FINAL REPORT AND ABSTRACT

1. PROJECT IDENTIFICATION

Project Title:

Taking Action to Develop a Family-Centered Community-Based Evaluation System for Young Children.

Project Number:

H17MC28297

Project Director:

Monica Burke

Grantee Organization:

The Arc of Whatcom County

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Project Period:

3/1/2015 – 2/29/2020

Total Amount of Grant Awarded:

$245,375

2. NARRATIVE

PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL AND CHILD HEALTH (MCH) PROGRAMS:

Whatcom Taking Action for Children and Youth with Special Health Care Needs (Taking Action), is a community collaborative working to create a cohesive, family-centered system of services and supports for children, youth, and families that are impacted by developmental, behavioral and other special health care needs in Whatcom County, Washington. Key partners in the Taking Action collaborative are The Arc of Whatcom County (lead agency and grantee), the Whatcom County Health Department (local Title V MCH Program), the Opportunity Council (local community action agency and early intervention provider), PeaceHealth Pediatrics (local pediatric provider and neurodevelopmental center), Kornerstone Kids (local pediatric therapy provider), and many other health care providers, school districts, social service agencies, and families. We also partner with the State Title V MCH Program and the Washington Chapter of the AAP for technical assistance, local training opportunities, and networking / information sharing with other communities across the state. Taking Action maintains close relationships with partners from statewide agencies and participates in the statewide Medical Home Leadership and SMART (School Medical Autism Review Team) networks.

Based on both national recommendations and local community needs assessments, stakeholders involved with Taking Action identified a need for a local mid-level evaluation system. The primary purpose of this project was to create a General

Interdisciplinary Developmental Evaluation System (GIDES) that would provide community-based, mid-level developmental-behavioral assessments with a medical diagnostic component as needed. This type of evaluation provides an intermediate level of evaluation between the screening done by primary care providers and tertiary center diagnostic evaluations. Intake and navigation is provided by the Single Entry Access to Services line at the Opportunity Council and care coordination is provided by The Arc of Whatcom County.

By incorporating established community evaluation pathways and common intake data and tools, GIDES is designed to reduce costly duplication of services and delays in evaluation and treatment services, while increasing capacity to provide optimum care for the children and families in our community. Children in our community who can face long wait times for evaluation at tertiary centers, may not require out-of-county evaluations because of GIDES. This leads to earlier entry into intervention services and to significant savings in medical costs, travel costs, and time for families. In addition, integrating the evaluation system with our county-wide intake and referral system facilitates data collection on gaps in service capacity that can be utilized for advocacy at the local and state levels.

We also wanted to address the lack of developmental screening in some primary care practices and most child care centers. Central to our consideration is the importance of screening for children at risk for developmental concerns and not just those known to already have developmental concerns. Based on our community assessment, we believe that by incorporating family stress into routine

developmental screening we will successfully identify far more children in need of early intervention in our community.

This project aligns with the Healthy People 2020 Objective MICH-31: Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, coordinated systems. It also supports the Healthy Tomorrows aims to implement innovative programs to promote preventive child health, form new collaborative relationships with community and statewide partners, develop a sustainability plan, and utilize materials and anticipatory guidelines from Bright Futures.

GOALS AND OBJECTIVES:

We had 3 overarching goals for this project:

- Project Goal 1: Improve the healthcare system capacity and sustainability for children with or at risk for developmental-behavioral disorders and their families.
- Project Goal 2: Improve the well-being of families of children with or at risk for developmental-behavioral disorders.
- Project Goal 3: Improve the health and education status of children with or at risk for developmental-behavioral disorders.

Each of these goals support the Healthy People 2020 Objective MICH-31 to increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, coordinated systems. Our specific objectives

associated with our project goals (outlined below) support this larger Healthy People 2020 Objective as well as specific aims of the Healthy Tomorrows program. Objectives below are organized by the aims they support.

AIMS: Implement an innovative program to promote preventive child health and develop a sustainability plan

- Goal 1 Objective 1: Implement a sustainable community-based collaborative interdisciplinary mid-level evaluation system for young children with developmental/behavioral concerns - GIDES (General Interdisciplinary Developmental Evaluation System).
- Goal 2 Objective 1: Increase family support and service coordination by integrating these services into GIDES.

AIMS: Form new collaborative relationships with community and statewide partners and utilize materials and anticipatory guidelines from Bright Futures

- Goal 3 Objective 1: Increase and enhance routine developmental screening of young children performed by primary care providers. Enhance existing screening protocols to include screening for autism and identifying risk for child developmental concerns based on family stress.
- Goal 3 Objective 2: Increase the use of standardized developmental screening (including a family stress component) by child care providers and other early learning professionals working with children birth to five.

METHODOLOGY:

The main program activities used to attain our objectives for each goal are outlined below.

Goal 1 Objective 1: Implement a sustainable community-based collaborative interdisciplinary mid-level evaluation system for young children with developmental/behavioral concerns - GIDES (General Interdisciplinary Developmental Evaluation System).

- Define the health care activities for a General Interdisciplinary Developmental Evaluation System (GIDES).
- Contract with fiscal consultant to operationalize the interdisciplinary model maximizing available billing sources and minimizing duplication of services.
- Establish the administrative structure necessary for operating the GIDES clinic within a partner agency.
- Maintain a partnership with Help Me Grow (HMG) Washington/WithinReach (WR) on Mid-Level Developmental Assessment (MLDA).
- Establish referral and scheduling protocols for GIDES utilizing the existing Single Entry Access to Services (SEAS) infrastructure.

Goal 2 Objective 1: Increase family support and service coordination by integrating these services into GIDES (General Interdisciplinary Developmental Evaluation System).

- Define the care coordination activities for a General Interdisciplinary Developmental Evaluation System (GIDES).

- Build on work of contracted fiscal consultant to maximize available billing sources for care coordination and family support services while minimizing duplication of services.
- Maintain a partnership with HMG Washington / WithinReach (WR) on centralized intake and care coordination.
- Establish the mechanism for family-centered interdisciplinary care planning and communication protocols among providers of case management of children.

Goal 3 Objective 1: Increase and enhance routine developmental screening of young children by primary care providers. Enhance existing screening protocols to include screening for autism and identifying risk for child developmental concerns based on family stress.

- Align with current state and national efforts in support of Universal Developmental Screening (including screening for autism).
- Engage pediatric primary care and family practice providers with a survey of tools used and ages screened for development of children birth to 5, autism, and family stress.
- Provide education and support to primary care providers around screening activities, building on our existing partnerships with the Washington State Chapter of AAP and Department of Health to utilize the Great MINDS / Great LINCS training model which pairs local pediatricians with other primary care providers.
- Collaborate with primary care provider office champions to develop quality improvement plans for screening activities.

Goal 3 Objective 2: Increase the use of standardized developmental screening (including a family stress component) by child care providers and other early learning professionals working with children birth to five.

- Conduct assessment of existing efforts to promote developmental screening in child care and early learning.
- Engage the local early learning coalition Whatcom Early Learning Alliance (WELA) in identifying appropriate partners in the work.
- Convene new and established champions and members of key organizations involved with screening and early learning to develop an implementation plan.
- Provide technical assistance, convening capacity and training capacity for the planning process and implementation phase of the work to increase capacity for developmental screening in early learning.

EVALUATION:

Each advisory board and workgroup has an established process for tracking progress towards long term goals and completion of short term objectives. Our Single Entry Access to Services (SEAS) system allows for data collection on the needs and demographic characteristics of families served and community service gaps. Coordination among many community partners allows for the development of procedures for data collection across systems. Regular surveys are distributed to families and providers.

Interdisciplinary and interagency teams meet regularly to refine methodologies to increase efficiency, reduce duplication and costs, and improve health outcomes and the experience of care for children and families. Feedback in continually solicited from a variety of stakeholder to improve processes and outcomes.

RESULTS/OUTCOMES:

During Year 1 we established our General Interdisciplinary Developmental Evaluation System (GIDES) for children with suspected Autism Spectrum Disorders (ASD). GIDES began accepting clients on June 15, 2015. We partnered with a local pediatric neurologist, who provides ASD diagnostic services for GIDES clients after they have received the GIDES Assessment, if needed. This represents a dramatic increase in our local capacity for ASD diagnosis and prevents many families from having to travel to the nearest major metropolitan area (Seattle) to obtain diagnostic services. Our GIDES model includes not only evaluation, but also service navigation and care coordination services for families. Initial efforts focused on the sub-population of children with suspected ASD.

During Year 2 we secured an administrative home for GIDES within a PeaceHealth Pediatrics, which allowed for billing for evaluation services for existing PeaceHealth clients. This expansion to two sites also increased our evaluation capacity. Because of the expanded capacity we were able to open GIDES up to all children with developmental concerns, not just suspected Autism Spectrum Disorders (ASD). We worked with the GIDES Advisory Team to develop a community standard for care

coordination during the GIDES process. We significantly strengthened the coordination of existing community evaluators from several domains in order to avoid duplicative evaluations for children and families. For example, we brought together DDA staff, school special education staff, and early intervention services staff to determine how to facilitate evaluation reports that address eligibility requirements across domains. Also, we worked with our local Neurodevelopmental Center and another pediatric developmental therapy center to coordinate SLP, OT, and PT evaluation appointment slots with our GIDES evaluations, to make for a smoother experience for families.

During Year 3 we secured a second clinical administrative home for the community GIDES assessments within a local non-profit pediatric therapy clinic, Kornerstone Kids. This was a major step forward in terms project sustainability and capacity for evaluations. Having the community evaluations embedded in a clinic that is also providing specialty evaluation and ongoing therapies allows for greater opportunity for interdisciplinary collaboration and consultation. We also continued to partner with PeaceHealth to increase capacity for the GIDES system by utilizing their existing nurse practitioner, nursing, and social work staff to offer GIDES evaluations to their clients using the same intake and protocols used by the rest of the GIDES system. The PeaceHealth site also has an associated neurodevelopmental center. PeaceHealth hired a pediatrician to conduct additional evaluations, thus increasing capacity at that site.

During Year 4 we expanded capacity for GIDES assessments within our two clinic sites at a local non-profit pediatric therapy clinic and the local pediatric primary care practice. This expansion has made it possible for us to provide more evaluations and considerably reduce the wait times for evaluation. We also expanded our partnership with a major regional autism center to provide consultation and expedited evaluations for GIDES clients with complex needs that require consultation or additional tertiary evaluation. We also began work on expanding universal developmental screening, screening for family stress, and community awareness of child development. We developed a network of practice champions and administrators and have convened this group to explore current screening practices and potential for expansion of screening locally. We partnered with the Washington State Chapter of the AAP to bring a training session for providers on screening.

During Year 5 we continued GIDES assessments within our two clinic sites at a local non-profit pediatric therapy clinic and the local pediatric primary care practice. Our GIDES evaluators are participating in Project Extension for Community Healthcare Outcomes (ECHO) program through Seattle Children's Autism Center to provide consultation for GIDES clients with complex presentations. We are partnering with state partners to plan an autism evaluation training for area providers in an attempt to increase the number of clinics offering GIDES evaluations locally. We also continued our work on expanding universal developmental screening, screening for family stress, and community awareness of child development. We developed a network of practice champions and administrators and are conducting key

informant interviews and surveys with primary care providers to explore current screening practices and potential for expansion of screening locally.

A total of 835 children have been served through the GIDES program through the duration of this project. Percentage breakdowns by race, ethnicity, age, and insurance are presented below.

Race	% of Total GIDES Clients
American Indian or Alaska Native	5%
Asian	3%
Black or African American	2%
Native Hawaiian or Other Pacific Islander	<1%
White	68%
More Than One Race	10%
Unrecorded	12%

Ethnicity	% of Total GIDES Clients
Hispanic or Latino	16%
Not Hispanic or Latino	72%
Unrecorded	12%

Insurance	% of Total GIDES Clients
Medicaid/CHIP	71%
Private/Other	24%
None	<1%
Unrecorded	5%

Age	% of Total GIDES Clients
Infants	<1%
12 – 24 months	7%
25 months – 4 years	41%
5 – 9 years	35%
10 – 14 years	15%
15 – 19 years	2%

PUBLICATIONS/PRODUCTS:

One of the key elements of our Taking Action process is our Family Tools Team where parents and professionals meet monthly to discuss current issues and develop materials to provide timely, easy to understand information for families and providers on the systems of services for CYSHCN in our county. Handouts are distributed by our partners

and available for download from our website at whatcomtakingaction.org. A listing of our handouts is below.

Handout Name	**Audience**
IEP v. IFSP – What's the Difference?	Parents
Whatcom County Resources for Children and Families	Parents
Transition from ESIT Birth to Three Services to School Services	Parents
Transition to school handout packet instructions	Providers
Birth to Three Transition Timeline	Parents
Applied Behavioral Analysis (ABA) Intake Form	Parents
ABA letter Template	Providers
Applied Behavior Analysis (ABA)	Parents
Whatcom ABA Provider Matrix	Parents & Providers
Adolescent Depression Child Health Note	Providers
How to Apply for Assistive Technology (AT) Through Community First Choice	Parents
Could It Be Autism	Parents
Autism Parent Perspective	Parents
Autism Services	Parents & Providers
Childcare For Children and Youth With Special Healthcare Needs	Parents

Super Sitters; A Way to Find Care for Your Child or Youth With Special Needs	Parents
WWU Student Employment Center Website; A Way to Find Care For Your Child or Youth With Special Needs	Parents
Ways For Families of Kids with Special Needs to Find Respite in Whatcom County	Parents
Communication to PCP about a child	Providers
Communication to school from a provider	Providers
Communication-to school from family	Parents
Community Services for Children With Special Needs	Parents & Providers
CYSHCN Behavior-Parent Card	Parents
Who's On the Team For Kids With Special Needs?	Parents & Providers
Data Overview	Providers
DDA 0-3 + How to apply	Parents & Providers
DDA Age 4 Letter	Parents & Providers
Programs and Resources to Talk About At DDA Case Manager Meetings	Parents & Providers
Is My Child Eligible For DDA?	Parents
DDA Not Eligible	Parents & Providers
Developmental Disabilities Administration (DDA) Services For Kids With Special Needs	Parents & Providers
DDA Sample Application	Parents & Providers

DDA Waiver-Instructions Apple Health Child Disability	Parents & Providers
DDA Waiver-Instructions Long term disability report child	Parents & Providers
Whatcom County Child Health Notes: Down Syndrome	Providers
Whatcom County Child Health Notes: EARLY INTERVENTION SERVICES	Providers
Why not just wait and see?	Parents
Early Intervention for Deaf and Hard of Hearing Infants and Toddlers	Parents
Information For Families About GIDES	Parents
What is GIDES?	Providers
GIDES Resource Checklist	Providers
When Your Health Plan Won't Pay (Denies Coverage) for Services	Parents
Worksheet: Health Insurance Coverage of Children's Therapy Services	Parents
Understanding Your Health Insurance Coverage	Parents
Understanding the Basics of Washington State Medicaid	Parents
Community First Choice Personal Care	Parents & Providers
How to Change Your Child's Apple Health Medicaid Managed Care Plan	Parents
Paying For Diapers With Apple Health Coverage	Parents

Gas Vouchers for Medicaid-Covered Medical Appointments	Parents
Medicaid Coverage for Children Hospitalized 30 days	Parents & Providers
How to Become an Individual Provider	Parents & Providers
Medicaid Managed Care for Children with Special Health Care Needs (CSHCN)	Parents & Providers
Apple Health (Medicaid) for Families with Private Health Insurance	Parents & Providers
Transportation Help to Medicaid-Covered Medical Appointments	Parents
Helping Parent Match	Parents
Primary Care Providers in Whatcom County	Parents & Providers
Recreational Activities for CYSHCN in Whatcom County & WA	Parents & Providers
Sample Letter to Neighbors	Parents
Wandering, Bolting, and Running	Parents
Resources to Support School Advocacy	Parents & Providers
School Advocacy terms to Know	Parents & Providers
School Evaluation: Ages 3-5	Parents
School Evaluation: Ages 5 and Up	Parents
Special Education Services for School Age Children	Parents

Education Services for Young Children with Delays	Parents
We All Have a Role in Monitoring Child Development	Providers
SEAS Can Help Case Managers in Other Agencies	Providers
SEAS Fax form	Providers
How to complete a SEAS Fax Referral form	Providers
Additional Information to Attach to SEAS Fax Referral Form	Providers
SEAS highlights	Providers
SEAS Insert	Parents & Providers
SEAS overview	Providers
SEAS Resource Directory	Parents & Providers
How SEAS Works	Providers
Social Communication Observation Tool	Providers
Whatcom Social Media Resources	Parents
Specialty Therapies and Treatments	Parents
Social Security Disability Income (SSDI) for Children Over 18	Parents
Appealing Supplementary Security Income (SSI) and Social Security Disability Income (SSDI) Denials	Parents
Supplementary Security Income (SSI) for Children Under 18	Parents
Supplementary Security Income (SSI) for Adult Children	Parents
Taking Action Brochure	Parents & Providers
What is Whatcom Taking Action?	Providers
Wait Times for Developmental and Autism Evaluations	Parents & Providers

Wait Times for Children's OT, SLP, and PT Evaluation and Treatment	Parents & Providers

DISSEMINATION/UTILIZATION OF RESULTS:

We disseminate information through our website, Taking Action teams, outreach efforts, and other community partners. We also share information about our programs to local, state, and national audiences including presentations to:

- Whatcom County Developmental Disabilities Advisory Board
- Washington State Developmental Disabilities Council
- Washington State Early Childhood Coordinated Systems Conference
- Washington State Essentials for Childhood
- Help Me Grow National Forum
- Regional Early Learning Conferences
- Washington State Great LINCS Training
- Washington State p-TCPI (Pediatric Transforming Clinical Practice Initiative)

FUTURE PLANS/SUSTAINABILITY:

Although the initial implementation of the GIDES system has been successful, several barriers have impacted our ability to provide full GIDES to all children who need an evaluation. Demand for these assessments have exceeded our capacity to provide them. Barriers include difficulties funding, demand, and capacity issues.

We've continued to maintain strong relationships with our local funders whose grants have been instrumental in providing both short-term funding for programming as well as funding to develop a long-term business sustainability plan. We are also a partner in the North Sound Accountable Community of Health and will continue to receive funds from them to support this work through next year.

Billing opportunities for care coordination continue to be scarce to nonexistent and this has limited our capacity. Health plans receive much of the financial benefit of care coordination and may be able to partially fund these services. We have presented to representatives from managed health care organizations and are building bridges, but have no funding thus far.

Whatcom Taking Action has had significant success in deepening collaborative partnerships with key stakeholders in the community and in engaging new advisory team members who have skills in planning for sustainability. Functional and ABA therapists have joined task groups which have aided in creating standards for evaluations, increased opportunities for shared ADOS training (we secured funding to purchase a community ADOS training kit through a private donor), and have streamlined the intake process for ABA therapy. We are continuing to work with the special education staff at all 7 county school districts in order to work on aligning evaluation protocols across disciplines so that qualifying for services is simplified for families and their children.

Challenges to sustainability remain: low reimbursement rates for pediatric evaluations and other services are low. In particular, reimbursement rates for these evaluations do not cover the time needed to adequately review records and produce in-depth reports. There is also no billing or funding source for the time it takes for cross-agency collaboration. Larger organizations may be able to absorb some of these extra costs, but may not be willing to. Smaller organizations do not have the surpluses necessary to cover these costs. In fact, just in the past week one of our clinical partners has had to close their doors permanently due to these factors and the additional burdens of the COVID-19 crisis. This leaves us scrambling to support families on their wait list to find other options for evaluation. Care coordination remains challenging to bill for, especially for social service organizations like ours, and relying on grant funding for ongoing services is not sustainable in the long run.

On a separate page, please provide an annotation and key words list:

- ANNOTATION

The goal of this project was to implement a sustainable community-based collaborative, interdisciplinary mid-level evaluation system for young children with developmental-behavioral concerns that includes family support and service coordination - GIDES (General Interdisciplinary Developmental Evaluation System). In addition, we worked to increase developmental screening and local service capacity for therapies and family support services.

- KEY WORDS

Access to care, Child development disorders, Children with developmental disabilities, Children with special health care needs, Developmental screening, Evaluation, Family centered care, Family support services

4. ABSTRACT OF FINAL REPORT

PROJECT TITLE: Taking Action to Develop a Family-Centered Community-Based Evaluation System for Young Children

PROJECT NUMBER: H17MC28297

PROJECT DIRECTOR: Monica Burke

GRANTEE ORGANIZATION: The Arc of Whatcom County

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PROJECT PERIOD: 3/1/2015 – 2/29/2020

TOTAL AMOUNT OF GRANT AWARDED: $245,375

PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL AND CHILD HEALTH (MCH) PROGRAMS: Based on both national recommendations and local community needs assessments, stakeholders involved with Taking Action identified a need for a local mid-level evaluation system. The primary purpose of this project was to create a General Interdisciplinary Developmental Evaluation System (GIDES) that would provide community-based, mid-level developmental-behavioral assessments with a medical diagnostic component as needed. This type of evaluation provides an intermediate level of evaluation between the screening done by primary care providers and tertiary center diagnostic evaluations. Intake and navigation is provided by the Single Entry Access to Services line at the Opportunity Council and care coordination is provided by The Arc of Whatcom County. We also wanted to address the lack of developmental screening in some primary care practices and most child care centers. This project

aligns with the Healthy People 2020 Objective MICH-31: Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, coordinated systems.

GOALS AND OBJECTIVES: We had 3 overarching goals for this project with associated objectives. Project Goal 1: Improve the healthcare system capacity and sustainability for children with or at risk for developmental-behavioral disorders and their families. Goal 1 Objective 1: Implement a sustainable community-based collaborative interdisciplinary mid-level evaluation system for young children with developmental/behavioral concerns – GIDES. Project Goal 2: Improve the well-being of families of children with or at risk for developmental-behavioral disorders. Goal 2 Objective 1: Increase family support and service coordination by integrating these services into GIDES. Project Goal 3: Improve the health and education status of children with or at risk for developmental-behavioral disorders. Goal 3 Objective 1: Increase and enhance routine developmental screening of young children performed by primary care providers. Enhance existing screening protocols to include screening for autism and identifying risk for child developmental concerns based on family stress. Goal 3 Objective 2: Increase the use of standardized developmental screening (including a family stress component) by child care providers and other early learning professionals working with children birth to five.

METHODOLOGY: We established a community process for defining, refining, and implementing elements of our cross-agency GIDES system including both evaluation and care coordination components. We contracted with fiscal consultants to develop a sustainability plan and maintained and enhanced partnership with state and local

partners. We convened local primary care providers and presented to early learning providers about developmental screening and screening for family stress.

EVALUATION: Each advisory board and workgroup has an established process for tracking progress towards long term goals and completion of short term objectives. Our Single Entry Access to Services (SEAS) system allows for data collection on the needs and demographic characteristics of families served and community service gaps. Coordination among many community partners allows for the development of procedures for data collection across systems. Regular surveys are distributed to families and providers.

RESULTS/OUTCOMES: We successfully established our General Interdisciplinary Developmental Evaluation System (GIDES) for children with suspected developmental diagnoses or Autism Spectrum Disorders (ASD). A total of 835 children have been served through the GIDES program through the duration of this project. This represents a dramatic increase in our local capacity for ASD diagnosis and prevents many families from having to travel to the nearest major metropolitan area (Seattle) to obtain diagnostic services. Our GIDES model includes not only evaluation, but also service navigation and care coordination services for families. We worked with the GIDES Advisory Team to develop a community standard for care coordination during the GIDES process. We significantly strengthened the coordination of existing community evaluators from several domains in order to avoid duplicative evaluations for children and families. We secured two clinical administrative homes for GIDES assessments within PeaceHealth pediatrics and a local non-profit pediatric therapy clinic, Kornerstone Kids. We also began work on expanding universal developmental screening, screening for family stress, and community awareness of child development. We developed a

network of practice champions and administrators and have convened this group to explore current screening practices and potential for expansion of screening locally. We partnered with the Washington State Chapter of the AAP to bring a training session for providers on screening. We developed a network of practice champions and administrators and are conducting key informant interviews and surveys with primary care providers to explore current screening practices and potential for expansion of screening locally.

PUBLICATIONS/PRODUCTS: One of the key elements of our Taking Action process is our Family Tools Team where parents and professionals meet monthly to discuss current issues and develop materials to provide timely, easy to understand information for families and providers on the systems of services for CYSHCN in our county. Handouts are distributed by our partners and available for download from our website at whatcomtakingaction.org.

DISSEMINATION/UTILIZATION OF RESULTS: We disseminate information through our website, Taking Action teams, outreach efforts, and other community partners. We also share information about our programs to local, state, and national audiences

FUTURE PLANS/SUSTAINABILITY: Although the initial implementation of the GIDES system has been successful, several barriers have impacted our ability to provide full GIDES to all children who need an evaluation. Demand for these assessments have exceeded our capacity to provide them. Barriers include difficulties funding, demand, and capacity issues.