



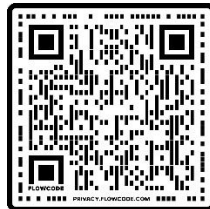
# NISONGER CENTER

A University Center for Excellence in Developmental Disabilities

## STRATEGIC PLAN

**2022-2027**

(Revised: August 17, 2022)



<https://nisonger.osu.edu/>

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# STRATEGIC PLAN: 2022-2027

## Executive Summary

The Ohio State University Nisonger Center has been in existence since 1966 and is among the first group of federally funded University Centers for Excellence in Developmental Disabilities (UCEDD). The Nisonger Center enjoys an enviable reputation for its interdisciplinary research, education / training, clinical services, and dissemination activities. The Nisonger Center has a strong and dynamic team of researchers, clinicians, teachers, staff, and trainees that strives to empower and support all people with developmental disabilities and their families through interdisciplinary training, research, and service.

The Nisonger Center is part of Ohio State's Wexner Medical Center and Office of Health Sciences. We have approximately 120 faculty and staff from more than 12 disciplines across seven Ohio State colleges (i.e., Arts & Sciences, Dentistry, Education and Human Ecology, Medicine, Nursing, Public Health, and Social Work). In addition, the Nisonger Center has close collaborations with Nationwide Children's Hospital, as well as a strong community engagement within Central Ohio and across the entire state. Every year, almost 29,000 students, family members, and professionals receive training or participate in our educational programs. More than 11,000 individuals with intellectual disabilities, autism spectrum disorders and related disabilities, as well as their families receive services through the various Nisonger clinics and community services. Overall, Nisonger Center reaches more than 47,000 individuals, families, and professionals. For more than four decades, the Nisonger Center has sustained extramural funding from a wide range of private, foundation, state, and federal sources for its research endeavors. Nisonger research continues to focus on issues that lead to improving the health, behavior, learning, social participation, and employment of persons with a wide range of disabilities.

We are proud of the many lives that we have touched through our research, training, and services, and we endeavor to contribute to supporting life outcomes and quality of life across the lifespan.

We believe this strategic plan will help us steer the course towards attaining The Nisonger Center's five identified priorities:

- **Education and Learning in Schools, the Community, and the Workplace:** To support the success and community inclusion of people with developmental disabilities through the creation, implementation, and dissemination of effective supports for education and learning across the lifespan.
- **Employment, Community Engagement, and Interdependent Living:** Provide services that enhance employment, community engagement, and interdependent living outcomes for individuals with intellectual disability or developmental disabilities (ID/DD) and their families.
- **Health:** Become a national leader in promoting health and quality health care for people with disabilities.

- **Behavioral Health:** Conduct high-impact research, deliver training/technical assistance, and provide high-quality services to persons with behavior/psychiatric problems and/or developmental disability or autism spectrum disorder.
- **Mission Enhancement Support:** Provide centralized supports to all center programs for outreach/dissemination, community engagement, development, and other administrative services that help ensure the success and advancement of the center's mission.

The Nisonger Center strategic plan provides an overview of the Center's mission, vision, and values as well as a brief organizational background. The strategic plan also includes a detailed external analysis; internal analysis; statement of goals, strategies, and action items for the next five years; list of cross-cutting mission areas; account of Nisonger Center's key priorities; financial analysis; implementation timeline; and proposed performance evaluation.

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## **Mission, Vision, Values, and Anti-Racism Statements**

### **Mission Statement**

The mission of The Ohio State University Nisonger Center is to empower and support all people with developmental disabilities and their families through interdisciplinary training, research, and service.

### **Vision Statement**

The vision of The Ohio State University Nisonger Center is to cultivate an inclusive environment for all individuals through the highest quality of interdisciplinary care, education, and research to support people with developmental disabilities.

### **Values**

The Nisonger Center values are the commitments made by our faculty, staff, and students regarding how we will carry out our work. Our values include:

- Person/Family-centered Approach
- Self-determination
- Diversity and Inclusion
- Equity
- Community
- Excellence
- Innovation

As part of The Ohio State University and The Ohio State University Wexner Medical Center, we align our mission and values with our parent entities to work towards accomplishing our shared mission to improve the health and wellness of our communities through education, research, and service. We have a set of shared values that include diversity and inclusion, excellence, innovation, and equity that ensure our unified approach in achieving our mission.

### **Anti-Racism Statement**

The Ohio State University does not tolerate any views or opinions that discriminate against individuals based on race, ethnicity, language, class, gender, sexual orientation, religion, and/or disability.

### **Anti-Discrimination Statement**

The Ohio State University Nisonger Center is committed to promoting equity, diversity, and inclusion for and among its employees, students, patients, participants, and their families, as well as the communities it serves. Nisonger Center recognizes the ongoing detrimental effects of racism on the education, employment, health, and well-being of our communities.

As part of a Land Grant University, we acknowledge central Ohio as the traditional homeland of the Shawnee, Miami, Wyandotte, and other Indigenous Nations who have strong ties to these lands. Today, people from a broad range of Indigenous backgrounds call Columbus and central Ohio home. We aim to cultivate a climate of respect for individual differences of all kinds, including age, disability, ethnicity, gender identity and expression, immigration/documentation status, national origin, race, religion, sex, sexual orientation, socioeconomic status, and/or veteran status. We acknowledge that people with disabilities face stigma and discrimination, and that institutional racism exacerbates these issues for people of color with disabilities.

In our teaching, research, and clinical training, the OSU Nisonger Center is committed to **ACT**:

**A**ddress the importance of being aware of and mitigating implicit bias and advocating for racial justice and equity, as we educate future professionals and provide compassionate patient care, quality evidence-based services and research.

**C**ollaborate, both within and outside the Center, on enhancing workforce diversity and improving program effectiveness.


**T**rack the progress of how we become and remain a diverse, equitable, inclusive, and anti-racist center.

For more information, please go to the following website for Anti-Racism Initiatives throughout The Ohio State University Wexner Medical Center: <https://wexnermedical.osu.edu/about-us/anti-racism-initiative>.

**Fairness Statement (Clear language)\***

The Ohio State University Nisonger Center respects differences in people. We welcome all people and treat them fairly.

**Key Words**

<p><b><u>Discrimination</u></b></p>	<p>Unfair or harmful treatment of a person or a group of people.</p>	<p>For example, racism is a type of discrimination based on race.</p>  <p>Races include African American,</p>
<p><b><u>Racism</u></b></p>	<p>When people of one race think they are better than people of other races and hurt them or treat them unfairly.</p>	



		American Indian, Asian, Native Hawaiian, and White.
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\* The Nisonger Center wishes to thank the members of our Disability Experience Expert Panel, which consists of 12 adults with lived developmental disabilities experience, who collaborated with us to develop this clear language version of our Anti-Discrimination Statement.

**The Ohio State University Nisonger Center Respects All People and Treats Them Fairly**

Racism and other forms of discrimination have a long history.

Discrimination hurts individuals with disabilities and individuals from other groups. We will work to make Nisonger Center a place of respect for **all differences**, including:

- Your age.
- Your ability/disability.
- Your race.
- What ethnic group you belong to.
- The size and shape of your body.
- Whether you were born male or female.
- Whether you think of yourself as male, female, both, or neither.
- Whether you show yourself to others as male, female, both, or neither.
- Whether you date men, women, both, or neither.
- What country you were born in.
- Your religion, if any.
- Your education, job, or income.
- Whether you served in the military or not.



We will keep learning how to fight racism and discrimination in our personal lives.

We will keep working to make our center *and* community a place of respect **for all**.

Nisonger Center will **ACT**:

Advocate for fair treatment of all people in our teaching, research, and service.

Come together to welcome and include staff, students, and community members from different backgrounds.

Track how we are doing to respect differences in people. Check how we are doing to welcome all people and treat them fairly.

Learn more at The Ohio State University Wexner Medical Center’s Anti-Racism website:

<https://wexnermedical.osu.edu/about-us/anti-racism-initiative>.



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## **Strategic Priority Areas**

### **Education and Learning in Schools, the Community, and the Workplace.**

*Objective:* To support the success and community inclusion of people with developmental disabilities through the creation, implementation, and dissemination of effective supports for education and learning across the lifespan.

### **Employment, Community Engagement, and Interdependent Living.**

*Objective:* Provide services that enhance employment, community engagement, and interdependent living outcomes for individuals with ID/DD and their families.

### **Health.**

*Objective:* Become a national leader in promoting health and quality health care for people with disabilities.

### **Behavioral Health Priority.**

*Objective:* Conduct high-impact research, deliver training/technical assistance, and provide high-quality services to persons with behavior/psychiatric problems and/or developmental disability or autism spectrum disorder.

### **Mission Enhancement Support.**

*Objective:* Provide centralized supports to all center programs for outreach/dissemination, community engagement, development, and other administrative services that help ensure the success and advancement of our center's mission.

### **Cross-cutting Goals**

- Diversity, Equity, and Inclusion
- Technology
- Outreach

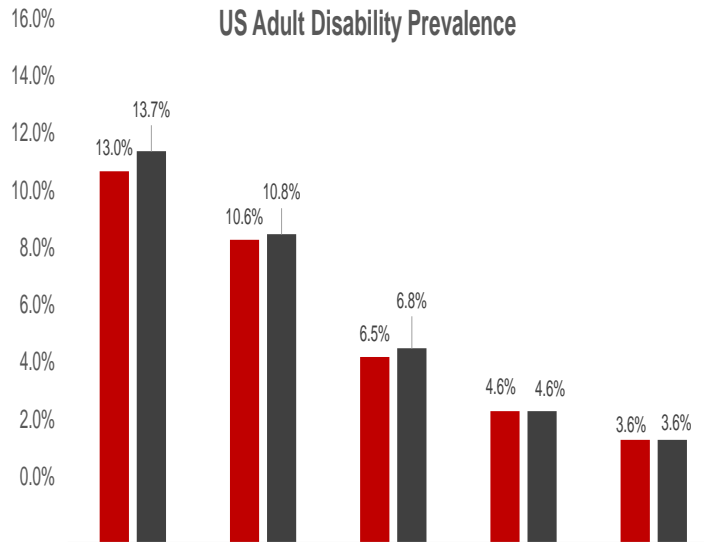
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## External Analysis

### National Information

*Individuals with disabilities in the US face health disparities across several health-related measures and social determinants of health.*

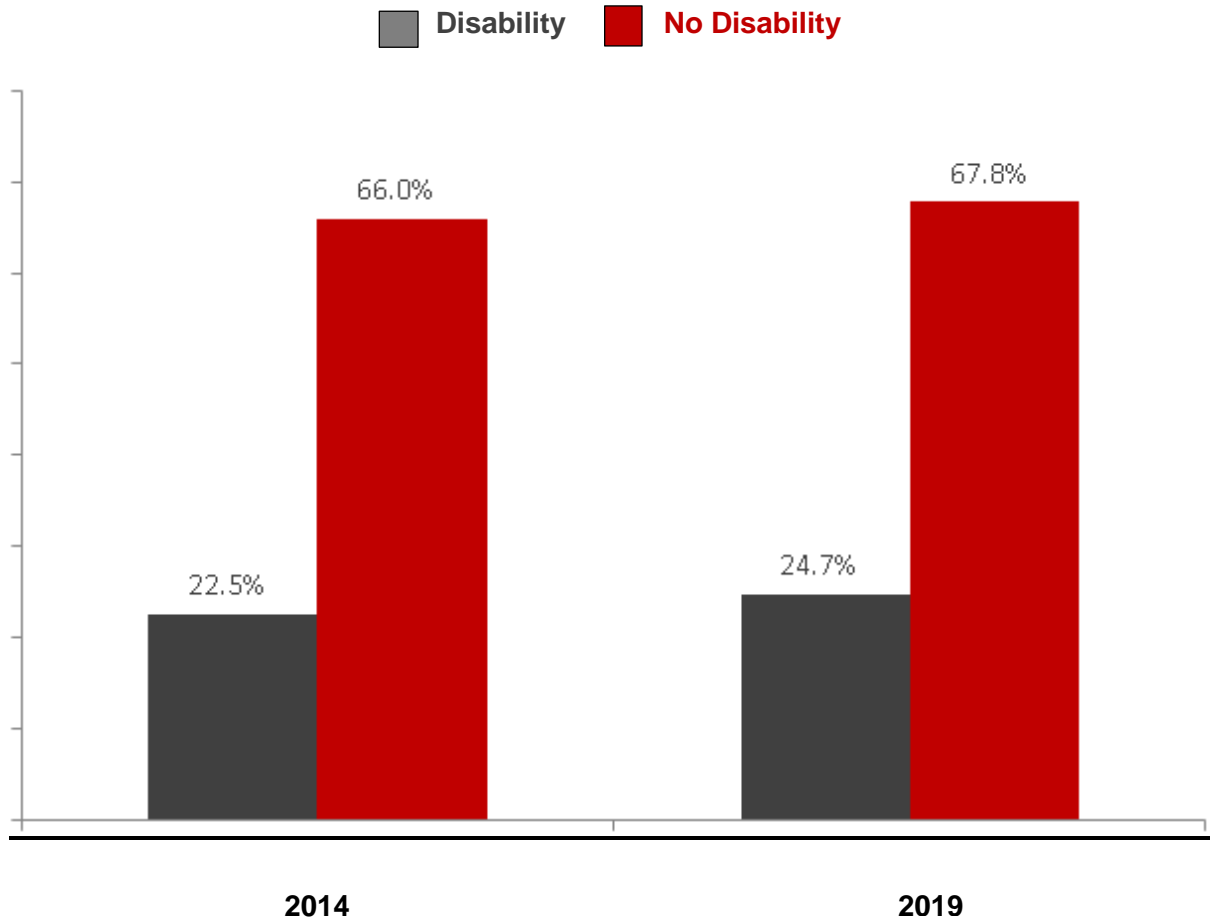
- 1 in 4 individuals across the US have a disability
- In 2018, 61 million U.S. adults (26%) reported having a disability, a 16% increase since 2013.
- In 2017, 35.5% of adults with disabilities aged 18–64 years were employed compared with 76.5% of adults without disabilities, and adults with disabilities experienced twice the rate of poverty (29.6% vs 13.2%).
- 38.2 percent of adults with a disability are obese while 26.2 percent of adults without a disability are obese.



Source: Centers for Disease Control and Prevention. Disability and Health Data System (DHDS) [Internet]. [updated 2018 May 24; cited 2018 August 27]. Available from: <http://dhds.cdc.gov>

*In the US, employment among those with disabilities has increased since 2014; however, major low and under employment still leaves many in poverty.*

Metric	Disability	No Disability
Median Earnings	\$25,270	\$37,262
Below 100% of Poverty line	19.5%	9.7%
At or above 150% of poverty line	68.7%	83.8%
Less than high school graduate	19.5%	9.6%



Percent of Americans who are employed (source: US Census – 2019 American Community Survey).

*There has been an expansion of programs across the US since 2005 including an increase in the number of UCEDD and LEND Programs.*



Source: AUCD

www.aucd.org

- 67 University Centers for Excellence in Developmental Disabilities (UCEDDs)
- 52 Leadership Education in Neurodevelopmental Disabilities (LEND Programs)
- 14 Intellectual and Developmental Disabilities Research Centers (IDDRC)

### CDC National Center on Birth Defects and Developmental Disabilities.

*Of NCBDDD's FY19 Budget of \$155M, an increase of 17% since FY15, Ohio has awards totaling in \$617,998, a negligible increase since FY15.*

Largest allocation changes since FY15	FY15 (In Thousands)	FY19 (In Thousands)	% change
Disability and Health	\$16,000	\$20,262	+26.7%
Birth Defects	\$18,074	\$19,000	+5.1%
Fetal Alcohol Syndrome	\$10,505	\$11,000	+4.7%

Source: National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention.

**Down Syndrome has seen the largest increase in funding over the last 5 years across all disabilities with another estimated increase of funding by 31.4% in FY20.**

NIH Funding by Category					
Research/Disease Areas	FY15 Actual (In Millions)	FY19 Actual (In Millions)	5 year % change	FY20 Estimated (In Millions)	FY21 Estimated (In Millions)
Down Syndrome	\$20	\$86	330.0%	\$113	\$105
Assistive Technology	\$246	\$385	56.5%	\$390	\$357
Attention Deficit Disorder (ADD)	\$41	\$64	56.1%	\$70	\$70
Intellectual and Developmental Disabilities (IDD)	\$382	\$564	47.6%	\$608	\$556
Cerebral Palsy	\$20	\$28	40.0%	\$29	\$26
Autism	\$208	\$290	39.4%	\$314	\$287
Fragile X Syndrome	\$38	\$37	-2.6%	\$39	\$36

Source: NIH Research Portfolio Online Reporting Tools (RePORT).



**NIH Funding for Autism has increased 78% since FY15. In that time, Duke University has increased its funding 270% and moved up 13 spots.**

Top Organizations by NIH Funding Level Category: Autism							
FY15 Position	Organization	FY15	FY15 NIH % Share	FY19 Position	FY19	FY19 NIH % share	5 year % change
1	University of California at Davis	\$14,883,940	9.13%	1	\$17,523,724	6.05%	18%
7	Stanford University	\$4,796,951	2.94%	2	\$13,639,410	4.71%	184%
2	Yale University	\$9,824,325	6.03%	3	\$13,086,135	4.52%	33%
3	University of California, Los Angeles	\$9,367,997	5.75%	4	\$12,741,757	4.40%	36%
11	University of California, San Diego	\$3,601,305	2.21%	5	\$10,674,648	3.69%	196%
9	University of California, San Francisco	\$4,182,660	2.57%	6	\$7,999,913	2.76%	91%
20	Duke University	\$2,014,301	1.24%	7	\$7,452,141	2.57%	270%
4	Icahn School of Medicine	\$5,820,471	3.57%	8	\$6,921,222	2.39%	19%
5	UNC Chapel Hill	\$5,376,128	3.30%	9	\$6,764,744	2.34%	26%
16	Emory University	\$2,885,496	1.77%	10	\$6,596,505	2.28%	129%
N/A	Boston Childrens	N/A	N/A	11	\$5,753,770	1.99%	N/A
6	Children's Hospital Corporation	\$5,336,985	3.27%	12	\$5,429,111	1.87%	2%
8	University of Washington	\$4,422,540	2.71%	13	\$4,764,072	1.65%	8%
N/A	Ohio State	\$0	0%	N/A	\$156,000	0.05%	N/A
	<b>Grand Total</b>	<b>\$162,963,625</b>			<b>\$289,600,535</b>		<b>78%</b>

**NIH Funding for Intellectual and Developmental Disabilities has increased 103% since FY15. In that time, Emory University has increased its funding 142% and increased its NIH percentage share.**

Top Organizations by NIH Funding Level Category: Intellectual and Developmental Disabilities							
FY15 Position	Organization	FY15	FY15 NIH % share	FY19 Position	FY19	FY19 NIH % share	5 year % change
1	University of California at Davis	\$19,250,035	6.95%	1	\$23,562,315	4.19%	22%
3	University of California, Los Angeles	\$10,600,436	3.83%	2	\$16,818,189	2.99%	59%
11	University of California, San Francisco	\$6,262,956	2.26%	3	\$16,714,611	2.98%	167%
2	Yale University	\$11,440,744	4.13%	4	\$15,276,309	2.72%	34%
7	Stanford University	\$6,740,685	2.43%	5	\$15,101,534	2.69%	124%
4	Children's Hospital Corporation	\$4,503,169	1.63%	6	\$14,475,472	2.58%	221%
10	University of California, San Diego	\$6,288,298	2.27%	7	\$13,775,408	2.45%	119%
N/A	National Institute of Mental Health	\$0	0.00%	8	\$13,447,866	2.39%	N/A
5	UNC Chapel Hill	\$8,524,526	3.08%	9	\$12,178,684	2.17%	43%
14	Emory University	\$4,934,249	1.78%	10	\$11,963,137	2.13%	142%
152	Ohio State	311,560	0.11%	233	\$156,000	0.03%	-50%
	<b>Grand Total</b>	<b>\$276,978,167</b>			<b>\$561,706,514.00</b>		<b>103%</b>

Source: NIH Research Portfolio Online Reporting Tools (RePORT).

**The number of children with disabilities has increased significantly across the US from 1997 to 2008, showing an increase of 39%.**

### *National*

<b>Disability</b>	<b>1997-2008</b>	<b>2015-2017</b>	<b>% change</b>
Any developmental disability	12.8%	17.8%	39.1%
ADHD	6.7%	9.5%	41.8%
Autism	0.47%	2.5%	431.9%
Blindness	0.13%	0.2%	53.8%
Cerebral Palsy	0.39%	0.3%	-23.1%
Moderate/profound hearing loss	0.45%	0.6%	33.3%
Intellectual disability	0.71%	1.2%	69.0%
Seizures, past 12 months	0.67%	0.8%	19.4%
Stuttered or stammered	1.6%	2.1%	31.3%
Other development delay	3.65%	4.1%	12.3%

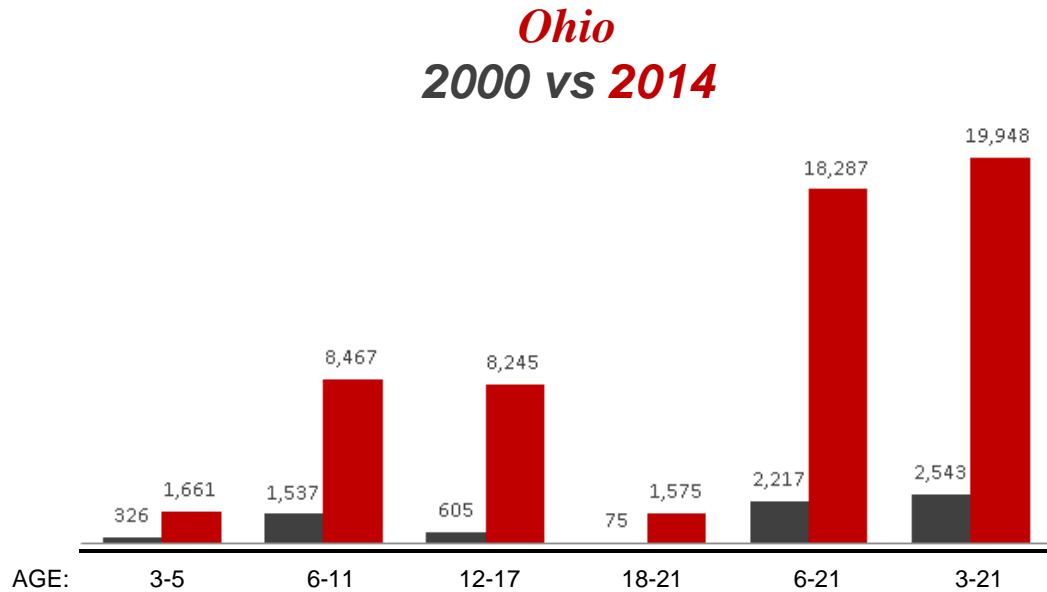
#### **National Autism Spectrum Disorder Prevalence Estimates**

- The Centers for Disease Control and Prevention (CDC 2016): 1 in 54 children
- Since 1997, prevalence rate has increased 431%, from 0.47% to 2.5%.

## Ohio Information

### *Ohio Autism Spectrum Disorder Prevalence Estimates*

The number of children in Ohio diagnosed with ASD (between the age of 3-21 years) has increased 694% from 2000-2014, a faster rate than the rest of the country.



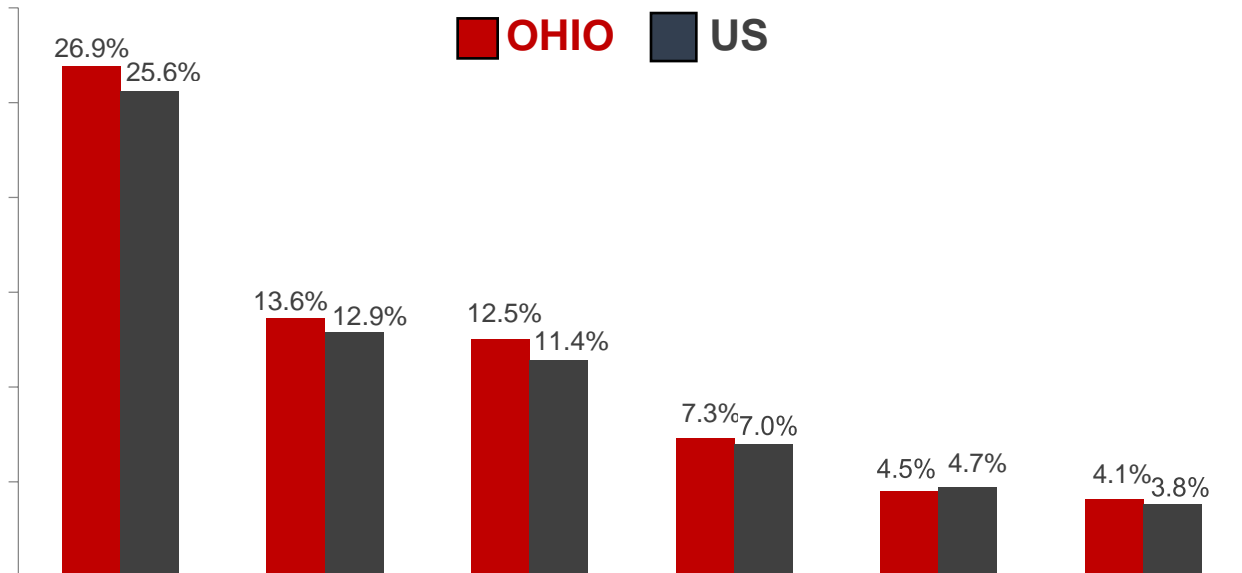
Source: “Prevalence and Trends of Developmental Disabilities among Children in the U.S: 2009-2017,” (Zablotsky B, et al. Pediatrics. Sept. 26, 2019, <https://doi.org/10.1542/peds.2019-0811>). From 2015-’17, Trends in the Prevalence of Developmental Disabilities in US Children, 1997–2008.

Coleen A. Boyle, Sheree Boulet, Laura A. Schieve, Robin A. Cohen, Stephen J. Blumberg, Marshalyn Yeargin-Allsopp, Susanna Visser and Michael D. Kogan Pediatrics June 2011, 127(6), 1034-1042;

DOI: <https://doi.org/10.1542/peds.2010-2989>.

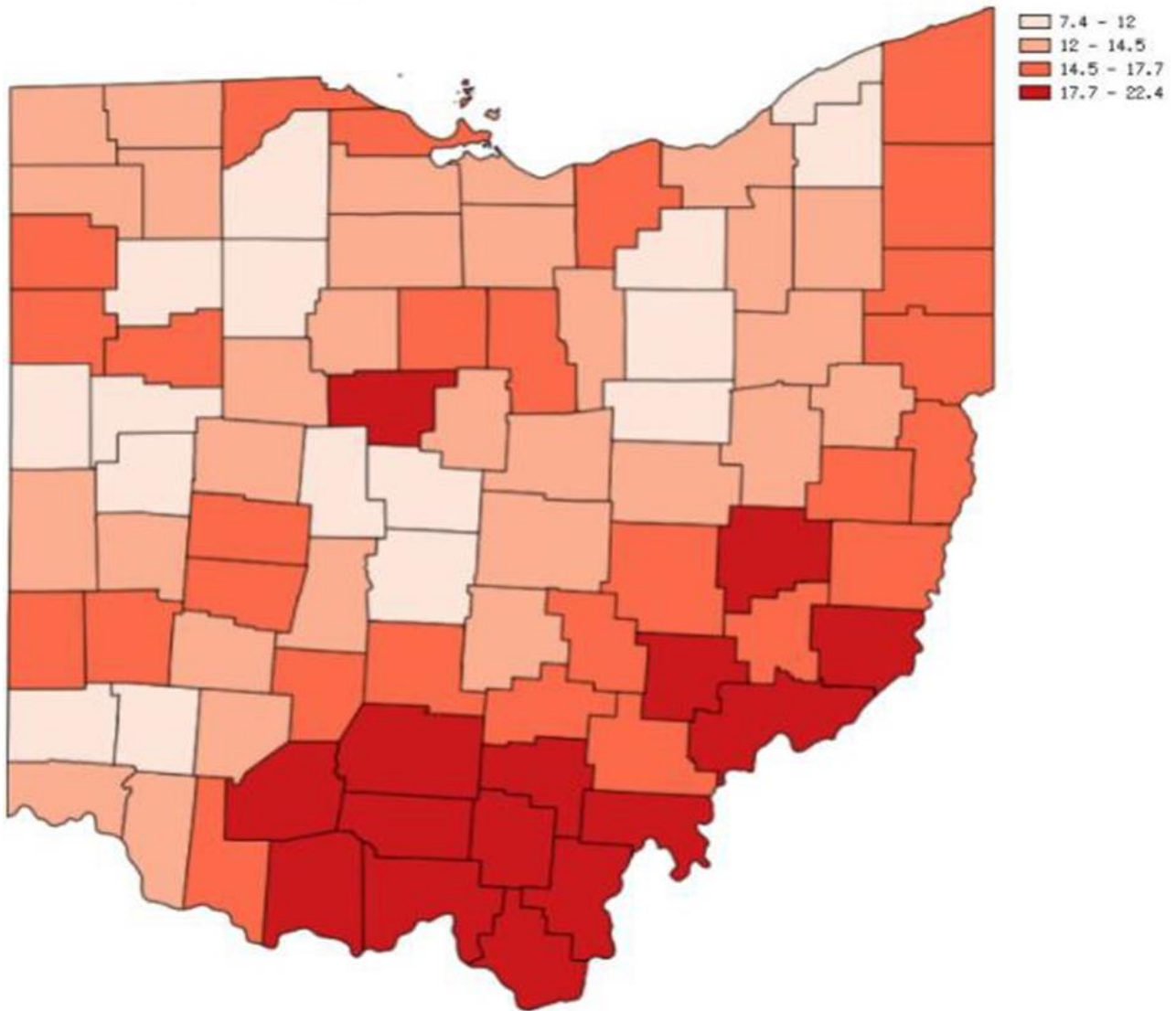
### **2017 Ohio Adult Disability Prevalence**

Source: National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention



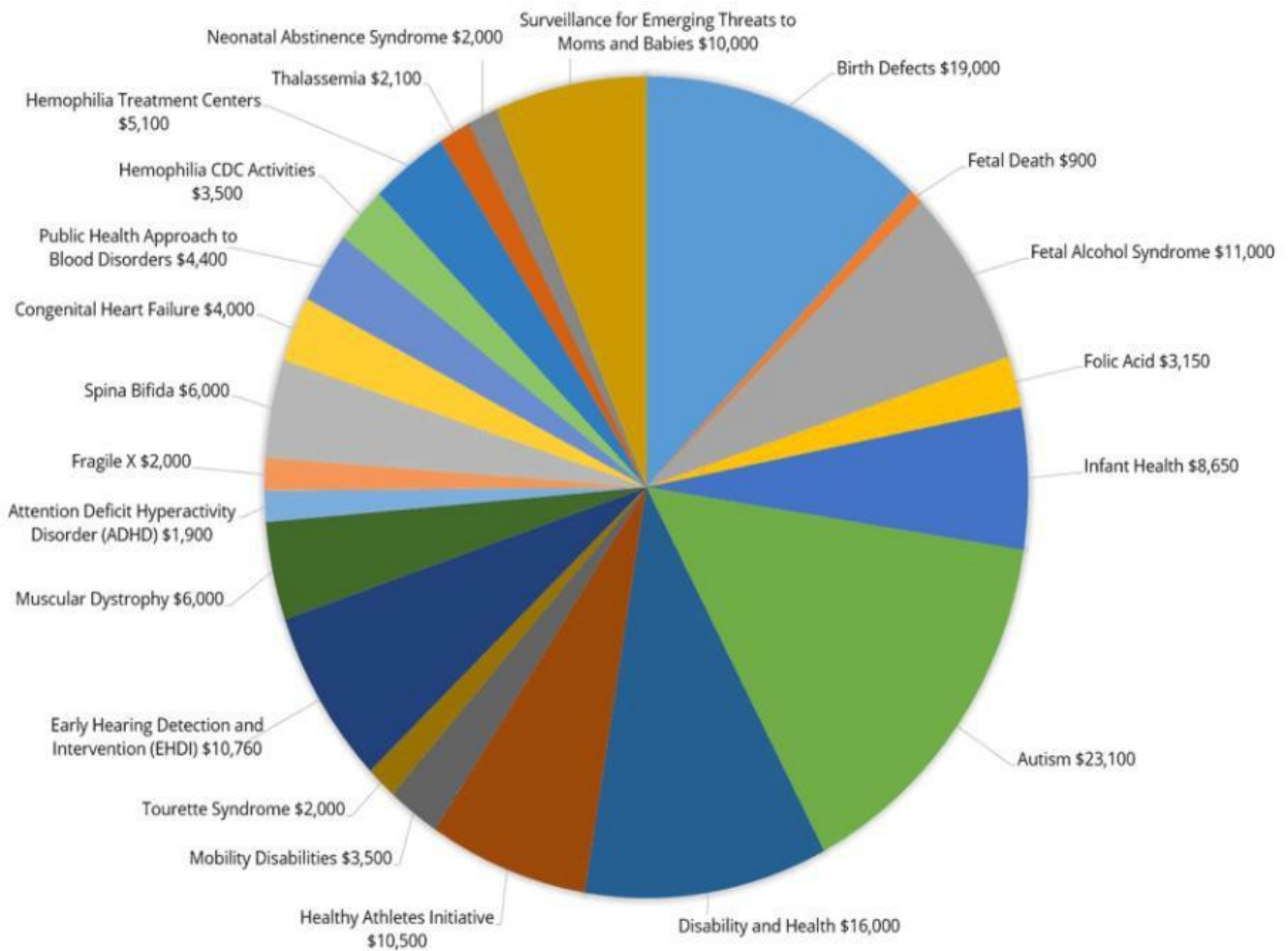
*Ohio's prevalence rate of ASD is higher when compared to the US average, with the highest rates Ohio rates occurring in Appalachia.*

### Percentage of People with Disabilities for Ohio, by County: 2015



**Ohio's Awards**

- **\$150,000:** Documentation and Use of Follow-up Diagnostic and Intervention Services Data Through. The Maintenance and Enhancement of the Early Hearing Detection and Intervention Information System (EHDI-IS) *Ohio Department of Health.*
- **\$300,000:** Improving the Health of People with Mobility Limitations and Intellectual Disabilities Through State-based Public Health Programs. *The Ohio State University.*
- **\$99,998:** Using Longitudinal Data to Characterize the Natural History of Fragile X Syndrome to Improve Services and Outcomes. *Cincinnati Children's Hospital Medical Center.*
- **\$68,000:** Research Approaches to Improve the Care and Outcomes of People Living with Spina Bifida. *Cincinnati Children's Hospital Medical Center.*



**\*All dollar amounts are in thousands.**

## Political Environment: Key Takeaways

### *Federal*

- The Cares Act passed, which includes \$85 million for Centers for Independent Living to provide direct and immediate support and services to individuals with disabilities who are experiencing disruptions to their independent, community-based living due to the COVID-19 pandemic.
- The CDC has awarded \$3 million in COVID-19 funding to support the development of resources for people with disabilities who have extremely low literacy, as well as the creation of national standards to inform emergency response communications for reaching people with disabilities.
- In 2017, US Centers for Medicare and Medicaid Services (CMS) modified the Medicare risk adjustment model used to pay beneficiaries enrolled in Medicare Advantage plans to have separate factors for disabled (versus aged) beneficiaries, to better reflect their expected cost of the plans. This allowed payments to be better targeted to plans based on the cost of their enrollees.
- In 2018, CMS finalized billing codes for “prolonged preventive services” that allowed for additional Medicare payment for preventive service visits that extend beyond the previous time limits. This can be important for beneficiaries with mobility or cognitive disabilities who may take extra time to complete these service visits.
- In June 2020, ACL announced a funding opportunity to improve health outcomes for the ID/DD population who have significantly lower life expectancy than their non-ID/DD peer.

### *State*

- On July 18, 2019, Ohio Governor Mike DeWine signed House Bill 166, the state's operating budget or fiscal years 2020 and 2021, into law. The budget invested a historic \$370 million over the next two years to support Ohioans with developmental disabilities.
- Due to the economic impact of coronavirus (COVID-19), Governor DeWine announced \$775 million in reductions to Ohio's General Revenue Fund for the remainder of Fiscal Year 2020 which ended on June 30, 2020.
- There will be no reduction in The Ohio Department of Developmental Disabilities (DODD) provider rates or services for the people the disabilities system supports. DODD continues to work closely with Governor DeWine and the Office of Budget Management on details of the Fiscal Year 2021 that are yet to be determined.
- The DODD and the Ohio Association of County Boards of Developmental Disabilities (OACB) announced an agreement to ensure continuation of a second year of historic investments in reimbursement rates for homemaker personal care services.

Source: HHS, DODD, CDC.

## **State Health Improvement Plan (SHIP; 2020)**

Groups identified as a priority population in the SHIP are identified as groups having outcomes at least 10% worse than Ohio overall. Individuals with a disability have been identified as a prioritized population. The desired outcomes for this population include:

- Improve overall health status
- Reduction of poverty
- Improve K-12 student success
- Reduce adverse childhood experiences
- Decrease tobacco/nicotine use
- Increase physical activity
- Reduce Heart Disease
- Reduce diabetes

### ***Key Points of the State Health Improvement Plan.***

- Focused on outcomes and strategies, an action-orientated plan for the future.
- Developed by regional forums and an online survey (622 participants), steering committee represented by 3 state agencies, and an Advisory committee (176 participants).
- Prioritizing community conditions, health behaviors, and access to care/services to shape health and well-Being.
- Addressing three of our communities' most pressing health needs: Mental Health and Addiction, Chronic Disease, and Maternal and Infant Health to improve and track health outcomes.
- Vision is for Ohio to be a model of health, well-being, and economic vitality.

### ***Department of Developmental Disabilities Strategic Plan 2020-2021***

- Gov. Dewine invested \$370 million to support Ohioans with developmental disabilities.



## Key Considerations

- ***Current political climate***
  - The continued and future dismantling of Affordable Care Act (ACA) could jeopardize healthcare coverage for individuals with pre-existing conditions.
- ***Increased ID/DD funding***
  - The Nisonger Center will work towards securing a significant increase in research and programmatic funding. Other organizations are taking advantage and increasing their NIH funding share.
- **Growing need for diagnosis, treatment, and support services**
  - Increased awareness of developmental disabilities will lead to large demands of individuals seeking treatment and education.
- **Alignment to new state and local plan**
  - Priorities and desired outcomes set by the state and local officials should help acquire funding/resources to address disparities for populations with disabilities.
- **Potential shift of White House leadership**
  - Democratic sweep of the White House would allow prioritization of additional funding to support accessible healthcare and educational programs for individuals with disabilities.
- **New assistive technology**
  - The Nisonger Center will remain current on how technology may impact the way services are provided or how technology could help achieve better outcomes. NIH funding has increased year over year since FY15 in this area.
- **Socioeconomic approach needed**
  - Research, services, and programs that can address various social determinants of health will be important to combat disparities in employment and education.



## Internal Analysis

### Faculty / Staff

The Nisonger Center employs an interdisciplinary faculty. As a University Center that is not a tenure-initiating unit, our faculty members have their academic appointments in their respective departments and colleges. We have a total of approximately 120 FTE staff. Of these staff, Nisonger Center supports 20 interdisciplinary faculty members who have academic appointments in more than a dozen departments across 5 university colleges (Arts & Sciences, Dentistry, Education and Human Ecology, Medicine, and Public Health).

### Facilities

Nisonger Center is located in McCampbell Hall and occupies approximately 30,000 sq. ft. of space.

Building	Type	Sq. Ft.
McC Campbell Hall (1581 Dodd Drive)	Administrative Office	807
	Clerical/Secretarial Office	2,143
	Conference Room	960
	Diagnosis and Treatment	145
	Faculty Office	4,533
	General Office	276
	Graduate Student Office	191
	Gymnasium	2,254
	Gymnasium Service	1,033
	Individual Study Lab	127
	Laboratory School	5,750
	Laboratory School Service	945
	Meeting Room	251
	Merchandising	79
	Office Service	1,504
	Research Laboratory	160
	Staff Office	1,616
	Teaching Clinic	4,427
	Teaching Clinic Service	938
	Teaching Lab Service	406
Television & Radio Service	293	
Unscheduled Teaching Lab	739	
<b>Total</b>		<b>29,577</b>

The first and second floor of McCampbell Hall houses the Nisonger Early Childhood Education classrooms, large muscle room, and gymnasium. The Nisonger Center also has its Smart Home Discovery Place, conference rooms/classrooms, the TOPS academic center, and offices on the second floor.

The third floor of McCampbell Hall houses the Nisonger Center Administration offices, Dental Services, several research/clinic evaluation rooms, and faculty, staff, trainee offices.

## *Clinical Care*

### **Programs and Clinical Services**

The Nisonger Center has several out-patient clinics and service points housed on the Ohio State Medical Center Campus in McCampbell Hall, Ohio State Childcare Center, Nationwide Children's Hospital, as well as in the community. Our clinical services span the age range from 1 year through adulthood. These services include early intervention and educational classrooms, diagnostic clinics, treatment/intervention services, individual and family therapy, support services, assessment services, and more.

The **Interdisciplinary Developmental Clinic (IDC)** is a comprehensive developmental clinic that provides families with an evaluation of their young child's developmental strengths, skills, and needs (including a medical diagnosis and comprehensive developmental assessment of the child). This clinic is for children between one to five years of age. Parents discuss their concerns with a team of professionals which may include faculty and trainees from developmental behavioral pediatrics, psychology, speech-language pathology, occupational therapy, physical therapy, audiology, social work, special education, and medical dietetics. The evaluation consists of a review of the child's previous medical, educational, and therapeutic records; a clinical interview with the parents and other significant care providers; and an assessment of the child's current development. This process typically requires two clinic visits.

The **School-Aged Autism and Developmental Clinic** is a multi-day clinic that provides diagnostic evaluations, reevaluations, and/or behavioral consultations to school-aged youth with concerns related to intellectual and developmental disabilities including autism spectrum disorder. Family members discuss their concerns with an interdisciplinary team who evaluates the child's developmental and behavioral abilities, strengths, skills, and needs. The interdisciplinary evaluation team consists of faculty and trainees from psychology and developmental behavioral pediatrics with other disciplines included as indicated. The evaluation process typically consists of two to three visits. Prior to the initial visit, the team comprehensively reviews previous medical, educational, and therapeutic records. During the initial clinic visit, a clinical interview is completed with the parents and other significant care providers, and the assessment of the individual's current abilities is initiated. Developmental and behavioral assessments are completed by the interdisciplinary team and may consist of structured and unstructured play-based observation and interactions, clinical interviews, and standardized testing. After this appointment, the child and his or her family typically return the following week to complete the assessment.

**Adult Down Syndrome Clinic** is a comprehensive multidisciplinary clinic offering primary care, genetics, and psychological services. Patients can come for specialized consultations or return to see the primary care physician for ongoing care - focusing on issues specific to both adults with Down syndrome and their families. In addition, we hope to serve as a resource for healthcare providers who need medical information about adults with Down syndrome or help managing their adult patients with Down syndrome.

The **Behavior Support Services Program** includes psychologists, full-time behavior specialists, and graduate students. Nisonger Center staff meets with families, service providers, day program, transportation, and residential personnel at the person's residence or other location to conduct functional assessments. In consultation with the person's team a behavioral support

plan is created that aims to decrease behavior problems and increase pro-social and adaptive behaviors. The Behavior Support Services program trains personnel in plan implementation and monitoring according to guidelines provided by the Ohio Department of Developmental Disabilities, Franklin County Board of Developmental Disabilities, and other county boards of developmental disabilities. If the program is operated under contract with various county boards of developmental disabilities, there is no cost to individuals or their families.

The **Neuropsychiatric Dual Diagnosis Clinic** provides psychiatric assessments and medication recommendations for persons of all ages who have both a developmental disability and a mental illness. While preference is given to Franklin County residents, we also provide outpatient psychiatry and behavioral health services to all residents of central Ohio.

The **Intellectual and Developmental Disabilities Dental Services** is Central Ohio's largest provider of dental services for people with developmental disabilities across the lifespan. The Nisonger Center Dental Services provides the full range of oral health care (screenings, cleanings, fillings, crowns, partials/dentures, x-rays, etc.) as well as dental and oral hygiene education, and trainings for community providers. All Ohio State pediatric dental residents, general practice residents, dental students, and dental hygiene students rotate through the program to gain clinical experience and exposure to working with persons with intellectual disability or related neurodevelopmental disorders of all ages. Patients from across the state of Ohio can be seen at the Nisonger Center Dental Services. One clinic is in the McCampbell Hall building on the main campus while the other is in the community, housed within the Franklin County Board of Developmental Disabilities and their Early Childhood Education Center.

**Aspirations** is a social and vocational support group and job training program for young adults ages 17-30 years old. The Aspirations program is designed to give young adults with autism spectrum disorder (ASD) the opportunity to discuss their own vocational and social experiences in a small group setting and be guided in ways of how to improve their skills in these areas. Group leaders, familiar with ASD facilitate an atmosphere of acceptance and friendship. Developing self-awareness, social insight and independence are central themes of Aspirations.

The **Next Chapter Book Club (NCBC)** is a community-based literacy and social program for adolescents and adults with intellectual disability and neurodevelopmental disorders. Book clubs include five to eight individuals with a wide range of reading skills and abilities. Club members gather with two volunteer facilitators in local bookstores and cafés to read aloud and discuss a book for one hour each week.

**Autism College Experience! (Ace!)** is a program to support The Ohio State University students with ASD or similar communication difficulties navigate the college experience. The program coordinates services to foster self-determination, social communication, and campus connections.

**Transition Options for Post-Secondary (TOPS)** provides complementary services and supports to adults with intellectual disability who want a university experience and learn independent living and employment skills. These services are delivered on the Ohio State campus and include peer-mentoring, job-coach, employment internships, tutoring, and overall academic and residential supports. TOPS participant can also audit university courses and live on campus in university housing.

**Nisonger Early Learning Program** is a regular full-day childcare program offering a full-range of childcare services for children between the ages of 6 weeks through 5 years old. Parents who enroll their child in the Nisonger Childcare program include many university and Wexner Medical Center faculty and staff. Approximately 80% of children served in the full-day childcare program (N=72) are children of OSU/OSUWMC faculty and staff.

The **Smart Home Discovery Place** provides tours to educate individuals with ID/DD, their family members, as well as providers who support people with disabilities about smart home technologies and other related resources that may be a viable solution for their everyday support needs and might help them to live with greater independence.

### ***Nisonger Patient Population Profile***

#### ***Patient Volume***

More than 38,000 persons with developmental disabilities and their families every year receive services and technical assistance through the numerous Nisonger clinics and community services. Our clinical earnings from Nisonger Center clinical services are steadily increasing and being reinvested into increasing our clinical services and outreach capacity.

#### ***Patient Origin***

Although the Nisonger Center welcomes patients from across the state of Ohio and surrounding states, Nisonger patients come predominantly from Central Ohio.

#### ***Patient Demographics***

<b><u>FY 2021 Nisonger Center Direct Services: Total Age</u></b>		
<b>Age</b>	<b>Total Number</b>	<b>Percent of Overall Total</b>
0-12	1,575	35%
12-18	723	16%
18-25	716	16%
25+	1,480	32%
Unrecorded	53	1%
<b>Total</b>	<b>4,547</b>	<b>100%</b>

<b>FY 2021 Nisonger Center Direct Services: Total Race and Ethnicity</b>		
<b>Race/Ethnicity</b>	<b>Total Number</b>	<b>Percent of Overall Total</b>
White	3,103	68%
Black or African American	975	21%
American Indian and Alaska Native	13	<1%
Asian	146	3%
Native Hawaiian and other Pacific Islander	0	0%
More than one race	166	4%
Unrecorded	135	3%
<b>Total</b>	<b>4,538</b>	<b>100%</b>
Hispanic	1,380	31%

## **Research**

The Nisonger Center faculty conducts original scientific research aimed at expanding knowledge or improving the quality of life for persons with developmental disabilities. The Nisonger faculty and students publish scholarly articles in peer-reviewed journals that have a high degree of impact on the field. The Nisonger Center's current research efforts are focused on problem behavior; improving achievement and transition outcomes for students with disabilities; psychotropic medication; behavior therapy; and alternative treatments for children with autism spectrum disorders and related developmental disabilities; health promotion; diagnostic issues; and development of a standardized assessment instrument. At any given time, there are 13 to 15 ongoing studies.

### ***Trends: Funding and Publication***

Nisonger research has sustained its extramural funding for more than four decades from private, foundation, state, and federal sources. Nisonger research continues to focus on issues that lead to improving health, behavior, learning, social participation, and employment of persons with a wide range of disabilities.

## **Education/Training**

The Nisonger Center's education and training mission is well represented by our two graduate education programs, as well as a high volume of continuing education, technical assistance, and community outreach activities. Our two graduate education programs are: (1) the interdisciplinary Leadership Education in Neurodevelopmental and related Disabilities (LEND) program and (2) the PhD psychology program in Intellectual and Developmental Disabilities.

### ***Leadership Education in Neurodevelopmental and related Disabilities***

LEND is an interdisciplinary leadership education program funded by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) in the

Department of Health and Human Services (DHHS).

The Nisonger Center LEND Program works closely with Nationwide Children's Hospital on research, as well as clinical and teaching projects related to a wide range of developmental disabilities.

**The key elements of LEND training include:**

- **Leadership** - the ability to guide professional endeavors in new and promising directions.
- **Scholarship** - the ability to advance knowledge through study and critical investigation.
- **Partnership** - the ability to cooperate and collaborate with educators, multidisciplinary academics, community organizations, clinicians, policy makers, parents, children and adults with disabilities, and families for a common purpose.

Each year, we have between 30-35 long-term interdisciplinary graduate students participate in our year-long LEND fellowship training.

***Intellectual and Developmental Disabilities Psychology Graduate Program***

The **Psychological Clinical Science Accreditation System (PCSAS: <https://www.pcsas.org/>)**-accredited intellectual and developmental disabilities (IDD) psychology graduate program at The Ohio State University is based on a clinical scientist model and focused on preparing tomorrow's leading investigators and clinical psychologists working in the field of intellectual and developmental disabilities.

The IDD psychology program area offers training in scientific clinical psychology with a focus on ID/DD, concerning children and adults with intellectual disability, autism spectrum disorder, and other related neurodevelopmental disorders. Students in the IDD psychology program area earn a PhD in Psychology and are eligible for licensure as psychologists in most states. This degree program trains and prepares students for a variety of clinical science careers, including conducting research; teaching at the college level; providing clinical care as psychologists in university, hospital, clinic, private practice, or other settings serving people with ID/DD; and program administration and leadership roles in the disability field. Areas of emphasis include the assessment and diagnosis of intellectual and developmental disabilities, diagnosis and treatment of mental health problems co-occurring with ID/DD, early intervention, problem (e.g., dangerous and destructive) behaviors, instrument development, health disparities, stakeholder engagement and self-advocacy, and parent training/family support.

The hub of IDD psychology program area activities is the Nisonger Center, a University Center for Excellence in Developmental Disabilities (UCEDD: <https://nisonger.osu.edu/>) devoted to the interdisciplinary study of ID/DD. The IDD psychology students gain extensive training and experience in inter-professional practice, collaborating with professionals who serve ID/DD populations using a variety of evidence-based approaches.

**Program Orientation**

The IDD psychology program espouses the clinical science model of education and training. This means that students receive rigorous research training, as well as training in the clinical practice of IDD psychology, with the explicit goal of preparing scientific clinical psychologists

who integrate research and practice in meaningful and reciprocal ways throughout all of their work in psychology. Students who graduate from this program will be well equipped to pursue a career in IDD psychology as a researcher, administrator, or clinician. They will have experience in conducting and disseminating research at professional conferences and in peer-reviewed scientific journals.

IDD psychology is ideal for students who are interested in any area of research relevant to disabilities. Areas in which students have specialized in the past include instrument development, social supports, problem behavior and mental health problems, applied behavior analysis, and intervention.

We have on average 12-14 full-time doctoral students enrolled in the IDD psychology program (IDD psychology and combined IDD-Clinical Psychology programs) at any one time. Each year, we receive applications from 25-30 applicants from across the United States and abroad, and then accept approximately one to three new students each year.

### **Nisonger Center Financials**

The Nisonger Center generates more than 95% of its funding through extramural sources. Funding is approximately equally divided among federal, private, and county sources. In addition to core funding from the U.S. Administration on Developmental Disabilities to operate a Center for Excellence, Nisonger faculty members have center grants from the National Institutes of Health and the U.S. Bureau of Maternal and Child Health. The remaining 5% of Nisonger's budget is funding support from The Ohio State University College of Medicine.

The tables below highlight the FY2021 annual budget and actual performance for the Nisonger Center. This includes sources of funding from the College of Medicine and uses for all faculty and staff salaries and benefits.

<b>Nisonger Center - Department Funds</b>							
<b>2021 Budget</b>	<b>General Funds</b>	<b>Earnings</b>	<b>Endowment</b>	<b>Development</b>	<b>Contracts</b>	<b>Extramural Grants</b>	<b>Total</b>
<b>Beginning Balance</b>	0	0	23,462	80,313	152,199	0	255,974
<b>Total Sources</b>	532,236	1,513,203	23,462	138,400	4,391,490	3,768,588	10,367,379
<b>Total Uses</b>	532,236	1,513,203	9,315	217,224	4,362,996	3,768,588	10,403,562
<b>Net for Year</b>	0	0	37,610	1,489	180,693	0	219,791
<b>2021 Actual</b>	<b>General Funds</b>	<b>Earnings</b>	<b>Endowment</b>	<b>Development</b>	<b>Contracts</b>	<b>Extramural Grants</b>	<b>Total</b>
<b>Beginning Balance</b>	0	0	23,462	80,313	152,199	0	255,974
<b>Total Sources</b>	532,236	1,391,773	23,947	129,906	3,770,337	2,865,530	8,073,235
<b>Total Uses</b>	532,236	1,391,773	750	150,999	3,523,975	2,508,571	7,728,643
<b>Net for Year</b>	0	0	8,506	118,303	983,157	356,959	2,359,988

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**Strategic Plan Chart: 2022-2027**

Nisonger Center Strategic Priorities	RESPONSIBLE PARTY	MISSION AREA	REVIEW
<b>Education and Learning in Schools, the Community, and the Workplace.</b>			
<b>Strategic Objective: To support the success and community inclusion of people with developmental disabilities through the creation, implementation, and dissemination of effective supports for education and learning across the lifespan.</b>			
<b>Goal 1: Support success of students with disabilities in their transition to college and careers.</b>			
<b>Strategy 1.1: Increase evidence-based services for supporting participation of students in college and careers in middle school, high school, and post-secondary settings.</b>			
1.1.1 Increase opportunities for Training Options for Postsecondary Settings for Students with ID/DD (TOPS) students to demonstrate self-advocacy skills by delivering Pre-ETS to a minimum of 10 students, hosting 2 self-advocacy trainings, or other activities each year between 2022 and 2027.	Jessie Green	Education / Training	NOT STARTED
1.1.2 Submit one local, state, or federal grant annually or submit an annual progress report for an existing federal grant to research EBP to increase transition skills of middle, high school, or college students with ID/DD each year between 2022 and 2027.	Jessie Green	Clinical Service	NOT STARTED
1.4.2 Develop and deliver a technology-based training on the use of Envision IT and/or other EBP to at least one SST region per year annually between 2022 and 2027.	Jessie Green	Education / Training	NOT STARTED
<b>Strategy 1.2 Provide training on evidence-based transition services including postsecondary education for families.</b>			
2.4.2 Provide technical assistance on transition and postsecondary education to a minimum of 50 families annually, between 2022 and 2027.	Jessie Green	Education / Training	NOT STARTED
2.4.2 Provide technical assistance on transition and postsecondary education to a minimum of 50 families annually.	Jessie Green	Clinical Service	NOT STARTED
<b>Goal 2: Increase the capacity of professionals and para-professionals to provide evidence-based services and supports for people with or at risk for disabilities and their families in community, education, and work settings.</b>			
<b>Strategy 2.1: Provide preservice training for 20 long-term trainees each year to support people with disabilities in educational and community settings.</b>			
2.1.1 Provide practicum experiences in the Early Learning Program for at least two long-term trainees each year between 2022 and 2027 established training disciplines including occupational therapy, physical therapy, and speech-language pathology.	Beth Gardner	Education / Training	NOT STARTED
2.1.2 Provide practicum experiences in the Early Learning Program for at least two long-term trainees each year between 2022 and 2027 in new discipline areas for the program such as social work, behavior analysis, and psychology.	Katie Walton	Education / Training	NOT STARTED
2.1.3 Develop a relationship with at least one new educational program for early childhood educators (e.g., Columbus State Community College) to provide preservice placements for student teachers by FY2027.	Troy Hunter	Education / Training	NOT STARTED

2.1.4 Provide training placements in the Early Learning Program for at least three students who self-identify as having intellectual disability or developmental disabilities between 2022 and 2027.	Troy Hunter	Education / Training	NOT STARTED
2.1.5 Provide social work field placements across all program areas for 10 trainees each year between 2022 and 2027.	Erin Harris	Education / Training	NOT STARTED
<b><i>Strategy 2.2: Provide training and technical assistance regarding disability inclusion that is rated as useful and high-quality by community child-care and early intervention providers in the state of Ohio.</i></b>			
2.2.1 Collaborate with other OSU child-care partners (OSU CCC, Schoenbaum) to engage in joint professional development opportunities related to disability at least two times by FY 2027.	Troy Hunter	Education / Training	NOT STARTED
2.2.2 Create a list/dashboard and funding structure of trainings for child-care providers available to community child-care programs that are based on assessment of community provider needs and staff expertise by December 2022.	Troy Hunter & Beth Gardner	Education / Training	NOT STARTED
2.2.3 Provide at least three trainings on inclusion, behavior support, developmental screening, or related topics to Early Head Start providers each year between 2022 and 2027, with an average rating of at least 8/10 for satisfaction with training.	Shaun Barrett	Education / Training	NOT STARTED
2.2.4 Provide training on inclusion, behavior support, developmental screening, or related topics to at least three community child-care programs each year between 2022 and 2027, with an average rating of at least 8/10 for satisfaction with training.	Troy Hunter & Beth Gardner	Education / Training	NOT STARTED
2.2.5 Collaborate with at least two agencies in Ohio (e.g., Ohio Department of Developmental Disabilities, Ohio Department of Health, Action for Children or others) to create and implement new trainings for early intervention providers with an average rating of at least 8/10 for satisfaction with training by June 2024.	Beth Gardner	Education / Training	NOT STARTED
<b><i>Strategy 2.3 Provide professional development resources for early childhood workforce to help them meet the needs of children and families impacted by the opioid crisis, addiction, and/or trauma.</i></b>			
2.3.1 Conduct at least one ECHO training in Ohio per year (Buckeye ECHO) for early childhood workforce on supporting children impacted by the opioid crisis as a part of project Supporting Children of the Opioid Epidemic (SCOPE) each year between 2022 and 2027.	Andrea Witwer	Education / Training	NOT STARTED
2.3.2 Train 10-15 UCEDDs and LENDs and their stakeholders on the SCOPE ECHO Model by FY 2027.	Andrea Witwer	Education / Training	NOT STARTED
2.3.3 Submit at least one grant to secure additional funding to widen the target of such trainings and to include related topics by FY 2027.	Andrea Witwer	Education / Training	NOT STARTED

<b>Strategy 2.4 Provide professional development to OSU students on supporting postsecondary students with disabilities in a variety of settings (academic, social, employment).</b>			
2.4.1 Provide professional development to a minimum of 50 students per semester who work with TOPS students with ID/DD as ed coaches, social coaches, or tutors each year between 2022 and 2027.	Jessie Green	Education / Training	NOT STARTED
2.4.2 Provide training on evidence-based transition services to long-term LEND trainees annually between 2022 and 2027.	Jessie Green	Education / Training	NOT STARTED
<b>Strategy 2.5 Provide technical assistance to professionals supporting students in postsecondary settings.</b>			
2.5.1 Present at least twice annually at conferences on inclusive postsecondary education annually between 2022 and 2027.	Jessie Green	Education / Training	NOT STARTED
2.5.2 Host a minimum of four partner meetings (via phone, video conference, etc.) annually with other inclusive postsecondary program leaders each year between 2022 and 2027.	Jessie Green	Education / Training	NOT STARTED
<b>Strategy 2.6 Expand partnerships with private companies serving children with ID/DD to build capacity of providers practicing evidence-based, family-centered, and person-centered services to children with ID/ASD/DD and expand opportunities for funding, research, and public/private partnerships.</b>			
2.6.1 Identify 1-3 Applied Behavior Analysis (ABA)/Early Intensive Behavioral Intervention (EIBI) provider agencies and other service provider agencies who may be interested in partnering on research and professional development activities by December 2024.	Andrea Witwer	Research	NOT STARTED
2.6.2 Partner with at least one private company to provide continuing education/professional development on family-centered care, evidence-based practices in children with ID/ASD/DD to equip providers in culturally competent family- and child-centered care of children with ID/ASD/DD and their families by December 2026.	Andrea Witwer	Research	NOT STARTED
<b>Goal 3: Increase accessibility of high-quality educational and vocational services to students and families from underserved communities and populations.</b>			
<b>Strategy 3.1 Increase the racial, ethnic, and socioeconomic diversity of students/families receiving services from the Early Learning Program such that at least 10% of families served by the program are from underserved communities or populations.</b>			
3.1.1 Obtain donor or grant funding to support scholarships for at least two students per year to attend child-care through the Early Learning Program annually by the end of FY 2027.	Troy Hunter	Clinical Service	NOT STARTED
3.1.2 Provide Part C Early Intervention services to at least five children enrolled in Early Head Start each year between 2022 and 2027.	Beth Gardner	Clinical Service	NOT STARTED
3.1.3 Provide additional (non- Part C) support services (e.g., behavior support, mental health consultation, developmental consultation) to at least 10 children enrolled in Early Head Start each year between 2022 and 2027.	Shaun Barrett	Clinical Service	NOT STARTED
3.1.4 Conduct a qualitative or quantitative research project examining barriers and facilitators to accessing early intervention services for children/families from underserved communities and submit this study for publication in a peer-reviewed journal by the end of FY 2027.	Katie Walton	Research	NOT STARTED

<b><i>Strategy 3.2: Engage in focused efforts to increase the diversity of the workforce within the Nisonger Early Learning Program.</i></b>			
3.2.1 Develop partnerships with at least one non-OSU child-care training program (e.g., Columbus State Community College, Childhood Development Associate training programs) to increase observation, internship, or student teaching opportunities for non-OSU students with the goal of diversifying our employment pipeline by August 2025.	Troy Hunter	Education / Training	NOT STARTED
3.2.2 Reduce annual employee turnover by 10% by the end of FY 2027 by developing a comprehensive employee onboarding system that includes mentorship and advancement planning for new employees.	Troy Hunter	Culture & Retention	NOT STARTED
3.2.3 Collaborate with administration and Human Resources to disseminate employment opportunities through targeted outlets to diversify our applicant pool for vacant Early Learning Program positions resulting in at least 20% of interviewees coming from groups under-represented in the early childhood field (e.g., people from racial and ethnic minority groups, people with disabilities) by the end of FY 2027.	Troy Hunter	DEI	NOT STARTED
<b><i>Strategy 3.3: Increase the diversity of students within the OSU TOPS (Transition Options in Postsecondary Settings for Students with ID/DD) program from an average of 10% to 30%.</i></b>			
3.3.1 Increase development scholarships awarded to \$20K annually by FY 2027.	Jessie Green	Research	NOT STARTED
3.3.2 Identify a minimum of five cultural competency training opportunities (e.g. anti-racism, LGBTQ) per year offered by OSU, TOPS/ACE!, or other organizations to be attended by TOPS and ACE! students by June 2026.	Jessie Green	Clinical Service	NOT STARTED
3.3.3 Develop Ace! and TOPS recruitment materials to support expanded diversity of participants; increase diverse participants (including people of color and lower socioeconomic status) by 25% by August 2023.	Jessie Green	Education / Training	NOT STARTED
<b><i>Strategy 3.4: Increase postsecondary education opportunities in underserved areas of Ohio.</i></b>			
3.4.1 Disseminate the services and outcomes of postsecondary programs for students with ID/DD to 2 schools, as well as DD and at least one other community partner (e.g., DSACO) on an annual basis between 2022 and 2027.	Jessie Green	Clinical Service	NOT STARTED
3.4.2 Increase the number of postsecondary programs across Ohio from 8 to 10 programs by end of FY25.	Jessie Green	Clinical Service	NOT STARTED
3.4.3 Create and manage a database for collecting data from OSU and other inclusive postsecondary programs in Ohio by end of FY25.	Jessie Green	Clinical Service	NOT STARTED
<b><i>Strategy 3.5: Support families of young children living in poverty that include a family member with a disability.</i></b>			
3.5.1 LEND program will continue to provide technical assistance to Moms2B through students mentoring mothers with intellectual and developmental disabilities with faculty and students involved annually between 2022 and 2027.	Andrea Witwer	Clinical Service	NOT STARTED
3.5.2 LEND program will provide enrichment program for Moms and babies attending Moms2B, including information on developmental monitoring through at minimum monthly Zoom meetings annually between 2022 and 2027.	Andrea Witwer	Clinical Service	NOT STARTED

<b>Strategy 3.6: Improve early identification in underserved populations such as racial and ethnic minorities and those residing in rural areas.</b>			
3.6.1 Establish partnerships with NCH and other providers in the Appalachian region to address this topic by August 2026.	Andrea Witwer	Clinical Service	NOT STARTED
3.6.2 Participate in collaboration on emerging outreach activities of Nationwide Children’s Hospital (NCH) by August 2026.	Andrea Witwer	Clinical Service	NOT STARTED
3.6.3 Secure funding to provide professional development to the early intervention and early childhood workforce on evidence- based screening, diagnostics, and treatment of children with ASD and ID/DD by FY 2027.	Andrea Witwer	Education / Training	NOT STARTED
3.6.4 Continue to provide outreach to Moms2B to promote screening and surveillance for ASD and ID/DD in their babies and graduates by providing materials, volunteers, and programming when needed, each year between 2022 and 2027.	Andrea Witwer	Clinical Service	NOT STARTED
<b>Goal 4: Increase participation of community stakeholders, including people with disabilities, in research and clinical service. Projects.</b>			
<b>Strategy 4.1 Develop and disseminate to researchers and stakeholder communities a consultation model to enable collaboration of stakeholders in the early autism intervention research process.</b>			
4.1.1 Apply for funding to develop an electronic autism stakeholder research consultation dashboard based on results of current Patient-centered Outcomes Research Institute (PCORI) engagement project by September 2025.	Katie Walton	Research	NOT STARTED
4.1.2 Publish at least one article regarding recommendations for stakeholder consultation in early intervention research in a peer-reviewed journal by December 2024.	Katie Walton	Research	NOT STARTED
<b>Strategy 4.2: Increase engagement of stakeholders at all phases of the research process.</b>			
4.2.1 Include stakeholder consultation activities in the design phase of at least 25% of new early childhood research projects throughout the project period.	Katie Walton	Research	NOT STARTED
4.2.2 Create and make publicly accessible plain language versions of at least 10 scientific publications by FY 2027.	Katie Walton	Research	NOT STARTED
<b>Strategy 4.3: Conduct at least three annual outreach activities aimed at engaging parents in Early Learning Program activities.</b>			
4.3.1 Host a minimum of three annual in-person and/or virtual events focused on education or social opportunities for families in the Early Learning Program each year between 2022 and 2027	Troy Hunter	Clinical Service	NOT STARTED
<b>Goal 5: Continue to develop the Nisonger Early Learning Program (NELP) as a "model program" for early childhood inclusion.</b>			
<b>Strategy 5.1 Formally assess and operationalize the NELP inclusion model to increase quality and facilitate dissemination of the model.</b>			
5.1.1 Assess teacher and early intervention provider needs at the infant/toddler and preschool level regarding classroom support and make any changes necessary to fine-tune our existing model by June 2024.	Katie Walton & Beth Gardner	Clinical Service	NOT STARTED
5.1.2 Create a guidance document formalizing our inclusion model by the end of plan June 2025.	Katie Walton & Beth Gardner	Clinical Service	NOT STARTED

<b>Strategy 5.2: Develop relationships with early childhood programs to introduce our inclusion model and provide inclusion supports.</b>			
5.2.1 Develop new relationships with at least three directors of early childhood programs in Ohio who are interested in learning about and increasing early childhood inclusion by June 2026.	Troy Hunter	Education/ Training	NOT STARTED
5.2.2 Create an ongoing professional development series using a "community of practice" model with at least 10 participants engaged in the community by the end of FY 2027.	Katie Walton	Education / Training	NOT STARTED
<b>Strategy 5.3: Maintain 5-Star Step Up to Quality Rating throughout the 5-Year project period.</b>			
5.3.1 Submit renewal application for Step Up to Quality and maintain 5-star rating throughout the project period.	Troy Hunter	Clinical Service	NOT STARTED
<b>Strategy 5.4 Increase the use of Augmentative and Alternative Communication (AAC) for communication among infants and toddlers in the Early Learning Program.</b>			
5.4.1 Obtain or identify appropriate AAC devices for use by infants and toddlers by June 2023.	Beth Gardner	Clinical Service	NOT STARTED
5.4.2 Train at least four infant and toddler teachers to support evidence-based use of AAC in the classroom setting by June 2024.	Beth Gardner	Clinical Service	NOT STARTED
<b>Goal 6: Enhance knowledge of best practices in learning and education throughout the lifespan through conducting and disseminating high-quality research.</b>			
<b>Strategy 6.1 Conduct and disseminate high quality research related to the development and education of young children with disabilities</b>			
6.1.1 Apply for at least two federal grants (e.g., NIH, PCORI, Institute of Educational Sciences) related to early childhood and disability during the 5-year project period.	Katie Walton	Research	NOT STARTED
6.1.2 Author or co-author an average of two papers per year in peer-reviewed journals related to early childhood topics annually between 2022 and 2027.	Katie Walton	Research	NOT STARTED
<b>Strategy 6.2 Create and perform preliminary validation of a measurement tool for social communication in young children with autism.</b>			
6.1.1 Complete and refine draft of social communication measure, including reliability data collection in 750 children/families and validity data collection with 50 children/families by June 2024.	Katie Walton	Research	NOT STARTED
6.1.2 Gain funding to complete additional validation of social communication measure by June 2027.	Katie Walton	Research	NOT STARTED

Nisonger Center Strategic Priorities	RESPONSIBLE PARTY	MISSION AREA	REVIEW
<b>Employment, Community Engagement, and Interdependent Living.</b>			
<b>Strategic Objective: Provide services that enhance employment, community engagement, and interdependent living outcomes for individuals with ID/DD and their families.</b>			
<b>Goal 1: Conduct outreach and collaborate with other community providers and systems to design and deliver high-impact, diverse programs.</b>			
<i>Strategy 1.1: Investigate expanding research and outreach to rural areas and areas without access to Columbus, where the greatest number of adults with ID/DD are living.</i>			
1.1.1 Annually, reach three new rural Ohio counties not previously served to connect and implement Nisonger programs remotely such as Aspirations and Smart Home Discovery Place.	Jordan Wagner	Education / Training	NOT STARTED
1.1.2 Present Charting the Life Course at least once to every county in Ohio by 2023.	Tracey Manz	Clinical Service	NOT STARTED
1.1.3 Partner with five county boards to explore training ambassadors to expand Charting the Life Course outreach by 2023.	Tracey Manz	Education / Training	NOT STARTED
<i>Strategy 1.2: Increase participation of students/adults with ID/DD from racial/ethnic minority groups in programs such as NCBC (Nisonger Childhood Behavior Center), TOPS, TechSummit, ACE (Autism College Experience), and Aspirations by 20% by 2023.</i>			
1.2.1 Increase participation of NCBC members and facilitators from ethnic and racial minority groups by 20% by 2023.	Jillian Ober	Clinical Service	NOT STARTED
1.2.2 Increase reading materials in NCBC's that feature diverse authors and/or characters by 10% by the end of 2022.	Jillian Ober	Clinical Service	NOT STARTED
1.2.3 Include anti-discrimination statement on all program outreach materials and curricula, as well as relevant internal documents by end of 2021.	Jillian Ober	Clinical Service	NOT STARTED
1.2.4. Pilot neurodiversity support group for POC by 2022 with minimum of four participants; increase participants annually through 2025 by collaborating with OSU's Diversity and Inclusion, Student Life Disability Services, Counseling, and Consultation Services by 2-6 participants.	Karen Krainz Edison	Clinical Service	NOT STARTED
1.2.5 Promote TechSummit scholarships annually to community Black, Indigenous, and People of Color (BIPOC) organizations by expanding outreach and education on the use of assistive technology to marginalized and underserved populations.	Jordan Wagner	Education / Training	NOT STARTED
<b>Goal 2: Diversify and expand funding/revenue sources to increase capacity and enhance services to address participants' critical needs.</b>			
<i>Strategy 2.1: Seek funding to support research of evidence-based practices to improve awareness and acceptance of neurodiverse adults in daily living, employment, and community settings.</i>			
2.1.1 Submit a minimum of two grant applications annually to support research and program development.	Jessie Green	Research	NOT STARTED
2.1.2 Explore opportunities to partner with academic departments at OSU or other UCEDD's and universities to expand grant and research funding for efficacy of programs and evidence-based interventions for adults with ID/ASD/DD by 2024.	Karen Krainz Edison	Clinical Service	NOT STARTED

2.1.3 Program managers and coordinators will meet with Administration and Jen Lamb bi-annually in January and July to explore new and existing funding streams and communication with potential and current donors.	Jessie Green	Clinical Service	NOT STARTED
<b>Goal 3: Facilitate successful employment outcomes for individuals with ID/DD.</b>			
<b><i>Strategy 3.1: Increase capacity of programs to build skills for acquiring and maintaining employment.</i></b>			
3.1.1 Increase recruitment for participation in Aspirations' EmployAbility program by 50% by 2023.	Erin Harris	Education / Training	NOT STARTED
3.1.2 Develop at least one Community Action Committee or Active Employer Council by 2023 to educate academics, public, and private sector on neurodiversity and to encourage partnerships to expand neurodiversity employment initiatives.	Erin Harris	Outreach	NOT STARTED
3.1.2 Determine feasibility of hiring a business development coordinator to seek business and community partnerships to develop and strengthen the STEM pipeline for neurodiverse students, graduates, participants in TOPS, Aspirations, and Ace! programs by July 2024.	Karen Krainz Edison	Clinical Service	NOT STARTED



Nisonger Center Strategic Priorities	RESPONSIBLE PARTY	MISSION AREA	REVIEW
<b>Behavioral Health</b>			
<b>Strategic Objective: Strategic Objective: Conduct high-impact research, deliver training/technical assistance and provide high-quality services to persons with behavior/psychiatric problems and/or developmental disability or autism spectrum disorder.</b>			
<b>Goal 1: Increase the capacity to provide psychiatric and mental health care both locally and nationally.</b>			
<b><i>Strategy 1.1: Provide training through didactics and clinical placement to graduate and professional students in mental health and ID/DD.</i></b>			
1.1.1 Yearly Lend faculty members will complete pre/post evaluations of all LEND long term trainees on 11 competency domains (health promotion and disease prevention; interdisciplinary team building; family-professional partnership; cultural competency; community-based systems of services; Life Course; policy; research; health information technology and communication; autism; and mental health using the Individualized Learning Plan.	Paula Rabidoux	Education / Training	NOT STARTED
1.1.2 Build the capacity for graduate students in psychology and social work to meet the mental health needs of individuals with ID/ASD/DD through didactic and clinical experience- Trainees will learn to describe, administer, and interpret evidence-based assessment and treatment in ID/ASD.	Clinical Supervisors	Education / Training	NOT STARTED
1.1.3 Continue to support IDD psychology trainees within the Behavior Support Services Program and support at least two part-time IDD psychology students annually.	Kelly Barnett	Education / Training	NOT STARTED
1.1.4 Dual Diagnosis clinic will provide clinical and observational opportunities to interdisciplinary professionals (Including medical students, residents, nurses, and LEND trainees).	Craig Williams	Education / Training	NOT STARTED
<b><i>Strategy 1.2: Provide continuing interdisciplinary education about mental health in ID/DD to various professionals</i></b>			
1.2.1 Identify at least two potential funding sources to support the creation of a learning collaborative via the Extension for Community Health Outcomes (ECHO) model to support the mental health of adults with ID and co-occurring psychiatric disorders.	Andrea Witwer	Education / Training	NOT STARTED
1.2.2 Conduct at least one webinar annually on mental health, ID, and evidence-based practices to build capacity for providers to meet the needs of those with ID/ASD and co-occurring psychiatric disorders.	Luc Lecavalier	Education / Training	NOT STARTED
<b><i>Strategy 1.3: Enhance cultural/racial competency through strategic and deliberate efforts to address institutional racism in behavioral health education and training.</i></b>			
1.3.1 Provide Implicit bias training to all LEND trainees and other long-term trainees (300+) at the Nisonger Center, as well as Nisonger faculty by end of 2023.	Jennifer Walton	Education / Training DEI	NOT STARTED
1.3.2 Identify leaders in the field and partner with them to provide continuing education to Nisonger faculty, staff, students, and community partners on the topics of cultural and racial competency by end of 2023.	Jennifer Walton	Education / Training DEI	NOT STARTED

**Goal 2: Provide high quality behavioral health care****Strategy 2.1: Enhance cultural/racial competency of our collective work through strategic and deliberative efforts to address institutional racism in behavioral health clinical services.**

2.1.1 Staff will complete cultural, health, education and disability equity training by 12/2023.	Jennifer Walton	Education / Training / DEI	NOT STARTED
2.1.2 Continue Rehabilitation Research and Training Center (RRTC), Research Experience Expert Panel (REEP), and Mental Health (MH) Collaborative through 2023 and collectively review no less than six publications on conducting inclusive research by October 2023.	Susan Havercamp	Education / Training / DEI	NOT STARTED

**Strategy 2.2: Provide high quality mental health and behavior support services to the community.**

2.2.1 Explore opportunities to expand services outside Franklin County and the need for behavior support services throughout Ohio by networking with other county boards of DD- Nisonger Behavior Support Services (NBSS) will approach at least one county board annually about their services and needs and attend county board conference or board meeting at least annually to network and listen for opportunities.	Kelly Barnett	Clinical Service	NOT STARTED
2.2.2 Collaborate with other programs within the center to offer support to clients or technical assistance - NBSS will approach at least one program at Nisonger annually offering support and/or collaboration.	Kelly Barnett	Clinical Service	NOT STARTED
2.2.3 Expand Technical Assistance and Consultation through Echo Model or other methods to develop at least one training annually on behavior support topics that will be marketable and improve services/care provided to individuals with complex needs.	Kelly Barnett	Clinical Service	NOT STARTED
2.2.4 Support Publications and Presentations – Produce at least one publication or presentation annually on the topic of behavior support to improve services / care provided to individuals with complex needs and raise awareness of Nisonger services.	Kelly Barnett	Research	NOT STARTED

**Strategy 2.3 Provide Mental Health (MH) services to Nisonger Center consumers.**

2.3.1 Advance service delivery in areas of mental health for Ace!, Aspirations, transition and behavior support.	Erin Harris	Clinical Service	NOT STARTED
2.3.2 Develop preventative programs and increase clinical and program staff by 50% to increase services by end of 2022-2023.	Erin Harris	Clinical Services	NOT STARTED
2.3.3 Provide individual counseling services and supports (e.g., mental health assessment, behavior supports, stress management and coping intervention) for 50% of Ace! or TOPS students, 15% of Aspirations members, and 15% of clients from Behavior Support and Diagnostic Clinic by 2023.	Erin Harris	Clinical Service	NOT STARTED
2.3.4 Provide therapeutic group supports 3x annually (DBT, RO-DBT); and parent/family support for transition to independence 12 x annually.	Erin Harris	Clinical Service	NOT STARTED
2.3.5 Screen all patients in all Nisonger diagnostic clinics for co-occurring mental health conditions to be sure that the mental health issues are addressed.	Andrea Witwer	Clinical Service	NOT STARTED

**Goal 3: Conduct high-quality research on mental/behavioral problems.**

**Strategy 3.1. Pursue grant funding in area(s) related to goals of Behavioral Health Priority Area, including: a) building upon the Nisonger Rehabilitation Research and Training Center (RRTC) scope of work, and b) whenever feasible, incorporating randomized controlled trials (RCTs) to measure intervention/treatment effectiveness into grant research design.**

3.1.1. Leverage prior RRTC research and/or collaborations (e.g., REEP, DEEP, Participatory Action Research (PAR) framework, and/or the RRTC Mental Health Collaborative) in order to accomplish the following action steps by October 2025: a) identify and prioritize an area or areas of further research that would align with NIH objectives; b) develop a plan for pursuing this (these) area(s) based on available NIH grant competitions/announcements; and c) whenever feasible, incorporate RCTs to measure intervention effectiveness/treatment outcomes into grant research design.	Luc Lecavalier	Research	NOT STARTED
3.1.2. Submit two federal grant proposals (e.g., NIH, NIDILRR, other) by October 2025 to represent the research goals and interests of the Behavioral Health Priority Area and build upon RRTC scope of work.	Susan Havercamp	Research	NOT STARTED

**Strategy 3.2. Explore ways to conduct further research on the effects of COVID-19 on persons with ID/DD and their families in relation to any of the following: health outcomes (in particular mental health), quality of life, services/supports received, and long-range impacts due to social isolation and disruptions/changes in employment, services/supports, or lifestyle.**

3.2.1 Develop questionnaire to track long term impacts of COVID in our clinics/projects by end of 2022.	Andrea Witwer	Research	NOT STARTED
3.2.2 Conduct medical record review on Dual Diagnosis clinic patients for quality improvement project.	Craig Williams	Research	NOT STARTED
3.2.3 Cultivation of cooperative projects with Nationwide Children's Hospital (NCH) such as specialty clinics (like Williams' and Down's) and joint research projects by end of 2022.	Gene Arnold	Research	NOT STARTED

**Goal 4: Expand technical assistance and consultation (community outreach).**

**Strategy 4.1: Offer programs/workshops to clinicians and others in the community who are interested in learning about MH in ID/DD.**

4.1.1. Plan and deliver at least one program/workshop on MH, invite LEND trainees to participate in program, collaborate with/invite members of RRTC, REEP, DEEP, and Mental Health Collaborative to serve as potential speakers.	Andrea Witwer	Education / Training	NOT STARTED
4.1.2. Establish/enhance relationships with community partners across ID/DD and/or mental health domains (Franklin County Board of Developmental Disabilities, National Association for the Dually Diagnosed, OSU Counseling and Consultation, community mental health clinics, etc.) to build capacity for recruiting attendees as well as to solicit potential co-sponsorship of community outreach/training.	Andrea Witwer	Education / Training	NOT STARTED

4.1.3. Publish/distribute no fewer than five of any of the following: scientific journal article, clear language product, fact sheet, presentation, or other deliverable (such as a webinar, podcast, or other multimedia) through Nisonger and RRTC Mental Health Collaborative websites, relevant conferences, other RRTCs and training centers/networks, clinician and self-advocate member organizations, and other TBD venues by October 2024.	Susan Havercamp	Education / Training	NOT STARTED
<b><i>Strategy 4.2: Develop recommendations and criteria for delivering high-quality health care to adults with dual diagnosis.</i></b>			
4.2.1 Draft Guideline for high-quality treatment outcome research in adults with dual diagnosis based on the previously conducted literature reviews to improve the overall quality of research in dual diagnosis and to help guide Nisonger researchers.	Andrea Witwer	Education / Training	NOT STARTED
4.2.2 Draft practice guidelines for providing mental health treatment based on literature, focus groups and RRTC, REEP, and DEEP feedback to inform clinicians, individuals with ID, and their families on the best practices in the field of dual diagnosis treatment.	Andrea Witwer	Education / Training	NOT STARTED
4.2.3 Disseminate practice guidelines to researchers, advocates, and the community, through presentation at two national conferences, one with an audience of clinicians and one with a self-advocate audience, as well as dissemination through the website and social media.	Andrea Witwer	Education / Training	NOT STARTED
4.2.4 Create educational materials for adults with dual diagnosis such as a checklist to use when identifying services, providers, and other accessible self-help tools.	Andrea Witwer	Education / Training	NOT STARTED
<b><i>Strategy 4.3: Expand ECHO framework at Nisonger to provide education and ongoing assistance to our partners on MH and ID/DD.</i></b>			
4.3.1 University of Wyoming will train all Nisonger faculty and staff at the Nisonger Center who are interested in implementing the ECHO model by end of 2023.	Andrea Witwer	Clinical Service	NOT STARTED
4.3.2 Identify local, state, and national potential funding sources to disseminate widely the research and expertise of the Nisonger Center to state, regional, national, and international partners.	Andrea Witwer	Education / Training	NOT STARTED
4.3.3 Develop strategy for oversight of ECHO program fidelity, including necessary infrastructure needs by end of 2023.	Andrea Witwer	Clinical Service	NOT STARTED

Nisonger Center Strategic Priorities	RESPONSIBLE PARTY	MISSION AREA	REVIEW
<b>Health.</b>			
<b>Strategic Objective: Become a national leader in promoting health and quality health care for people with disabilities.</b>			
<b>Goal 1: Address health inequities among people with disabilities, especially those with additional marginalized identities.</b>			
<b>Strategy 1.1: Explore social and political determinants of health.</b>			
1.1.1 Build collaborative relationships with state offices of minority health.	David Ellsworth	Research	NOT STARTED
1.1.2 Engage with the OSU anti-racism action plan.	Susan Havercamp	Education / Training	NOT STARTED
1.1.3 Collaborate and engage in other anti-racist initiatives through outside organizations (AUCD, NCH, etc.).	Jennifer Walton	Education / Training	NOT STARTED
<b>Strategy 1.2: Provide disability training to current and future health care professionals.</b>			
1.2.1 Offer two online continuing education training opportunities on disability to health care providers and educators.	Susan Havercamp/ Jennifer Walton	Education / Training	NOT STARTED
1.2.2 Continue disability training of all OSU undergraduate medical students.	Susan Havercamp	Education / Training	NOT STARTED
1.2.3 Collaborate with Ohio Colleges and Universities to provide disability training as part of Interprofessional Health Education.	Susan Havercamp/ Jennifer Walton/ Andrea Witwer/ Paula Rabidoux	Education / Training	NOT STARTED
<b>Strategy 1.3: Promote interdisciplinary learning opportunities across Nisonger Center programs.</b>			
1.3.1 Include 2 interdisciplinary LEND trainees in dental clinic each semester.	Steve Beetstra/ Diego Solis	Education / Training	NOT STARTED
1.3.2 Create and implement a dental fellowship for individuals with ID/DD by 2027.	Steve Beetstra/ Diego Solis	Education / Training	NOT STARTED
1.3.3 Include at least 2 dental trainees in Interdisciplinary Developmental Clinic each semester.	Steve Beetstra	Education / Training	NOT STARTED
<b>Goal 2: Improve health outcomes for all Ohioans with disabilities</b>			
<b>Strategy 2.1: Develop partnerships with local health departments to promote inclusion of people with disabilities in public health programs and services.</b>			
2.1.1 Offer disability training to Creating Healthy Communities funded program personnel in Ohio.	David Ellsworth	Education / Training	NOT STARTED
2.1.2 Collaborate with Ohio Department of Health to ensure that disability is included in health policies and practices.	David Ellsworth	Outreach	NOT STARTED
<b>Strategy 2.2: Provide services and supports to health disparate communities.</b>			
2.2.1 Explore telehealth training (i.e., ECHO) and technical assistance to Appalachia.	David Ellsworth/ Susan Havercamp	Education / Training	NOT STARTED
2.2.2 Collaborate with the Office of Health Equity at the Ohio Department of Health to develop health promotion programs in health disparate Ohio neighborhoods.	David Ellsworth/ Susan Havercamp	Clinical Service	NOT STARTED

<b>Strategy 2.3: Promote screening and surveillance of health and social determinants of health in ID/DD community.</b>			
2.3.1: Perform dental needs assessment on preschool children at Johnstown Road Dental Clinic.	Steve Beetstra/ Diego Solis	Clinical Service	NOT STARTED
2.3.2 Review and document dental needs screening findings (and if positive document, how needs were addressed).	Jennifer Walton/ Diego Solis/ Steve Beetstra	Clinical Service	NOT STARTED
<b>Goal 3: Increase availability, efficiency, and enhance quality of oral health services/care.</b>			
<b>Strategy 3.1: Upgrade Nisonger and Johnstown Rd. Dental Clinics.</b>			
3.1.1 Explore procurement of electric hand pieces at Johnstown Road Dental Clinic.	Diego Solis/ Steve Beetstra	Clinical Service	NOT STARTED
3.1.2 Explore replacing flooring in dental clinic at Johnstown Road Dental Clinic.	Diego Solis/ Steve Beetstra	Clinical Service	NOT STARTED

Nisonger Center Strategic Priorities	RESPONSIBLE PARTY	MISSION AREA	REVIEW
<b>Mission Enhancement Support.</b>			
<b>Strategic Objective: Provide centralized supports to all center programs for outreach/dissemination, community engagement, development, and other administrative services that help ensure the success and advancement of the center's mission.</b>			
<b>Goal 1: Coordinate outreach across all programs to increase visibility, educate the community, and highlight mission area activity accomplishments by June 2027.</b>			
<b>Strategy 1.1: Social Media and Digital Presence.</b>			
1.1.1 Maintain/Increase social media presence across platforms (MONTHLY GOAL = 1 post per day on Facebook and 2 tweets per day on Twitter).	Darlene Byler	Outreach / Dissemination	NOT STARTED
1.1.2 Maintain/Increase social media presence across platforms (Annual Goal = average increase in the # of likes by 15% or higher).	Darlene Byler	Outreach / Dissemination	NOT STARTED
1.1.3 Develop content strategy as appropriate for Facebook/Twitter, LinkedIn, YouTube, and website by June 2023.	Darlene Byler	Outreach / Dissemination	NOT STARTED
1.1.4 Utilize Sprout Social for planned content and meet/exceed OSUWMC monthly metrics for frequency/engagement.	Darlene Byler	Technology	NOT STARTED
1.1.5 Provide platform training/resources for faculty/staff (how to post, what to post, why it's important, professional vs. personal, our 'brand') at least once annually; goal = 70% of faculty/leadership participation by June 2023 (will be tied to faculty/staff P3s).	Darlene Byler	Education / Training	NOT STARTED
<b>Strategy 1.2: Event Coordination/Participation.</b>			
1.2.1: Inform faculty and staff at monthly meetings (leadership/all-staff etc.) of administrative support for community outreach, special events, and presentations to aid in organization, coordination, and collaboration.	John Yamada	Outreach / Dissemination	NOT STARTED
1.2.2 Assist in developing topic and hosting annual Nisonger Center Institute; providing evaluation resources, participation data, and CEU's as appropriate; increase participation by 5% each year (overall increase of 25% by 2027).	A-Team	Education / Training	NOT STARTED
1.2.3 Identify event registration and hosting management system (ie. Boomset, Brazen, BlueJeans, Cvent) for Nisonger Institute, TechSummit, FRNO Showcase etc. for use among all Nisonger programs by March 2023.	John Yamada	Technology	NOT STARTED
1.2.4 Develop annual community partner event calendar and strategy for participation via sponsorship, vendor table(s), individuals etc.	A-Team	Technology	NOT STARTED
<b>Strategy 1.3: Marketing/Communication/Media.</b>			
1.3.1 Create/develop Nisonger Newsletter and maintain distribution on a quarterly basis and manage listservs as appropriate.	John Yamada	Outreach / Dissemination	NOT STARTED
1.3.2 Review current newsletter/communication/listserv platform and research alternatives to ensure continued relevance & efficiency (i.e., Mailchimp vs. Constant Contact) and consider combining existing user strategies across the Center by June 2023.	John Yamada	Technology	NOT STARTED
1.3.3 Work with OSU/OSUWMC Media Relations to continue/increase multimedia news releases and provide information for dissemination by June 2027.	John Yamada	Outreach / Dissemination	NOT STARTED
1.3.4 Submit a minimum of 30 news/information/upcoming events/resources requests annually to various internal and external communications including but not limited to: OSU Today, HealthBeat Hub, On Campus, Leadership This Week, AUCD360.	Darlene Byler	Outreach / Dissemination	NOT STARTED

1.3.5 Increase submission of news/info/upcoming events/resources requests to various internal and external communications by 10% annually including but not limited to: OSU Today, HealthBeat Hub, On Campus, Leadership This Week, AUCD360.	Darlene Byler	Outreach / Dissemination	NOT STARTED
1.3.6 Improve administrative process by creating a singular point of entry for all marketing/communications/events/program updates via the Nisonger Center website under employee resources by June 2023 (AUCD360, AIDD annual Report, SM, Newsletter, What'sUp, Nisonger Listserv, Website Updates, etc.).	A-Team	Technology	NOT STARTED
1.3.7 Create/develop updated Nisonger Center introductory / educational / onboarding video for placement on website (i.e., potential new hires and community education) by June 2025.	A-Team	Education / Training	NOT STARTED
<b>Goal 2: Continue to provide resources to assist faculty, staff, and administrative support staff with their professional work.</b>			
<b>Strategy 2.1: Streamline and evaluate administrative processes.</b>			
2.1.1 Develop and disseminate contract process for submission (i.e., form) and associated timeline for review, signature, and approval via MediTract by September 2023.	Karel Smith	Technology	NOT STARTED
2.1.2 Implement all forms into DocuSign for easier routing for signatures (i.e., asset management, contracts/MOUs, etc.) by December 2023.	Karel Smith	Technology	NOT STARTED
2.1.3 Research and implement a new (or updated) Photo Gallery Portal/Library to allow easy access to images from annual In'Sights' Photo Contest by December 2022 and create/distribute survey to Nisonger Faculty regarding photo contest and library access/use.	A-team	Technology	NOT STARTED
2.1.4 Provide/distribute annual survey evaluating administration and shared services (GMO, Finance, HR) support and explore what we can/should do that we currently are not doing to better support or promote activities/research/programs at Nisonger by June 2023.	A-team	Research	NOT STARTED
2.1.5 Establish quarterly meetings with staff that will provide high level impact communications received at COM-OHS, Medical Center meetings by September 2022.	Karel Smith	Communication	NOT STARTED
2.1.6 Quarterly review process for Nisonger website; post updates, add/remove faculty/staff as needed; update events, and ensure up-to-date information; fix broken links etc., collaborate with faculty/staff; and provide/review analytics (i.e., frequently visited pages) with feedback by December 2022.	Darlene Byler	Technology	NOT STARTED
2.1.7 Update faculty bios/capsules on website for all current faculty members by June 2023 with review and update every other year.	Darlene Byler	Outreach / Dissemination	NOT STARTED
2.1.8 Streamline the payment experience for customers and programs (earnings/revenue) by establishing EFT payment options, a merchant account/online payment portal, and an invoicing procedure/support/training via Workday by end of 2022.	Karel Smith	Technology	NOT STARTED
2.1.9 Evaluate and align workload for administrative staff; consider alternate sources of funding (program support - grants/contracts/clinics/fee-for-service); and, if warranted, propose strategy for budget consideration to increase staffing and support by July 2023.	Karel Smith	Administration	NOT STARTED
2.1.10 Refresh all faculty/admin staff computers to docking station and laptop by 2025 (assuming everyone should be updated/refreshed every 4 years).	Karel Smith	Technology	NOT STARTED



<b><i>Strategy 2.2: Meetings support and enhancement.</i></b>			
2.2.1 Provide programmatic updates of interest to all staff on rotation at all staff meetings and adjust meeting details based on evaluation survey provided to all staff at least one-time annually by 2023.	Karel Smith / John Yamada	Communication	NOT STARTED
2.2.2 Effectively communicate to COM/OHS, OSUWMC, other leadership, and policy/process updates at executive committee, leadership, and all staff meetings including fun facts on new staff and Nisonger mission/vision/values by end of 2022.	Darlene Byler	Communication	NOT STARTED
2.2.3 Provide/distribute Qualtrics survey to evaluate meetings (Consumer Advisory Council and all-staff) at least once annually by 2023.	Darlene Byler	Evaluation	NOT STARTED
<b><i>Strategy 2.3: Implement a hiring, onboarding, and retention experience that encompasses strategic plan goals and core values throughout the full lifecycle of the employment experience.</i></b>			
2.3.1 Research and utilize advertising sites which would encourage the hiring of more diverse faculty and staff by January 2023.	A-Team	DEI	NOT STARTED
2.3.2 Create centralized document specific to Nisonger Center operations to assist programs with the hiring and onboarding process including YP4H (Your Plan for Health), BRAVO (award recognition program), and employee resource webpage information by March 2023.	Karel Smith	Education / Training	NOT STARTED
2.3.3 Encourage and lead in the use of BRAVO for recognition and research, as well as increase other ideas/suggestions for employee recognition by January 2023.	A-Team	Culture & Retention	NOT STARTED
2.3.4 Create procedure guide and checklist for administrative staff and students to complete set-up for new hires (mailboxes, pics, signs etc.) by January 2023.	Karel Smith / John Yamada / Darlene Byler	Education / Training	NOT STARTED
2.3.5 Create and disseminate online on-boarding instructional webinar/CBL, "About Nisonger Center", an introduction to Nisonger history, mission, vision, values, programs, what is ID/ASD/DD by June of 2023.	A-Team	Education / Training	NOT STARTED
2.3.6 Create Qualtrics onboarding survey to evaluate the new employee/guest/volunteer experience by end of 2022.	Karel Smith / John Yamada / Darlene Byler	Education / Training	NOT STARTED

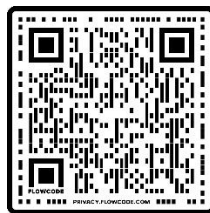
**Goal 3: Space, Wayfinding, and Compliance*****Strategy 3.1 Maintain public spaces***

3.1.1 Implement a rounding of the building utilizing checklist by January 2023	Smith-Gertz	Clinical Service	NOT STARTED
3.1.2 Research the potential (proposals) of refreshing all public waiting areas and clinical rooms within Nisonger space by December 2023	Smith-Guay-Kail	Clinical Service	NOT STARTED

***Strategy 3.2 Revise Compliance Programs***

3.2.1 Update documentation around HIPAA and IT Security compliance for all systems used by March 2023	Smith	Education/Training	NOT STARTED
3.2.2 Provide one compliance tip at each All Staff Meeting by January 2023	Smith	Education/Training	NOT STARTED





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