

Protection and Advocacy for Developmental Disabilities (PADD)  
Annual Program Performance Report (PPR)

**Section I. Identification**

Reporting Period: October 1,  Through September 30,

*Provide the four digits of the years for the reporting period. For example 10/1/1999 through 9/30/2000.*

State:

*Fill in the name of the state submitting this report. For example Illinois.*

P&A Agency Name:

*Fill in the official name of the designated P&A. For example for Illinois the name of the designated P&A is Equip for Equality.*

Name and Phone Number of Contact Person (regarding questions):

*Provide the name and telephone number of the person to whom all questions should be addressed. This should be the person who wrote the report. It should not necessarily be the name of the Executive Director unless that person can answer technical questions about how the report was completed.*

## Section II. Individual Clients Served

For reporting of persons with developmental disabilities who received individual advocacy to address at least one disability-related problem. Do not report the same individual more than once even if they received multiple services, and do not include individuals who were only represented as part of a group or class action.

*It is very important to fill in each section of this report. DO NOT leave blanks. If there were no clients served in any category, or sub-category, list zero.*

*Make sure that the total clients served in each sub-category is consistent. The total number of Persons with Developmental Disabilities (A1 + A2) should be the same number for totals in age, sex, racial/ethnic, geographic location, and living arrangements.*

### A. Number of Individual Clients (Number of Persons with Disabilities Receiving Individual Advocacy:)

1. Number of clients receiving advocacy at start of fiscal year: \_\_\_\_\_

*This is the number of clients supported with PADD dollars (Part C funding or program income from Part C funding) who had open cases on October 1.*

*Do not report clients who were served with non-federal DD dollars. Report that activity in Section VIII of this report. If non-federal DD dollars were used to serve individual clients, and a cost-allocation plan pro-rated the sum of all individual clients, then round off to the nearest one client the number allocated to PADD dollars.*

2. Number of new/renewed clients represented during fiscal year: \_\_\_\_\_

*This is the number of clients who had a case opened during the reporting period (after October 1 and before September 30.)*

*Do not report clients who were served with non-federal DD dollars. Report that activity in Section VIII of this report. If non-federal DD dollars were used to serve individual clients, and a cost-allocation plan pro-rated the sum of all individual clients, then round off to the nearest one client the number allocated to PADD dollars.*

Total \_\_\_\_\_

*Add the number from A1 to A2. This total is the number of cases that were opened and served with DD dollars (Part C funding) during the reporting period. It is an unduplicated count of individuals receiving individual case representation.*

3. If program income was used to supplement the PADD allotment for the reporting period, estimate the number of individuals served as a result of program income dollars. \_\_\_\_\_

*Estimate the number of clients that were served using program income. This number is necessary to demonstrate how program income increases the ability of the PADD program to serve individuals with developmental disabilities (to further the purpose of the Act.). Note that these clients are a subset of the clients reported in A.1. and A.2., above.*

A. 4. Number of individuals requesting individual advocacy and who are eligible under the PADD program but did not receive such service within 30 days of initial contact due to insufficient funding or non-priority issues (include those receiving other services such as information and referral in-lieu): \_\_\_\_\_

*Identify the number of individuals with developmental disabilities who requested representation by the PADD but were not served with Part C funding. This can include individuals who wanted representation but were turned away or only given I&R or provided services through non-federal funding.*

B. Number of Case Problems of Individual Clients \_\_\_\_\_\*

*This is the total number of case problems presented at the time that the case was opened. There will be more case problems than individual clients since many clients may have more than one case open and closed during a reporting period. Some clients may also present more than one case problem at the time the case was opened.*

\*This number may be more than the total number of clients served since each client may have more than one presenting problem to be addressed.

C. Age of Individual Clients

0-2 \_\_\_\_\_

3-4 \_\_\_\_\_

5-22 \_\_\_\_\_

23-59 \_\_\_\_\_

60 and over \_\_\_\_\_

Total Clients \_\_\_\_\_

*Make sure that the total clients served in each sub-category is consistent. The total number of Persons with Developmental Disabilities (A1 + A2) should be the same number for totals in age.*

D. Sex of Individual Clients

Male \_\_\_\_\_

Female \_\_\_\_\_

Total Clients \_\_\_\_\_

*Make sure that the total clients served in each sub-category is consistent. The total number of Persons with Developmental Disabilities (A1 + A2) should be the same number for totals in sex.*

**E. Racial/ Ethnic Background of Individual Clients**

Request from each client that they self-report on which racial/ethnic categories identified below with an asterisk (\*) are applicable to them. [Important: use the wording below verbatim as shown]. Data should be self-reported. Do not question self-reported data, and do not suggest a response. For clients who select only one category, aggregate the responses in the first column (Single Response). For clients who select more than one category, aggregate the multiple responses in the second column (Multiple Response) and report on the number of such clients in the first column on the "Multiple Response" line.

	<u>Single Response</u>	<u>Multiple Response</u>
* Asian	_____	_____
* Black or African American	_____	_____
* Hispanic/Latino	_____	_____
* American Indian or Alaska Native	_____	_____
* Native Hawaiian or other Pacific Islander	_____	_____
* White	_____	_____
Multiple Response (identified with more than one of above)	_____	
Information Not Provided	_____	
Total Clients	_____	

***Make sure that the total clients served in each sub-category is consistent. The total number of Persons with Developmental Disabilities (A1 + A2) should be the same number for totals in racial/ethnic background. P&As must ask and report this information.***

**F. Individual Clients' Geographic Location**

In-State                      Out-of-State

1.	Urban (metropolitan area with population of 50,000 or more)	_____	_____
	Rural (all other)	_____	_____
	Total Clients		_____

***Make sure that the total clients served in each sub-category is consistent. The total number of Persons with Developmental Disabilities (A1 + A2) should be the same number for totals in geographic location.***

**F. 2. Data by County (see instructions; use additional space as needed).**

Please provide the following data:

<u>County Name</u>	<u>Total Population</u>	<u>Number of Individual Clients</u>
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**G. Clients' Living Arrangements**

Independent \_\_\_\_\_

Parental or other Family Home \_\_\_\_\_

Community Residential Home (e.g., supervised apartment,  
semi-independent, halfway house, board & care, small group home 3 or less) \_\_\_\_\_

Foster Care \_\_\_\_\_

Nursing Home(includes ICF, SNF, ICF/MR, etc.) \_\_\_\_\_

Public (State Operated) Institutional Living Arrangement  
(e.g., hospital treatment center/school or large group home more than 3 beds) \_\_\_\_\_

Private Institutional Living Arrangement  
(e.g., hospital or treatment center, school or large group home more than 3 beds) \_\_\_\_\_

Legal Detention/Jail/Prison/Detention Center \_\_\_\_\_

Homeless \_\_\_\_\_

Federal Facility (List) \_\_\_\_\_

Other \_\_\_\_\_

Information not provided \_\_\_\_\_

Total Client Cases by Living Arrangement \_\_\_\_\_

***Make sure that the total clients served in each sub-category is consistent. The total number of Persons with Developmental Disabilities (A1 + A2) should be the same number for totals in living arrangements.***

**H. Individual Clients' Disability**

*Identify the client's contributing disabilities. These are the 'disabilities' which directly impact or allow the individual to be considered as having a developmental disability and result in the need for advocacy. For further guidance please see instructions for each disability classification.*

Autism \_\_\_\_\_

*Include young child diagnosed as pervasive developmentally delayed.*

Cerebral Palsy \_\_\_\_\_

*Include all individuals who have been diagnosed as having cerebral palsy even if they are included in other categories such as mental retardation.*

AIDS/HIV \_\_\_\_\_

*Include all individuals who have been diagnosed as having HIV/AIDS even if they are included in other categories.*

Epilepsy \_\_\_\_\_

*Include all individuals who have been diagnosed as having epilepsy even if they are included in other categories.*

Mental Illness \_\_\_\_\_

*These are individuals whose mental illness was diagnosed prior to age 22 and can be considered as having a developmental disability as a result of that diagnosis.*

Mental Retardation \_\_\_\_\_

*There are many syndromes which result in mental retardation and meet the eligibility of the definition of developmental disabilities. These include Down's Syndrome, Fragile X, Turner's Syndrome, Fetal Alcohol Syndrome, etc. All disabilities, or causes of disabilities that result primarily in mental retardation, should be included in this total.*

Muscular Dystrophy \_\_\_\_\_

*Include all individuals who have been diagnosed as having muscular dystrophy, even if they are included in other categories such as mental retardation. Do not include individuals with this diagnosis in 'other physical/orthopedic' disabilities.*

Spina Bifida \_\_\_\_\_

*Include all individuals who have been diagnosed as having spina bifida even if they are included in other categories such as mental retardation.*

Learning Disabilities \_\_\_\_\_

*PADD programs can serve individuals with severe learning disabilities if the learning disabilities result in three functional limitations. Those individuals should be included in this number.*

Traumatic Brain Injuries (TBI) and other head injuries \_\_\_\_\_

*Include individuals who became disabled after birth as a result of an injury to the head or brain such as closed head injuries. Do not include individuals who are diagnosed as having cerebral palsy or mental retardation. TBI is usually a cause of disability, which can be classified elsewhere particularly in children. Neurological disorders that are not included in other categories such as cerebral palsy or epilepsy should be listed here. This category should be used sparingly.*

Tourette Syndrome

*Include all individuals who have been diagnosed as having Tourettes syndrome. Do not include individuals diagnosed with Tourettes in other categories such as mental retardation, mental illness or 'other emotional'.*

Visual Impairment/ Blind

*Include all individuals who have been diagnosed as being visually impaired or blind even if they are included in other categories.*

Hard of Hearing/Deaf

*Include all individuals who have been diagnosed as hard of hearing or deaf even if they are included in other categories.*

Other Physical/Orthopedic\*

*Include individuals who have not been included in any of the above categories such as congenital amputees, cystic fibrosis, juvenile diabetes or cardiopulmonary diseases or disorders. Please identify the specific disabilities and numbers in the chart below. Do NOT include causes of disabilities such as near drowning.*

Other Emotional/Behavioral\*

*Include individuals who have been classified as ADD/ADHD, maladaptive behavior, etc. Do not include individuals who have been classified in any of the above categories such as mental illness, etc.*

Other Intellectual\*

*Include individuals who have not been included in any of the above categories. Please identify the specific disabilities and numbers in the chart below. Do NOT include causes of disabilities such as near drowning.*

Disability Unknown

*This number should be kept to an absolute minimum.*

Total Disabilities

*This is the total number of different disabilities of PADD clients. It can be a duplicated count except as noted in certain categories. This total will be greater than the number of clients served.*

Breakout of Other Disability\*

*This is a breakout of the 'other' disabilities (physical/orthopedic, emotional, intellectual) categories. All disabilities listed here must be included in one of the 'other' disability categories. Numbers from this chart must have already been included in the Total Disabilities.*

Client Disability	Total	Client Disability	Total



### **Section III. Case Problem Areas (Complaints) of Individual Clients Served**

This is the total number of problems addressed by the PADD program and collected at case closure. This will allow the PADD program to better determine the outcome of its work. This can be more than the number of problems presented upon intake which is the total number reported in Section II B.

*Section III consists of two integrated components: 1) Number of case problems - The first component reports the break out of the number of case problems by category, addressed by the PADD program. It is important to report the total number of problems addressed by the PADD program, not the number of individual client cases. An individual client case may have addressed several problems. For example, an individual client case may include complaints of physical assault and neglect in diagnostic or other medical evaluations. This case would have two case problems in two different categories; abuse and neglect. NOTE that there is no general 'other' category. All problem areas must be included in one of the listed categories. If a specific problem does not fit in one of the list subcategories include it as 'other' in the most appropriate category.*

*2) Outcome Measures - Case problems that were addressed should reflect the priorities identified for the fiscal year, linking those identified issues with results or in other words, outcomes measures. Those results are reflected in the second component of Section III. This information must be collected at case closure and compiled by category in order to report the information.*

*Outcome measures are contained within a box for each category. The box contains a menu from which the PADD program selects the measure or measures that best captures the work of the program in that category. PADD programs may not be able to report outcomes in each category. This would be the case if no complaints or problems were addressed in a category since the priorities of the program direct case selection. There should be at least one outcome statement for each category where the program completed a significant amount of work.*

#### **A. Case Problem Areas of Individual Clients**

##### **1. Abuse**

- Inappropriate/excessive physical restraint/isolation/seclusion \_\_\_\_\_
- Inappropriate/excessive medication \_\_\_\_\_
- Involuntary aversive behavioral therapy \_\_\_\_\_
- Involuntary sterilization \_\_\_\_\_
- Failure to provide appropriate medical treatment \_\_\_\_\_
- Physical assault \_\_\_\_\_
- Sexual harassment \_\_\_\_\_
- Sexual assault \_\_\_\_\_
- Threats of retaliation or verbal abuse by facility staff \_\_\_\_\_
- Coercion \_\_\_\_\_
- Financial Exploitation \_\_\_\_\_
- Suspicious death \_\_\_\_\_

**ABUSE OUTCOME STATEMENT**

Select outcome statements from below which best describe the outcomes of P&A activities related to addressing abuse:

- # of persons with disabilities whose environment was changed to increase safety or welfare
- # of positive changes in policy, law or regulation re: abuse in facilities (describe facility where impact was made)
- # of investigations of abuse by the P&A
- # of validated abuse complaints that have favorable resolution as a result of P&A intervention
- Other indicator of success or outcome \_\_\_\_\_

**2. Neglect -- Failure to provide for appropriate ...**

- Diagnostic/other medical evaluations (not treatment) \_\_\_\_\_
- Personal care (e.g., personal hygiene, clothing, food, shelter) \_\_\_\_\_
- Personal safety (physical facilities and environment, including client on client abuse) \_\_\_\_\_
- Written habilitation plan (failure to develop/implement appropriate individualized service plan) \_\_\_\_\_
- Rehabilitation/vocational programming \_\_\_\_\_
- Lack of Adequate Discharge Planning (including waiting lists, lack of appropriate housing, etc.) \_\_\_\_\_
- Inappropriate Release from Institution \_\_\_\_\_
- Suspicious death \_\_\_\_\_
- Other neglect \_\_\_\_\_

**OUTCOME STATEMENT**

Of the above problems areas related to neglect addressed by the P&A, please select outcome statements below which best describe P&A outcome:

- # of investigations of neglect with P&A involvement
- # of validated incidents of neglect by type
- # if positive changes in policy, law or regulation regarding neglect in facilities (describe facilities.)
- # of persons with disabilities discharged consistent with their treatment plan after P&A involvement
- # of persons with disabilities who had treatment plan that met selected criteria as a result of P&A involvement
- Other outcomes as a result of P&A involvement \_\_\_\_\_

**3. Discrimination**

**a. Employment**

- Hiring/Termination \_\_\_\_\_

Reasonable accommodations	_____
Supported employment	_____
Benefits	_____
Other employment	_____

**EMPLOYMENT OUTCOME STATEMENT**

# of persons with disabilities who secured or maintained employment or other remedies as a result of P&A intervention.

# of policies or laws changed and other barriers to employment eliminated as a result of P&A intervention.

**b. Public Accommodations** \_\_\_\_\_

**PUBLIC ACCOMMODATIONS OUTCOME STATEMENT**

# of persons with disabilities who secured equal access to public accommodation as a result of P&A intervention.

# of policies or laws changed and other barriers to public accommodation eliminated as a result of P&A intervention.

**c. Government Services** \_\_\_\_\_

**GOVERNMENT SERVICES OUTCOME STATEMENT**

# of persons with disabilities who secured equal access to a government service as a result of P&A intervention.

# of policies, laws and other barriers to government service were eliminated as a result of P&A intervention.

**d. Housing**

Contracts/Ownership of Property	_____
Zoning/Restrictive Covenants	_____
Reasonable Accommodations	_____
Landlord/Tenant	_____
Subsidized Housing/Section 8	_____
Other Housing Issues	_____

**HOUSING OUTCOME STATEMENT**

# of persons with disabilities who secured equal access to or maintained housing as a result of P&A intervention.

# of policies or laws changed and other barriers to housing eliminated as a result of P&A intervention.

**e. Transportation Issues** \_\_\_\_\_

TRANSPORTATION OUTCOME STATEMENT

# of persons with disabilities who secured equal access to public transportation as a result of P&A intervention.

# of policies or laws changed and other barriers to transportation eliminated as a result of P&A intervention.

**f. Voting (registration/ accessible polling place)** \_\_\_\_\_

VOTING OUTCOME STATEMENT

# of persons with disabilities who secure equal access to or maintained voting rights as a result of P&A intervention.

# of policies or laws changed and other barriers to voting eliminated as a result of P&A intervention.

**g. Health**

Medicaid/Medicare issues \_\_\_\_\_

Insurance (access to private/denial of coverage) \_\_\_\_\_

Access to Medical Treatment/Services/Managed Care \_\_\_\_\_

Other health care issues \_\_\_\_\_

HEALTH CARE OUTCOME STATEMENT

# of persons with disabilities who secured equal access to or maintained health care as a result of P&A intervention.

# of policies or laws changed and other barriers to health care eliminated as a result of P&A intervention.

**h. Financial Benefits/Income Maintenance**

- SSI Eligibility \_\_\_\_\_
- Welfare Reform \_\_\_\_\_
- Other Financial \_\_\_\_\_

**FINANCIAL BENEFITS/INCOME MAINTENANCE OUTCOME STATEMENT**

# of persons with disabilities who secured or maintained financial benefits or entitlements as a result of P&A intervention.

# of policies or laws changed and other barriers to financial benefits and entitlements eliminated as a result of P&A intervention.

**4. Other Rights Violations**

**a. Consent/Personal Decision Making (Choice)**

- Failure to obtain Informed Consent \_\_\_\_\_
- Capacity/Incapacity of Patient/Client \_\_\_\_\_
- Substitute Judgement \_\_\_\_\_
- Participation in treatment planning \_\_\_\_\_
- DNR orders \_\_\_\_\_
- Advance Directives \_\_\_\_\_
- Problems with Guardianship/Conservatorship \_\_\_\_\_
- Other personal decision making issues \_\_\_\_\_

**PERSONAL DECISION MAKING (CHOICE) OUTCOME STATEMENT**

# of persons with disabilities served by the P&A who were able to participate in decisions related to their treatment or services as a result of P&A intervention.

# of persons with disabilities whose personal decision making was maintained or expanded as a result of P&A intervention.

# of policies or laws changed and other barriers to personal decisions making eliminated as a result of P&A intervention.

**5. Access to services**

**a. Assistive Technology**

- Augmentative communication devices \_\_\_\_\_
- Durable medical equipment \_\_\_\_\_
- Vehicle modifications/transportation \_\_\_\_\_
- Other assistive technology \_\_\_\_\_

**ASSISTIVE TECHNOLOGY OUTCOME STATEMENT**

# of persons with disabilities who secured or maintained assistive technology devices or services as a result of P&A invention.

# of laws or policies changed and other barriers to acquiring assistive technology eliminated as a result of P&A intervention.

**b. Free and Appropriate Public Education**

- IEP/IFSP planning/development/implement \_\_\_\_\_
- Least Restrictive Environment (inclusive setting) \_\_\_\_\_
- Assistive technology services and devices \_\_\_\_\_
- Other related service issues \_\_\_\_\_
- Discipline/suspension/expulsion \_\_\_\_\_
- Multi-disciplinary evaluations/assessments \_\_\_\_\_
- Violation of Procedural Safeguards \_\_\_\_\_
- Transition from early intervention to public schools \_\_\_\_\_
- Transition from school to work \_\_\_\_\_
- Eligibility \_\_\_\_\_
- Other education \_\_\_\_\_

**EDUCATION OUTCOME STATEMENT**

# of persons with disabilities who secured or maintained a more appropriate education as a result of P&A invention.

# of laws or policies changed and other barriers to appropriate education were eliminated as a result of P&A intervention.

**c. Services Issues (waiting lists for services not related to discharge, eligibility for services from the state, etc)**

Personal Assistance	_____
Appropriate Services upon discharge	_____
Maintenance of Services to prevent recidivism	_____
Access to appropriate services	_____
Other service issues	_____

**SERVICE ISSUES OUTCOME STATEMENT**

# of persons with disabilities who secured or maintained services as a result of P&A intervention

# of persons with disabilities served by the P&A who secured or maintained more appropriate services in an inclusive & integrated setting as a result of P&A intervention.

**Total Case Problem Areas of Individual Clients Addressed upon closure** \_\_\_\_\_

**OUTCOME STATEMENT**

# of persons with disabilities served by the P&A whose issue or problem was validated and/or successfully resolved by the P&A.

*The above outcome reflects the result of P&A activities without regard to categories of problems or complaints. Read the statement carefully and complete the total number of persons with disabilities whose complaint or problem was validated and/or successfully resolved. This number is likely to be less than the total number of case problem areas addressed upon closure but not more than that number.*

**B. Closure of Case Problem's by Intervention Strategy During the Fiscal Year**

For each closed case problem, report the **highest level of** intervention strategy that was used to close the case. See the glossary for definitions of each strategy.

*Report only those problems or complaint resolutions for closed cases.*

<b>Intervention Strategy</b>	<b>Client's Favor</b>	<b>Against Client</b>	<b>Complaint withdrawn prior to resolution</b>
Short-term assistance	<input type="text"/>	<input type="text"/>	<input type="text"/>
TA in self-advocacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Negotiation/Mediation/Informal Resolutions	<input type="text"/>	<input type="text"/>	<input type="text"/>
Administrative Hearings	<input type="text"/>	<input type="text"/>	<input type="text"/>
Litigation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>

**OUTCOME STATEMENT**

# of persons with disabilities served by the P&A whose complaint of abuse, neglect, discrimination of their rights was remedied by the P&A.

# of persons with disabilities who secured access to administrative and judicial processes as a result of P&A intervention.

#of persons with disabilities who secured information about their rights and strategies to enforce their rights as a result of P&A intervention.

# of persons with disabilities who took action to advocate on their own behalf as a result of P&A intervention.

# of allegations of abuse or neglect that were substantiated by P&A

# of allegations of abuse or neglect that were not substantiated by P&A

*Complete any of the above outcomes that are appropriate. Data contained in the chart should be consulted to identify which outcomes to complete. For example, TA in self advocacy should result in the outcome “# of persons who secured information about their rights and strategies to enforce their rights....”*



**Section IV. Interventions on Behalf of Groups of Clients**

**A. Summary Information**

<b>Type of Intervention</b>	<b># of groups</b>	<b>Potential Number of Individuals Impacted</b>	<b>Concluded Successfully</b>	<b>Concluded Unsuccessfully</b>	<b>Pending</b>
Group Advocacy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investigations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monitoring Activities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Court-Ordered Monitoring Activities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Systemic or Class-action Litigation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*This chart captures information about the non-individual client work of the PADD program using Part C funding or its program income. This is information which was not reflected in the previous sections of this report. Activities reported in this area of the report should be linked to the priorities for the reporting period. The sub-categories listed in the column on the left (and the numbers for each category) should relate to the narrative section in the subsequent section.*

*The narrative section should briefly describe your activities. Use examples of work that captures the difference the activities of the PADD program has achieved in improving the quality of life of persons with developmental disabilities. Answer each question briefly. Use examples that best demonstrate the impact of P&A activity. Write up each explanation as if you were telling a story. Include the facts about the activity, why the PADD program needed to address the issue and how it made an impact. Describe the result of PADD intervention. If you used program income to support any of the activities, it will be important to describe how program income increased the ability of the PADD program to further the purposes of the Act.*













**Section V. Non-Case Directed Services**

**A. Information and Referral Services (See glossary for definition)**

*To the extent possible this should be an unduplicated count. If it is a duplicated count (the same number is reported to PAIMI, PAIR or CAP) please indicate that. Some of these individuals may also be reported in the number of persons with developmental disabilities requesting PADD services but were not accepted as a case.*

(Individual Non-Case I&R) Total I&R

**B. Public Education and Training Activities (see glossary for definition)**

1. Number of Education/Training Activities Undertaken

*Total number of training programs sponsored by the P&A or where the PA& was a trainer at an event sponsored by another organization. The training must have provided specific information to participants regarding their rights. If the P&A was just providing general information about its program that number should be reported in C6 below.*

2. Total number of persons trained (approximate)

*This number should include only those individuals who attended a training program listed in VBI.*

**C. Information Dissemination Activities**

**Number of Items**

1. radio/TV appearances

2. newspaper articles (attach select articles)

3. PSAs/videos/films/etc. aired

4. reports disseminated

5. publications disseminated

6. Information about P&A disseminated  
(include general training /outreach or presentations not included in training activities)

7. Number of hits on Website

8. Describe other media activities:

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## OUTCOME STATEMENT

# of persons who received information about the P&A and its services

# of persons with disabilities (or their family members) who received education or training about their rights, enabling them to be more effective self advocates

*The data reported in Section V should assist in developing the outcomes statements above. For example VC6 and VC7 may be combined to identify the number of individuals who received information about the P&A and its services.*

**D. Consumer Involvement in P&A Organization**

Please provide the following information on the number of individuals who self identify.

Number of consumers (DD)	<u>Primary Consumers</u>	<u>Secondary Consumers</u>	<u>Other Disabilities</u>	<u>Out of Total</u>
on governing board	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
on advisory board	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*For the purpose of this report only, a primary consumer is someone with a developmental disability. A secondary consumer is someone who is related to someone with a developmental disability. Other disabilities would include any one with a non-developmental disability such as spinal cord injury occurring after the age of 22.*

**E. Racial/Ethnic Involvement in P&A Organization**

Number of persons in a minority group in the P&A system:

	<u>African American</u>	<u>Hispanic American</u>	<u>Asian American</u>	<u>Native American</u>	<u>Other</u>	<u>Out of Total</u>
on staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
on governing board	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
on advisory councils	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Do not include European-Americans (Caucasians) in the other category. Other includes those individuals who do not wish to be categorized as only one of the categories listed (African-American, Hispanic, Asian-American or Native American) or those individuals who are non-white but do not feel that the above categories reflect their ethnic origin. For example if you have 15 staff members and 3 consider themselves African-Americans, 1 Hispanic, 1 Asian American and 1 other (mult-cultural background). Out of the total would be 15.*

Does the PADD program utilize volunteers? If so how?

*Describe how volunteers are used to supplement the activities of the P&A. Include such activities as monitoring, fund raising, training, etc.*

## Section VI. Outcomes of Priorities and Objectives

List reporting year priorities from the Statement of Objectives and Priorities in order by priority. For each priority, provide the following information:

***This is a status report on the Priorities and Objectives you previously identified for the reporting period. Refer to the Statement of Objective and Priorities previously submitted for this reporting period. Use the priority # in that SOP with the fiscal year tag. (P1 - 98) You will need to complete this form for each priority identified for the fiscal year.***

1. Priority # P/\_/ (from the SOP)

2. For Each Indicator of Success (from the SOP), provide the following information:

( ) Indicator # (from the SOP)

***The indicator # was projected on the previous year's SOP. If you have changed the indicator explain why that was necessary.***

Indicator is:    /Met    /Partially Met/Continuing    /Not Met

If "Not Met" was checked, explain:  
***(including quantitative information whenever possible)***

If "Met" was checked, summarize details, including one or two cases that exemplify the success; for fully met objectives, the example case(s) should be successfully closed  
***(including quantitative information whenever possible)***

***It is important to select case examples which best reflect the activities related to this priority. While describing the outcome of an activity, write up the example as if you were telling a story. Include the facts about the situation, why the PADD program needed to be involved, how the PADD program made a difference and what the result of the activity was. For example, as a result of PADD intervention, this client lives independently in the community, going to work every day...***

3. List other outcomes realized (if applicable):

## **Section VII. Developmental Disabilities Network Collaboration**

*Complete this form for each critical state issues identified jointly with the Developmental Disabilities Council (DDC). The completed form should be consistent with that submitted by the DDC so you should consult with them prior to completing and submitting this form. This information should have been projected in the previous year's Statement of Objectives and Priorities.*

- A. Provide information related to only those issues/barriers affecting individuals with developmental disabilities and their families in your State that the DDC, P&A, and UAP(s) (the DD network) have jointly identified as critical State issues/barriers.
- Using short titles, list 5-10 areas that the DDC, P&A, and UAP(s) have identified as critical State issues/barriers. Then, by checking the circle(s) to the left of the short title(s), identify at least one issue/barrier selected by your State DD Network for joint collaboration.  

(1) <input type="radio"/>	(6) <input type="radio"/>
(2) <input type="radio"/>	(7) <input type="radio"/>
(3) <input type="radio"/>	(8) <input type="radio"/>
(4) <input type="radio"/>	(9) <input type="radio"/>
(5) <input type="radio"/>	(10) <input type="radio"/>
- B. Provide the following information for at least one of the issues/barriers selected for DD Network collaboration. Repeat this section to report any other issue/barrier selected for DD Network collaboration.
- Issue/Barrier # (from above):
  - Provide a brief description of the collaborative issue/barrier and expected outcome(s).
  - Reference applicable SOP Objective(s):
  - Describe the P&A's specific roles and responsibilities in this collaborative effort.
  - Briefly identify problems, if any, encountered as a result of this collaboration.
  - Describe unexpected benefits, if any, of this collaborative effort.
  - If your P&A can provide technical assistance expertise in this area to other States, please describe.
  - If any, describe the technical assistance needs the P&A/DD Network have in this area.

## Section VIII. Coordination

Check if the following programs are housed in the same organization as the P&A program:

Client Assistance Program (CAP)

Long Term Care Ombudsman (Older Americans Act)

Other: Please list:

*List any other program components within your agencies--such as Legal Services, etc.*

If the Client Assistance Program (CAP) and the Long Term Care Ombudsman (Older Americans Act) are not part of the P&A System (PADD, PAIMI, PAIR and PAAT programs) describe coordination between the PADD program and the CAP and the Long Term Care Ombudsman (Older Americans Act.)

*Describe how you ensure coordination with the above mentioned programs if they are not part of your agency.*

Describe your system's relations with agencies other than above and any inter-agency agreements or joint projects you may have, other than mentioned above.

**Section VIII. Services Provided Using Non-Part C Funding**

Are services and activities benefitting persons with developmental disabilities and their families supported by funding other than that provided by Part C of the DD Act or its program income.

Yes  No

Please describe the projects funded with non-part C funding or its program income.

*Give a brief but succinct description of any other activities funded by non-part C funding or its program income. This should include any state funded advocacy services you provide for persons with developmental disabilities.*