

2022 Virtual TA Institute

Breakout Room Notes

Session Number: 4

Breakout Room Title: Centers Attached to University Hospitals, Schools of Medicine, or Departments of Pediatrics

Facilitator: Elizabeth Laugeson

Attendees: Emily Lauer (Shiver Center), Rhonda Eppelsheimer (Oregon Health & Science), Marcia Moriarta, Alexis Deavenport-Saman, Bruce Keisling, Dana Fink (ACL), Derrick Willis, Jack Brandt (ACL)

Notetaker: Maureen

Notes:

- Melanie Fried-Oken: No one is looking at us because of the amount of funds, 8% is a challenge for infrastructure grant, competition with other departments makes it difficult to gain leverage, work on subcontracts with other UCEDDS
- Bruce – viewed positively for community outreach, challenge of clinical demands which contrast with goals of UCEDD, used turnover to do things differently and engage people who don't have preconceived notions about the culture, for example reached out to new provost via email who had a connection to disability, still some loss of institutional memory, use this time to find new relationships and get better at honing how you describe your center, make center more embedded instead of less sustaining, diversification is better, self-sufficiency could make the center vulnerable if it is since as alone; moved towards less FTE, use UCEDD grant to recruit and retain people from diverse backgrounds, relationship with Scottish Rights Masons that provide consistent funding
- Marcia - spend a lot of administrative time on clinical goals, outlined an MOU recently, about to announce endowed chair in human development and disability, do a lot of collaboration with other research-focused centers at the university which gives clinicians research exposure, need to cultivate more leadership and mentorship to continue, pandemic illuminated reason why others left, bc of status at university there was a limit to the grade of faculty, wrote in MOU to be supported to competitive hire non-faculty for UCEDD, visibility at state level helped, governor, has relationship to disability and has pressed institution to do better, combine soft and hard money, how to collaborate more and leverage role you play on behalf of institution, also wrote in MOU more flexibility on indirect \$\$-university has to work with them, seen as a resource to state more than university, \$\$ gives center the ability to expand program, American rescue plan has also been great, use DD act to guide administration, lawyers put DD act language in MOU, leveraged federal administration match dollars allow us to use state funds,



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extends and expand work and meets core functions

- Derrick – also center see them as community branch, LEND and recent IDDRRC, wrote IDDRRC grant to incorporate clinical demands, not much leadership change, flagship university, see center as entity to build capacity of other work in the university, allows center to respond to agencies, have 10 staff that are embedded to those agencies, be creative with partnership by using the core grant, leverage American restructure plan act stimulated activity but previously demonstrated how they can be relied on, hired 6 new transition specialist to help transition people into community living, right position right time;
- Rhonda – have state title v program, and a cdd grant, center is concerned about community advocacy and policy makers, work with university-level, connection to community is helpful bc the center appears as the experts, able to change policy at their hospitals, leverage strength and talents at center in terms of community advocacy, mix of faculty + staff, curious about how to make creative incentives, feel like limitation based on the grant, how to sustain without turnover? How to keep good people
- Alexis- a lot of turnover with coordinators, constant grant writing, no one on 100% time, a lot of collaborations, have clinical faculty do service, state and federal (majority) grants, LEND DBP, LEAH, partner with HRSA and MCHB
- Emily – independent from division but faculty are still housed in it , medical school is considered a state agency which leads to deep connections with state partners, add to trim time for faculty to pursue other opportunities bc of grant limitations
- Elizabeth Laugeson – provide more administrative support, more independent from child/psychiatric support, fan of foundation grants bc of less % of indirect



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