed Revision to Goal	Goal 8 was not included in our continuation application. The goal will be maintained as part of our overall strategy to support ADDs goals and the requirements of the DD Act. However, the Annual Report Template now includes leveraging as a key component (Section 2), making this goal redundant as a separate goal in future years.
Goal	9: By June 30, 2006, we will disseminate at least one new major product and 10 other products which support the integration, independence, and productivity of persons with disabilities.
Area(s) of Emphasis	Health-Related Activities, Quality Assurance, Education & Early Intervention
Core Function(s)	Information Dissemination
Type of Activity	Advocacy, Capacity Building
Objectives	<ul style="list-style-type: none"> • 1: Develop one new instructional product pertinent to the needs of consumers, consumer advocates, and regional and national groups. The product will be available in alternative forms and presented in a culturally appropriate manner. • 2: Utilize our web site (www.unmc.edu/mmi) to assist in the dissemination of all products developed at the UCEDD. The UCEDD's Media Catalogue will appear on the web site, where self advocates, advocates, family members, and professionals can obtain information about new products and can contact us in order to receive the information. • 3: Submit articles to newsletters and other published materials of our collaborative partners such as The ARC Nebraska, the Nebraska Department of Education, the Early Childhood Center, Head Start, and others. • 4: Utilize the Upper Midwest Great Plains Consortium, and other consortia of UCEDDs to serve as vehicles for disseminating products.
Extent to Which Goal was Achieved:	Achieved
Explanation:	<p>All objectives under Goal 9 were met. The UCEDD developed and disseminated 113 products created this past year. Product types varied. The largest categories of materials developed (those over 5%) included refereed journal articles (39%), audio visual materials and web based materials (20%), non refereed publications such as monographs (13%), public awareness materials (8%), books (7%) and book chapters (7%). According to the NIRS database, over 200,000 products were disseminated.</p> <p>Objective 1 related to the creation of at least one instructional product to be disseminated that was pertinent to a wide variety of consumers. The most relevant product related to this objective was the creation of the "Proceedings of the Nebraska Issues Summit". This 34 page monograph was developed following the "Alliance for Full Participation" meeting held in Washington DC. Subsequent to that meeting, the UCEDD and AAMR co-sponsored a Nebraska Issues Summit. This monograph was distributed electronically and by hard-copy to AAMR members and Summit participants across Nebraska.</p> <p>Objective 2 describes our expectations regarding the MMI web site. Over nineteen thousand (19,015) unique visitors and 8,814 repeat visitors visited the site this past year. Our use of unique visitors as a measure, rather than page views or 'hits' is the most conservative measure of web usage. The Media Catalogue was revised and placed on the site. Parents, consumers, professionals purchased materials from the catalogue this year. In addition, a streaming video version of most video conferences conducted by the UCEDD was placed on the web site so that other</p>

	<p>individuals may view them at their leisure.</p> <p>Objective 3 related to our two consumer/family coordinators writing articles to be submitted to other agency newsletters. This was accomplished by their active participation on various boards and work groups related to disability advocacy, capacity building, and systems change activities. Through this participation they submitted articles or other information which was disseminated by those groups. Examples include the Governing Board of PTI-Nebraska (Special Education), the Nebraska Consortium for Citizens with Disabilities (legislative and policy action), the Together for Kids grant to the state HHSS (early childhood infrastructure planning activity), the Real Choice Quality Assurance and C-PAS Committees (CMS systems-change grants to the Nebraska HHSS), the YouthCare Inc. Human and Legal Rights Committee, the Governmental Affairs Committee to DEC, the Nebraska Medicaid task force, and the Legislative Committee, the Arc of Nebraska Education and Governmental Affairs Committees, and the National Down Syndrome Society Governmental Affairs Council.</p> <p>Objective 4 related to our strategy to utilize AUCD, the Upper Midwest Great Plains Consortium and other groups to disseminate information. All materials produced by the UCEDD are entered into NIRS which can then be nationally searched by UCEDDs, LENDs and other groups. In addition, by hosting the 2005-2006 meeting of the Upper Midwest Great Plains Consortium, we were able to highlight our activities, the web site and materials produced.</p>
<p>Proposed Revision to Goal</p>	<p>Goal 9 will be continued for FY 2007. We increased the number of products we would disseminate and we slightly modified objective 1 based upon this years experience. The objectives for next years goal were contained in our continuation application and are as follows:</p> <p>Objective 1. Develop one new web based instructional or DVD/CD-ROM pertinent to the needs of consumers, consumer advocates, and regional and national groups. The product will be available in alternative forms and presented in a culturally appropriate manner.</p> <p>Objective 2. Utilize our web site (www.unmc.edu/mmi) to assist in the dissemination of all products developed at the UCEDD. The UCEDDs Media Catalogue will appear on the web site, where self advocates, advocates, family members, and professionals can obtain information about new products and can contact us in order to receive the information.</p> <p>Objective 3. Submit articles to newsletters and other published materials of our collaborative partners such as The Arc of Nebraska, the Nebraska Department of Education, the Early Childhood Center, Head Start, and others.</p> <p>Objective 4. Utilize the Upper Midwest Great Plains Consortium, and other consortia of UCEDDs to serve as vehicles for disseminating products produced at this UCEDD.</p>

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