

UCEDD Tip Sheets



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Contents

What is Addressed	1
Why is this Important?	1
How is it done	2
Relevant Resources	3
For More Information	4

UCEDD Tip Sheets are produced by the Association of University Centers on Disabilities (AUCD) through the UCEDD Resource Center (URC).



Model Services

What is Addressed in this Tip Sheet?

This tip sheet will provide guidance on the planning and implementation of model services. According to the UCEDD logic model, model services are “specialized services delivered with the intention to enhance the well-being and status of the recipient and not testing new practices and may be integrated with training, research, and/or dissemination functions.” Prior to logic model revisions in 2011 and 2012, model services were known as “direct services.”

Why is this Important?

Model Services is a UCEDD core function, according to the DD Act Section 153(a)(2)(B):

Provision of community services--... (ii) that may provide services, supports, and assistance for [individuals with developmental disabilities, their families, professionals, paraprofessionals, policymakers, students, and other members of the community] through demonstration and model activities.

Further, the Office of Intellectual and Developmental Disabilities (OIDD) issued a final rule in 2015 providing guidance on implementing the DD Act (45 C.F.R § 1328.6 2015). In this guidance,

OIDD specifically mentions the need for each UCEDD to have a written plan for how their program will implement the core functions as outlined in the DD Act. This is echoed in the UCEDD funding opportunity, in which each applicant must provide a five-year plan for carrying out the core functions within the context of their settings (HHS-2018-ACL-AOD-DDUC-0251, p. 14, in the section Content and Form of Application Submission).

How have other UCEDDs structured their model services?

Center for Disability Studies (CDS) at the University of Delaware (UD)



The Center for Disability Studies is situated in the University of Delaware's college of education and human development. CDS is organized into a series of programmatic units focusing on assistive technology, health and wellness, interdisciplinary preservice training,

school aged services, and the Transition, Education, and Employment Model (TEEM). This tip sheet will focus on two of their units, assistive technology and TEEM.

Examples of model services

The Individuals with Disabilities Education Act (IDEA) mandated that students with print disabilities have access to instructional materials in a format consistent with their needs and preferences, but in Delaware only the Division for the Visually Impaired provided accessible instructional material service. These materials were developed for the exclusive benefit of students who were blind or had low vision. The Division was not permitted to expand its services to students with a variety of disabilities, so CDS stepped into the gap and successfully advocated for policy and practice change. It succeeded in the following ways: by adding a new "special factor" to the IEP form related to considering the need for accessible materials, and by encouraging educators to use an evidence-based approach to determine eligibility.

Delaware was among 15 states that received initial funding through the Office of Special Education Programs. This ultimately resulted in a contract with the State Department of Education to establish and operate a center devoted to ensuring that all students with print disabilities could get access to high quality instructional materials at no cost to the district. Today, the **Accessible Instructional Materials Center (AIM)** sits in the assistive technology unit of the Delaware UCEDD.

In the mid-aughts, using the guiding questions listed above, CDS considered the need for a model service for young adults with intellectual disabilities transitioning out of school. CDS saw a lack of equity of opportunity for students with intellectual disabilities in postsecondary education settings. At the time, there were existing programs in CDS that supported young adults with intellectual disabilities, including an employment services unit and a campus-based secondary program. Following proof-of-concept and external growth, these programs were eventually phased out. But at the time that CDC established the **Career Life Studies Certificate**, or CLSC, there

The Career Life Studies Certificate is a certificate program that promotes involvement in all aspects of UD student life.

were no comparable programs for students with intellectual disabilities in Delaware or across the country. CDC saw that there was a lack of understanding of the benefits of college for students with intellectual disabilities and saw an opportunity to develop an evidence-based transition program for schools, providers, employers, families, and students.

The CLSC is a certificate program that promotes involvement in all aspects of UD student life. Students participate in credit-bearing courses, internships and other career development opportunities. They utilize campus resources, join student organizations, and have the option of living in residential facilities on campus. The students receive one-on-one coaching, instruction, and assistance in finding employment during their time at the university so that they are well prepared for graduating from the program.

The Higher Education Opportunity Act of 2008 created mechanisms that offered seed support. The Transition and Postsecondary Programs for Students with Intellectual Disabilities, or TPSID, was created through this act, and UD was one of the 27 programs that received a grant for this program in 2010. This provided the initial funding stream to create the CLSC program. The Act also created a financial aid opportunity for students called the Comprehensive Transition and Postsecondary Program, or CTP, which covers 90% of university and tuition fees.

Effective strategies

The UCEDD uses the following considerations to guide their decision-making process for offering a service:

- Is there evidence that the service addresses a gap?
- Will the service place the UCEDD in competition with other providers?
- Does the service have the potential to influence policy/practice external to the UCEDD?
- Is seed support available to get the service “off the ground?”
- How likely is it that the service can become self-sustaining once initial seed funding has concluded?

Center for Excellence in Developmental Disabilities at the UC Davis MIND Institute

Examples of model services



The MIND Social Skills Training Group Program began as a postdoctoral fellowship grant funded by the MIND Institute. It was created to address deficits that were still present in school-aged children and adolescents even after early intervention. Through various research studies, they identified deficits in social skills, gaps in emotional recognition, and created a 25-week program to target these

needs, which serves individuals between the ages of eight and 17. The program is structured around two components. The first component is the children’s group, organized by age and led by a licensed psychologist and several adult co-leaders. The curriculum focuses on teaching nonverbal behavioral cues and recognizing other people’s emotions. Other topics covered include stress management, conversation rules, and friendship and leadership skills. The second component is a parent group led by a social worker and a psychologist and is mandatory for parents whose children participate in the program. There is also a free sibling support workshop.

The program offers a 1:3 to 1:2 student to staff ratio, which includes one licensed provider for each social skills group, one licensed provider for the parent workshop, and one non-licensed provider for the sibling support. one to three to a one to two student to staff ratio. The licensed provider is often a clinical psychologist or a physician. Other staff include research students, LEND trainees, medical school students, and others from the fields of counseling, school psychology, MFTs, social workers, and speech and language pathologists who need experience working with children and adolescents with neurodevelopmental disorders.

The 22q Healthy Minds Clinic offers individualized direct service. 22q is the most common microdeletion system, with a prevalence of one in 2000 to 4,000 live births. It is sometimes known as DiGeorge syndrome or velocardiofacial syndrome, which is part of the reason why it's not well recognized, and why families have difficulty accessing providers familiar with the condition. The syndrome itself is characterized by medical issues, including congenital heart disease in childhood, a cleft palate, a weakened immune system, and speech issues. In early to middle childhood, developmental and behavioral issues begin to emerge. Specialized care is hard for families to find, as physicians don't necessarily recognize that all of these medical issues are caused by the same common deletion. In 2009, UC Davis founded the 22q Healthy Minds clinic to provide supports to families and individuals participating in studies of the 22q deletion. The clinic worked with insurance companies so that families could learn more about medical management and find skilled providers with knowledge of the complications associated with the deletion.

A full day visit consists of a neuropsychological assessment, a medical visit with a developmental behavioral pediatrician, and then a team discussion with both clinicians and other medical professionals involved in the care of the child. After the providers meet, they come together help the family understand the child's current level of functioning and start prioritizing realistic goals for the immediate and future and the long-term. The medical professionals provide individualized recommendations for medication, interventions, cognitive behavioral therapy and help the family to find local resources.

Because the program has been so popular, the clinic often sees families who are nonlocal, which makes follow-up difficult. Another challenging area has been transition, particularly given the mental health concerns in adulthood. The clinic is equipped to serve children up to age 14 but needs additional support from counterparts to navigate the transition to adulthood. Despite these challenges, the clinic's services have been very well received by families and it has become a successful model for the MIND Institute.

Partly as a result of the involvement of so many different advocates and entities, Texas has become more invested in person-centered practices. The Institute and its partners have been able to affect systems change within the state. Some of the state forums for home and community-based waiver services today reflect the influence of the UCEDDs' community training curriculum. Most of the Institute's work is accomplished through contracts with state agencies, such as the state Health and Human Services Agency, adult protective services, and the Texas Education Agency, but it continues to implement projects through state and community conferences, and peer advocacy training opportunities.

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Effective strategies

- Involve parents and self-advocates in leadership positions as program faculty and staff
- Cultivate strategic partnerships (e.g. insurance companies) to tailor content
- Leverage interdisciplinary teams to streamline interventions for families

What are the Relevant resources?

- [Webinar: Model Services by UCEDDs](#)
- [UCEDD Logic Model](#)
- [AIM Delaware](#)
- [Career Life Studies Certificate Program](#)
- [The UC Davis MIND Institute Social Skills Training Group Program](#)

For More Information

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