**NIRS Activity Form *–* FY 2025**

**\*Response Required**

**\*Program Type:** UCEDD

**\*Fiscal Year: 2025**

**\*Core Function: Direct Clinical Services/Model Services**

**\*Title of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brief Activity Description** *(This field may be used to provide brief explanatory information (up to 50 words) on the activity being reported in this record (e.g., date, location, staff members involved, topic/s covered, what took place).* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Staff Involvement** *(List the first and last name of all staff members who were involved in conducting this activity.)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Types of direct services provided** (select all that apply)

* Clinical assessments
* Screening
* Preventative care visits
* Primary care visits
* Specialty care visits
* Emergency department visits
* Inpatient services
* Outpatient and/or inpatient mental and behavioral health services
* Oral health care
* Vision care
* Prescription drugs
* Occupational and/or physical therapy
* Speech therapy
* Purchase of durable medical equipment and medical supplies (for use at a person’s home)
* Purchase of medical foods
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did the Activity actively advance health equity?**

* **Yes**
* **No**

**How activity advanced Health Equity in your program** (select all the apply; required if select “yes” to above question)

* Creating and supporting collaborating and partnerships with other health and non-health sectors that influence te well-being of individuals in order to advance health equity.
* Engaging persons with lived experience in active roles that influence program planning and implementation, with a focus on advancing health equity.
* Accounting for and addressing social and structural determinants of health to drive health equity in our program’s area of emphasis.
* Creating and supporting the infrastructure and capacity for equity by improving data collection capacity, promoting cultural responsiveness, and promoting policies and procedures that advance equity.
* Centering equity in data use and performance measurement, including disaggregating data across various demographic indicators and compiling and integrating diverse forms of quantitative and qualitative data.
* Providing services to individuals and communities with the greatest need in order to promote equity in a culturally responsive manner, specifically focused on those disproportionately impacted by health outcomes.
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What equity topic(s) did the activity target (select all that apply; required if select “yes” to above question).

* Race/ethnicity
* Sex/gender/sexual orientation/gender identity
* Income/socioeconomic status
* Disability
* Age
* Language
* Geography – rural/urban
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the clinic** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of unduplicated individuals served** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(For UCEDDs, this is the Initial Outcome Measure: Number of individuals who receive specialized services from the UCEDD to enhance the well-being and status of the recipient.)*

Beginning with the FY06 version of NIRS, race and ethnicity information is collected in a manner consistent with the US Census categories. Please provide both race and ethnicity information.

**Race of individuals served** (Supply number for all that apply)

\_\_\_\_\_ **American Indian and Alaska Native** refers to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. Tribe:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_

**\_\_\_\_\_ Asian** refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g. Asian Indian).

\_\_\_\_\_ **Black or African-American** refers to people having origins in any of the Black racial groups of Africa.

\_\_\_\_\_\_ **More than one race** includes individuals who identify with two or more racial designations

\_\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander** refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_\_ **White** refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_\_ **Unrecorded** is included for individuals who are unable to identify with the categories

\_\_\_\_\_\_ **Total**

**Ethnicity of individuals served** *(Supply number for all that apply)* Hispanic is an ethnic category for people whose origins are in the Spanish-speaking countries of Latin America or who identify with a Spanish-speaking culture. Individuals who are Hispanic may be of any race.

\_\_\_\_\_\_ Hispanic

\_\_\_\_\_\_ Non Hispanic

\_\_\_\_\_\_ Unrecorded

\_\_\_\_\_\_ Total

**Ages of individuals served** *(Supply number for all that apply)*

\_\_\_\_\_\_\_\_\_\_ Infants <1 year

Children, Adolescents, and Young Adults (age 1-25)

\_\_\_\_\_\_\_\_\_\_ Children 1 to 12 years

\_\_\_\_\_\_\_\_\_\_ Adolescents 12-18 years

\_\_\_\_\_\_\_\_\_\_ Young Adults 18-25 years

CYSHCN

\_\_\_\_\_\_\_\_\_\_ CSHCN Infants <1 year

\_\_\_\_\_\_\_\_\_\_ CSHCN Children and Youth 1 to 25 years

\_\_\_\_\_\_\_\_\_\_ Pregnant/postpartum persons (all ages)

\_\_\_\_\_\_\_\_\_\_ Non-pregnant women (age 26+)

\_\_\_\_\_\_\_\_\_\_ Men (26+)

Others

\_\_\_\_\_\_\_\_\_\_ Families

\_\_\_\_\_\_\_\_\_\_ Others

\_\_\_\_\_\_\_\_\_\_ Unknown

Total \_\_\_\_\_\_\_\_\_\_

**Insurance**

\_\_\_\_\_\_\_\_\_\_ Public

\_\_\_\_\_\_\_\_\_\_ Private

\_\_\_\_\_\_\_\_\_\_ Uninsured

\_\_\_\_\_\_\_\_\_\_ Unknown/Unrecorded

\_\_\_\_\_\_\_\_\_\_ Total

Did the activity support the engagement with a Family Member AND/OR Other Person with Lived Experience?

* Yes
* No

|  |  |  |
| --- | --- | --- |
| **\*Engagement Area** | **Number of engaged Family Members\*** | **Number of engaged Persons with Lived Experience\*\*** |
| **Program Development, Planning, and Evaluation** The planning, implementation, and/or evaluation of the program (for example, strategic planning, program planning, materials development, program activities, teaching, mentoring, measurement, etc.). |  |  |
| **Leadership Training** Within your program, family members are trained or mentored for leadership roles (for example, advisory committees, task forces, teaching, etc.). |  |  |
| **Active Leadership** Within your program, family members have leadership roles on advisory committees or task forces. |  |  |
| **Total** |  |  |

**\*Family engagement:** Family members include individuals in traditional or non-traditional family structures and may include biological, foster, or adoptive and/or siblings, spouses or partners, or members of an extended family. These family members have lived experience through their first-hand knowledge of navigation systems and services either on behalf of a family member or navigating systems and services either on behalf of a family member or the family as a whole (for example, parents of infants and toddlers, family members of children and youth with special health care needs, etc.). Family engagement refers to family members serving as representatives or leaders who build and strengthen programs and systems rather than being the direct recipient of services.

**\*\*Persons with Lived Experience:** Persons with Lived Experience refers to individuals with knowledge and experience on health or social issues relevant to a particular program that is gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people. Community-based organizations, for example, would not be included under this definition. For the purposes of this form, engagement of persons with lived experience is measured through two categories: “Family Engagement” and “Other Persons with Lived Experience”. Family members often navigate systems and services on behalf of individuals, so their lived experience is collected separately. Therefore, for data collection purposes, the term “Other Persons with Lived Experience” is used to delineate family engagement and avoid duplicated counts.

**\*Were the Persons with Lived Experience from any of he following population categories?** (select all that apply; required if the “yes” selected to the above question).

* Children Adolescents, and Young Adults (age 1-25)
* Children Adolescents, and Young Adults (age 1-25) with special health care needs
* Pregnant/postpartum persons
* Non-pregnant women (age 26+)
* Non-pregnant women (age 26+)
* Men (age 26+)
* Representatives from community of interest
* Self-advocates
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Area of Emphasis** *(Check one)*

Areas listed in the DD Act:

* Quality Assurance Activities
* Child Care-Related Activities
* Employment-Related Activities
* Transportation-Related Activities
* Education & Early Intervention
* Health-Related Activities
* Housing-Related Activities
* Recreation-Related Activities

Areas not listed in the DD Act:

* Quality of Life Activities
* Other-Cultural Diversity
* Other, Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other-Assistive Technology
* Other-Leadership

**Customer Satisfaction**

**\*Was the Center the lead on this activity?**

* Yes *(If Yes, please enter the survey results* below*.)*
* No

Number surveyed \_\_\_\_\_\_

Supply total number responding:

Strongly Agree \_\_\_\_\_\_

Agree \_\_\_\_\_\_

Disagree \_\_\_\_\_\_

Strongly Disagree \_\_\_\_\_\_

Total Respondents \_\_\_\_\_\_

**\*Agencies Collaborating on the Work of the Activity** *(Select one)*

* Not Applicable/No Collaborating Agency

\*Purpose of partnerships/ collaborations (select all that apply)

* Improve program quality
* Increase reach of program activities or messaging
* Increase funding or other resources to advance program goals
* Increase political will/buy-in for program activities or goals
* Establish or implement shared goals/activities, data collection, or measurement
* Reach and engage communities/potential service recipients
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Primary Agency Collaborating on the Work of the Activity** *(Select one)*

* State Title V Agency
* Social Service Agency
* Other programs working with maternal and child health populations
* Clinical Programs/Hospitals
* State Health Dept.
* Local and state division of mental health
* Education MCHB Funded or Related Program
* State Adolescent Health
* Other Health-Related Program
* Health Insurance/Managed Care Organization
* Medicaid
* Developmental disability agencies
* Developmental Disabilities Council
* Protection & Advocacy Agency (P&A)
* Another UCEDD
* Child Care/Early Childhood/Part C Infants and Toddlers
* Head Start/Early Head Start
* State/Local Special Education (3-21)
* State/Local General Education
* Post Secondary Education (Community College-University)
* Employment/Voc Rehab
* State/Local DD/DD Agency or Provider
* State/Local Social Services
* Aging Organization
* Health Agency - Public/Private
* Mental Health/Substance Abuse Agency
* Housing Agency/Provider
* Home Visiting
* Recreation Agency
* Transportation Agency
* Provider Organization
* Consumer/Advocacy Organization
* Family and/or Consumer Group
* State/Local Coalition
* Legislative Body
* Justice/Legal Organization
* Juvenile Justice
* Community or Faith-Based Organization
* National Association
* Professional Organizations/Associations
* Independent research or policy organization
* Foundation
* Tribal governments and organizations
* Federal Partners
* Other

**\*All Agencies Collaborating on the Work of the Activity** *(*Must check all that apply)

|  |  |  |
| --- | --- | --- |
| Agency Type (Check all that apply) | Number of Agencies | Name of Agency may be supplied in space provided |
| * State Title V Agency |  |  |
| * Social Service Agency |  |  |
| * Other programs working with maternal and child health populations |  |  |
| * Clinical Programs/Hospitals |  |  |
| * State Health Dept. |  |  |
| * Local and state division of mental health |  |  |
| * Education MCHB Funded or Related Program |  |  |
| * State Adolescent Health |  |  |
| * Other Health-Related Program |  |  |
| * Health Insurance/Managed Care Organization |  |  |
| * Medicaid |  |  |
| * Developmental disability agencies |  |  |
| * Developmental Disabilities Council |  |  |
| * Protection & Advocacy Agency (P&A) |  |  |
| * Another UCEDD |  |  |
| * Child Care/Early Childhood/Part C Infants and Toddlers |  |  |
| * Head Start/Early Head Start |  |  |
| * State/Local Special Education (3-21) |  |  |
| * State/Local General Education |  |  |
| * Post Secondary Education (Community College-University) |  |  |
| * Employment/Voc Rehab |  |  |
| * State/Local DD/DD Agency or Provider |  |  |
| * State/Local Social Services |  |  |
| * Aging Organization |  |  |
| * Health Agency - Public/Private |  |  |
| * Mental Health/Substance Abuse Agency |  |  |
| * Housing Agency/Provider |  |  |
| * Home Visiting |  |  |
| * Recreation Agency |  |  |
| * Transportation Agency |  |  |
| * Provider Organization |  |  |
| * Consumer/Advocacy Organization |  |  |
| * Family and/or Consumer Group |  |  |
| * State/Local Coalition |  |  |
| * Legislative Body |  |  |
| * Justice/Legal Organization |  |  |
| * Juvenile Justice |  |  |
| * Community or Faith-Based Organization |  |  |
| * National Association |  |  |
| * Professional Organizations/Associations |  |  |
| * Independent research or policy organization |  |  |
| * Foundation |  |  |
| * Tribal governments and organizations |  |  |
| * Federal Partners |  |  |
| * Other |  |  |

**Note:** The number of active partnerships/collaborations should be an unduplicated count. For example, if a program had multiple types of partnerships/ collaborations with one Title V agency in the reporting period, the number of active Title V partnerships would be one. If a program had partnerships with two Title V agencies, the number of active Title V partnerships would be two.

**\*Project Affiliation**

* Not Applicable/No Affiliated Project

Primary Affiliated Project – List Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Affiliated Project– List Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Duration** *(Report to the nearest full hour): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* Not Applicable

Date of Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(mm/dd/yyyy)*

* Recurring activity?

*(For on-going activities, you may just enter the date the activity began)*