



ReachOut e-Diversity News

An Electronic Publication of the Ohio Developmental Disabilities Council

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April 2008 Edition | Volume 2, Issue 4

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Read, Pass on to Friends, Family Members, Colleagues & Constituents

April is Minority Health Month

Meeting the Needs of Ohioans with Developmental Disabilities and Mental Illness

Mental Retardation Is No More – New Name Is Intellectual and Developmental Disabilities

by *Anna Prabhal*
American Association on Intellectual and Developmental Disabilities

Dancing Wheels



The first modern dance company to integrate professional stand-up and sit-down dancers

Youth with Disabilities in the Foster Care System:

Part II

Adapted from the National Council on Disabilities Report

Conducting an Organizational Cultural Competence Assessment



by *Patricia Larkins Hicks, Ph.D.*
President
Outcomes Management Group, Ltd.

Making the “Wright Choice” with Project Connect



by *Kenneth Latham & Fatica Ayers*,
ODDC Staff and *Tykiah Wright*,
CEO/Founder, Wright Choice

Shari Cooper Crowned



Ms. Wheelchair Ohio

Save the Date

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April is Minority Health Month

Meeting the Needs of Ohioans with Developmental Disabilities and Mental Illness

April 1989, seems long ago.

In response to the community's belief that there needed to be an event where everyone could participate, Ohio gave birth to Minority Health Month.

The first Minority Health Month in 1989 was heralded with lots of enthusiasm and a minimal amount of fanfare. The community was energized and the Commission encouraged as 81 events were presented statewide during this 30-day wellness campaign. No one could have envisioned the phenomenal growth of Minority Health Month in Ohio and throughout the United States. Minority Health Month was designed to:

- Promote healthy lifestyles;
- Provide crucial information to allow individuals to practice disease prevention;

- Showcase the resources for and providers of grassroots healthcare and information;
- Highlight the resolution of the disparate health conditions between Ohio's minority and non-minority populations; and
- To gain additional support for the on-going efforts to improve minority health year round.

All the associated partners of Minority Health Month are to be applauded for their continued commitment to improving the health status of the community.

In 2001, Minority Health Month became a National Celebration. Today Ohio joins with the 46 State Offices of Minority Health: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi,

Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virgin Islands, Virginia, Washington, West Virginia, Wisconsin and Wyoming, in lifting up wellness and good health. Another reason for celebration was the October 2006 creation of the National Association of State Offices of Minority Health.

Cheryl Boyce is the Executive Director of the Commission on Minority Health and can be reached at 614/466-4000.

continued

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Commissioners of the Commission on Minority Health are as follows:

Walter T. Bowers, MD Cincinnati, Ohio	Helen Jones – Kelley, JD, Director Ohio Department of Job & Family Services	Charles Modin, MD Cleveland, Ohio
The Honorable Edna Brown Ohio House of Representatives Toledo, Ohio	Maria Julia, PhD Columbus, Ohio	Cynthia B. O’Neal Mansfield, Ohio
The Honorable Courtney Combs Ohio House of Representatives Toledo, Ohio	Gina Austin Lewis, PhD Beavercreek, Ohio	The Honorable Kirk Schuring State Senate Canton, Ohio
Mary I. Gregory, RN, M.Ed. Toledo, Ohio	John Martin, Director Ohio Department of Mental Retardation and Developmental Disabilities	Sandra Stephenson, Director Ohio Department of Mental Health
Alvin Jackson, MD, Director Ohio Department of Health	The Honorable Ray Miller, Founder State Senate Columbus, Ohio	Mary L. Wykie, PhD Solon, Ohio
		Susan Tave Zelman, Superintendent of Public Instruction Ohio Department of Education

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Dancing Wheels

Dancing Wheels is the first modern dance company to integrate professional stand-up and sit-down (wheelchair) dancers. Mary Verdi-Fletcher, President and Founding Artistic Director, a pioneer in the field of integrated dance, started the company in 1960, and for more than a quarter of a century, Dancing Wheels has performed, taught and inspired children and adults of all abilities around the world. In the United States, the company presents more than 100 performances reaching audiences of 125,000 each year.

Dancing Wheels also serves as a source of inspiration in the development of other integrated dance programs nationwide with performances that span the globe, including an ambassadorial tour to Prague in the Republic of Czech, Guatemala and Poland. The company represented the United States and the State of Ohio with a full concert performance at the



International Very Special Arts Festival in Brussels, Belgium and Los Angeles, California and opened the 1st National Conference of Careers in the Arts for People with Disabilities at the Kennedy Center.

Dancing Wheels has been featured in numerous national publications and television programs including ABC television special, Christopher Reeve, A Celebration of Hope, CBS Sunday Morning, CNN and Good Morning America.



The company is the proud recipient of the 1998 Governor's Award for Outstanding Outreach in Ohio and the 1997 National Rehabilitation Achievement Award.

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Part II

Youth with Disabilities in the Foster Care System:

Barriers to Success and Proposed Policy Solutions

Adapted from the National Council on Disabilities Report

(Retrieved from www.ncd.gov, 2008)

Youth with disabilities who are also in the foster care system are one of the most vulnerable populations in the United States, yet little attention is focused on the unique challenges they face as they negotiate their way through multiple systems to adulthood. Given the scope of the challenges facing this population, a three-part series has been developed. This article is Part II of a three-part series. It focuses on the education and training needs as well as transitions to adulthood and connectivity. The final article, Part III, will address issues tied to coordination, collaboration, accountability and data sharing. Policy recommendations will also be identified and presented.

Education and Training Needs

Time and again, experts in many fields note that success in

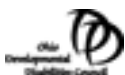
education is one of the most important indicators of success later in life. Therefore, meeting the educational needs of this vulnerable population should be deemed a top priority by the teachers, caseworkers, foster parents, dependency court judges, and mental health professionals who interact with these youth.

Some of the negative outcomes associated with too many youth with disabilities in foster care were discussed in Part I of this series. Many believe negative outcomes prove that not enough is being done to ensure the educational success of these youth. Thankfully, more is being done now than ever before. The Individuals with Disabilities Education Act (IDEA) works to ensure that the specific needs of each individ-

ual student with disabilities are met, while the McKinney-Vento Homeless Assistance Act works to reduce the barriers often associated with homeless and foster youth changing schools often, including issues surrounding enrollment and the transfer of records. However, owing to eligibility issues, the McKinney-Vento Act does not serve all foster youth. And IDEA's processes, although improved in recent years, do not sufficiently consider the special situations of youth involved in the child welfare system, such as experiencing frequent school moves and having no parents to help make decisions on their behalf. In some cases, federal laws indeed exist to help provide the needed services to students, but not nearly enough money is

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appropriated to the programs to make enough of a difference. The lack of federal support for both mental health services and counseling services for public school students have been identified as reasons for this difference. It argues that these are two important services that can serve both preventative and intervention functions and should therefore be made available to the youth who need them, which includes youth with disabilities in foster care.

Just as important as primary and secondary school services are access to and success in postsecondary learning opportunities such as college or career and technical training. Because both youth with disabilities and youth transitioning out of the foster care system show negative outcomes for postsecondary education attainment, a larger investment must be made to facilitate their success. One of the main barriers to access is lack of monetary resources, as many youth with disabilities in foster care have low or no

incomes. Although the Chafee Foster Care Independence Program's Educational and Training Vouchers Program (ETV) has helped greatly, these limited funds cannot possibly help all youth in need, so additional access to monetary support, such as federal financial aid, is necessary.

Other, nonmonetary barriers to postsecondary attainment exist in the systems themselves. For example, the college application process can be extremely daunting, especially for youth with no supportive adults in their lives. Schools and the Federal Government may not recognize the role they must play in easing this process for youth with significant needs. There is also the concern of low expectations for both youth with disabilities and youth in foster care. These low expectations link back to the stigma faced by this population. Furthermore, not all caseworkers, foster parents, and other adults in "helping" professions are the best information resources for these youth, despite their

(often) good intentions. All of these barriers further exacerbate the challenge these youth face as they endeavor to access and succeed in postsecondary learning opportunities.

Transitions to Adulthood and Connectivity Issues

A healthy transition to adulthood for all youth should be the primary concern for all, as far too many negative implications are associated with youth not becoming healthy, productive, economically sufficient adults. Unfortunately, a large number of youth with disabilities transitioning out of foster care end up disconnecting with society and are unable to reconnect for one reason or another. The repercussions felt by these young people, the systems with which they interact, and the country as a whole are indeed profound and long-lasting. Therefore, just as important as education is the need to provide services and supports to youth transitioning to adulthood.

continued

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Transition is a daunting experience for youth with disabilities in the foster care system. They often need more services than average youth, require the support of more caring adults in their lives, and must also understand a whole host of laws, regulations, and policies with which most youth usually do not come in contact. They need to know when their Medicaid benefits expire, how to access independent living skills programs, and whether they are eligible for housing, among many other rules and processes. Some youth with disabilities also need to rely on caring adults to help them perform basic functions like eating, bathing, and getting around. Due to the challenging situations of many of these youth as they enter adulthood, many youth development experts believe that youth with

disabilities transitioning out of foster care should be eligible for transition services up to age 24, when needed, instead of age 21.

Despite the progress that has been made to ensure the comprehensiveness of services offered to youth as they transition to adulthood, much remains to be done in terms of both access to services and the provision of the right services. Some experts believe that the services provided are often not pertinent to real-life challenges. Others believe that not enough is being done to incorporate the ideologies of community integration, self-determination, and self-advocacy into the transition curricula. If policy were better linked with sound research, these components might be more regularly connected to the life skills and independent living curricula

provided to youth with disabilities and youth transitioning out of foster care. Due to the funding limitations of programs like the Chafee Foster Care Independence Program (CFCIP), not all youth who need these services receive them; eligibility issues also affect transition services.

The creation of both the CFCIP and the Individualized Education Program (IEP) has been a significant step in the right direction for ensuring healthy transitions for these young people. But unfortunately, these two systems often operate independent of one another. More must still be done to coordinate these two very important services so that these youth have the supports they need to transition adequately.

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Conducting an Organizational Cultural Competence Assessment

by Patricia Larkins Hicks, Ph.D., President
The Outcomes Management Group, Ltd.

This article provides guidance in answering four key questions that organizations typically think about when planning to engage in a cultural competence assessment. For purposes of this discussion, the Cross et al. (1989) conceptual framework and model is used.

#1 Q “How do we know cultural competence when we see it?”

A According to Siegel, et. al. (2002), **there are eight major domains** or content areas that organizations can examine to determine their

Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

Cultural competence is a developmental process that evolves over an extended period of time. Both individuals and organizations are at various levels of awareness, knowledge, and skills along the cultural competence continuum.

cultural competence status. These domains include: (1) organizational values; (2) policies, procedures, governance; (3) planning, monitoring, evaluation; (4) communication; (5) human resource development; (6) community and consumer participation; (7) facilitation of a broad service array; and (8) organizational resources.

Gathering information about the following **twelve organizational indicators** (Hicks &

Noboa-Rios, 1998) will provide insight about the aforementioned domains.

- Leadership
- Vision/Mission
- Staff Composition
- Cultural Concepts
- Work & Service Climate
- Collaboration
- Policies & Procedures
- Service Delivery
- Staff Development
- Communication
- Outcomes Management
- Performance Evaluation

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The following Table identifies the relationship between these twelve indicators and the eight organizational domains.

Table 1. Relationship between Organizational Indicators and Domains

INDICATOR	#1 OV	#2 PPG	#3 PME	#4 COM	#5 HRD	#6 CCP	#7 FBSA	#8 OR
Leadership		x	x					x
Vision & Mission	x							
Staff Composition							x	x
Cultural Concepts	x			x				
Work & Service Climate						x	x	
Collaboration						x		x
Policies & Procedures		x					x	
Service Delivery							x	x
Staff Development					x			
Communication	x			x				
Outcomes Management			x		x	x	x	
Performance Evaluation			x		x	x		

NOTE: OV- Organizational Values
 PME- Planning, Monitoring, Evaluation
 HRD- Human Resource Development
 FBSA- Facilitation of a Broad Service Array
 PPG- Policies, Procedures, Governance
 COM- Communication
 CCP- Community & Consumer Participation
 OR- Organizational Resources

#2 Q “Who should be involved in an organizational cultural competence assessment?”

A The assessment process should be inclusive and involve all key stakeholders both those who are within the organization as well as those who play an integral role outside of the organization. *Internal stakeholders* may include board members, staff,

and volunteers. *External stakeholders* may include clients, consumers, family members, significant others, vendors, partners, funders, etc.

#3 Q “How do we get started?”

A Establish a cultural competence assessment team comprised of individuals who represent all key stakeholder groups. Based

upon the organization’s assessment goals, this team develops a culturally and linguistically appropriate assessment plan. Consideration should be given to selecting members who are respected by their peers and can be a positive advocate for the cultural competence assessment. The assessment team monitors the assessment process and is responsible

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for developing recommendations regarding how the organization moves forward given its assessment results. This team usually works in conjunction with a third party evaluator that has expertise in cultural competence assessment and facilitates an objective assessment process and analysis.

#4 Q “What methods and/or tools should be used?”

A Consideration should be given to collecting data from a variety of methods and sources. Utilizing multiple methods and sources provides the organization with an opportunity to cross examine results and ultimately have more confidence in its findings. For example, data may be collected using standardized tools, surveys, focus groups, interviews, etc. These data can be collected from board members, staff, volunteers, funders, partners, etc.

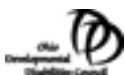
Organizational assessment instruments are evolving and typically reflect the developers’ theories concerning organizational factors associated with cultural competence. The following list identifies ten tools that are currently available to provide information about an organization’s cultural competence.

1. Cultural Competence Program Self- Assessment, Amherst H. Wilder Foundation (2002)
2. Assessment of Organizational Cultural Competence, Association of University Centers on Disabilities (2001)
3. Cultural Competence Agency Self-Assessment Instrument, Child Welfare League of America (2002)
4. Assessment Guidelines for Developing a Multiculturally Competent Service System for An Organization or

Program, Connecticut Department of Children & Families (2002)

5. Building Bridges: Tools for Developing an Organization’s Cultural Competence, La Frontera Center, Inc. (2002)
6. Organizational Cultural Competence Assessment Profile, The Lewin Group, (2002)
7. Cultural Competence Self-Assessment Questionnaire: A Manual for Users, Mason (1995)
8. Cultural Competence Policy Self-Assessment , National Center for Cultural Competence (2002)
9. Consolidated Culturalogical Assessment Tool Kit, Ohio Department of Mental Health (2003)
10. Cultural Competence Assessment Scale, Siegel, Haugland, & Chambers (2004)

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Siegel, C., Haugland, G., & Chambers, E.D. (2002). Cultural competence and data strategies to assess the quality of services in mental health systems of care: A project to select and benchmark performance measures of cultural competency. Orangeburg, NY: Center for the Study of Issues in Public Mental Health, Nathan Kline Institute, New York Office of State Mental Health.

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Mental Retardation Is No More – New Name Is Intellectual and Developmental Disabilities

Name Change Reflects Society's Efforts to Appropriately Address People with Cognitive Disabilities

by *Anna Prabhal*

American Association on Intellectual and Developmental Disabilities

After almost 5 decades of being called Mental Retardation, this influential journal in special education changed names to Intellectual & Developmental Disabilities under the leadership of Editor Steven J. Taylor. The journal's name change is a microcosm of society's ongoing struggle to find a socially acceptable way of addressing persons with an intellectual disability. The new name comes close on the heels of the name change of its publisher, the American Association on Intellectual and Developmental Disabilities, formerly AAMR, the world's oldest organization representing professionals in developmental disabilities.

For all those who ask, "What's in a name?" Dr. Taylor says, "The term intellectual and developmental disabilities is

simply less stigmatizing than mental retardation, mental deficiency, feeble-mindedness, idiocy, imbecility, and other terminology we have cast aside over the years." However, Taylor acknowledges that the crux of the issue here goes beyond language and terminology into the deeper issues of inclusion and acceptance of people with intellectual disabilities in society. He explains, "Anyone who believes that we have finally arrived at the perfect terminology will be proven wrong by history. I am sure that at some future point we will find the phrase intellectual and developmental disabilities to be inadequate and demeaning."

Vice-president of AAIDD, Steve Eidelman, like many other experts, goes a step further and

calls for a public education campaign to foster more positive attitudes towards people with intellectual disabilities. In an article published in a past issue of IDD, he said, "Changing the term (mental retardation) will make many people happy. That happiness will quickly fade when the new term is used as a pejorative. Without a long-term effort to include everyone and to educate those with negative or neutral attitudes toward our constituents, a change in terminology will become the new pejorative very quickly." Eidelman's comments were made in the midst of a debate on the name change of AAMR to its current day name, AAIDD. Founded in 1963, Intellectual & Developmental Disabilities quickly became the leading

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journal for research and opinion on practical issues faced by professionals working with people who have cognitive disabilities. The tagline of “Journal of Policy, Practice, and Perspectives” reflects the unique editorial role of IDD in the field of developmental disabilities. The journal is noteworthy for Perspectives, a selection of articles hand-picked by the editor to reflect voices not usually represented in empirical research. Also, the column Trends & Milestones contains ready-to-use, quantitative data for researchers and policymakers on pressing issues such as public funding of

disability programs and the decline of population in state institutions over the past several decades. Over the years, Intellectual & Developmental Disabilities has shaped public consensus in the disability field by featuring rigorous debates on contentious topics. A series of articles in the late 1990s on the mortality of people living in institutions dispelled the commonly held belief that the community was unsafe for people with intellectual disabilities. More recently, IDD featured studies on how family contact and consumer-directed supports had better economic, health, and social

outcomes on lives of people with developmental disabilities as opposed to being confined to institutions. Arguably, among the most memorable are the impassioned articles by Robert Perske, a tireless advocate for people with intellectual disabilities in the criminal justice system. The powerful prose of Perske is reflected in articles such as, “We Believe Richard LaPointe Did Not Kill Bernice Martin,” “Search for Persons With Intellectual Disabilities Who Confessed to Serious Crimes They Did Not Commit,” and “Deception in the Interrogation Room.”

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Shari Cooper Crowned Ms. Wheelchair Ohio

The 2008 Ms. Wheelchair Ohio pageant was hosted at Recreation Unlimited in Delaware, Ohio on April 12, 2008. This annual event, which is part of the Ms. Wheelchair America program, continues its tradition since 1972.

Shari Cooper competed against four other candidates from various locations across the state. Each of the five 2008 candidates had amazing stories and would have represented the honored position with dignity.

Carol Tolson, the state coordinator for the 2008 Ms. Wheelchair Ohio event, and the former 2006 Ms. Wheelchair Ohio, stated that “this pageant

is in no way a beauty contest. It is instead a competition to select the most accomplished and articulate spokesperson for the millions of Americans with disabilities. I think it is a beauty contest, reflecting the deep and pure beauty which arises from overcoming obstacles many would never have dared to challenge – with or without a wheelchair.”

Shari will go on to the 2008 Ms. Wheelchair America pageant hosted in Rockville, Maryland July 21-27, 2008. This national event is never easy, and the competition Shari will face is very competitive, but she is ready for the challenge and will represent Ohio extremely well.

Organized in 1972 by a Columbus, Ohio physician Dr. Philip K. Wood as a forum for the promotion of the achievements, as well as the needs of, people with mobility impairments, Ms. Wheelchair America

recognizes the accomplishments of women who utilize wheelchairs for mobility. The non-profit program which consists of the State Coordinators and State Titleholders has grown to include programs in more than 20 states and the District of Columbia. The state programs are staff and coordinated by volunteers dedicated to increasing public awareness so that all citizens will be afforded the opportunities to lead productive and meaningful lives. The mission of Ms. Wheelchair America is to provide an opportunity for women of achievement who happened to be wheelchair users to successfully educate and advocate for the more than 52 million Americans living with disabilities.

Unlike the traditional beauty pageants, Ms. Wheelchair America is not a contest to

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select the most attractive individual. It is instead a competition based on advocacy, achievement communication, and presentation to select the most accomplished and articulate spokesperson for individuals with disabilities. The selected representative must be able to communicate both the needs and the accomplishments of her constituency from across the nation to the general public, the business community and the legislature.

As Ms. Wheelchair America, the national titleholder has numerous duties. These

include promoting awareness of the need to eliminate architectural and attitudinal barriers, informing the able-bodied public of the achievements of the millions of people with disabilities across the nation, and assisting with the establishment of programs in all 50 states by promoting Ms. Wheelchair America. During her year long reign, she will have the opportunity to travel, visit advocacy group, make public appearances and conduct radio, print and TV interviews.

Shari's long list of achievements include a Disability Hall of Fame

Award, Goodwill Industries Achiever of the Year, and an Associate of Applied Sciences degree in Disability Intervention Services. When not serving on the Consumer Advisory Commission Service, Board of Dayton Advocates, Ohio Developmental Disabilities Council, and as Secretary of the Ohio Developmental Disabilities Council, Shari enjoys shopping and spending time with her four brothers and sisters.

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Making the “Wright Choice” with Project Connect

by Kenneth Latham & Fatica Ayers, ODDC Staff and Tykiah Wright, CEO/Founder, Wright Choice

Tykiah Wright is one of Columbus, Ohio’s brightest young business women. She has received many awards and gained recognition locally as well as nationally. She has grabbed the attention of *Ebony* magazine as someone to watch to be potentially successful, and for her contributions to the Columbus business community. She was recently interviewed by national TV host Montel Williams for her recent nomination and being a finalist for *Voices*, an annual campaign sponsored by Charming Shoppes that honors women across America for their passion, leadership, and achievements as everyday women who raise their voices to create positive change. Wright was selected from thousands of women from

across the country who were nominated with essays describing the difference they have made in their communities.

Tykiah has turned adversity into opportunity through her organization she calls **Wright Choice**. A company she uses to teach minority students with disabilities how to prepare for the business world just as she did.

Tykiah was diagnosed with Muscular Neuropathy as a child and uses a wheelchair for mobility throughout her daily activity. After completing her college degree by obtaining her MBA, Wright encountered obstacles in getting positions she felt she deserved.

Confronted with these obstacles, Wright decided to dedicate herself to the

advancement of other women, minorities, and individuals with disabilities.

Wright has several program components within her company for students with or without disabilities to assist in securing and sustaining employment in the private as well as the public sector of the business community.

One of her latest projects is called **“Project Connect”** a collaboration between **Wright Choice** and the Ohio Developmental Disabilities Council’s **Ohio Paths** and **Project Reach** grants.

Both of these grants fulfilled a common goal to a specific need in the field of MR/DD, training and credentialing potential employees as **Direct Care**

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workers. **Project Reach** will assist in getting interested students involved in the program while **Ohio Paths** will provide instructors to create the curriculum for the formal training needed for these individuals to reach their vocational goals.

The purpose of Ohio Paths project is to strengthen the direct support workforce in Ohio by improving the quality of support they offer to people with developmental disabilities. The goals include building career Paths, improving public perceptions of the human service field and enhancing the direct support occupational image and profile, encouraging further commitment of the incumbent workers and their jobs.

Project Reach is designed to focus on employment opportunities specifically in the MR/DD field. Their target populations

are the unserved/underserved groups both at the high school and collegiate levels. The project uses several methods of disseminating information that has utilized professionals in the rehabilitation community to conduct presentations and workplace experiences.

Methods used to disseminate information includes in class presentations, job fairs, job shadow coordination, and summer intern placement.

Project Connect's goal is to prepare students for successful employment and offers the opportunity to tap into an age demographic of 18 – 25 years of age for individuals who have never worked in the field of MR/DD but has tremendous potential to be successful.

This workforce development initiative is a sixteen week program that includes classroom instruction, mentor interaction, job shadowing,

portfolio work sessions, and volunteer opportunities. Classroom instructions includes an overview of the workings of MR/DD, ethic training, understanding documentation, advocacy and effective communication training just to name a few.

Just recently a class of 7 out of 15 graduated with credentialing certificates at a program offered at the J. Ashburn Jr. Youth Center in collaboration with programs sponsors of Wright-Choice Internships Inc., Lead the Way, Ohio Alliance of Direct Support Professionals, and The Ohio Developmental Disabilities Council.

Project Connect is a dynamic employment training program that is making an impact on an industry that has a lot to offer and a population of students who benefit from making a difference in the lives of others.

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SAVE THE DATE

GATEWAYS V – Make It Happen: Collaborating for Ohio’s Changing Workforce

May 5 – 6, 2008

Doubletree Hotel

175 Hutchinson Avenue

Columbus, Ohio 43235

Keynote Speakers: Phil DeVol (Bridges Out of Poverty) and Brett Eastburn (No Arms, No Legs, No Handicaps)

- Hear internationally recognized keynote speakers
- Interact with accomplished speakers in concurrent sessions
- Take away skills to replicate programs in your area
- Network with professionals from other agencies
- Learn current information in many areas of rehabilitation services

National ADA Symposium

May 12 – 14, 2008

America’s Center

St. Louis, Missouri

The DBTAC-ADA Centers are proud to announce that Symposium attendees will have the opportunity to participate in a US Access Board town meeting. The Access Board holds bi-annual town meetings in cities throughout the United States to

receive feedback and recommendations on accessibility issues. This year, the Access Board will hold its town meeting in conjunction with the National ADA Symposium. The focus of the meeting will be airport access.

Representatives from the US Dept. of Justice, US Access Board, Equal Employment Opportunity Commission, US Business Leadership Network, Job Accommodation Network, DBTAC-Great Plains ADA Centers as well as other nationally recognized presenters will be conducting sessions at the ADA Symposium.

Visit the ADA Symposium website at <http://www.adasymposium.org> for more information, session schedule & descriptions, and on-line registration.

Mark Your Calendars for the 2008 Accessible Technology On-line Seminars

May 19, 2008

2:00 p.m. – 3:00 p.m. Eastern Standard Time

Topic: Accessible Computer Applications
The DBTAC – Great Lakes ADA Center is sponsoring a new on-line seminar series on accessible technology in 2008. The goal of the series is to increase awareness on technology accessibility for people with disabilities.

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Many jobs now require interaction with various computer applications, such as record keeping and database systems. Inaccessibility of these applications can seriously hinder job performance for individuals with disabilities. This seminar will discuss accessibility issues with common workplace computer applications and how to make them accessible.

The seminar is free, but pre-registration is required. Please e-mail jpete@uic.edu to register for the session or for more information.

Audition Notice for Wheelchair Dancers Dancing Wheels Company & School

The Dancing Wheels Studios
3615 Euclid Avenue, 3rd Floor
Cleveland, Ohio 44115
Mary Verdi-Fletcher – Contact
216/432-0306
vfletcher@aol.com

The Dancing Wheels Company is currently seeking dancers, apprentices and trainees for employment in the 2008 – 2009 season. Dancing

Wheels works with national and internationally acclaimed choreographers each year. Dance positions offer full 52-week contracts, competitive rates of compensation, and an opportunity to travel throughout the country and abroad (with all expenses paid).

The company is auditioning male and female sit-down (wheelchair*) dancers. Apprentices receive professional training, performance opportunities and a stipend. Trainees receive professional training and limited performance opportunities. Sit-down dancers do not need prior dance experience but should be athletic, with excellent speed and wheelchair agility.

*Dancers with disabilities who are not everyday wheelchair users, but willing to adapt to wheelchair technique are also welcome.

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