

UtahStateUniversity

CENTER FOR PERSONS WITH DISABILITIES

INDIAN CHILDREN'S PROGRAM



EXECUTIVE SUMMARY 5th SEMI-ANNUAL REPORT 1 October 2008 – 31 March 2009

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**Indian Children's Program
Executive Summary
5th Semi Annual Report
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Introduction and Background

This is a summary of the Indian Children's Program's (ICP) 5th Semi-Annual Report addressing the period 1 October 2008 through 31 March 2009. The report briefly discusses and summarizes the ICP services to children and families, training and technical assistance, and other community services provided by the ICP staff during this period.

The Indian Children's Program is a service program provided by a consortium of three University Centers for Excellence in Developmental Disabilities (UCEDD) through a contract with the Indian Health Service (IHS) Division of Behavioral Health. The Consortium members include (a) The Center for Persons with Disabilities at Utah State University, Logan, UT; (b) The Institute for Human Development at Northern Arizona University, Flagstaff, Arizona; and (c) The Center for Development and Disability at the University of New Mexico, Albuquerque, New Mexico.

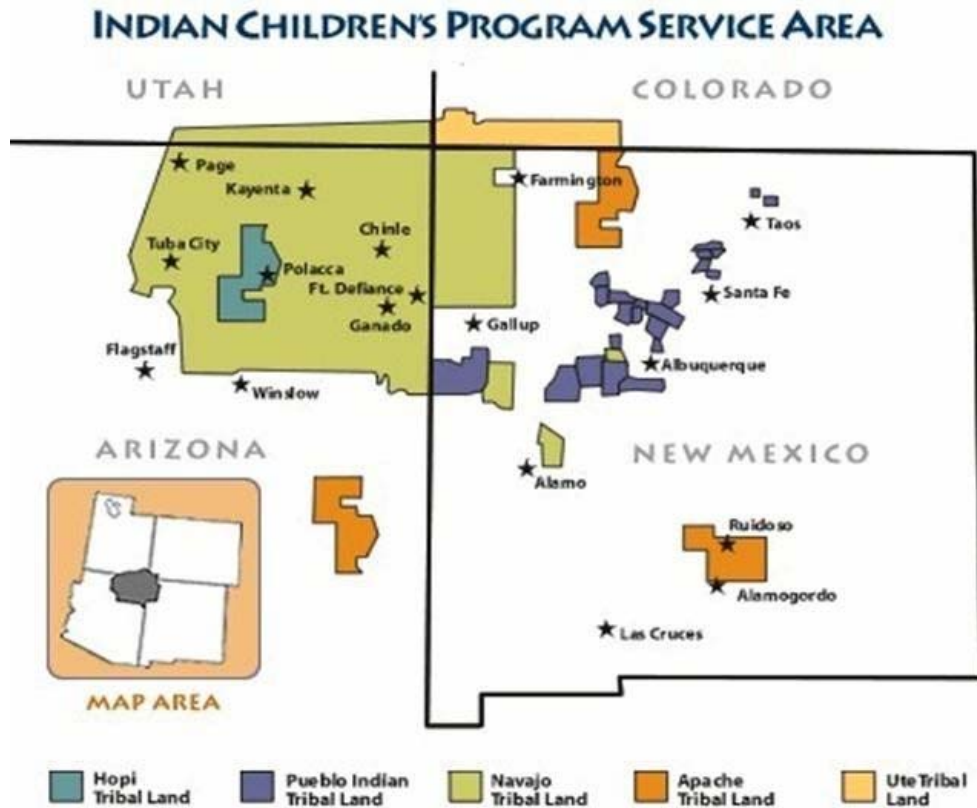
It is the purpose of the ICP is to strengthen and build the capacity of families and to fill gaps in the services provided to children and families referred with special needs. Rather than providing a predetermined list of services or services to predetermined type of problems (i.e., speech and learning problems, physical disabilities, autism, mental retardation, etc.), it is the needs of the children and families referred that drives and directs the program. ICP services are requested by local community service organizations (IHS clinics, tribal organizations, public and BIE schools, and parents) to provide services they are unable to provide. All ICP services are coordinated with and through these agencies in an effort to fill gaps and strengthen their capacity.

Most direct services, including child assessments, family consultation and



debriefing, treatment planning and technical assistance are delivered in the families' homes or the community where the child resides. This may include chapter houses, Head Start programs, and preschool or school programs. ICP services are designed to be culturally relevant and to utilize local expertise to the extent possible. When ICP services are delivered, they include the participation of the staff of local service agencies as well as the parents of the child referred.

The ICP service area is specified in the contract with IHS. This area includes the Navajo and Hopi reservation, the Pueblo tribes of Northern New Mexico, and Apache, Mescalero, and Jicarilla tribes in New Mexico, along with Apache and Ute Tribes in southern Colorado. See the map of the Indian Children's Program Service Area.



Direct Services

The ICP accepts referrals of children and families with special needs from IHS clinics, tribal organizations, schools, Head Start Programs, and from parents themselves. Referrals from the Arizona and the southern Utah areas are forwarded to the Institute for Human Development at Northern Arizona University in Flagstaff. Requests from the New Mexico side of

the catchment area – Navajo, Pueblo, and Apache tribal lands – are forwarded to the Center on Development and Disability at the University of New Mexico in Albuquerque. (Additional information describing the program and services provided, referrals forms, etc. are available on the ICP Website: www.icpservices.org).

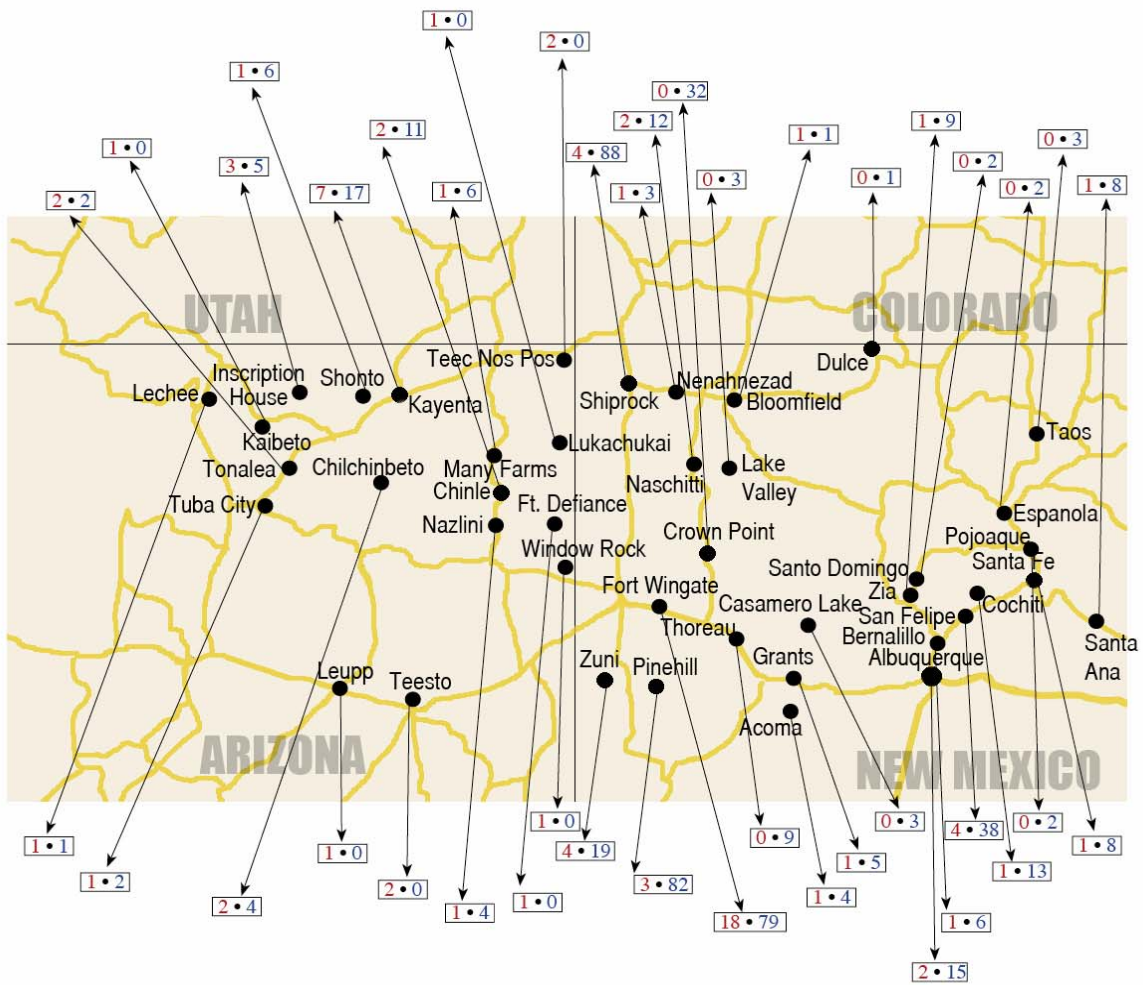
During the past six month period, ICP services were provided to children and families located in 41 separate communities and from all of the IHS areas in the catchment area. Most of these communities were visited several times, some to provide initial evaluations and other follow-up services, including treatment planning with community service staff to review assessment recommendations, the delivery of instructional materials, training or consultation to parents, or follow up may include direct therapy sessions provided by the ICP Staff.

During the period of this report, 72 initial evaluation visits were made to 44 communities, and 533 follow-up visits or contacts were made to plan, provide services, present recommendations, or to work with parents and community service staff. Since efforts are made to address several services to various families in a single trip, it is not uncommon for one service to include a time commitment of 12-14 hours of a staff member's time in a single day. This is particularly common when travel time and time for service coordination is included.

The following graphic indicates the communities in which ICP services were provided, how many visits were made to provide evaluations, including pre-evaluation and assessment visits, and the number of follow-up visits undertaken.

IHS Service Units in Which ICP Services Were Provided October 1, 2008 – March 31 2009

- EVALUATION
- FOLLOWUP



Training and Technical Assistance

ICP staff also provide training and technical assistance, as requested by local service organizations, including BIE and public schools, Head Start and Early Head Start programs, parent support groups, and early intervention programs. The expertise of the ICP staff



is often called upon to provide staff in-service training, demonstration of special techniques or procedures, and information on specialty topic areas. Other expertise within the home universities of the consortium are also utilized to present workshops, demonstrations, and provide other types of technical assistance as requested. See www.icpservices.org for additional information about training and technical assistance activities.

Summary of Services Provided

During the period of this report, 69 children were referred for services. Most referrals came through IHS clinics or directly from parents. Many Navajo children were referred through the Navajo Tribal coordinating agency "Growing in Beauty." Since many of the children referred to the ICP are served by more than one local community service agency, some referrals are more of a community referral than a referral from a single agency.

For the Arizona component, most of the referrals were for preschool-aged children (zero to 2) followed by referrals from the 6-8 age group (i.e., elementary school age children). For the New Mexico component, the greatest number of referrals was from the 6-8 year age group. However, there were also 22 secondary school-age children referred for services.

Speech, hearing and language development were the most frequently requested assessments. Delayed language was the presenting problem on most of the referral forms. Educational learning problems were also a major reason for referral.

One hundred and sixty-eight (168) diagnostic assessments were provided during the period of this report. All but four of these children received services within a 15-day period from the time the referral was received to the time that services were delivered. Of those delayed, rescheduling to accommodate the time frames for parents was the most frequent cause. Currently, there are 137 active cases in which evaluations and assessments are ongoing or are in various stages of evaluation, planning, or service delivery. Seventy-eight (78) cases were closed and removed from active service.

Following the assessment and evaluation of a child, debriefings are held with the parents and local service agencies responsible for the child's services. This is followed by a planning conference with the receiving agency at which time recommendations are made for services and/or interventions. Virtually all children assessed are referred to a local service agency which has taken responsibility for providing the recommended treatment or intervention for the child.

The most frequent recommendations provided by ICP staff, focus on ways to stimulate speech and development, referral to speech and language therapy resources, or the provision of



such services by ICP staff. Most recommendations involve strategies for families or service agencies to better address the presenting problem of the child and family. Three hundred and twenty-nine (329) different therapy or intervention contacts were provided by ICP staff.

Between October 1, 2008 and March 31, 2009, 65 separate training and technical assistance activities were scheduled and carried out in 29 different community settings by ICP staff. Most communities were visited several times and visits were often made to different service agencies in the same community. Topics presented in workshops, conferences, or technical assistance and training range from presenting information on making referrals to direct therapy procedures to be undertaken by professionals or paraprofessionals.

Referrals for training and technical assistance came from a variety of community service agencies, and in almost all cases, the agency requesting training or technical assistance participated by sharing resources including materials, released time, space, and/or travel expenses for participants. A full report of the training and technical assistance activities provided during this period is available on the ICP website www.icpservices.org.

Consumer satisfaction questionnaires are collected from families at the time of completion of the evaluation process. This data is used in an effort to improve ICP services. The data reported indicates that parents of children served value the services provided and rate it either highly satisfactory or satisfactory. Follow-up is made with families who indicate dissatisfaction to solicit their concerns and make appropriate program changes and improvements. Telephone questionnaires and interviews have been used periodically, but have been less successful.

Summary

Families with children who have disabilities are served by many different service agencies in the catchment area. Most of these organizations provide generic services. Special services to address a child's needs are added only when sufficient funding or staff specialists are available. Generic service programs include IHS clinics and hospitals, Head Start and Early Head Start programs, state-sponsored public schools, as well as tribal and BIE sponsored schools. In addition, several services are provided by other tribal organizations, chapter houses, or special programs. Furthermore, there are several private and faith-based programs on the reservations. Considering the number of service agencies in this area, one would assume there would be a great deal of overlap or duplication. However, this is not the case. Each service agency has their own unique regulations that define boundaries, jurisdictional responsibilities, and definitions of eligibility and disability. Virtually all of the service agencies in the catchment area have personnel or budget limitations. The additional complications such as geography, the mobility of families, and the difficulties in communicating with families and the various schools and programs create other problems. Each of these factors provides many challenges in getting

services to children with disabilities. Most of the community-based service programs which carry the responsibility of meeting health, education, and development needs of families are extremely pressed both financially and in their efforts to maintain specialized staff. As a result, many must look to ICP to assist in evaluating clients and developing treatment and therapy plans.

The ICP addresses many vital needs of children and families in this area, filling gaps in services and bridging between various local programs. Staff work to link programs and bring service providers together in an effort to develop, implement, and unify evaluation and service treatment plans (service coordination). In addition, ICP staff provide essential follow-along and case management through the process from assessment to treatment.

The services provided by ICP clearly address a variety of needs of families and service agencies in the catchment area. The ICP currently receives more referrals of children and families than the limited staff can serve. In addition, more requests for training, consultation, and technical assistance are received than staff can accommodate.

As the data in this report suggests, the ICP has successfully and effectively provided the services to the catchment area addressing gaps between and within service systems and building the capacity of families and agencies to meet the needs of children with special needs. This is clearly the role that was envisioned by Congress in making the appropriation to the ICP program. By concentrating resources provided by Congress and addressing gaps caused by services that are thinly stretched across large areas and under various jurisdictions, a significant amount of progress can be realized in not only the number of children served but also in the quality of services provided.

The reader of this report is referred to the ICP website www.icpservices.org to access a copy of the full semi-annual report. The website also provides background information on the ICP, the monthly logs of services and training provided, special initiatives undertaken by the program, and forms and procedures for making referrals. Additional information can also be obtained from Dr. Marvin Fifield at marv@cpd2.usu.edu or by calling 435-770-0210.