

AUCD-TA Institute-(T/TH)-(Ai-Live to Zoom) (USAUCD2303A)

Session 1- TA Institute Transcript

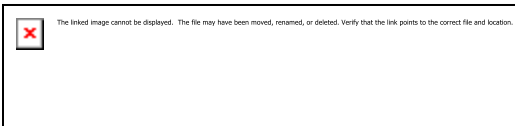
>> Good evening, or good afternoon or good morning, everyone who is joining us for the 2021 UCEDD technical assistance institute. I'm Sarah DeMaio, technical manager for technical assistance, at AUCD and I will be your EMCEE today and rest of the TA institute. On behalf of the youth resource center at AUCD welcome to this our second virtual TA Institute. For those who joined us last year, in our first virtual TA Institute we had a little more time this year to prepare for a virtual space and hope that you enjoy this year just as much as you did last year, or even more. We will be meeting in four sessions over the next two weeks. 4 to 6:00 p.m. Eastern Time on Tuesdays and Thursdays, the last half hour is generally going to be reserved for an optional networking space. That will be self-directed. Except for this coming Thursday where we will use the full two hours. We are joined today and will be joined this TA Institute by UCEDD Directors from every state and territory across 21 time zones representing the only national network focused on disability research education and service, you are the grantees funded to change state and local systems for the better. We are proud to bring you opportunities like this to share information experiences to inform networking problem solving brainstorming and visioning with your peers.

We are going to try to have as interactive virtual event as possible. We are going to kick off this institute with a virtual engagement tool called MENTOMETER. This tool allows to hear directly from you on a range of top topics throughout today and across the rest of the TA Institute. On your screen you will see a URL and an isRL access code alongside a QR code. Either will allow you to access a tool called MENTOMETER. I encourage you to use the phone if able to access this tool because that will allow you to watch both the zoom and participate virtually at the same time. Though it can be accessed through any browser. I apologize the QR code sent out in yesterday's email doesn't work, it requires a sign in but this on the screen now and that is in the Powerpoint which is currently on the TA Institute event page should work. The correct code does not have a little dinosaur implemented if you are trying to use the QR code. Witness you log into MENTOMETER you will be invited to share three words that for you describe this last year. We are going to put the access code in the chat box on zoom, if you need it. For those still I do nothing we will share that access code on screen but I will switch from the Powerpoint presentation to see if there are any responses and we are seeing quite a few words coming in to our word cloud interesting and perhaps not surprisingly surprisingly challenging is the overwhelming largest word for our experience of the last year.

It has been an exhausting challenging lonely year for all of us.

I'll give it a few more minutes.

A little more time as people are still joining. I encourage you to look at the variety of experiences people have had this year. There are some positive words in there, successful, creative, strengthening but also unexpected and scary. Draining and disorganized. Hair rowing. Eye opening. We are going to give a little more time as people add words in to share. And then I'm going to give 30 second count down for the last -- for people to add their thoughts. see growth. I see empowering, I see remote. Certainly a lot of remote we are experiencing that right now. Memorable. It was some said a buzz, they feel a whirlwind, disorganized, I see trauma. I really appreciate your honest openness and sharing. I want to acknowledge as we look at the screen how challenging the last year has been. That is the center word for a reason. The amount of suffering that people as individuals and as organizations and as communities that we have experienced has been staggering. We are going to take a moment to breathe and remember and honor those who have been lost. . . Thank you all for sharing. I appreciate your



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openness. And I hope we continue to see that level of engagement and honesty throughout the day. We're going to move forward together. To the next slide and our MENTOMETER experience we want to hear from you, your goals for the TA Institute. We have got 81 people join joining us from around the country. What would you like to get out of this experience? These are some topics that came up in our discussion with our planning committee members. There may be others. If you want to share another goal that is not listed here feel free to put that into the chat. I see some adjustments happen happening, people looking for lots of people looking for strategies and ideas it is -- it's very interesting to see different responses and different priorities coming into play.

I'm going to start our 30 second count down. We have half the people responded so I'm going to give a little more time. For people to add their thoughts and priorities.

We hope this event is filld with new ideas and strategies that can be put to use as soon as possible. We also have built in a significant amount of time for connection to peers and hope to facilitate those connections in a variety of ways.

I'm glad to see people are looking for encouragement and motivation from one another.

I'm certainly motivated by all of you. Looking forward to hearing a lot of the stories of success and hearing from our leaders about how they have navigated the rough waters that we have experienced this year, hearing the stories of strength, adaptability and creativity coming out of our network.

The next question we have for you is a little bit more specifically topical for today's TA Institute session. Today we will be specifically focusing on the response to the COVID-19 pandemic. We are inviting you to share what is one thing you have learned through responding to COVID-19 that you will use in the future? Feel free to enter a word, a phrase or whole sentence. You don't need to use the whole 250 characters but you are welcome to use as much or as little of that as you would like. I see grace.

Built in options, everyone need for support. support. How to create break out rooms in zoom and teams.

Patience, practical skills technical and adaptive solution we see here.

We can expand access far beyonds our center by going virtual. Assume good intent. Immediate the take care of yourself and your staff. Telehealth. That is topical. We will talk about that a little more later today.

Hybrid options. Workplace flexibility. There are multiple ways to reach people and we should use them all all.

Don't sweat the small stuff. Social connects are semi. How to continue services.

Continue to be mindful of the three Ws, wear mask, watch at this distance.

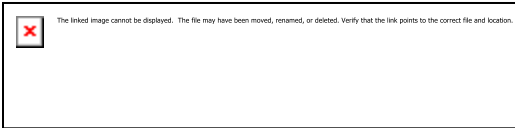
There are many ways to do things. Virtual access, open opportunities for people with disabilities often do not participate or have not participated in the past.

Saying no is okay. Flexibility. These are wonderful. Thank you all for sharing we are capturing these and will share out as part of the event archive. I am going to start our count down timers to move on but appreciate all your contributions.

Need take time no matter what to treat with dignity and respect. Our UCEDD has as I mazing agility. Keep the good, carry forward for the future. A lot of patient, a lot of patients this year.

Dogs love zoom. I think I'm going to end on that one.

Thank you again for participating in our MENTOME TERS. I'm going to move forward. The next slide is a place for us to drop in questions for the Q&A section follow following the COVID response case example presentation. So this is MENTOMETER keep up in the background on your phone on your browser as we move forward so you can drop questions in as hay come to you. While you are hearing from your peers, about work they have been doing to respond to



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COVID-19. Questions may come to your mind and you may want to pop them in. You can also using this tool rate other people's questions, give thumbs up to questions that you think are high priority or particularly relevant to you.

I encourage you to come back to this tool throughout the event check in and to see whether there are questions that you want to add or questions that others have asked that you want to give thumbs up to. Take us back to Powerpoint. To get a little oriented to our virtual space. We are all ci customed custom all accustomed to being virtual but I wanted to point out the meeting materials are on the web page, it will continue to be updated, throughout the following two weeks. You will be emailed sources directly as they are relevant in the days before each session.

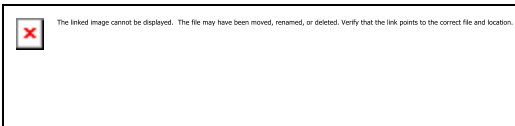
Going to walk quickly lieu high level agenda for the whole two weeks. The planning committee wanted us to focus this year on what they describe as the big three issues facing every UCEDD in this current time.

COVID is it calls for racial justice and the economic call fall out from the pandemic. So we are going to be focusing one whole day on each of these topics and in the last session will be focused on discussing some of the cross cutting issues. Also in the last day we will have an opportunity to have a chance to hear from new commissioner of the administration on disabilities, McCoy Mcdeed and a representative from OIDD. They would like questions in advance so if you have questions for commissioner email them to me by close of business on Tuesday March 30th. A week from today.

This meeting is being recorded and will be available in archive and follow-up to the event. I know we have all been living on zoom over the last year so I'm not going to bore you with the navigational tutorial or a lecture on et etiquette but want to encourage you to share your video as much as upon possible and when and when we are sharing screen and you don't have your face up, if your video turned on others can see you so be aware of that. We also ask you the keep your audio muted, if you are not actively contributing to the discussion. discussion. If your line is disruptive you'll be muted by URC staff. If you have any questions about navigating the virtual space we have staff on hand, I encourage you to message ANNIKAH or Katie Johnson from AUCD, they are available to assist. We have trimmed the agenda as tightly as possible so that we can minimize the amount of time that you are sitting in front of a computer screen. So take whatever breaks are necessary for you to address your needs. There are no breaks built in to the agenda. We have several virtual engagement tools that have been set up for the event. You have already experienced MENTIMETER we'll return to later today and later in the institute. On Thursday we will be using jam board to organize break break-out discussions on racial justice. The jam board is new to you, our staff created resources, practice board and short four minute tutorial we encourage you to familiarize yourself with before the start of the Thursday session.

Finally a shared Google doc will be available for collaborative note taking throughout the entire TA institute all four days. So you are woal come to join in that shared virtual space to document resources ideas strategies or connections as desired. We have done our best to make this event engaging and accessible for all. If you have additional accessibility needs that have not been communicated to our staff feel free to email our message the ORC staff you can access to close captions for today's event by selecting option on your zoom control panel. Also want to take a moment to thank our planning committee members, each and every one of the people on your screen have contributed significant amount of time to inform us about the pry wror the l the priorityies of the UCEDD network. Phenomenal work to work with, great idea ideas and significant cam compassion.

Thanks to them all. Specifically Katie John Johnson who facilitated the planning meetings and



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put together the event agenda, masterfully incorporating a multi multitude of ideas into a relevant timely agenda. We also want to take a moment to acknowledge and thank Amy sharp for her years of dedication leadership and service. Amy retired this month from the Texas center for disability studies University of Texas Austin. She will be missed and we wish her well. Sandy is the new Director MAGANA at the Texas center for disability studies. I encourage you to reach tout out to sandy and support her and her transition. Sandy has been in the network many years and brings a wide range of experience expertise to other her role.

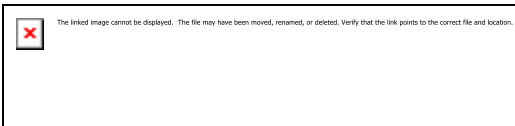
She will undoubtedly continue to be a tremendous asset to the UCEDD network. Welcome, sandy.

Last we have arrived at today's agenda. I have just wrapped up our welcome and introductions section and now we will transition into a section focused on the topic of the day, series of three reflective case examples from the network. Five minute presentations we will hear network leaders share the lessons they have learned in responding to the COVID-19 pandemic and how they plan to as many of you indicated in your MENTIMETER responses leverage those lessons learned into sustainable changes so systems comport for people with disabilities in their states. Following the case examples we will have a brief period of Q&A so please remember to continue to add questions to the MENTIMETER on your phone or browser. Following the Q&A we'll have time for individual self-reflection about your individual responses to the COVID-19 pandemic using a SWOC or strength weaknesses opportunities and challenges tool that you can share during break-out discussions following the self-renext. The day will close with a few short presentations from AUCD staff about opportunities to ebb engage with ongoing projects relate totted COVID-19 response. Those staff and others will be available for office hours curt final half hour of the day which will be an optional networking period. We hope that you find today to be both engaging and in informative and filled with the strategies and new ideas that you are looking for. So yesterday in our event materials we shared with you a report published by AUCD entitled the COVID-19 pandemic and people with dis disabilities, primary concerns AUCD network response and the needs for the future. This report summarizes efforts made by AUCD and the AUCD network to track and respond to the needs within the disability community related to COVID-19 response. This report identifies a significant needs within the systems -- this report identifies significant needs within the systems for home and community based services or HCBS, education, civil rights, healthcare access, and information and resource development for people with disabilities.

The case examples shared today will demonstrate some of the progress made in three of those high need areas. Around telehealth and the use of ECHO for systems improvement, around development of social stories for information dissemination, and advocacy and transformation of HCBA. First sandy and Canyon from the Wyoming institute for disabilities will share continuity of care as the use of ECHO and telehealth to improve out outcomes.

Sandy root Elledge is executive Director Wyoming institute or disabilities also known as WID. Also Director of University of Wyomingk co-and Wyoming assistant technology resources, the state assistive technology Ed program. UW ECHO, the Wyoming family, the family health information center and the Wyoming accessibility center. Canyon Hardesty is Director of community education and training at WININD and Director of Wyoming telehealth network and current role Canyon also leads the adaptation of the ECHO model to education, and national training initiative focused on children impact impacted by opioids, substance use and related trauma called project scope.

Without further adieu I will hand the mic to sandy and andian and Canyon to share with you less lessons learned. Thank you, Sarah. And hello, everyone. Thanks to AUCD and TA Institute planning committee for inviting us to talk about our program. I just want to begin with a short

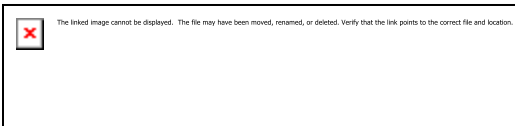


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introductions then I will turn it over to Canyon. Because this really has been her body of work for the last year and more. We began exploring the ECHO model in 2013 and then launched our first network in 2014 and became a super hub which means responsible for training providing training and the replication of the model. Just a couple of years later so we have been on zoom for a number of years. And Canyon integrated a contract from Wyoming department of health for our state tele telehealth network. So she has been doing this again for several years and in some ways probably like most of you we were sort of well prepared to address COVID. We were already working in this space, we were already statewide, and we were able to leverage what we had in place but really intensify it. So we were able to use both programs immediately and impactfully to address COVID. Canyon, I would like to turn it back over to you you.

>> Welcome everybody, hello. Thank you for having me. Some of you I think unfortunately heard my voice quite a bit because of collaboration across project scope and other opportunities. But as sandy mention I think for us we really did feel well-positioned to respond to this because we both had used ECHO as well as telehealth a across the state. One of the things I think for us is that COVID actually provided an opportunity for UCEDD work, research and applied health sciences to really flow to the table. People started to look to our University center as somebody who could help facilitate this work who could give individuals technical assistance on providing telehealth but in an accessible way. We have really tried to leverage our past work with response to COVID but people really looked to us as hay probably did in your state as well. If you go to the next slide. What I did try to do and everybody here is familiar but to make a distinction between what tele telehealth telemedicine telepractice is, versus what ECHO is and I think that's something we had to in responding to COVID make sure we are clear about. There's one direction from the telehealth side on the left-hand side, that we are really trying to make individuals aware of what direct service delivery was and Wyoming we have different direct service delivery options but to get people to think about what one on one telehealth services was. I will say from our response, again we support the state wide telehealth network we were able to get 2500 healthcare providers across the state of Wyoming which is really significant for us, on to telehealth licenses to be able to provide services over the course of I think two and a half weeks. But in response to that we had to also do some education technical assistance. So I think that's where this ECHO piece falls into. And this continuity of care. This slides breaks those down, it was something we felt like we had to do across our state and actually across collaborations, makes a distinction between which was which. Go to next slide. I will say one of the things that I feel like we have responded with COVID and really learned is that we really did use to operate as far as programs so our program on opioid use, or our program on assistive technology but we changed our thinking with regarded to virtual environment about what are we trying to do. Are we trying to deliver direct service. service. Regard Regardless what that service is. Are we talking about consultation and guided practice? And moving into this virtual environment for us and really having this good connection with the state, allowed us to be able to put individuals into buckets and reduce some of those programmatic silos by asking the question what are we tryinging to do. Are we trying to do guided practice.

We trying to do guided practice related to COVID test testing in schools what does that look like, what is the bet modality and which to do that. Then I will go to the last slide for us lessons learned of courser were about collaborations within our state. I was impressed to see as we launched ECHO communities the collaboration with UCEDD networks. We utilized ECHO and telehealth to transition and provide more clinical opportunities for our lend and UCEDD trainees to integrate both into watch watching telehealth visits as well as participating in ECHO and provideing case presentations, things I think that we had done an okay job about before but



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definitely will exponentially see that as an opportunity to continue before. Our University was looking for again opportunities for training of those preservice professionals, again good relationships we had there. But with utilizing telehealth and ECHO that was really a way to be responsive and say to our Universityies hey we have a platform, we are already doing this work in community using this modality. Come join the party.

Again when I say integrating into existing pro projects, it goes back to the last slide, thinking about where assistive technology project or the family to family project or all which things we are very proud of but from our perspective what we are trying to achieve and how do those fit in and meld. Families that are receiving direct telehealth services we helped support that. Family also made support and advocacy so we have a UW ECHO that runs to support family members so think thinking more holistically what are we trying to achieve and how are we trying to deliver that practice using these pieces.

I know Dr. Mood Moody, Director of research and evaluation is on the call but I think one of the additional things utilizing telehealth and ECHO is we have just seen substantial cross network research. I would say thank you to all the UCEDD on the call who are participating in several ECHO evaluations as well as our implementation of telehealth. Studies changes in practice, but would say from our perspective the pandemic actually again amplified our ability to do that cross network research and collaboration. We can talk more about that but I think I'm at my five minutes. Pretty broad overview but if there's any questions, about more specifics or maybe about our project go project ECHO for supporting children as opioid epidemic we currently six more UCEDD lenses to participate in, please ask them.

Or fill out the application online. Thanks, Canyon.

Please feel free to reach out to me or to Canyon as well well.

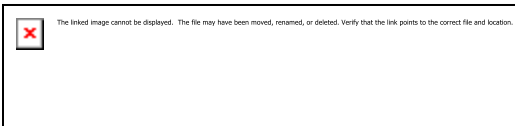
Sarah, turn it back to you.

>> Thank you, both, sandy an Canyon.

Following that very informative presentation from Wyoming I first of all want to encourage people to add any questions they have to the MENTIMETER or vote for people's questions who have been already submitted. I also want to introduce Colleen McLaughlin who will share her experience developing social stories to engage the disability community and information dissemination during the COVID-19 pandemic. Colleen is associate Director of the Boggs Center developmental disabilities in New Jersey. Ms. McLaughlin is responsible for coordinating UCEDD related functions and directs the centers disability policy and community training and technical assistance initiative. Without further adieu I will turn it to Colleen.

>> Thanks, Sarah. Hi, everyone.

I think I have some slides. You can go to the second one. So as many of you know, that are familiar with our work at the Boggs Center we have a long standing history and developing a wide variety of dissemination materials that are really prioritize to meet informational needs of people with disabilities in their family. In the past some our products addressed such topic as Medicaid, community inclusion, employment and plethora of others and we really aim to build on this with some of our COVID-19 related materials. We continue to use some of our guiding work that uses the express needs of people with disabilities and families, through a variety of way ways both informal and formal. Including some feedback received from the training we conduct, meetings we attend, surveys that we send out as well as personal connection. I think one of the things that we learned throughout the pandemic was how valuable our existing opportunities are when it comes to identifying the needs needs. So we really tapped into a lot of those personal connections, existing opportunities that we already have in meetings and raining situations. One of the things we did throughout COVID is we hosted a series of regular town halls with our DDS partners so to stay abreast of current emerging needs of people with disabilities and families



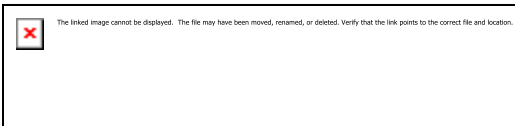
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and those are helpful in pinpointing some specific dissemination topics. We also continue to work closely with our state system leaders, to identify and address other informational needs. One of the things that was helpful was we participated in our division of developmental disabilities biweekly update webinars.

While we didn't present in these, the ability to listen in and really hear the question and answer portion was helpful in identifying what the community needed. So as we all know, throughout the various phases of pandemic there was a need to address numerous topics, we developed materials to address a variety of these, we addressed topic of grief and loss, managing boredom, managing a in home classroom, and those types of topics. But today we wanted to focus on the fact sheets and the accompanying social stories we developed to address mask wearing for adults and children, getting a flu shot, as well as getting a COVID-19 vaccine. Whenever we did this we really wanted to acknowledge the fact that we needed to have a consistent framework for both develop developing these materials and addressing relevant content. And the three main components we landed on was first what the disability community wanted to know about about, people with disabilities in their families, what were the potential myths that needed to be dispelled, and what was the instructional information from literature as well as state and Federal guidance. We use all of that information to really compile these fact sheets and then from the fact sheets we created accompanying social stories to help people with intellectual developmental disabilities really understand the process for each of these activities and what to expect throughout them. What you see here on the screen are some snap shots of some of those products that came from our work. If you want to go to the next slide. So couple of things that we learned in terms of development and feedback we got from these materials was that there's real value to having timely clear and concise information. We really distributed these materials and a just and time manner in a way people ask asking for them we rose to the equation and pulled things together. We made these available in English and Spanish. We wanted to make sure that all the fact sheets and social stories were linked to a theme or area of importance. So for instance when it came to the developing the flu shot material we tied it directly to COVID-19 and stress the importance of getting flu shot to prevent subsequent illness. In light of COVID-19 so people could really see the importance of getting it and then what we planned to do with this resource in particular is adapt it for a long time use so we can disseminate at a later time as well.

The other thing we learned is that things tend to be disseminated more widely when eye catching. And when the images have a similar look to help draw greater attention. We wanted similarity in the images in social story to draw greater connection between the sequence of events so people could clearly see it as a story and it was easier to convey to people especially when poor professionals or family members were using a tool to help guide people with disabilities.

We did a lot of work in terms of digging in to web-based resources, and programs to figure out which we thought would be the best for us to use for design. We didn't use an outside designer or anything like that, we found a low cost subscription to program called CANVA and that's what we decided was best for us, there were a variety out there. And we think that using this helped to design and prevent clarity in information that got the word out more for people. The other thing we did is we intentionally in the fact sheets we taught people how to use social stories. So they weren't just disseminated in a vacuum. We wanted to make sure that families and providers organizations knew they could use these social stories to help guide and instruct people with various tasks so we encourage people to use these social stories using multiple means either printing them and using hard copies or even value of using the social stories on screen devices they can go through one by one. So plenty of time for questions, I appreciate the



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opportunity to share these three re resources. We did include a link on the web page for you to go to to see them as well as some of our other COVID-19 related materials. Thank you all. Thank you, Colleen.

I am aware of the time so we want to leave time at the end so we're going to move to our last presentation, from Kelly Nye Lengerman, Kelly will share some strategies that have been used to transform the HCBS systems in New Hampshire, she's Director on disability at University of New Hampshire. Her work focused on making public policy and systems work for people with disabilities through research training technical assistance, and advocacy.

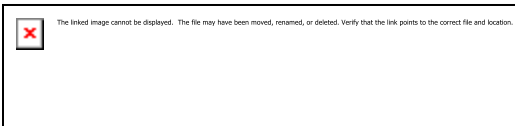
Kelly.

>> Hi, everyone. It is nice to see your little tiny faces if you have your cameras on. You can actually go to the next slide for me there. And it's a pleasure to share space with you we have long days an long weeks and lots of zoom time but I'm excited this is my first TA Institute ever and to be able to be part of it and be connected through different groups and activities, I'm very pleased to share space with you so I will spend a couple of minutes talking about some of the strategies that we have used at the institute on disability in New Hampshire to facilitate and strengthen the UCEDD and state partnership that we have. Now, we are all unique UCEDD organizations and the reality is, is our relationships with our state agencies can ebb and flow. What we really found in terms of what happened as a result of COVID is that it actually enhanced the trust respect and team work that we had for each other. And the reason that that happened more I think both intentionally an unintentionally because of COVID is that regardless of the fact that our states and our state systems are working to address the needs of people with disabilities in and their family, some of the transformation work for HCBS had to keep going and move ahead.

And where we were able to enter that space a little bit more intentionally was around serving as that subject matter expert and liaison for the State of new amp New Hampshire on behalf of the department of health and human services to CMS. So when you think about how our states often times again they are the conduit with CMS for transformation work, we were able to step into that role so the staffer that DHHS and our state were able to pivot and work on other COVID related activities and infrastructure they needed to for area agencies and for some of the other activities within our state related to emergency preparedness. So I start with this in the terms of what we do with that the at the core we had to not only strengthen but we had to balance that because of the pandemic we sit in a unique position where we are partners with our state agencies but we also have to look at the work with the critical lens. Yet the supportive lens. So the COVID experience for us really enhanced our ability to do that. But as a result I think long term will bring us to other things I will share in a moment. Next slide please. So we talk about what did we actually learn as part of the process. And this little figureNE here showcases we at the institute of disability and UCEDD balance these puzzle piece for the State. We were doing some of this work intentional intentionally well before COVID happened, what COVID did is sped up the process for us of saying here take this H HCBS transformation work and you take it and go. Because we have those trusted relationships we really were able to act at that conduit between transition teams, our advisory task force groups, CMS again being that liaison with CMS as well as touching all of the individual units within DHHS and our state, around compliance and monitoring for HCBCBS.

That said, what we really learned along the way, next slide please, actually.

Is what did we actually sort of do in addition to that? Is that we served to be able to develop the monitoring tools that the state needed to continue to have in work working with the area agencies and working with provider agencies around our state. So again, having that turned over, what it allowed for was to move beyond just the compliance aspects of transformation



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expectations that we have to build in more layers of quality monitoring. So that felt like a whim, it is a whim but it also really allowed us to push that envelope to say you can have compliance but you can also have quality along with that. Allowed us to be very intentional. It helped manage the language and the outputs that both state was pushing out to individuals who receive services, the language that was being pushed back out to DHS or partners within the state. So being able to help them frame that language and taking that leadership role really allowed us also to continue to frame HCBS transformation as an opportunity within our state. Z we were able to develop presentation on residency agreements and important tools in the process along the way being able to add that overlay of quality in addition to the compliance component. Next slide please.

Last but not least, these are just names on a page. But what does this mean post COVID and what is going to keep this going? First and foremost what it will keep going is our people. Rz it's a reminder that our staff, our faculty, our allies at colleges and our centers are really what make all this work happen and these opportunities that we had to sort of I wouldn't necessarily say accelerate answer formation but at least keep it moving forward. These were people that made it happen for our center and for our state.

I think we have also learned that we need to continue to empower our state to take a leadership role in transformation while we can do these during COVID in the end a responsibility does lie within the state. So we have to empower them, we also have to expect that they will take back this leadership role. We have to I think in that COVID space will be able to use the data we have collected and help assist the state making more data informed decisions about the services, the expenditures the compliance components, so I think that is a tremendous opportunity. In addition to that because of both the expectations around transformation and compliance we built in as part of our working relationship some electronic tracking and monitoring processes for the State and I think long term post COVID those will help us build out again that data informed decision making, that historically maybe our state struggled with more than others.

Make not more than maybe not more than others, many states are challenged by that. Last but not least I think what we will continue to take with us post COVID is that environment of saying we can still have -- we are still going to have transformation, we need to push forward on this, we can't stop because of COVID.

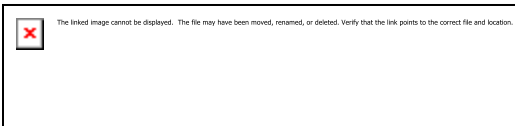
We maybe had to pivot a bit and reprioritize but we have to keep moving forward. But that in our pursuit of that compliance for HCBS transformation we can embed quality into that and quality monitoring that includes the voice voices experiences and priorities of people with disabilities and tear families so those are some key take aways. If I also wanted you to remember anything I would want you to remember that there were some wonderful folks at the IOD who also helped make that work possible. Thanks for the opportunity to share.

>> Thank you, Kelly. I will move the slide forward to Q&A slide. As I mentioned earlier we will be using MENT MENTIMETER for Q&A, and there is a QR code on the screen screen, a URL and access code you can use either of those to access browser or preferably on phone or mobile device, that will allow you to continue to engage zoom. While offering some questions and rating questions from others. I'm going to pop over to the MENTIMETER and see if we have questions that have come in.

Question about funding for ECHO initiatives. Couple of people thumbs up that, may have to click on a link that says enter the Q&A in order to see the options as you are entering questions you can sort them based on how recently those questions have been asked or how many thumbs up they received.

I see a bunch interested in answer to this question.

Sandy or Canyon, thoughts how to fund ECHO initiatives for sustainability. Thanks Sarah,



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Canyon may want to add in to this as well.

Initially we started funding our ECHO networks three assistive technology program because that was the topic we first addressed. We began to leverage contracts from the state to address various needs. Then if you do one or two networks you can rather inexpensively add another one so we continued funding that supports the ECHOs that we have now both through state clinical trials and state contracts and private foundation funding as well. In terms of sustaining them, it just depends on what the stated needs are and what we are able to leverage, I do use core funding to support certainly some of the data collection and behind the scenes ECHO work.

But we have been able to have consistent funding since 2014 to support our ECHO networks. Canyon, did you want to add to that? Kelly had a nice slide of all partnerships and people that made this possible.

And I think I could absolutely do the same piece. A lot of this cross program efforts are from the department of health, are collaborations with our governors council, our collaborations with our Department of Education, and again, are they content very specific, not necessarily in Wyoming we have been able to identify even individual modules or learning objectives within a larger series that are important to our funders so that it is consistent consistent targeting at capacity building but it is capacity building in a larger sense of capacity building.

Everybody here is good at breeding funding. Thank you, Canyon and sandy.

I'm going to just give another 20 seconds to see if we have any more questions come in. For either of the other presenters. Thanks for sharing your experiences and the lessons that you have learned in responding to COVID-19 in your states.

If we don't have any more questions, we will move ahead to the self-evaluation tool Katie Johnson from staff will be sharing with you, you should have a copy sent out in the materials yesterday but I will hand it over to Katie.

Now. Since it doesn't look like we have any more questions coming in. Thanks. Go ahead.

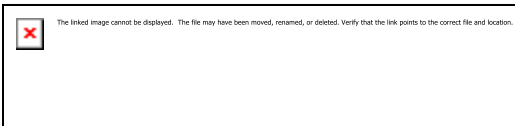
>> I was just going to say I will also add in the -- if questions do come up I'm sure Canyon and sandy and Kelly and Colleen will all be participating in the networking session and you can flag them down in the virtual hallway to ask more questions on a one on one basis. So let me get slide back up Katie. I'm a program specialist at AUCD. We are going to do a little self-reflection before we head into our break out rooms.

If you Jamie just put this document into the chat box. We are going to be doing what's called a SWOC analysis, strengths weaknesses opportunities and challenges analysis.

You may have heard of it called SWOC before, the same thing. SWOC basically gives us a picture of the situation we are in and drives us to find strategies how we might be able to strategically move forward. So essentially what you need to do is by using the link in the chat or by getting pen and paper, create four quadrant quadrant then think about UCEDD, strengths and weaknesses internal to your UCEDD, perhaps something you UCEDD does well, maybe resources that you don't quite have yet that might be an internal weakness. Then you will think externally some opportunities and challenges.

So for instance related to COVID, there have been some opportunities maybe opportunities for funding, opportunities to reach communities that we might not have been able to before. There were also challenges external to the UCEDD those might be challenges within the context of your University. Those might be challenges related to equity and how are we making sure everyone can access, some of the logistical challenges we have of COVID so that's the general idea.

We will just take a few moments to start jotting some ideas your strength -- your weaknesses your opportunities and your challenges.



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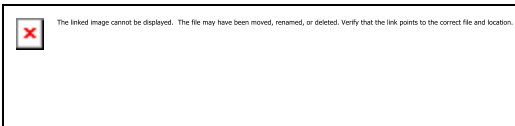
Then we'll move to break outs in one or two minutes. Take one more minute to get as many ideas as you can out there, then we'll move into the break out rooms.

>> I know that was not quite enough time for the whole analysis but I want to make sure we have time to talk in our break out rooms. What is going to happen next is you will be whisked away into one of six break out rooms and we will discuss these opportunities opportunities and challenges further. The conversations conversations will be organized the same as Director's meeting, what did you see, what did you do and what next. So thinking about those challenges and opportunities that COVID presented what did you see, what were those challenges and opportunities, what did you do? How did your UCEDD Mack Mackmize opportunities and overcome those challenges.

And then thinking forward what next, what systems do we hope we can maintain in life after COVID. Each room will have a facilitator and someone from the AUCD staff to take notes. We will come back to this room at 5:25. The captioner will be in room 1 and so if you are not in room 1 and you prefer room 1 stay in the plenary and Anna can add you to that room. Going to open the rooms and it should whisk you away.

>>Welcome back, everyone. Thank you. I had a wonderful discussion with my break out group. I think everyone is rolling back into the main session. So I'm going to move forward into our closing out the formal portion of today's agenda. As I mentioned, earlier we are going to have a couple of presentations from AUCD staff about current opportunities for UCEDD to enengage in national and regional initiatives as part of our COVID response and partnerships. Adrienne Griffin from AUCD public health team will offer you a taste of what is happening at the CTC funded prepare for all projects then Don Rudolph will preview an upcoming opportunity to engage with morehouse resiliency networks regional community coalitions. Both Adrienne and Don will be available during the self-directed networking session. That will immediately follow this closing. So they will be available to offer additional information so please hold your questions and you can approach them directly in the break out rooms rooms later. All right. Adrienne, do you want to share a little bit about prepared 4 ALL? Hi, everyone. Good to see you virtually. Hope you are doing well. Apologies for this being a busy slide.

I wanted to share the highlights with all of you just so you had it. So this is our emergency preparedness effort funded under our new technical assistance and training center on disability inclusion and emergency preparedness. Called prepared for all. Really what we are doing with this is looking to mobileize disability organization and their local networks. So local chapter chapter, local affiliates to connect with emergency preparedness and planning folks in the emergency realm and public health realm to create sustainable relationships, and trust over time to make sure that people with disabilities get a seat at the emergency planning table. So we are doing three things. We have a on line course called prepare for all community emergency planning. We are just wrapping our pilot test testing on that, that will be an online course we offer a generic certificate of completion that folks can then take to their own respective disciplines and apply for some CEUs. That's one thing we are doing. The other thing are month live town hall meetings where partners can come and really just talk through issues they are having UCEDD as open forum for problem solving and learn learning together so we have been doing these once a month and we would invite you and your local partners to join us the fourth Wednesday of the month, link to register is there. It is an open door policy, you can come for as much or as little as you like. And we do share lots of good resources and tools around this dis disability inclusion and emergency planning space.



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The third way to get involved is to join our disability inclusion coach program, this is an opportunity for trainees to learn how to build up their local networks between disability organizations and local emergency managers and clinical health centers. There a link there for more information as well. If you would like more information and you can't join us in your break out feel free to shoot an email ad prepared4ALL at AUCD.org. And we'll get back with more details. Thanks back to you, Sarah.

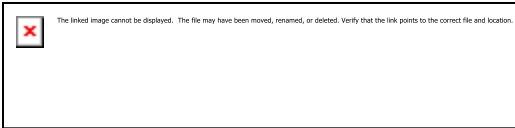
>> Just jumping right to me, looks like.

This is dawn Rudolph, hi, everybody. I wanted to give you a quick blush on this opportunity going to get announced tomorrow. There is very small amount of fund funding little stipend amount funding available for this this, I realize this is the final bullet point myologyies the national COVID-19 resiliency network AUCD is a strategic partner of that network with moreHOUSE School of Medicine. The network is intended to address wide range of healthcare needs related to COVID in disproportionately impacted communities. And disability is certainly one of those impacted communities. So we are pleased to be at the table there. They are building regional community coalitions that are trying to paint national partnerships down to grassroots level. And I did notice there are handful of network members already involved in regional community coalition, it is a great, great way to meet with other partners from these impact impacted communities and there are partners who have never partner with a disability organization and there are many other partners who we haven't partnered with, our disability networks maybe haven't necessarily partner with other groups involved so this is a focus intended opportunity -- intentional opportunity to build more partnerships in collaborative response. So tomorrow we will be announcing, they have regencies, these are regions according to regions of the HHS office of minority health uses, we are just wanting to offer a thousand dollars just to offset some administrative and personnel costs for folks to participate in these. They are quarterly meetings.

Not a huge amount of time but we really want to get dis disability at the table so we are offering dollar amount amounts if there's folks in your teams who are interested we would welcome their questions and very small two page application.

>> Thanks, dawn. Couple of final announcements, just before we close out today, I want to encourage people to take a look at the collaborative note taking documents the Google doc that I referenced earlier. I also encourage people again check out the how to video and practice jam board if you are not familiar with that tool because we will use it next session on Thursday. And as a heads up the questions that we will be discuss discussing when we come back together on Thursday in the session that is really focused on responding to the call calls for racial justice, are on the screen right now as an opportunity for you to put some thought and reflection into that before session on Thursday. How prepared do you and your -- do you and your UCEDD field to respond to calls for racial justice. What strategies have you tried to promote racial justice and how success successful were they? What can our,nanal network do to be leaders and promoting racial justice.

As promised we will start with optional networking time. This is we have a few preestablished rooms. If you want to imagine yourself in in a virtual hotel somewhere in Washington D.C. we are going to have office hours for -- with specific AUCD staff who can answer questions if you want to come find us in our little break out room. And our room number 13 or you can request a room if you are chatting with somebody in the chat and you said oh, like let's connect and talk about this thing we wanted to partner on or I want to get some more information, really as needed. We also created some fun rooms where you can bump into whoever you might find standing in the line for the bathroom or at the Starbucks or getting a post work drink at the bar you might bump into people so you can navigate yourself around this space.



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We are not going to be putting people in rooms unless you need assistance with that. You can message Katie or Anna to help you.

Get into a room if you are having trouble with that. You should have an option in your control bar that lists a variety of break out rooms that will be available between now and six o'clock. We will close the rooms at six a clock as usual get a one minute warning. The pre preestablished options will be one for me, if you have U URC UCEDD focused TA questions, I will be available there is a room that dawn will be in to talk about the M MOREHOUSE regional community coalition. If you want to connect with John, relatively new we'll still call him new, executive Director, a chance to talk with him and get to know him a little bit better, he will have room. Adrienne will have a room and can answer questions about prepare for all and any other public health initiatives. She has a wealth of knowledge and experience and has things going on and then as I mention there's other fun spaces that you'll see when you pull up the list of available break out rooms. So you should have when you pull down that list the ability to click and say join this room and you can move yourself from room to room. You don't have to feel like you have to stay the whole half hour. You can pop in, chat with people for five minutes. Go back out into the hallway. Move to different room as you want. Otherwise we will see you Thursday. Please if you are not joining for future sessions please do complete the event evaluation. We will be meeting at the same time. Two days from now. Thank you, all.