



CENTER ON **DISABILITIES** AND
HUMAN DEVELOPMENT

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ABSTRACT

The Center on Disabilities and Human Development (CDHD) seeks to model and promote diversity, integration, and human rights; and advance evidence-based policy and practices that impact life outcomes for people across the age span with disabilities, those at-risk, and their families. Guided by our community advisory committee and in collaboration with multiple partners including the Idaho Developmental Disabilities Network, the CDHD has **three broad goals to:** **1)** increase university-based education on diversity, integration, human rights, accessibility, evidenced-based practices, policy and leadership; **2)** promote, design, and implement quality community training, supports and services for targeted populations; and **3)** impact policy through research, dissemination, and engagement. Each goal is achieved through **measurable annual objectives** that crosscut the core functions of interdisciplinary preservice preparation and community education, community services, research, and information dissemination. Across the CDHD goals and objectives, the principle areas of emphasis are education and early intervention, child care, employment, health, quality assurance, assistive technology, and recreation. **Outcomes** associated with the goals and objectives are: **1)** increased knowledge and skills of university participants on diversity, evidenced based practices, policy and leadership; **2)** improved learning and life outcomes for young children, youth, and adults from underserved populations; and **3)** increased ability to advocate for policy changes to ensure that the rights of all people with disabilities are protected. The CDHD will intentionally focus on universal design and assistive technology to ensure full access to all services and products provided. The expected **products** of the CDHD include academic courses, training curricula, distance learning modules, websites, research/evaluation reports, journal articles, conference presentations, and marketing and outreach materials.

PROJECT RELEVANCE AND CURRENT NEED

Over the next five years, the Center on Disabilities and Human Development (CDHD) at the University of Idaho will work towards three main goals, corresponding objectives, and tasks (see **Approach** section). The goals and objectives are aligned with the principles of Diversity, Integration, and Human Rights. The principles are foundational to the CDHD mission and align with the five-year plan. The goals, objectives and tasks outlined in the proposed FY 2018-2022 five-year plan were developed from a statewide strategic planning process guided by our Community Advisory Committee (CAC) and through several state needs assessments and planning groups.

The resulting five-year plan, will be carried out across (a) interdisciplinary preservice preparation and continuing education; (b) community services; (c) research, and (d) information dissemination. The focus of the proposed activities outlined in the five-year plan is to build *capacity* of a diverse workforce, promote *systems changes* that reach across sectors of society, and enhance *self-advocacy* for people with disabilities and those who are under or unserved in Idaho, as well as family members of primary constituents.

Accessibility to information, education, jobs, community, recreation, the arts, supports, and services for all people and especially those who are from diverse cultural, racial, and linguistic populations is central to the five-year plan and will be achieved through an intentional focus on universal design (Assistive Technology Act, 2004), universal design for learning (Higher Education Opportunity Act, 2008), and assistive technology (Assistive Technology Act, 2004). The principle areas of emphasis are education and early intervention, child care, employment, health, quality assurance, assistive technology, and recreation.

This section of the program narrative provides a general portrait of the state of Idaho, its demographics and challenges, followed by a description of disability related needs associated with specific areas of emphasis and a working history of the CDHD in each area. Finally, a description of the informal and formal planning processes that guided the development of the five-year work plan will be

presented (see **Approach** section for goals, objectives and short-term outcomes. See **Appendix D** for the *CDHD Five-Year Work Plan*).

General State Portrait

Idaho is a large, predominantly rural state encompassing over 83,000 square miles, with a total population of 1,654,930 residents, or approximately 20 people per square mile. This represents a 27.9% increase in population since 2000 and ranks Idaho as the 12th fastest growing state in the nation (U.S. Census Bureau, 2015). Over 82.5% of the population is Euro/Non-Hispanic White. The Hispanic population (12.2%) is the fastest growing minority group in the state. Idaho is also home to seven sovereign tribal nations (Kootenai, Kalispell, Coeur d'Alene, Nez Perce, Northern Paiute, and Shoshone-Bannock) who represent the state's 2nd largest minority at 1.7%. Idaho's immigrant and refugee population is at 6% and rising. Two metropolitan areas are home to a number of new refugees from a variety of countries in Africa, Asia, and Eastern Europe (U.S. Census Bureau Idaho, 2016).

Idaho is the eleventh largest state in the nation in terms of land area and is thirty-ninth in total population (U.S. Census Bureau, 2016). It is one of the most rural states in the nation, with 99% of the state's land area considered rural, remote, or frontier. Out of 44 counties in Idaho, 35 are rural and are home to 30% of the state's population (Idaho at a Glance, 2010). Boise, the state capital, is the city with the largest population of 218,281 residents which has increased by 5.9% since 2010 (U.S. Census Bureau, 2016). See **Appendix A** for a map of Idaho that demonstrates its size relative to eastern states.

While Idaho had the 16th lowest cost of living in the United States in the first quarter of 2016, the cost of transportation continues to be higher than the national average, which reflects the rural nature of our state (MERIC, 2016). Idaho is ranked 29th out of 50 states, in terms of poverty (World Atlas.com, 2016). However, an aging population, an underemployed workforce, and high housing costs reveal far greater challenges than standard poverty and unemployment rates suggest. In 2014, 14.9% of all Idaho residents lived below poverty level, with 13% of people 65 and over and 18.5% of children under the age of 18 living below the federal poverty level (Kaiser Family Foundation, 2014).

Idaho is ranked 47th in per capita personal income (American Community Survey Data, 2016) and 20.2% below the U.S. average (Bureau of Economic Analysis, 2016). However, closer examination of employment underutilization reveals that 18.2% of Idahoans were unemployed, employed part-time, or underemployed (Idaho Department of Labor, 2014).

Seventeen-percent of total households and 22% of households with children face low to very low food security, which means that these households typically experience reduced food quality and reduced food intake over an extended period of time (U.S. Department of Agriculture, 2016; Annie E. Casey Foundation Kids Count Data Center, 2014). Nearly 49.6% of Food Stamp recipients in Idaho are children under age 18 with 32.9% of all recipients being under the age of five (Annie E. Casey Foundation Kids Count Data Center, 2014). Forty-nine percent of Idaho's children receive free or reduced lunch (Annie E. Casey Foundation Kids Count Data Center, 2015) and approximately 27% of all children in Idaho receive some form of public assistance (e.g., SNAP, SSI, Cash Public Assistance) (Annie E. Casey Foundation Kids Count Data Center, 2016).

Medical providers across the state remain limited, especially in the more rural and remote communities. The *2016 Idaho Primary Care Needs Assessment* states that Idaho currently ranks 13th nationally in percent of population lacking access to primary care services at 17.4% which is 6.5% greater than the national average (Idaho Department of Health and Welfare, 2016). Furthermore, Idaho currently has only 1.6 providers per 1,000 people compared to the national average of 2.4 for the same population (Indicators Northwest, 2013). A total of 60.54% of the state's geographic area is designated as a Health Professional Shortage Area (HPSA) and 35.82% of Idaho meets the criteria for being classified as a geographic HPSA in the primary care discipline alone (Idaho Department of Health and Welfare, 2015).

In 2015, 15.2% of Idahoans were considered uninsured, 17% received Medicaid benefits, and 17% received Medicare benefits. Additionally, 72% of Idaho's Medicaid recipients were under the age of 18 and 17% of our state's children lacked adequate health insurance. Thirty-nine percent of Idaho's Medicaid beneficiaries live in non-metropolitan areas (rural), significantly higher than the national average of 21% (Kaiser Family Foundation, 2016).

In summary, Idaho is a rural, large state with low personal income levels yet high costs of housing and transportation. Idahoans experience low food security, and in terms of health, they are lacking adequate medical providers with children lacking adequate health insurance coverage. All of these needs of Idahoans are set against a stage of conservative policy that focuses on limiting government control (and funding) of education, health and social services.

Disability State Portrait in Identified Areas of Emphasis

There are over 210,176 people with disabilities living in Idaho (12.7%) and 26,148 people have a developmental disability (1.58%). CDHD staff and faculty work closely with multiple partners in the state to improve outcomes for people across age groups and disability categories including health disparities, those at risk, and their families. To impact policy and systems, staff members sit on 19 Idaho based councils, task forces, and committees. See *Appendix B* for a list of councils, task force groups, and committees. The work of the CDHD has primarily focused on early intervention, child care, education, assistive technology, universal design, employment, health, and quality assurance. This section outlines CDHD's history associated with specific emphasis areas together with the state profile and areas of expressed need for people with disabilities and their families.

Early Intervention. The CDHD has a long history working with state partners to enhance quality programs for infants and toddlers with disabilities and their families. Historically, we championed infant monitoring in the state, developed training modules for infant toddler providers, and were instrumental in designing infant toddler courses including practica for University of Idaho students earning certification as early intervention practitioners. The CDHD has hosted service programs such as "Parents as Teachers," "Even Start," and infant toddler screening programs. Currently, we serve on the Idaho Infant Toddler Coordinating Council which is being redesigned after the state's collaborative Early Childhood Coordinating Council (EC3) was dissolved due to changes in federal funding requirements. In that capacity we assisted with crafting standards for a continuum of early childhood professionals as well as the early learning guidelines used across most of the early childhood workforce. We also work closely

with the Infant Mental Health group (AIM Idaho) especially related to infant training for child care providers.

The Idaho Infant Toddler Program (ITP) served 3,712 young children and their families in FY 2015. The majority of the families are English speaking and white (78%) and people of Hispanic origin make up the majority of the remaining families at 15%. Based on reports from early childhood councils and task force groups there is an ongoing need to improve social emotional outcomes for young children by promoting infant mental health training for families and providers across the workforce (EC3 Annual Report, 2014). There is an ongoing need to increase child find efforts, especially in rural communities and for underrepresented groups. Screening with young children for Autism Spectrum Disorder is an ongoing priority for many state, public and private partners (ASD-Act Early Interagency Action Plan Revision, 2012). Across early childhood workforce sectors, “family” is considered the young child’s primary teacher. Due to staff turnover, there is a need to provide ongoing professional development on the “family coaching” model. Families from underrepresented populations or who are living in poverty and in rural/remote areas of the state benefit from access to learning strategies that help their children progress. Education that addresses the unique needs of underrepresented groups is imperative as is professional development for those who serve this group. We will address the need for early intervention, through technical assistance in policy and community training opportunities.

Child Care. Idaho’s 115,845 children who are birth to five years old make up 7% of the Idaho population (U.S. Census Bureau, 2016). The CDHD, in partnership with the Idaho Association for the Education of Young Children (Idaho AEYC), operates the Idaho Child Care Resource, Referral, and Professional Development System called IdahoSTARS. They are charged to improve the quality of child care for all children in Idaho. We advise, receive comments about IdahoSTARS activities, and participate on the Idaho Child Care Program Advisory Board. A central feature of the program is to enhance quality of care through training across seven standards. One standard promotes inclusion for children with differing abilities, another focuses on child growth and development particularly in the area of social

emotional competence, and another promotes the prevention of abuse and neglect through a strengthening family focus. Current needs in child care are as follows:

1. Intentional training for providers to support infants and toddlers, especially those with unique learning and health challenges. In a 2015 Idaho early childhood cross sector workforce survey, it was apparent that specialized training in infant and toddler mental health would assist child care providers to promote better social emotional growth and avoid behavioral challenges of the children they serve (Fletcher and Fodor, 2016). Challenging behaviors continue to be among care providers' greatest concerns, with over 50% of administrators reporting they asked a family to leave their program due to a child's behavioral challenge their staff was unable to address.

2. Increase training and support for inclusive practices across child care and other early learning settings. According to the workforce survey (Fletcher and Fodor, 2016) many providers across sectors serve children with differing abilities. However, over a quarter of the child care and private preschool providers indicated they did not serve children with special needs, and as such, require not only more training, but also support to adequately serve children with disabilities. Providers are especially concerned about their abilities to care for children with serious special health care needs and behavioral challenges (Fletcher and Fodor, 2016).

The principles of inclusion for children with disabilities is a cornerstone of our work on the IdahoSTARS project. As such, we are vested in statewide and national initiatives to promote inclusion in child care and other early learning environments as evidenced by our participation with (a) the Division for Early Childhood (DEC) Inclusive Programs and Practices Special Interest Group that is in the process of identifying, leveraging, and disseminating evidence-based practices and validated approaches associated with high-quality, inclusive programs; and (b) the Early Childhood Personnel Center (ECPC) Leadership Institute, Idaho State Team, whose main goal is to influence the adoption and use of inclusive policies and practices through collaboration with others. IdahoSTARS offers Enhanced Referral to families who are searching for child care for children with diverse abilities and technical assistance to child care programs to offer care, services, and support to all children. The STARS Quality Rating

Improvement System includes tools for providers who offer inclusion in child care programs, and quality indicators for those programs.

3. Increase quality of care and outreach to Hispanic, Native American, Refugee, and Homeless populations. As mentioned previously there is a growing Hispanic population in Idaho as well as an increased number of refugees. IdahoSTARS has developed supportive relationships with both groups, especially in the Boise area. The Native American population is the second largest minority group in Idaho, with each of the Tribal Nations regulated by sovereign governments to support children and families. Intentional efforts to collaborate with each tribal nation can result in mutually beneficial and efficient programs.

In 2013, a total of 6,118 school children met the broad definition of homelessness, a significant increase from 1,189 in 2006 (Idaho State Plan CRA, 2016). IdahoSTARS is represented in the seven Health and Welfare regions of the state. The Child Care Resource (CCR) office personnel are enhancing available resources to increase provider knowledge about serving low income and homeless children.

4. Another ongoing need identified by the Idaho EC3 is to reduce child abuse, neglect and shaken baby syndrome by increasing family support within child care programs and training for providers about prevention strategies.

School age. In FY 2015, there were 29,718 students served in special education (3,267 children ages 3 to 5 and 22,138 student ages 6 through 21). The largest disability categories were specific learning disability, speech impairment, language impairment, cognitive impairment, and emotional disturbance. There was a slight increase in prevalence among students with health impairments (13.3% in 2010, 17.8% in 2015) and autism (7.9% in 2010, 9.2% in 2015). White students make up 73.2% of the special education population and Hispanic students 19.3%. Other minority groups are represented in smaller numbers (Part B 2014).

Least Restrictive Environment (LRE) data indicates that 66% of students (ages 6 to 21) on IEPs were included 80% of the day in the general education setting. This is up from 62.3% as reported in 2011. On average across all districts 7.42% of students of the same age group are included in the general

education environment 40% or less of the time, and 1.5% are educated in special settings (State Performance Plan/Annual Performance Report, 2016).

Graduation rates have decreased in recent years, but it is reportedly due to miscalculation of the 18 to 21 year olds. Accurate graduation data is expected in the 2017-2018 school year. Dropout rates for students on IEP's have increased in recent years up to 5.08% in 2013 from 3.60% in 2012. (State Performance Plan/Annual Performance Report, 2016). This has likely affected the low employment rate of students transitioning from high school to adult life. As presented in the Idaho Employment First Summary Report:

“In Idaho 68% of working-age adults (16-64) are employed compared to only 26% of working-age adults who have an intellectual disability. Only 41% of students who receive special education services are enrolled in post-secondary education or competitively employed one year after leaving high school. Many people with disabilities who want to work are not able to for various reasons including public and employer misperception about the talents and skills of people who have disabilities and what they can bring to enhance their business” (Warren, T. Idaho Partnerships in Employment (PIE) Systems Change Grant Narrative, 2016, p. 1).

The CDHD has a long standing relationship with the Idaho State Department of Education, Department of Special Education. We co-facilitate training and technical assistance provided to special education personnel across the state with Boise State University Center for School Improvement and Policy Studies. Collectively our group is referred to as Idaho SESTA (Special Education Support Technical Assistance). Our current responsibility is to increase positive school outcomes for students by building the capacity of school-based personnel to use Evidence Based Practices (EBPs) with fidelity, incorporate data based decision making, and implement effective student educational programs across the state. Idaho SESTA offers professional development opportunities on a continuum of increased supports in behavior management, instruction, curriculum, environmental planning, and universal design for learning, assistive technology, Individual Education Programs (IEPs), and eligibility reports. Also, we provide specialized training for students who are deaf and blind, diagnosed with ASD, and with other low

incidence disabilities. A large component of Idaho SESTA is the Idaho Training Clearinghouse (ITC). The ITC is a website designed to link school professionals and parents with special education training opportunities and resources across the state. ITC also manages the SESTA Call Center that tracks all professional development requests and manages on-site technical assistance to schools. Based on current Call Center data, behavior management across all categories of students continues to be the number one request (SESTA, 2016).

In spring of 2015, a survey was sent to educators across the state (Murphy, 2015). A total of 647 people responded. The top priority needs in the state according to the survey respondents were: 1) developing appropriate programs for students with disabilities with communication and behavioral disorders; 2) appropriately certified staff including paraprofessionals; 3) improving academic outcomes for students with disabilities; 4) curriculum and interventions for student on IEPs; and 5) and professional development for general education teachers.

Health, services, and quality assurance. In 2016, 288,466 people were enrolled in Medicaid, 62% were children, 18% had disabilities, 13% were adults, and 8% were people aged 65 and older (Kaiser Family Foundation, 2016). Idaho's Medicaid enrollment increased 37.17% between FY 2008 and FY 2016, while developmental disability expenditures only increased by 5% over the same time period (Idaho Department of Health and Welfare, 2016).

Idaho Medicaid provides two benefit plans that serve people with disabilities: (a) the Enhanced Plan for individuals with disabilities or special health care needs, and (b) the Coordinated Plan for participants who are enrolled in both Medicare and Medicaid. The Enhanced Plan includes basic medical services plus disability-specific therapies and waiver services. Medicaid services for children with developmental disabilities were redesigned and implemented in 2011 and are currently undergoing another enhancement. CDHD was influential in the previous redesign efforts and will continue to provide assistance in the enhancement efforts of children's services in the upcoming year.

The Idaho Children's Special Health Program provides consultation, information, and referral services for children who have chronic illnesses and disabilities, excluding children's mental health

services, which are limited to children who have an Axis I mental health disorder and a substantial functional impairment (Idaho State Plan CRA, 2016).

The Southwest Idaho Treatment Center (SWITC), formerly, the Idaho State School and Hospital, a residential facility for people with developmental disabilities, dropped from 93 people in 2007 to 25 in 2016 (Idaho Department of Health and Welfare, 2016). Currently, 29 adults live at the facility, the majority of who experience a co-occurring mental health diagnosis and have been determined at risk of harming themselves or others. The Idaho Department of Health and Welfare is currently in process of reframing the use of this facility. However, Idaho's mental health system is seriously underdeveloped and underfunded with the "emphasis on crisis intervention instead of prevention" (Idaho State Plan CRA, 2016).

The CDHD, in collaboration with Health and Welfare, Division of Medicaid, the Council on Developmental Disabilities, Disability Rights Idaho and many other state partners, continues to work collaboratively on a number of state task forces involving services and supports for people with disabilities in Idaho. For example, CDHD cooperated with the Department of Health and Welfare to support the National Core Indicators Project. With the Council on Developmental Disabilities, the CDHD led a research study of adults living in Idaho who received Home and Community-Based Waiver Services (HCBS). The results of the study created a baseline used to assess outcomes after implementation of new HCBS rules. A follow-up study will be conducted in FY 2019. The CDHD will continue to serve on state task force committees on children and adult services redesign efforts. Collectively, committee work in this area points to the need for (a) effective advocacy; (b) quality person-centered planning processes; (c) services defined by evidenced-based practices; (d) ongoing quality oversight, and (e) ongoing collaboration (Greenfield, R., et al (2016); (Idaho State Plan CRA, 2016); Collaborative Workgroup final report, (2015).

CDHD's clinical service unit provides assessment and intervention supports for children with developmental disabilities. Currently we are working closely with a private company (Behavior Imaging) to research the efficacy of a smart phone application for diagnosing children with Autism Spectrum

Disorder (ASD). Quality intervention services for children with ASD are limited in Idaho. As such, CDHD is working collaboratively with others, including St. Luke's Children's Center for Autism and Neurodevelopmental Disabilities, Northwest Behavioral Health, and the Department of Health and Welfare, to design intervention training for parents who have children with ASD. The current training modules (ADEPT) were developed by the UC Davis UCEDD. In an effort to bridge the need for intervention services in the state, the CDHD is designing an intervention clinic operated with University of Idaho students under the supervision of two Board Certified Behavior Analysts (BCBA).

Employment. Only 37.6% of Idahoans with disabilities are currently employed, as compared to 77.3% of the state's overall population. Moreover, out of those with a disability, only 23.5% are working fulltime (Cornell University Employment and Disability Institute, 2013). "There are about 360 Idahoans working under 14c certificates earning less than minimum wage. The 14c certificate holders are community rehabilitation providers (CRP) agencies that provide facility-based work services and/or support enclaves working in community settings" (Idaho Work Plan, CRA, 2016, pgs. 4-5).

The Idaho Council on Developmental Disabilities coordinates the Employment First Consortium (EFC) in Idaho. Based on a recent needs assessment and in application for the Partnerships in Employment Systems Change Grant (PIE), the EFC stated:

"Low expectations, undervalued gifts, and ineffective IEPs, inconsistent quality of services, as well as the lack of family knowledge and involvement – all decrease the consideration of employment in the community as a viable outcome for youth/young adults who experience significant disabilities" (Idaho PIE Grant Narrative, p1, 2016).

The current overriding goal of the EFC is to "expand and enhance resources and supports available to Idaho youth and young adults with I/DD to help them transition from school into an adult life that includes competitive integrated employment" (Idaho PIE Grant Narrative, p1, 2016). The CDHD, is vested in this effort and will continue to increase our commitment and support to the transition of youth toward a meaningful adult life and employment opportunities. In addition to our continued role in the Idaho EFC, staff from the Idaho Assistive Technology Project, housed within the CDHD, are working

with Idaho Division of Vocational Rehabilitation (IDVR) and the Idaho Secondary Transition Task Force to: 1) continue the Tools for Life conference which focuses on training youth, parents, and other stakeholders on transitioning from school to adult life, and 2) coordinate a summer youth training program on the University of Idaho Campus to support effective post-secondary training and employment outcomes. Additionally, the Director of IDVR maintains an active seat on our Community Advisory Committee encouraging us to integrate a meaningful employment agenda into our CDHD work plan.

CDHD Five-Year Planning Process and Needs Assessment

As mentioned previously, CDHD staff and faculty maintain active roles on 19 state policy councils, task forces, and committees (refer to *Appendix B* for a complete list). The outcome of our state and national workgroup efforts is that we have continued access to information on needs across areas of emphasis.

Additionally, through our roles on various work groups we have access to multiple needs assessments that have been conducted within the past two years. For example, we were active participants in the Idaho Council on Developmental Disabilities recent strategic planning process. We have used the culminating report and needs outcome data to influence the development of our five-year plan. Moreover, the Idaho Developmental Disabilities Network (Disability Rights Idaho, the Idaho Council on Developmental Disabilities, and CDHD) used the needs assessment and resulting state plan to create a joint goal which will be woven into the CDHD five-year plan (see *Appendix C* for the Idaho DD Network Collaborative goal statement).

Further, we were involved in contributing to the needs assessment conducted by the Idaho State Independent Living Council. The Director of the Idaho Assistive Technology Project was chair of the Council at the time. She is also a member of the CDHD executive leadership team and shares her perception of needs identified by SILC. Disability Rights Idaho conducts an annual needs assessment of which we participate and are advised of final outcomes. The Consortium for Idahoans with Disabilities (CID), an advocacy group of organizations working on issues related to people with disabilities, undergoes an annual planning process to focus the state policy agenda. CDHD is an active participant in monthly CID meetings and in the planning process.

In May of 2016, the CDHD held a listening session with Andrew Imparato, the executive director of the Association of University Centers on Disabilities (AUCD), and multiple state partners (IDVR, H&W, Medicaid, DD Council, Disability Rights Idaho, SILC, Idaho's Self Advocacy Leadership Network, ISDE, and Parents Unlimited) among others. A clear state-of-the-state on disability issues was presented at the meeting, much of which is reflected in the previous state portrait.

Within the last two years, the CDHD conducted several studies that contributed to our knowledge of ongoing needs in the state. For example, in collaboration with the Idaho Council on Developmental Disabilities, we conducted a statewide study interviewing over 100 adults with disabilities and their caregivers served through the HCBS waiver (Greenfield, et al (2016). We analyzed and wrote a summary report on the results of a phone survey conducted with adults and their caregivers in the fall of 2015 on people's satisfaction with their services (Fodor, 2016). In the early childhood arena, we conducted a large statewide survey of the early childhood work force that provided a wealth of information regarding future directions and ongoing professional development and policy needs (Fletcher and Fodor, 2016). With the Idaho State Department of Education, Department of Special Education, we summarized and generated a report on perceived needs of special education personnel (Murphy, 2015).

Finally, as a mechanism to gauge important areas of need that affect families and individuals, we hold three CAC meetings per year as well as attend four DD Council meetings. Both CAC and DD Council members share their ongoing concerns and areas of success at each meeting. These outcomes were considered as we created the five-year work plan.

Formal five-year planning process for the CDHD. In addition to informal mechanisms to assess needs in the state, we engaged our Community Advisory Committee (CAC), other state partners, CDHD staff, and students in a targeted two step planning process.

Step one. The CAC and guests met for a two-day planning meeting. An outside facilitator, Bracke and Associates, Inc. from Boise, Idaho, coordinated the event. All CAC members including family members, adults with disabilities, representative from the DD Council, Disability Rights Idaho,

IDVR, SILC, private provider agencies, and private business owners with whom we work were represented.

CAC members and visitors created a written snapshot of current conditions of the state regarding disability issues in six areas (i.e., young children, education (school age), transition, adult life, families, and diversity). Next, they created a vision of desired conditions or outcomes of what progress would look like in five years. They offered strategies to reach underserved groups in the state. The group, then, identified strategies across each function area to meet the desired conditions or outcomes.

Diversity focus. The participants in the CAC five year planning meeting discussed ways to include communities from different cultural, racial, and linguistic backgrounds and also other groups who may be disenfranchised due to poverty, religion, or remoteness. Six strategies were identified that are incorporated into our five year activities that correspond to goals and function areas. The strategies are: 1) attend community cultural events, spend time in the community to learn from community members about the culture, needs and gifts, find common ground through mutually enjoyed activities; 2) find a bridge, a person in the community to connect with, identify dedicated staff or students to build trust and relationships to the identified community, learn where there are gaps, needs, and preferences for how information/services should be provided; 3) create culturally and linguistically safe opportunities to invite discussion about what is needed and how best to approach those needs; 4) listen and hear what people are saying and build on gifts and strengths in the community; 5) educate staff and CAC members about cultural competency; and, 6) start with one community –learn –support – assist the community with what they've identified as need(s) and develop trust – ask for participation by CAC members when relationships are developed.

Finally, CAC committee members and guests were presented with the CDHD mission statement, vision, and guiding principles to review and refine. In a unanimous decision, the group voted to maintain all three as written. In a later meeting, the CAC committee agreed that the overriding principles of ***Diversity, Integration, and Human Rights*** would provide a beacon for the CDHD.

Step two. Based on the outcomes of the two-day CAC planning session, CDHD staff created a survey that was distributed widely across the state to CAC members, Idaho public and private partners, and students and staff. The survey was organized by core function areas: Interdisciplinary Preservice and Continuing Education, Community Service, Technical Assistance and Training, Community Service, Direct Service and Demonstration, Research and Dissemination. The strategies identify by the CAC for each desired *condition* or outcome statement across function areas formed the basis of the questions. The survey was disseminated through the online “Qualtrics” forum. The questionnaire was formatted based on a five-point Likert scale (1= I have no opinion on this question; 2= This is not important to me, the people I work with, or my family; 3= This is moderately important to me, the people I work with, or my family; 4= This is something that I, the people I work with, or my family feel is important to consider; and, 5= This is something that I, the people I work with, or my family feel must be included in the CDHD plan). The survey was posted on the CDHD website, the Facebook page, and emailed to others. The survey was also disseminated by state partners. A total of 85 people responded to the survey (see Table 1 for participant numbers by group). A full analysis report is available on the CDHD website <http://idahocdhd.org/> under “Five Year Plan, Strategic Plan.”

Table 1. CDHD Survey on Five-Year Plan

Respondent Categories and Numbers	
CDHD Staff/Students	44
State Agency or Department	7
Community Partners	11
CDHD Community Advisory Committee	7
Families other than CAC	5
Choose Not to Say	11
Total Respondents	85

Each question across core functions was ranked for importance according to the number of responses. The top 10 responses by core function and area(s) of emphasis are presented in Table 2. Several statements received nearly identical rankings, in which case both items were included in the priority list.

Table 2. Top Ten Ranked by Overall Importance, Core Functions and Emphasis Areas

Ranked by Importance	Core Function	Area of Emphasis
1. The CDHD should develop and promote ongoing and continued training for educators on the importance of understanding different learning styles and behavioral communication styles. <i>Survey Question #6</i>	Interdisciplinary Preservice Training and Continuing Education Community Supports <i>Training and Technical Assistance</i>	Education Early Intervention Child Care
2a. The CDHD should encourage state educators to include an individual's strengths and interests on IEP forms. <i>Survey Question #5</i>	Interdisciplinary Preservice Training and Continuing Education Community Supports <i>Training and Technical Assistance</i>	Education
2b. The CDHD should work to increase opportunities for community organizations to access the resources of the CDHD and to increase availability and ease of access to CDHD resources. <i>Survey Question #7</i>	Community Supports <i>Training and Technical Assistance</i>	Early Intervention, Education, Child Care, Quality Assurance
3. The CDHD should engage students in community activities and events that encourage inclusiveness: (i.e., Self-Advocacy Leadership Networks, Adaptive Physical Education; Outdoor recreation, Community events; or other support systems and services). <i>Survey Question #1</i>	Interdisciplinary Preservice Training and Continuing Education	Quality Assurance
4. The CDHD should work to develop informational listings that can be shared with clinics and other points of service locations around the state to be readily available for families. <i>Survey Question #14</i>	Dissemination	Quality Assurance
5. The CDHD should increase programs for youth with disabilities in rural and frontier areas of the state. <i>Survey Question #12</i>	Community Supports <i>Training and Technical Assistance</i>	Education
6. The CDHD should research the behavior outcomes in schools that invoke Positive Behavior Interventions as compared to those using Seclusion and Restraint and Idaho school districts Seclusion and Restraint Policies and determine educator's views on these practices. <i>Survey Questions #s 26,27 merged</i>	Research	Education
7. The CDHD should encourage the development and promotion of fun, socially engaging activities for young adults with disabilities and their peers. <i>Survey Question #18</i>	Community Supports <i>Direct Services and Demonstration</i>	Recreation
8. The CDHD should develop strategies to reach those without internet – (churches, libraries, schools, physicians, etc.) and provide them timely information on best practices and community support. <i>Survey</i>	Community Supports <i>Direct Services and Demonstration</i>	Cross cutting

Ranked by Importance	Core Function	Area of Emphasis
<i>Question #19</i>		
9. The CDHD should develop and share information surrounding diagnosis/services for children on the autism spectrum with rural clinics and other service locations. <i>Survey Question #16</i>	Community Supports and <i>Direct Services and Demonstration</i>	Early Intervention Child Care Education
10a. The CDHD should increase awareness and encourage opportunities for employment to be an integral part of Person Centered Planning. <i>Survey Question #9</i>	Community Supports <i>Training and Technical Assistance</i>	Employment
10b. The CDHD should research ways that technology can improve the successfulness of disability related supports. <i>Research Question #23</i>	<i>Research</i>	Other: Assistive Technology
10c. The CDHD should develop a clearinghouse or network directory of resources available for families. <i>Survey Question #32</i>	<i>Dissemination</i>	Cross Cutting

In summary, through formal and informal strategies, we have identified three goals, corresponding objectives, and key tasks aligned to the principles of Diversity, Integration, and Human Rights. Accessibility to information, education, employment, community, recreation, the arts, supports, and services is central to these principles, and as such, assistive technology and universal design is an intentional focus throughout the plan. Specific areas of emphasis for the next five years include: Education and Early Intervention, Child Care, Health, Employment Quality Assurance, Assistive Technology, and Recreation. Several activities are cut across areas of emphasis and will be designated as “cross cutting” in the five-year plan. Key themes generated from the planning process and ongoing input from CAC, other stakeholders, and partners include: 1) increasing quality through education and training of a diverse workforce, 2) creating services and supports that are evidence-based and relevant across ages and diverse groups of people, 3) promoting policy that positively impacts the lives of a diverse group of constituents through research and dissemination of information that is accessible across multiple formats. The resulting five-year goals and corresponding objectives and outcomes are listed in the in the ***Approach*** section of this document. The Five-Year Work Plan is located in ***Appendix D***.

APPROACH

The Center on Disabilities and Human Development (CDHD) approaches all activities in partnership with people with disabilities, their families, our sister agencies, Disability Rights Idaho (DRI), and the Idaho Council on Developmental Disabilities (DD Council), as well as other state partners and stakeholders. We are driven by the principles of Diversity, Integration and Human Rights which is reflected in our vision, mission, and guiding principles that were jointly set forth by our Community Advisory Committee (CAC) and CDHD personnel.

***Vision:** The Center on Disabilities and Human Development is building a future in which everyone, including people with developmental and other disabilities, has a meaningful opportunity to live, learn, work, and play in their communities.*

***Mission:** The Center on Disabilities and Human Development advances evidence-based policy and practice for people with disabilities, their families, and communities through exemplary and innovative education, outreach, research, and service.*

***Guiding Principles and Long-term Outcome Statement:** People with disabilities and their families have the right to:*

- *Live, learn, work, and play in their communities;*
- *Be equal partners in research, program development, and the systems change process;*
- *Access services that emphasize strengths and abilities;*
- *Make decisions, take risks, and define the quality of the life they choose;*
- *Be equal partners in building inclusive and interdependent communities.*

The CDHD operates to support the Developmental Disabilities Assistance and Bill of Rights Act of 2000 and as such agrees to the assurances specified in Section 154 A3.

The Five-Year Work Plan

Our five-year work plan, as seen in *Appendix D*, was developed based on strategic planning and needs assessments both informal and formal as previously described in the Project Relevance and Needs

Section. The CDHD Community Advisory Committee (CAC) was instrumental in crafting the direction and outcomes of the five-year plan. The comprehensive nature of the goals and objectives captures the complex array of activities accomplished by CDHD personnel who leverage additional funds through grant writing and contracts to meet the needs and priorities of people with disabilities, their families, and other state partners. The AIDD core budget supports the CDHD infrastructure by funding, in part, the director, an associate director, four core function directors and other staff necessary to implement key activities and to leverage funds necessary to carry out the goals and objectives of the five-year plan. The budget also supports personnel responsible for ongoing data management and program evaluation through the National Information Reporting Service (NIRS) and personnel who interact with the University as well as multiple state agencies and partners. The budget is designed to support CAC travel for meetings and other state and national travel necessary to sustain or foster new collaborations and commitments to policy governance.

The goals and objectives are designed to complement and enhance activities performed by our sister organizations, the DD Council and DRI as evidenced by an established joint objective under goal three and as detailed throughout the plan. Consistent with the strategic planning process described in the previous section, our five-year plan will be reviewed and revised based on input through the CDHD CAC. The goals, associated objectives, and short term outcomes are presented below. Intermediate and long-term outcomes are shown in the CDHD logic model contained in *Appendix E*. Each objective is aligned to a component of the informal or formal needs assessment as evidenced by an italicized note.

FY 2018-2022 Five-Year Goals, Objectives, and Outcomes for each Core Function

Interdisciplinary Preservice Preparation and Continuing Education

Goal 1. Enhance university-based education across disciplines on diversity, integration, human rights, accessibility, evidenced based practices, policy and leadership.

Objective 1.1. To increase the number of students (up to five students annually) from minority or underrepresented groups from diverse backgrounds to participate in undergraduate and graduate programs offered through the CDHD and URLEND. *CAC focus on diversity, Overriding Principles*

Objective 1.2. Incorporate up to 10 inclusive community and university activities annually into undergraduate and graduate training programs that support all people with disabilities and their families to engage in the arts, recreation, leadership, and policy. *Survey Q1, Interdisciplinary Training, Q18 Direct Services and Demonstration*

Objective 1.3. Imbed content delivered to undergraduate and graduate students related to disabilities on diversity, integration, human rights, and accessibility through assistive technology and universal design in 10 university courses and training offerings for at least 20 students annually. *CAC focus on Diversity, Q13, Direct Services, Q2, Interdisciplinary Training*

Objective 1.4. Provide continuing education through credit-bearing training on evidenced-based practices that promote diversity, integration, human rights, and accessibility through assistive technology and universal design to 150 people annually. *Survey Qs. 2, 5, 6, Interdisciplinary Training; Q13, Direct Services.*

Outcomes, Short-term. 1) 90% of undergraduate, graduate, URLEND long-term student trainees report increased awareness of and engagement with diverse communities; 2) 90% of undergraduate, graduate, URLEND long-term student trainees report increased knowledge or skills; 3) 80% of undergraduate, graduate, URLEND long-term student trainees report satisfaction with training program; 4) 90% of continuing education participants report increased knowledge or skills; and 5) 80% of continuing education participants report satisfaction with training programs.

Community Services: Technical Assistance and Training, Community, and Direct Services

Goal 2. Promote, design, and implement quality community training, supports and services that benefit targeted populations and those with unmet or under-met needs.

Objective 2.1. To increase the number of early care and education providers prepared to create quality inclusive learning environments that meet the needs of children across ability and diversity groups, provide accessible training and technical assistance to 5,000 people annually. *Qs. 17, 19 Direct Services Early Childhood Workforce Study, EC3 recommendations*

Objective 2.2. To improve learning outcomes for school-age students across Idaho, provide accessible training and technical assistance to 500 people annually on areas of identified need. *Qs. 5, 6 Interdisciplinary Training, Q7, Training and Technical Assistance, Q19, Direct Services, ISDE needs assessment.*

Objective 2.3. To improve life outcomes for transition age students and young adults in all Idaho communities, provide accessible training, and technical assistance to at least 100 people annually on topics related to quality adult lives (employment, post-secondary education, community living, leadership, and recreation). *Q12 Training and Technical Assistance; Qs.18, 19 Direct Service; HCBS study, Employment First Consortium recommendations.*

Objective 2.4. To improve outcomes for young children, youth, and adults, provide direct community, and clinic-based services to 200 people annually. *Qs.15, 16 Direct Service, State Work Group recommendations*

Outcomes, Short-term. 1) 90% of all recipients report increased knowledge and/or skills in the areas of inclusive learning for young children, school-age learning outcomes, and/or life outcomes for transition age students; 2) 80% of sustained TA recipients report enhanced resources/services, increased awareness of evidence-based practices (EBP), or enhanced capacity to assess current practices in relation to EBPs; 3) 80% of ongoing training recipients report increased knowledge in training topic; 4) 80% of recipients report satisfaction with T&TA services received; 5) 90% of direct services recipients report

increased knowledge and/or skills in the areas of education, social/interpersonal, employment, behavior, communication, adaptive functioning, and/or health and safety; and 6) 80% of recipients report satisfaction with direct services received.

Technical Assistance, Research, and Information Dissemination

Goal 3. Impact policy through research, dissemination, and engagement with coalitions related to the expressed needs of state constituents and underserved populations.

Objective 3.1. In collaboration with the DD Council and Disability Rights Idaho, organize, support, and empower families and adults with developmental disabilities to become effective advocates in public policy by building a policy coalition in at least one community annually. *Idaho DD Network Collaborative Goal: Statewide Policy Coalition*

Objective 3.2. Impact policy related to disabilities, people at risk and from under or unrepresented groups across the age span through participation on at least 20 local, state, national, and university committees annually. *Informal needs assessment of state through representation on state committees.*

Objective 3.3. To impact policy and create evidence-based practices, conduct three to five information gathering, research, evaluation, or analysis projects annually in areas of identified need or as requested by state partners. *Qs.21-28, Research*

Objective 3.4. Annually, at least eighty percent (80%) of all information, products, research findings, social media, and websites created through the CDHD will be disseminated in accessible formats, including translation into at least one language other than English. *Training and Technical Assistance Qs.7, Q8, Q10; Direction Services Q19*

Outcomes, Short-term. 1) 90% of community members report increased awareness of how to advocate for and participate in community services and policies; 2) 80% of sustained TA recipients report satisfaction with services received; 3) 80% of sustained TA recipients report enhanced resources/services, strengthened networking across communities, or increased identification of policy changes needed; 4) 80% of those surveyed report satisfaction with the information on the CDHD website.

Description of Core Function Areas

The CDHD carries out its responsibilities through four core functions: 1) Interdisciplinary Preservice Preparation and Continuing Education; 2) Community Services: Training, Technical Assistance, and Direct Services; 3) Research; and 4) Information Dissemination. The purpose of each core function is to promote the independence, productivity, integration, and inclusion of individuals with disabilities and their families by increasing knowledge and skills of a diverse workforce, promoting self-advocacy and self-determination. Our program is designed to produce future leaders, policy-makers, clinicians, researchers, professionals, paraprofessionals, and advocates who will have a positive impact on the lives of people with disabilities at the community, state, and national levels. A description of the four core function areas and planned activities follows.

Interdisciplinary Preservice Preparation and Continuing Education (Goal 1).

Interdisciplinary training at the CDHD refers to integrated individual or group experiences that are collaboratively planned, delivered, and presented to individuals from a variety of backgrounds, professional disciplines, and specialty areas, including people with disabilities and their families. Through interdisciplinary training, the CDHD seeks to promote a global understanding and acceptance of disability and aging as complex social phenomena that affects everyone across ages, socioeconomic conditions, cultural, racial, and linguistic differences and disciplines of study. By engaging in ongoing initiatives at the CDHD, interdisciplinary trainees gain experience with the current issues facing individuals and families who experience, or are at risk of experiencing, a wide range of disabilities.

Goal 1 of the five-year work plan is intended to **(a)** increase the number of staff and students from underrepresented populations and **(b)** use curriculum content and activities that promote inclusion in community settings and imbeds the overarching principles of diversity, integration, and human rights. Interdisciplinary training is ongoing at the CDHD, and as such, will subsume related objectives and activities specified in the five-year work plan.

The interdisciplinary training and continuing education program at the CDHD is comprised of four components: 1) undergraduate training; 2) masters and doctoral training with a focus on Autism Spectrum Disorder (ASD) and low incidence disabilities; 3) participation in the Utah Regional LEND program (URLEND); and 4) continuing education of in-service personnel. The intent of the interdisciplinary training program as outlined in the five-year work plan and driven by the needs assessment is to (a) recruit trainees and staff from cultures that represent the diversity of the community; (b) increase trainee participation in inclusive activities that engage people with disabilities and their families in community activities such the arts, recreation, and policy; (c) strengthen curriculum content and experiences that promote a deep awareness of cultural, racial, and linguistic diversity, integration, and human rights; (d) incorporate principles of universal design and assistive technology, as well as current research-based practices and emerging issues that impact people with disabilities and their families; and (e) increase students active engagement in research and dissemination activities. A diversity coordinator will be hired to assist CDHD personnel to recruit trainees, staff, and other participants from diverse cultures and to assist with translation services across courses and in-service offerings.

To assure quality in our training programs, the Interdisciplinary Training Coordinator meets with each trainee to discuss his/her interests and to provide information on the various activities and projects at the CDHD. At this meeting the trainee is asked to fill out the following forms: 1) National Information and Reporting System Demographic Data Form; 2) Interdisciplinary Training Plan (ITP); and 3) Cultural Diversity and Cultural Competency Self-Assessment Checklist. The ITP is developed in collaboration with the trainee, faculty advisor, training coordinator and additional faculty or staff as appropriate. Training activities are established for discipline-required competencies and recorded on the ITP.

All long-term trainees are required to complete the *Core Curriculum*, which includes: 1) the role and history of Administration on Intellectual Developmental Disabilities (AIDD) and federally funded advocacy, education, and service infrastructure in each state, including UCEDDs, DD Councils and Protection and Advocacy agencies; 2) foundations and current issues in the field of developmental disabilities education, research, service, and policy; 3) specific information related to disability services,

supports, and systems in Idaho; 4) cultural competency and related aspects of culture, ethnicity, and language to the specific needs and experiences of people with disabilities and their families; 5) the intersection of multiple disciplines of study with the world of disabilities to promote a more inclusive and accessible society; and 6) legislation and policy that protects people with disabilities.

The Community Advisory Committee (CAC) will continue to be instrumental in assisting to shape the training experiences at the CDHD through annual review of program evaluations. Family members and people with disabilities will assist in the design and implementation of training experiences by (a) participating as recipients of services and community events; (b) providing feedback to faculty and trainees about the relevancy of the services they receive and the adequacy of training provided to interdisciplinary students; and (c) participating in the design and delivery of content as much as possible.

Undergraduate trainee preparation. Students seeking degrees at the University of Idaho across colleges and disciplines participate in the CDHD undergraduate interdisciplinary training program. Typically, 15 to 25 students participate annually. Students are selected as trainees based on a letter of intent, current grade point average, professionalism exhibited at the time of interview, and completion of required forms. The current roster of undergraduate trainees come from Psychology, Child Development, Business Marketing, Math, Operations Management, Political Science, Computer Science, Community Counseling, and Education. In the past we have had students from Architecture, Interior Design, Web Development & Design, Applied Economics, Statistics, Journalism, Mass Media, Theater Arts, Law, English, and Sociology. Faculty and staff working with the trainees are also from multiple disciplines including Special Education, Early Childhood/Early Intervention, Children's Mental Health, Psychology, Assistive Technology, Disability Studies, and Instructional Design. The majority of students who work at the CDHD as trainees participate across multiple years and often through their tenure at the University of Idaho.

Once admitted to the program, student trainees agree to an individualized training plan that includes six sessions of didactic training annually and an additional 40 hours of practical experiences working in the community for and with people with disabilities. The didactic training component

expands on the core curriculum by providing detailed information on (a) national and state networks and agencies that impact people with disabilities and their families; (b) state and national policy initiatives, and advocacy movements including self-advocacy; (c) content on evidenced-based practices relevant to people with disabilities and those at risk across the age span; (d) assistive technology and universal design for learning, (e) cultural competency; and (f) family and individual perspectives on disability. Students spend time daily in conversation with faculty, staff, family members and people with disabilities discussing disability related issues, independence, integration, diversity, and human rights.

As part of the learning experience trainees engage in many service activities. These include participation in the CDHD Community Advocacy Committee (CAC), local self-advocacy meetings, presenting at state and national conferences, working directly with legislators in the state capitol during disability awareness week, participating, coordinating, and hosting art and drama workshops with people with disabilities, book clubs focused on disability related literature, attending special events sponsored by the Self-Advocacy Leadership Network, and in our clinical program, as observers and participants in assessments and services. Students leave the CDHD with a rich array of experiences that prepares them for ongoing advocacy in their respective careers and as community members.

Graduate programs focused on ASD and low incidence disabilities. The doctoral emphasis offered through College of Education and CDHD is designed to prepare prospective university faculty and leaders to teach, conduct and disseminate research, and secure funding for research in the area of autism spectrum disorder and related disabilities. The master's degree program prepares teachers, counselors, psychologists and other interested people with the knowledge and skills to implement instructional evidence-based practices in school and community settings. Both programs are designed to accommodate full and part-time students through distance platforms and face-to-face instruction. The intent of the graduate programs is to produce high quality leaders that are philosophically oriented toward family involvement, cultural competence, inclusive and multi-tiered supports, evidence-based interventions, and research to practice scholarship.

Additional classroom instruction. CDHD faculty and other personnel also teach graduate and undergraduate courses across disciplines and colleges at the University of Idaho. Last year, 19 university preservice courses were taught by CDHD faculty impacting 200 students. The disciplines that are typically impacted by CDHD faculty include counseling and school psychology, school administration, general and special education, early childhood learning and education, movement sciences, recreation therapy, vocational rehabilitation, and industrial and business technology. Family members and people with disabilities will continue to be recruited to participate in the design and delivery of courses taught by CDHD faculty. The CAC will maintain a role in providing recommendations for course modifications based on annual evaluation data.

Utah Regional Leadership Education in Neurodevelopmental Disabilities (URLEND). All students in the ASD/RD doctoral program participate in a 10 credit, two year experience with the URLEND program funded through Maternal and Child Health. URLEND is a multi-state, interdisciplinary, collaborative training program for professionals and students in Idaho, Montana, North Dakota, Wyoming, and Utah that supports 40 trainees. The program is coordinated in partnership with Utah State University and the University of Utah-Medical Center-Department of Pediatrics. The specific disciplines that participate in URLEND include: pediatric medicine, genetics, dentistry, psychology, social work, nursing, audiology, pediatric audiology, health administration, nutrition, special education, speech and language pathology, occupation therapy, and physical therapy.

Trainees, other than Ph.D. students who participate in URLEND, are recruited from various locations throughout the state and work in various allied health professions, are family members, and/or people with disabilities. Dr. Gwen Mitchell, the Director of Direct Services and Interdisciplinary Training at the CDHD, coordinates and teaches within the URLEND program. As is evidenced in our FY 2018-2022 work plan, recruitment of participants from underrepresented groups is a priority.

Continuing education. The CDHD hosts a variety of credit-bearing experiences for in-service personnel across multiple disciplines. Professional development credit is typically offered through CDHD hosted training events such as conferences, workshops, and online webinars. Online webinars are

often taught by national leading experts in a particular field of study. All webinars are archived on the Idaho Training Clearinghouse. People may elect to participate for credit in the archived trainings instead of live webinars. Credit bearing training opportunities include information on such things as the use of assistive technology, universal design for learning, augmentative communication, speech and language strategies, behavior management, applied behavior analysis, health and safety for early care and education professionals, nutrition and health, instructional and curriculum design, neuropsychology, and evidence-based practices among a host of other topics. Last year we offered 32 credit-bearing experiences with 260 participants. The CDHD CAC reviews all training evaluations and provides feedback on course offerings at least annually. A priority this next five years is to increase training on cultural competency, outreach to underrepresented groups, and increase translation services for audiences that are not English speaking.

Community Services: Training, Technical Assistance, and Direct Services (Goal 2).

Goal 2 of the CDHD five-year work plan pertains to activities related to community services and supports, the intent of which is (a) for people with disabilities, those at risk, and their family members to receive education, training, services and supports that are accessible, provided in their primary language and that promote community inclusion across the age span; and (b) to increase the number of children, diagnosed with ASD and other developmental disabilities to receive quality intervention services that impact their overall wellbeing.

Community service continues to be the cornerstone of CDHD activities and includes: (a) community training; (b) technical assistance; and (c) direct and community based services. While our five-year plan is explicit, our services continue to be comprehensive in nature and go beyond the specific tasks outlined in the plan. Last year, the CDHD impacted **65,237** people through technical assistance efforts and **19,269** people participated in **125** not-for-credit training events. At least **800** children, youth, and adults received direct or community based services. As with each of the core functions, community services are developed to promote the independence, productivity, integration, and inclusion of people with disabilities and their families. It is through community services, especially training and technical assistance, that we impact the largest number of interdisciplinary personnel, people with disabilities,

family members, and individuals at risk. As outlined in the five-year plan, training, technical assistance, and direct services are designed with state partners relevant to specific target groups as well as family members and people with disabilities through the CDHD CAC and multiple other advisory groups. A description of each type of community service follows.

Training. Training typically refers to either formal or structured events that promote the transmission of knowledge related to a specific set of instructional objectives or outcomes. The specific objectives associated with Goal 2 as outlined in the five-year work plan are oriented toward improving outcomes for young children, school-age, transition age youth, and young adults seeking employment or post-secondary education. Training is designed to increase the use of evidence-based practices by the Idaho workforce across age groups, and the accessibility of training through assistive technology and universal design of instruction. Training events include local, regional, and state workshops, conferences, web-based seminars, lectures, and interactive web-assisted or online learning communities. Target audiences for training events typically include professionals across disciplines, agency personnel, direct service providers, policy makers, students, family members, people with disabilities, and other community members. To maximize the impact of training for people with disabilities and their families from underrepresented groups, the CDHD will engage in focused outreach efforts in communities with minority populations, namely, Native American and Hispanic groups. As such, training will be crafted with specific case examples relevant to both groups and to the extent feasible, representatives from minority groups in Idaho will be incorporated into the planning stages of training. Many training events are marketed on the Idaho Training Clearinghouse website (a project housed at the CDHD, funded through the Idaho State Department of Education and information is provided in a universally designed accessible format.

Technical assistance. Technical assistance is also provided to increase the capacity of self-advocates, parents, professionals, paraprofessionals, agency personnel, direct care providers, and administrators in a multitude of settings to promote positive futures for people with disabilities across the age span with an explicit focus the next five years to increase our outreach to minority and other

underrepresented groups. The majority of our technical assistance efforts are aimed at teaching specific skill sets to team members working to improve outcomes for people with disabilities. Examples of technical assistance include: (a) information and support to school teams on the use of assistive technology, a variety of sensory integration strategies for children who are profoundly deaf and blind, evidence-based interventions for children with autism and those with behavioral and learning needs, assessment strategies, and implementation of universal design for instruction; (b) supporting community teams to implement strategies related to postsecondary and employment opportunities, behavioral planning, and interventions to assist with community inclusion; (c) assisting families, providers, and people with disabilities to access assistive technology devices, low interest loans, and assessments; (d) providing online information referral across a broad array of topics and services; and (e) assistance to child care providers on health and safety, nutrition, inclusion strategies, etc. Technical assistance outcomes are reviewed by project advisory committees and the Center's CAC. Recommendations for improvements are made through people receiving technical assistance and advisory groups.

Direct services. Direct services are provided through our clinical service program, the Child and Youth Study Center (CYSC), and specific projects housed at the CDHD including: Assistive Technology, CDHD SESTA, Children and Youth with Deaf-Blindness programs; and IdahoSTARS child care program. Most direct service programs are designed to be primarily **community-based**. That is, services and supports are rendered where they are needed, in community settings (home, work, school, church). Some services are provided through web-interface and telephone interactions. For example, the Assistive Technology Low Interest Loan Program offers counseling and support for individuals to complete their loan applications; typically, this interaction occurs over the phone. Information services may be offered through web-based interactions such as locating and purchasing recycled equipment or finding assistance on a special topic through an online chat room. Children and youth in child care, school-based, and community settings receive direct support through individual project personnel and contractors who provide assistive technology and diagnostic assessments and who demonstrate intervention strategies.

To increase post-secondary opportunities in the state, a new demonstration program is in development with partners from Idaho Department of Vocational Rehabilitation (IDVVR), Boise State University, and University of Idaho faculty along with several youth with disabilities and family members. The program will provide an on-campus summer training venue for transition age youth. Students will live on campus in dorm rooms with typically developing peers to attend training focused on academic study skills, employment skills that include interviewing for a job, use of assistive technology devices, universally designed curriculum to increase access to education, employment, and community events. This direct community-based service program is scheduled to launch summer of 2017.

In addition to community-based services, the CDHD offers **center-based**, on-site clinical services. For example, many diagnostic assessments occur on-site in our Child and Youth Study Center. Individual psychotherapy, intervention sessions and behavioral counseling are also conducted on-site. To maximize the degree to which intervention services produce change across multiple settings, direct service to an individual or family is often paired with a technical assistance effort in a community setting. For example, a young child with autism may be seen for a specific set of interventions at the CYSC, while technical assistance is provided to school or childcare personnel and family members on the use of important strategies and tools to promote generalization.

With the assistance of two newly hired Board Certified Behavior Analysts (BCBA), the CYSC will increase intervention services for children with ASD. The program will be supported by undergraduate and graduate students working directly with families and children under direct supervision of the BCBA faculty. Over time, it is the Center's intent to launch a BCBA training program as an outgrowth of the intervention clinic. Family members and people with disabilities have periodic opportunities to assess the quality of services provided and to give feedback regarding the efficacy of direct services. This feedback is summarized and reviewed with trainees, staff, and with the CDHD Executive Team (i.e., each of the four core function directors and the CDHD director). Modifications in service delivery are made based on consumer feedback. Again, the Center's CAC is involved in the review of ongoing program assessments.

Technical Assistance, Research, and Dissemination of Information (Goal 3).

The intent of Goal 3 as outlined in the five-year work plan is to impact policies and systems through our technical assistance, research, and dissemination efforts. Ultimately, CDHD and identified partners plan to (a) increase the number of people with disabilities and their families who are informed and involved in policies and practices that improve life outcomes and enrich communities through principles of diversity, integration, and human rights; and (b) increase the number of people with disabilities, their families, other constituents, and stakeholders who receive information disseminated in accessible formats and languages that meet their unique personal needs. Research and dissemination functions entail broad-based activities that are ongoing and reach beyond the specific goal and objectives of the work plan. Each function area is described separately as follows.

Technical Assistance and Research. Research at the CDHD includes information gathering in the form of needs assessments, surveys, focus groups, policy analysis, scientific investigations, secondary data analyses, and program evaluations. Each are implicit across all projects operated through the CDHD. To meet the demands of evolving systems and community challenges, the majority of our research activities are driven by current needs in the state and are carried out based on conversations at policy tables, explicit requests by state partners and constituent groups, and through student research agendas. As much as possible, the CDHD CAC is involved in identifying, approving or recommending specific areas of inquiry. Information that is collected as part of individual project evaluations are reviewed by CAC as well as other constituent groups including families and individuals with disabilities who participate in the governance of projects or who are involved in policy and system change committees.

Policy studies that may influence the outcome of legislation, systemic changes, and other public policies are developed on an annual basis to support state partners in promoting change. Identification of priority policy topics occur annually at a fall retreat of the Consortium for Idahoans with Disabilities (CID), as part of the DD Council's Public Policy committee, and through DRI's annual planning sessions. Policy analysis activities are largely supported through our graduate and to some extent the undergraduate trainee program. The Interdisciplinary Training Coordinator and other faculty and staff at

the Center work in coordination with graduate students to guide their research. The Center's CAC reviews all policy briefs prior to dissemination. The DD Council, DRI, and other members of CID that include self-advocates and family members review policy briefs and provide editorial recommendations prior to final dissemination. All policy briefs will be available on an accessible website and translated into Spanish, the most prevalent second language spoken in Idaho.

Dissemination. In disseminating information, the CDHD will adhere to the requirements of the DD ACT of 2000 for UCEDD programs, by assuring that individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life, through culturally competent program formats. The Plan will comply with the accountability requirements outlined in the DD Act by reporting all dissemination data and activities annually.

CDHD Information Dissemination Plan. The CDHD will adhere to the following strategies to translate research into practice which include: (a) identify stakeholders for different types of research and information and ensure that the products developed inform best practice and policy to maximize the benefits for individuals with disabilities, their families and the professionals that work with them; (b) distribute information in a timely manner and in understandable formats by working with the Community Advisory Committee (CAC) to develop and disseminate to diverse audiences. Additionally, the CDHD will work with state and national networks established through its research to distribute information and resources; (c) utilize multiple tools and media vehicles to effectively disseminate the information to diverse audiences. These tools include: printed materials in plain language including fact sheets, infographics, and results of national research reports printed in Braille and Spanish, accessible electronic media including websites and social media, accessible video formats including webinars and live presentations and face-to-face trainings, and presentations.

The CDHD will serve as a resource by utilizing the UCEDD international and national network and expertise of CDHD faculty and staff to disseminate best practice strategies in the key areas of

education, employment and community based services. Additionally, CDHD will engage with state and local agencies to collaborate and coordinate activities to disseminate information. The CDHD will also provide for the development of a variety of products to promote public awareness and visibility of the Center by: using printed materials such as brochures, fact sheets, and infographics, social media platforms, and short accessible video infomercials on the definition and role of the UCEDD.

The CDHD plan will target a range of audiences including: individuals with developmental disabilities, family members, service providers, policy makers, administrators, university faculty, researchers, and the general public by: developing a monthly newsletter, brochures, websites, flyers, fact sheets, reports, articles, infomercials, and trainings. All materials will be produced in a variety of accessible formats including; enlarged text size, digital audio, electronic text, Braille, easy to read formats and Spanish. Further, the CDHD will educate and disseminate information related to the purpose of the DD Act of 2000 to the legislature of the State of Idaho and to members of the Idaho Congressional delegation by various methods including the CDHD Annual Report and Executive Summary.

The CDHD will respond to community requests for information and assistance utilizing a variety of networks including our partners at the Idaho Council on Developmental Disabilities and Disability Rights Idaho, State agencies such as the Idaho Department of Health and Welfare, local organizations such as Idaho's Parent Training and Information Center as well as the national and international DD Network partners.

Development and Dissemination of CDHD Products and Information. The CDHD will use the principles of UDL to develop and disseminate CDHD products and information. These principles include: a) providing multiple means of representation; b) providing opportunities for multiple means of expression from consumers; and, c) providing multiple means of engagement for consumers for CDHD products and services. New materials and technologies will be designed to be flexible enough to accommodate the unique learning styles of a wide range of individuals with developmental disabilities and their families. These products will include accessible web pages, captioned and/or narrated videos, easy to read printed formats, translation of materials into Spanish and Braille. Additionally, CDHD

trainings and product evaluation instruments will include questions related to disability and diversity issues. The CDHD remains committed to the accessible design of materials, trainings, and other resources.

The CDHD will develop all materials in multiple accessible formats including enlarged text size, digital audio, electronic text, Braille, easy to read formats and Spanish. The CDHD understands the importance of creating an atmosphere of cultural competence by building trust with people with developmental disabilities and their families, having a respect for diversity, equity, and fairness when developing and disseminating our products and information about the goals and services of the Center.

The CDHD will utilize person first/centered language in all materials, products, and training conducted in and out of state. It is the goal of the CDHD that all staff are person first/centered language models for a variety of audiences including teachers, family members of people with developmental disabilities, state legislators, and the community at large. As such, the CDHD will display positive images of individuals with developmental disabilities and their families in inclusive communities through a variety of means including images in brochures and other materials developed by the CDHD. Additional examples will include Facebook posts, video clips used in trainings, digital fact sheets displayed on the CDHD website, as well as speakers with developmental disabilities and their families at CDHD sponsored events.

BUDGET

The CDHD FY 2018-2022 proposed Budget is located in the Budget page of this application. The associated Budget Justifications for each of five years are located in *Appendix F*. The proposed budget supports the infrastructure of the CDHD. Other projects funded through the center support the activities associated with the five-year plan. The core funds are used to supplement rather than supplant other funds. We have a long 28 year history of leveraging funds to carry out the mission of the center. For example, last year we leverage \$7,077,372. The requested funds support, in part, staff and faculty who perform: 1) activities across each core function area including NIRS and program evaluation management; 2) business operations including, fiscal oversight, personnel management, grant and

contract review; 3) web-design and accessibility management; 4) coordination of the CDHD CAC, other advocacy activities and cross coordination with state partners including the DD Council and Disability Rights Idaho; 5) leveraging of funds that support activities outlined in the five-year plan and as described in the approach section of this application across core function areas.

To increase participation of students, staff, faculty, and community members from diverse backgrounds, we propose to use core funds to recruit a “diversity coordinator” who will also be responsible to leverage funds to support recruitment, and ongoing training activities. The budget includes funds to support one graduate trainee and several undergraduate trainees. Other projects at the CDHD also include funds that support trainees. All trainees who are part of the CDHD work on various projects that help to support the mission of the center as well as participate in training as previously described.

Travel costs are associated with the required AIDD technical assistance institute and other pertinent conference and training venues that support our dissemination and training efforts. Funds for state and local travel assist CDHD faculty and staff to network and collaborate with multiple state partners. Networking and collaboration also assists greatly in our ability to leverage funds.

The budget allocates funds to support travel and meeting cost for two face-to-face CAC meetings and one video conference annually. CAC members who are people with disabilities and/or family members receive a \$100 honorarium to cover costs and inconveniences of attending meetings such as child care, days off work, missed appointments etc.

Occasionally, our center requires outside consultants to perform various services such as meeting facilitation and expertise in specific areas such as web-accessibility. Funds were allocated to support a small portion of consultants working with the CDHD. Consultation is primarily funded through other projects. Training materials, supplies, and phones support activities related to core functions. Computer maintenance and replacement costs are included to assure that we have adequate equipment to carry out our five-year plan. Please refer to the budget and justification section of this application for a detailed line item budget for each of five years and corresponding budget justifications.

PROJECT IMPACT

The process for measuring the CDHD impact is founded in three key documents: (1) five-year work plan (*Appendix D*), (2) logic model (*Appendix E*), and (3) evaluation plan (tables 3-5). The logic model brings together the CDHD's proposed three goals and associated measurable objectives with the DD Act of 2000 UCEDD core functions and areas of emphasis. The CDHD five-year work plan provides the details of key tasks, personnel responsible, timelines, and partners for accomplishing each objective. The CDHD evaluation plan builds further on the measurable objectives by listing the evaluation questions, outcomes, performance indicators, timeline and data collection methods, analysis and reporting processes, and the process for sharing results. Together, the three documents outline the purpose and focus of the CDHD activities, how those activities will be accomplished, what the results of those activities will be, and how accomplishments will be monitored and results will be evaluated for impact.

Aligned with the AIDD UCEDD logic model revised in 2012, the CDHD logic model, located in *Appendix E*, outlines how the proposed CDHD goals and objectives will be implemented across the DD Act of 2000 UCEDD core functions and CDHD identified areas of emphasis to build capacity, strengthen advocacy, and bring about systems change for people with disabilities, or who are at risk, and their families living in Idaho. (As the CDHD logic model encompasses the goals and objectives, please refer to the five-year work plan in *Appendix D* for further details on the activities and responsible persons for implementation.) The components of the logic model are as follows: (a) **Inputs** – the resources used to implement the goals and objectives of the CDHD work plan; (b) **Outputs** – the actions performed by the CDHD organized by the proposed goals and objectives across the core functions and identified areas of emphasis; and (c) **Outcomes** – the desired changes divided into short-term, intermediate, and long-term. Short-term outcomes focus on changes in knowledge, skills, awareness, etc. (i.e., learning). Intermediate outcomes focus on changes in behaviors and/or demonstrated application of practices/skills. Short-term outcomes are achieved first, followed by intermediate outcomes, which leads over time to the one long-term outcome of the CDHD work plan. Additionally, the outcomes are noted with a timeframe depicting when in the five year process such outcomes are expected, with short-term outcomes happening annually,

intermediate outcomes happening across the five years (dependent on short-term outcomes), and the long-term outcome expected to happen in an ongoing fashion beyond the five years.

The CDHD logic model, in addition to providing a framework for the project approach and five-year work plan, also guides the CDHD evaluation plan, which is designed both (a) to monitor project activities in order to inform improvement or modification as the project unfolds (**process evaluation**) and (b) to measure the overall results/outcomes of the project (**outcome evaluation**). Our process evaluation will focus on the outputs in the logic model which are our measurable objectives. Consistent with logic model design, outputs are the completion and/or “products” of activities carried out and are measured in terms of numbers and percentages. For example, an output under Goal 2 – which focuses on the community services core function – is that 200 young children, youth, adults, and their families will receive direct and clinic-based services annually. CDHD will use the National Information and Reporting System (NIRS) to collect and synthesize data for monitoring our **output measures**. CDHD and project-level staff will enter activities into NIRS on a quarterly basis with the expectation of having all previous quarter activities entered by the 15th of the following month (e.g., July, August, and September activities entered by October 15). This will allow the Evaluation/NIRS director, Cari Murphy, to prepare progress reports on a quarterly basis for the CDHD Executive Team to review and monitor progress toward achieving the stated objectives and outputs. Under this process evaluation phase, the CDHD will measure the extent to which project activities are implemented as planned, assess the progress of project activities in the work plan, and use the output data to refine the project approach as needed annually.

The CDHD will also use NIRS to collect and summarize data for reporting annual results on all of the **outcome measures** listed on the CDHD logic model (*Appendix E*) using the University Center for Excellence in Developmental Disabilities (UCEDD) annual report template. All CDHD and project-level staff are responsible for collecting data that describes the projects’ outputs (e.g., number trained, number receiving direct services) and the impact of the project activities on short-term and intermediate outcomes, per the CDHD logic model. To assist project staff and to systematize the data collection and input process (in order to ensure data consistency and quality), the Evaluation/NIRS director will create

project-level “cheat sheets” that provide for each major project activity a matrix showing the corresponding core function, CDHD objective, area of emphasis, reporting frequency, and outcome measure. Project cheat sheets will be reviewed with project staff – in an effort to educate them on what and how best to collect needed data – and distributed widely for guiding data entry.

The CDHD evaluation plan (see Tables 3-5 on the following pages) is tied to our logic model and provides the details of evaluation questions, data collection plans, and analysis plans linked to our outputs and outcomes to ensure we are collecting the data we need to answer our foundational evaluation questions:

- (1) Are we successfully accomplishing our activities? (process)
- (2) Can we improve what we are doing? (process)
- (3) What are the results of our activities? (outcome)
- (4) Are we making a difference? (outcome)

Table 3. CDHD Evaluation Plan for Goal 1

GOAL 1. Enhance university-based education across disciplines on diversity, integration, human rights, accessibility, evidenced based practices, policy and leadership.				
Objectives with Outputs in Bold Text				
Objective 1.1. To increase the number of students from minority or underrepresented groups, recruit up to five students annually from diverse backgrounds to participate in undergraduate and graduate programs offered through the CDHD and URLEND.				
Objective 1.2. Incorporate up to 10 inclusive community and university activities annually into undergraduate and graduate training programs that support all people with disabilities and their families to engage in the arts, recreation, leadership, and policy.				
Objective 1.3. Imbed content delivered to undergraduate and graduate students related to disabilities on diversity, integration, human rights, and accessibility through assistive technology and universal design in 10 university courses and training offerings for at least 20 students annually.				
Evaluation Questions	Outcomes (Performance Indicators)	Timeline and Data Collection Methods	Analysis & Reporting Process	Sharing of Results Process
•How and to what extent are student trainees exposed to and becoming more aware of and engaged	•90% of undergraduate, graduate, URLEND long-term student trainees report increased	•End of course evaluation surveys •End of semester trainee check-in surveys •End of semester trainee interviews • Course syllabi	•Fidelity review of syllabi and quantitative and qualitative analysis of surveys and interviews resulting in three semester reports (fall-spring-	• Reports shared 30-days post end of semester with CDHD Executive Team

<p>with diverse content, activities, and experiences?</p> <ul style="list-style-type: none"> •To what extent are student trainees learning about diversity, integration, and human rights? •How satisfied are student trainees with their training program? 	<p>awareness of and engagement with diverse communities</p> <ul style="list-style-type: none"> •90% of undergraduate, graduate, URLEND long-term student trainees report increased knowledge or skills •80% of undergraduate, graduate, URLEND long-term student trainees report satisfaction with training program 	<p>learning outcomes</p>	<p>summer)</p>	
Objective with Output in Bold Text				
<p>Objective 1.4. Provide continuing education through credit-bearing training on evidenced-based practices that promote diversity, integration, human rights, and accessibility through assistive technology and universal design to 150 people annually</p>				
Evaluation Questions	Outcomes (Performance Indicators)	Timeline and Data Collection Methods	Analysis & Reporting Process	Sharing of Results Process
<ul style="list-style-type: none"> •To what extent are continuing education participants learning evidence-based practices? •To what extent are continuing education participants learning about diversity, integration, and human rights? 	<ul style="list-style-type: none"> •90% of continuing education participants report increased knowledge or skills •80% of continuing education participants report satisfaction with training programs 	<ul style="list-style-type: none"> •Knowledge assessments given pre and post courses and/or •End of training evaluation surveys (Likert-type scaled and open-ended questions) •Training syllabi learning outcomes 	<ul style="list-style-type: none"> •Quantitative analysis of pre/post assessments and/or quantitative and qualitative analysis of surveys resulting in one data infographic per training •Aggregate (all trainings combined) fidelity review of syllabi and quantitative and qualitative analysis of surveys resulting in three semester reports (fall-spring-summer) 	<ul style="list-style-type: none"> •Training data infographic shared two weeks post training with instructors •Aggregate reports shared 30-days post end of semester with CDHD Executive Team

•How satisfied are continuing education participants with the training received?				
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Table 4. CDHD Evaluation Plan for Goal 2

GOAL 2: Promote, design, and implement quality community training, supports and services that benefit targeted populations and those with unmet or under-met needs.				
Objectives with Outputs in Bold Text				
Objective 2.1. To increase the number of early care and education providers prepared to create quality inclusive learning environments that meet the needs of children across ability and diversity groups, provide accessible training and technical assistance to 5,000 people annually.				
Objective 2.2. To improve learning outcomes for school-age students across Idaho, provide accessible training and technical assistance to 500 people annually on areas of identified need.				
Objective 2.3. To improve life outcomes for transition age students and young adults in all Idaho communities provide accessible training and technical assistance to at least 100 people annually on topics related to quality adult lives (employment, post-secondary education, community living, leadership, and recreation).				
Evaluation Questions	Outcomes (Performance Indicators)	Timeline and Data Collection Methods	Analysis & Reporting Process	Sharing of Results Process
<ul style="list-style-type: none"> •How and to what extent are training and technical assistance services improving outcomes for young children, school-age and transition-age students, and young adults? •How satisfied are people with the training and technical assistance services received? 	<ul style="list-style-type: none"> •90% of all recipients report increased knowledge and/or skills in the areas of inclusive learning for young children, school-age learning outcomes, and/or life outcomes for transition age students •80% of sustained TA recipients report enhanced resources/service, increased awareness of evidence-based practices (EBP), or enhanced capacity to assess current practices 	<ul style="list-style-type: none"> •End of training evaluation surveys (Likert-type scaled and open-ended questions) •End of ongoing training evaluation surveys (Likert-type scaled and open-ended questions) •Knowledge assessments given pre/post or retrospective post trainings •End of TA evaluation surveys •Retrospective post interview or survey at end of 	<ul style="list-style-type: none"> •Quantitative analysis of pre/post/retrospective post assessments and qualitative and quantitative analysis of surveys resulting in one data infographic per training or training topic/series •By objective, aggregate (all trainings combined) quantitative analysis of pre/post/retrospective post assessments and qualitative and 	<ul style="list-style-type: none"> •Training data infographic shared two weeks post training/training series with instructors •Aggregate quarterly reports - for both training and TA separately - shared with CDHD Executive Team within three weeks post the end of the quarter

	<p>in relation to EBPs</p> <ul style="list-style-type: none"> •80% of ongoing training recipients report increased knowledge in training topic •80% of recipients report satisfaction with T&TA services received 	sustained TA relationships	<p>quantitative analysis of surveys resulting in four quarterly reports</p> <ul style="list-style-type: none"> •By objective, aggregate (all TA combined) quantitative analysis of retrospective post interviews/surveys and qualitative and quantitative analysis of surveys resulting in four quarterly reports 	
Objective with Output in Bold Text				
Objective 2.4. To improve outcomes for young children, youth, and adults provide direct community and clinic-based services to 200 people annually.				
Evaluation Questions	Outcomes (Performance Indicators)	Timeline and Data Collection Methods	Analysis & Reporting Process	Sharing of Results Process
<ul style="list-style-type: none"> •To what extent are direct services improving outcomes for young children, youth, and adults? •How satisfied are people with the direct services received? 	<ul style="list-style-type: none"> •90% of recipients report increased knowledge and/or skills in the areas of education, social/interpersonal, employment, behavior, communication, adaptive functioning, and/or health and safety •80% of recipients report satisfaction with direct services received 	<ul style="list-style-type: none"> •Knowledge/skills assessments given pre/post or retrospective post services received •For extended (over time) direct service relationships, periodic check-in surveys •End of services evaluation surveys 	<ul style="list-style-type: none"> •Quantitative and qualitative analysis of periodic check-in surveys resulting in progress reports every two months •Quantitative analysis of pre/post/retrospective post assessments and qualitative and quantitative analysis of surveys resulting in four quarterly reports 	<ul style="list-style-type: none"> •Progress reports prepared every two months reviewed and used by direct service program leads to reflect on any needed program improvements •Quarterly reports shared with CDHD Executive Team within three weeks post the end of the quarter

Table 5. CDHD Evaluation Plan for Goal 3

GOAL 3. Impact policy through research, dissemination, and engagement with coalitions related to the expressed needs of state constituents and underserved populations.				
Objectives with Outputs in Bold Text				
Objective 3.1. In collaboration with the DD Council and Disability Rights Idaho, organize, support, and empower families, youth and adults with developmental disabilities to become effective advocates in public policy by building a policy coalition in at least one community annually.				
Objective 3.2. Impact policy related to disabilities, people at risk and from under or unrepresented groups across the age span through participation on at least 20 local, state, national, and university committees annually.				
Objective 3.3. To impact policy and create evidence-based practices, conduct 3 to 5 information gathering, research, evaluation, or analysis projects annually in areas of identified need or as requested by state partners.				
Evaluation Questions	Outcomes (Performance Indicators)	Timeline and Data Collection Methods	Analysis & Reporting Process	Sharing of Results Process
•How and to what extent is the CDHD impacting policy on the needs of constituents and underserved populations?	<ul style="list-style-type: none"> •90% of community members report increased awareness of how to advocate for and participate in community services and policies •80% of sustained TA recipients report satisfaction with services received •80% of sustained TA recipients report enhanced resources/services, strengthened networking across communities, or increased identification of policy changes needed 	<ul style="list-style-type: none"> •End of TA evaluation surveys •Retrospective post interview or survey at end of sustained TA relationships 	<ul style="list-style-type: none"> •Aggregate quantitative analysis of retrospective post interviews/ surveys and qualitative and quantitative analysis of surveys resulting in year-end report (late spring) 	<ul style="list-style-type: none"> •Year-end report shared with CAC and CDHD Executive Team early summer
Objective with Output in Bold Text				
Objective 3.4. Annually, at least 80% of all information, products, research findings, social media, and websites created through the CDHD will be disseminated in accessible formats, including translation into at least one language other than English.				
Evaluation Questions	Outcomes (Performance Indicators)	Timeline and Data Collection Methods	Analysis & Reporting Process	Sharing of Results Process

<ul style="list-style-type: none"> •How satisfied are users with the CDHD website? 	<ul style="list-style-type: none"> • 80% of those surveyed report satisfaction with the information on the CDHD website 	<ul style="list-style-type: none"> •Twice a year (fall and summer) focus group assessments with CAC •Satisfaction survey of users sent twice a year (fall and summer) 	<ul style="list-style-type: none"> •Qualitative analysis of focus group assessment resulting in summary report •Quantitative analysis of satisfaction survey resulting in summary report 	<ul style="list-style-type: none"> •Focus group report shared with CDHD Dissemination Team and CDHD Executive Team one month post assessment •Satisfaction report shared with CDHD Dissemination Team and CDHD Executive Team one week post survey
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The CDHD evaluation plan guides project evaluation activities and the use of data to make program improvements and to show program results. CDHD leads for each core function (Robin Greenfield, Information Dissemination; Gwen Mitchel, Interdisciplinary Training and Direct Services; Janice Carson, Community Training and Technical Assistance; and Cari Murphy, Research/Evaluation) are responsible to take the CDHD work plan and the CDHD evaluation plan and monitor the tasks and timelines, output measures, and outcome measures in their respective core function across the CDHD goals. Each core function lead will provide progress/status reports to the CDHD Executive Team every other month. Referring to the data collection methods column and the analysis and reporting process column in the evaluation plan, both quantitative (e.g., Likert-type surveys) and qualitative (e.g., interviews) methods will be used to assess progress and to measure project outcomes and the accomplishment of project objectives. When surveys are a data collection method, online surveys will be used by default whenever and wherever possible – with hard copies, as needed, entered into the online system for central storage – to allow for easy, efficient report generation at the project level and to allow for center-wide aggregate reporting.

CAC and State Partner Involvement

At the first annual meeting of the CDHD Community Advisory Committee (CAC), members will receive the CDHD evaluation plan and be asked for their input on the performance indicators, data collection methods, reporting mechanisms and schedule. With final approval from CAC, the evaluation plan will be implemented. Using the CDHD logic model as a guide, evaluation data will be reviewed for progress monitoring and program improvement at each of the three CAC meetings and semi-annually with the Idaho DD Council and Disabilities Rights of Idaho (DRI). A summary report of evaluation data will be provided to each group (CAC, DD Council, DRI) at least one week prior to the meetings. The summary reports will intentionally be prepared using data infographic principles. Infographics are graphic visual representations of information and intended to present information quickly and clearly. They can improve cognition by utilizing graphics to enhance the human visual system's ability to see patterns and trends (Smiciklas, 2012). Through a review process of discussion, questions, and suggestions, each presentation of data infographic summary reports will afford groups the opportunity to provide feedback on the implementation of the evaluation plan and the effectiveness of program implementation, to assess the progress toward achieving intended improvements, to modify the CDHD work plan and evaluation plan as necessary, and to provide input on needed revisions to our goals in preparation for continued funding. In addition, project level advisory boards/councils will be engaged annually in the review of CDHD progress and outcome data to assist in identifying underserved populations and ways to expand critical initiatives each year.

ORGANIZATIONAL CAPACITY

The Center on Disabilities and Human Development (CDHD) functions to support the lives of people with disabilities, those at risk, and their families. We operate to fulfill the role of Idaho's University Center for Excellence on Developmental Disabilities (UCEDD) as specified in the Developmental Disabilities Assistance and Bill of Rights Act of 2000. As a UCEDD, the CDHD conducts all activities based on our vision, mission and guiding principles as articulated in the Approach section of this

application and as approved by the CDHD Community Advocacy Committee (CAC). The majority of our activities are conducted in collaboration with people who have disabilities, families, providers, agency personnel, community members, university staff and faculty, and legislators. Our key partners include: 1) the Idaho Council on Developmental Disabilities; 2) Disability Rights Idaho; 3) Idaho Parents Unlimited; 4) the Idaho State Independent Living Council; and 5) The Idaho Self-Advocacy Network. Key agency's that are a part of our extensive partners include: 1) the Idaho Department of Health and Welfare (Divisions of Family and Children Service, Welfare, and Medicaid); 2) the Idaho Division of Vocational Rehabilitation; 3) the Idaho State Department of Education; and 4) the Idaho Public Health Department. We also collaborate with several private businesses, physician groups, and hospitals. See *Appendix G* for Letters of Commitment.

Our work includes a strong commitment to cultural, racial, and linguistic competence in our training, service, research, and dissemination efforts. Through outreach efforts we intend to increase services and supports to people with disabilities from under and unrepresented groups. As evident in our five-year work plan, we fully intend to increase the diversity of students and staff as well as the people we serve.

The CDHD provides training, services, and supports that are evidence-based. As such, we function as a bridge between the university and the community through our efforts to translate scientific findings into common language and practice. Our efforts compliment and support the University's mission and strategic goals (<https://www.uidaho.edu/provost/strategic-plan>). CDHD activities across core functions compliment and work in concert to support the four University strategic goals which include: 1) Innovate- Scholarly and creative work with impact; 2) Engage- Outreach that inspires innovation and culture; 3) Transform-Educational experiences that improve lives; and 4) Cultivate-A valued and diverse community. Our Center practices an interdisciplinary approach to services and learning across the age span, as such, we work in concert with faculty and students from colleges across the University of Idaho as well as other universities in the state and with Washington State University located eight miles from Moscow, Idaho.

Organizational Structure

The CDHD is administered through the College of Education at the University of Idaho and has been in operation for 29 years. The director of the CDHD reports to the College of Education Dean. Our FY 2016 budget was \$7,623,291, of which \$7,077,372 was leveraged. The funds available through the Administration on Intellectual and Developmental Disabilities provide the infrastructure for the operation of the CDHD (see Budget and Budget Justification). During FY 2016 our workforce consisted of 25 long-term and 23 short-term trainees, 60 faculty and staff and two affiliate faculty: one from the College of Education, Department of Curriculum and Instruction, and one from Psychology. The CDHD continues to have a presence across the state of Idaho through four regional assistive technology centers and seven regional child care resource centers. Our main office is in Moscow, Idaho on the University of Idaho Campus; our satellite office is in Boise. Refer to *Appendix A* for a map of Idaho and our locations.

The organizational chart for the CDHD and its relationship to the college and university is located in *Appendix H*. The chart identifies: 1) the *Executive Leadership Team*, which includes the director, an associate director, and four core function directors; 2) the *Business Team* comprised of a team coordinator and contract manager, fiscal manager, personnel manager, the interdisciplinary coordinator, dissemination coordinator, representatives from projects, and support staff; and 3) key project staff.

The CDHD executive leadership team, meets monthly to review ongoing maintenance and modifications of programs according for goals, objectives, and outcomes described in the five-year work plan, and to review evaluation data, discuss areas of concern, new or emerging partnerships and opportunities, and to review budget expenditures and protocol. The business team, assures that we comply with university, state, and federal policy guidelines and that budget expenditures are in-line with budgeted projections. The business team along with UI Human Resources assures that we comply *with affirmative action policy* when recruiting new staff, faculty, and students. Qualified candidates with disabilities and/or from underrepresented groups are a priority for our Center.

The director of the CDHD sits on the College of Education Leadership Team, the Graduate Research Program committee, and the University of Idaho's Institutional Review Board. Other faculty

and staff maintain seats in other governance committees across the University. This past year Cari Murphy, the Director of Research and Evaluation served on the search committee for the Dean of the College of Education.

The CDHD is recognized by the university and state as an independent interdisciplinary research, education, and service unit with four core function areas as specified in the DD Act of 2000. Please refer to the agreement signed by the Director of CDHD, the Dean of the College of Education, the Provost, the Vice President of Research and Economic Development, and the President of the University of Idaho that outlines our relationship and independence (located after appendices in attachment).

The University of Idaho maintains fiscal responsibility for all grants and contracts. Our budget expenditures are monitored by the Office of Sponsored Programs (OSP) for compliance with all state and federal regulations. The university maintains multiple structures that safeguard against activities that are not warranted by university, state, and federal policies. The university as well as our business office maintain fiscal records that adhere to generally accepted accounting principles (GAAP). The university maintains an internal audit office and contracts for outside audit oversight. All audit activities are conducted with oversight by Certified Public Accountants or Licensed Public Accountants. Personnel policies are maintained by Human Resources at the university. The CDHD complies with all human resources standards, including recruitment and retention activities.

Qualifications of Core Funded Staff. Key employees at the CDHD include the director, Julie Fodor, Ph.D. an associate director, Robin Greenfield, Ph.D. who is also the director of Information Dissemination; and three additional core function directors: 1) Interdisciplinary Training and Direct Services, Gwen Mitchell, Ph.D.; 2) Research, Evaluation and NIRS, Cari Murphy, Ph.D.; and 3) Community Training and Technical Assistance, Janice Carson, E.D. Each core function director has a clinical faculty appointment in the college of education. All four directors teach courses within the college, for professional development credit, and across colleges as guest lectures or as adjunct faculty. Each core function director leverages funds through grant writing and contract development. They also maintain scholarship through peer-reviewed presentations and publications. Finally, all four core function

directors are recognized leaders in their unique fields of study, and as such, guide other center project staff to integrate CDHD activities across core function areas. See *Appendix I* for a condensed vitae for each director. Other key staff include: the interdisciplinary training coordinator, Olivia Lebens. Ms. Lebens works with Dr. Mitchell to oversee the interdisciplinary undergraduate training program and maintains appropriate GPRA required records for all student trainees. She has served in this role for five years and has been part of our key staff for over 15 years. She also assists with coordination of NIRS activities. Barbara Broyles is the business team coordinator and oversees all contract work at the CDHD in compliance with university, state and federal guidelines. She has served in this role three years and has been a member of our key staff for over 15 years. We are currently recruiting for a dissemination, advocacy and CAC coordinator, as well as a diversity coordinator. Ann Parks provides fiscal management and has done so for 28 years. Ann works closely with the Office of Sponsored Programs, Accounts Payable, and other financial oversight offices at the university. Yvonne Wright is the personnel manager and safety coordinator for the Center who has served in that role for over 15 years. She is our main liaison with the UI Human Resources office and adheres to all regulatory policies set forth by the state and federal government. We maintain two web designers, Karen Loeffelman who oversees all web design functions and Chris Zaur who provides the Center's technical support as well as web design and maintenance. All staff positions are filled using the university affirmative action guidelines. Our personnel maintain appropriate academic credentials and each have the experience to carry out their designated roles at the CDHD and the University of Idaho. During team meetings and through annual evaluations, the executive team reviews priority areas and responsibilities of core-supported employees. Occasionally, when through review it is discovered that key personnel are over committed, **FTE are adjusted** to assure that each member of our core staff has adequate time to carry out activities as specified.

Director qualifications. Dr. Julie Fodor, Director of the CDHD, is an associate professor in the College of Education at the University of Idaho and reports directly to the Dean of the College of Education. She received her Ph.D. from Utah State University in Early Childhood Special Education in

1993. Dr. Fodor has extensive experience working with children, youth, and adults with disabilities, parents and other family members, providers, agency personnel, administrators, and other faculty. She has been a teacher, researcher, and advocate in the field for over 35 years. Dr. Fodor has served as the director of the CDHD since 2001 and previously as the associate director since 1994. Over the past five years Dr. Fodor and her team at the CDHD has **leveraged over** \$33,000,000 from core funds, to meet the expressed needs and priorities within the state and nation. Dr. Fodor participates as a full faculty member within both the College of Education and the university. She maintains an active pool of graduate students and courses. Dr. Fodor has provided leadership to the Center by overseeing all core functions as well as personnel and fiscal management. Dr. Fodor is well connected in the state and promotes advocacy through partnership. Dr. Fodor has crafted numerous grants, contracts and projects and continues to work with key state partners to meet ongoing and emerging needs.

Methods for Recruiting Staff

The CDHD actively recruits employees who are traditionally underrepresented including minorities and people with disabilities. We have a long record of being proactive in hiring persons with disabilities. A survey of our staff indicates that according to ADA guidelines, 15.5% are persons with a disability, and 9% are parents of a person with a disability. Further, 65% of our Community Advisory Committee members are either persons with disabilities or parents of a person with a disability.

The CDHD traditionally employs staff or supports trainees from culturally and linguistically diverse backgrounds such as Ecuador, Germany, Columbia, Senegal, Mexico, Croatia, Taiwan, and India. For all unfilled positions, the CDHD is committed to actively recruiting people from underrepresented groups (minorities and disabilities). A condensed copy of the University of Idaho's affirmative action and equal employment opportunity hiring policy can be found at the University of Idaho's website, <http://www.uidaho.edu/ocri/policy-procedure> Inquiries may be directed to the Director of the Office of Civil Rights & Investigations, 875 Perimeter Drive, MS 3160, Moscow, ID 83844-3160; 208.885.4285 (voice) or ocri@uidaho.edu or <http://www.uidaho.edu/ocri>.

Recruiting and accommodating people with disabilities is a primary goal of the CDHD so we also use the following procedures in our recruitment efforts: 1) A file of organizations that may refer candidates with disabilities is maintained and updated regularly; 2) job announcements for positions at the CDHD and internships are circulated to these organization; 3) through national activities, faculty and staff identify potential students and staff who have disabilities and personally encourage their applications; 4) when a candidate with a disability or from a minority group is identified by the selection committee as the recommended candidate, aggressive recruitment and encouragement efforts are pursued; and 5) when needed, special accommodations are made (i.e., time flexibility, office accommodation, access to technology, personal assistance).

The CDHD Community Advisory Committee

The CDHD Community Advisory Committee (CAC), maintains seats for up to 15 people; currently 13 individuals participate (4 self-advocates, 3 parents, the Director of Disability Rights Idaho, the Director of the Idaho DD Council, the Director of the Idaho Division of Vocational Rehabilitation, Director of the State Independent Living Council, and a Coordinator from the Idaho Parents Unlimited, and a private provider). Two of the five self-advocates represent the Idaho Self Advocacy Leadership Network (SALN), supported by a grant through the Idaho DD Council and through CDHD and DRI staff involvement. See *Appendix J* for a complete roster of the CDHD Community Advisory Committee. Recruitment efforts are in process to fill one self-advocate and one family member seat that were recently vacated.

The CAC is guided by its own bylaws located on the CDHD website at <http://www.idahocdh.org/AboutUs/CommunityAdvisoryCommittee.aspx>. The CAC meets three times per year. Because the state is large and travel from one end of the state to the other is expensive and arduous, one meeting per year is held via compressed video. A staff member supports the activities of the CAC and meets with the chairs monthly to review ongoing activities. Email communication in between meetings with all CAC members occurs monthly.

The primary role of the CAC is to: 1) assist in the development of five-year goals; 2) provide ongoing feedback related to activities associated with the goals; 3) assist in the development of the mission and vision of the Center; 4) provide input into the design of courses, interdisciplinary activities, and products; and 5) review outcome data and provide suggestions for change across all activities, as necessary. See *Appendix G* for Letters of Commitment from our CAC Co-chairs.

Coordination and Collaboration with DD Act Partners

The Idaho DD Network funded through the Administration on Intellectual Disabilities continues to work in close collaboration and coordination with one another. The executive directors of the Idaho DD Council and DRI are active participants on the Center's CAC, and all three directors are represented on the DD Council. All three organizations are represented on the Consortium for Idahoans with Disabilities (CID), a body that represents 30 organizations and advocacy groups who support policy initiatives related to the independence, integration, inclusion, and productivity of people with disabilities and their families. As evidenced in our five-year plan, all three organizations work closely together and have established a joint goal related to the development of community policy coalitions. Further, we have jointly applied to participate in the Disparity Leadership Training and are poised to increase the cultural, racial and linguistic competency of our staff, community members and students. Refer to *Appendix G* for letters of commitment and collaboration from each executive director, Jim Baugh and Christine Pisani.

**CDHD FIVE YEAR WORK PLAN
FY2018-FY2023**

GOAL 1. Enhance university-based education across disciplines on diversity, integration, human rights, accessibility, evidenced based practices, policy and leadership.				
Core Function: Interdisciplinary Pre-service Preparation and Continuing Education				
Area of Emphasis: Education and Early Intervention, Child Care, Health, Employment, Quality Assurance, Other- Assistive Technology and Recreation				
Type of Activity: Capacity Building				
Objectives	Key Tasks	Personnel	Timelines	Partners
Objective 1.1. To increase the number of students from minority or underrepresented groups, recruit up to five students annually from diverse backgrounds to participate in undergraduate and graduate programs offered through the CDHD and URLEND. <i>CAC focus on diversity, Overriding Principles</i>	<ol style="list-style-type: none"> 1. Recruit students through partners at the UI and through state, national, and international relationships. 2. Recruit a coordinator for diversity to assist with on-going recruitment and retention efforts of students from minority backgrounds. 	<p>Mitchell Lebens</p> <p>Fodor, Wright</p>	<p>Quarterly</p> <p>1st quarter FY18</p>	<p>University of Idaho Tribal and Hispanic Liaison and International offices, DD Council, International Partners, CAC,</p>
Objective 1.2. Incorporate up to 10 inclusive community and university activities annually into undergraduate and graduate training programs that support all people with disabilities and their families to engage in the arts, recreation, leadership, and policy. <i>Survey Q1, Interdisciplinary Training, Q18 Direct Services and Demonstration</i>	<ol style="list-style-type: none"> 1. Identify activities at the university, local community, across the state and with international partners. 2. Create a calendar of potential activities for students at each level. 3. Assess outcomes of student engagement through social validity interviews and questionnaires with students, constituents, and partners. 4. Revise activity plan annually. 	<p>Lebens, Diversity Coordinator</p> <p>Lebens</p> <p>Murphy</p> <p>Lebens, Diversity Coordinator</p>	<p>Annually</p> <p>Quarterly</p> <p>Annually</p> <p>Annually</p>	<p>UI partners, Idaho Self-Advocacy Network (SALN), DD Council, Disability Rights Idaho, Parents Unlimited (IPUL), SILC, VR, International Partners, CAC</p>

Goal 1. continued				
Objectives	Key Tasks	Personnel	Timelines	Partners
<p>Objective 1.3. Imbed content delivered to undergraduate and graduate students related to disabilities on diversity, integration, human rights, and accessibility through assistive technology and universal design in 10 university courses and training offerings for at least 20 students annually. <i>CAC focus on Diversity, Q13, Direct Services, Q2, Interdisciplinary Training</i></p>	<p>1. Create curriculum plans with imbedded content for the CDHD undergraduate trainee program, the masters and doctoral degree programs. 2. Curriculum plans are approved through appropriate UI faculty and committees. 3. Curriculum is implemented 4. Assess student outcomes through knowledge, disposition, and satisfaction questionnaires. 5. Revise curriculum plans annually.</p>	<p>Mitchell, Carson Lebens</p>	1 st qr. Yr. 1	<p>CAC, University of Idaho Faculty Native American and Hispanic Liaison office, UI International office</p>
		<p>Fodor Mitchell All Faculty All Faculty</p>	<p>2nd qr. Yr. 1 3rd -4th qr. Yr. 1 On-going</p>	
		<p>Mitchell, Carson Lebens</p>	<p>Annually Yrs. 1-5</p>	
<p>Objective 1.4. Provide continuing education through credit-baring training on evidenced-based practices that promote diversity, integration, human rights, and accessibility through assistive technology and universal design to 150 people annually. <i>Survey Q2, 5, 6, Interdisciplinary Training; Q13, Direct Services.</i></p>	<p>1. Survey all continuing education course syllabi offered through the CDHD and embed changes necessary to comply with the objective 1.4 as fits the content area. 2. Assess continuing education students through knowledge, disposition, and satisfaction questionnaires 3. Revise continuing education course offerings based on annual assessment outcomes.</p>	<p>Carson, Diversity Coordinator Project Directors</p>	1 st -4 th qrs. Each Yrs. 1-5	<p>CAC, State Partners specific to content area: i.e., ISDE, ICCP, VR,DD Council, SALN, SILC, Disability Rights Idaho, IPUL,</p>
		<p>Murphy, Project Directors</p>	1 st -4 th qrs. Each Yrs. 1-5	
		<p>Project Directors</p>	1 st -4 th qrs. Each Yrs. 1-5	

GOAL 2: Promote, design, and implement quality community training, supports and services that benefit targeted populations and those with unmet or under-met needs.				
Core Function: Community Supports Training and Technical Assistance, Direct Services and Demonstration				
Area of Emphasis: Education and Early Intervention, Child Care, Health, Employment, Quality Assurance, Other- Assistive Technology and Recreation				
Type of Activity: Capacity Building				
Objectives	Key Tasks	Personnel	Timelines	Partners
Objective 2.1. To increase the number of early care and education providers prepared to create quality inclusive learning environments that meet the needs of children across ability and diversity groups, provide accessible training and technical assistance to 5,000 people annually. <i>Q 17, 19 Direct Services Early Childhood Workforce Study, EC3 recommendations</i>	1. With state partners, review early childhood education and training plans and imbed content related to inclusion, evidenced-based practices, and diversity.	Fodor, Guier Carson, Ragan	Yr. 1	Idaho Consortium on Professional Development of Early Childhood Professionals, Idaho Child Care Program Advisory Committee, Idaho’s ECPC, Infant Toddlers Program Committee, AIM Idaho, Department of HW-Child Care Program, ISDE Early Childhood Coordinator, Idaho Association for the Education of Young Children
	2. Review technical assistance provided to Idaho’s early childhood care and education providers for adherence to driving principles.	Guier, Crist, Ingalls, Tracy, Diversity Coord.	Yr. 1	
	3. Provide CDHD staff, other trainers and coaches with explicit training on evidence-based practices for inclusive care and education, across disability groups, and diversity.	Ragan, Crist, Ingalls, Tracy, Diversity Coord.	Yrs. 1-5	
	4. Assess knowledge and disposition of CDHD staff, other trainers and coaches related to driving principles.	Murphy, Guier, Fodor, Ragan	Yrs. 1-5	
	5. Assess training and technical assistance activities for (a) content adherence to the driving principles; (b) participants’ knowledge, dispositions, and satisfaction; and (c) evidence of change in practices.	Murphy, Guier, Fodor, Ragan	Yrs. 1-5	

Goal 2. continued				
Objectives	Key Tasks	Personnel	Timelines	Partners
<p>Objective 2.2. To improve learning outcomes for school-age students across Idaho, provide accessible training and technical assistance to 500 people annually on areas of identified need. <i>Q, 5, 6 Interdisciplinary Training, Q 7, Training and Technical Assistance, Q19, Direct Services, ISDE needs assessment.</i></p>	1. Conduct an annual assessment of training and technical needs of school personnel, parents, and private providers working in school settings.	Murphy	Yrs. 1-5	Boise State SESTA, ISDE, ISDE Advisory Committee, DD Council, CAC
	2. Create an annual training and technical assistance plan for school personnel, parents, and private providers working in school settings, on areas of defined need.	Fodor, Carson, Broyles	Yrs. 1-5	
	3. Assess outcomes on trainees and recipients of technical assistance on knowledge, dispositions, and outcomes on students.	Murphy	Yrs.1-5	
	4. Modify training and technical assistance annually based on assessment outcome data.	Fodor, Carson Broyles	Yrs. 1-5	
<p>Objective 2.3. To improve life outcomes for transition age students and young adults in all Idaho communities provide accessible training and technical assistance to at least 100 people annually on topics related to quality adult lives (employment, post-secondary education, community living, leadership, and recreation). <i>Q 12 Training and Technical Assistance; Q18, 19 Direct Service; HCBS study, Employment First Consortium recommendations.</i></p>	1. With state partners create a training and technical assistance plan for self-advocates, agency personnel, private providers, and parents to enhance the quality of transition age youth and adult lives across recognized areas of need.	Carson, Fodor	Yr.1 1 st qr.	SALN and other self-advocacy groups, CAC, Private Provider Agencies, DD Council Disability Rights Idaho, SILC, VR, Secondary Transition Task Force, Employment First Consortium
	2. Implement the training and technical assistance plan components that are associated with the CDHD and assist or monitor the implementation of those components related to other agency actions.	Carson, Fodor	Yr.1 2 nd -4th qr., Yrs. 2-5	
	3. Assess the knowledge, dispositions, and satisfaction of each training and technical assistance component. Track state outcomes for youth and adults on employment, post-secondary training, community living, leadership, and recreation.	Murphy, Carson	Yrs. 1-5	
	4. Modify training and technical assistance plans based on assessment data.	Carson, Fodor	Yrs. 1-5	

Goal 2. continued				
Objectives	Key Tasks	Personnel	Timelines	Partners
<p>Objective 2.4. To improve outcomes for young children, youth, and adults provide direct community and clinic-based services to 200 people annually. <i>Q15, 16 Direct Service, State Work Group recommendations</i></p>	<p>1. Provide direct community services to children, youth, and adult with disabilities or who are at risk and family members in areas directly influenced by CDHD projects (e.g., assessment and implementation of evidenced based practices regarding access to learning, health, wellness and safety, personnel financing, communication, and behavior and access to education, employment, recreation, and community activities).</p>	<p>Mitchell, Carson, Greenfield, Fodor</p>	<p>Yrs.-1-5</p>	<p>Infant Toddler Program, IDHW, ISDE, VR, UI Movement Sciences and Family and Consumer Science Faculty Saint Luke’s Hospital; North West Behavioral Health</p>
	<p>2. Provide direct clinical assessments of children for diagnosis and intervention recommendations.</p>	<p>Mitchel, Lyons, Loukus</p>	<p>Yrs. 1-5</p>	
	<p>3. Provide intervention services with children diagnosed with ASD or other developmental disabilities and their families.</p>	<p>Mitchel, Lyons, Loukus</p>	<p>Yrs.-1-5</p>	
<p>GOAL 3. Impact policy through research, dissemination, and engagement with coalitions related to the expressed needs of state constituents and underserved populations.</p>				
<p>Core Function: Interdisciplinary Pre-service Preparation and Continuing Education Area of Emphasis: Education and Early Intervention, Child Care, Health, Employment, Quality Assurance, Other- Assistive Technology and Recreation</p>				
<p>Type of Activity: Systems Change, Advocacy</p>				

Objectives	Key Tasks	Personnel	Timelines	Partners
<p>Objective 3.1. In collaboration with the DD Council and Disability Rights Idaho, organize, support, and empower families, youth and adults with developmental disabilities to become effective advocates in public policy by building a policy coalition in at least one community annually. <i>Idaho DD Network Collaborative Goal: Statewide Policy Coalition</i></p>	<ol style="list-style-type: none"> 1. Identify a minimum of five adults per year with significant disabilities to learn of their interest in becoming a core member on the statewide policy coalition. 2. Support the participation of a minimum of two individuals in coalition activities annually. 3. Provide funding for travel and cultural competence training. 4. Provide a narrated slow paced plain language video on “How to Find Information on the Idaho Legislative Website” 	<p>Tierney, Lebens</p> <p>Tierney, Lebens</p> <p>Fodor</p> <p>Murphy, Carson, Tierney</p>	<p>Yrs. 1-4</p> <p>Yrs. 1-5</p> <p>Yrs. 1-5</p> <p>Yr. 1 1st qr.</p>	<p>DD Council Disability Rights Idaho, CID, CAC, SALN, Other advocacy groups</p>
<p>Objective 3.2. Impact policy related to disabilities, people at risk and from under or unrepresented groups across the age span through participation on at least 20 local, state, national, and university committees annually. <i>Informal needs assessment of state through representation on state committees</i></p>	<ol style="list-style-type: none"> 1. Provide a list of committees, task force groups, and councils to CAC for approval and recommendations on additions or modifications. 2. Update list of policy partners. 3. Provide a written update on each partners work group for input by CAC through meeting minutes. 4. Assess impact on policy and write an annual report reflecting outcomes policy initiatives. 	<p>Tierney, Fodor</p> <p>Tierney</p> <p>Tierney, Fodor</p> <p>Tierney, Fodor</p>	<p>Yr. 1st. qr.</p> <p>Yr. 1st qr.</p> <p>Annually</p> <p>Annually</p>	<p>CAC University, Local State, and National Work Groups (See <i>Appendix B</i> for a list of all committees represented by the CDHD).</p>
<p>Objective 3.3. To impact policy and create evidence-based practices, conduct three to five information gathering, research, evaluation, or analysis projects annually in areas of identified need or as requested by state partners. <i>Q21-28, Research</i></p>	<ol style="list-style-type: none"> 1. Based on input from state partners, advocacy group including CAC, and other stakeholders create an annual plan of research, evaluation, or analysis projects with projected dates of completion. 2. Engage people with disabilities, family members, other stakeholders, and students in the research, evaluation process. 	<p>Fodor, Carson, Murphy, Greenfield, Mitchell</p> <p>Fodor and others as relevant</p>	<p>Annually, 1st. qr.</p> <p>Quarterly, Yrs. 1-5, as needed</p>	<p>CAC, DD Council Disability Rights Idaho, CID, ISDE, IDHW, VR, SILC, SALN and other advocacy groups</p>

Goal 3. continued				
Objectives	Key Tasks	Personnel	Timelines	Partners
	3. Create products for dissemination that are reviewed and revised with input from relevant stakeholders.	Project Personnel, Tierney	Yrs. 1-5 on-going	
Objective 3.4. Annually, at least fifty percent of all information, products, research findings, social media, and websites created through the CDHD will be disseminated in accessible formats, including translation into at least one language other than English. <i>Training and Technical Assistance Q7, Q8, Q10; Direction Services Q19</i>	1. Create a compendium of all products produced through the CDHD.	Tierney, Loeffelman	Yr. 1 1 st qr.	CAC
	2. Assess all products for accessibility.	Tierney, Loeffelman,	Yr. 1	
	3. Create a priority list and associated time-lines for products that will be made accessible according to national standards.	Tierney, Loeffelman	Yr. 1	
	4. Create a priority list and associated time lines of products to be translated into languages other than English.	Fodor, Murphy, Greenfield, Mitchell, Carson	Yr.1	
	5. Update the compendium and priority accessibility and translation projects quarterly.	Tierney	Quarterly, Yrs.2-5	
	5. Collect data on number and type of products disseminated to which populations and the extent to which they were in accessible formats and translated to other languages. Review annually with CAC.	Murphy, Tierney	Annually	