mental health needs. In addition, these consumers are often caught between two service delivery systems (mental health and developmental disabilities) where the type and continuity of resources required for effective treatment and improved life quality are inefficient, ineffective or non-existent. Improving the adequacy and availability of such resources will depend on better training for both specialized and generic service providers.

The challenge of the 1990s is to provide for a coordinated, collaborative human service delivery system that will enable individuals with developmental disabilities to receive services in an expeditious and coordinated manner. The creation of such a system will allow for full community integration and inclusion of individuals with developmental disabilities who also need mental health services.

ADD is interested in projects which demonstrate the potential for creative and humanizing approaches to designing, implementing and evaluating projects which assist community agencies in coordinating efforts in the mental health and developmental disabilities service systems; train mental health professionals and paraprofessionals on developmental disabilities issues; educate family members, advocates, individuals with developmental disabilities and service providers on state-of-the-art practices in the field of mental illness and developmental disabilities; and develop and disseminate methods for working with the mental health and developmental disabilities networks to promote full inclusion and membership in the community.

Proposed Fiscal Year 1995 Priority Area 8: Children at Risk: The Impact of Abuse and Violence on Children with Disabilities

Children with disabilities have been found to be abused at two to ten times the rate of children without disabilities. Most perpetrators of the abuse are well known to the victim. They have been service providers, including teachers, doctors, administrators, therapists, and bus drivers, but most have been family members. Many were abused themselves as children, alcoholism is more prevalent, and low income, unemployment, and poor health are significant factors. Maltreatment can include physical, sexual, and emotional abuse and physical, educational, and emotional neglect.

A significant percentage of developmental disabilities are caused by abuse. Victims of child neglect sustain such permanent disabilities as mental retardation and learning and cognitive disabilities. Over half the fatalities related to child abuse occur from 0 to 1 year and 90 percent of such fatalities occur in children under 5 years of age.

Clearly, there is an epidemic—3 million cases in 1993. Public awareness as well as professional intervention are urgently needed. Because in four out of five cases, the perpetrators have been the child's parents, a family-centered approach is appropriate, including intergenerational resources, as is crossdisciplinary and cross-network training and collaboration.

ADD is interested in funding one or more State demonstration projects for development and implementation of a Statewide collaboration/coordination strategy to reduce the incidence of abuse and neglect of children with disabilities and reduce the incidence of abuse and neglect of children which causes or contributes to the development of disabilities.

Such a strategy would involve developing a Statewide strategy for a multi-agency, multi-system approach to address the problem of maltreatment of children with disabilities. This coordination and collaboration strategy should involve all pertinent State agencies/programs, including Child Welfare Services, Education, the **Developmental Disabilities Protection** and Advocacy Agency, Developmental **Disabilities Planning Council, Child** Care, any State Head Start Coordinator, Health (including mental health and substance abuse, maternal and child health), Welfare (AFDC, Medicaid, etc.), Mental Retardation, the criminal justice system, and any other pertinent entities. The project should involve appropriate State Councils/planning bodies including those for Family Preservation and Support, State Interagency Coordinating Council for Part H, IDEA, and other public and private programs/ resources including the Developmental **Disabilities University Affiliated** Program in the State and consumer agencies such as the United Cerebral Palsy Association (UCPA) and the Association for Retarded Citizens (ARC).

The strategy should include the following components:

(1) the development of a plan to conduct interdisciplinary training in both the field of child abuse and neglect and the field of disability, simultaneously, which is designed for State and local agency personnel and other providers on the risk, investigation, reporting, assessment, intervention and follow-up of cases of maltreatment involving children with disabilities including training on how to work collaboratively on an ongoing basis.

(2) a design for formation of interdisciplinary teams which include disability specialists to assess and treat cases of abuse and neglect involving children with disabilities, including consideration of the nature of the child's disability (e.g., osteogenesis imperfecta, self-injury).

(3) the development of ongoing interagency agreements to facilitate coordination and collaboration of all relevant agencies/programs concerned with maltreatment cases involving children with disabilities.

(4) a plan for providing comprehensive community-based services for the treatment of abuse and neglect involving children with disabilities.

(5) a design for prevention activities to reduce incidence of maltreatment cases involving children with disabilities, including family support programs, child abuse and neglect training for families of children with disabilities and such training for children with disabilities.

(6) mechanisms to promote implementation of this same multiagency/multi-system approach in local communities in the State.

Applications for funding for demonstration projects and models of prevention and intervention should include an inventory of resources and best practices, plans for replication and dissemination, and methods for the evaluation of outcomes. They should reflect cultural competency and an understanding of legal issues as well as the political realities of decentralization of service delivery and empowerment of community-based efforts.

Proposed Fiscal Year 1995 Priority Area 9: Technical Assistance Projects

Under current contractual arrangements, ADD will be awarding funds to provide technical assistance to improve the functions of the Developmental Disabilities Councils, Protection and Advocacy Systems, University Affiliated Programs, and to provide additional technical assistance to the developmental disabilities field in the areas of community-living, multicultural issues, accessibility and accommodations, leadership and policy development.

(Federal Catalog of Domestic Assistance Number 93.631 Developmental Disabilities— Projects of National Significance)