

A National Data Summary of State Assistive Technology Programs: Fiscal Year 2013

INTRODUCTION

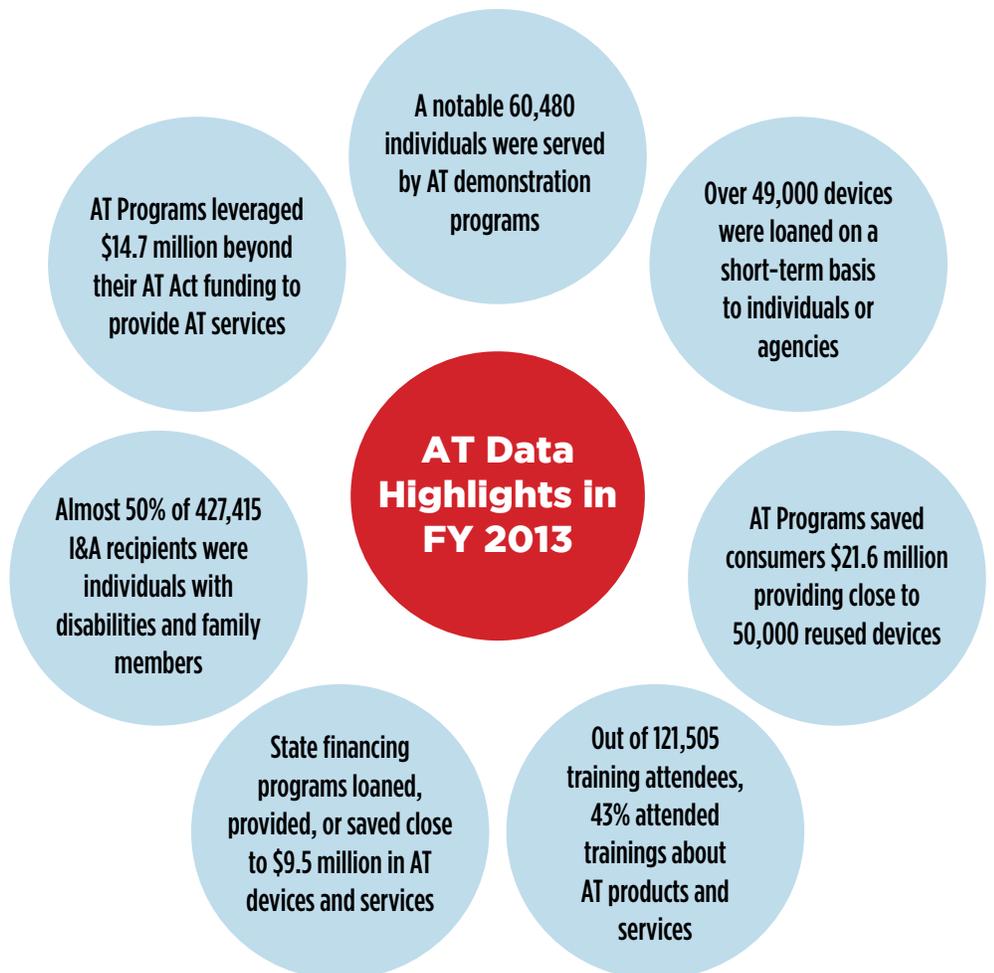
State and Territory Assistive Technology Programs (hereafter, AT Programs), authorized under Sec. 4 of the Assistive Technology Act of 1998, most recently reauthorized in 2004, focus on improving the provision of AT through comprehensive, statewide programs that are consumer responsive. The goal of these programs is to increase access to and acquisition of AT through state level activities and state leadership activities. The AT Act provides formula grants, administered by the U.S. Department of Education Rehabilitation Services Administration, for an AT Program in each state, as well as the District of Columbia, Puerto Rico, American Samoa, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands. This report provides a national summary of AT program outcomes for Fiscal Year (FY) 2013.

The 2004 reauthorization of the AT Act required a common set of activities to be provided by all AT Programs (with some limited exceptions) to create consistency among grantees. Required state level activities include state financing activities, device reutilization programs, device loan programs, and device demonstration programs. Required state leadership activities include training and technical assistance, public awareness and information and assistance activities, and coordination and collaboration. All the state level activities and the major state leadership activities will be described in greater detail later in this report.

AT Programs are required to serve people with all types of disabilities, of all ages, in all environments and provide a wide array of activities to meet AT needs. Programs must also serve family members, service providers, educators, therapists, employers, health and rehabilitation professionals, AT vendors, procurement officials, and other interested parties throughout all versions of the law

(Association of Assistive Technology Act Programs [ATAP], 2011). The AT Act requires specific data reporting on services provided via the required state level and leadership activities (ATAP, 2011). These data, found in the Annual State Grant for AT Progress Report, are the source used in this report except in the State Financing section where data outside the Annual State Grant for AT Progress Report are included.

What is Assistive Technology (AT) ?
AT is any item, piece of equipment, or system, whether acquired commercially, modified, or customized, that is commonly used to increase, maintain, or improve functional capabilities of individuals with disabilities. (Source: AT Act of 1998 as amended, 29 USC §3002)



STATE LEVEL ACTIVITIES

DEVICE DEMONSTRATION PROGRAMS

Device demonstrations compare the features and benefits of a particular AT device or category of devices for an individual or small group of individuals (U.S. Department of Education [ED], 2011). Device demonstrations allow individuals and groups to make informed choices about an AT device prior to acquiring it. Along with providing demonstrations, AT Programs are required to provide comprehensive information about state and local assistive technology vendors, providers, and repair services.

During the most recent reporting period, FY 2013, 54 AT Programs conducted device demonstrations as part of their state level activities. Computers and related technologies were the largest demonstration category, comprising 19% of all demonstrations. Most AT areas are well covered by device demonstrations, with six additional areas comprising between 11% and 15% of all demonstrations (see Table 1).

TABLE 1: NUMBER OF DEVICE DEMONSTRATIONS BY DEVICE TYPE

Type of AT Device	Number of Demos	%
Computers and related	7,880	19
Daily living	6,095	15
Speech communication	5,607	14
Vision	5,330	13
Hearing	4,756	12
Learning, cognition	4,373	11
Mobility, seating	4,326	11
Environmental adaptations	1,456	4
Recreation, sports, and leisure	574	1
Vehicle modification and transportation	537	1
TOTAL	40,934	100%

Looking at Table 2, we see that individuals with disabilities (47%) comprised almost half of those participating in device demonstrations in FY 2013, followed by family members, guardians, and authorized representatives (26%) and representatives of education (8%).

Individuals who participated in device demonstrations were surveyed by AT Programs about the main purpose of the AT device for which they attended the demonstration. In FY 2013, community living was listed as the most common purpose (56%), followed by education (29%). Other purposes cited by participants were employment (10%) and IT/telecommunications (5%).

TABLE 2: NUMBER OF INDIVIDUALS WHO PARTICIPATED IN DEVICE DEMONSTRATIONS

Type of Individual	Number of Participants	%
Individuals with disabilities	28,559	47
Family members, guardians, and authorized representatives	15,901	26
Representatives of education	5,080	8
Representatives of health, allied health, and rehabilitation	4,782	8
Representatives of community living	3,304	5
Representatives of employment	1,673	3
Representatives of technology	1,181	2
TOTAL	60,480	100%

For AT Program purposes, education is defined as participating in any type of educational program. Community living includes carrying out daily activities, participating in community activities, using community services, or living independently. Employment means finding or keeping a job, getting a better job, or participating in an employment training program, vocational rehabilitation program, or other program related to employment. Lastly, information technology/telecommunications is defined as using computers, software, websites, telephones, office equipment, and media.

Device Demonstration Anecdotes

A speech language pathologist with the Wyoming State AT Program demonstrated a few communication and access devices to a 3-year-old girl with a developmental delay. While the family and preschool staff observed, the child used the devices to communicate during snack time. Her mother had tears in her eyes and said, "She can communicate! For the first time she has a voice!"

The Iowa State AT Program provides the Iowa Division of Vocational Rehabilitation (VR) with AT devices for demonstration to their clients. This year, 6 VR clients tried out the Wizcom Reading Pen. Five clients found it was not useful, so VR was able to avoid \$750 errant purchases. However, one individual found it useful in his job as a janitor. This VR client is unable to read/write and is required to read special requests for evening cleaning instructions left by the daytime office personnel. VR obtained a Wizcom pen for him to use and he has been able to maintain his job.

DEVICE LOAN PROGRAMS

Device loan programs allow AT consumers and professionals who provide services to individuals with disabilities to borrow AT devices for use at home, school, work, and in the community. These loans are short-term. Although the loan length varies by individual program policy, the average based on FY 2013 data was 34 calendar days. The purpose of a device loan may be to assist in decision-making; to fill a gap while the consumer is waiting for device repair or funding; to provide an accommodation on a short-term basis; or to provide self-education by a consumer or professional or other training (ED, 2011).

During the most recent reporting period, 52 AT Programs reported providing short-term loans of AT devices to individuals or entities. Individuals with disabilities were the largest group to whom devices were loaned (37%), followed by family members, guardians, and authorized representatives (21%). Please refer to Table 3 for a more detailed breakdown. Seventy-six percent or 26,006 device loans were made to individuals for the primary purpose of decision-making. Other reasons consumers cited for wanting a short-term device loan included accommodation (12%), a loaner during repair/waiting for funding (7%), and for training/personnel development (5%).

TABLE 3: NUMBER OF DEVICES BORROWED BY TYPE OF BORROWER

Type of Borrower	Number of Device Borrowers	%
Individuals with disabilities	12,720	37
Family members, guardians, and authorized representatives	7,263	21
Representatives of education	6,183	18
Representatives of health, allied health, and rehabilitation	4,859	14
Representatives of community living	1,527	4
Representatives of technology	1,027	3
Representatives of employment	645	2
TOTAL	34,224	100%

Devices for speech communication (18%) were the most common AT devices loaned in FY 2013, followed by daily living devices (16%), learning and cognition (16%), and computers and related devices (14%). Five additional device categories accounted for 4% to 13% each of the device loans made (Table 4). Almost half

of surveyed consumers (51%) who received a device loan cited community living as the primary purpose for which they needed an AT device. Education was the second most common purpose (38%), followed by employment (7%) and IT/telecommunications (4%).

TABLE 4: DEVICES LOANED BY TYPE

Type of AT Device	Number Loaned	%
Speech communication	8,671	18
Daily living	7,899	16
Learning, cognition	7,728	16
Computers and related	7,047	14
Mobility, seating	6,620	13
Vision	3,723	8
Environmental adaptations	2,650	5
Hearing	2,470	5
Recreation, sports, and leisure	2,046	4
Vehicle modification and transportation	184	<1
Total # of Devices Loaned	49,038	100%

Device Loan Anecdotes

In Louisiana, a device loan was provided to a gentleman with low vision who lost his home and AT in a flood. The gentleman was able to borrow an electronic enlarging device to accommodate his needs until a replacement device was provided by the Veteran's Administration. He stated that through the device loan he was able to read mail and take care of personal business during the period he was displaced and without a working device of his own.

A student enrolled at the University of the Virgin Islands utilized the Virgin Island AT Program loan closet to facilitate a class presentation to her peers in elementary education. She wanted to share information on specific assistive technology devices designed to enhance the learning, communicative and social interactive skills among young children with disabilities. Since students with disabilities are included in regular classes, it is vitally important that teachers are aware of assistive devices.

5-Year Device Demonstration and Device Loan Trends

As Table 5 below demonstrates, trends with respect to the percentage of type of individuals served by device demonstrations and loan programs have remained rather stable in the last five years. Observed changes are as follows: a slight percentage drop in representatives of education, and an increase in the percentage of family members, guardians and authorized representatives in both demonstration and loan programs.

TABLE 5: PERCENTAGE OF INDIVIDUALS (BY TYPE) WHO PARTICIPATED IN DEVICE DEMONSTRATION AND DEVICE LOAN PROGRAMS FROM 2009–2013

Type of Individual	2009 (%)	2010 (%)	2011 (%)	2012 (%)	2013 (%)
Individuals with disabilities					
Device Demonstration	42	44	48	49	47
Device Loan	38	35	39	39	37
Family members, guardians, and authorized representatives					
Device Demonstration	23	25	24	25	26
Device Loan	17	16	15	17	21
Representatives of education					
Device Demonstration	12	13	9	9	8
Device Loan	22	23	20	20	18
Representatives of health, allied health, and rehabilitation					
Device Demonstration	10	8	8	7	8
Device Loan	15	16	16	15	14
Representatives of community living					
Device Demonstration	7	6	6	6	5
Device Loan	3	4	4	4	4
Representatives of employment					
Device Demonstration	4	3	3	2	3
Device Loan	2	2	2	2	2
Representatives of technology					
Device Demonstration	2	1	1	1	2
Device Loan	2	3	4	3	3
Others					
Device Demonstration	<1	<1	n/a	n/a	n/a
Device Loan	<1	<1	n/a	n/a	n/a

Trends with respect to demonstrated and loaned AT devices have also remained stable throughout the past five years, however there have been some minor changes. Device loan programs have seen an increase in the percentage of daily living devices, a drop in recreation devices as well as a drop in learning/cognition AT. Device demonstration programs saw a

slight decrease in the percentage of recreation and hearing AT (please refer to Table 6). Overall these activities reach the vast majority of the AT types rather equitably indicating these activities are well suited for most types of AT.

TABLE 6: PERCENT DISTRIBUTION OF AT DEVICES IN DEVICE DEMONSTRATION AND DEVICE LOAN PROGRAMS FROM 2009–2013

Type of AT Device	2009 (%)	2010 (%)	2011 (%)	2012 (%)	2013 (%)
Mobility, seating					
Device Demonstration	8	9	10	11	11
Device Loan	9	10	9	11	13
Daily living					
Device Demonstration	13	13	13	14	15
Device Loan	8	9	12	13	16
Computers and related					
Device Demonstration	17	21	24	22	19
Device Loan	11	12	13	14	14
Environmental adaptations					
Device Demonstration	2	3	3	3	4
Device Loan	7	5	5	5	5
Recreation, sports, and leisure					
Device Demonstration	3	3	2	1	1
Device Loan	8	5	4	5	4
Vision					
Device Demonstration	13	11	9	10	13
Device Loan	7	7	7	7	8
Learning/cognition					
Device Demonstration	10	11	10	12	11
Device Loan	24	24	18	17	16
Speech communication					
Device Demonstration	14	15	15	13	14
Device Loan	20	22	24	21	18
Hearing					
Device Demonstration	18	14	14	14	12
Device Loan	6	6	6	5	5
Vehicle modification and transportation					
Device Demonstration	1	<1	<1	<1	1
Device Loan	<1	<1	<1	<1	<1
Other					
Device Demonstration	<1	<1	n/a	n/a	n/a
Device Loan	<1	<1	n/a	n/a	n/a

DEVICE REUTILIZATION PROGRAMS

Assistive technology reutilization involves transferring a used device from someone who no longer needs it to someone who does. Device reutilization falls into three activity categories. The first one, **device exchange**, usually occurs through an online forum where sellers and buyers can connect. **Recycling, refurbishment, and repair (RRR)** is the second category. In this type of program, devices are typically obtained from individuals who no longer need them, are refurbished, and then provided to new owners. Lastly, **open-ended loan** programs take previously used devices and loan them to individuals who can use them as long as they are needed.

In FY 2013, 38,258 consumers received a total of 49,325 reutilized devices from all 56 AT Programs with an overall savings of \$21.6 million. Mobility, seating and daily living AT were the vast majority of AT devices provided through reuse programs (86% of all devices). Refer to Table 7 for more information.

TABLE 7: DEVICE REUTILIZATION SUMMARY BY DEVICE TYPE

Type of AT Device	# of Devices	% of Devices	Total Savings	% of Savings
Mobility, seating	23,463	48	\$12,955,524	60
Daily living	18,663	38	\$3,956,669	18
Computers and related	2,151	4	\$621,019	3
Environmental adaptations	1,186	2	\$563,732	3
Recreation, sports, and leisure	861	2	\$121,906	<1
Vision	850	2	\$499,859	2
Learning/cognition	732	1	\$128,553	<1
Speech communication	708	1	\$836,978	4
Hearing	555	1	\$105,950	<1
Vehicle modification and transportation	156	<1	\$1,843,448	9
Total	49,325	100%	\$21,633,638	100%

The most common device reutilization activity was recycling/refurbishment/repair (RRR). Seventy-nine percent of recipients received devices through a RRR program, saving consumers well over \$14 million. Overall, RRR activities provided the greatest savings to consumers out of the services provided through reutilization programs.

TABLE 8: NUMBER OF RECIPIENTS, DEVICES, AND SAVINGS BY TYPE OF REUTILIZATION ACTIVITY

Activity	Number (%) of Device Recipients	Number (%) of Devices	Total Savings To Recipients	% of Savings to Recipients
Recycle/refurbish/repair (RRR)	30,410 (79%)	37,877 (77%)	\$14,618,227	68
Open-ended loans	5,324 (14%)	8,422 (17%)	\$3,013,585	14
Device exchange	2,524 (7%)	3,026 (6%)	\$4,001,826	18
TOTAL	38,258 (100%)	49,325 (100%)	\$21,633,638	100%

Customers participating in the device reutilization program were surveyed about the primary purpose for which AT was needed. Out of the 37,107 respondents, 88% gave community living as the primary purpose, followed by education (7%) and employment (5%).

STATE FINANCING

State financing activities assist individuals with disabilities to obtain AT devices and services. Funds authorized under the AT Act of 1998, as amended, cannot be used to purchase AT devices or services directly for consumers (ED, 2011). There are three types of state financing activities provided by the State Grants for Assistive Technology that assist individuals who need AT: 1) alternative financial loan programs that provide cash loans that consumers can then use to acquire AT, 2) other activities that result in AT acquisition, and 3) additional activities that allow consumers to obtain AT devices and services at a reduced cost.

Thirty AT programs reported data on financial loan programs in the Annual Grant for State AT Program Progress Report. Of these 30 financial loan programs, 25 received funding from competitive grants (Alternative Financing Programs under Title III of the AT Act of 1998 awarded in fiscal years 2000 through 2006 or RSA discretionary funding awarded in fiscal years 2012 and 2013) and 5 were established with core State AT Program grant dollars. In addition, 10 financial loan programs that received funding from Title III of the AT Act of 1998 in fiscal years 2000 through 2006, reported data in a report separate from the Annual Grant for State AT Program Progress Report. The following represents aggregate, unduplicated data from all 40 financial loan programs.

Device Reutilization Anecdotes

In Arizona, an individual with a spinal cord injury was interested in getting into cycling and needed a hand-operated cycle but his family was leery of the high cost of a new cycle in case it did not work out for him. After some internet research they determined the make and model of the hand cycle they desired and happened upon a posting on the Arizona Assistive Technology Exchange (ATEX) website for a pre-owned hand cycle of that type. They contacted the seller via ATEX, negotiated a purchase price and made shipping arrangements. The hand cycle was a perfect fit and he was thrilled to begin riding. The family was delighted with the \$2,200 savings.



Several years ago, the Pennsylvania State AT Program purchased and installed low-vision technology in libraries across the state using a federal grant. Today some of that technology is no longer supported by the manufacturer and can not be used by libraries. Since the technology was still very valuable to the right user, the State AT Program began matching devices to Temple University students and providing training on how to use them. This gets the AT into the hands of Pennsylvania residents who need AT and are unable to afford it - plus it keeps devices out of landfills.



In FY 2013, 40 financial loan programs made 2,063 loans totaling \$9,231,770. The overwhelming majority of total loan dollars issued (72%) was for 382 vehicle modification and transportation technologies purchased, averaging \$17,325 a loan. Hearing AT ranked first in number of devices financed (411), averaging \$3,688 a loan. For a more detailed breakdown of loans by device type, refer to Table 9.

TABLE 9: TYPES AND DOLLAR AMOUNTS OF AT FINANCED*

Type of AT	# of Devices Financed	Device %	Dollar Value of Loans	Dollar %	Average Loan Amount
Hearing	411	36	\$1,515,571	16	\$3,688
Vehicle modification and transportation	382	34	\$6,618,097	72	\$17,325
Computers and related	87	8	\$48,716	<1	\$560
Mobility, seating and positioning	66	6	\$269,717	3	\$4,087
Environmental adaptations	76	7	\$529,577	6	\$6,968
Daily living	32	3	\$113,029	1	\$3,532
Vision	31	3	\$38,101	<1	\$1,229
Recreation, sports, and leisure	19	2	\$77,799	1	\$4,095
Speech communication	11	1	\$11,261	<1	\$1,024
Learning, cognition	6	<1	\$9,902	<1	\$1,650
Total	1,121		\$9,231,770	100%	\$8,235

*This table includes data from both the RSA 572 and RSA 662 FY 2013 reports.

Fourteen states reported data on other financing activities that resulted in the acquisition of AT devices and services. These programs typically provide AT directly through external funding provided to the AT Program by another agency. With this external funding, these programs are typically limited in focus, only providing AT in one area such as adaptive telecommunications devices, or only providing AT for those individuals eligible for specific funding such as IDEA.

In FY 2013, these programs served 2,262 individuals and provided 2,848 AT devices. Well over a third (40%) of the total technologies funded were hearing devices. Environmental adaptations (also known as home modifications) made up only 12% of total devices funded, but constituted 33% (\$948,236) of the total value of AT provided (\$2,838,058).

Six states reported data on other state financing activities that allowed consumers to obtain assistive technology at a reduced cost. These programs included cooperative buying programs, rental/layaway programs, and device design and development. In FY 2013, these financing activities served

State Financing Anecdotes

In the state of Idaho, a single mother of five daughters called the Idaho State AT Program looking for financing to purchase an adaptive bike for her adult daughter with a developmental disability. The family enjoyed riding bikes together but as the daughter grew, they didn't have a bike that would fit her needs and she would be left at home. The purchase price of the bike was high. The State AT Program's alternative financing program was able to offer her a great low interest rate and low payments she could afford. The mother said the program allowed "...my daughter to go out into the community and enjoy spending time with her family. Thank you for helping us to purchase her new bicycle. She is on cloud nine!"



A senior in South Dakota was referred to the South Dakota State AT Program by her Optometrist due to age-related vision loss. Using an electronic enlarging device provided through the long term lease program she is able to enjoy reading once more. Her daughter reports she absolutely loves her enlarging system and is much more independent now that she can read again. She raves to her friends about how this technology has improved her life.



3,282 individuals, and 3,764 devices were acquired at a reduced cost. Out of all the AT categories, vision AT resulted in the highest savings to consumers (\$1,094 per device). Learning and cognition and computer devices combined made up 68% of acquired devices (\$1,494 and \$1,075 respectively). This resulted in moderate savings of \$183.82 (learning and cognition) and \$119.60 (computers) per device.

Individuals with disabilities who received services from state financing activities were contacted about the primary purpose for which AT was needed. Fifty-one percent of respondents cited community living as the primary purpose, followed closely by education (45%) and employment (3%).

5-Year Device Reutilization and State Financing Trends

The percentage of devices reutilized over the last five years has been relatively stable with mobility/seating and daily living making up the majority of device types reused. Devices acquired through state financing activities (financial loan programs and other financing activities that provide AT or enable acquisition of AT with savings) also remained relatively stable over the 5-year period. The fluctuations seen in speech communication and learning/cognition are attributable to changes in activities (contract was ended or similar) for a program that provided those specific device types. Please refer to Table 10 for more information.

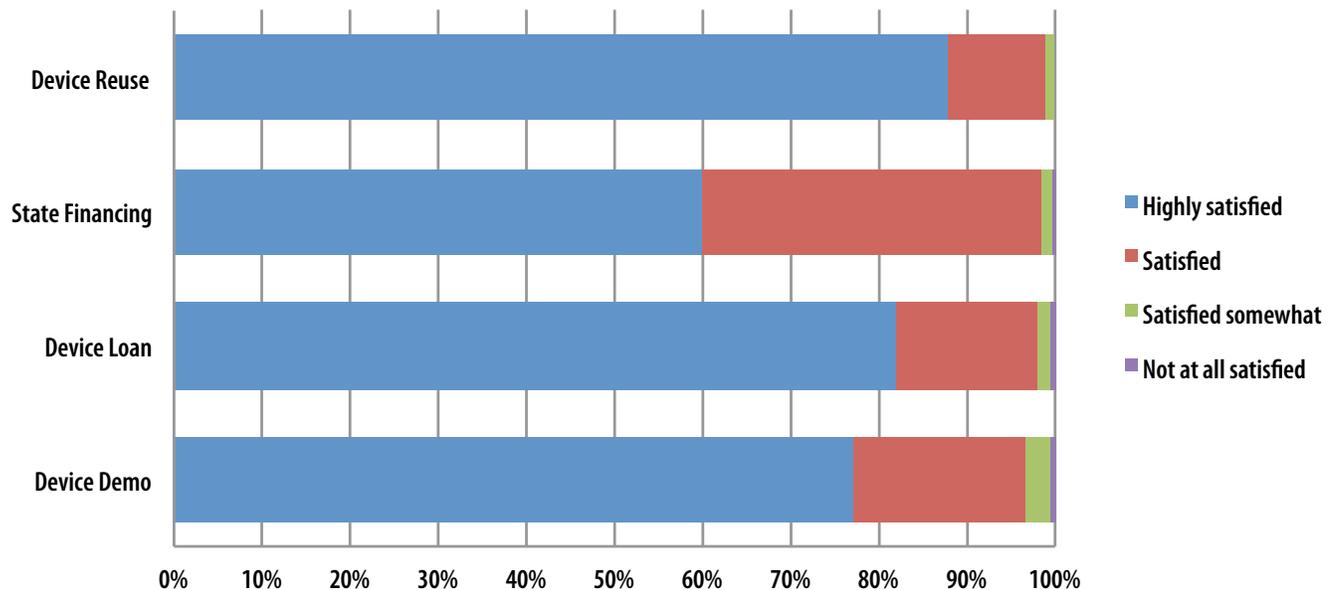
TABLE 10: PERCENTAGE DISTRIBUTION OF AT DEVICES ACQUIRED THROUGH REUSE AND STATE FINANCING ACTIVITIES FROM 2009–2013

Type of AT Device	2009 (%)	2010 (%)	2011 (%)	2012 (%)	2013 (%)
Mobility, seating					
Device Reuse	59	54	50	54	48
State Financing	4	6	9	8	9
Daily living					
Device Reuse	25	28	30	32	38
State Financing	6	6	8	12	8
Computers and related					
Device Reuse	9	9	8	5	4
State Financing	5	8	12	14	17
Environmental adaptations					
Device Reuse	2	2	3	2	2
State Financing	14	11	8	9	5
Recreation, sports, and leisure					
Device Reuse	1	1	1	2	2
State Financing	2	1	1	2	1
Vision					
Device Reuse	1	1	1	1	2
State Financing	5	7	7	10	10
Learning/cognition					
Device Reuse	1	2	3	2	1
State Financing	21	17	19	5	21
Speech communication					
Device Reuse	1	2	2	2	1
State Financing	18	20	3	4	3
Hearing					
Device Reuse	<1	<1	1	1	1
State Financing	19	20	26	29	20
Vehicle modification and transportation					
Device Reuse	1	<1	<1	<1	<1
State Financing	5	5	6	7	4
Other					
Device Reuse	<1	<1	n/a	n/a	n/a
State Financing	0	n/a	n/a	n/a	n/a

CONSUMER SATISFACTION RATINGS OF STATE LEVEL ACTIVITIES

Consumers of AT Program services were asked to report their satisfaction with the services they received. Figure 1 shows the responses to consumer satisfaction questions for each of the state activities. As we can see by looking at Figure 1, the vast majority (>97%) of respondents were highly satisfied or satisfied with the services they received in each state activity. State financing programs had the highest consumer satisfaction out of all state activities, with 99% of consumers highly satisfied or satisfied, followed by device reuse and device loan (98% each), and device demonstration programs (97%).

FIGURE 1: CONSUMER RATING OF SERVICES



STATE ACTIVITIES PERFORMANCE MEASURES

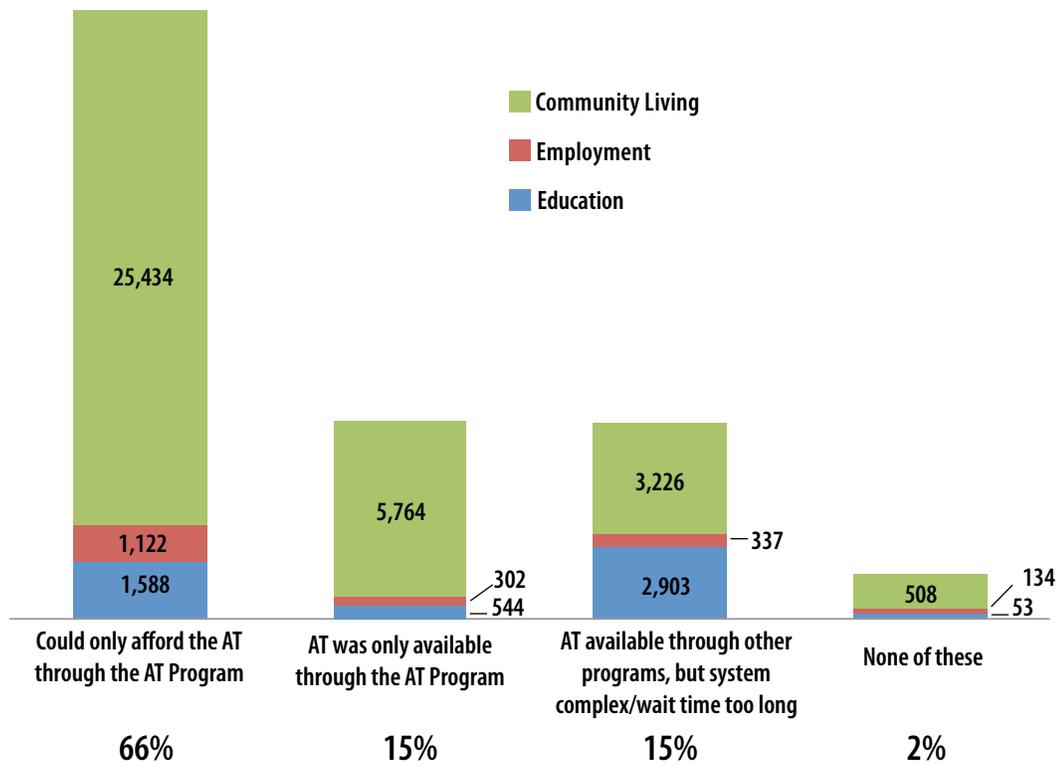
ACQUISITION PERFORMANCE

Consumers were surveyed about the primary purpose of device acquisition and why they chose to participate in any of the following four programs: state financing services, device exchange, device reuse, and open-ended loans. As many as 66% of consumers stated that they could only afford AT through these programs. Fifteen percent said that the AT needed was only available to them through these programs, and 15% responded that the AT was available to them through other programs, but the system was too complex or the wait time too long. Community living was by far the most common purpose for AT (83%). Please refer to Figure 2.

ACCESS PERFORMANCE

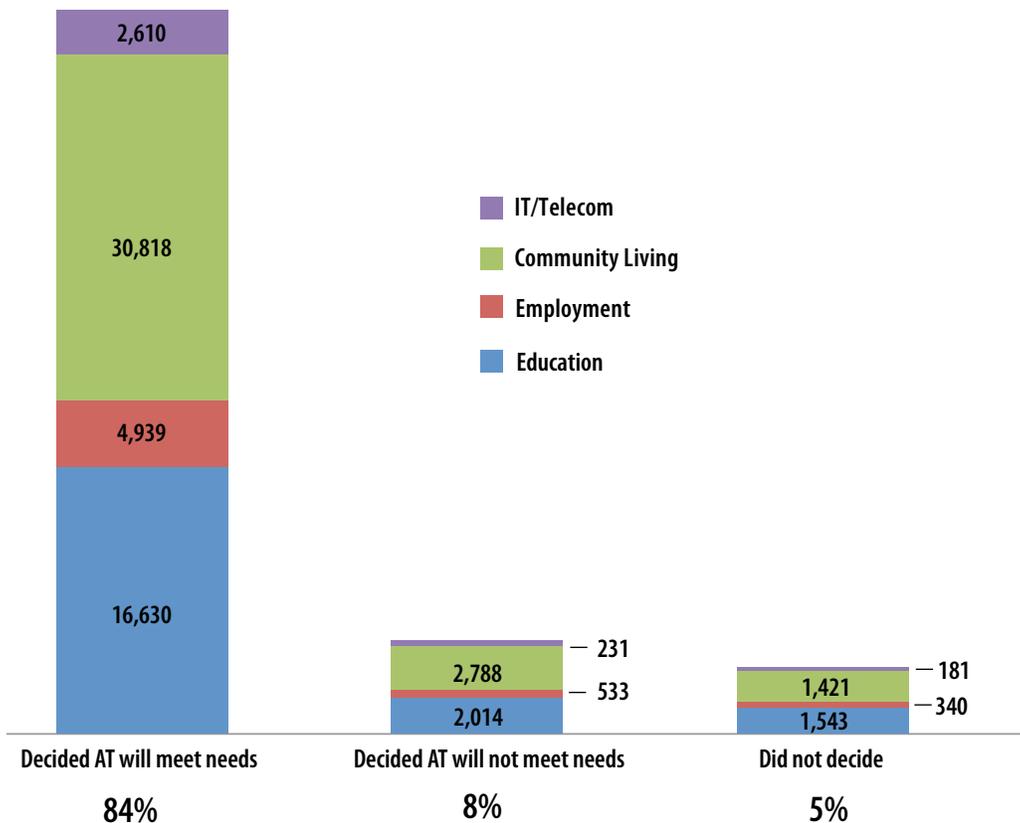
Consumers were surveyed about the kind of decisions they were able to make as the result of a device demonstration or device loan as well as the primary purpose for which these devices will be needed. As the chart below illustrates, these services have overwhelmingly contributed to individuals with disabilities or their representatives making an informed decision about AT. Eighty-four percent of respondents stated that an AT device would meet their needs, or those of someone they represent. Only 8% of consumers stated that an AT device would not meet their needs and 5% did not make a decision. Community living (54%) and education (32%) were the most commonly reported purposes for AT. Please refer to Figure 3.

FIGURE 2: WHY CONSUMERS OBTAINED A DEVICE FROM THE STATE AT PROGRAM



*2% of consumers surveyed were non-respondents

FIGURE 3: KINDS OF CONSUMER DECISIONS THE STATE AT PROGRAM ENABLED



*3% of consumers surveyed were non-respondents

STATE LEADERSHIP ACTIVITIES

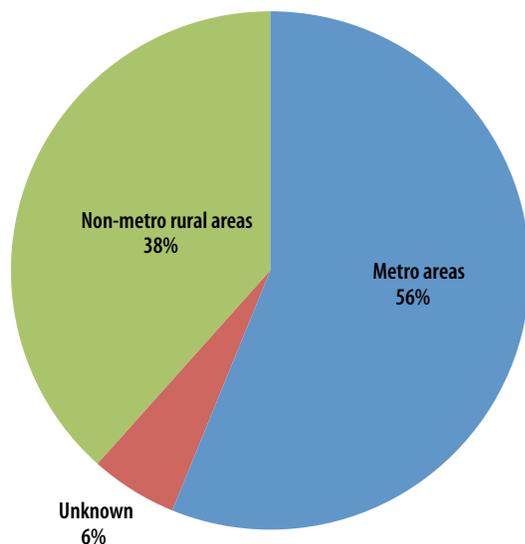
TRAINING

Training activities are instructional events, usually planned in advance for a specific purpose or audience. Examples of training include classes, workshops, and presentations that have a goal of increasing skills, knowledge, and competency, as opposed to training intended only to increase general awareness of AT (ED, 2011).

In FY 2013, AT Programs trained a total of 121,505 participants. Education representatives (27.3%) were almost tied with individuals with disabilities (27.2%) for the most types of individuals who received training. The remaining participant types constituted between 2% and 12% of representatives trained. Please refer to Figure 6 for more information.

Forty-three percent of participants attended trainings about AT products and services, which focused on increasing skills and competencies in using AT, and integrating AT into different settings. Thirty-three percent of participants attended trainings that were on a combination of any or all of the following topics: AT products/services, AT funding/policy/practice, and information technology/telecommunication access. Trainings on transition were attended by 13% of participants. AT funding/policy/practice and information technology/telecommunication access trainings were attended by 11% of training participants combined.

FIGURE 4: GEOGRAPHIC DISTRIBUTION OF TRAINING PARTICIPANTS IN FY 2013



Cases of Innovative and High Impact Training Activities

Kansas State AT Program staff provided a 90-minute training on technology devices and environmental strategies that can be utilized to allow older individuals to continue to live in their home.



The “Aging in Place” workshop addressed issues relevant to individuals with dementia, vision, hearing, balance, and memory concerns. Attendees included care coordinators, rehabilitation specialists, speech-language pathologists, AT specialists, and family members. The workshop proved to be so popular that Kansas AT Program staff conducted a webinar workshop for service providers as a follow-up training. Workshop materials are available on the AT program’s website.

The West Virginia State AT Program provided training to first responders on how to use an application that enables them to interact with non-verbal individuals and with those who have limited English proficiency. This training was provided to over 50 representatives of fire, police, and EMS agencies in a regional area. As a result, first responders have a tool that is immediately available to them on their phones, tablets and other devices enabling them to do on-site intake or question individuals who previously would have had to be transported or detained until a translator could be provided.

Alabama State AT Program staff conducted a 10-hour (two-day) training called “AT 101” that was offered twice to approximately 50 professionals and educators. This training enabled participants



to build a solid foundation of assistive technology by exploring methods of AT assessments, and hands-on interaction with various types of AT such as no/low/high-tech, free tech, and iPad applications. Participants received a USB drive with information, a Consideration Wheel, Make-N-Take AT, AT Manual, and certificates of completion. As a result of very positive feedback, more participants have been added to a waiting list and this training will be offered quarterly at various locations throughout the state to maximize impact.

Trends

The last five years has seen a healthy increase in the number of people who attended instructional events put on by AT Programs throughout the country and U.S territories. In just five years, there was a 73% increase in the number of people who were able to benefit from AT staff expertise (see Figure 5). Furthermore, this increase was evident in each participant type. The number of individuals with disabilities who attended more than doubled, demonstrating a positive trend that people who need AT have become more and more empowered to seek out this type of information. Family members, guardians, and authorized representatives have almost tripled their attendance. A notable increase has also occurred with representative of employment, almost doubling in participation in five years (see Figure 6).

FIGURE 5: NUMBER OF INDIVIDUALS TRAINED BETWEEN 2009 AND 2013

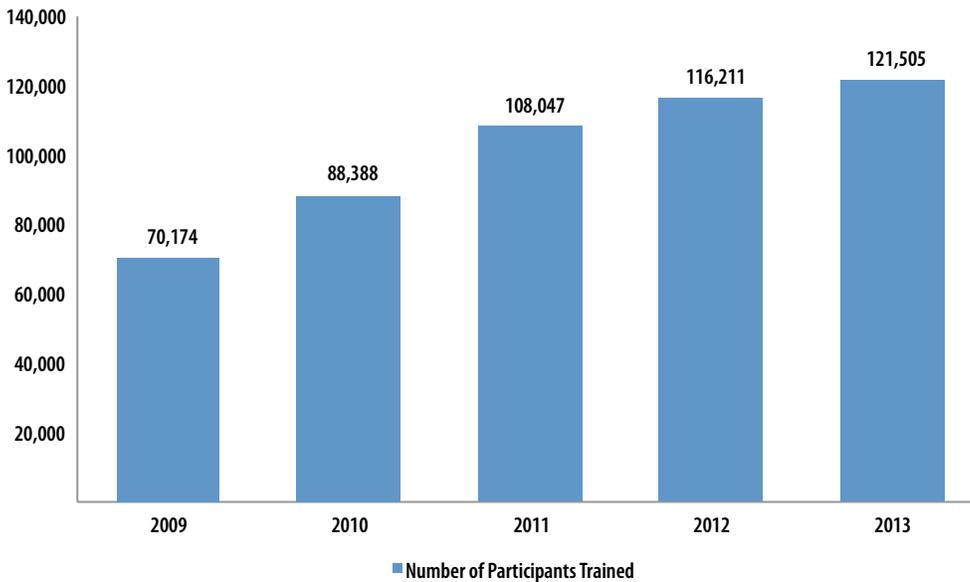


FIGURE 6: NUMBER OF TRAININGS CONDUCTED FROM 2009-2013 BY TYPE OF INDIVIDUAL

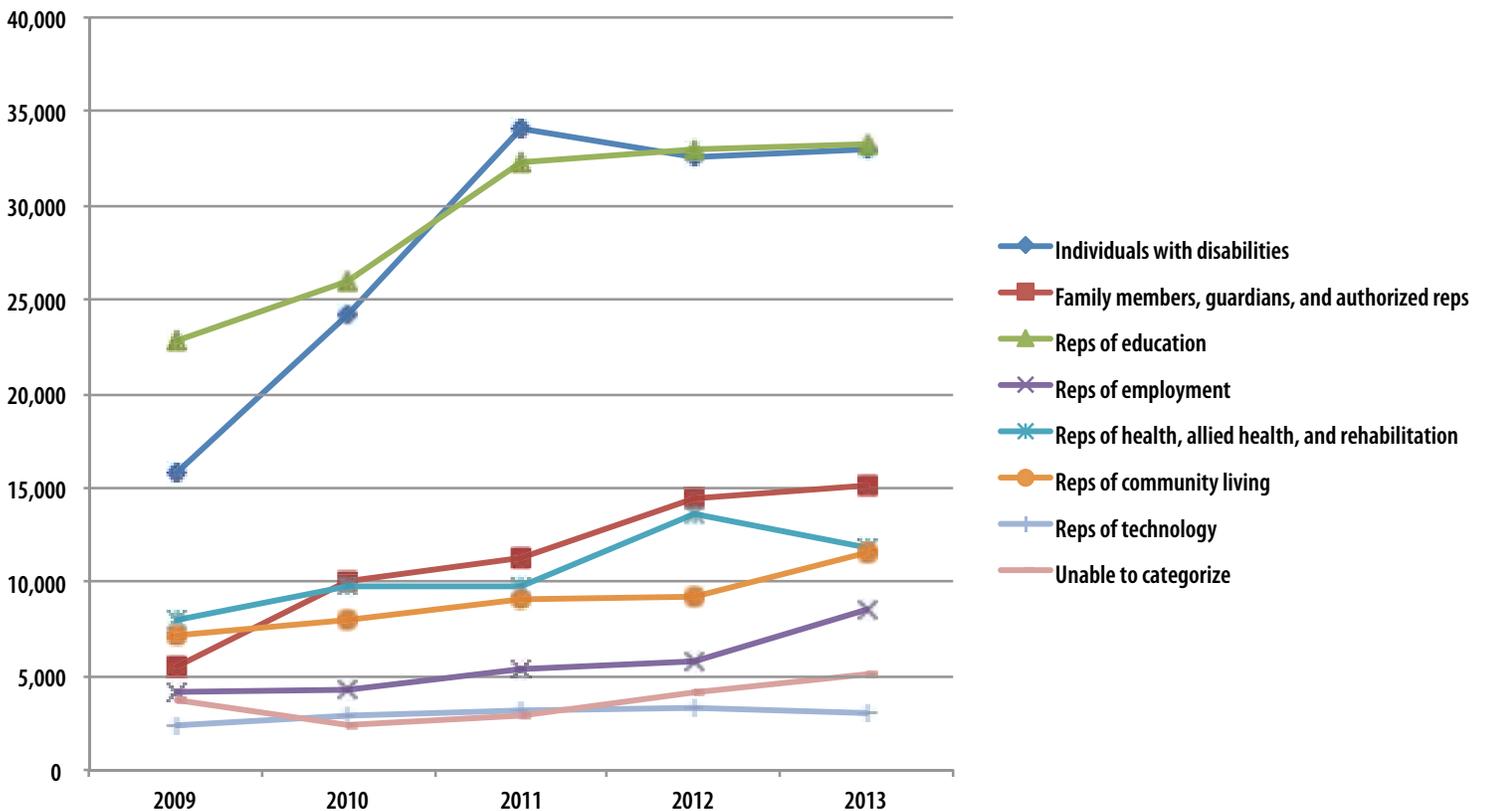
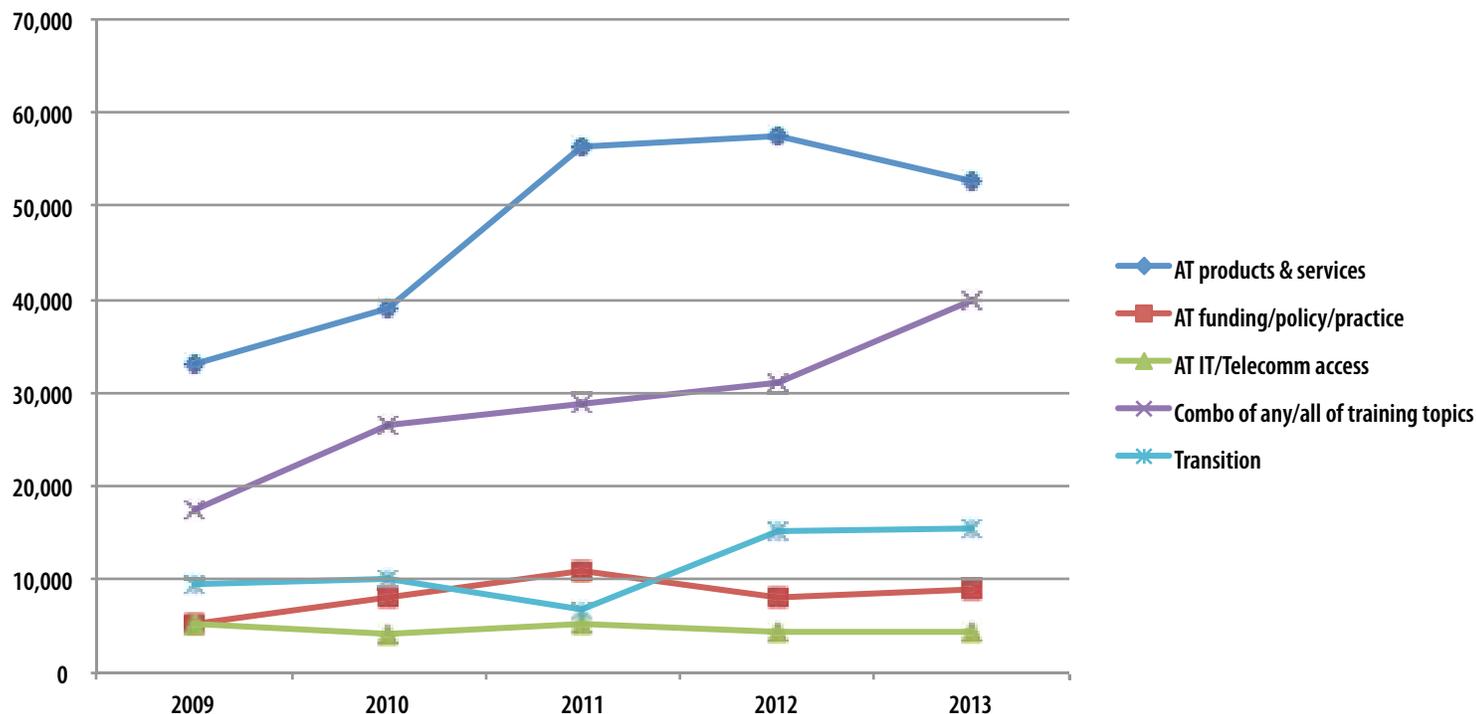


FIGURE 7: NUMBER OF TRAININGS CONDUCTED FROM 2009-2013 BY TOPIC



PUBLIC AWARENESS

Public awareness activities are designed to reach large numbers of people. These activities include public service announcements, internet outreach and social networking, radio talk shows and news reports, newspaper stories and columns, newsletters, brochures, and public forums. The exact number of people who receive information through these public awareness activities is often difficult to determine, and estimates must be reported (ED, 2011).

In FY 2013, AT Programs reached an estimated 31,642,155 people through their awareness activities. Out of the estimated total reached, 51% of individuals were contacted through public service announcements on radio or television, 12% through other electronic media, and the remaining outreach activities were distributed among internet information (11%), listservs (9%), other print materials (8%), newsletters (6%), and public forums (2%).

INFORMATION AND ASSISTANCE

Information and assistance (I&A) activities are those in which AT Programs respond to requests for information and/or put individuals in contact with other entities. These other entities can provide individuals with needed information and intensive assistance on AT devices/services or AT funding.

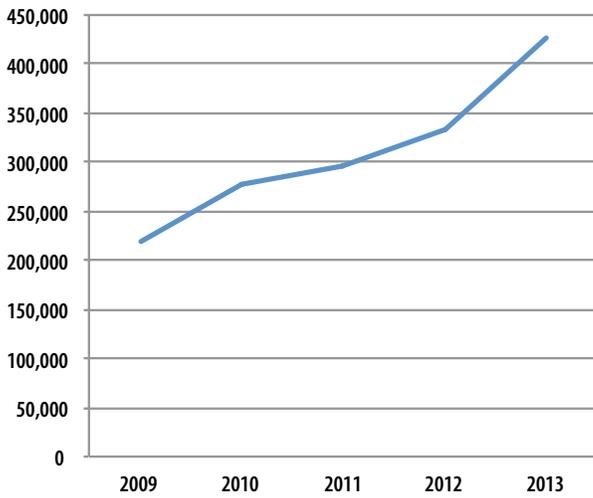
In FY 2013, 427,415 individuals were recipients of I&A. Out of the two I&A content areas, information about

specific AT products/devices/services was the most common, with 81% of recipients receiving this type of information. Nineteen percent received information on obtaining funding for AT. The largest recipient group of I&A was individuals with disabilities (27%), followed by family members/guardians/authorized representatives (21%), representatives of education (13%), and representatives of community living (11%). The remaining recipient types were representatives of health, allied health, and rehabilitation (11%), representatives of employment (8%), representatives of technology (5%), and others (4%).

Trends

Since 2009, the number of individuals receiving information on AT services, devices and funding almost doubled, from 218,955 in 2009 to 427,415 in 2013, with an average yearly increase of 19%. As Figure 9 demonstrates, the percentage of individuals with disabilities receiving I&A has fluctuated since 2009, although it is still the largest recipient category. Compared to previous years, it has become more aligned with family members, guardians and authorized representatives in FY 2013. This fluctuation may be a reflection of family members and others close to the individual needing AT becoming more involved in the process. While other recipient categories have remained relatively stable, there was a slight uptick in employment representatives receiving I&A since FY 2009.

FIGURE 8: RISE IN THE NUMBER OF INDIVIDUALS RECEIVING I&A



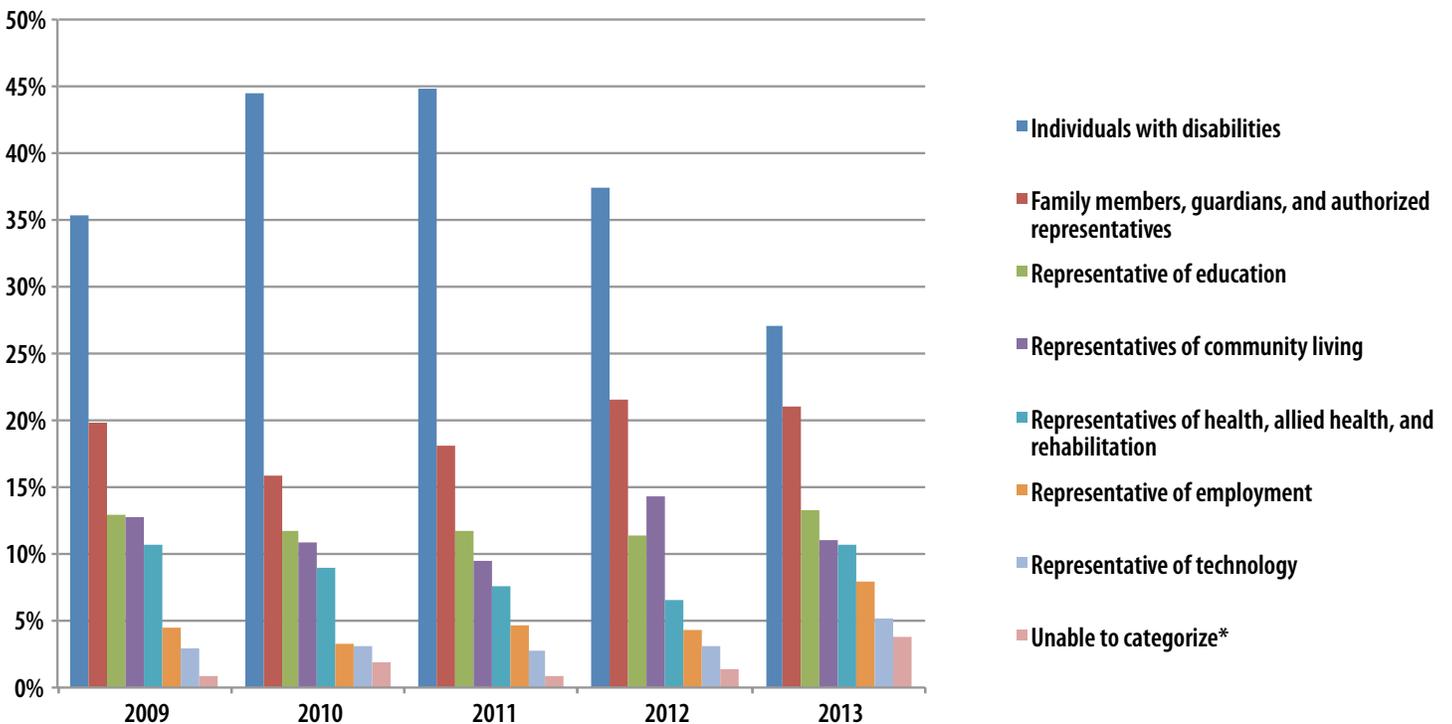
When looking at the number of recipients since 2009, there was a significant increase in each recipient category. Aside from the “unable to categorize” group, the largest percentage growth in numbers was seen with representatives of employment from 9,691 in FY 2009 to 33,916 in FY 2013, a staggering 250% increase. Representatives of technology follow closely with a 240% increase (6,469 in FY 2009 to 22,073 in FY 2013). Individuals with disabilities are still the largest group receiving I&A (see Table 11).

TABLE 11: NUMBER OF I&A RECIPIENTS BY TYPE FROM 2009-2013

	2009	2010	2011	2012	2013	% change from 2009 to 2013
Individuals with disabilities	77,517	23,391	132,641	124,614	115,862	49%
Family members, guardians, and authorized representatives	43,461	43,975	53,265	71,656	89,657	106%
Representative of education	28,273	32,337	34,711	37,840	57,090	102%
Representatives of community living	28,022	30,319	28,049	47,893	46,807	67%
Representatives of health, allied health, and rehabilitation	23,436	24,687	22,633	21,669	45,810	95%
Representative of employment	9,691	9,244	13,527	14,618	33,916	250%
Representative of technology	6,496	8,413	8,188	10,129	22,073	240%
Unable to categorize*	2,059	5,067	2,367	4,610	16,200	687%
Total	218,955	277,433	295,381	333,029	427,415	95%

*In fiscal years 2009 and 2010, this category was called Other

FIGURE 9: I&A RECIPIENTS BY TYPE FROM 2009-2013



*In fiscal years 2009 and 2010, this category was called Other

STATE IMPROVEMENT INITIATIVES

Beyond the minimum requirements of the AT Act, some AT Programs engage in state improvement initiatives. This means coordinating and collaborating with other public and private entities to create new or expanded policies and programs that put AT into the hands of people with disabilities. State improvement initiatives are not part of the core required by State AT Program activities. They are initiatives that are above and beyond due to programs' expertise as well as being well positioned to take on more systemic state improvement initiatives.

As part of their improvement initiatives, State AT Program staff serve on advisory boards, help draft and advocate for policies that support access to AT, and provide technical assistance to a variety of agencies and entities. These initiatives result in policy, practice, or procedure improvements in AT access throughout each state.

REPORTING REQUIREMENT

During their annual data reporting to RSA, State AT Programs have the option to provide information about one or two major state improvement outcomes. The information requested is in three parts:

- 1) A description of the outcome, and specifics about what changed during this reporting period as a result of the AT Program's initiative
- 2) The written policies, practices, and procedures that have been developed and implemented as a result of the AT Program's initiative
- 3) The primary area of impact for this state improvement outcome

In FY 2013, 22 of the 56 grantees reported 29 state improvement outcomes. Colorado, Illinois, North Carolina, New Jersey, Rhode Island, and Vermont all reported two or more. Reported activities were almost evenly distributed throughout four out of the five impact areas. Each of the areas of education, health, allied health and rehabilitation, community living, and technology were addressed in at least 20% to 28% of the state improvement outcomes. Employment was addressed in 3% of the outcomes.

Initiatives from the Field

The Georgia AT Program successfully collaborated with Georgia's State ADA Office to create and launch AccessIT to provide 508/accessible IT needs assessments, technical assistance, training and policy consulting for seven of Georgia's State Agencies. The AT Program leveraged \$60,000 to establish a customer support call system, develop a resource wiki and create training materials/webinars that have been utilized by 7 state agencies and 233 staff.

Maine Assistive Technology Program staff worked with Maine Medicaid policy officials to create and implement a new Medicaid Waiver designed to assist people with disabilities to move out of nursing homes back into the community. AT Program staff took a leadership role and collaborated with policy officials to include funding for AT assessment services, AT devices and remote monitoring services needed to support them at home more safely and independently. Service providers are currently working with 15 consumers on transition plans that include the acquisition of AT to support them moving home in the coming months. AT Program staff continues to work with several statewide community providers to help explore and learn about emerging AT by organizing AT device demo/training sessions.

North Dakota AT Program staff worked with the Pediatric Quorum of Sanford Health Systems in Bismarck to draft and bring before the 63rd North Dakota Legislative Assembly, House Bill 1378. The purpose of the bill was to create and enact a new section to Chapter 50-24.1 of the North Dakota Century Code, relating to providing medical care to children with developmental disabilities, regardless of whether they have intellectual disabilities. The 63rd Legislative Assembly enacted HB1378 as a requirement of the Department of Human Services to conduct a study of the cost of services to these children and to provide a report to the 64th Legislative Assembly.

SUMMARY

State and Territory AT Programs have improved the ability of individuals with disabilities to participate fully and productively in education, community living, employment, and other facets of life. State level and state leadership activities provide a continuum of services that reach a wide variety of individuals and provide access to a broad range of technologies.

The quality system of delivery that AT Programs provide enables individuals with disabilities, their representatives, and other stakeholders to make informed decisions about accessing and acquiring technologies. The streamlined process allows consumers to receive information about a device and become familiar with it through loan and demonstration programs prior to making a costly purchase. When consumers are ready to acquire a device, the reutilization and financing programs provide an affordable way to do that.

REFERENCES

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THE CENTER FOR ASSISTIVE TECHNOLOGY ACT DATA ASSISTANCE

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Prepared by Daria Domin, Diane Golden, and Frank A. Smith
Institute for Community Inclusion
University of Massachusetts Boston

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For more information, contact:

Daria Domin
daria.domin@umb.edu



www.catada.info

This publication will be made available in alternate formats upon request.

To protect the privacy of the young people involved in these AT programs, we have changed some names in the stories.