

Nebraska Council on Developmental Disabilities

August 15, 2025 at 9:30AM, CDT

In-Person Meeting

Country Inn & Suites – Nebraska Ballroom

[North Hotel & Conference Center]

5353 N. 27th Street

Lincoln, NE

The agenda was mailed to Council members prior to the meeting. The meeting was chaired by Rachel Siffring and called to order at 9:30AM, CDT and the *Pledge of Allegiance* was recited. Quorum was present.

Present: Christopher Chambers, Diane Cochran, Quinton Corwin, Caiti Donaldson, Jason Gieschen, Shauna Graham, Tony Green, George Griffith, Brent Hoffman, Shaistha Karipi, Matt Kaslon, Seamus Kelly, Eddie Kraska, Beth Libra, Diana Meadors, Cheryl Montgomery, Sasha Reeks, Jennifer Severe-Oforah, Mark Shriver, Rachel Siffring, Judy Trent, and Joe Valenti.

Absent: Ashley Hansen, D J Plautz, and Dawn Sybrant.

Guests: Wendy Anderson, Larry Cochran, Tania Diaz, Tiffany Donaldson, Sue Gieschen, Robin Hoffman, Candi Kraska, Stacy Pfeifer, and Sherry Stansberry.

Staff: Kristen Larsen, Rachel Ward, Edith Titamoh, and Nikki Krause.

Welcome and Introductions

Rachel Siffring welcomed new Council members Christopher Chambers, Diane Cochran, and Diana Meadors. Christopher is the Agency Representative for the Department of Education, Office of Special Education. Diane is the Non-Profit Representative. Diana is the Agency Representative for the Division of Behavioral Health.

Kristen Larsen explained that the Governor has not appointed the new self-advocate Council members to the Council. So, until the new appointments have been made, Jason Gieschen and Caiti Donaldson are still acting members of the Council. Additionally, the reappointments of Council members have not been made yet.

Nebraska Open Meetings Act

Rachel S. explained that Council meetings fall under the Nebraska Open Meetings Act and a copy of the Act is posted on the entrance door by the sign-in table.

The Governor's Public Meeting Calendar referred members of the public and media to the Council's Meetings webpage for additional information (posted July 15, 2025).

Public Comment Period #1

Rachel S. mentioned that all public meetings must allow time on their agenda for people who are not on the Council to comment. Members of the public, who wanted to address the Council, were instructed to identify himself or herself, including an address and the name of any organization represented.

Stacy Pfeifer – Director of Enable Savings Plan – 421 S. 9th Street, Suite 137 Lincoln, NE

Yesterday was Able to Save Day, a national day to recognize Able accounts. They are celebrating 10 years of Enable this year. In May 2015, legislation was passed to allow for Enable accounts and June 2016 it was launched. They are doing various events across Nebraska to celebrate. LB391 passed this past legislative session to create a scholarship fund to start Enable accounts. This will start in January 2026.

Wendy Anderson – Policy Chair for the Iowa DD Council – PO Box 351 Trainer, IA

She explained that she takes a vested interest in what happens in Nebraska as her son receives services in Nebraska, but his waivers are set up in Iowa. The *Common Senses Festival* was in May this year. It was a month-long festival that is rooted in celebrating disabilities. Next year it will be held in September. The Iowa DD Council has launched a national initiative to protect the 504.

Approval of Minutes

Rachel S. asked the Council members if there were any corrections to the *DRAFT* April 11, 2025 Council meeting minutes. There were no corrections. Council members were reminded to abstain from voting if they were not in attendance for the April 11, 2025 Council meeting. As there were no corrections, Matt Kaslon made the motion to approve the minutes and Jason Gieschen seconded. A roll call vote was taken: **Yes – 14, No – 0, Abstain – 7.*** Motion carried.

Declaration of Conflicts of Interest

As required by Council policy, at the first meeting of each federal fiscal year, members of the Council shall verbally declare any potential conflicts of interest of which they are aware. Council members, who had not already done so or had updates, were asked to verbally declare any potential conflicts of interest. They are noted below.

Christopher Chambers	Nebraska Department of Education, Office of Special Education
Diane Cochran	None
Diana Meadors	Nebraska Department of Health and Human Services, Division of Behavioral Health

Financial Report

The Department of Health and Human Services (DHHS) is the Designated State Agency (DSA) for the Council. DHHS is the flow thru for Council funds. However, it is the Council that decides on how Council funds are to be allocated and monitors the allocated funds.

Kristen reviewed the Financial Report for Federal Fiscal Year (FFY) 2025, a handout at the meeting. At the August 16, 2024 Council meeting, the Council approved the budget of \$443,664 for FFY2025 (October 1, 2024 to September 30, 2025). The Year-to-Date Expenditures for the third quarter of FFY2025 (October 1, 2024 to June 30, 2025) were \$286,705 – 64.62% of the FFY2025 budget.

NOTE: Functions of the DSA is listed at \$30,659 (116% of the budget). This should be \$26,306. The DSA can only take 5% of total funds. Kristen will work on getting this adjusted.

The report reflects the balance of funds from FFY2023, FFY2024, and FFY2025 as of June 30, 2025. Available Current Funds totaled \$454,954.68. Expenditures (obligations) totaled \$322,532.63. Balance of Current Funds Available was \$132,422.05.

Kristen explained that Councils were advised not to expect the Notice of Award (NoA) for FFY2026 before October 1, 2026. DD Councils, University Centers of Excellence for Developmental Disabilities (UCEDDs), and Protection and Advocacy Organizations (P&As) have been approved for funding by the Senate, but the Budget still needs to pass through the House of Representatives. Therefore, we are going to proceed like funding is coming, but we are going to be conservative with recommended freezes.

Because funds are tight, the freezes Council staff are proposing for the rest of FFY2025. The freezes are in the areas of Out-of-State Travel for Council members and staff, the Leadership Development Funds, and the Collaboration Funds. Matt made the motion to approve the freeze on Out-of-State Travel, Leadership Development Funds, and Collaboration Funds for the rest of FFY2025 and Quinton Corwin seconded.

A roll call vote was taken: **Yes – 20, No – 0, Abstain – 1.*** Motion carried.

NOTE: Kristen expects that the Council will receive flat funding for FFY2026. (The same amount as last year.)

NOTE: The Financial Forecast for FFY2026 shows a negative balance. It is possible that some subaward projects will not spend all their obligated amounts. Also, we may be negotiating with Munroe-Meyer Institute (MMI) to lower Home and Community-Based Services (HBCS) Advocacy Training to \$50,000. Thereby decreasing the negative balance.

For FFY2026, Council staff are recommending continuing the freezes on Out-of-State Travel for Council members and staff, the Leadership Development Funds, and the Collaboration Funds. Additionally, Council meetings will be held at the Nebraska State Office Building (NSOB) in Lincoln. This will save on facility rental fees and food costs. Per the Nebraska Open Meetings Act, no more than half of the meetings can be held virtually. Therefore, it was decided that the November 2025 and February 2026 meetings will be hybrid (in-person and virtual). Council members who receive hotel accommodation and/or mileage are strongly encouraged to participate virtually to save on hotel accommodation and mileage costs.

One of the responsibilities of Council members, per the DD Act, is to approve the annual Financial Budget. A handout was provided with the *proposed* FFY2026 Financial Budget (October 1, 2025 to September 30, 2026). The Estimated Council Expenses for FFY2026 is \$372,718.

- Personal Expenses & Benefits - \$294,928
- Operating Expenses - \$28,624
- Travel - \$22,850
- Functions of the DSA - \$26,316

A motion was made by Joe Valenti to approve the *proposed* FFY2026 Financial Budget in the amount of \$372,718 and George Griffith seconded.

A roll call vote was taken: **Yes – 20, No – 0, Abstain – 1.*** Motion carried.

NOTE: The proposed FFY2026 Financial Budget includes the freezes to Out-of-State Travel, Leadership Development Funds, Collaboration Funds, the change to meetings at the NSOB Lincoln, and having the November 2025 and February 2026 meetings as hybrid meetings.

FFY2026 Meeting Dates and Location

Committee and Council meeting dates for FFY2026 were set.

Planning Committee meeting – October 23, 2025 - Hybrid

Planning Committee meeting – November 3, 2025 - Hybrid

Council meeting – November 21, 2025 – Hybrid
Legislative & Advocacy Committee meeting – February 5, 2026 - Hybrid
Council meeting – February 6, 2026 – Hybrid
Planning Committee meeting – April 16, 2026 - Hybrid
Council meeting – April 17, 2026 – In-Person
Grant Review Committee meeting – August 20, 2026 - Hybrid
Council meeting – August 21, 2026 – In-Person

Meetings will be held at the Nebraska State Office Building – Lincoln (301 Centennial Mall South).

Member Reappointments and Recognition of Outgoing Members

Eligible Council members whose term expire on October 1, 2025, and are interested in continuing to serve on the Council, were encouraged to reapply with the Governor. Applications can be submitted either online at the Boards & Commissions – Application for Executive Appointment webpage at <https://governor.nebraska.gov/board-comm-reg> or by mailing a **completed** Executive Appointment Application to Pat Selk at the Office of the Governor. Council members eligible to apply for reappointment are:

Ashley Hansen (Family)
Eddie Kraska (Individual)
Beth Libra (Family)
Sasha Reeks (Individual)
Mark Shriver (MMI/UCEDD)

The following Council members, whose second term is ending on October 1, 2025 or who have decided not to seek a second term were recognized for their time with the Council:

Caiti Donaldson (Individual)
George Griffith (Family)
Matt Kaslon (Individual)
Rachel Siffring (Family)
Cheryl Montgomery (Non-Governmental)

The outgoing Council members took a few minutes to say a few words about their time on the Council. Outgoing Council members were reminded that they would still serve on the Council until the Governor appoints their replacement.

Election of FFY2026 Council Officers

Per the By-Laws, officer elections for FFY2026 were conducted at today's Council meeting. This included the offices of Chair, Vice-Chair, and Secretary. These officers were elected to serve a term of office from October 1, 2025 through September 30, 2026. Officers may be re-elected for a maximum of an additional two (2) consecutive terms. That limit on terms being only for that office; they may be elected to another office without a break in service. Agency representatives are not eligible to serve as Chair or Vice-Chair of the Council. On July 2, 2025 and July 16, 2025, Nikki Krause sent emails to all Council members seeking nominations for Council Officers.

Chair – The Chair presides at all meetings of the Council and the Executive Committee, provides overall direction for Council activities, and is an ex-officio member of all Council standing and ad hoc committees. Beth Libra had indicated that she would be willing to run for the office of Chair. When asked if there were any nominations from the floor, Judy Trent was named.

Quinton nominated Beth for the position of Chair and Matt seconded. Matt nominated Judy for the position of Chair and Cheryl Montgomery seconded. Each nominee was allotted time to explain why she should be elected Chair. A vote was taken by secret ballot. Beth Libra will be the Chair for FFY2026. (Beth 16 votes, Judy 6 votes)

Vice-Chair – The Vice-Chair assists the Chair in the performance of his/her duties and performs all duties of the Chair in his/her absence. Quinton Corwin had indicated that he would be willing to run for the office of Vice-Chair. When asked if there were any nominations from the floor, (Sasha) Reeks was named.

Cheryl nominated Quinton for the position of Vice-Chair and Seamus Kelly seconded. Matt nominated Reeks for the position of Vice-Chair and Judy seconded. Each nominee was allotted time to explain why he or she should be elected Vice-Chair. A vote was taken by secret ballot. Quinton Corwin will be the Vice-Chair for FFY2026. (Quinton 15 votes, Reeks 7 votes)

Secretary – The Secretary (along with the Council Chair) will review the *draft* minutes taken by Council staff prior to them being posted on the Council's public webpage and included in the meeting packets mailed to Council members and the Secretary will present the Council minutes for formal approval at the subsequent Council meeting. Eddie Kraska had indicated that he would be willing to run for the office of Secretary. When asked if there were any nominations from the floor, (Sasha) Reeks was named.

Seamus nominated Eddie for the position of Secretary and Tony Green seconded. Matt nominated Reeks for the position of Secretary and Caiti Donaldson seconded. Each nominee was allotted time to explain why he or she should be elected Secretary. A vote was taken by secret ballot. Eddie Kraska will be the Secretary for FFY2026. (Eddie 13 votes, Reeks 9 votes)

Kristen will forward the Council's recommendation for the office of Chair to the Governor's Appointments Office. Per Council By-Laws, the Governor appoints the Council Chair based on the Council's recommendation.

Committee Preferences

All Council members are expected to serve on one of the standing committees – Legislative and Advocacy, Planning, or Grant Review. Rachel S. gave a summary of the responsibilities of each committee. Members were asked to complete the FFY2026 Committee Preference form included in the meeting packet and return it to Nikki by the end of the meeting. Council staff and the Chair will review Council members' preferences. Committee preferences will be followed as closely as possible while adhering to iTACC's recommendation of being mindful of potential conflicts of interest for those serving on the Planning and Grant Review Committees.

NOTE: You do not need to be on the same committee that you were on in FFY2025. Each year you can change your committee preference if you would like. However, if you were on the Planning Committee, you are asked to stay on the Planning Committee for continuity in developing the next 5-Year State Plan.

NOTE: You are also not limited to serving on only one committee. You may serve on two or all three committees if you would like. A lot of the discussion/*heavy lift* is done at the committee meeting.

Council members were asked to note their interest in running for Chair of a committee on the Committee Preference form. Committee Chair elections for FFY2026 will be held during the November 21, 2025 Council meeting.

Council members were also encouraged to recommend non-Council members who would make good representatives to one of the three standing committees. Their names and contact information can be listed on the back of the Committee Preference form.

DD Council Executive Director Annual Evaluation

One of the duties of Council members is to complete an annual evaluation on the DD Council Executive Director, Kristen Larsen. The shorter and briefer 2025 Executive Director Evaluation was included in the Council meeting packet. The evaluation needs to be completed and returned to Beth by October 1, 2025. Either scan and email the completed evaluation to Beth at bplisek111@gmail.com or snail mail the evaluation to:

Beth Libra
84816 559 Avenue
Hoskins, NE 68701

The outgoing Executive Committee (FFY2025 Officers and Committee Chairs) and incoming Executive Committee (FFY2026 Officers) will reference these evaluations when they meet to complete the formal recommended 2025 Executive Director Evaluation, which will be presented and voted on at the November 21, 2025 Council meeting.

NOTE: Usually new Council members abstain from completing the shorter and briefer Executive Director Evaluation since they are new to the Council and have not had a chance to work with Kristen.

June 13, 2025 Tri-Board Meeting Summary

The Tri-Board meeting was very successful. It is a good opportunity for the DD Network Partners (Disability Rights Nebraska, Munroe-Meyer Institute (MMI)/University Center of Excellence for Developmental Disabilities (UCEDD), and the Nebraska Council on Developmental Disabilities) Boards to get together. The topic was *Effective Advocacy to Improve Home and Community-Based Services (HCBS)*. Jill Jacobs, Executive Director of the National Association of Councils on Developmental Disabilities (NACDD), was the keynote speaker. There were 49 in-person attendees and 10 virtual attendees. 92% of all attendees were either “extremely satisfied” or “satisfied” with the Tri-Board meeting.

Update on the State Needs Assessment Survey

Judy and Kristen provided an update on the State Needs Assessment Survey. The Planning Committee met a couple of times this past spring with MMI Contractor, Dr. Kerry Miller, to develop the questions for the Needs Assessment Survey. The survey was launched on June 10, 2025 and ran through July 14, 2025. 296 English surveys were received (187 self-advocate surveys) and 10 Spanish surveys were received (5 self-advocate surveys). The next step is to organize another two focus groups and one will be a Spanish focus group. A self-advocate focus group was completed in May with the University of Nebraska at Omaha Trailblazers program. Dr. Miller provided us with the initial results for the top five areas that hit:

1. Access to Health Care and Medicaid Services
2. Respite and Child Care
3. Housing and Independent Living Supports
4. Direct Support Workforce and Staff Training
5. Transportation and Community Access (Including Recreation and Employment)

Updates from State Agency Representatives

NOTE: Agency representatives were asked to briefly touch on any pressing issues or important updates the Council needed to be informed of. The written reports are attached at the end of the minutes and Council members are encouraged to read the written reports in their entirety. DJ Plautz and Dawn Sybrant were absent and not able to present their reports. [Christopher Chambers, Department of Education – Office of Special Education; Tony Green, Division of Developmental Disabilities; Diana Meadors, Division of Behavioral Health; Jennifer Severe-Oforah, Division of Public Health – Maternal and Child Health; DJ Plautz, Nebraska Vocational Rehabilitation; Dawn Sybrant, Medicaid and Long-Term Care and Aging]

Nebraska Department of Education (NDE) – Office of Special Education (OSE)

The OSE received their 2025 Differentiated Monitoring System Report from the Office of Special Education. The OSE leadership team is currently reviewing the letter and information, and it will soon be made public. OSE is also in the process of providing more timely Discipline Data to Districts with ultimately the goal of helping Districts improve their discipline data. Federal grant allocations have been made to all Districts in Nebraska. Districts have submitted their Federal Applications to NDE and OSE is in the process of reviewing them. OSE will be partnering with SPED Strategies for the 2025-26 school year, as a part of Nebraska's Journey to Inclusion: convenings to be held at Educational Service Units 6 and 16 sites.

Division of Developmental Disabilities (DDD)

The Waitlist is over; it ended in June. Now DDD is monitoring and tracking the time from when an offer for services is made to when the services start. DDD made a total of 3,459 offers to individuals based on their eligibility. Starting on July 1, 2025, as individuals became eligible, they received their eligibility letter and moved right into assignment to a Service Coordinator to talk about waiver and services and could begin services. The new interRAI assessment launched July 1, 2025. It is going well, but slow because of oversight and review.

Division of Behavioral Health (DBH)

DBH continues to move forward with the certification of their Certified Community Behavioral Health Clinics (CCBHC) across Nebraska. CCBHCs are one stop-shop clinic models designed to ensure access to coordinated comprehensive behavioral health care. The Pathways Home waiver also continues to move forward. The Request for Applications for the Opioid settlement dollars and the date for applications has ended. The Opioid settlement dollars are for infrastructure. DBH is currently in the process of scoring the applications. DBH completed all its disaster exercises with all six regions and DBH's facilities. DBH is in the process of completing its application for federal block grant for substance abuse and mental health and prevention services.

Division of Public Health – Maternal and Child Health (DPH-MCH)

Since the last report, Title V has established nine priorities for 2025-2030, two for Children and Youth with Special Health Care Needs (CYSCHN).

1. Increasing Developmental Screening
2. Access to Mental and Behavioral Health Services

The report contains initial strategies on how they plan to address these priorities in the initial years. What they are going to do from a state level working with their partners to increase access to the early developmental screening for children and youth with special health care needs and increasing access to and utilization of mental and behavioral health services. They will come up with more strategies as time goes by.

Updates from the DD Network Representatives

NOTE: DD Network representatives were asked to briefly touch on any pressing issues or important updates the Council needed to be informed of. The written reports are attached at the end of the minutes and Council members are encouraged to read the written reports in their entirety. [Seamus Kelly, Disability Rights Nebraska; Mark Shriver, Munroe-Meyer Institute (MMI)/University Center of Excellence for Developmental Disabilities (UCEDD)]

Disability Rights Nebraska

Tania Diaz provided the Disability Rights Nebraska report. They have been meeting with their congressional delegation regarding the importance of their work and the proposed Medicaid cuts. They were pleased to see that the Senate did level fund them. The next Inclusive Education Lay Advocacy training will take place from September 9 through October 16, 2025. If you are interested in attending, please contact Pat Cottingham at pat@drne.org. Disability Rights Nebraska has been doing some outreach and did a panel presentation at the University of Nebraska at Lincoln with the Psychology Department on what life is like through lived experience. They continue to monitor the Beatrice State Developmental Center and day programs.

Munroe-Meyer Institute (MMI)/University Center of Excellence for Developmental Disabilities (UCEDD)

In August 2024, MMI/UCEDD initiated a Transition to Lifespan Care (TLC) clinic designed to serve individuals with DD who are transitioning to adulthood. The TLC clinic offers evaluations and ongoing recommendations to support individuals as they transition to adult providers. The clinic is provided monthly, serving 3-4 individuals each month from across Nebraska. The TLC clinic has served 26 individuals ages 14 and older this past year. There are 22 individuals on the waitlist for this coming year, and they are looking to expand clinic time to meet the increasing need. Their contract with DHHS for administration of the National Core Indicators (NCI) survey was not renewed for this coming year. DHHS will be continuing the NCI survey but will manage the administration of it internally. The Nebraska NCI dashboard will be transferred to DDD. MMI's contract with DHHS for development of a standardized online onboarding training program for Direct Service Professionals was terminated in June due to funding and lack of widespread support by provider organizations. MMI continues development of training and is seeking other funding and is working with provider agencies and independent providers supportive of this effort. Senator Deb Fischer visited MMI for a tour on July 25, 2025 to learn more about UCEDDs and what they do. Representative Don Bacon visited MMI on August 12, 2025 for the same reason. The Senate did add back in funding for UCEDDs and P&As. The Seeking Opportunities for an Advocacy Revolution (SOAR) conference is October 3-5, 2025 in Omaha, Nebraska. The SOAR conference will bring together self-advocates from Nebraska, Iowa, Kansas, Missouri, Colorado, Wyoming, and South Dakota to share ideas on how to advocate.

Council Chair and Staff Updates

Rachel S. mentioned that she was selected to serve on the iTACC Chairperson Training Workgroup. They are updating the Chairperson Training information.

Kristen had a few updates to share.

- New Council Member Orientation will be on September 4, 2026 at 2:00PM, CDT. She will either record the session or schedule a make-up session for those who are unable to attend.
- A NCDD Impact Statement has been developed. This statement includes what we do and why we should be kept funded. This was sent to our federal delegation.
- Contingency plans have been developed to cover what we do if the Council does not get funded or is only partially funded.

- The DD Network Partners met a couple of times with CEO Corsi, Director Green, Director Gonshorowski (Medicaid and Long-Term Care) about Medicaid cuts and DHHS leaders were confident that HCBS services would not be impacted. The cuts would mostly impact individuals on the expansion side.
- The Supported Employment Action Plan – We are focusing on data for the Comprehensive Review Analysis and are going back to the 11 priorities that Dr. Mills provided to identify what is manageable. Becki Koehler's contract runs thru September 30, 2026. Then Kristen will assume that role as we continue and develop the next State Plan.
- The Annual Workplan and State Plan Updates have been submitted.

Rachel Ward shared that at the end of April they went to the Charting the LifeCourse (CtLC) Showcase and presented. Nebraska has 67 CtLC Ambassadors. Next year she plans on hitting the schools to share CtLC information and tools. We have the Nebraska Community of Practice for Supporting Families and we fashioned the Ambassador Folder, which has the CtLC tools and a directory of Ambassadors. Disability Pride Day was July 26, 2025 and there was a good turnout. The Council had a table at the event and was able to spread the word about CtLC.

Edith Titamoh mentioned that three individuals participated in the Leadership Development Fund and attended the CtLC Showcase. Two of the three reports were included in your meeting packet. She is working with the UNL Public Policy Center on the Employer Survey: Why employers are hesitant to hire people with disabilities. They have met and discussed the goals of the project. The survey questions have been determined and sent out. They have received 60% of the surveys back and will review the data at the next meeting.

Nikki reminded the Council members to turn in the Committee Preference Forms before leaving.

Council Member Updates

Matt mentioned that he has been on one of the federal policy trainings with The Arc of the United States. He has participated in the bi-weekly NACDD calls where one of the focuses has been funding. He had his benefits meeting yesterday and is on the HCBS waiver.

Quinton shared that he is trying to schedule meetings with Congressional delegates. The only one they have met with is Representative Flood. He is also working on setting up meetings with State Senators Conrad, Quick, Hughes, and Hardin.

Reeks mentioned that she won her arbitration against Nebraska Department of Correctional Services (NDCS). Now she is waiting to hear back from NDCS. Hopefully winning this arbitration will help other people when they ask for an accommodation.

Beth shared she gave three more presentations on CtLC. She chaired the Disability Pride in Norfolk. The *Night to Shine* event in Norfolk is on September 20, 2025. Ellie is going to the SOAR Conference with her friends. To wrap up, she mentioned she got married in May! Congratulations, Beth!!!

George mentioned he is a Superintendent of Schools and that school just started.

Brent participated in the Summer Games in Omaha. He placed 2nd and 4th in swimming and 2nd in track.

Jason has been busy writing delegates. He is also mentoring a 6th grader with autism at work at ESU 16.

Sue Gieschen said it was nice to see everyone again.

Judy mentioned that they have been busy with Special Olympics. She also participated in the *Pathways and Paradises* training. She learned about Alzheimer's and its relation to Down Syndrome.

Cheryl mentioned that the Holy Cow! What Now? Transition Conference is on October 1, 2025. The Association of Community Professionals (ACP) Conference is October 23-24, 2026.

Shauna said Bailey turned 16 and she might be doing unified track and is taking a leadership class at school.

Shaistha Karipi mentioned she attended the Tri-Board in June. She completed CtLC Ambassador Training. She went to a Nebraska Caregiver Tax Credit training.

Seamus said he also went to the Tri-Board meeting and encouraged others to attend.

Eddie has four roles in the *Looking Glass*, a twist on *Alice in Wonderland*.

Candi Kraska mentioned she and Eddie went to the Tri-Board meeting too. They travelled to New York to visit family and saw the *Subway Series*. Life this summer has been baseball. She mentioned that there are two dates for the *Looking Glass*.

Caiti joined a dance team and will be on the performance team this year. Remember to advocate with kindness, respectfulness, and be consistently persistent in the best manner possible. Even when it seems like you are not making a difference, you are planting the seeds. Life is not just about us; it is about people who come after us.

Tiffany Donaldson shared that in the last three years, this group has helped Caiti to grow and mature and it makes her heart so happy. Thank you to everyone!

Diane said that self-determination is an important ability and is well versed by all the self-advocates here today. Because if you do not start at a very young age, it is hard to develop that as an adult. She started developing a new curriculum (pre-k through adulthood) and will be meeting with school districts and other organizations to encourage people to implement that if it has not been implemented already. More people need this opportunity. The young people she has met today, they obviously have great self-determination skills and have a lot to give to this community and to the world. More kids need this opportunity.

Rachel S. attended the Tri-Board meeting as well. Braxton participated in State softball for the first time and is on the Youth Activation Committee for Special Olympics. She and Braxton are on the Board for The Platte County Arc so she and Braxton presented to the United Way Board to secure funding. Braxton started his senior year and started a business, *Braxton's Blooms*, with spider plants. He took about 22 plants to the farmer's market and sold about 14 of them. If he makes projects in shop class, he may start *Braxton's Boards*. Braxton also got Reserve Champion Market Lamb in 4-H.

Public Comment Period #2

Rachel S. mentioned that all public meetings must allow time on their agenda for people who are not on the Council to comment. Members of the public, who wanted to address the Council, were instructed to identify himself or herself, including an address and the name of any organization represented. The following public comments were made.

Stacy Pfeifer – Director of Enable Savings Plan – 421 S. 9th Street, Suite 137 Lincoln, NE

On the national level they have introduced the Able Employment Flexibility Act which will allow employers to be able to contribute to Enable Plans in lieu of retirement plans. It is kind of an expansion on Enable to Work and has been written not to count as income.

Adjourn

Matt made the motion to adjourn the meeting and Quinton seconded. By unanimous consent, the meeting adjourned at 12:24PM, CDT.

The next Council meeting is scheduled for November 21, 2025 and will be hybrid (in-person and virtual).

NOTE: Council members who receive hotel accommodation and/or mileage are strongly encouraged to participate virtually to save on hotel accommodation and mileage costs.

Nebraska Council on Developmental Disabilities Mission

The Council engages in **Advocacy**, **Capacity Building**, and **Systemic Change** activities that assure that individuals with developmental disabilities and their families participate in the design and have access to needed community services, individualized support, and other forms of assistance that promote *self-determination, independence, productivity, and integration and inclusion* in all facets of community life.

Nebraska Council on Developmental Disabilities

State Agency Representative Report to Council Members

Representative: Christopher Chambers, Part B Specialist

Agency: Office of Special Education at the Nebraska Department of Education

Update on activities/trends/improvements/issues impacting individuals with I/DD since the last Agency update:

- The Office of Special Education received our 2025 DMS Report from OSEP, as the members of OSEP were onsite at NDE in October 2024. The Office of Special Education leadership team is currently reviewing the letter and the information from the 2025 DMS report from OSEP will soon be made public.
- The Office of Special Education is in the process of providing more timely data Discipline Data to Districts with ultimately the goal of helping Districts improve their discipline data.

Current Agency activities/trends/improvements/issues impacting individuals with I/DD:

- Federal grant allocations have been made to all Districts in Nebraska; Districts have submitted their Federal Applications to NDE and the Office of Special Education is in the process of reviewing them.
- The Office of Special Education will be partnering with SPED Strategies for the 2025-26 school year, as apart of Nebraska's Journey to Inclusion; convenings to be held at ESUs 6 and 16.

Future/upcoming Agency activities:

- RoadTrip: 2025 NeMTSS Summit: Navigating Literacy on the MTSS Highway at the North Younes Center in Kearney, Nebraska
- 2025 Tri-State Regional Special Education Law Conference- November 13, 2025- November 14, 2025

Nebraska Council on Developmental Disabilities

State Agency Representative Report to Council Members

Representative: Tony Green, Director

Agency: Department of Health and Human Services – Division of Developmental Disabilities and Home & Community Based Services

Update on activities/trends/improvements/issues impacting individuals with I/DD since the last Agency update:

Elimination of the Developmental Disabilities (DD) Waitlist

- The Division received approval on submitted amendments to the CDD, DDAD, FSW, and AD waivers to CMS on July 1, 2025.
- The Division made a total of 3,459 offers to individuals based on their eligibility
 - o The Division made 77 offers for the CDD waiver, 100% of which have been accepted
 - o The Division has made 859 offers for the DDAD waiver, of which 405 have been accepted (47%), 295 have declined (34%), and 159 are pending (19%).
- The timeline and other information on the elimination of the waitlist can be found at <https://dhhs.ne.gov/Pages/DD-Wait-List.aspx>.

Future/upcoming Agency activities:

All Information available on DD Calendar of Events page on DD Homepage

- Person-Centered Planning Champions – Dive into Charting the Life Course Tuesday, September 2, 2025
- Monthly DHHS Stakeholder Meeting – Monday, September 8, 2025
- DD Advisory Committee Meeting – Wednesday, September 10, 2025
- Olmstead Advisory Committee Meeting – Wednesday, October 29, 2025

Nebraska Council on Developmental Disabilities

State Agency Representative
Report to Council Members

Representative: Diana Meadors, Deputy Director of Administrative Operations

Agency: Division of Behavioral Health

Update on activities/trends/improvements/issues impacting individuals with I/DD since the last Agency update:

DBH continues to move forward with the certification of our CCBHC's. Our Pathways Home waiver also continues to move forward. We posted the Request for Applications for the Opioid settlement dollars and the date for applications has ended. We are currently in the process of scoring the applications. We hope to have them completed and award letter sent out to those that are selected. DBH completed our disaster exercise with all 6 regions and DBH's facilities.

Future/upcoming Agency activities:

Our OCA team is currently working on activities for recovery month in September.

Nebraska Council on Developmental Disabilities

State Agency Representative Report to Council Members

Representative: DJ Plautz

Agency: Nebraska VR

Update on activities/trends/improvements/issues impacting individuals with I/DD since the last Agency update:

- Nebraska VR continues to provide technical assistance to agency providers in an effort of improving the quality of service delivery.
- Nebraska VR and Virginia Commonwealth University (VCU) partnered to host a training on the best practices of supported employment on July 1st at the Lincoln VR office. Virtual follow up sessions are scheduled for August 5th and 18th.
- Successful SE/CE outcomes for PY 2024 = 178
 - Additional SE/CE data elements are currently under review with the Olmstead Employment Workgroup
- Nebraska VR continues to collaborate with Becki Koehler and agency partners as a result of the Dr. Mills study and subsequent action plan.
- Nebraska VR and ATP continue to be actively engaged in the development and implementation of Nebraska's Olmstead Plan. The VR Director leads the employment workgroup and the ATP Director is the chair of the housing workgroup. The agency's involvement in this critical planning helps to ensure employment and accessibility remain a priority for Nebraskans with disabilities.
- On July 15-16 Nebraska VR, ATP, Client Assistance Program and IT staff from across the state met in Kearney for its first in-person conference in nearly a decade. A variety of breakout sessions were offered with internal and external presenters. Two national speakers gave keynote presentations highlighting their life experiences and the power of hope and perspective.
- Nebraska VR is funding 17 short-term summer programs (serving up to 316 students). The programs are designed to provide career exploration, job readiness, and work based learning opportunities for students with disabilities. Summaries for each of the summer programs can be found by visiting <https://vr.nebraska.gov/students/tsp.html>

Nebraska Council on Developmental Disabilities

State Agency Representative
Report to Council Members

Representative: Jennifer Severe-Oforah

Agency: DHHS, Division of Public Health

Since the last report, Title V has established 9 priorities for 2025-2030, two for Children and Youth with Special Health Care Needs (CYSHCN), Increasing developmental screening, and access to mental and behavioral health services. The following is an excerpt describing proposed strategies and activities as well as how Title V will monitor progress:

Priority: Increasing access to early screening and identification for CYSHCN

Performance Measure: Percent of children with special health care needs, ages 0 through 17, who have a medical home

Objective SHC1: Increase the percentage of families who have a medical home

Strategy SHC1a: Increase Educational Service Units (ESUs) awareness of patient-centered medical homes and capacity to refer families to potential medical homes in their community

Strategy SHC1b: Continue the Family Care Enhancement Project (FCEP) through UNMC MMI that uses a parent resource coordinator to support CYSHCN families through a medical home

Strategy SHC1c: Support CYSHCN families through the MHCP and DCP

Title V will work with Nebraska's ESUs to promote awareness of patient-centered medical homes and materials for families that encourage them to lead connections between school services and clinical services. Title V will build relationships with school-based health centers in Nebraska and inquire about their needs to promote medical homes with the families they serve. Title V will partner with NDE to work with each ESU across Nebraska, leveraging the examples of ESUs who are promoting school/medical collaboration.

UNMC MMI provides care coordination services through parent resource coordinators as peer specialists who can walk alongside families, helping them navigate care and make informed decisions. The FCEP has staff who can provide services in English and Spanish. Additional support for families with limited English proficiency could be addressed by partnering with community health workers (CHWs) in the community who speak the same language as the families seeking care. Title V will encourage collaboration between FCEP staff and CHWs to provide culturally appropriate care and help families understand their medical information and referrals when possible.

MHCP and DCP can support CYSHCN families across Nebraska by supporting the care they receive in the community. MHCP provides services through medical clinics, traveling to rural

parts of the state to provide services in a clinical team approach. Clinical notes are sent to the family's primary care provider. The DCP can help families to attend medical appointments by addressing barriers like mileage, lodging, home/vehicular modifications, etc. This system of care can move towards a more equitable distribution of resources to enable all families to receive care without significant burden, especially those who are under-resourced and have CYSHCN.

Objective SHC2: Increase the percentage of families who receive developmental screenings between 9 and 35 months

Strategy SHC2a: Promote screening tools and early intervention materials to health care providers, ESUs, maternal health care provider clinics, and community-based organizations to increase timely developmental screenings

Strategy SHC2b: Address family barriers to receiving developmental screenings

Developmental screenings are a key to ensuring CYSHCN can get connected to support services, and all children should be screened at intervals identified by the American Academy of Pediatrics. Title V will leverage parent resource coordinators, home visitors, and CHWs to address family barriers to receiving developmental screenings. Depending on the program, some visitors complete developmental screenings as part of their programming. When this is done, home visitors share the results with the family they're serving, reflect on the results together, and encourage the family to talk to their primary care provider (or get one) about their concerns. Title V will explore if there is interest from school-based medical centers, daycare centers, and youth programs in hosting screenings for children aged 0-5. If interested, Title V will provide training on administering the Ages and Stages Questionnaire and referring families to additional services. In each situation, the staff can help make sure the loop for referral is closed and families get the services they need when they need them. While it may require further exploration, using these familiar, accessible settings could help reach more families earlier.

Title V will partner with each Certified Community Behavioral Health Clinic (CCBHC) in Nebraska to promote primary care screenings. CCBHCs provide around-the-clock crisis care to anyone in need of mental health or substance use assistance. One of the nine integrated services that CCBHCs offer is a whole health approach, with outpatient primary care screening and monitoring. Title V will work with CCBHCs to support screening and referral.

After receiving a referral based on a developmental screen or someone who suspects a delay, EDN works with children from birth to age 3 to connect them to professional services to further screen, diagnose, and treat underlying causes of delays. Nebraska ChildFind works with children age 3-21 to provide similar services through their school districts. Some families receiving these supports also need additional services through private health care providers. Coordinating this level of care can be a significant burden for families, especially those with multiple children, limited time, and travel constraints.

Community support may be available for these families, depending on where they live. Early Head Start allows CYSHCN to qualify for preschool programs that offer more care and daily support. Childcare providers can help connect families to care when they suspect a developmental delay. In Lincoln, there is a strong group of home daycare staff who are advocating for more training on how to approach families they serve when there are possible developmental delays. Title V will support childcare providers, community-based organizations, and healthcare providers by sharing the "Learn the Signs. Act Early." materials from the CDC.

Priority: Increasing access to mental and behavioral health services for CYSHCN
SPM: CYSHCN who received all the mental health care or counseling that they needed
ESM: None

Objective SHC3: Increase the percentage of CYSHCN with mental and behavioral health needs who are receiving services

Strategy SHC3a: Use community health workers, parent resource coordinators, and patient navigators to provide care coordination services for mental and behavioral health

Strategy SHC3b: Bridge existing resources with expertise in triage, screening, referral, and support services for CYSHCN experiencing mental health crises, as part of a five-year plan

Strategy SHC3c: Build family awareness and knowledge of existing programs and support by hosting sessions at family-centered conferences in Nebraska

Building on work discussed with the previous priority, Title V will use CHWs, parent resource coordinators, and patient navigators to provide care coordination services for mental and behavioral health services. These staff work in health departments, clinics, hospitals, and community-based organizations around Nebraska. These staff often being members of immigrant, refugee, or disadvantaged communities, have ties to the communities they serve. This goal aligns with the work of the Nebraska Partnership for Mental Healthcare Access in Pediatrics (NEP-MAP). NEP-MAP will provide funding to support care coordination efforts across the state.

As mentioned above, Nebraska is supporting the development of seven Certified Community Behavioral Health Clinics in 2025. They will start to serve clients by the end of the year. The CCBHCs have targeted case management staff to help connect families to routine outpatient care. Title V will support the implementation of the CCBHC model and buoy connections between the clinics and the other systems of care for children and youth with mental health needs in Nebraska. Title V will connect the targeted case management staff to community health workers, parent resource coordinators, and family navigators across Nebraska.

Building on work from the 2020-2025 five-year plan, Title V will support the Connecting Families Project as it aims to address gaps in accessing, engaging with, and benefiting from available resources statewide. Title V will support collaboration between all partners to increase awareness of available resources. Further, Title V will support the utilization of resources and work with staff like community health workers, to identify barriers to using available resources.

Partnership collaboration is relevant for CYSHCN and is in the NDHHS' Olmstead Plan for SFY 2026-2032. Nebraska's Olmstead Plan has a vision for reducing reliance of individuals with disabilities on institutional care and expanding access to home and community-based services. The 2026-2032 plan includes a goal to strengthen collaboration to support access to services across the lifespan. With Title V support special attention is also being given to support the development of medical homes for CYSHCN as well as transition supports with respect to medical care as well as employment and community-based services and supports. NDHHS will engage NDE, Managed Care Organizations, and other key partners and stakeholders to support these initiatives.

Title V will promote awareness and utilization of services by hosting sessions about available resources at events where families are likely to attend. Examples include Joni & Friends' Family

Retreat Nebraska (a summer camp for families living with disability), the Nebraska Young Child Institute, and the School Mental Health Conference. These gatherings offer opportunities to meet families where they are and provide them with useful information and support.

Title V will collaborate with organizations that serve families directly, like PTI-Nebraska (Nebraska's Family 2 Family Health Information Center), Project Everlast, and the Arc of Nebraska. In the next five years, Title V would like to center family leadership in the promotion of existing resources. That may involve the Families Advising on MCH Interests Through Leadership and Community (FAMILY) Committee, school based behavioral awareness points of contact, parent resource coordinators, or some combination of these. In the next five years, Title V wants to lean into the peer support model to help encourage local access to available resources.

For more information:

<https://dhhs.ne.gov/Pages/Title-V-Needs-Assessment.aspx>

Nebraska Council on Developmental Disabilities

State Agency Representative Report to Council Members

Representative: Dawn Sybrant

Agency: MLTC

Update on activities/trends/improvements/issues impacting individuals with I/DD since the last Agency update:

- **Beneficiary Advisory Committee (BAC)**

Nebraska Medicaid held our first BAC meeting on July 17, 2025. Participation in the BAC provides an opportunity for current or former Medicaid members, their guardians, or their caretakers to share their lived experience with MLTC. We have 10 new members, some of which are caregivers or family members of IDD. At the first meeting, BAC members shared insights on the strengths, barriers, and opportunities they have encountered within Medicaid programs.

Current Agency activities/trends/improvements/issues impacting individuals with I/DD:

- **State Plan Amendment (SPA) NE 25-0001: Certified Community Behavioral Health Clinic (CCBHC)**

This SPA would create the CCBHC program, effective January 2026. CCBHCs will focus on providing integrated and comprehensive behavioral health services (such as crisis mental health response, mental health and substance use evaluation and treatment, and psychiatric rehabilitation).

- **1115 Substance Use Disorder (SUD) Waiver Amendment**

On July 18, 2025, the Nebraska Department of Health and Human Services (DHHS) posted a public notice of its intent to submit an amendment application to CMS under Section 1115 of the Social Security Act. DHHS is seeking approval from CMS for a five-year amendment to the Nebraska 1115 SUD demonstration.

This demonstration waiver amendment would allow Nebraska Medicaid to cover the following:

- o Short-term medically necessary residential and inpatient stays primarily for mental health treatment within settings that meet the regulatory classification of an Institution for Mental Disease (IMD) for people with Serious Mental Illness (SMI)/ Serious Emotional Disturbance (SED) who are otherwise eligible individuals, and

- o Medical respite care services provided to adults age 19 and older, who are homeless or at-risk of homelessness, and are recovering from acute or acute-on-chronic physical health conditions post-discharge from an eligible setting.

Nebraska Medicaid held public hearings for the waiver on August 4th and 5th. The public comment period is from July 18, 2025, to August 18, 2025. Comments pertaining to the public notice may be submitted to:

- o The Department of Health and Human Services Nebraska Medicaid, 301 Centennial Mall South, P.O. Box 95026, Lincoln, Nebraska 68509-5026.
- o Faxed to 402-471-9092
- o E-mailed to dhhs.demonstrationwaivers@nebraska.gov.

Use ATTN: Crystal Georgiana

Find more information at the [Substance Use Demonstration](#) webpage and the [Medicaid Public Notices](#) webpage.

Future/upcoming Agency activities:

Nebraska Council on Developmental Disabilities

Disability Rights Nebraska Report to Council Members August 2025

Representative: Seamus Kelly/ Tania Diaz

Agency: Disability Rights Nebraska

Update on activities/trends/improvements/issues impacting individuals with I/DD since the last Agency update:

Advocacy Example:

Disability Rights Nebraska intervened to prevent an Omaha-area high school from pushing a 17-year-old student with disabilities to graduate prematurely. The girl had failing or nearly failing grades in multiple classes and was not meeting her Individualized Education Program (IEP) goals. The girl's mother wanted her daughter to continue her education in the Adult Transition Program designed for students ages 18-21, where she would learn life skills and have daily structure during those important developmental years.

The student has diagnoses of ADD/ADHD, anxiety disorder and autism. Her mother contacted our agency after school officials misled her into signing paperwork for graduation, rather than the transition program. The mother contacted the directors of both the state and school district to object.

The school arranged a meeting on the last day of the academic year. Our Inclusive Education Lay Advocacy Program Coordinator attended the meeting to assure the student will be enrolled in the Adult Transition Program with appropriate goals.

Advocacy Example:

As young adults with disabilities approach the age of 19, we sometimes receive calls from parents seeking advice about obtaining legal guardianship over their offspring.

Generally, our agency discourages legal guardianships, because they remove many of a person's rights. Instead, we advocate for alternatives such as

Supported Decision-Making. Supported Decision-Making (SDM) allows people with disabilities to make choices about their own lives with support from a team of people they choose. Instead of having a guardian make decisions for the person with the disability, Supported Decision-Making allows the person to make his or her own decisions with input from the chosen team.

We discussed Supportive Decision-Making with the parents of an 18-year-old from Lincoln with severe intellectual disabilities. The parents liked the concept, but were uncertain if Supported Decision-Making would be a good fit for their son. Therefore, we gave them links to credible sources of information about legal guardianship in Nebraska: the Nebraska Judicial Branch and the University of Nebraska-Lincoln. Furthermore, we provided our own agency's information about Health Care Power of Attorney for their son.

Lay Advocacy Program:

The spring Inclusive Education Lay Advocacy training concluded on April 3rd with 5 new advocates trained. Three advocates were from the Omaha area, one from Lincoln and one from Scottsbluff.

Eight referrals were made to the Inclusive Education Lay Advocacy program during the third quarter. Three of the families had an advocate to help them with their special education concerns. The others were provided with information to assist them.

A meeting was held with the outside collaborators who assisted with the Inclusive Education Lay Advocacy training on April 29th. The potential impact of future budget cuts was discussed. All of the collaborators agreed to continue to work with the project regardless of the outcome.

A meeting with advocates was held on June 18th. The potential impact of future budget cuts was discussed. The advocates were advised that collaborators were willing to continue to work with the project regardless of the impact and that program staff would continue to support them in their advocacy efforts.

The next Inclusive Education Lay Advocacy training will take place from September 9- October 16th. If you are interested in attending, please contact Pat Cottingham pat@drne.org.

Medicaid Fact Sheet:

Disability Rights' Leadership team members coordinated to gather information and create a fact sheet demonstrating the impact of potential cuts to Medicaid. Using the Lived Experience Listing in Bloomerang, we solicited quotes from three families about how their family member utilizes Medicaid to remain independent and be an active part of their community. The educational fact sheets were initially distributed to Nebraska congressional representatives but have also been shared with reporters and other interested parties.

Meeting with Representative staff:

Members of the Leadership Team met via Zoom with staffers from Representative Flood's and Bacon's offices and with Representative Adrian Smith to provide information about Nebraska's Protection & Advocacy system and how potential Medicaid cuts could impact people with disabilities in the state. Follow-up emails included the Medicaid Fact Sheet.

Meeting with Health and Human Services Leadership:

DD Network Partners (Kristen Larsen, Mark Shriver and Tania Diaz) met with CEO Steve Corsi, Director Tony Green and Director Drew Gonshorowski sharing our concerns with Medicaid cuts and people with disabilities on June 2. DD Network Partners also had a follow-up meeting with Director Tony Green and Director Drew Gonshorowski to learn what they are hearing about how Nebraska will be affected by the Medicaid cuts going into effect in 2026/2027.

UNL Psychology Dept Panel presentation:

We were contacted by Chelsea Witt, an Assistant Professor at the UNL Department of Psychology about the possibility of participating in a panel on Ableism for her Psychology of Diversity class to give the students the perspective of people with lived experience of disability. Sharon Ohmberger worked with Dr. Witt and reached out to three advocates with physical and mental health disabilities about participating (Jill Flagel, Jody Faltys, and CJ Zimmer). The panel was well received by Dr. Witt's class and a number of students stayed after to talk with the panel members individually. Dr. Witt gathered Jill, Jody and CJ's contact information with the intention of having them speak for future classes. Approximately 100 students were in attendance.

Panhandle Pride – June 1 | Frank Park, Scottsbluff

Staff attended the Panhandle Pride Festival in support of LGBTQ+ individuals with disabilities. Through direct engagement, we shared resources on legal rights and promoted an inclusive vision for disability advocacy. This event helped strengthen community ties and amplify intersectional voices.

Veterans Stand Down – June 11

This one-stop community event focused on serving the needs of Veterans. Our team provided information on disability benefits, mental health support, and legal advocacy services. We connected with Veterans who may face service barriers due to disability and ensured they had access to information about their rights.

Email Newsletters:

Seven email newsletters were sent out to our list during this quarter. Open rates on most continue to be around average (42.35% industry-wide, 53.21% for nonprofits). An additional email was sent out on 5/5/25 for Give to Lincoln.

Content was as follows:

- o 4/21/25: Zip-code focused announcement of Sen. Pete Ricketts live town hall meetings in Kearney, Valentine and Scottsbluff; resources to contact elected officials about concerns about possible Medicaid cuts; announcement of Social Role Valorization training in August.
- o 5/16/25: National Medicaid Call-in Day reminder; congressional plan summary; resources to respond.
- o 5/21/25: Zip-code focused announcement of Rep. Mike Flood's live town hall in Seward, NE; resources to contact elected officials.
- o 5/29/25: Announcement of annual public meeting of the Board of Directors; SRV; Give to Lincoln.
- o 6/19/25: Message from the CEO on funding, Medicaid, Donate button included.
- o 6/25/25: Announcement of Rep Mike Flood's mobile office hours in Papillion.
- o 6/27/25: Announcement of Public Comment opportunities, SRV and ENABLE trainings.
- o

The Blog Team met 5/15/25 to review the content calendar and schedule posts for the remaining months of FY 2025. Three blog pieces were written by team members and published on the website during this quarter:

1. 4/11/25: [Autism Awareness Month: Fostering Understanding, Empathy, and Inclusion](#) by Pat Cottingham
2. 5/14/25: [Medicaid + Congress = Uncertainty: What You Can Do](#) by Sharon Ohmberger
3. 6/16/25: [Disability Rights Nebraska Receives 2025 Advocacy Award](#) by Molly Klocksins.

Monitoring:

BSDC and Day Programs for people with developmental disabilities.

BSDC:

We have learned that they are considering an expansion of the Crisis Stabilization Unit, which is currently only short term stays for younger people who had significant behaviors in the community. The plan is to bring home system-involved youth who are currently placed out of state due to the lack of placements in Nebraska for youth whose IQ tests under 80. BSDC Director asserted there are currently only four such placements in the whole country: in Arkansas, Georgia, South Carolina and Texas. He characterized these youth as “extremely problematic” in their behaviors and said that the out of state places simply hold them in a secure manner without preparing them for a return to socialized community services. The current Crisis Stabilization Unit has capacity for ten people, and he hopes to expand to be able to take twenty people. The unit would physically be in Building 411 (now known as 3071 State), cottages that have not been in use for several years but that are in good condition.

Developmental Disabilities Day Programs:

Day Programs:

We had a report of a staff member who sexually assaulted a program participant at one location. We completed in-person monitoring of four-day program sites, completed interviews with the victim and her parents, and received the final record production showing the Department of Health and Human Services’ investigation into the assault.

Nebraska Council on Developmental Disabilities

State Agency Representative
Report to Council Members

Representative: Mark Shriver

Agency: Munroe-Meyer Institute University Center for Excellence in Developmental Disabilities

Update on activities/trends/improvements/issues impacting individuals with I/DD since the last Agency update:

In August 2024, MMI/UCEDD initiated a Transition to Lifespan Care (TLC) clinic designed to serve individuals with DD who are transitioning to adulthood. The TLC Clinic is interdisciplinary and includes a nurse manager, pediatric internist, care coordinator, psychologist, occupational therapist, and physical therapist. The TLC clinic offers evaluations and ongoing recommendations to support individuals as they transition to adult providers. Some individuals may need a one-time visit, while others may need multiple visits over several years. The interdisciplinary care team develops a personalized plan to support the youth as they move from pediatric to adult medical care and related (e.g., educational, employment, housing, social services) adult-level services. The clinic is provided monthly serving 3-4 individuals each month from across Nebraska. Youth and families from outside the Omaha metropolitan area are connected with service in their local area and on-going support is provided by our TLC team for the youth, family, and local providers as needed. The TLC clinic has served 26 individuals ages 14 and older this past year. There are 22 individuals on the waitlist for this coming year, and we are looking to expand clinic time to meet the increasing need.

We have hired a primary care physician who will start working in September 2025. We are actively recruiting for another physician and 1-2 psychiatrists.

Our contract with NE DHHS for administration of the National Core Indicators survey was not renewed for this coming year. NE DHHS will be continuing the NCI survey, but will manage the administration of it internally.

Our contract with NE DHHS for development of a standardized online onboarding training program for Direct Service Professionals was terminated in June due to funding and lack widespread support by provider organizations. We are continuing development of training and seeking other funding and working with provider agencies and independent providers supportive of this effort.

Current Agency activities/trends/improvements/issues impacting individuals with I/DD:

Senator Deb Fischer visited MMI for a tour on July 25, 2025 to learn more about UCEDDs and what we do. Representative Don Bacon visited MMI on August 12, 2025 for same reason. We

continue to advocate with federal legislators regarding the importance of UCEDDs and the DD Partner Network as they work on appropriations bill.

Rachel Ray collaborated with Mike Messerole, Professor at UNO, to submit a grant proposal to the U.S. Department of Education for Transition Program for Students with Intellectual Disabilities in Higher Education (TPSID). IF funded, this grant would support expansion of our post-secondary inclusive college program with UNO and help us work toward sustainability.

Future/upcoming Agency activities:

SOAR Conference is October 3-5, 2025 in Omaha, NE.

SOAR stands for Seeking Opportunities for an Advocacy Revolution. This event brings together self-advocates with disabilities from around the Midwest to exchange ideas and learn from each other about advocacy. At the SOAR Conference, self-advocates from Colorado, Iowa, Kansas, Missouri, Nebraska, South Dakota, and Wyoming have opportunities to grow their advocacy skills by attending presentations and connecting with other advocates.

Please help spread the word. More information can be found at our MMI website on SOAR [SOAR Conference 2025 | Munroe-Meyer Institute | University of Nebraska Medical Center](#)

We are also in need of Sponsors, so if you know if anyone interested, please have them contact me or they can find more information on our website.

Please help us continue to enrich self-advocates lives through this exhilarating conference, by sponsoring this event and bringing support to self-advocates across the Midwest.

Friend - \$1000

- Includes a vendor table, registration and meals, evening event and breakfast vouchers, and your name in the program.

Ally - \$2500

- Includes all Friend level benefits, as well as an acknowledgement in the opening ceremony, an inclusion on conference banner, and a social media shout-out.

Advocate - \$5000

- Includes all Friend and Ally level benefits and a half page ad in the program, a full slide in the opening ceremony presentation, and your name on the back of the conference T-shirt.

We also have vendor tables available for \$150 at the conference.

Nebraska Council on Developmental Disabilities

Conflict of Interest Policy

Developmental Disabilities Council membership is required by law to be diverse. The Developmental Disabilities Act mandates that there be representatives on the Council of principal state agencies serving individuals with developmental disabilities, the Protection and Advocacy System and the University Centers for Excellence in Developmental Disabilities Education, Research and Services (UCEDD). These Council members (who serve on the Council by virtue of their position) are key providers and players in the state system and may also wish to expand services to more individuals with developmental disabilities in innovative ways. Councils are mandated to encourage and support these agencies to do so.

The DD Act mandates that a non-governmental representative and a non-profit representative from organizations concerned with services for individuals with developmental disabilities shall be included in the Council Membership.

In accordance with the DD Act, 60% of the Council's membership must consist of individuals with developmental disabilities, parents or guardians of children with developmental disabilities, or immediate relatives or guardians of adults with mentally impairing developmental disabilities who cannot advocate for themselves. These citizen Council members represent the interests of all individuals with developmental disabilities in the State, the key stakeholders who seek and use the system of services.

Depending upon the objectives in the Council's State Plan, it is possible that agencies and organizations with which Council members and staff are associated might apply for and receive grants or contracts from the Council. Thus, there is the possibility that these Council members may appear to have a conflict of interest, even where one does not exist, because of their associations with these agencies and organizations.

This policy attempts to deal with the problem of conflict of interest in ways fair to Council members and staff which enable the Council to function while protecting the integrity of the Council.

CONFLICT OF INTEREST: A potential conflict of interest exists when a Council member, in the discharge of official duties, would be required to take an action or make any decision that may cause financial benefit or detriment to himself/herself, a member of his/her immediate family or a business with which the Council member is associated which is distinguishable from the effects of such action on the public generally or a broad segment of the public.

CONFIDENTIAL INFORMATION: Upon receipt of any materials determined to be confidential, Council members promises to keep confidential all provided material designated as being confidential. Council members promises to not copy, scan, print, photograph, or otherwise reproduce the confidential material.

THIRD PARTY CONTACT: Council members will not engage in any contact or communication with any third party, including but not limited to any vendor, applicant, or potential applicant. If any such contact or communication should occur or if the Council member believes any such contact may have occurred or should occur, Council member will notify the Chairperson and/or NCCD staff immediately.

1. A copy of the "Conflict of Interest" Policy will be given to each Council member and at the first meeting of each federal fiscal year, Council members shall disclose any potential conflict of interests of which they are aware. These disclosures shall be duly recorded in the minutes.
2. When a Council member is aware of a conflict of interest, they should notify the chairperson and/or NCDD staff.
3. Council members with a conflict of interest should refrain from participating in the discussion. When a vote is taken, the Council members should abstain from voting. The minutes shall reflect that the Council members "abstained" from voting.
4. Any Council member who is unsure whether there is a conflict of interest or a potential conflict of interest should present the question to the Chairperson and/or NCCD staff prior to any vote being taken.

2027 – 2031 Goals & Objectives

Goal 1

By September 30, 2031, Nebraskans with intellectual and developmental disabilities and their families and guardians will experience measurable increases in opportunities for self-determination, independence, productivity, safety, and inclusion in community life, as a result of systemic changes at the state, regional, and/or local level.

Objective A: Through September 30, 2031, the Nebraska Council on Developmental Disabilities will advocate for and monitor the progress of Nebraska's 2026-2031 Olmstead Plan goal to expand access to safe, affordable, and accessible housing in the communities where Nebraskans with disabilities choose to live.

Objective B: By September 30, 2031, the Nebraska Council on Developmental Disabilities will advocate for systemic changes that expand access to Home and Community Based Services, such as person-centered community connection assistance and intermittent service alternatives, that increase the independence of Nebraskans with intellectual and developmental disabilities in their communities.

Objective C: Through September 30, 2031, the Nebraska Council on Developmental Disabilities will, in collaboration with related state agencies and organizations, advocate for systemic changes that increase the number of Nebraskans with intellectual and developmental disabilities who engage in competitive integrated employment and for the collection and sharing of data to measure the desired increase.

Objective D: By September 30, 2031, the Nebraska Council on Developmental Disabilities will advocate for systemic improvements in Medicaid navigation—defined as the ability of individuals with IDD and their families and guardians to understand, access, and effectively use Medicaid services. This includes increasing access to qualified providers, behavioral health services, and specialist care. These efforts aim to measurably enhance the health, wellbeing, and safety of Nebraskans with intellectual and developmental disabilities.

Objective E: Through September 30, 2031, the Nebraska Council on Developmental Disabilities will support high-quality, person-centered training opportunities for all professionals who provide support to individuals with IDD. These trainings will focus on enhancing skills that promote the self-determination, independence, productivity, safety, and inclusion of individuals with intellectual and developmental disabilities in community life.

Objective F: Through September 30, 2031, the Nebraska Council on Developmental Disabilities will, in collaboration with related stakeholders and organizations, monitor and respond to the needs of Nebraskans with intellectual and developmental disabilities and their families and guardians that result from manmade, natural, or environmental events.

Objective G: Through September 30, 2031, the Nebraska Council on Developmental Disabilities will serve as a trusted policy advisor to the Nebraska Legislature, the Governor, and other policymakers; track key legislative activity; collaborate with state and local stakeholders; and equip allies, self-advocates, families and guardians with tools to engage in advocacy. These efforts will ensure that policies across all areas of community life reflect the rights, needs, and voices of people with intellectual and developmental disabilities, promoting full inclusion and meaningful participation in decision-making.

Goal 2

By September 30, 2031, Nebraskans with intellectual and developmental disabilities and their families, caregivers, and guardians will have increased access to information, tools, and supports that empower them to make personally meaningful and appropriate choices about their services, education, employment, decision-making needs, healthcare, living situation, and relationships—leading to more self-determined lives.

Objective A: Through September 30, 2031, the Nebraska Council on Developmental Disabilities will increase the influence of self-advocates and leaders with disabilities by strengthening, supporting, and funding at least one self-advocacy organization led by people with intellectual and developmental disabilities.

- By September 30, 2031, the Nebraska Council on Developmental Disabilities will support opportunities for transition-age youth (14–21) with intellectual and developmental disabilities to form self-advocacy groups that build leadership and self-determination skills, promoting their inclusion in age-appropriate community clubs and activities.
- By September 30, 2031, the Nebraska Council on Developmental Disabilities will increase opportunities for self-advocate leaders to train others with disabilities to increase their personal, civic, and/or collaborative leadership roles.
- By September 30, 2031, the Nebraska Council on Developmental Disabilities will expand self-advocate participation in cross-disability and culturally diverse coalitions.

Objective B: Through September 30, 2031, the Nebraska Council on Developmental Disabilities will support individuals with intellectual and developmental disabilities, their families and guardians, and Council staff to increase leadership and participation in policymaking through active participation in statewide advisory committees, cross-disability workgroups, public advocacy, and cross-system dialogue.

Objective C: By September 30, 2031, transition-aged youth (ages 14–21) with intellectual and developmental disabilities, along with their families and guardians, will have increased access to person-centered planning—grounded in the Charting the LifeCourse framework—through education and training that support informed choice and successful transitions to inclusive, meaningful employment and adult services. This will be achieved through collaboration with the Developmental Disabilities Network, state agencies, and community partners.

Objective D: By September 30, 2031, as the result of Nebraska Council on Developmental Disabilities efforts, individuals with intellectual and developmental disabilities, their families, guardians, professionals, related organizations, policymakers, and the public will have greater access to information about disability issues, services, and supports, and will assist individuals, their families, and guardians, to obtain needed supports and advocate effectively for themselves and for systems change.

Nebraska Council on Developmental Disabilities Council Committees for FFY2026

Legislative & Advocacy Committee (February 5, 2026)

Legislative & Advocacy Committee Chairperson – TBD

1. Quinton Corwin – Interested in Chair
 2. Shauna Graham
 3. Brent Hoffman
 4. Seamus Kelly
 5. Eddie Kraska
 6. Diana Meadors
 7. Sasha Reeks
 8. Joe Valenti – Interested in Chair
- *Beth Libra

Planning Committee (October 23, 2024, November 3, 2025, and April 16, 2026)

Planning Committee Chairperson – TBD

1. Christopher Chambers
 2. Diane Cochran
 3. DJ Plautz
 4. Mark Shriver
 5. Judy Trent – Interested in Chair
- *Beth Libra

Grant Review Committee (August 20, 2026)

Grant Review Committee Chairperson – TBD

1. Christopher Chambers
 2. Tony Green
 3. Shaistha Kiran Karipi
 4. Jennifer Severe-Oforah
 5. Dawn Sybrant
- *Beth Libra

Still need to place:

Ashley Hansen – 1st term ended; Family member; Governor plans to replace
VACANT – Self-Advocate
VACANT – Self-Advocate
VACANT – Self-Advocate
VACANT – Family
VACANT – Family
VACANT – Non-Governmental

Continuation Subawards Scope of Work Summaries

✓ **UNMC – MMI – Targeted Disparity - *Enhancing Quality of Life for Spanish-speaking families in the Hispanic/Latino Community***

The goal of this project was to support Spanish-speaking individuals with intellectual and developmental disabilities (I/DD) and their families. Over four reporting periods, the team developed and launched a bilingual (English/Spanish) community needs survey via Qualtrics, distributing it at events such as the Hispanic Little Angels Community Event, reaching over 100 families. Eight surveys have been completed, with outreach ongoing to meet the goal of 20 responses. MMI has translated over 20 caregiver training modules and 23 administrative documents (including handouts, consent forms, and policies) into Spanish. Two culturally responsive community training events were held with 22 participants (18 in-person, 1 virtual, and 3 family pairs). MMI passed out approximately 75 folders and items to Hispanic families from Omaha and the surrounding community. The folders contained a QR code for the survey, as well as behavioral support materials. MMI has established and conducted 3 comprehensive Spanish group caregiver training sessions. Caregivers reported high satisfaction with the relevance and clarity of the content. MMI also participated in the Empowerment in Special Education Conference and Resource Day, which further expanded outreach. The team pilot caregiver training at ACT Clinics using culturally adapted materials, treatment plan templates, and billing processes. With over 40 Spanish-language resources created or refined and strong community partnerships in place, the project is well-positioned for continued impact.

ACT – Autism Care for Toddlers

✓ **Goodwill Omaha – *The EmployAbility Awareness Campaign: Showcasing Inclusive Employment***

The goal of this project was to enhance public and employer awareness regarding the capabilities of individuals with intellectual and developmental disabilities (I/DD) as valuable employees. Between September 2024 and October 2025, the program supported 70 participants in the Work Experience Program, delivering over 8,271 hours of individualized coaching across employability skills, job readiness, social skills, motivation & attitude, and job site training. The Resource & Job Fair drew over 130 attendees and 30 community partners, featuring 10 workshops, three of which were employer-focused, and peer-led sessions that built leadership and self-advocacy skills. A multimedia campaign reached over 1 million impressions through radio, digital ads, and social media, while videos like “My Disability Doesn’t Define Me” reached 50,000 viewers. Additionally, 5,000 brochures and 500 posters were distributed to raise awareness. These efforts have not only improved public perception and employer engagement but also laid the groundwork for statewide advocacy through initiatives like the upcoming Advocacy Toolkit and Annual Advocacy Day.

✓ **ESN** – *Employment First: Informed Choice Matters*

This project demonstrated the impact and importance of benefits planning education through individualized assistance to encourage and enable people with I/DD to make informed decisions and choices related to their living and employment. The project developed and provided a model for access to benefits planning education and assistance for Nebraskans with I/DD and their families.

In year 1, project staff offered and provided information, training and consultation support to Service Coordinators, educators, support staff and agencies that reflected best practices in identifying referrals, outlined service definitions and suggested outcomes and impacts. ESN worked internally with the marketing team to develop an informational form and referral form in one, allowing easy access to online forms and contact information, streamlining referral processes. Materials were shared with professionals, education was provided, referrals were received, and families were served with valuable information to make informed decisions. ESN continues to support families engaged in this project, ,since benefits planning and work is often a progressive decision that can be impacted by several factors, including types of benefit received, change in family income/assets, starting work or adjustments to projected work activity.

In year 2, ESN will continue to provide the valuable benefits planning service that the Department of Developmental Disabilities has embraced. Going forward, Nebraska will become a contracted partner for this waiver service. These continuation funds are essential, as they ensure all eligible individuals receive this valuable service regardless of their location or case status with the Department of Health and Human Services (DHHS). The project will also maintain and enhance its digital resources. With the development of the mobile application (app) in prior Nebraska Council on Developmental Disabilities (NCDD) iterations, and training for professionals, these resources will be maximized and combined into online learning opportunities. A new initiative, the Learning Management System (LMS), is in progress. The LMS is an offshoot of the prior project's app development and will make the presentations and education provided to DHHS under previous iterations permanently available online, on demand. To support people receiving benefits planning services, the project will fulfill a request for materials, specifically a calendar. This calendar is tied to benefits management and critical touchpoints, such as reporting wages. It alleviates the need for continued follow along contacts, allowing people to strengthen their ability to self-direct because it prompts the important reminders that are identified for the individual.

✓ **MMI – Increasing Access to Early Diagnosis of ASD in Toddlers Through an Intervention to Promote Community Knowledge of EarliPoint**

This project's goal was to increase knowledge of EarliPoint, which is an FDA authorized device for assisting in diagnosing ASD in toddlers 16 to 30-months of age. Currently, the Autism Diagnostic Clinic (ADC) is considered an "earliadopter" of EarliPoint and is the only site in Nebraska where EarliPoint is being used clinically. EarliPoint is a new device and the first assessment for ASD that measures an objective biomarker for ASD (i.e., social visual engagement), rather than behavioral markers reported by caregivers or directly observed by clinicians.

In year 1, MMI developed the materials for their presentations and measurable outcomes to achieve. They have completed 8 presentations (total of 75 people have attended) and had several webinars open to the public to attend. Based on feedback, the project team made some changes to the presentations and are working to create a comprehensive presentation that is approachable for providers and families to be housed on their MMI website. This project with MMI has a no-cost extension that will extend until end of Dec 2025. MMI needed some more time to provide a few more presentations and continue to gather feedback from the focus groups on the EarliPoint education materials. If there was one thing the project team would do differently, it would have been to meet with physicians ahead of the training to discuss the best approach for reaching out to other physicians within NE.

In year 2, MMI will finalize the EarliPoint website to show results of their presentation and related materials. A brochure will be created for families to help them better understand EarliPoint and how it can be part of an evaluation. EarliPoint is in the process of getting FDA authorized for use in children up to the age of 9 in the first quarter of 2026. MMI will expand the use of EarliPoint to toddlers from Spanish speaking families and then expand use of EarliPoint to children from English and Spanish speaking families from 16 to 54 months. Currently, EarliPoint costs \$225.00 per use. This cost is not covered by insurance companies, and we do not bill families for this cost. This is a financial loss to ADC. There are advocacy efforts continuing to develop a billing code for EarliPoint that would essentially cover the cost per use, but it will likely be some time before this code is approved. ADC would like to expand their work with EarliPoint to help cover some of the costs associated with this expansion and MMI will continue doing public outreach about EarliPoint and identifying ASD in young children. Public outreach will include webinars offered quarterly using the updated materials developed in Year 1 of this project.

MMI – UNMC --Targeted Disparity - Enhancing Quality of Life for Spanish-speaking families in the Hispanic/Latino Community Through Comprehensive Support and Evidence-Based Treatments for Developmental Disabilities.

Note: Revised Work Plan Information for Year 2. Content from year 1 was expanded upon, when applicable, to discuss continuation for a 2nd year of Funding. See sections #1, 4, 6, 7 for updates.

Updated Title: Expanding Evidence-Based Autism Services Through Comprehensive Supports for Spanish-Speaking Families

1. **Project Summary.** Provide a brief, one paragraph statement that clearly states the project goal, the major activities to be undertaken, and the projected impact on people with developmental disabilities and/or family members.

Year 2: The goal of this project is to improve the lives of individuals with developmental disabilities (DD) and their families who speak Spanish in the Hispanic/Latino community by improving access to evidence-based treatments, comprehensive support services, and resources. During year 2 of this project, we plan to offer 1 additional community training event with a Zoom option, record two previous trainings and record at least 1 new training to have available online (e.g., YouTube training channel), and disseminate resources and results more widely. Additionally, we plan to expand and revise the caregiver training programs at MMI in Spanish based on ongoing social validity data and establish a more formal recruitment system (e.g., with community partners).

Year 1: The goal of this project is to improve the lives of individuals with developmental disabilities (DD) and their families who speak Spanish in the Hispanic/Latino community by improving access to evidence-based treatments, comprehensive support services, and resources. The project will include the following activities: (a) surveying the Hispanic/Latino community about their needs, feedback, and concerns, (b) organizing community-wide training events in Spanish on applied behavior analysis intervention strategies, (c) establishing and disseminating a group caregiver training program at the Autism Care for Toddlers Clinics for caregivers of individuals with Autism and their families in Spanish. The initiatives are expected to empower individuals and their families by providing them with the necessary resources and tools to overcome the unique daily challenges they face, promoting independence, inclusion, and overall well-being. We currently have bi-lingual students (Marisol Loza Hernandez: ACTION Clinic), and staff (Kriste Velez, ACT Clinic) who will assist with this grant and have already collaborated with our team for other events for the Hispanic/Latino community.

2. **Agency Qualifications.** Describe and document the applicant’s capacity to carry out the programmatic intent of funds and proposed activities. Information in this section should include agency mission, programs, and services. The names, titles, qualifications, and experience of persons who will be responsible for and assisting with the project must be included.

UNMC is Nebraska’s only public academic health sciences center. UNMC has six colleges, three institutes and a graduate studies program, serving nearly 4,000 students in more than two dozen programs. Munroe Meyer Institute (MMI) at the University of Nebraska Medical Center, is both a federally designated University Center of Excellence in Developmental Disabilities (UCEDD), funded by the Administration on Intellectual and Developmental Disabilities and a federally funded Leadership Education in Neurodevelopmental Disabilities (LEND) program funded by Maternal and Child Health Bureau. Its faculty and three NIH-funded laboratories focus on interdisciplinary and collaborative education, research, training, and clinical services for individuals and their families affected by developmental and/or physical disabilities. It also

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serves rural communities across Nebraska and South Dakota and provides both clinical and research genetic testing to clinicians and laboratories around the world. The mission of the Munroe-Meyer Institute is to lead the world in transforming the lives of all individuals with disabilities and special health care needs, their families, and communities through outreach, engagement, premier educational programs, innovative research, and extraordinary patient care. MMI has 12 departments with approximately 550 employees and provides more than 50 types of clinical services. The institute provides diagnosis and treatment to approximately 15,000 children and adults annually with greater than 80,000 clinical visits and utilizes an interdisciplinary team approach that assures a comprehensive service program. As an academic unit of UNMC, MMI is committed to training healthcare professionals who will provide future care to children and adults with disabilities. MMI provides advanced training to students in a variety of specialized educational programs. The institute has a strong commitment to applied and basic research related to the prevention and treatment of genetic conditions and developmental disabilities.

Support is also offered through caregiver-training programs that teach the skills required to increase language, decrease challenging behavior, and promote generalization of skills to other settings. Education and training on clinical and research practices are provided to students from various institutions and partnering programs. Activities include applied clinical research that focuses on methods to improve intervention for children and their caregivers (i.e., applied behavior analysis, speech language pathology, psychology).

Mary Halbur (Assistant Professor) and Regina Carroll (Professor) are faculty with MMI at the University of Nebraska Medical Center. Marisol Loza Hernandez and Guangyi Lin are Graduate Research Assistants at the Institute. Kristie Velez is a Registered Behavior technician at the Autism Care for Toddlers Clinics. Our team has extensive experience with staff, caregiver, and community training and related supports. Our team works collaboratively on ongoing clinical, research, training, and community projects and activities. The grant team members will monitor the day-to-day activities, short-term and long-term goals, and annual strategic plan objectives to ensure the project’s mission and vision are achieved.

- 3. Coordination and Collaboration.** Describe your community involvement and document the strength of relationships with other agencies to achieve common goals. Information included would be a list of current agency subawards or contracts, evidence of working relationships and community partnering, and a list of agency memberships on community focus groups, teams, coalitions, or other local organizations. If applicable, identify other individuals or organizations collaborating on the project, and provide a brief description of their contribution and qualifications. Attach letters of commitment/support from these partners.

The Munroe-Meyer Institute is a leader in establishing and maintaining synergistic partnerships and relationships among the institute’s departments and programs (i.e., Autism Care for Toddlers [ACT] Clinics), community providers, organizations, and stakeholders. The organization has well-established relationships and partnerships with Autism Action Partnership, Special Olympics Nebraska, Parent Training and Information Nebraska, Children’s Respite Care Center, and more. The MMI Community Engagement and Care Coordination Departments guide the organization in identifying and connecting with current and new community partners to exchange information, knowledge, and resources to promote and provide high-quality care to individuals with autism and developmental disabilities. For example, see the letter of support from Graciela Sharif, Community Parent Resource Coordinator and Leadership Education in Neurodevelopmental and Related Disorders (LEND) Diversity Coordinator.

Our clinics at MMI also work closely with local and regional community agencies who support the advancement of education and resources for families of children with autism within diverse communities,

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which include Avenue Scholars, Learning Community Center of North Omaha, Omaha Public Schools (see letter of support from Jolene Martinez, Early Childhood Community Facilitator, Liberty and Gomez Heritage Elementary in Omaha Public Schools), Bluestem Health, MMI's affiliation with the Association of University Centers on Disability, MMI's LEND, MMI's Family Enhancement Project, University of Nebraska Omaha, University of Nebraska Lincoln, Midland University, and Creighton University.

We can also work closely with individuals from diverse backgrounds, and support a culturally inclusive environment for students, employees, clients, and caregivers. The collaborative partnerships with these organizations also improve the quality of care provided to the children and families receiving services. Caregivers and their children receive continuity of care by receiving information, training, and connections to community resources that support their families at home, school, and in the community. The MMI is also designated as a University Center for Excellence in Developmental Disabilities (UCEDD) and a member of the Association of University Centers on Disabilities which a core function of MMI as part of the UCEDD is to provide pre-service preparation and continuing education, services, research and information dissemination, and quality patient care.

4. **Detailed Narrative.** Identify the selected State Plan Goal and Objective for this project. Describe in detail the need for the proposed project and how your project will address the stated need. Responding to the requirements detailed in the Project Specific Requirements section, describe the activities that you will engage in, why these activities are necessary, and what these Primary Project Activities will achieve. Explain why this approach will be successful in achieving the project's goal, and the Expected Project Outputs (what will be created or achieved by the end of the project) and Expected Project Outcomes (the level of achievement or success that occurred because of the project activities). See Section 4 for examples of Expected Outputs and Expected Outcomes. Include a description of any products and deliverables that will be developed.

Year 2 expansion:

During year 2, we plan to present a culturally informed community training event by creating, revising, and refining educational materials in Spanish (e.g., handouts, presentations). Our team will record and disseminate at least three trainings in Spanish that will be available on an online platform (e.g., MMI Youtube) for families to access at their leisure. These will include subtitles and be accessible. We will also measure our progress by modifying or adding at least three new accompanying resources based on input from Year 1 (i.e., accessible in an online drive or listed how individuals taking the online training can access). This goal is related to key performance indicators SC 1.1 The number of policy and/or procedures created or changed. We plan to conduct one additional in-person community training event in Spanish with a zoom option. We will measure our progress by training approximately 10-15 individuals. This goal is related to the key performance indicators SC 1.4 The number of people trained or educated through council systemic change initiatives. Also, IFA 2.3 FAM- who are better able to say what they want or say what services and supports they want or say what is important to them. Lastly, IFA 3.2B The number of family members who are satisfied with a project activity.

During year 2 we also plan to modify and expand a culturally informed caregiver training program at the Autism Care for Toddlers Clinics for non-English speaking individuals with I/DD and their families. We plan to do this by more formal recruitment and outcome dissemination of the ongoing findings of our work, more broadly. This area will be measured by SC 1.3.1 and SC 1.4.

Year One: Navigating through the obstacles of health and education systems can be an overwhelming journey for culturally and linguistically diverse (CDL) families in the United States. For these families, whose primary language isn't English and whose cultural identity may differ from the dominant Anglo-

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American norms, accessing essential information and services can feel like an uphill battle (Passel & Cohn, 2008).

Consider the challenges faced by the 19.1% of the U.S. population who identify as Hispanic or Latino, with a significant portion reporting limited English proficiency (LEP; U.S. Census Bureau, 2020). Imagine the frustration when trying to comprehend critical health information or seeking support for a child with special needs, only to encounter barriers due to language misunderstandings or the unavailability of services in one's preferred language (Zucerkman et al., 2017).

Latino children diagnosed with autism frequently receive less assistance than their white peers, highlighting systemic biases and assumptions regarding cultural competencies (Magaña et al., 2013; Pearson & Meadan, 2018). It's discouraging to recognize that these discrepancies arise not due to insufficient necessity or effort, but from a systemic perspective that might undervalue the knowledge and advocacy capabilities of Latino parents (Angell & Solomon, 2017). Caregivers' unfamiliarity with their rights as parents of a child with a disability and with the system, in general, has been identified as a reason for delayed access to services and collaboration with professionals (Jegatheesan et al., 2010).

These families often find themselves geographically isolated from quality resources, with desirable programs concentrated in suburban areas that are difficult for urban families to access (Lovelace et al., 2018). Support networks, crucial for navigating the complexities of raising a child with special needs, are often situated in neighborhoods that may feel unwelcoming or culturally unfamiliar (Gilligan, 2013). In essence, behind these statistics and studies lies a deeply human narrative of resilience and struggle. It's about parents striving to provide the best for their children in a system that all too often seems designed to exclude rather than include.

Addressing the needs of culturally and linguistically diverse families requires targeted interventions that consider language barriers, cultural differences, and the geographical distribution of resources. By developing inclusive and accessible services, we can work towards eliminating these disparities and ensuring that all families have the support they need to thrive. Only then can we ensure that every child, regardless of their background, can thrive and receive the support they deserve.

The proposed project includes multiple activities linked to our organization's mission and the goals of the Nebraska Council on Developmental Disabilities. Our project is designed to align with Goal #3 which emphasizes Community Integration and Inclusion. Also, to better serve non-English speaking individuals with IDD and their families, we will use their feedback and suggestions to inform our approach, training methods, and training materials through needs survey.

First, we plan to identify community organization collaborators and create and administer surveys. We will measure our progress by gathering feedback from the established community through the completion of 20 surveys. This goal is related to key performance indicators IFA 1.2; IFA 1.3 The number of family members (1.2), and "others" (1.3) who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems. Also, SC 1.3.1 The number of practices created.

Second, we plan to prepare culturally informed community training events by creating, revising, and refining educational materials in Spanish (e.g., handouts, presentations). We will measure our progress by modifying or adding at least three accompanying resources based on stakeholders' input and community surveys. This goal is related to key performance indicators SC 1.1 The number of policy and/or procedures created or changed. Additionally, we plan to conduct three community training events in Spanish for the North and South Omaha areas, with at least 1 Zoom/Virtual option for the greater Nebraska community. We will measure our progress by training approximately 25 individuals. This goal is related to the key

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performance indicators SC 1.4 The number of people trained or educated through council systemic change initiatives. Also, IFA 2.3 FAM- who are better able to say what they want or say what services and supports they want or say what is important to them. Lastly, IFA 3.2B The number of family members who are satisfied with a project activity.

Third, we plan to establish a culturally informed caregiver training program at the Autism Care for Toddlers Clinics for non-English speaking individuals with I/DD and their families by refining caregiver training materials and note templates, making recruitment materials, translating them into Spanish, and updating terminology. We will measure our progress by creating at least 3 resource sheets or materials and accompanying resources. This goal is related to the key performance indicators SC 2.1.3 The number of promising and/or best practices improved as a result of systems changed activity. Additionally, we plan to create and administer modules and resources. We will measure our progress by having one culturally adapted social validity questionnaire. This goal is related to key performance indicators SC 1.1 The number of policy and/or procedures created or changed, and IFA 3.2B The number of family members who are satisfied with a project activity.

References

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5. **Accomplishments.** Summarize the expected accomplishments of the project. Identify the output and outcomes to be achieved (see Output and Outcome under the DD Suite Help button). Explain how successful completion of the project will contribute to achieving the State Plan Goal identified for this project. Explain what the projected short-term and long-term (post-project) benefits of the project will be for people with developmental disabilities and their family members.

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The proposed project has multiple outputs that will support our desired results and align with the State Plan Goals (i.e., Goal 2: Informal and Formal Supports: ‘By 2026, increase and strengthen the knowledge of individuals with intellectual and developmental disabilities and their families to promote and encourage informed decision making about their choices leading to improved quality of life, increased independence, productivity, and full inclusion in their communities’). First, we will conduct partnership meetings with community members and organizations, complete surveys, and assess community needs. Second, we will refine and develop educational materials and related resources based on the feedback and survey/needs assessment(s). We will also conduct at least three training events within the Omaha Metro for non-English speaking individuals in Spanish with I/DD and their families in the Hispanic/Latino community. These components will be sustained through ongoing partnerships. Finally, we will establish and refine a culturally informed caregiver training program for the Autism Care for Toddlers Clinics that will be sustained through ongoing insurance funding.

The proposed project’s planned short-term outcomes consist of an increased number of partnerships with community members, organizations, and resources for families. Another short-term outcome is the identification of the needs of the Hispanic/Latino community for autism resources, education, and training. A third outcome is that we plan to provide and achieve increased accessibility to educational materials and training events about autism for the Hispanic/Latino community. Fourth, there will be an increased number of stakeholders, caregivers and other family members who have participation in education and training, and we are planning to provide a better understanding of satisfaction and acceptability ratings from caregivers and community members who participated in the events.

Long-term accomplishments (i.e., post-project) will consist of symbiotic partnerships within the Hispanic/Latino community to increase awareness of developmental disabilities and improve access to resources for families. Additionally, community-based, and informed educational materials tailored to consumers will be generated and available for future users (e.g., resources shared with community partners such as LEND and OPS). Finally, the proposed project objectives will help establish an ongoing caregiver training program for the Hispanic/Latino community funded through future insurance funding to improve the quality of care and services for families and individuals with developmental disabilities.

6. **Work Plan.** Create a Work Plan of activities to complete the objectives using the Work Plan template. The Work Plan must include the following: start and end dates for each Activity (these dates cannot simply reflect the start and end dates of the project; each activity will have a specific start and end date); the person responsible for the activity; and the estimated number of individuals who will benefit from the project. Work Plan MUST include a goal and activities related to sustainability of the project and/or its outcomes.

See goals and outcomes in table below

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Year 2: WORK PLAN

Organization Name: University of Nebraska Medical Center, Munroe-Meyer Institute, Autism Care for Toddlers Clinics

Project Revised Title: Expanding Evidence-Based Autism Services Through Comprehensive Supports for Spanish-Speaking Families

Project Duration: 2nd year (1 year expansion)

Goal: Conduct a community training events for non-English speaking individuals with I/DD and their families, in the Hispanic/Latino community with a Zoom option.					
Objective: Prepare and conduct culturally informed community training events in Spanish, including online options					
#	Activity	List What Your Measure of Success Will Be	Responsible Staff/Party	Start Date	End Date
1	Record and Disseminate (including subtitles) 3 training events in Spanish for online dissemination (e.g., Munroe-Meyer Institute YouTube Channel, etc.) (Outcome: 3 recorded trainings with Spanish subtitles, go live online & # individuals who access online training and supplemental resources)	SC 1.1 The number of policy and/or procedures created or changed. IFA 1.2; IFA 1.3: The number of family members (1.2), and “others” (1.3) who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	Graduate Assistant, RBT, Faculty PI and Co-I	1/1/2026	12/31/2026
2	Create, revise, and refine educational materials in Spanish (e.g., handouts, presentations) [Outcome: modify or add at least 3 new accompanying resources based on stakeholder input and community surveys from year 1]	SC 1.1 The number of policy and/or procedures created or changed.	Graduate Assistant, RBT, Faculty PI and Co-I	1/1/2026	6/1/2026
3	Conduct 1 community training event in Spanish for the Omaha area, with a Zoom/Virtual option for the greater Nebraska community [Outcome: approximately 10 individuals trained]	IFA 1.2; IFA 1.3: The number of family members (1.2), and “others” (1.3) who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems. IFA 3.2B: # of family members (3.2B) who are satisfied with a project activity.	Graduate Assistant, RBT, Faculty PI and Co-I	1/1/2026	9/1/2026

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Goal: Project Sustainability					
Objective: Project Sustainability					
#	Activity	List What Your Measure of Success Will Be.	Responsible Staff/Party	Start Date	End Date
1	Establish a recruitment network (i.e., documentation system, attendance at community events) for ongoing Spanish-speaking family referrals to the caregiver training program.	SC 1.3.1 The number of promising practices created SC 1.4 The number of people trained or educated through Council systemic change initiatives	Graduate Assistant, RBT, Faculty PI and Co-I	1/1/2026	12/31/2026
2	Conduct training at the ACT Clinics for focused or comprehensive group caregiver training codes for at least 6 additional families.	# of people service (e.g., SC 1.4 The number of people trained or educated through Council systemic change initiatives)	Graduate Assistant, RBT, Faculty PI and Co-I	1/1/2026	12/31/2026

- 7. Project Sustainability.** Applicants must describe in detail their plan to sustain the project once Council funds end. The plan should identify the activities, features, or practices that the applicant wants to sustain. A description of whether their agency or other agencies or collaborators will assume responsibility for maintaining the project.

Modified for Year 2:

Following the completion of the goals outlined in this grant application, we will address program sustainability in a few different ways. We will continue to establish, maintain, and explore new ways of connecting with community partners to address the goals of this grant. We will be able to maintain the newly established Spanish caregiver training program at the ACT clinics through clinical revenue following the completion of the grant year 2 cycle.

FORM 3 – APPLICANT'S WORK PLAN

Principal Investigator/Director: Mary Halbur													From: 1/1/2026 To: 12/31/2026			
Title of Project: Expanding Supports for Spanish-speaking families in the Hispanic/Latino Community Through Comprehensive Support and Evidence-Based Treatments for Au													Number of Periods 1			
PERSONNEL (begin list with senior personnel)													# Months Inflation Factor for 2nd Year 3.00% COST SHARING			
PERSONNEL NAME	POSITION	DEPT #	UNMC Salary	% Benefits	% Effort	This Year	Next Year	2nd Yr out	Annualized Salary	Salary Requested	Benefits*	TOTAL	% Effort	UNMC Salary	Benefits*	Source
Mary Halbur	PI	5508	\$102,861	29.90%	5.00%	6	6	0	\$104,404	\$5,220	\$1,561	\$6,781	0.00%	\$0	\$0	
Regina Carroll	Co-I	5508	\$180,000	29.90%	2.50%	6	6	0	\$182,700	\$4,568	\$1,366	\$5,934	0.00%	\$0	\$0	
Marisol Loza Hernandez	GRA	5508	\$59,184	0.40%	17.00%	6	6	0	\$60,072	\$10,212	\$41	\$10,253	0.00%	\$0	\$0	
Kristie Velez	RBT	5508	\$46,592	27.70%	17.00%	6	6	0	\$47,291	\$8,039	\$2,227	\$10,266	21.00%	\$9,931	\$2,751	
									\$0	\$0	\$0	\$0	0.00%	\$0	\$0	
Totals										\$28,039	\$5,195	\$33,234		\$9,931	\$2,751	

TDC	Budget	Cost Share
517000 Salaries	\$28,039	\$9,931
519000 Benefits	\$5,195	\$2,751
520000 Operating	\$0	\$0
526000 Consultants	\$0	\$0
526004 Subcontracts	\$0	\$0
52XXX Exempt	\$0	\$0
530000 Supplies	\$1,130	\$0
540000 Travel	\$1,350	\$0
550000 Equipment	\$0	\$0
560000 Gov't Aid	\$0	\$0
Total Direct Costs	\$35,714	\$12,682
Less: F&A Exempt		
Subcontracts > \$25k	\$0	\$0
Exempt	\$0	\$0
Capital Equipment	\$0	\$0
Gov't Aid	\$0	\$0
F&A Basis	\$35,714	\$12,682
F&A Rate	40.00%	0.00%
F&A Costs	\$14,286	\$0
Grand Total	\$50,000	\$12,682

materials for caregiver training (e.g., assessments, resources. printing, flyers)

FORM 1 – APPLICATION COVER SHEET

Instructions: This form must be signed and returned, along with the application materials, before the Application Due Date, to the POC or designated email address, as applicable.

RFA #	RELEASE DATE
6628	May 31, 2024
APPLICATION DUE DATE	POINT OF CONTACT
JULY 15, 2024	Office of Procurement and Grants

CERTIFICATION AND GUARANTEE OF COMPLIANCE

By signing this Application Cover Sheet, the Applicant guarantees compliance with the provisions stated in this Request for Application and certifies that all information contained in this Application is accurate. This Application is submitted pursuant to the terms of the RFA, and if the Applicant is awarded funding, it will be incorporated into the Subaward between the parties. I understand that if anything in this Application conflicts with the RFA or with the subsequent Subaward, the Subaward and RFA shall govern as set forth in the Subaward.

ORGANIZATION*: Goodwill Industries Inc., Serving Eastern Nebraska and Southwest Iowa

ORGANIZATION UEI NUMBER: 47-0378996 PARENT UEI (IF APPLICABLE):

COMPLETE ADDRESS: 4805 N 72nd St Omaha, Ne. 68137

CONGRESSIONAL DISTRICT: 02

TELEPHONE NUMBER: (402) 341-4609 EMAIL ADDRESS: Development@goodwillomaha.org

☒ I CERTIFY THAT THIS ORGANIZATION IS AN "ELIGIBLE ORGANIZATION" AS DEFINED BY THIS RFA.

☒ I CERTIFY THAT THIS ORGANIZATION IS NOT PRESENTLY DEBARRED OR SUSPENDED.

SIGNATURE: Tyler Swain Digitally signed by Tyler Swain
Date: 2024.07.10 14:41:18 -05'00'

TYPED NAME & TITLE OF SIGNER: Tyler Swain, Development and Grant Manager

*Name must match UEI Number.

FORM 2 - APPLICANT'S ORGANIZATION OVERVIEW

The Applicant's Organization Overview section shall contain the following information about the Applicant. If the Application is a cooperative or joint venture between two or more entities, all information required in this section shall be provided for all entities, even if a new legal entity has been created or is planned to be created for the purposes of the Subaward.

- **Organization Information.** Applicant's full legal name, including any other "doing business as" names, or any previous names the organization used. A UEI number shall be provided. A parent UEI number shall also be provided, if applicable.
- **Summary of Federal Grants Experience.** A description of Applicant's previous experience with receiving federal funds. This shall include, but not be limited to, experience receiving federal funds as a recipient or a subrecipient. Applicant should describe and demonstrate knowledge of the Uniform Grant Guidance / HHS Grants Guidance (as applicable), as well as any specific experience with the particular federal program and funding source that funds this RFA.
- **Summary of Programmatic Experience.** A description of Applicant's experience with the type of programming or work contained in the Project Description, or other relevant work.
- **Personnel and Management.** Applicant should identify individuals employed by Applicant, on its board of directors, or otherwise affiliated with Applicant, who have a demonstrated knowledge or experience with federal grants, the Uniform Grant Guidance or the HHS Grants Guidance, programmatic experience, or other relevant experience.
- **Agreements Terminated or Costs Disallowed.** Applicant must provide a summary of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, subawards, or contracts) that:
 - Were terminated for cause; or
 - Where Specific Conditions were placed on Applicant (see 2 CFR § 200.208 or 45 CFR § 75.207).

If an Applicant has been disbarred by the United States Federal government, it is not eligible to receive funding under this RFA.

FORM 2 - APPLICANT'S ORGANIZATION OVERVIEW

Goodwill Industries, Inc.,

Serving Eastern Nebraska and Southwest Iowa

4805 N 72nd St. Omaha, Ne 68134

<https://www.goodwillomaha.org>

Applicant's Organizational Overview

Organization Information

Goodwill Industries, Inc.

A non-profit organization **Federal ID 47-20378996**

DUNS: 093393080

Congressional District – Omaha, NE District 2

Summary of Federal Grant Experience

Goodwill Omaha has a history of administering federal grants to expand employment opportunities for people with disabilities. For Year 2 of the EmployAbility Campaign, we will continue leveraging federal and state partnerships to provide skill-building, self-advocacy, and employment readiness programs. This year, the project will expand to integrate **AbilityOne programs**, with a focus on equipping self-advocates to engage policymakers and host site visits at Goodwill employment locations.

Summary of Programmatic Experience

Goodwill Omaha has nearly 90 years of experience introducing individuals with disabilities to the benefits of work. Year 2 of the EmployAbility Campaign will **build on last year's awareness efforts** by focusing on **self-advocacy, policy engagement, and toolkit implementation**. This expansion ensures that participants not only gain skills and experience but also **actively influence employment policy and showcase the value of inclusive workplaces**.

Personnel and Management

Key Personnel for Year 2:

- **Gary Utz, Executive Director, GSSI:** Leads Ability One self-advocacy program and NCSE toolkit integration, oversees leadership workshops and mentorships.
- **Stephanie Clemens, Director of Mission Programs:** Leads Work Experience self-advocacy program and NCSE toolkit integration, oversees leadership workshops and mentorships.
- **Tyler Swain, Development & Grant Manager:** Coordinates congressional site visits, tracks self-advocate participation, liaises with NCSE and Grassroots Conference organizers.

FORM 2 - APPLICANT'S ORGANIZATION OVERVIEW

- **Debra Hermann, Director of Marketing & Development:** Oversees PR strategy, content creation, and campaign visibility.
- **Joshua Langel, Marketing Manager:** Designs materials and supports toolkit dissemination.
- **Zachary Neesen, Videographer:** Documents site visits and self-advocacy activities for campaign materials.

Coordination and Collaboration

For Year 2, Goodwill Omaha will work closely with NCSE, which has developed a toolkit for self-advocates to effectively engage with policymakers. Implementation of this toolkit will occur within both our Work Experience and AbilityOne programs, ensuring that self-advocates have the skills, materials, and mentorship to host congressional site visits and participate in federal advocacy.

Community and organizational partners include:

- **NCSE:** Provides toolkit, training support, and guidance for advocacy activities.
- **Local Employers and Business Partners:** Participate in site visits and workshops to demonstrate inclusive hiring practices.
- **Local Advocacy Organizations:** Support participant outreach and ensure alignment with community advocacy efforts.

Agreements Terminated or Costs Disallowed.

None.

FORM 3 – APPLICANT'S WORK PLAN

Instructions:

Applicants must provide the following elements as part of the budget submission:

- Work Plan (*work plan template provided*)
- Work Plan Narrative

The Work Plan must respond in detail to the Project Description. It must contain a description of the work activities Applicant is proposing to complete under the RFA. It should contain an understanding of the requirements for the project under the applicable federal or state funding sources (or both), and, as applicable, descriptions of timelines, outcome/process measures, and program evaluation activities.

Applicant must demonstrate a working knowledge of the issues that affect individuals with developmental disabilities and their families, experience working with and/or advocating on behalf of individuals with developmental disabilities, and a history of conducting education in the activity area identified in the application.

In addition to the Work Plan grid, the proposal must include a Narrative with the following areas addressed:

- 1. Project Summary.** Provide a brief, one paragraph statement that clearly states the project goal, the major activities to be undertaken, and the projected impact on people with developmental disabilities and/or family members.
- 2. Agency Qualifications.** Describe and document the applicant's capacity to carry out the programmatic intent of funds and proposed activities. Information in this section should include agency mission, programs, and services. The names, titles, qualifications, and experience of persons who will be responsible for and assisting with the project must be included.
- 3. Coordination and Collaboration.** Describe your community involvement and document the strength of relationships with other agencies to achieve common goals. Information included would be a list of current agency subawards or contracts, evidence of working relationships and community partnering, and a list of agency memberships on community focus groups, teams, coalitions, or other local organizations. If applicable, identify other individuals or organizations collaborating on the project, and provide a brief description of their contribution and qualifications. Attach letters of commitment/support from these partners.
- 4. Detailed Narrative.** Identify the selected State Plan Goal and Objective for this project. Describe in detail the need for the proposed project and how your project will address the stated need. Responding to the requirements detailed in the Project Specific Requirements section, describe the activities that you will engage in, why these activities are necessary, and what these Primary Project Activities will achieve. Explain why this approach will be successful in achieving the project's goal, and the Expected Project Outputs (what will be created or achieved by the end of the project) and Expected Project Outcomes (the level of achievement or success that occurred because of the project activities). See Section 4 for examples of Expected Outputs and Expected Outcomes. Include a description of any products and deliverables that will be developed.
- 5. Accomplishments.** Summarize the expected accomplishments of the project. Identify the output and outcomes to be achieved (see Output and Outcome under the DD Suite Help button). Explain how successful completion of the project will contribute to achieving the State Plan Goal identified for this project. Explain what the projected short-term and long-term (post-project) benefits of the project will be for people with developmental disabilities and their family members.
- 6. Work Plan.** Create a Work Plan of activities to complete the objectives using the Work Plan template. The Work Plan must include the following: start and end dates for each Activity (these dates cannot simply reflect the start and end dates of the project; each activity will have a specific start and end date); the person responsible for the activity; and the estimated number of individuals who will benefit from the project. Work Plan MUST include a goal and activities related to sustainability of the project and/or its outcomes.
- 7. Project Sustainability.** Applicants must describe in detail their plan to sustain the project once Council funds end. The plan should identify the activities, features, or practices that the applicant wants to sustain. A description of whether their agency or other agencies or collaborators will assume responsibility for maintaining the project.

FORM 3 – APPLICANT'S WORK PLAN

*EmployAbility Campaign
Jan 1, 2026- Dec 31 2026*

Goal: This project aligns with State Plan Goal 1: Employment

Objective: Change public and employer perceptions about the capabilities of individuals with I/DD to enhance their employment opportunities and societal inclusion.

#	Activity	Measure of Success	Responsible Staff/Party	Start Date	End Date
1	Site Visit Documentation: Capture video/photo stories of self-advocates at work.	5 high-quality video stories and 25 photos used in outreach.	Zachary Neesen, Videographer; Debra Hermann, Director of Development & Marketing	Jan 1, 2026	Dec 31, 2026
2	Content Creation & Distribution: Develop and share media content from toolkit and site visits.	10,000 social media impressions and 2 employer-focused media pieces distributed.	Debra Hermann; Joshua Langel, Marketing Manager	Jan 1, 2026	Dec 31, 2026
3	Employer/Community Engagement: Present advocacy toolkit at local employer and community events.	3 employer events/workshops held, reaching 50 employers.	Stephanie Clemens/Gary Utz, Director of Mission Programs	Jan 1, 2026	Dec 31, 2026
4	Evaluation & Feedback	Post-event surveys and self-advocate feedback collected.	Tyler Swain, Development & Grant Manager	Dec 1, 2026	Dec 31, 2026

Goal: Goal 4: Advocacy and Self-Advocacy

Objective: Empower individuals with I/DD by providing them with skills and opportunities to advocate for themselves and others through toolkit implementation, mentorship, and direct engagement with policymakers.

#	Activity	Measure of Success	Responsible Staff/Party	Start Date	End Date
1	Toolkit Implementation Workshops	4 workshops completed with 40 self-advocates participating.	Stephanie Clemens/Gary Utz; Tyler Swain	Jan 1, 2026	Dec 31, 2026
2	Mentorship & Coaching: Ongoing staff mentorship during toolkit rollout.	20 self-advocates paired with mentors for guided advocacy activities.	Stephanie Clemens/Gary Utz	Jan 1, 2026	Dec 31, 2026
3	Congressional Site Visits: Local and regional engagement with policymakers at work sites.	5 site visits completed with 20 self-advocates engaged.	Tyler Swain; Stephanie Clemens/Gary Utz	Jan 1, 2026	Dec 31, 2026
4	Toolkit Evaluation: Gather lessons learned for 2026 statewide advocacy.	40 surveys collected; final lessons-learned report produced.	Tyler Swain	Dec 1, 2026	Dec 31, 2026

1. Project Summary

Project Summary: The "EmployAbility Awareness Campaign: Showcasing Inclusive Employment" aims to enhance public and employer awareness regarding the capabilities of individuals with intellectual and developmental disabilities (I/DD) as valuable employees. The project will collect and document success stories through interviews, videos, and articles, create and distribute educational content, and organize community events to promote inclusive hiring. Expected impacts include improved perceptions of individuals with I/DD among employers, increased job opportunities, and strengthened partnerships to support inclusive employment initiatives.

The "Empowerment through Leadership: A Self-Advocate Development Program" aims to empower individuals with I/DD by providing them with skills and opportunities to advocate for themselves and others. Through comprehensive training and mentorship, the project seeks to increase self-advocates' participation in policymaking, advisory committees, and leadership roles within their communities.

Updated Statement of Work (SOW) – Year 2

Project Title: EmployAbility Campaign – Year 2: Self-Advocacy and Policy Engagement

Scope:

Year 2 expands the EmployAbility Campaign to **focus on self-advocacy, policy engagement, and toolkit implementation**. Activities build on Year 1's awareness campaign and integrate NCSE's self-advocacy toolkit into Work Experience and AbilityOne programs. Participants will engage in **congressional site visits, workshops, mentorship programs, and follow-up with the 2026 Grassroots Advocacy Conference in Washington, D.C.**

2. Agency Qualifications

Agency Qualifications: Goodwill Industries Serving Eastern Nebraska and Southwest Iowa has a long-standing commitment to empowering individuals through education, training, and employment opportunities. Our mission is to transform lives and strengthen communities, focusing on equitable and ethical practices.

Goodwill Omaha has a long history of helping students with disabilities prepare for integrated employment through our paid work experience programs. While this program has been the cornerstone of how we support the community for the past fifty-nine years, we have introduced people to the benefits of work, since 1933, through various workforce development programs. In that time, we have seen the crucial role employment plays in the development of individuals. Goodwill Omaha has proudly served our community by breaking down barriers to help individuals discover their full potential through education, training, and work.

We share these stories through our dedicated, in house marketing team, which includes graphic designers, a full time videographer, and our Marketing Manager and Development and Marketing Director.

Goodwill Industries is a local expert in the field of work experience. We provide Work Experience for Nebraska VR placements. We have been introducing people to the benefits of work for almost 90 years. Goodwill has CARF accreditation. During our last intensive, three-day evaluation, we received a three-year accreditation with zero recommendations for changes. A three-year accreditation is the best outcome possible from a CARF accreditation evaluation; Goodwill has experienced a long history of earning this type of accreditation. During their review, CARF surveyors visited all program site locations, as well as the Administrative Headquarters, to ensure that CARF standards are being met or exceeded.. Our experienced team includes:

Gary Utz: Gary Utz leads Goodwill's AbilityOne program, which primarily serves the Bellevue area and provides employment for hundreds of individuals with disabilities. With a strong background in government contracting, Gary has expanded employment opportunities into the commercial sector, strengthening both economic development and community impact in Sarpy County.

FORM 3 – APPLICANT'S WORK PLAN

A recent graduate of the Sarpy County Leadership Program, Gary contributed to enhancements at the Nebraska Vietnam Veterans Memorial, reflecting his commitment to cultural and community growth. He also volunteers regularly with Outlook Nebraska and creates advocacy opportunities for individuals with disabilities, including organizing a recent event where Congressman Mike Flood met directly with AbilityOne employees.

In 2024, Gary negotiated a Department of Defense contract that expanded services by 60%, preserving stable jobs despite federal contract cuts. He has also grown local commercial services, adding grounds maintenance and custodial work for NeighborGood Pantry. Recognized as an industry leader, Gary champions what he calls “the people industry,” building a workplace culture rooted in belonging, inclusion, and professional growth. His leadership ensures high employee satisfaction and retention, demonstrating the long-term value of inclusive workforce practices for both employees and the broader community.

Stephanie Clemins : As Director of Mission Programs at Goodwill Omaha, Stephanie Clemins brings a wealth of experience in program management and community outreach. Her leadership spans roles at prominent institutions like The Salvation Army and Boys Town National Research Hospital, where she oversaw diverse programs supporting veterans, community health, and behavioral services. Stephanie’s expertise in program oversight, budget management, and staff development ensures the smooth implementation of Goodwill Omaha’s initiatives. Her strategic vision and commitment to fostering partnerships within the community are instrumental in advancing the Solar Training Expansion Initiative. Stephanie’s background in Psychology further enhances her ability to understand and address the needs of program participants, promoting a supportive and inclusive learning environment.

Debra Hermann: Deb Hermann is the Director of Marketing and Development for Goodwill Industries Inc., where she is responsible for creating and executing strategies that advance mission programs, ensure financial sustainability, and position Goodwill for organizational growth. These strategies include managing a multi-channel marketing campaign, increasing our digital footprint while identifying new and untapped resources, cultivating relationships, and increasing community awareness of mission programs through various events and partnerships.

She is a highly motivated and experienced marketing professional with over 25 years of experience in marketing, communications, event management, and development. She has a proven track record of creating and executing successful marketing campaigns, increasing brand awareness, and driving sales.

She started her career as an advertising agency lead and later worked for Fortune 500 companies, where she managed million-dollar marketing budgets while executing strategic marketing plans that increased lead generation and revenue.

Throughout her career, she has worked for nonprofits such as the National MS Society, where she led both marketing and development to increase donor participation. During her time, she increased major and corporate giving by 25%, securing new relationships. She later took a marketing and development position with a museum to focus on growing ticket sales, development, event sales, board engagement, and volunteerism. She grew sales by 20% while writing grants that brought in over \$3 million in gifts.

Deb attended the University of Nebraska at Omaha for business, participated in a fundraising management certification course, and later attended Metro Community College to focus on international marketing, E-Commerce, and digital marketing. As a continuous learner, she attends learning events and workshops on best practices, leadership, crisis communication, media relations, and social media.

Tyler Swain: Tyler Swain is our Development and Grant Manager. For 3 years he served as an instructor in our Mission programs, before completing his CRFE and Associates in Nonprofit Administration from Metro last year. Tyler has vast experience leading political advocacy groups and campaigns, and over 15 years experience serving nonprofits, and 6 years experience working in the DD/ID community as an instructor and advocate.

Joshua Langel: Joshua Langel is the Marketing Manager for Goodwill Omaha. With a bachelor's degree in marketing from the University of Nebraska at Omaha (UNO), Joshua brings valuable experience from both the private and public sectors. He has been dedicated to advancing Goodwill Omaha's mission through storytelling for the past three years.

FORM 3 – APPLICANT'S WORK PLAN

Zachary Neesen: Zachary is Goodwill Omaha's full-time videographer. He graduated from the University of Nebraska at Omaha (UNO) with a degree in social media and videography. In his one year with Goodwill Omaha, he has created hundreds of viral videos, significantly contributing to the organization's outreach and engagement efforts.

Program Personnel:

Our personnel involved in Goodwill Omaha's Work Experience Program includes:

Work Experience Manager oversees the day-to-day staffing, operations, and performance of the Work Experience Program for students while providing a quality work environment for employees. This program manager must possess a minimum of a Bachelor's degree in human services, education, or a related field and have program management experience in a nonprofit setting that emphasizes serving individuals with disabilities. The Manager reports to the Director.

Program Lead (WE Coordinator) oversees curriculum implementation, review of reports, staff training, and overall program compliance for the Work Experience Program.

The Program Lead will assist with, in coordination with the Manager, monitoring the day-to-day staffing, operations, compliance, and performance of the Work Experience Program within budget guidelines. The Lead reports to the Manager.

Work Site Skills Trainer will facilitate the program. Trainers are responsible for monitoring individualized program plans while providing oversight, supervision, and coaching to students on the worksite and during workplace site visits. Trainers have a minimum of an associate's degree and/or at least two years of prior experience in human services, rehabilitation, or educational settings. All trainers report to the Manager.

3. Coordination and Collaboration

Coordination and Collaboration: Goodwill maintains robust partnerships with local organizations, businesses, and advocacy groups. We actively participate in community coalitions such as the Nebraska Workforce Development Board and the Omaha Disability Council. Collaborators for this project include:

- **Nebraska Workforce Development Board:** Assisting with outreach and distribution of materials.
- **Omaha Disability Council:** Providing expertise and support for content development and community engagement.

4. Detailed Narrative

State Plan Goal and Objective:

This continuation project aligns with **State Plan Goal 1: Employment** and **Goal 4: Advocacy and Self-Advocacy**. It expands Goodwill Omaha's EmployAbility initiative into its AbilityOne program while sustaining and growing efforts in the Work Experience program.

Need for the Project:

The employment rate of people with I/DD continues to lag far behind the general population. Misperceptions of ability, lack of advocacy, and structural barriers limit opportunities for inclusion and growth. Additionally, the **AbilityOne program is at risk** due to federal contract reductions, underscoring the need for a strong network of self-advocates who can effectively share their stories and build relationships with policymakers. By integrating the NCSE-developed self-advocacy toolkit, hosting congressional site visits, and preparing participants for the 2026 SourceAmerica Grassroots Advocacy Conference, this project will strengthen employment opportunities, amplify self-advocacy, and ensure long-term sustainability for inclusive employment.

Project Activities:

1. EmployAbility Awareness Campaign

- **Story Collection and Documentation:** Conduct new interviews and multimedia storytelling focused on AbilityOne employees and Work Experience participants.
- **Content Creation:** Develop videos, brochures, posters, and social media campaigns highlighting inclusive employment successes.
- **Distribution and Outreach:** Distribute materials widely and host employer-focused workshops and community events.
- **Evaluation and Feedback:** Collect surveys and media metrics to assess reach, influence, and perception change.

2. Self-Advocate Leadership Development Program

- **Leadership Training Workshops:** Deliver training sessions on advocacy, public speaking, and leadership.
 - **Mentorship Program:** Pair self-advocates with mentors for guidance and long-term support.
 - **Congressional Site Visits & Advocacy Engagement:** Host policymakers at AbilityOne and Work Experience sites, using the NCSE toolkit as a guide. Prepare for follow-up advocacy at the 2026 Grassroots Conference in Washington, D.C.
 - **Resource Development and Distribution:** Distribute the NCSE advocacy toolkit to self-advocates and integrate it into both Work Experience and AbilityOne programs.
-

Expected Project Outputs

EmployAbility Awareness Campaign:

- 10 high-quality video stories.
- Social media content reaching 50,000 people.
- 4 community events and 3 employer workshops.

Self-Advocate Leadership Development Program:

- A leadership training curriculum delivered.
 - 6 workshops with 100 self-advocates.
 - A mentorship program pairing 50 self-advocates with mentors.
 - At least 2 congressional site visits hosted at Goodwill employment sites.
 - Advocacy toolkit distributed to 500 self-advocates and organizations.
 - Active Goodwill Omaha delegation prepared for 2026 Grassroots Advocacy Conference.
-

Expected Project Outcomes

EmployAbility Awareness Campaign:

- Increased positive perception of individuals with I/DD among at least 100 employers.
- Enhanced public understanding of the skills and contributions of individuals with I/DD.
- Strengthened partnerships to support inclusive employment initiatives.

Self-Advocate Leadership Development Program:

- Increased self-advocate participation in leadership roles, site visits, and policymaking forums.
- Enhanced confidence and skills among self-advocates.
- Expanded advocacy networks with NCSE and SourceAmerica.
- Sustained visibility of AbilityOne and Work Experience programs with policymakers.

Accomplishments

This project will produce measurable outputs, including multimedia storytelling, policy engagement, and community events that elevate awareness and build advocacy. Short-term benefits include improved employer perceptions, more inclusive hiring practices, and empowered self-advocates able to tell their stories. Long-term benefits include **protection of AbilityOne contracts through stronger advocacy, sustainable pathways to employment for individuals with I/DD, and increased influence of self-advocates in shaping policy and practice.**

Work Plan (Jan 1 – Dec 31, 2026)

EmployAbility Awareness Campaign

- **Story Collection and Documentation**
 - *Start:* Jan 1, 2026 | *End:* Mar 31, 2026
 - *Responsible:* Debra Hermann, Zachary (videographer), Stephanie Clemens/Gary Utz
 - *Beneficiaries:* Individuals with I/DD, employers, general public
- **Content Creation**
 - *Start:* Apr 1, 2026 | *End:* Jul 31, 2026
 - *Responsible:* Debra Hermann, Joshua Langel
 - *Beneficiaries:* Individuals with I/DD, employers, general public
- **Distribution and Outreach**
 - *Start:* May 1, 2026 | *End:* Dec 31, 2026
 - *Responsible:* Debra Hermann, Stephanie Clemens/Gary Utz
 - *Beneficiaries:* Individuals with I/DD, employers, general public
- **Evaluation and Feedback**
 - *Start:* Oct 1, 2026 | *End:* Dec 31, 2026
 - *Responsible:* Tyler Swain
 - *Beneficiaries:* Individuals with I/DD, employers, general public

Self-Advocate Leadership Development Program

- **Leadership Training Workshops**
 - *Start:* Jan 1, 2026 | *End:* Jun 30, 2026
 - *Responsible:* Stephanie Clemens/Gary Utz, Tyler Swain
 - *Beneficiaries:* Self-advocates
- **Mentorship Program**
 - *Start:* Feb 1, 2026 | *End:* Dec 31, 2026
 - *Responsible:* Stephanie Clemens/Gary Utz
 - *Beneficiaries:* Self-advocates
- **Congressional Site Visits & Advocacy Engagement**
 - *Start:* Apr 1, 2026 | *End:* Nov 30, 2026
 - *Responsible:* Tyler Swain, Stephanie Clemens/Gary Utz
 - *Beneficiaries:* Self-advocates, policymakers
- **Resource Development and Distribution (NCSE Toolkit)**
 - *Start:* Jan 1, 2026 | *End:* Dec 31, 2026
 - *Responsible:* Debra Hermann, Joshua Langel
 - *Beneficiaries:* Self-advocates, employers, community partners

7. Project Sustainability

Project Sustainability: To sustain the project post-funding, Goodwill will integrate the campaign and leadership development program into our ongoing community outreach and employment services. We will continue partnerships with local businesses, advocacy groups, and media outlets to maintain and expand the campaign. Additionally, we will seek further grants, corporate sponsorships, and donations to support ongoing activities and materials distribution. For the leadership program, we will embed the training and mentorship components into our existing services, ensuring continuous support for self-advocates.

FORM 4- APPLICANT'S BUDGET

Instructions:

Applicants must provide the following elements as part of the budget submission:

- Budget (budget template provided)
- Budget Narrative

A budget template is provided but is not exhaustive: your budget might have additional items not listed here. Applicants may edit the template to reflect planned expenditures. All electronic documents must be submitted in Portable Document Format (PDF).

Each budget should contain only costs that are allowable under the applicable federal statutes, regulations, terms, and conditions of this RFA. Applicants will not be allowed to change their budgets once submitted to DHHS, unless the RFA POC specifically requests, in writing, budget changes. Budgets may be modified as required by DHHS or in agreement between DHHS and the Applicant after the Intent to Subaward is announced. Applicants should not rely on budget changes or modifications in submitting their proposed budget but should be able to perform the program activities consistent with their budget.

If an Applicant has or has prepared a cost allocation plan for this subaward, it may be submitted along with the Application.

If an Applicant plans to charge indirect costs other than through a cost allocation plan, Applicant thus must provide one of the following along with their budget: 1) A current federally approved indirect cost rate agreement; 2) A currently approved indirect cost rate agreement with DHHS; or 3) A calculation of *de minimis* indirect costs consistent with federal rules. DHHS may provide a calculator to aid programs in calculating *de minimis* indirect costs, upon request.

Indirect costs and cost allocation plans may also be negotiated after the Intent to Subaward. As consistent with law, Applicant may voluntarily opt to take a lower indirect rate than their approved agreement, or indirect cost calculation, allows.

8. Budget. Create a Budget using the Budget template. **The amount of DHHS grant funds requested in the Applicant's budget must not exceed \$20,000.00**

9. Budget Justification. Include a brief budget justification narrative to explain expenses listed and how you arrived at the requested amounts. Provide explanations as to why each item is necessary for the success of the project. Identify costs for which federal funds are requested and those that will be provided by match (non-federal cash funds or in-kind).

When calculating Personnel costs, provide the name of the employee or the position and the percentage of time they will be working on the project. Be prepared to provide documentation of the hourly rate/annual salary of each individual and calculations on how benefits for individuals were determined for the time they will be working on the project.

For Matching Funds, show how the amounts were determined and how they will be documented.

For Office Expenses, Communications, and other/Miscellaneous costs that can only partially be allocated to the project (e.g., rent or phone), explain how the amount was determined. For example, if personnel is 20% then rent, phone, etc. would be 20% of the annual costs.

For Other Costs, identify each dollar amount and describe how it will be used both for subaward and matching funds.

Indirect costs: Applicants that have included indirect costs in their budgets must include a copy of the current indirect cost rate agreement approved by a Federal agency or the Nebraska Department of Health and Human Services. This is optional for applicants that have not included indirect costs in their budgets. Program Income: As appropriate, include the estimated amount of income, if any, you expect to be generated from this project.

FORM 4- APPLICANT'S BUDGET

SUMMARY BUDGET

Goodwill Industries Inc. Serving Eastern Nebraska and Southwest Iowa

EmployAbility Campaign

Jan 1 2026- Dec 31 2026

	Requested Funds		Matching Funds	Total Project Budget
A Personnel	\$ 8,000	-	\$22,000	\$30,000 -
B Fringe Benefits	\$ 2,000	-	\$6,000	\$8,000 -
C Travel	\$4000	-	\$ 2,000	\$6000 -
D Equipment	\$	-	\$	\$ -
E Supplies	\$2,500	-	\$ 1,000	\$3,500 -
F Consultants/Contracts	\$1500	-	\$ 500	\$2,000 -
G Other Direct Costs	\$ 1000	-	\$500	\$1,500 -
H Total Direct Costs	\$	-	\$	\$ -
I Total Indirect Costs	\$	-	\$	\$ -
J Total (Sum H+I)	\$20000.00		\$34,000	41860.00

Personnel (\$30,000 total: \$8,000 grant + \$22,000 match):

The grant supports partial salaries for five staff directly responsible for implementing project activities. Actual personnel costs significantly exceed the grant allocation, with Goodwill Omaha covering the majority (\$22,000) as match. Staff roles:

Stephanie Clemens/Gary Utz – Program Co-Directors (oversight of campaign and leadership program).

Joshua Langel – Media Specialist (video, print, digital).

Tyler J. Swain – Project Evaluator/Coordinator (evaluation, reporting, training).

Debra Herman – Story Collection Lead (interviews and documentation).

Fringe Benefits (\$8,000 total: \$2,000 grant + \$6,000 match):

Calculated at ~25% of salaries, with most costs covered as match.

Travel (\$6,000 total: \$4,000 grant + \$2,000 match):

Grant covers in-state/local travel for self-advocates and staff; match covers staff mileage and additional employer/policymaker engagement.

Supplies (\$3,500 total: \$2,500 grant + \$1,000 match):

Grant supports toolkits, brochures, and posters. Match includes internal printing, office supplies, and accessible format production.

Contractual/Consultant (\$2,000 total: \$1,500 grant + \$500 match):

Grant funds specialized trainers and media editing; match supports additional consulting and volunteer professional hours.

Other (\$1,500 total: \$1,000 grant + \$500 match):

Grant covers venue and accessibility services. Match includes donated space and volunteer event support.

Indirect (\$3,000 total: \$1,000 grant + \$2,000 match):

Grant covers 5% overhead; organizational match reflects true overhead (accounting, HR, facilities).

Total Project Cost: \$54,000 (\$20,000 grant + \$34,000 match). 2/3

FORM 4- APPLICANT'S BUDGET

Budget Rationale:

Goodwill Omaha continues to have the personnel, infrastructure, and community partnerships necessary to successfully implement Year 2 of the EmployAbility Campaign and the Self-Advocate Leadership Development Program. With experienced staff already in place—Stephanie Clemens/Gary Utz (Program Co-Directors), Joshua Langel (Media Specialist), Tyler J. Swain (Project Evaluator/Coordinator), and Debra Herman (Story Collection Lead)—the organization is fully equipped to deliver workshops, mentorships, advocacy events, and media content efficiently and effectively.

Grant Funds Focus:

The requested \$20,000 will directly support activities that expand self-advocacy and policy engagement, including:

Toolkit Implementation and Workshops: Funding will cover printing and distribution of advocacy toolkits, workshop materials, and accessibility resources for self-advocates.

Travel for Advocacy Engagement: Support for self-advocate participation in in-state site visits, local advocacy events, and preparatory activities for national advocacy engagement.

Media & Documentation: Video and photo capture of advocacy activities, social media promotion, and content creation to amplify visibility and demonstrate project impact.

Evaluation & Reporting: Surveys, feedback collection, and data reporting to measure skill development, self-advocate engagement, and project outcomes.

Matching Contributions:

Personnel and fringe benefits costs are fully covered by Goodwill Omaha's organizational match, reflecting the significant time, expertise, and oversight staff provide beyond the grant allocation. Additional matching support covers venue costs, supplies, professional media editing, and other operational components. This approach demonstrates the organization's commitment to sustaining the campaign while maximizing the impact of grant funds.

Strategic Impact:

By leveraging internal capacity and targeting grant funding to media, outreach, and advocacy activities, Year 2 will strengthen self-advocates' leadership skills, broaden community engagement, and further increase awareness of the capabilities of individuals with I/DD. This strategic use of resources ensures that Goodwill Omaha can maintain and grow the project's impact while preparing participants for meaningful policy engagement and sustained employment opportunities.

Easterseals of Nebraska

Employment First: Informed Choice Matters

Continuation Proposal for 2026

Project Summary:

The Employment First: Informed Choice Matters project will continue to provide the valuable benefits planning service that the Department of Developmental Disabilities has embraced. Going forward, Nebraska will become a contracted partner for this service. These continuation funds are essential, as they ensure all eligible individuals receive this valuable service regardless of their location or case status with the Department of Health and Human Services (DHHS). The project will also maintain and enhance its digital resources. With the development of the mobile application (app) in prior Nebraska Council of Developmental Disability (NCDD) iterations, and training for professionals, these resources will be maximized and combined into online learning opportunities. Furthermore, a new initiative, the Learning Management System (LMS), is in progress. The LMS is an offshoot of the prior project's app development and will make the presentations and education provided to DHHS under previous iterations permanently available online, on demand. To support individuals receiving benefits planning services, the project will fulfill a request for materials, specifically a calendar. This calendar is tied to benefits management and critical touchpoints, such as reporting wages. It alleviates the need for continued follow along contacts, allowing individuals to strengthen their ability to self-direct because it prompts the important reminders that are identified for the individual.

Agency Qualifications:

Easterseals Nebraska (ESN) is uniquely qualified to deliver and expand the essential benefits planning services for Nebraskans with disabilities. Our agency's mission is to provide exceptional services to help ensure all people with disabilities have an equal opportunity to live, learn, work, and play. This project directly aligns with the ESN value of opportunity for independence, as we continually seek to create solutions that enhance independence for all Nebraskans with disabilities.

ESN's existing programs and services include job placement assistance, employment follow-along support, and critically, benefits planning and work incentives counseling. This project leverages and strengthens our core expertise, ensuring that we continue to provide service and address gaps to empower individuals with intellectual and developmental disabilities (I/DD). Our key personnel creates a strong foundation to successfully implement and manage this expanded service model.

Our team has extensive experience with federal grants, covering administration, financial management, and program services. Key financial staff, including Vice President Angie Howell, CFO Dave Vanlandingham, and Mericke Christensen, Accounting Manager, have extensive experience with federal grants financial management and oversight, including managing subawards from NCDD.

Ms. Howell and Shawn Newill, Community Partner Work Incentives Counselor, are key to implementing the program activities. Ms. Howell provides oversight, guidance, coordination with funding partners,

contributions to program evaluation and reporting, and high-level coordination with entities like the Nebraska Department of Health and Human Services (NDHHS) leadership. Both Ms. Howell and Ms. Newill bring a wealth of knowledge of benefits and workforce programs and resources that support client success.

Ms. Newill's day-to-day services are focused on benefits education and assistance. Her expertise covers benefits such as Work Incentives, Ticket to Work, Medicaid, and Medicare. She applies her deep understanding of disincentives, incentives, and supports to equip individuals with I/DD with the information they need for informed choice and successful outcomes.

ESN is moving beyond the pilot phase to scale and sustain these vital benefits services. We are focused on digitizing educational materials from previous iterations and building out a Learning Management System (LMS). This will allow diverse audiences—including young adults, caregivers/family, and professionals—to access critical information online, on demand. This strategy ensures that the public is fully educated on the access points to service and that knowledge is shared widely to promote self-advocacy.

To address the primary threat of improper record-keeping that leads to benefit loss and creates barriers to seamless benefits management, we are incorporating tried-and-true materials (calendars) for both existing and new clients in the DD population. This supportive tool will help recipients track income and identify important recurring events, alleviating the ongoing need for staff to follow up for reporting and general reminders. By clearly outlining these details, the calendar increases recipients' ability to self-direct and self-manage their benefits, which is central to ESN's mission of enhancing independence.

Coordination and Collaboration:

Easterseals Nebraska (ESN) maintains a strong collaborative infrastructure essential for delivering our expanded benefits planning services and achieving shared goals for Nebraskans with disabilities. This continuation project is built upon long-standing, effective partnerships that ensure both sustained funding and seamless implementation across the state.

Our core operations and financial stability are secured through robust partnerships. A key funding partner is the United Way of the Midlands, which awarded ESN per year for two years to directly support access to benefits planning services. Our parent entity, Visiting Nurse Association (VNA), is a key behind-the-scenes partner, providing vital supportive administration resources such as accounting and IT services. This collaborative partnership is formalized and documented in our commitment letter. Furthermore, ESN holds current agreements with the US Social Security Administration for workforce development services, including Ticket to Work and Workforce Incentives Planning and Assistance. We also have funding agreements with the Nebraska Department of Education, Vocational Rehabilitation (Nebraska Empowered Youth Leadership Camps), and the US Department of Agriculture and the Nebraska legislature (Nebraska Agriculture Assistive Technology Fund).

The project's success relies on ESN's ability to coordinate with a wide network of public and community partners to address shared goals for individuals with intellectual and developmental disabilities (I/DD). A key focus of this continued service is the formal and strengthened relationship with Developmental Disability Service Coordinators, which allows us to provide individuals with access to essential, no-cost benefits assistance. ESN is a primary partner within the Aging and Disability Resource Center (ADRC)

network, serving as the key provider of information and consultation related to services and resources for individuals with disabilities. We leverage these relationships for Digital Education Outreach, receiving regular invitations to provide benefits education for staff and families from organizations such as local school districts, Educational Service Units, advocacy organizations, and professional associations. We also maintain ongoing collaborations with entities like the Assistive Technology Partnership, the University of Nebraska Extension (AgrAbility), and Community Action Partnerships statewide. These community partners provide our clients with access to essential resources, including transportation (e.g., Metro Area Transit), housing (e.g., HUD), employment training, and in-home supports.

Because ESN staff are strategically located throughout Nebraska, they develop and maintain working relationships with a multitude of local individuals and organizations that help open doors for those we serve. These community-level relationships enable ESN to help individuals tap into supportive opportunities for internships, employment, socialization, education, and other experiences they seek. Strong examples include local fundraising initiatives by groups like the Fraternal Order of the Eagles and the Paxton Future Farmers of America for Camp ESN and AgrAbility. Ultimately, the strongest evidence of our effective working relationships is demonstrated through the high number of referrals we receive from prior clients who have encouraged others to reach out to ESN for assistance with their needs.

Accomplishments:

This project's continuation will contribute meaningfully to the NCDD Goal 2 and Objective A by transitioning a successful pilot into a permanent, expanded service. Through continued service and blended funding sources, we anticipate serving the same, if not more, clients than the pilot's goal of 30-50 Nebraskans with developmental disabilities and their family members. The launch of the Learning Management System (LMS) and new material will increase that audience exponentially. The project directly empowers individuals and families by increasing knowledge and fostering informed choice. Benefits education and assistance will continue to increase individuals' knowledge of available benefits and how they can be integrated with earned income to maintain essential supports during employment. This includes knowledge of "waiver, non-waiver, natural supports, and person-centered planning principles as well as the Assistive Technology (AT) needed to strengthen supports in employment, education, recreation, behavior, etc.". With knowledge of the range of benefits and how they work, individuals and families will be better able to assess how employment may impact benefits. This knowledge helps many understand that employment is an option, dispelling the fear that their benefits would be threatened. For others, it provides a plan to move forward toward employment while keeping their benefits secure. Ultimately, the knowledge gained will increase individuals' ability to make informed choices and to self-determine a pathway leading to "improved quality of life, increased independence, productivity, and full inclusion in their communities" (Goal 2).

ESN has successfully developed, tested, refined, and packaged a model to provide benefits education, planning, and assistance, and our focus now shifts to scaling and sustaining this service through formal contract partnership and digital expansion. Connecting through supportive tools like the new calendars ensures individuals do not return to the program in crisis, which generates more staff time to serve new clientele versus conducting follow-along with prior service recipients. The online, on-demand LMS and

new materials will provide a pathway for more Nebraskans to increase their knowledge of resources that can improve their lives (Objective 2). The related long-term goal is to advocate for universal funding sources, such as special education or the Nebraska Department of Labor, so that these services are available to all individuals with I/DD and funded universally. This would scale the impact achieved through the initial demonstration.

Project accomplishments will continue to be evidenced through metrics that respond to NCDD Key Performance Indicators for Individual and Family Advocacy, as well as Systems Change. ESN will track and report outputs that include: the number of participants in Council-supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems (570) ; the number of people with developmental disabilities and family members who are better able to say what they want or say what services and supports they want or say what is important to them (45, 97-100% satisfaction goal) ; the number participating now in advocacy activities (24) ; and the number satisfied with a project activity (95, 97-100% satisfaction goal). A key systems-change output is the number of best practices created. Outcomes measured include the number of promising and/or best practices improved because of systems-change activities and the number of promising and/or best practices that were implemented.

Project Sustainability:

An important outcome of the initial project was to develop recommendations to fund, sustain, and scale the provision of benefits education, planning, and assistance for individuals with developmental disabilities and their families. Individuals may elect to pay for these services from their waivers, but a key objective of this initiative has been to build a case for funding benefits education/planning services from other sources, so individuals do not have to use their limited existing benefits toward benefits planning services. ESN continues to work diligently to identify means to sustain benefits assistance (as needed) with individuals who were engaged in benefits planning.

One avenue for sustaining the project impact is to the creation of an online learning modules that empower individuals to guide their own benefits education. In addition, the learning modules will allow us to facilitate the education and certification of DD Service Coordinators to carry the project model forward and expand outreach.

Work Plan:

	WORK PLAN				
	Easterseals Nebraska (ESN)				
	Employment First: Informed Choice Matters				
	1/1/2026 - 12/31/2026				
1	Goal: Informal and Formal Supports* By 2026, increase and strengthen the knowledge of individuals with intellectual and developmental disabilities (I/DD) and their families to promote and encourage informed decision making about their choices leading to improved quality of life, increased independence, productivity, and full inclusion in their communities. *To clarify, this is “Goal 2” in the NCDD guidance document.				
A	Objective: By 2026, individuals with I/DD, their families, and professionals will have increased information and knowledge about waiver, non-waiver, natural supports, and person-centered planning principles as well as the Assistive Technology (AT) needed to strengthen supports in employment, education, recreation, behavior, etc.				
#	Activity	List What Your Measure of Success Will Be.	Responsible Staff/Party	Start Date	End Date
1.A.1	Delivery of service to Nebraskans with DD/ID, using a combined funding model from identified sources during the 2024/25 agreement.	Number of clients with positive outcomes.	Angie Howell, Shawn Newill	1/1/2026	12/31/2026
1.A.2	Digitize learning opportunities developed to train DD Service Coordinators. Distribute such opportunities. Establish a training protocol with DHHS contacts.	Number of DD Service Coordinators certified. Documented training protocols approved.	Angie Howell, Shawn Newill	1/1/2026	12/31/2026
1.A.3	Modify, print, and distribute 2026 benefits planning / management calendar to families served and general public. Continue to engage in community outreach toward the DD/IS population identified by	Calendars printed and disbursed.	Angie Howell, Shawn Newill	1/1/26	3/15/26
1.A.4	Attend professional development which increases the capacity to serve clientele, enriches learning opportunities and information shared with Nebraskans with DD/ID.	Expertise gained in specific areas that are beneficial to clients served. Number of connections that can impact the reach and deliver of services to Nebraskans with DD/ID.	Shawn Newill	10/1/26	10/31/26

Budget:

The following budget summarizes key Opportunity Subaward expenses, including those proposed for Subaward funding and match.

EASTERSEALS NEBRASKA OPPORTUNITY SUBAWARD SUMMARY BUDGET			
Budget Category	Requested Funds	Matching Funds	Total Budget
A Personnel			

Salaries/Wages				
	Newill/Counselor	\$ 7,810		\$ 7,810
	Howell/VP		\$ 7,200	\$ 7,200
	Subtotal Salaries/Wages	\$ 7,810	\$ 7,200	\$ 15,010
B	Fringe Benefits			
	Newill	\$ 1,172		\$ 1,172
	Howell		\$ 1,296	\$ 1,296
	Subtotal Fringe Benefits	\$ 1,172	\$ 1,296	\$ 2,468
	Subtotal Personnel	\$ 8,982	\$ 8,496	\$ 17,478
C	Travel	\$ 1,200	\$ 3,216	\$ 4,416
D	Equipment			
E	Supplies	\$ 5,000	\$ 300	\$ 5,300
F	Consultants/Contracts	\$ 3,000		\$ 3,000
G	Other Direct		\$ 1,800	\$ 1,800
	Subtotal C-G	\$ 9,200	\$ 5,316	\$ 14,516
H	Total Direct	\$ 18,182	\$ 13,812	\$ 31,994
I	Total Indirect	\$ 1,818	\$ 8,358	\$ 10,176
J	Total (Sum H + I)	\$ 20,000	\$ 22,170	\$ 42,170

Budget Justification:

Our continuing budget requests \$7,810 to provide for a portion of ESN staff member Shawn Newell's time and expertise in a) benefits education and planning with individuals and families and b) activities related to developing, testing, refining, packaging and sharing of the model for providing benefits education and planning assistance for individuals with I/DD and their families. While ESN VP Angie Howell will also be directly involved in key project activities (such as leading efforts to develop the financial model, working with Newill and advocacy groups to "test" the model, finalizing and sharing the model, etc.), the cost of her services will be provided by match from ESN funds. \$1,172 is requested to help with the costs of Ms. Newill's benefits (at 15% of salary). Other costs include \$1,200 for travel, primarily to work with individuals, families, and DD Service Coordinators, \$5,000 for consumable supplies and printing for the calendars, \$3,000 toward developing and implementing online learning management, and \$1,818 for indirect costs such as facilities, utilities, insurance, and administration. While ESN's indirect rate is 36% of salaries, the indirect included in this grant funding request is ~ 10%.

ESN will be providing additional funds to support project success. In addition to providing funding for VP Howell's work with the LMS. ESN will also provide for the cost of staff travel (\$3,216 for 400 miles/month at \$0.67/mile), supplies (such as printed documents for benefits assistance and/or to share the model), and the balance of indirect costs (\$8,358). Where fitting, some match funding may be provided through the recently awarded grant from the United Way of the Midlands, while other funding will come through discretionary sources such as Medicaid Administrative Claims (MAC) match.

Updated: 9/22/2025

Original Project Title: Increasing Access to Early Diagnosis of Autism Spectrum Disorder in Toddlers Through an Intervention to Promote Community Knowledge of EarliPoint

Renewal Project Title: Increasing Access to Early Diagnosis of Autism Spectrum Disorder in Toddlers Through Expanding EarliPoint Use to Older Children and Children from Spanish Speaking Families

Primary Investigator: Patricia Zemantic

Note: Revised information for Year 2.

ORGANIZATION INFORMATION:

Applicant's full legal name: Board of Regents of the University of Nebraska DBA University of NE Medical Center

Unique Entity Identifier (UEI): G15AG3BLLMH4

SUMMARY OF FEDERAL GRANTS EXPERIENCE

The Munroe-Meyer Institute (MMI) as an academic unit of the University of Nebraska Medical Center (UNMC) has a rich background in managing federal, state, and philanthropic funds. The Institute follows all Uniform Grant Guidance and HHS Grants Guidance promulgated through the federal Office of Grants Management and the state of Nebraska authority. Grants at MMI/UNMC are processed through Sponsored Programs Administration and contracts through the UNMC Vice Chancellor's Business and Finance department. MMI's research funding from external federal, state, and local grants exceeded \$20 million in fiscal year 2023. The outstanding research infrastructure and collaborative environment at MMI/UNMC are embodied by a variety of innovative centers and institutes, such as the Child Health Research Institute, the Center for Integrative and Translational Neuroscience, the Center for Reducing Health Disparities, and the Great Plains IDeA-Clinical and Translational Research (lead institution).

SUMMARY OF PROGRAMMATIC EXPERIENCE

MMI is located at UNMC in Omaha, NE, and is the second largest academic unit of UNMC with 14 departments and about 550 employees. MMI is one of the world's oldest, largest, and most comprehensive centers serving individuals with Intellectual and Developmental Disabilities (IDD). For 100 years, MMI has carried out its mission to be a world leader in transforming the lives of all individuals with disabilities and complex health care needs, their families, and the community through outreach, engagement, premier educational programs, innovative research, and extraordinary patient care. MMI utilizes an interdisciplinary team approach that assures a comprehensive integration of our four pillars: research, clinical services, education, and community engagement. MMI is Nebraska's federally designated University Center of Excellence for Developmental Disabilities Education, Research and Service (UCEDD). As a UCEDD, we are one of three DD Network Partners mandated in the DD Act of 2000 and work collaboratively with the Nebraska Council on Developmental Disabilities and Disability Rights Nebraska. We also work closely with Arc of Nebraska, Nebraska Association for Service Providers, Nebraska DHHS DD Division, Behavioral Health Division, Medicaid, as well as providers and advocacy groups throughout the state on issues related to inclusion of individuals with IDD in all facets of community life. We intentionally seek to connect with under-served and under-resourced and marginalized communities. We have locations throughout Nebraska and staff who are hired from communities across Nebraska. Our materials and website are translated into 11 languages. With this distinction, the institute provides state-of-the-art services and support across the state and assists individuals and families in finding services in their local communities. Further, MMI is a recipient of the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) and several other center grants in addition to the Science Education Partnership Award (SEPA).

MMI's faculty and three NIH-funded laboratories focus on interdisciplinary and collaborative education, research, training, and clinical services for individuals and their families affected by developmental and/or physical disabilities. It also serves rural communities across Nebraska and South Dakota and provides both clinical and research genetic testing to clinicians and laboratories around the world via the MMI Human Genetics Laboratory. Research programs at MMI range from basic investigations in developmental neurosciences (e.g., the genetics of autism and other neurodevelopmental disorders), to clinical-translational studies (e.g., neuroimaging of pediatric anxiety), to applied studies of treatments for disorders of movement, severe behavior, feeding, communication, sleep, pediatric pain, and learning. MMI's building is ADA accessible, is easy to locate, and offers free parking for patients and stakeholders, which helps to facilitate community engagement. It has several conference rooms with web-conferencing equipment, presentation screens, and microphones that cater to small group discussions or for larger events. MMI faculty and staff commonly utilize zoom, a HIPAA-compliant software that allows for webinars and meeting hosting to anyone who is given access. As a well-recognized organization

in the Omaha community, we have also been asked by leadership in the Nebraska's Department of Health and Human Services to host informational meetings when they want to share information about changes to Medicaid, as an example. Overall, MMI has an annual operating budget of approximately \$42 million dollars, of which only 9% is state support, the remainder coming from grants, contracts, clinical revenue and foundations.

The integrated Center for Autism Spectrum Disorders (iCASD) includes the Autism Diagnostic Clinic (ADC), and several outpatient early intervention programs housed at the Munroe-Meyer Institute. ADC is a specialty clinic focused on autism diagnostic evaluations for individuals up to fourteen years, including a combination of comprehensive and brief evaluations. ADC improves access to care and outcomes for children by training the next generation of clinicians in best practices for evaluating, diagnosing, and treating autism. ADC space offers 4 specialty rooms specifically designed for comfort and safety when providing evaluation services to children and families. Rooms are equipped with observation areas and audio and video capabilities for research and training. Providers within ADC include 3 full-time licensed psychologists, 1 part-time licensed psychologist, 2 full time predoctoral interns, 2 psychometrists, and a full-time research coordinator who works across iCASD. ADC is considered an early adopter of EarliPoint, which is an FDA authorized device for assisting in diagnosing ASD in toddlers between the ages of 16 to 30 months. Since April 2024, ADC has used EarliPoint clinically to evaluate 14 toddlers in a brief evaluation model. Evaluations for this age range include a combination of comprehensive autism evaluations and brief evaluations. Comprehensive evaluations typically include measures of autism symptoms, cognitive skills or development, and adaptive skills, and additional testing based on patient presentation. Brief evaluations typically include EarliPoint, a measure of adaptive skills, and a brief measure of autism symptoms based on structured observation (i.e., 10-15 minutes) and caregiver interview. Additional testing may be completed based on patient presentation and clinical need. After testing is completed, clinicians provide results and recommendations. Testing and feedback on results are typically completed the same day. Comprehensive testing appointments typically require four hours of face-to-face time with the provider and brief evaluations are typically about two hours of face-to-face time. Faculty within ADC are the only psychologists in the state of Nebraska who are research reliable on the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) and who have both clinical and research experience using EarliPoint.

MMI has had a long-standing history of engagement with community stakeholders. In 2023 alone, MMI hosted more than 11,000 participants in workshops, conferences, teleconferences, and other community education activities in domestic and international forums. The participants of community-based trainings include high school, undergraduate, and graduate students, predoctoral interns, post-doctoral fellows/residents, family advocates, self-advocates, first responders, and IDD community service providers and educators. ADC faculty have existing relationships and extensive experience in leading community engagement trainings and activities with families, autistic individuals, clinical partners, payors, and community organizations across Nebraska. Faculty regularly lead community-based trainings and caregiver trainings designed to disseminate the latest information on evidence-based practices in autism diagnosis and intervention. The Primary Investigator and Co-Investigators of this project have personal connections to autism and know first-hand the difficulty and barriers to obtaining an early autism diagnosis. Faculty within ADC have been sought out for their expertise to lead community-based trainings and to provide regular consultation across clinical sites for administering EarliPoint and other autism, adaptive, developmental, and cognitive measures.

PERSONNEL AND MANAGEMENT

Grants at MMI/UNMC are processed through Sponsored Programs Administration and contracts through the UNMC Vice Chancellor's Business and Finance department. Sarah Simmons is the Associate Director of MMI's Business Office and Research Operations Administrator. She oversees the operational and financial processes for grant applications and awards alongside the University's Sponsored Programs Administration Department. Sarah Simmons provides Sponsored Programs Accounting department.

AGREEMENTS TERMINATED OR COSTS DISALLOWED

The applicant has no agreements executed within the last five years with federal awarding agencies or pass-through entities that were terminated for cause or specific conditions were placed.

PROJECT SUMMARY

Year 1 (ongoing)

The proposed project will contribute to Goal 2, Objective A, and Goal 3, Objective A in the Nebraska Council's Five-Year State Plan Goals and Objectives. The purpose of the current proposal is to increase knowledge of EarliPoint, which is an FDA authorized device for assisting in diagnosing ASD in toddlers 16 to 30-months of age. Currently, ADC is considered

an “earliadopter” of EarliPoint and is the only site in Nebraska where EarliPoint is being used clinically. EarliPoint is a new device and the first assessment for ASD that measures an objective biomarker for ASD (i.e., social visual engagement), rather than behavioral markers reported by caregivers or directly observed by clinicians. Social visual engagement is an objective biomarker that can help diagnose ASD and is what EarliPoint measures via eye tracking (Jones et al., 2023a, 2023b). Social visual engagement, or the way children attend to and learn from their social environment, is largely biologically driven (Constantino et al., 2017) and patterns of social visual engagement can be used to differentiate individuals with and without ASD with high degrees of accuracy (Jones et al., 2023a, 2023b).

In year one, we developed presentations tailored for providers and for families. Presentations describe the science behind EarliPoint, how to use EarliPoint, benefits and limitations of EarliPoint, why it is critically important to diagnose ASD in 16 to 30-month olds, how EarliPoint can be incorporated into a brief assessment model, and how an EarliPoint evaluation can be accessed. We are still in the process of completing our presentations and are continuing to assess participant knowledge of EarliPoint before and after the presentation, as well participant’s acceptability of EarliPoint following the presentation. We are also creating a web page to house these presentations for the public, and information about the page will be disseminated via the MMI’s social media accounts.

Year 2: ADC has evaluated about 90 toddlers using EarliPoint since obtaining EarliPoint in March 2024. We developed a triage model to get these toddlers seen quickly and shorten our appointment length, such that we can evaluate two toddlers with EarliPoint, in the time it would take us to typically evaluate one child. That is, we can evaluate the bulk of these toddlers with EarliPoint in about two hours, compared to our traditional model which is four hour appointments. A manuscript describing this triage model is under review in *the Journal of Development and Behavioral Pediatrics* (Zemantic, Shillingsburg, Courson, Harris & Blank). We also evaluated caregiver and provider acceptability of EarliPoint used within a brief evaluation model, and our results suggest that the model was highly acceptable based on caregiver and provider ratings. We have also provided consultation to several organizations across the country about how to incorporate EarliPoint into their clinical practice.

Subsequently there are two major updates regarding EarliPoint. First, the Marcus Autism Center has gathered data demonstrating that EarliPoint is just as effective in detecting ASD in toddlers from Spanish speaking families, indicating that it is a valid tool for toddlers from both Spanish and English-speaking families. Additionally, EarliPoint is in the process of getting FDA authorized for use in children up to the age of 9 in the first quarter of 2026. In Year 2, we will 1) expand the use of EarliPoint to toddlers from Spanish speaking families, and then 2) expand use of EarliPoint to children from English and Spanish speaking families from 16 to 54 months. Currently, EarliPoint costs \$225.00 per use. This cost is not covered by insurance companies, and we do not bill families for this cost. This is a financial loss to ADC. There are advocacy efforts underway to develop a billing code for EarliPoint that would essentially cover the cost per use, but it will likely be some time before this code is approved. ADC would like to expand our work with EarliPoint to, and funds from this project would be used to help cover some of the costs associated with this expansion and continue doing public outreach about EarliPoint and identifying ASD in young children. Public outreach will include webinars offered quarterly using the materials developed in Year 1 of this project.

AGENCY QUALIFICATIONS

The key personnel of this project are uniquely qualified to carry out all proposed activities. As faculty at MMI, the key personnel uphold the organization’s mission to transform the lives of all individuals with disabilities and complex health care needs, their families and the community through outreach, engagement, premier educational programs, innovative research and extraordinary patient care. Further, key personnel have been sought out for their expertise to lead community-based trainings and to provide regular consultation across clinical sites for administering the EarliPoint and other autism, adaptive, developmental, and cognitive measures.

Year 1&Year 2: Patricia K. Zemantic, Ph.D., BCBA-D, LP (Primary Investigator) will be the primary investigator for the proposed project and responsible for meeting the goals of the prospective award. She is a clinical psychologist and board-certified behavior analyst. In addition to being a parent of a toddler with ASD, she has 15 years of professional experience with individuals with ASD and their families. She is an Assistant Professor and the director of iCASD’s ADC and oversees autism diagnostic evaluations (about 500 annually). ADC began using EarliPoint as part of an FDA clinical trial starting in Fall 2024. In Spring 2024, ADC became one of the first sites in the nation to use EarliPoint clinically and is currently the only site in Nebraska where it is available. Dr. Zemantic has also served as a consultant for sites using the device clinically and for the company that manages the device – EarliTec. Dr. Zemantic’s research focuses on rapid assessment methodologies for ASD, skill acquisition, family empowerment, caregiver mediated interventions, caregiver

well-being, and understanding healthcare disparities for individuals with ASD and their families. Her recent research has involved validating the use of EarliPoint for use as a diagnostic tool in children ages 31 to 84 months and as a progress monitoring tool in children 15 months to 84 months as part of a multi-site FDA clinical trial.

Year 1: As key personnel on this grant, Dr. Zemantic will oversee and assist with all aspects of the project, including developing and delivering presentations; partnering with community organizations to schedule presentations; developing and administering the survey, disseminating outcomes, and supporting the sustainability of the project through developing a web page.

Year 2: As key personnel on this grant, Dr. Zemantic will continue to oversee and assist with all aspects of the project, including developing and delivering webinars; developing and administering the survey to gather satisfaction information from caregivers and providers about use of EarliPoint, and disseminating outcomes.

Year 1: Alice Shillingsburg, Ph.D., LP, BCBA-D (Co-Investigator) is a clinical psychologist and board-certified behavior analyst with expertise in assessment and treatment practices for children with autism. She has over 20 years of experience serving children on the spectrum and their families in a variety of clinical, educational, and healthcare settings. She has successfully carried out several large-scale research studies with this population and published over 60 peer-reviewed articles. She has first-hand professional experience with the detriments of lengthy waitlists and delayed diagnosis that most families with concerns related to autism have experienced. Importantly, she has lived experience related to navigating lengthy waitlists and as a caregiver. She has two nephews diagnosed with autism and in both cases her siblings traveled to other states to access diagnostic services due to the year plus waitlist in their states. Her sister and her nephew then moved into her home for over a year to access services that were more readily available where she lived at the time. She has seen first-hand the financial and family strain that these decisions caused. For many families, the traveling hours from their community is not an option. She is incredibly motivated professionally and personally to improve timely access to care and reduce the burden experienced by families when seeking evidence-based care. She has served as Site Principal Investigator on two studies investigating EarliPoint. As key personnel on this grant, Dr. Shillingsburg will support the successful execution of the project, including timely dissemination of outcomes.

Year 1: Christian Courson, Ph.D., LP (Co-Investigator) is a clinical psychologist and Assistant Professor in iCASD's ADC. He has been conducting evaluations for neurodevelopmental disabilities since 2017. Dr. Courson received his PhD from the University of Mississippi. As part of his training, Dr. Courson has worked in private practices, assessment clinics, public schools, and residential facilities for adults with developmental disabilities. Dr. Courson's clinical and scholarly work includes the assessment and treatment of ASD, parent training, and the treatment of common disorders in adolescents with ASD using cognitive behavioral treatments. As part of his work in ADC, Dr. Courson has participated in validating the use of EarliPoint as a diagnostic tool in children ages 31 to 84 months and as a progress monitoring tool in children 15 months to 84 months as part of a multi-site FDA clinical trial. As key personnel on this grant, Dr. Courson will assist with all aspects of the project, including developing and delivering presentations; partnering with community organizations to schedule presentations; developing and administering the survey, disseminating outcomes, and supporting the sustainability of the project through developing a web page.

Year 1: Nikki Hackendahl (Digital Media Specialist) is the Digital Media Manager at Munroe-Meyer Institute. She is responsible for MMI's online content, from web design to social media presence. As a digital media manager, Ms. Hackendahl oversees creating and posting content to the MMI web page and social media platforms like Facebook, Twitter, and Instagram, evaluating performance metrics and analytics for online platforms, and ensuring brand consistency across platforms. In response to the COVID-19 pandemic, Ms. Hackendahl created the informational MMI Coronavirus (COVID-19) Resources web page, which offered information in both English and Spanish for patients, families, and other members of the community. **Please note Nikki Hackendahl left the organization and was replaced by Alex Lane, who took over Nikki's previous position.**

COORDINATION AND COLLABORATION

The Institute and faculty have, for over 10 years, collaborated with the Nebraska Early Development Network and the Autism Spectrum Disorders Network to build the capacity of these statewide agencies and develop collaboration. Nebraska also has community-based foundations, agencies, and parent/professional groups that provide support, services, and advocacy for individuals and families experiencing ASD, special health care needs, and related disorders. These include, but are not limited to, the ARC of Nebraska and their local affiliates, People First of Nebraska, Family to Family Parent Network, United Cerebral Palsy, Disability Rights Nebraska, the Nebraska Advocate Network, the Nebraska Statewide Independent Living Council, the Nebraska Youth Leadership Council, the Kolb Foundation, the

Heartland Self-Advocacy Resource Collaborative, the Muscular Dystrophy Association, the Nebraska Developmental Disabilities Planning Council, the Autism Action Partnership, the Autism Society of Nebraska, the Autism Center of Nebraska, and the Nebraska State Autism Collaborative, along with several other general disability and ASD family support groups. The faculty also serves as advisors to the Behavioral Health Education Center of Nebraska (BHECN), which was established to improve access to behavioral health services through development of a skilled workforce.

The clinical team at MMI and supporting departments will also actively participate in dissemination and outreach activities, including in regional and national groups. For example, iCASP participates in the Midwestern Autism Research Consortium, which acts as an informational hub for the midwestern autism community for researchers, families, and practitioners.

DETAILED NARRATIVE

The proposed project will contribute to Goal 2, Objective A and Goal 3, Objective A in the Nebraska Council's Five-Year State Plan Goals and Objectives. These goals relate to increasing information and knowledge in the community – caregivers, direct support systems, individuals with intellectual and developmental disabilities, professionals, and individuals with intellectual and developmental disabilities. As our aims are focused on increasing and knowledge in the community, it is not within the scope of this project's aims to conduct direct testing with EarliPoint. Our clinic plans to continue completing clinical testing with EarliPoint in parallel with this proposal. Addresses contingency regarding number of children tested. As part of this project we will not be testing any children. The main focus is to increase community awareness to increase usage of EarliPoint. Currently, we are the only site in Nebraska that uses EarliPoint. We estimate that there are about 798 toddlers who likely have ASD in the state of Nebraska and are in the appropriate age range to have an EarliPoint evaluation. **[Addresses contingency related to number of children tested]**. The purpose of the current proposal is to increase knowledge of EarliPoint, which is an FDA authorized device for assisting in diagnosing ASD in toddlers 16 to 30-months of age. This project will increase knowledge of EarliPoint for three key groups of community members most likely to interact with young children who may have ASD – medical providers, early intervention/educational providers, and caregivers and parent resource coordinators (PRC). PRC refers to professionals employed to provide support to families. At MMI, PRCS are parents of children with disabilities who have specialized training to offer peer-to-peer support to other families of children with disabilities. This project will enhance community knowledge of EarliPoint, which may lead to earlier referrals for ASD evaluations, earlier diagnosis of ASD, and, in turn, earlier access to intervention.

One in 36 8-year-olds have ASD in the US (Maenner, 2023). Caregivers typically recognize first signs indicating possible ASD when their children are between 12 and 18 months of age (Smith et al., 2023) but, despite being able to reliably diagnose children as young as 18 months (Hyman et al., 2020), over half of children in the US are not diagnosed until after the age of 4. With an estimated 798 (Maenner, 2023; US Census Bureau, 2024) toddlers between the ages of 16 to 30 months in Nebraska meeting the criteria for ASD, these estimates translate to almost 400 children being denied access each year. Further, families typically experience long waits between a diagnosis of ASD and accessing treatment – with an average wait time of three years (Yingling et al., 2017). Many are waiting a year or even several years to access a diagnostic evaluation (Oswald et al., 2017; Mackenzie et al, 2018), which experts are calling the “autism waitlist crisis” (Kanne & Bishop, 2020). Limited availability of specialized providers, especially in communities of lower socioeconomic status and rural areas (Bishop-Fitzpatrick & Kind, 2017; Nowell et al., 2020), and the complexity and length of these evaluations can negatively impact these wait times (Jones et al., 2023a; Jones et al., 2023b; Klaiman et al., 2015). Screening for ASD is also less likely when providers perceive that families are not likely to access diagnostic evaluations or treatment, which further delays access to diagnosis (Zuckerman et al., 2015).

ASD is a pervasive lifelong health condition characterized by deficits in social communication, as well as the presence of restricted interests, and repetitive behaviors that impact individuals across critical areas of functioning, such as occupational or social functioning (American Psychiatric Association, 2022). Adults with ASD are at a greater risk for poor outcomes, such as mortality (Eaves & Ho, 2008), unemployment (Solomon, 2020), and lower quality of life (Barnevald et al., 2014). Early intervention may moderate the relationship between ASD and these outcomes by improving IQ scores, receptive and expressive language, and adaptive behavior (National Autism Center, 2009, 2015; Makrygianni et al., 2018; Smith et al., 2000). Earlier is better when it comes to early intervention (Guthrie et al., 2023; Dimian et al., 2020).

EarliPoint is an FDA authorized efficacious diagnostic tool (Jones et al, 2023a, 2023b) for identifying ASD in children 16 to 30 months of age. It can be administered by a provider or a technician with minimal training in about 20 minutes and provides the same information obtained from administering an ADOS-2 (i.e., gold standard measure of autism symptoms)

and a developmental measure (i.e., Mullen Scales of Early Learning) -- the typical assessment battery used to inform ASD diagnosis in toddlers. The time to administer EarliPoint is roughly a quarter of the assessment time typically needed to assess for ASD. Currently, iCASD's ADC is the only site using EarliPoint in Nebraska. EarliPoint is a tablet that is housed within a protective case making it roughly the size of a large laptop. It is portable and can be used anywhere that Wi-Fi is accessible. The assessment involves having toddlers watch videos over about 15 minutes via a tablet, while cameras track their eye gaze. Toddlers can sit in a highchair, their caregiver's lap, or independently in a chair. The system includes a calibration period before the test where toddlers watch cartoon clips, while administrators ensure that the toddler is sitting in appropriate alignment with the device. After the calibration videos, the administrators start the target videos which depict varying social scenarios involving young children. After the target videos are completed, EarliPoint indicates whether enough eye tracking data were obtained to yield a valid result versus a failed administration. Failure to calibrate or failed administration would result in the need for additional testing. A report is generated after administration, including a categorical determination of ASD (i.e., yes or no) based on social visual engagement, social disability index (i.e., autism symptom severity), verbal ability index (i.e., proxy of chronological age equivalent from the MSEL), and nonverbal ability index (i.e., proxy of chronological age equivalent from the MSEL), using social visual engagement (i.e., attending to social visual/auditory information). EarliPoint was validated by comparing the EarliPoint generated report with the diagnostic conclusions rendered by autism experts after completing autism assessments, including the ADOS-2 and MSEL. Based on the results of over 1500 toddlers, EarliPoint showed high sensitivity (71%, 81.9%) and specificity (80.7%, 89.9%) for identifying ASD (Jones et al., 2023a, 2023b). Sensitivity was assessed by calculating the proportion of toddlers who received an ASD diagnosis from an expert clinician who also had EarliPoint results that indicated autism. Specificity was assessed by calculating the proportion of toddlers who did not receive an ASD diagnosis from an expert clinician who also had EarliPoint results that indicated no ASD. **[Addresses contingency regarding EarliPoint diagnostic process]**. Community providers have limited knowledge of the availability of EarliPoint and its ability to increase capacity for diagnosing toddlers with ASD by creating a much more efficient assessment process. Community providers have limited knowledge of the availability of EarliPoint and its ability to increase capacity for diagnosing toddlers with ASD by creating a much more efficient assessment process.

Year 1 (ongoing)

In year one, our project focused on 4 aims. Aim 1 of the project is to complete community facing presentations for three key groups of community members -- medical providers, early intervention/educational providers, and families and parent resource coordinators (PRC). A focus group will be necessary to assess how well information is conveyed to the key groups identified, and to assess how well each version of the presentation has been tailored for the specific group. Focus group feedback will be integrated into the final presentations. Aim 2 of the project is to deliver the presentations a total of 12 to 15 times in a hybrid format (i.e., zoom and in person); four to five times for each of the three types of presentation -- (1) one version for medical providers, (2) one version for early intervention/educational providers, and (3) one version for families and parent resource coordinators (PRC). **[Addresses contingency related to number of presentations]**. Hybrid presentations may help reduce barriers to attendance for key group members (e.g., scheduling constraints, travel time and cost). Aim 3 of the project is to evaluate the outcomes of the presentation through developing a survey to assess participant's knowledge of EarliPoint before and after the presentation, and to assess participant's acceptability of the device after the presentation. A focus group will review the survey and take the survey so we can assess the quality, clarity, and appropriateness of items in the survey, and to consider how well the content of the presentations contributes to learning objectives, such as knowledge of EarliPoint. Aim 4 of the project is to disseminate outcomes of the project. A detailed report will be generated describing the process used to develop the presentations and surveys, and survey outcomes. We will also create a web page connected to iCASD's ADC web page where we will provide access to each of three versions of the presentation, as well as a summary of the project and key outcomes. Once the web page is finalized, we will generate posts on social media to create community knowledge of this resource.

Considering changes in the approved use of EarliPoint (i.e., use in Spanish speaking populations, expansion up to age 9, and availability in our clinic up to age 54 months), we are already revising our presentation materials, and this will be reflected in materials included on the webpage dedicated to EarliPoint. We've also begun revising our survey measures to reflect these changes as well.

Year 2

In year 2, our project will be focused on 3 aims. Aim 1 of the project is to continue completing community facing presentations for providers and caregivers through publicly available webinars revised to reflect changes in the approved use of EarliPoint (i.e., use in Spanish speaking populations, expansion up to age 9, and availability in our clinic up to age 54 months). A total of 8 webinars will be offered. Aim 2 of the project is to expand use of EarliPoint to toddlers from Spanish speaking families. Aim 3 of the project is to expand use of EarliPoint to children up to age 54 months from

English and Spanish speaking families. Aim 4 of the project is to gather information about caregiver and provider satisfaction with using EarliPoint as part of a brief evaluation model. We already have these materials.

ACCOMPLISHMENTS

The proposed project will contribute to Goal 2, Objective A, and Goal 3, Objective A in the Nebraska Council's Five-Year State Plan Goals and Objectives. Our overarching goal is to increase community knowledge about EarliPoint so that families of toddlers with ASD or suspected of having ASD, have the knowledge they need to better identify and advocate for early diagnosis and for brief assessment models incorporating EarliPoint, which is cutting edge technology. Family members of individuals with ASD or suspected of ASD are more likely to have ASD and/or autistic traits (Constantino & Todd, 2005), and as such, are more likely to have experienced ASD assessments themselves, and may be unsure of less traditional assessment approaches for ASD, such as brief assessment models incorporating EarliPoint, which is another reason why having a presentation tailored to caregivers is so important. Providing education to community members most likely to interact with young children suspected of ASD and their families, may lead to earlier referrals for ASD evaluations, earlier diagnosis of ASD, and, in turn, earlier access to intervention. Focus group involvement in presentation and survey development will increase the likelihood that presentations will meet our learning objectives. Survey results will help inform the ways in which we explain EarliPoint and brief assessment models incorporating EarliPoint and help us better understand what aspects of EarliPoint and brief assessment models the community may not find acceptable, which will inform how we present EarliPoint and how providers use EarliPoint. The report from this project will be used to generate practical recommendations for providers using EarliPoint to talk to community members about EarliPoint and brief assessment models incorporating EarliPoint, and potential modifications to assessment approach based on community member feedback. Finally, the webpage will create a permanent resource for community members to access to learn about EarliPoint, and brief assessment models, and to ask questions about EarliPoint. Having this resource may help encourage use of EarliPoint and community member's acceptance of EarliPoint and brief assessment models. Brief assessment models incorporating EarliPoint are a critical step in helping to address the "autism waitlist crisis," and improving access to both early ASD diagnosis and early intervention services, which we know are critical for individuals with ASD (Guthrie et al., 2023; Dimian et al., 2020).

WORK PLAN

Organization Name: University of Nebraska Medical Center, Munroe-Meyer Institute

Project Title: Increasing Access to Early Diagnosis of Autism Spectrum Disorder in Toddlers Through Expanding EarliPoint Use to Older Children and Children from Spanish Speaking Families

Project Duration: 1/1/2026 to 12/31/2026

Goal: Complete 8 community facing presentations for providers and caregivers through publicly available webinars revised to reflect changes in the approved use of EarliPoint (i.e., use in Spanish speaking populations, expansion up to age 9, and availability in our clinic up to age 54 months).					
Objective: Investigators will schedule and present 8 webinars spread throughout the year.					
#	Activity	List What Your Measure of Success Will Be.	Responsible Staff/Party	Start Date	End Date
1	Schedule webinars for the year and develop flyers to be disseminated	Flyers with dates and presentation information will be completed	Patricia K. Zemantic	1/5/2026	2/1/2026

2	Present 8 webinars	Present 8 webinars	Patricia K. Zemantic	2/1/2026	10/1/2026
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Goal: Evaluate presentation outcomes					
Objective: Investigators will evaluate the effect of the presentations on EarliPoint knowledge and acceptability					
#	Activity	List What Your Measure of Success Will Be.	Responsible Staff/Party	Start Date	End Date
5	Disseminate survey	Disseminate the survey before and after community members participate in the presentations	Patricia K. Zemantic	2/1/2026	10/1/2026
6	Evaluate Outcomes	Team will meet to evaluate survey outcomes, conduct statistical analyses, and develop a report summarizing outcomes	Patricia K. Zemantic	10/2/2026	11/1/2026

Goal: Evaluate caregiver and provider satisfaction of EarliPoint within a brief evaluation model					
Objective: Gather caregiver and provider satisfaction information					
#	Activity	List What Your Measure of Success Will Be.	Responsible Staff/Party	Start Date	End Date
1	Translate caregiver survey into Spanish	Survey will be sent to our translation providers for translation into Spanish for Spanish speaking caregivers	Patricia K. Zemantic	1/1/2026	2/1/2026

Goal: Expand use of EarliPoint to toddlers from Spanish and English Speaking Toddlers 16 to 30 months					
Objective:					
#	Activity	List What Your Measure of Success Will Be.	Responsible Staff/Party	Start Date	End Date
1	Change templates and meet with schedulers to make sure toddlers from Spanish speaking families are also eligible for EarliPoint	Templates with be changed in our scheduling and billing system to reflect this change.	Patricia K. Zemantic	1/5/2026	1/19/2026
2	Meet with ADC staff to discuss changes to EarliPoint Use	Meeting completed with staff.	Patricia K. Zemantic	1/8/2026	1/8/2026
3	Implement EarliPoint with toddlers from Spanish and English speaking families	Number of toddlers from Spanish speaking families evaluated with EarliPoint. Our current number is 0. We anticipate evaluating up to 6 toddlers from Spanish speaking families based on current data from ADC.	Patricia K. Zemantic and other clinicians in the clinic who already complete autism evaluations as part of their clinical responsibilities	2/1/2026	11/1/2026

Goal: Expand use of EarliPoint to children from Spanish and English Speaking Toddlers up to 54 months.					
Objective:					
#	Activity	List What Your Measure of Success Will Be.	Responsible Staff/Party	Start Date	End Date
1	Change templates and meet with schedulers to make sure children up to 54 months from Spanish speaking families	Templates with be changed in our scheduling and billing system to reflect this change.	Patricia K. Zemantic	4/1/2026	4/15/2026

	are also eligible for EarliPoint				
	Implement EarliPoint with toddlers from Spanish and English speaking families	Number of children between 31 months to 54 months evaluated with EarliPoint. Our current number is 0. We anticipate evaluating up to 26 children between 31 months to 54 months evaluated with EarliPoint based on current data from ADC.	Patricia K. Zemantic and other clinicians in the clinic who already complete autism evaluations as part of their clinical responsibilities	4/15/2026	11/1/2026

Goal: Dissemination outcomes					
Objective: Investigators will develop a report and disseminate a finalized version of the report					
#	Activity	List What Your Measure of Success Will Be.	Responsible Staff/Party	Start Date	End Date
1	Develop report	Investigators will write a report based on pre/post-test knowledge surveys and caregiver and provider satisfaction with EarliPoint within a brief evaluation model	Patricia K. Zemantic	11/1/2026	12/1/2026
2	Finalize Report	Investigators will edit and publish the report	Patricia K. Zemantic	12/1/2026	12/14/2026
3	Distribute the report	Investigators will distribute the report to representatives from the organizations that participated in the presentations	Patricia K. Zemantic	12/14/2026	12/31/2026

PROJECT SUSTAINABILITY

MMI, through institute funding, will continue the project once Developmental Disability Planning Council funds are no longer available to support the project. The goal will be to keep the web page up to date, with the expectation that revisions will be made on an annual basis. The webpage will house the recorded presentations so that the community can access them after the funding period has ended. The primary investigator, Patricia K. Zemantic, currently as part of her administrative duties as the director of the ADC, updates the ADC website on an annual basis.

The applicant's efforts following the funding period will focus on:

Year 1 (currently this project is ongoing)

- Updating the web page on an annual basis.

- Responding to the questions from the community and using these responses to create an FAQ section on the web page for community providers.

Year 2

- Updating the webpage to include the most up to date information on EarliPoint and availability of EarliPoint in ADC
- Working with insurance companies to cover the cost of EarliPoint. An application to get a billing code approved for covering EarliPoint has been submitted by EarliTec. Once this code is approved, we will need to work with each insurance company to negotiate coverage here at MMI. We anticipate that this will likely be in place sometime in January 2027.

SUMMARY BUDGET

Organization Name: University of Nebraska Medical Center, Munroe-Meyer Institute

Project Title: Increasing Access to Early Diagnosis of Autism Spectrum Disorder in Toddlers Through Expanding EarliPoint Use to Older Children and Children from Spanish Speaking Families

Project Duration: 1/1/2026 to 12/31/2026

	Requested Funds	Matching Funds	Total Project Budget
A Personnel	\$5,365	\$5,097	\$10,462
B Fringe Benefits	\$1,604	\$1,524	\$3,128
C Travel	\$	\$	\$
D Equipment	\$	\$	\$
E Supplies	\$7,200	\$	\$7,200
F Consultants/Contracts	\$	\$	\$
G Other Direct Costs	\$	\$	\$
H Total Direct Costs	\$14,169	\$6,621	\$20,790
I Total Indirect Costs	\$5,668	\$	\$5,668
J Total (Sum H+I)	\$19,837	\$6,621	\$26,458

Principal Investigator/Director: Patricia Zemantic													From: 1/1/2026 To: 12/31/2026											
Title of Project: Year 2: Increasing Access to Early Diagnosis of Autism Spectrum Disorder in Toddlers Through Expanding EarliPoint Use to Older Children and Spanish Speaking Families													Number of Periods 1											
PERSONNEL (begin list with senior personnel)													# Months				Inflation Factor for 2nd Year 3.00%				COST SHARING			
PERSONNEL NAME	POSITION	DEPT #	UNMC Salary	% Benefits	% Effort	This Year	Next Year	2nd Yr out	Annualized Salary	Salary Requested	Benefits*	TOTAL	% Effort	UNMC Salary	Benefits*	Source								
Patricia Zemantic	PI	5508	\$105,715	29.90%	5.00%	6	6	0	\$107,301	\$5,365	\$1,604	\$6,969	4.75%	\$5,097	\$1,524	3155080100								
									\$0	\$0	\$0	\$0	0.00%	\$0	\$0									
Totals										\$5,365	\$1,604	\$6,969		\$5,097	\$1,524									
TDC	Budget	Cost Share																						
517000 Salaries	\$5,365	\$5,097																						
519000 Benefits	\$1,604	\$1,524																						
520000 Operating	\$0	\$0																						
526000 Consultants	\$0	\$0																						
526004 Subcontracts	\$0	\$0																						
52XXX Exempt	\$0	\$0																						
530000 Supplies	\$7,200	\$0	score reports																					
540000 Travel	\$0	\$0																						
550000 Equipment	\$0	\$0																						
560000 Gov't Aid	\$0	\$0																						
Total Direct Costs	\$14,169	\$6,621																						
Less: F&A Exempt																								
Subcontracts > \$25k	\$0	\$0																						
Exempt	\$0	\$0																						
Capital Equipment	\$0	\$0																						
Gov't Aid	\$0	\$0																						
F&A Basis	\$14,169	\$6,621																						
F&A Rate	40.00%	0.00%																						
F&A Costs	\$5,668	\$0																						
Grand Total	\$19,837	\$6,621																						
Required Match (33%):		33.38%																						

BUDGET JUSTIFICATION

A. Personnel

	Requested	Matching (Cash)
Primary Investigator (Patricia K. Zemantic): The primary investigator will provide 9.75% (5% is requested and 4.75% will be provided as match). Salary will be calculated using Dr. Zemantic's current annual salary of \$105,715. A 3% inflation factor is included in the calculation due to the University's fiscal annual raises.	\$5,365	\$5,097
Total	\$5,365	\$5,097

B. Fringe Benefits

	Requested	Matching (Cash)
Primary Investigator (Patricia K. Zemantic): Fringe benefit was calculated at 29.9 % per UNMC's fringe benefit rate policy for Faculty of the requested salary (\$5,365 x.299 = \$1,604).	\$1,604	\$1,524
Total	\$1,604	\$1,524

C. Travel

D. Equipment

E. Supplies

	Requested	Matching (Cash)
Supplies (32 EarliPoint score reports x \$225.00 each = \$7,200)	\$7,200	\$-
Total	\$7,200	\$-

F. Consultants/Contracts**G. Other Direct Costs****H. Total Direct Costs**

	Requested	Matching (Cash)
A. Personnel	\$5,365	\$5,097
B. Fringe Benefits	\$1,604	\$1,524
C. Travel	\$-	\$-
D. Equipment	\$-	\$-
E. Supplies	\$7,200	\$-
F. Consultants/Contracts	\$-	\$-
G. Other Direct Costs	\$-	\$-
Total	\$14,169	\$6,621

I. Total Indirect Costs

	Requested	Matching (Cash)
We are requesting 40% of the total direct costs.	\$5,668	\$-

J. Total Costs (Sum H+I)

	Requested	Matching (Cash)
Total Costs	\$19,837	\$6,621

NEBRASKA COUNCIL ON DEVELOPMENTAL DISABILITIES

COUNCIL MEMBER CONFERENCE REPORT SUMMARY

Council members who receive funding are required to complete this Conference Report Summary after the training/conference. The Conference Report Summary, expense reimbursement documents, and receipts must be received by Council staff in order to process reimbursement requests. Additionally, a brief oral report will be given by the member at the Council meeting following the trip.

Council Member: Edward Kraska
Conference Title: SOAC conference
Conference Location: Omaha
Conference Date(s): 10/3 - 10/5/25

What topic(s) were covered at this training/conference?

- How to develop & share gifts with community
- How to Advocate
- Supported Decision Making
- Charting the life course

How will the information from the training/conference help you develop or grow professionally as a member of the Council?

- Confirmation that I can be an advocate
- Knowing that I must continue to train and not worry about my failures.
- Continue to share with others.

From what you learned at this training/conference, are there any actions or steps you can implement for systems improvement or recommend that the Council consider implementing?

Look into supported decision making more.
It may help.

NEBRASKA COUNCIL ON
DEVELOPMENTAL DISABILITIES

LEADERSHIP DEVELOPMENT FUND CONFERENCE REPORT SUMMARY

Individuals who receive NCDD Leadership Development funds are required to complete this Conference Report Summary after the training/conference. To meet the deliverable to receive reimbursement, the Conference Report Summary, conference brochure/flyer, event agenda, and invoice must be received by Council staff. Email the completed form and required documentation to dhhs.dd.council@nebraska.gov.

Name of Individual Receiving Funding: Kathleen Rohwedder

Are you a person with a developmental disability (Self-advocate) or a family member/guardian?

guardian, advocate, independent provider

Conference Title: Charting the Life Course Showcase 2025

Conference Location: Kansas City MO

Conference Date(s): April 28 - May 1 2025

What topic(s) were covered at this training/conference?

Shared experiences + impact of CILC

Dignity of Risk, CILC tools - decision making

Supporting People impacted by trauma

Actionable Life Plans

CILC in Action - Advocates, Person/self Advocates

Assistive Technology
Supported Decision Making

Please share your plan to share the knowledge and information from the training/conference with others.

Plan to attend SOAR

Presenter at ARC VR Summer program

meet & share material with people & their families

Will you present to an organization? ☒ YES ☐ NO

Name of organization(s) ARC Summer VR Camp

Anticipated date(s) of presentation(s) 4/12/25

Written Presentation: ☒

Video Presentation: ☐ Other: ☐

Power Point

From what you learned at this training/conference, are there any actions or steps you can implement for systems improvement or recommend that the Council consider implementing?

Ambarcoursers use funds to set in motion a plan to
empower people & families to use with the support of trained
Service Coordinators.

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