



Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places

Presented to the
Virginia Interagency
Coordinating Council

June 9, 2004



Topics

- 
- Federal Basis
 - Evidence-Based Practice
 - Virginia's History
 - Individualized Services in Everyday Routines, Activities and Places
 - Challenges and Opportunities

Federal Requirements: Purpose of Early Intervention

- Enhance the development of infants
- Reduce educational costs to society
- Minimize likelihood of institutionalization
- Enhance capacity of families
- Meet the needs of historically underrepresented populations

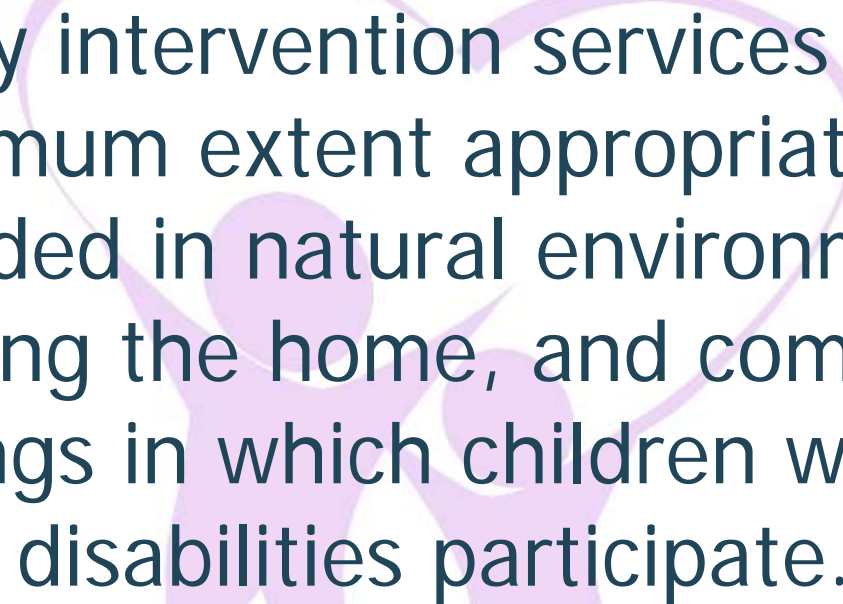
(20 U.S.C § 1431 (a))

Federal Requirements: Role of Service Providers

- Consult to ensure effective provision of services.
- Train parents and others regarding the provision of those services; and
- Participate in assessment and in the development of integrated goals and outcomes for the individualized family service plan (IDEA 1997 Sec. 303.12 c)



Federal Requirements: Natural Environments



Early intervention services to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate.

(20 U.S.C. § 1432)




Evidence-Based Practice

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- Articles and research reports in peer-reviewed journals (OT, PT, Speech, Education, Early Childhood)
 - National Research Centers
 - National Technical Assistance Centers
 - OSEP-Sponsored Research Projects

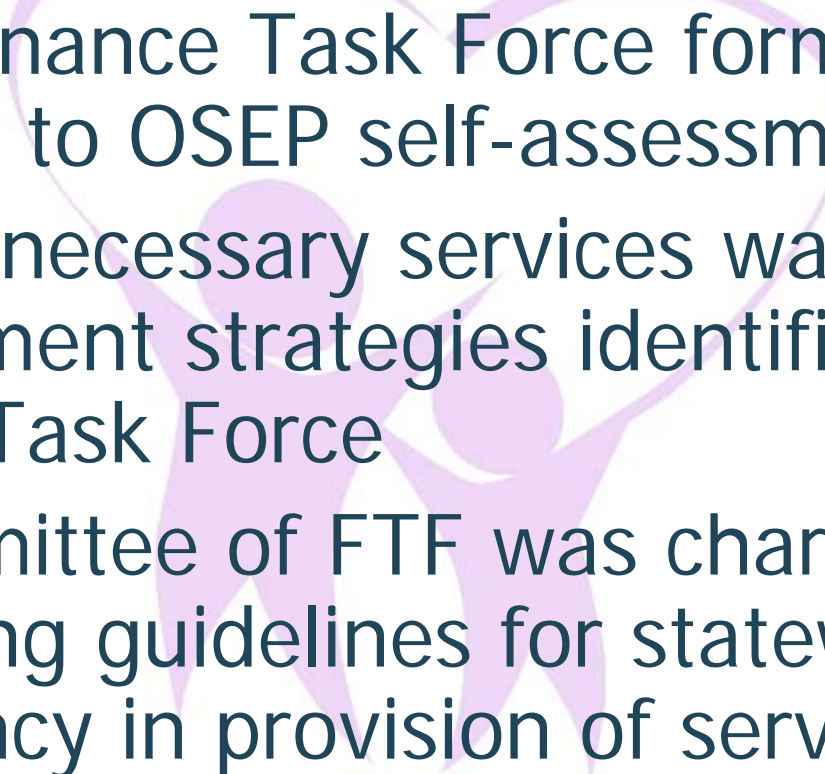
Virginia's History Training



- 1999 – Special VICC Meeting
 - 2000 – Statewide Training, TA Manual
 - 2001 – Written Guidance
 - 2002 – State Conference Presentations
 - 2003 – Statewide Trainings
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Virginia's History: Technical Assistance Document



- 2002 - Finance Task Force formed in response to OSEP self-assessment
 - Defining necessary services was one of 6 improvement strategies identified by the Finance Task Force
 - Subcommittee of FTF was charged with developing guidelines for statewide consistency in provision of services.
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Virginia's History:

Technical Assistance Document

■ Extensive Input

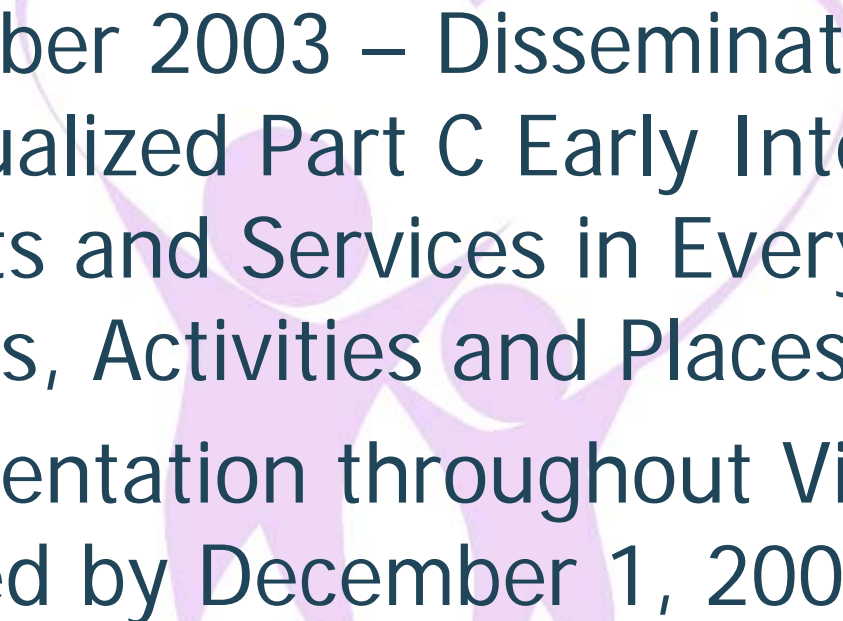
- Virginia stakeholders
- National leaders, including OSEP and NECTAC

■ Content

- Provides a consistent framework to guide individualized decisions based on family and child needs during the Individualized Family Service Plan (IFSP) Process.

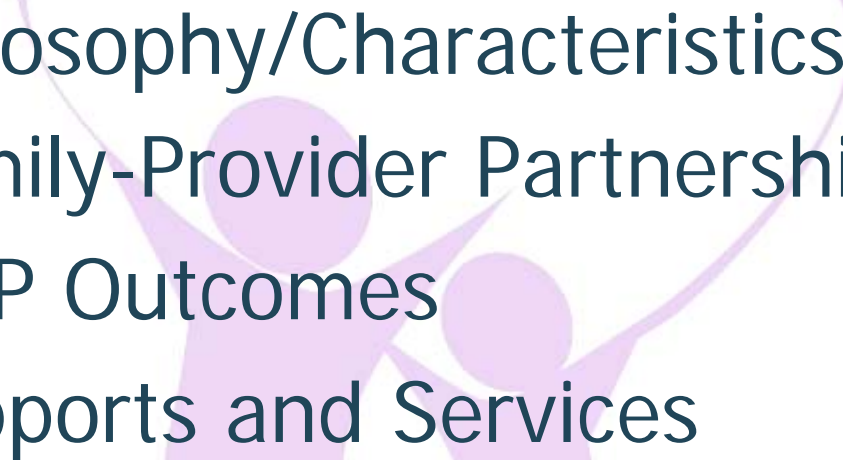
Virginia History: Technical Assistance Document



- September 2003 – Dissemination of Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places.
 - Implementation throughout Virginia expected by December 1, 2003
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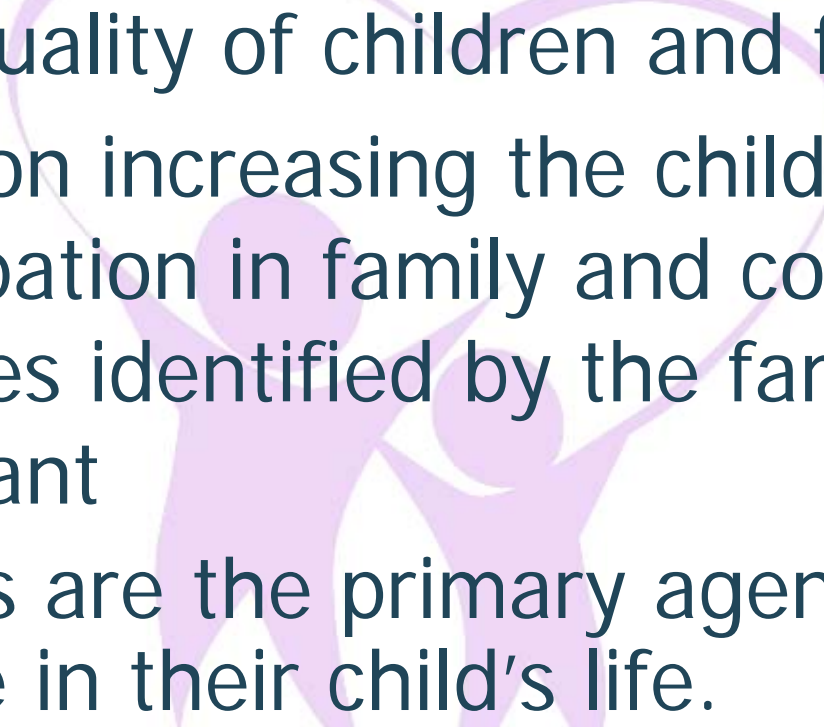


Individualized Supports and Services in Everyday Routines, Activities and Places

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- Philosophy/Characteristics
 - Family-Provider Partnership
 - IFSP Outcomes
 - Supports and Services

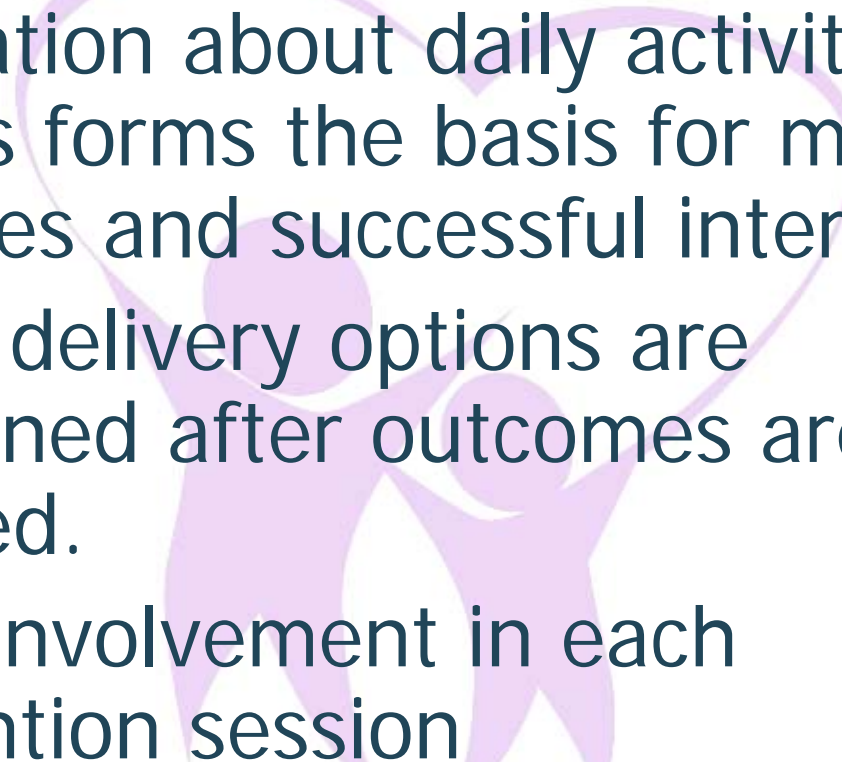


Philosophy/Characteristics

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- Individuality of children and families
 - Focus on increasing the child's participation in family and community activities identified by the family as important
 - Parents are the primary agents of change in their child's life.

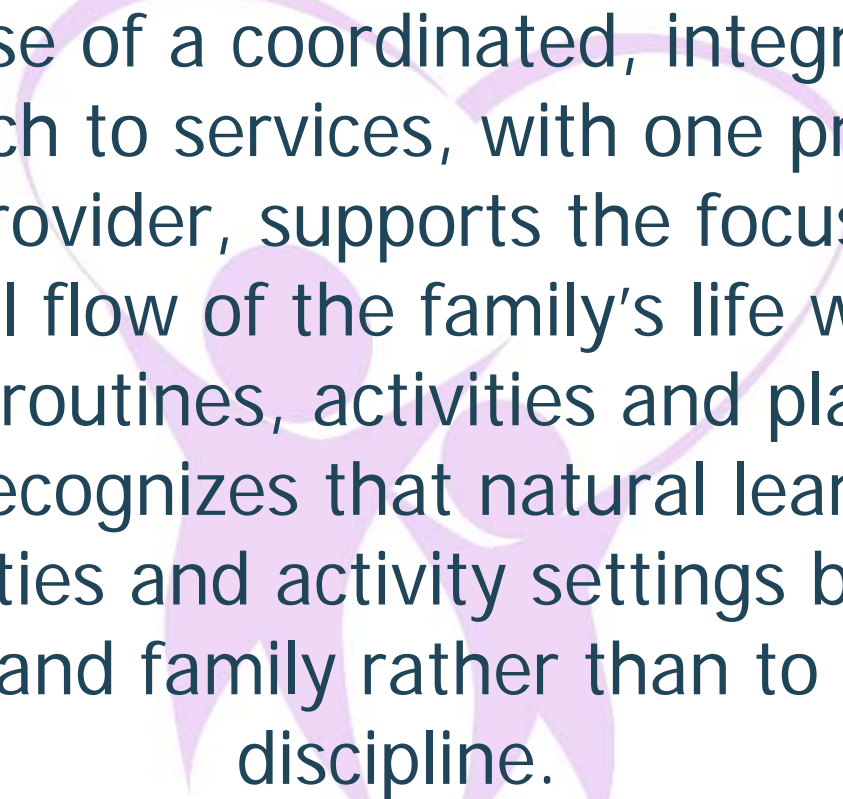


Philosophy/Characteristics (cont.)

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- Information about daily activities and routines forms the basis for meaningful outcomes and successful interventions.
 - Service delivery options are determined after outcomes are identified.
 - Parent involvement in each intervention session



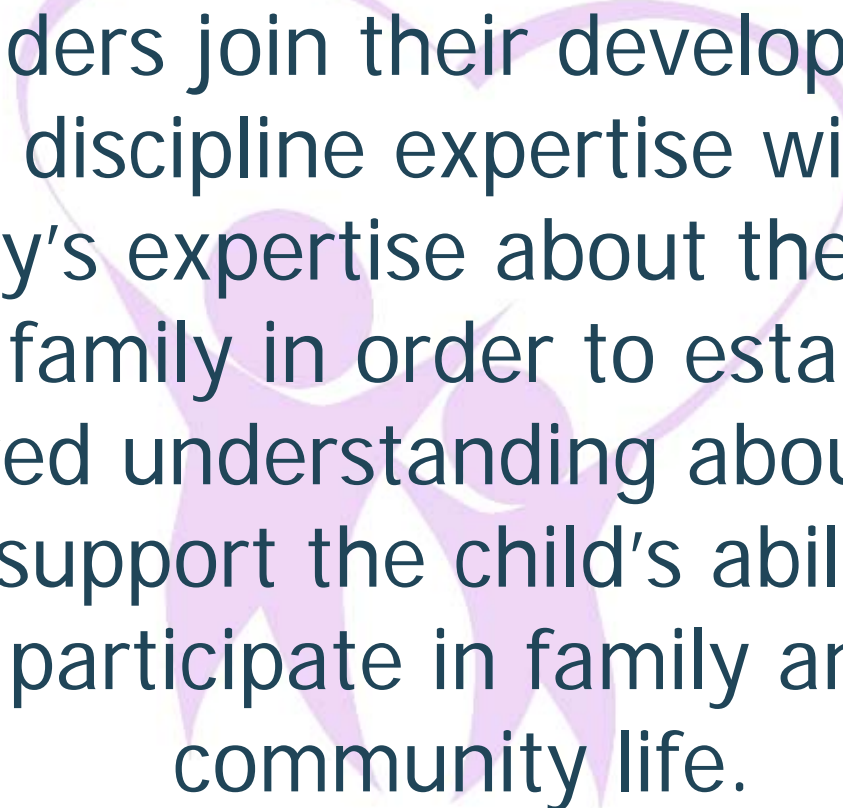
Philosophy/Characteristics (cont.)



The use of a coordinated, integrated approach to services, with one primary service provider, supports the focus on the natural flow of the family's life within everyday routines, activities and places and also recognizes that natural learning opportunities and activity settings belong to the child and family rather than to any one discipline.



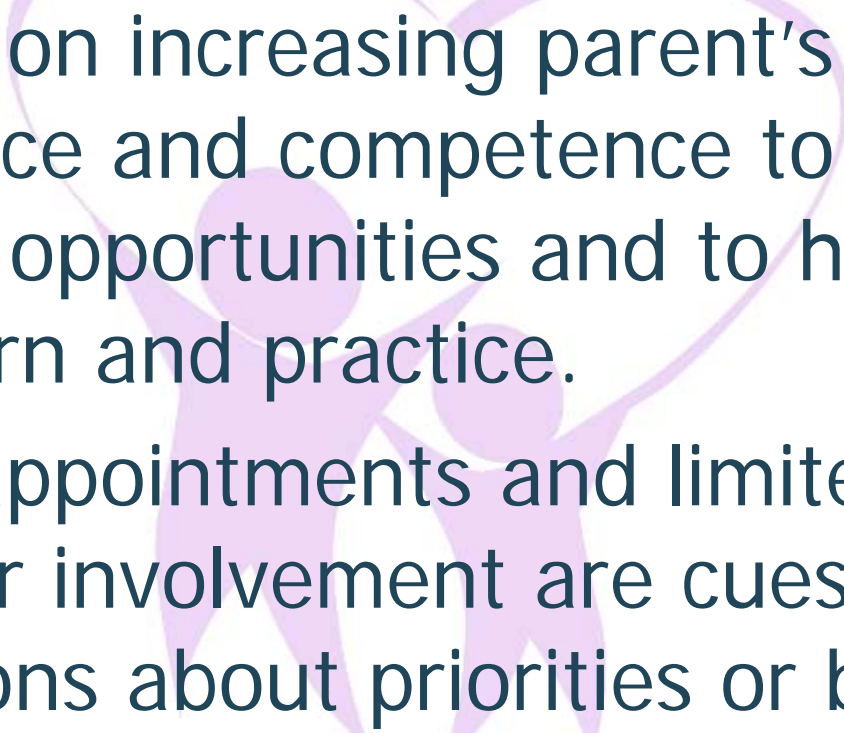
Family-Provider Partnership



Providers join their developmental and discipline expertise with the family's expertise about their child and family in order to establish a shared understanding about how to support the child's ability to participate in family and community life.

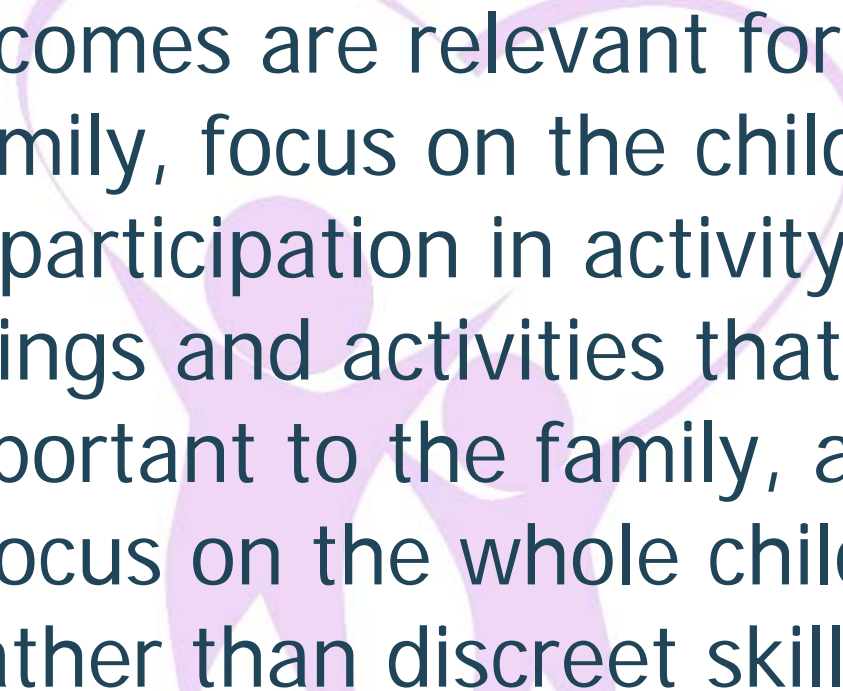


Family-Provider Partnership

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- Focus is on increasing parent's confidence and competence to identify learning opportunities and to help their child learn and practice.
 - Missed appointments and limited caregiver involvement are cues for discussions about priorities or barriers.



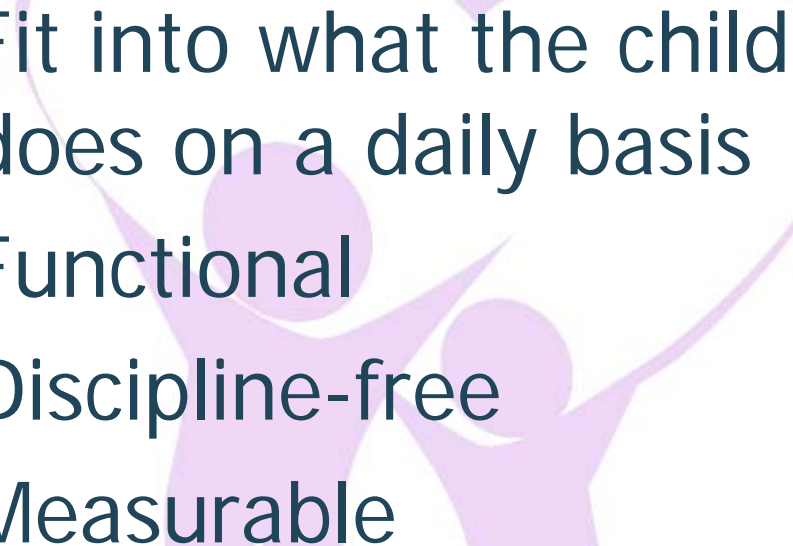
IFSP Outcomes



Outcomes are relevant for the family, focus on the child's participation in activity settings and activities that are important to the family, and focus on the whole child rather than discreet skills.

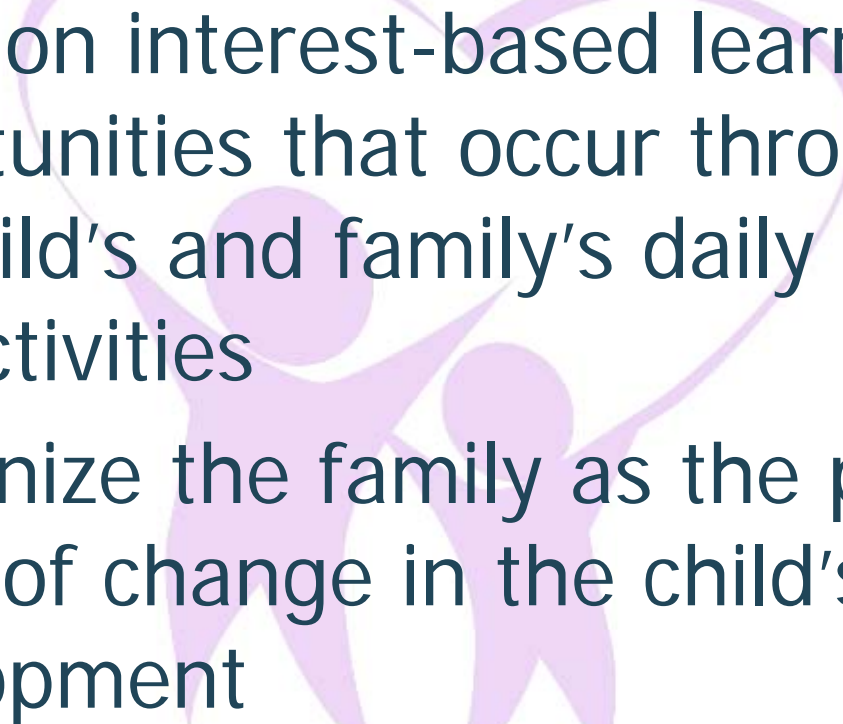


IFSP Outcomes

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- Fit into what the child does on a daily basis
 - Functional
 - Discipline-free
 - Measurable

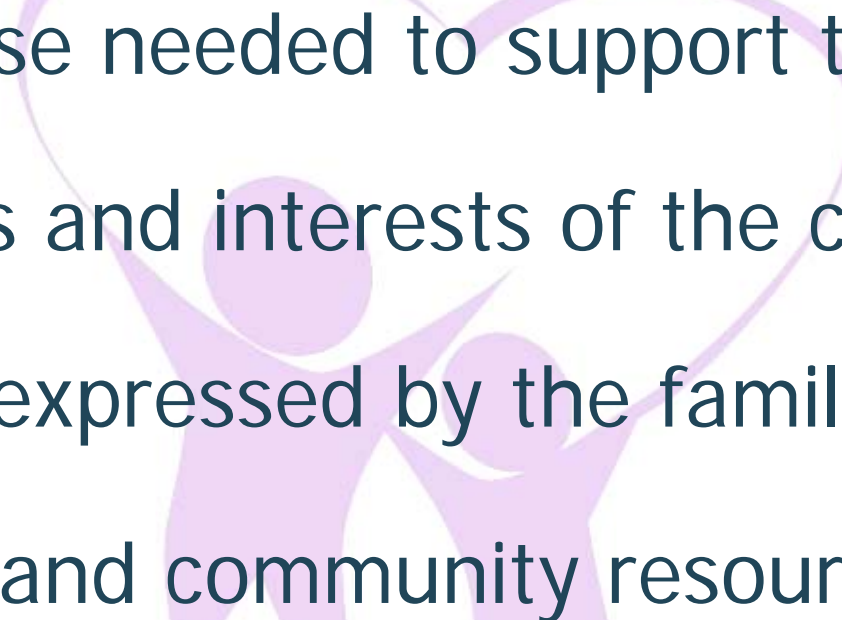
Strategies to Address IFSP Outcomes



- Focus on interest-based learning opportunities that occur throughout the child's and family's daily routines and activities
 - Recognize the family as the primary agent of change in the child's development
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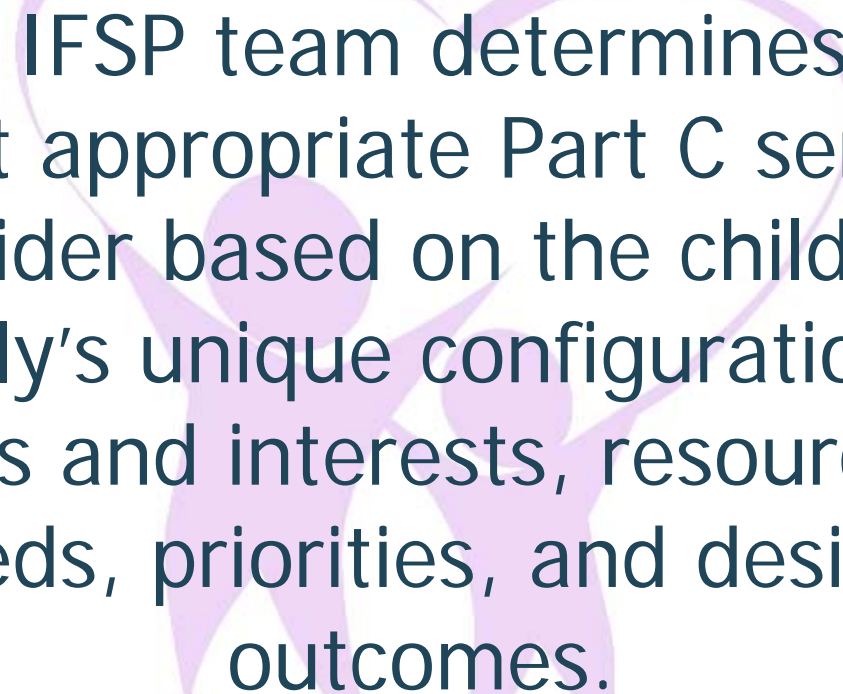
Considerations When Identifying Necessary Supports and Services



- Expertise needed to support the family
 - Abilities and interests of the child/family
 - Needs expressed by the family
 - Family and community resources
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Selection of Service Provider



The IFSP team determines the most appropriate Part C service provider based on the child and family's unique configuration of skills and interests, resources, needs, priorities, and desired outcomes.

Supports and Services: How and Where

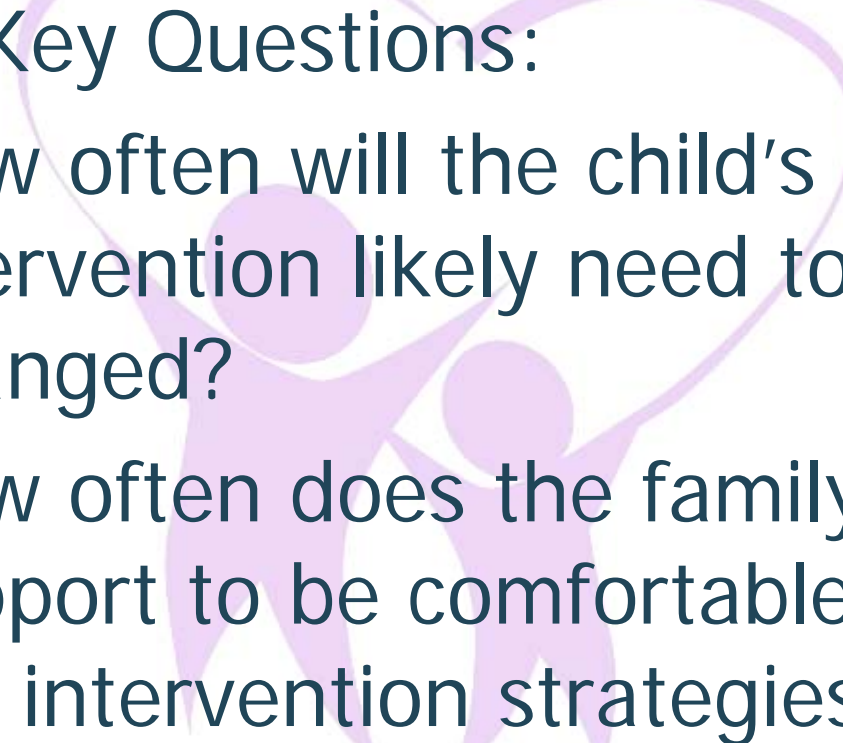
- Occur in the context of and are integrated into the normal daily activities, routines and environments of the child and family
- Fit into the family's life and build on the resources and supports already in place

Supports and Services: How and Where

- Specific choice of location for individual sessions is based on the activities that are being addressed.
- Supports and services are provided in natural settings.
- In rare instances when outcomes can't be met in natural settings, specific requirements apply.

Supports and Services: Frequency and Intensity



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- Two Key Questions:
 1. How often will the child's intervention likely need to be changed?
 2. How often does the family need support to be comfortable in using the intervention strategies?


Challenges

and

Opportunities

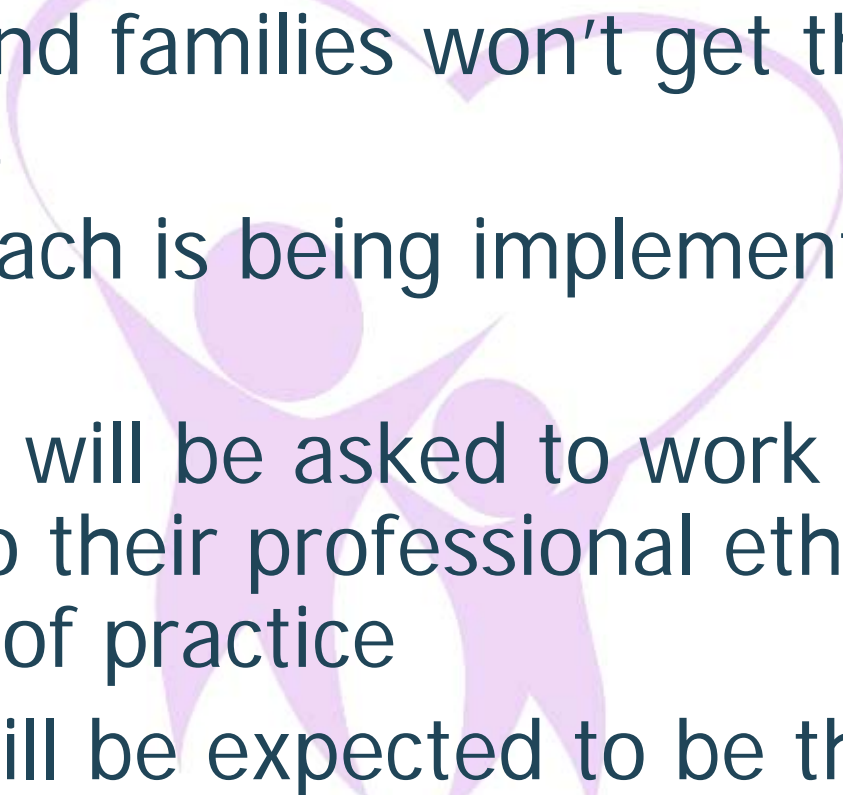


Challenges

- 
- Misperceptions and Myths
 - Relative Newness of Approach
 - Timing of Implementation



Misperceptions / Myths

- 
- Children and families won't get the services they need.
 - The approach is being implemented to cut costs.
 - Therapists will be asked to work in ways contrary to their professional ethics and standards of practice
 - Families will be expected to be therapists.

Relative Newness of the Approach (1)

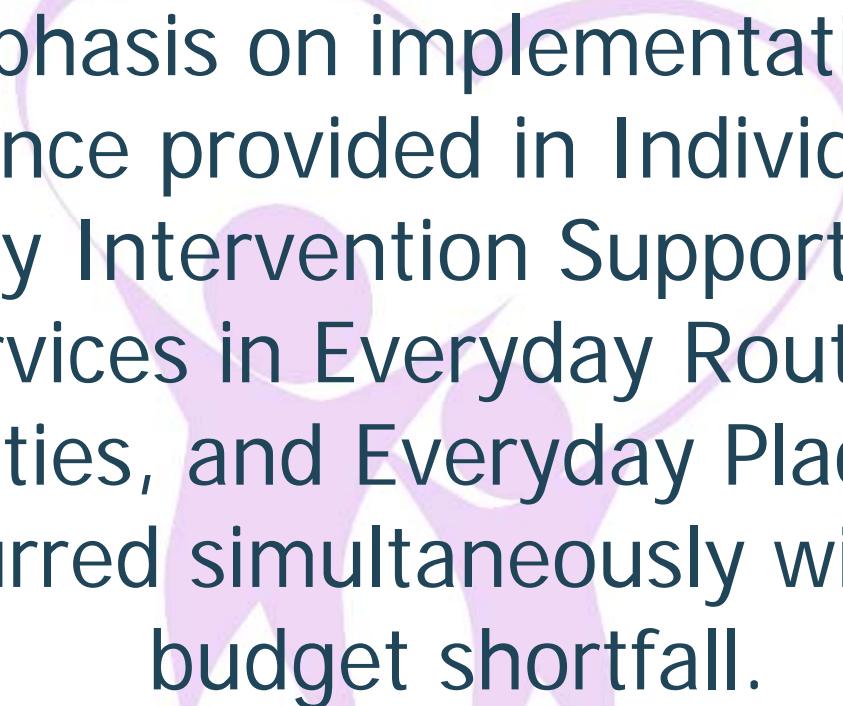
- Physicians refer infants with prescriptions for multiple services and high frequencies of therapy
- Providers are worried that they will not be reimbursed for their services
- Providers don't know HOW to provide supports and service this "new" way

Relative Newness of the Approach (2)

- Providers and service coordinators aren't comfortable explaining to parents what they themselves don't fully understand or support.
- Providers fall back into familiar ways of practicing when new ways aren't reinforced.



Timing of Implementation



Emphasis on implementation of guidance provided in Individualized Early Intervention Supports and Services in Everyday Routines, Activities, and Everyday Places has occurred simultaneously with the budget shortfall.

Myth: Children Won't Receive the Services They Need

■ Reality: From Supports and Services Document

- “No two children or families have the same constellation of interests, needs, skills, challenges, resources, desired outcomes, etc. even when they have similar evaluation results.
- Document provides guidelines for IFSP teams to make INDIVIDUALIZED decisions based on children and families' individual needs.
- Guidance is intended to be flexible, not prescriptive or limiting.... (page 1).

Myth: The Approach is Being Implemented to Cut Costs

■ Reality

- This approach is being implemented in response to continually increasing evidence that it is the **most effective way** to provide supports and services.

Myth: Therapists Will Be Asked to Breach Professional Ethics

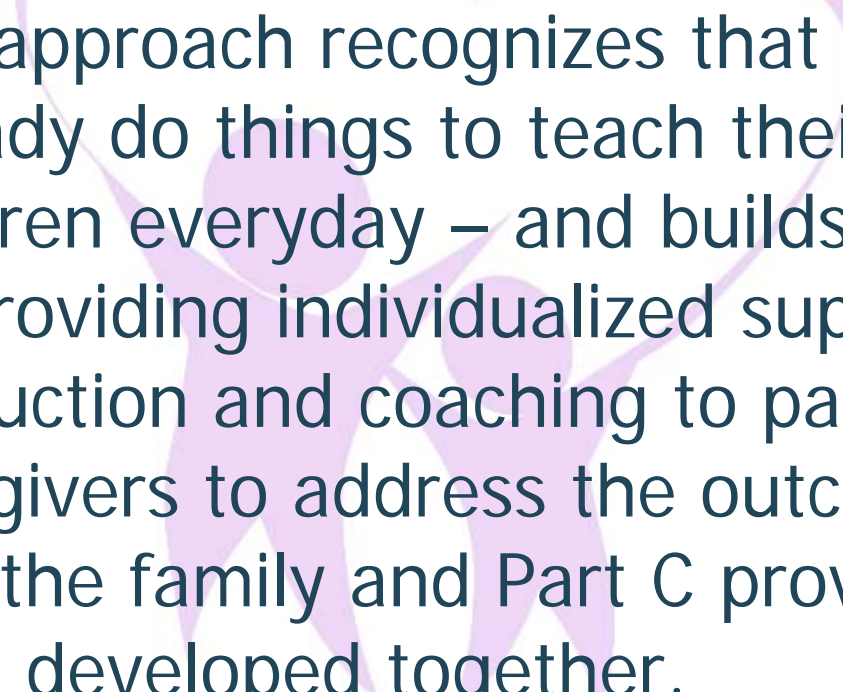
■ Reality

- There is no conflict with Professional Codes of Ethics or Standards of Practice
- The approach is supported by national leaders in all disciplines.



Myth: Families Will Be Expected to Be Therapists

Reality:



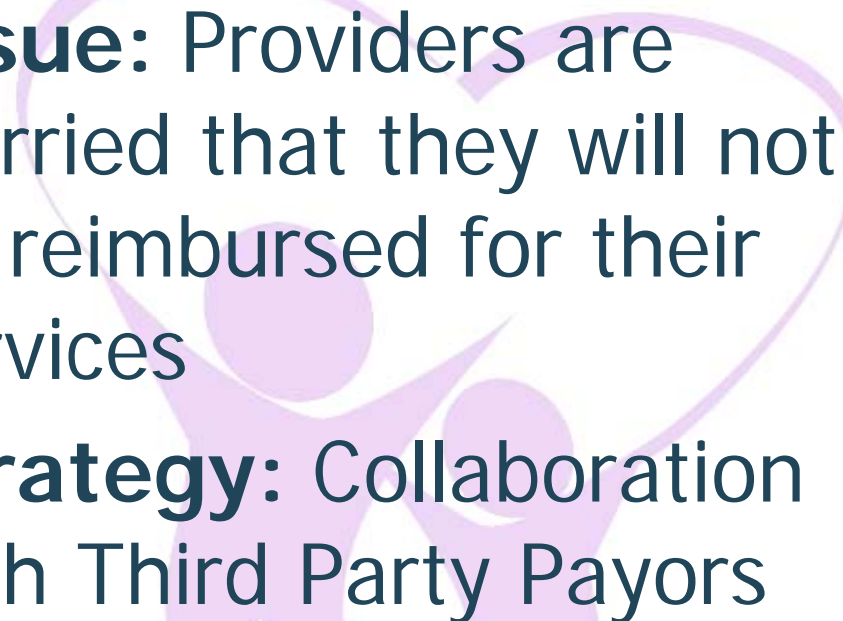
This approach recognizes that parents already do things to teach their children everyday – and builds on that by providing individualized support, instruction and coaching to parents and caregivers to address the outcomes that the family and Part C providers have developed together.

Challenges: Relative Newness of the Approach

- **Issue:** Physicians refer infants to EI with prescriptions for multiple services and high frequencies of therapy
- **Strategy:** Public awareness for physicians - article to appear in July AAP newsletter

Challenges: Relative Newness of the Approach



- **Issue:** Providers are worried that they will not be reimbursed for their services
 - **Strategy:** Collaboration with Third Party Payors
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Challenges: Relative Newness of the Approach

- **Issue:** Providers don't know how to provide supports and services this way.
- **Strategy:** Individualized training and technical assistance.

Challenges: Relative Newness of the Approach

- **Issue:** Providers and service coordinators aren't comfortable explaining to parents what they themselves don't fully understand or support.
- **Strategy:** Individualized training and technical assistance

Challenges: Relative Newness of the Approach

- **Issue:** Providers fall back into familiar ways of practicing when new ways aren't reinforced.
- **Strategy:** Establish mechanisms for ongoing technical assistance, support (including mentoring, networking), and training



Opportunities

- 
- “Myth-busters”
 - VICC
 - Family Involvement Project
 - All stakeholders
 - Training, TA, Mentoring, etc.
 - Public Awareness

Certified



Myth Buster



Infant & Toddler
Connection of Virginia