Illinois Interagency Council on Early Intervention

Service Delivery Approaches Workgroup

Final Report and Recommendations

July 2015

IICEI Service Delivery Approaches Workgroup

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Executive Summary

The Service Delivery Approaches Workgroup was convened in May of 2011 to conduct a thorough review of Illinois' current service delivery approach. The group was charged with examining approaches to service delivery that facilitate teaming and communication, presenting recommendations for a service delivery approach in Illinois, and designing implementation steps and timelines for this approach. The workgroup met over forty times over the course of four years, discussing system challenges, gathering information from other states, and to the extent possible, reviewing literature related to system change and teaming approaches. The workgroup has identified resources to support implementation of system change efforts and has prepared eighteen recommendations for the Illinois Interagency Council on Early Intervention's consideration. A general timeline as well as some of the resources the group utilized in their efforts have been included for review.

In 2010, an EI Task Force was convened at the direction of the state legislature. This group met over the course of a few months and made ten recommendations to the Department of Human Services to drive system improvement. Recommendation #2 in the Task Force's report recommended that: *The Bureau of Early Intervention must conduct a thorough review of the current service delivery model, including a comprehensive evaluation of service delivery models operating in other states, in order to determine the degree to which changes need to be made to Illinois' model of service delivery.* This recommendation, coupled with the conclusion of the Illinois Interagency Council on Early Intervention's (IICEI and Council) service delay workgroup's efforts, led the then Part C Coordinator, Janet Gully, to request the formation of the Service Delivery Approaches Workgroup.

The workgroup was given the following charge:

1) examine/investigate approaches to Early Intervention service delivery that facilitate teaming and communication,
2) develop and present recommendations for adopting a service delivery approach for early intervention services in Illinois, and
3) design specific steps needed to implement the recommended service delivery approach for early intervention services in Illinois including a timeline for phased in implementation.

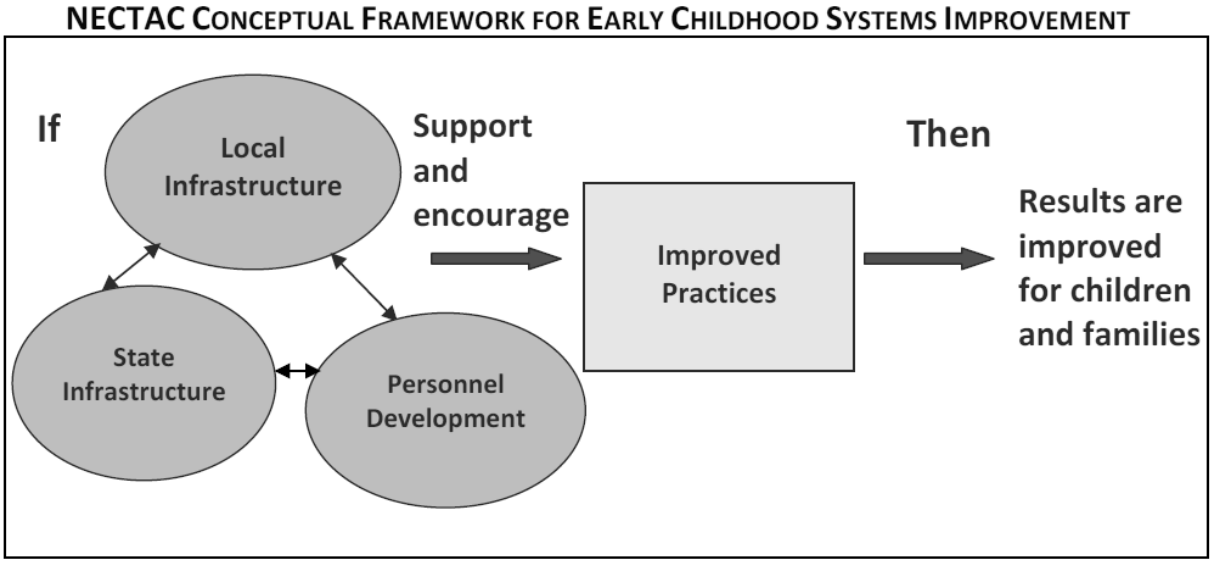
The workgroup began by establishing ground rules for interaction. We then reviewed materials from other states that had recently undertaken service delivery change efforts. After discussing these materials, workgroup members determined that attempting to follow another state's path would be futile given the diversity of state systems. The workgroup then decided to conduct a thorough review of the current system from intake to transition. Workgroup members were surveyed about their priorities for a successful early intervention system. These priorities were summarized across themes. All suggestions for system improvement were then screened to ensure that they fit with stated priorities. The priorities the workgroup identified for improvement strategies were: **accessible, accountable, collaborative, developmentally-focused, and family-centered.** The workgroup used these priorities as parameters for identifying potential solutions to system challenges. These solutions were then used to craft the recommendations contained in this report.

The workgroup began meeting in May of 2011. The original plan was to alternate meeting formats with face to face all day meetings on a quarterly basis and monthly conference calls. The group completed their work in this way for a short time before workgroup members requested a change in format to monthly face to face meetings. These meetings alternated between northern and central Illinois locations to facilitate meeting attendance by all workgroup members. Over the past four years, the workgroup has met forty-six times (15 conference calls and 31 face to face meetings). Meeting attendance has fluctuated with a core group of about fifteen members meeting on a regular basis.

A number of workgroup members had been involved in other system change efforts in the past. Some of these efforts had been successful while others had not been sustained. In an effort to

ensure that this workgroup was making recommendations that would support long-term systems change, a resource on this topic created by the National Early Childhood Technical Assistance Center (NECTAC-originally, now ECTA Center) was identified. This graphic was used to set the stage for discussions and to direct consideration of implementation steps.

NECTAC conceptual framework for early childhood systems improvement

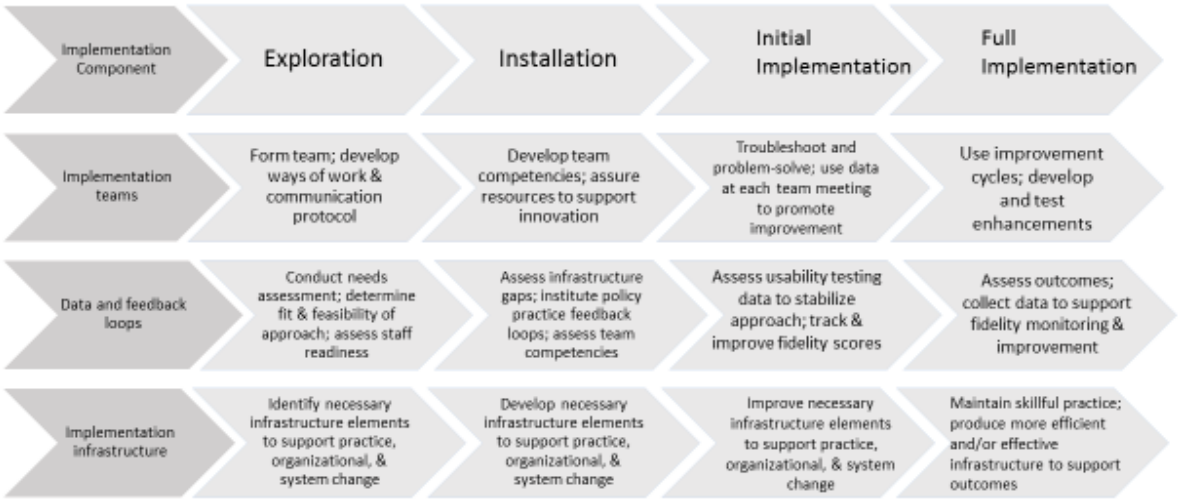


The underlying logic of the model is that for results to improve for children and families, practice needs to be research-based, of high quality and appropriate for the individual child and family. For such provider practices to occur, the local infrastructure must encourage and support implementation of those practices; a system of personnel development must be in place and designed to teach those practices to new and current practitioners; and the state infrastructure must have policies that require and guide implementation of those practices as well as a quality assurance system to ensure that practices are benefiting children and families. Because these components of a state system are interrelated, a change in one component is not likely to be sustained unless accompanied by supportive changes in all related components (Kahn et al, 2009).

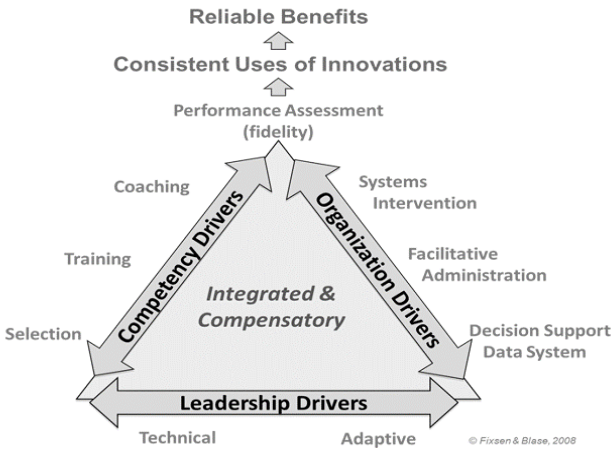
Historical experiences also prompted the group to consider how to actually go about implementing sustained changes. With the help of the NCRRC representative, Sandy Schmitz, workgroup members received a presentation on implementation science. In addition to this presentation, workgroup members received articles on implementation science's relationship to changes in early childhood systems. Workgroup members wanted to acknowledge the utility of this approach to systems change work so we have included a graphic illustration of the key concepts here for the Council's consideration.

Integrated stage-based conceptual framework [Metz, A., Naoom, S.F., Halle, T., & Bartley, L. (2015). An integrated stage-based framework for implementation of early childhood programs

and systems (OPRE Research Brief OPRE 201548). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.]



The workgroup has completed many of the tasks in the exploration stage and hopes that those charged with implementing the additional components find this to be a useful resource. Workgroup members believe that using this framework for implementing change will be productive as this aligns nicely with both the long term systems change ideas as well as the State Systemic Improvement Plan (SSIP) directives. Workgroup members particularly liked this approach in regard to the identification of pilots, the evaluation of strategies, the focus on problem-solving with the use of data, and the scaling up of effective practices. Workgroup members found the graphic on implementation drivers particularly helpful so it has also been included here. This graphic details the implementation drivers necessary for implementation to be effective. Additional information about each component can be found at: http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers.



Throughout the course of the workgroup's time together, a number of system changes were considered and implemented. For instance, the publication of the federal regulations for Part C

required a number of changes to the system. States needed to determine how they would conduct a voluntary family assessment. Since this was a new requirement, Bureau staff consulted the workgroup for ideas about how to collect information on families and the Routines Based Interview (RBI) was suggested. After reviewing the tool and hearing what other states were doing, the lead agency decided to utilize the RBI during intake to gather information about what was going well and what was challenging in families' daily routines. The workgroup had originally planned to recommend that more comprehensive information be gathered from the family at intake, but the use of the RBI has already fulfilled this recommendation. As the workgroup reviewed the various aspects of the system, revision of current documents was suggested. Since the Bureau desired to have stakeholder input for these revisions and the workgroup was already meeting, the workgroup provided input rather than assigning the task to another group. The workgroup gathered feedback from various professional organizations to complete a revision of the approved tool list. The revised list which has already been approved by the Healthcare and Family Services review group was then sent to the Council for their approval so that the Bureau could publish the list. The workgroup also suggested that the IFSP document be revised to focus more on family input and daily routines. Though this task was assigned to a different workgroup, the Ombudsman joined the IFSP workgroup to ensure continuity of input.

As Council members review this document, a number of recommendations include overlapping themes. These themes are felt to be essential to the successful implementation of these recommendations. These overarching themes include:

a) Development of a new web-based system for information collection, dissemination, sharing, and tracking;
b) Teaming/collaboration among the IFSP team members serving the child and family;
c) Recognition of the importance of training and ongoing local support for implementation of system changes;
d) Identification and development of an organizational structure for early intervention providers where they can access local support; and
e) Restructuring of CFC funding focused on active cases rather than active IFSPs

The Service Delivery Approaches Workgroup offers the following recommendations for system improvement and enhanced service delivery in Illinois' early intervention system.

<u>Recommendation 1</u>: The Bureau of Early Intervention will develop policies and procedures that ensure that every family:

- **receives the same information about the early intervention system, and**
- **has the opportunity to share their child's and family's needs and priorities.**

***<u>Background</u>*:** There are three primary issues with the information families currently receive at intake. First, the amount of information families receive during intake is overwhelming. At times, this overload precludes the family from sharing their priorities and concerns and limits their understanding of their role as partners in early intervention. Second, information that families receive varies based on the skills, experience, and workload of the service coordinator

as well as the Child and Family Connections offices' interpretation of policies and procedures. Finally, current funding methods, including the system of incentives and penalties, lead to high caseloads for service coordinators limiting their ability to complete all required tasks. As a result of these issues, families receive differing amounts and quality of information and may not be asked to provide information regarding their priorities and concerns for their child and potential barriers to participation, impeding their ability to support their children's involvement in the early intervention system.

Rationale for Recommendation:

- All families deserve to receive the information they need in order to be informed decision makers
- Streamlining the information families receive makes the process less overwhelming.
- Having options for how and when families receive the information may better support the diverse learning needs of the system's participants.
- Not fully understanding a family's priorities, concerns, and potential barriers to their ability to support their child in EI (e.g. housing and food insecurity, lack of community supports) can lead to families dropping out of EI prior to or after evaluation and IFSP development.

Implementation Steps:

a) Provide families with only the required pieces of information (family rights and parent handbook) during intake to reduce the volume of information families receive at the initial visit. Additional information can be provided at intervals after eligibility has been determined (e.g. DSCC/All Kids screen, parent liaison services, LIC information, EI Clearinghouse information, and any other information CFCs give to families)
b) Include monitoring of consistent distribution, use and quality of the intake and social history summary form in the CFCs quality assurance process in order to prevent families from having to repeat this information during the evaluation process. Include all salient information, including family barriers to participation, in the written summary that was gathered in the interview
c) Create alternate formats, such as DVDs and web-based content, to provide necessary information to families
d) Modify current funding formula to include children in intake and with active IFSPs when calculating SC caseloads to ensure that SCs caseloads are not over 45, allowing SCs to complete required tasks
e) Revise the current data system to eliminate less essential information (e.g., vomiting, swollen ankles during pregnancy) and add additional important health, developmental, and family information (e.g., gestational age at birth, medical diagnosis, NICU admission/length of stay) so that consistent information is collected and shared
f) Revise system of incentives and penalties to ensure that they reward desired system practices and drive continuous quality improvement
g) Provide regular, ongoing professional development opportunities for service coordinators to support the skills required for intake activities

<u>Recommendation 2:</u> The Bureau of Early Intervention will procure and implement a web-based data system so that complete and consistent intake information is available to evaluation and service provider teams prior to their first encounters with a family.

***<u>Background</u>*:** Illinois' current data system is over ten years old. While it has been maintained, it is antiquated and currently only accessible to CFC personnel. This limited access prohibits the child's service coordinator, evaluation team and service team from sharing information electronically and leads to duplication of efforts when necessary information is not received. Recent changes in system policies and procedures have improved the amount of information that is obtained from families during intake. This information, however, is inconsistent in quality and, in some areas, only intermittently shared with the providers who need it.

<u>Rationale for Recommendation</u>:

- Providing an accessible, electronic record for each child will facilitate effective teaming and communication.
- Having a centralized record will minimize the likelihood of repeatedly asking families for the same information.
- Allowing providers access to information prior to their initial encounter with the family will maximize providers' ability to engage in observation and more in-depth information gathering.
- While the initial expenditure on a data system may be substantial, this expense would be justified by potential cost-savings in a variety of other areas, e.g. postage, printing, copying, faxing, phone charges, labor costs.

***<u>Implementation Steps</u>*:**

a) The Illinois General Assembly and the Governor's Office must assure that EI Program funding is sufficient to support the upfront cost associated with the design and implementation of a comprehensive data management system. A part of this assurance may include the formation of a workgroup of the Illinois Interagency Council on Early Intervention designed to explore opportunities for public (state and federal) as well as private funding. Another part of this assurance may include assessing the availability of RTT-ELC funds to support this effort.
b) The Bureau of Early Intervention will monitor federal grant opportunities as a result of the passage of health care reform and other early childhood initiatives for the availability of funding to support the design and implementation of a new data management system.
c) The Department of Human Services should release a bid for a comprehensive EI data management system.
d) The Bureau of Early Intervention will coordinate with the Department of Healthcare and Family Services (HFS), concerning the movement towards electronic health records.
e) Once data system is available, provide training and a graduated rollout of the system across the state to allow for piloting and evaluation.

<u>Recommendation 3</u>: The Bureau of Early Intervention will ensure all materials produced for early intervention clearly support the EI philosophy and describe the importance of the family as a partner in all aspects of service delivery.

***Background*:** Initial contacts with families set the tone for families' expectations about the system, including how they will participate in and benefit from it. The EI developmental approach to service delivery is different than some approaches families may be more familiar with such as medically- or educationally-focused services. This difference comes from an evidence-based early intervention philosophy, which recognizes the importance of the family's active participation in facilitating young children's development.

Rationale for Recommendation:

- When families understand the EI approach to service delivery, they are better prepared to make informed decisions about system participation.
- Families who are supported to be active partners are better able to facilitate their child's continued development and advocate for their family's needs.

Implementation Steps:

a) Ensure that service coordinators capture not only the child's needs, but also the family's challenges related to home and community that may interfere with the family's ability to participate in early intervention during intake discussions
b) Review system information that families' receive to ensure consistent messaging that supports EI principles and philosophy
c) Ensure public awareness information, including information for primary referral sources, shares the same messaging
d) Require training on EI Principles so all EI providers and service coordinators have the same message about EI principles and philosophy
e) Revise sponsoring organization application to require more descriptive information about how the training addresses EI principles; provide training and outreach for sponsoring organizations so that they are aware of requirements and have support with implementing them
f) Ensure that all changes to system policies and procedures reflect family-centered practices

Recommendation 4: The Bureau of Early Intervention will determine the feasibility of developmental screenings occurring for referred children prior to initial evaluation/assessment.

Background: Determination of the initial evaluation team is typically completed by the service coordinator based on the family's expressed concerns. Obtaining a developmental screening for children who do not have a qualifying medical diagnosis or a valid, documented developmental screening would help inform the composition of the evaluation team as well as reduce the time/resource burden on CFCs and families for children who will not, ultimately, be eligible for early intervention services. Families would continue to have the right to proceed to evaluation even if screening did not indicate a concern/delay.

Rationale for Recommendation:

- A high percentage of children referred to early intervention do not meet the eligibility criteria.
- Conducting intake, family assessment, and child evaluation/assessment for ineligible children is costly and unnecessary.

- Prioritizing evaluations for children with legitimate developmental concerns is a morally and fiscally responsible decision as long as families are informed decision makers who understand their options for additional evaluation/assessment.

Implementation Steps:

a) Reduce funded SC caseload if another task is added to their duties as current caseload size precludes successful achievement of assigned tasks; ensure that CFCs maintain full complement of SCs and implement consequences if not adhering to expectations
b) Align screening measures and processes with other initiatives within the state of Illinois
c) Provide training to screeners on defined measures
d) Explore options for funding screening within early intervention

Recommendation 5: The Bureau of Early Intervention will require the development of teams of evaluators who can effectively meet the needs of families within each CFC.

Background: The process for how evaluation teams are determined is inconsistent across CFCs. Though identified concerns tend to determine the disciplines involved in the initial evaluation, provider availability varies substantially across the state. Some areas use established teams that frequently work together while other areas may use a group of providers who are not familiar with each other. It is essential that individuals making eligibility determinations and creating service plans have a thorough understanding of infant/toddler development, early intervention principles, and the child and family outcome measures used in Illinois' early intervention system. Credentialing requirements may be used to enforce desired education and experience factors, but they cannot ensure that teams utilize effective group facilitation and communication strategies.

Rationale:

- When evaluation teams make good eligibility and service planning decisions, it helps ensure that all eligible children are identified.
- With improved trust and communication between team members, better decisions can be made with better adherence to early intervention principles for families from initial contacts through exit from the system.

Implementation Steps:

a) Create evaluation teams within CFCs; these teams should have evaluators with varying levels of education and experience to move the field forward.
    i. All CFC managers will hold a provider meeting to discuss the establishment of teams registered within the CFC regions.
    ii. Eligible evaluators will have the opportunity to register themselves on an evaluation team.
b) Establish policies and procedures to allow SCs, in conjunction with the family, to select a team from a pool of established evaluation teams based on the individualized needs of the child and family
c) Provide common training regarding effective teaming within Early Intervention

<u>Recommendation 6:</u> The Bureau of Early Intervention will amend policies and procedures to ensure that evaluations to determine eligibility and assessments used to determine the need for services:

- **highlight the importance of the family's input in this process,**
- **require the use of current and valid tools,**
- **require observation of the infant/toddler and family in natural environments,**
- **utilize existing medical and educational records,**
- **reflect current recommended practices on assessing infants/toddlers, and**
- **evaluations and/or assessments provide ample time for reflection on evaluation reports prior to writing the initial IFSP document**

so that the team can accurately determine eligibility and develop an initial IFSP that will meet the needs of the family.

<u>Background:</u> At times, evaluations, assessments and IFSP meetings are being conducted on the same day. This practice is often overwhelming for families, impacting their ability to fully digest the information they receive regarding their child's development. This practice limits evaluators and assessors' ability to reflect on their observations and utilize information from other team members prior to development of the IFSP. Each approach (same day versus different days) has advantages and disadvantages which should be objectively explained to families who would then make the decision as to how the evaluations will be conducted and who will conduct them. The current list of approved evaluation and assessment tools is out dated. Additionally, current procedures do not reflect recommended practices on evaluation and assessment of infants and toddlers which emphasize incorporating multiple sources of information (i.e. observation, clinical judgment/opinion, family input, child social/developmental history, standardized assessment instruments, and medical/educational records) when determining eligibility, planning for interventions, and conducting ongoing progress monitoring.

<u>Rationale for Recommendation:</u>

- The family should be actively involved in the evaluation and assessment process to ensure that their knowledge of the child is shared with evaluators and assessors so that decisions about eligibility and service planning reflect the child's abilities across settings and situations as well as the family's concerns and priorities.
- Families should be provided options for how the evaluations and assessment will be conducted so that they can be informed decision makers.
- Evaluation and assessment teams make better decisions about eligibility and intervention planning when they are able to obtain relevant information about the child's development, discuss this information prior to the evaluation/assessment, and reflect on it as a team before the IFSP meeting.

<u>Implementation Steps:</u>

a) Finalize the updating of the list of approved evaluation and assessment tools
b) Require that norm-referenced tools be used for eligibility determination and permit the use of curriculum-based and/or criterion-referenced tools for gathering assessment information

c) Evaluations/assessments and IFSP meetings will be scheduled on separate days unless exceptional circumstances exist and can be documented.
d) Amend evaluation and assessment policies and procedures to state that families will have initial evaluation/assessment reports a minimum of 24 hours prior to participating in the IFSP meeting to reinforce the central role that families have in this process and allow families to be informed decision makers
e) IFSP teams will collaborate before and after initial evaluation/assessments to reflect on the information obtained.
f) Utilize a web-based data system for uploading and accessing all relevant information to facilitate decision making

Recommendation 7: The Bureau of Early Intervention will develop a plan for ensuring that all EI providers who complete evaluations and assessments are skilled and experienced by demonstrating:

- **a strong foundation in infant/toddler development,**
- **training on administering and interpreting the approved tools they use,**
- **the ability to conduct evaluations/assessment in a manner that is family-friendly, culturally sensitive, and honors the centrality of the parent-child relationship,**
- **continuing provision of ongoing direct service to enhance their clinical skills,**
- **the ability to successfully convey their findings in ways that are accurate and understandable to the family**
- **communication with other team members during the evaluation process.**

Background: There is a wide degree of variability regarding the skill level of providers who administer evaluations and assessments. In some instances, evaluators are not competently administering and interpreting their tools. When tools are not administered as intended, decisions based on the results are invalid and may lead to inappropriate decisions regarding eligibility and service planning. In addition, the current evaluation and assessment report format does not promote a focus on functional skills and family routines. This is especially evident when providers describe which specific tool items the child completed rather than describing what the child's performance tells us about functional abilities and need for additional support. Also, some EI providers choose to provide only evaluation and assessment services without providing ongoing services. This impacts their knowledge of infant/toddler development, their developing clinical skills, and, ultimately, their ability to provide sound eligibility decisions. Requiring evaluators to provide some ongoing service would assist with service provision in underserved areas and enhance the skills of the evaluator.

Rationale for Recommendation:

- Families deserve to have highly qualified and competent providers administering evaluation and assessment tools, collecting child and family information, and making recommendations about eligibility and intervention plans.
- Families need to receive information about their child that is useful to them in order to be full partners on the IFSP team.
- The current evaluation/assessment process and report format do not link developmental milestones to functional skills, behaviors or family routines.

Implementation Steps:

a) Revise written reports to ensure that they are family-centered and incorporate family assessment and child evaluation/assessment information
b) Revise initial evaluator credentialing and training requirements to meet or exceed a set of minimal competency requirements which include documentation of the following:
    i. All EI initial evaluators, across all disciplines, should have a minimum of 2 semester hours or 30 clock hours in each of the 4 content areas listed here:
        - Infant/toddler development: Typical and Atypical
        - Infant/toddler assessment
        - Working with Families of Infants and Toddlers with Disabilities
        - Early Intervention Methods,
    ii. Produce documentation of training on a specific evaluation tool (must include a norm-referenced tool),
    iii. Obtain a temporary evaluator credential, and
    iv. Complete three evaluations, write reports, and participate in the IFSP meeting under the direct supervision of a peer mentor within the provider's same discipline
    v. Submit signed documentation verifying completion of these requirements
c) Determine structure, requirements, and reimbursement options for providing supervision and mentoring to early intervention evaluators (consider how current system supports and activities such as ongoing professional development requirements can support this)
d) Alter authorization process to allow billable consultation among evaluators between evaluation and IFSP development
e) Require providers who do evaluations to also provide 10% of their annual billable services as ongoing intervention services to infants, toddlers, and their families
f) Revise the current monitoring and quality assurance processes to include quality provision of child evaluation and assessment (i.e., competent scoring and interpretation of tool results, written reports that meaningfully convey developmental information, etc.)

Recommendation 8: The Bureau of Early Intervention will ensure, through monitoring, that children served meet eligibility requirements and will implement training for evaluation/assessment teams on eligibility categories and methods of documentation.

Background: Historically, there have been three critical issues around eligibility determination. First, evaluators and service coordinators have varied understanding of how to calculate the percent delay required for eligibility. This taxes the EI system when children who are incorrectly determined eligible could be served by a system other than EI. Ensuring that team members have a good understanding of EI and other programs' eligibility requirements could assist families with finding the most appropriate services for needed support. Concerns have been expressed that some children in early intervention may be determined eligible due to a lack of awareness or availability of other programs that may be more suited to the child and family's needs. Second, there is confusion regarding the steps to be taken and the appropriate tools and strategies to be used when children have social or emotional delays that make them eligible for

early intervention. Third, concerns were also raised about the "at risk" eligibility category being inconsistently and inefficiently utilized so that children experiencing a significant risk factor may not be getting the supports they need from early intervention.

Rationale for Recommendation:

- Early intervention eligibility needs to be clearly understood and documented so that we appropriately serve and support children and families who meet eligibility requirements in any developmental domain.
- The number of children and families served by early intervention continues to rise without increases in funding. Being fiscally responsive is imperative. Part of this endeavor includes assuring that we are only serving children who meet our eligibility requirements.
- Use of standard deviations for eligibility definitions provides meaningful and consistent performance information, and therefore a consistent determination of the degree of developmental delay.
- Illinois Administrative code 500.20 states in part that a determination of eligibility can be based on the presence of three or more of the stated risk factors. In some situations, two or even one of these risk factors can be strongly predictive of developmental delay.

Implementation Steps:

a) Clarify in writing that children found ineligible for early intervention services may receive, at parental request, a re-evaluation after three months, or sooner if significant developmental changes occur
b) Revise state eligibility definition to define delay criteria as 1.5 standard deviations below the mean versus 30 percent delay to provide more meaningful and consistent performance information.
c) Revise at-risk eligibility category to include a child who is experiencing two or more significant risk factors along with evidence of a one standard deviation delay as determined by the evaluation team
d) Update list of at-risk factors using information from other states (suggested revisions are included as Appendix B)
e) Revise monitoring tools for providers and CFCs to gather information about the consistency of eligibility determinations across the state to inform statewide training curriculum development
f) Require all providers including service coordinators to complete a system-provided training on current guidelines for eligibility with granting of initial/renewed credential. Providers and service coordinators should be required to demonstrate knowledge and understanding of the requirements for establishing eligibility in the various categories
g) Require IFSP teams to be aware of the other programs that serve children and families 0-3.

Recommendation 9: The Bureau of Early Intervention will implement a Transdisciplinary Service Delivery Approach that focuses on the family's ability to facilitate their child's development while also respecting the family's values, beliefs, and desire to participate in family life.

Background: The lack of an identified approach to service delivery has resulted in numerous inconsistencies within Illinois' early intervention system. Interventionists are permitted to implement child-directed services independent of other team members. For some providers, this is due to a general lack of understanding of EI principles. For others, it is due to philosophical disagreement about how services should be provided. Utilizing an approach to service delivery that focuses on building family capacity would improve the quality of early intervention services, better prepare families to facilitate their children's development, and enhance both child and family outcomes. In addition, this approach will reduce the number of interventionists providing ongoing direct services on each IFSP while still providing families with access to the expertise and supports needed to address identified concerns and priorities. This, in turn, could lessen service delays and ensure that families receive timely services. The current early intervention provider reimbursement structure needs to be examined as it works as a disincentive to implementing collaborative approaches because providers currently earn a higher rate of reimbursement providing direct services than they do providing indirect services.

Rationale for Recommendation:

- Current research and evidence supports transitioning early intervention systems to a transdisciplinary service delivery approach to better support families and align with national EI principles.
- Early intervention is intended to support, not interfere with, families' daily routines and activities.
- More service has been correlated with less parent satisfaction with early intervention.
- A focus on therapist-directed interactions with the child is in direct contradiction to EI principles.

Implementation Steps:

a) Each CFC will establish consistent IFSP teams that will serve families utilizing a Transdisciplinary Service Delivery Approach.
    - Teams will include individuals from multiple disciplines.
    - The teams will meet on a regular basis.
    - Teams will have clear and common purposes.
    - Within the parameters established by licensure and scopes of practice, team members will share knowledge and expertise with other team members crossing traditional discipline boundaries.
    - One team member will serve as the Lead for the family.
    - Parents will be treated as an integral part of the team.
    - The team works together by pooling knowledge, skills and resources.
    - Co-visits are encouraged.
    - Services are individualized for families.
    - All members share responsibility for implementation of the IFSP. (Adapted from Carpenter, 2005; Davies, 2007) and (Eigsiti & Rapport, 2008)

b) Train intervention teams so that they have the skills and knowledge needed to implement the Transdisciplinary Service Delivery Approach
c) Provide supervision/mentoring as well as measures of accountability for adhering to the Transdisciplinary Service Delivery Approach
d) Revise monitoring tools and processes to evaluate adherence to the Transdisciplinary Service Delivery Approach
e) Create flexible processes to issue direct service authorizations based upon the changing needs of the child and family
f) Change provider reimbursement structure to ensure that IFSP development/team consultation is reimbursed at the same rate as direct services and that all IFSP team members' receive authorizations to attend monthly meetings

Recommendation 10: The Bureau of Early Intervention should revise the funding mechanisms and improve system supports for service coordination to enhance the quality of the early intervention system.

Background: Service coordinators typically provide the family's introduction to the early intervention system. They also carry the responsibility of ensuring that the needs of eligible children and their families are met during their time in the system. Current funding for service coordinator caseloads is based on active IFSPs yet much of a service coordinator's time is spent supporting families during intake, prior to initial IFSP development. Given the number of referrals in a month and the potential for staff turnover, service coordinators may have a large number of families with whom they work. This, in turn, impacts the quality of service they are able to provide and influences other team members' perceptions of their knowledge and skills. Relationships are further impacted when service coordinators have a high proportion of families with multiple risk factors, such as poverty and homelessness. The current system of providing incentives to those CFCs that document the lowest average days from intake to IFSP, may be unintentionally rewarding rushed decision making and preventing families from being informed partners in the IFSP process. It is important that service coordinators have reasonable caseloads so that they can perform required and desired activities successfully. It is also critical that the system develop a mechanism for disseminating accurate and timely information to the field so that this responsibility does not fall on service coordinators.

Rationale for Recommendation:

- Service coordinator caseloads in some CFCs may be double the recommended size when taking into account children in intake and additions due to staff turnover.
- Service coordinators have difficulty effectively meeting the needs of the children and families they serve when carrying large caseloads.
- Service coordinators are vital members of the IFSP team and should be supported as equal members.
- The current system of incentivizing CFC's who demonstrate a rapid transition from intake to IFSP may be rewarding undesired practices.
- Due to limitations around communicating with providers, service coordinators are often charged with disseminating system changes during IFSP meetings which detracts from the time spent addressing child and family needs.

Implementation Steps:

a) Keep service coordination caseloads manageable so that service coordinators can effectively complete their assigned responsibilities
b) Revise funding formula to include children in intake and ensure that each service coordinator has no more than 45 active cases (without reducing per service coordinator allocation from level in place at time of recommendation); Hold CFCs accountable for keeping a full complement of funded service coordinators
c) Identify the recommended practices for service coordination and ensure that they are part of service coordinators' initial and ongoing training
d) Require CFC Managers to receive training on recommended best practices for service coordination as well as training on supervision and mentoring
e) Include information about the importance of the service coordinator's role in systems overview training and documents that describe the system to parents
f) Ensure recommended practices are reflected in service coordinator's job description at all CFCs
g) Require CFC Managers to provide ongoing supervision and mentoring of their service coordinators
h) Modify future requests for proposals to require bidders to outline their plan for supervision/mentoring and provision of benefits for the professionals they hire; Eliminate performance contracting and roll this funding into a baseline grant for each CFC
i) Utilize EI administrative agents to deliver consistent and timely communication around system policies, procedures, and changes with system stakeholders (not just CFCs) so that this function does not get rolled into service coordinators' responsibilities

Recommendation 11: The Bureau of Early Intervention will require and support the development of consistent IFSP teams committed to facilitating collaboration and communication between team members.

Background: The success of early intervention depends on IFSP teams engaging in regular collaboration between team members, including the family. Historically, the formation of IFSP teams has been left up to individual service coordinators. The structure of the current EI system often leads to a group of early intervention providers that work independently of one another and communicate on an infrequent basis. Limited interactions within and across disciplines hinders team members' understanding of how to develop cohesive plans and work in a collaborative manner that best benefits infants, toddlers, and their families.

Rationale for Recommendation:

- Children and families benefit when there is regular communication between all of the IFSP team members.
- The formation of consistent IFSP teams will lead to increased communication and collaboration among team members ensuring continuity of care across disciplines.
- Families are an integral part of the IFSP team; therefore increasing opportunities for them to actively participate in team discussions will increase the likelihood that early intervention services are meeting the needs of the family.

Implementation Steps:

a) Ensure all IFSP team members have access to the child's IFSP as well as evaluation, assessment, and IFSP reports
b) Revise IFSP document to ensure that all IFSP team members will have consent to share information with each other as authorized on the IFSP implementation page
c) Develop process for service providers to receive reimbursement for participating in regularly scheduled team meetings
d) Maximize use of available technologies (taking into consideration any/all safeguards to ensure confidentiality) to support regular communication and collaboration among IFSP team members
e) Provide mechanism for confidential sharing of information about children and families among team members
f) Create IFSP teams comprised of individuals representing, at a minimum, the four core disciplines within CFCs, assigning other disciplines to teams as needed based on the individual needs of the children and families being served; These teams should have team members with varying levels of education and experience who are committed to mentoring and information sharing in order to move the field forward.
    - All CFC managers will hold provider meetings to facilitate the development of consistent IFSP teams within the CFC regions and develop processes for bringing new providers on to teams when necessary.
g) Establish uniform policies and procedures to allow SCs, in conjunction with the family, to select an IFSP team from a pool of established teams based on the individualized needs of the child and family
h) Develop and implement professional development opportunities, e.g. training, mentoring, supervision that support the use of collaboration and early intervention principles

Recommendation 12: In order to support effective communication among individuals involved in the care of children with IFSPs, the Bureau of Early Intervention should expand the current policies around the use of IFSP development time to include communication with non-system providers as a billable service for IFSP team members and clarify the procedures for proper billing and documentation.

Background: Current policies restrict IFSP development time use to communicating with early intervention providers. Since IFSP development is our system's primary method for promoting consultation and collaboration, this leads to vital members of the team (i.e. child care providers, Early Head Start staff, non-system therapists, health care providers, etc.) being left out of discussions regarding the child's development and implementation of strategies. Additionally, information about the procedures for billing for IFSP development, including those about IFSP development documentation are unclear, causing service providers to be hesitant to engage in IFSP development with other team members for fear that they will have to pay money back to the state. This uncertainty limits the use of this service and negatively impacts the practice of engaging in open and regular communication between IFSP team members.

Rationale for Recommendation:

- Children and families benefit when there is regular communication between all of the IFSP team members.
- In order for non-system providers to remain apprised of new developments regarding the child and family, it is imperative that IFSP team members, with the family's consent, have the ability to engage in regular communication with them.
- Uncertainty around the use of, and billing for, IFSP development time prohibits this from being a viable mechanism for supporting critical team communication.

Implementation Steps:

a) Clarify that IFSP team consultation and report writing are activities that are eligible for payment under IFSP development and expand list of billable activities to include between visit communication with family
b) Expand list of eligible IFSP development activities to include IFSP team communication with non-system providers
c) Set expectation that IFSP team members will convene as a group to communicate monthly to share strategies and review progress for each child they serve for a minimum of 15 minutes; Support this expectation by monitoring providers' engagement in IFSP development activities

Recommendation 13: The Bureau of Early Intervention should revise the current IFSP document so that it is electronically accessible to all team members, promotes understanding among all team members, and supports use of routines-based strategies.

Background: The IFSP is the document that all members of the IFSP team use when developing functional outcomes and the intervention strategies that are intended to support the child and family. The current IFSP form is not easy for families, service providers, medical staff, or educational personnel to use or understand. Additionally, the format does not highlight the family's existing supports, resources, or routines or make a link between these items and suggested strategies. Currently, IFSPs are only available to all team members via paper copy, prohibiting the sharing and updating of information electronically.

Rationale for Recommendation:

- In order for the IFSP form to be useful and effective, the format should be easy to read and understand by all entities supporting the child and family.
- The IFSP form should show how suggested strategies can be embedded in the family's typical daily routines.
- The IFSP should be available in an electronic form so that it is recognized as a critical piece of the child's permanent record.
- Access to an electronic copy of the IFSP form would promote more effective IFSP development because of better sharing of information and collaboration among IFSP team members.

Implementation Steps:

a) Revise the current IFSP form drawing on work from either the federal IFSP form or the form that was developed by Illinois' IFSP workgroup

b) Ensure that the updated IFSP form reflects the family's priorities, concerns and resources as well as supports the use of recommended practices that will be integrated within the family's daily routines
c) Ensure that the updated IFSP form and accompanying EI record support a collaborative team approach and is accessible to all team members and others for whom parent provides consent via a web-based data system
d) Implement web-based data system

Recommendation 14: The Bureau of Early Intervention should revise policies and procedures for IFSP development to consistently incorporate recommended practices for early intervention across the state.

Background: Families are experts on their children's development but they often do not receive enough information about the importance of their role in developing an Individualized Family Service Plan. IFSPs should be individualized to a specific family's support needs and based on the family-identified functional outcomes, but not all service plans are written to reflect these individual differences. To develop a meaningful plan, it is important for all IFSP team members to actively participate in the development of the service plan. Issues such as differing philosophies among team members regarding approaches to intervention as well as focusing on individual domains instead of the integrated nature of child development have been found to negatively impact the creation of integrated plans and outcomes. This lack of coordination often leads to duplication of efforts with high levels of service. IFSP meeting discussions do not always support the parent as a partner, reflect early intervention principles, successfully describe the child's developmental status, or adequately describe how outcomes may be achieved. Revision of current policies, practices, and training will help ensure that families are active participants in developing meaningful plans.

Rationale for Recommendation:

- In order for families to fully participate in the development of their service plan, they need to understand the importance of their input.
- Service plans must be individualized to address family-identified concerns and priorities.
- The lack of a shared understanding and commitment to operationalize the early intervention principles among multidisciplinary team members prohibit the development of integrated service plans with family-centered functional outcomes.
- Current practices and knowledge limit the accuracy of child outcomes ratings/determination of the child's developmental status and impact the development of meaningful intervention strategies.

Implementation Steps:

a) Mandate system-sponsored trainings that strengthen service coordinators' and providers' understanding of early intervention principles and philosophy (i.e. facilitating full and active participation on the part of the family, assessing child outcomes, writing functional outcomes that are individualized for each family, engaging in collaborative teaming, and determining appropriate setting for interventions)
b) Develop, identify, and disseminate resources to increase understanding of the purpose of, and recommended process for, assessing child outcomes

c) Revise incentives/penalties and CFC contract language to ensure they promote the behaviors needed for service delivery change

<u>Recommendation 15:</u> The Bureau of Early Intervention will establish monitoring procedures that hold providers accountable for implementing services aligned with early intervention principles.

<u>Background:</u> The primary goal of early intervention is to support families in promoting their child's optimal development and to facilitate the child's participation in family and community activities. To this end, all early intervention services should be based on the principles of early intervention ensuring that all services are conducted in a family-centered, routines-based manner with regular coaching of the family/caregiver and collaboration among all members of the IFSP team. Currently, not all service providers seem to understand and/or implement the early intervention principles in their work with children and families. When service providers do not adhere to early intervention principles, services tend to be child-centered and overlook the important role that families play in facilitating their child's development. These practices negatively impact the knowledge and skills of the family and lead to less than optimal child and family functional outcomes. In addition, this focus on the child creates an emphasis on what the provider does during each visit rather than on what the provider should be teaching/coaching the family to do during their daily routines which can lead to IFSPs with high levels of unnecessary and duplicative services.

<u>Rationale for Recommendation:</u>

- Families will obtain the necessary skills to support their child's development when service providers implement services that are aligned with early intervention principles. When interventionists coach a family to use strategies that can be implemented with the family's toys and materials in the context of their daily routines, the family will be better equipped to facilitate their child's development when interventionists are not present.
- When families have a comprehensive understanding of early intervention principles, they will be able to assess whether or not they are getting what they should be from their early intervention services.
- When providers implement services aligned with EI principles, the family's relationship with their child is supported and enhanced.

<u>Implementation Steps:</u>

a) Create public awareness materials to share with any/all referral sources and families in order to facilitate their understanding of early intervention principles
b) Utilize system partners, e.g., EI Clearinghouse and EI Training Program, to increase awareness and use of family-centered intervention practices that reflect early intervention principles
c) Revise monitoring process and tools to include items that evaluate CFCs' and providers' adherence to EI principles and transdisciplinary practices
d) Establish system of accountability that details lines of communication and authority to ensure team members uphold their roles and responsibilities to the team and families they serve

e) Provide options for confidential electronic, e.g. web-based data system, secure email sharing of information about children and families among team members

Recommendation 16: The Bureau of Early Intervention will create a system for recruiting and retaining highly qualified service providers to support families.

Background: Currently, there is no mechanism for statewide recruitment of new early intervention providers, especially recent graduates. The credentialing system can make it difficult for part-time service providers to obtain the required 240 hours needed to obtain their full credential. Issues with inconsistent provider payments creates an additional barrier to both recruiting and retaining qualified service providers. These issues lead to provider shortages in some areas of the state and prevents some families from receiving the services listed on their IFSPs.

Rationale for Recommendation:

- In order for families to receive the maximum benefit from early intervention services, they must have access to highly qualified service providers.
- Current practices (i.e., inconsistent recruitment practices, challenges for part-time providers to obtain 240 hours, inconsistent provider payments, etc.) create barriers for recruiting and retaining highly qualified service providers.

Implementation Steps:

a) Improve tracking of service delays through early intervention's data system so that service needs can be better understood and use real-time information
b) The Bureau will review other states' recruitment practices to determine if Illinois can utilize any of their strategies (i.e., offering incentives for providing services in the early intervention system such as providing benefits, supervision, etc.).
c) Have the Early Intervention Training Program reach out to the OT, PT, SLP, and DT associations to discuss connecting professional development credit with the discipline specific conferences
d) Amend provider agreement language to make providers aware of the possibility of payment delays
e) Amend provider agreement language to encourage equitable access for all families, not just as it relates to non-discrimination related to insurance
f) Utilize national technical assistance resources about early intervention finances and advocate with state legislators to ensure adequate program personnel and financial resources

Recommendation 17: The Bureau of Early Intervention will develop policies and procedures to ensure that families feel supported before, during, and after transition from the early intervention system to a community-based option (i.e. early childhood special education program, public pre-K, private preschool, etc.).

***Background*:** The time surrounding a child's transition from early intervention's developmental services to school-based educational services can be stressful for families. A variety of placement options exist for children who are turning three and are no longer eligible to receive early intervention services. Unfortunately, families are not always presented with the variety of community options available for continued services which can impact their ability to make an

informed decision about the most appropriate placement for their child. Furthermore, given the large percentage of services provided in families' homes, families have limited opportunities to speak with other families. Families who have recently gone through the transition process can help families approaching transition feel more prepared to make transition decisions for their child and family.

Rationale for Recommendation:

- In order to make informed decisions for continued placement, families deserve to be presented with community-based options for services at age three.
- Families who have already gone through the transition process are in a unique position to support and encourage families who are moving through the transition process.

Implementation Steps:

a) Add language to the Transition section of the current CFC Manual to require a discussion of pros/cons of screening/ evaluation/ assessment in EI and of transition procedures for children referred less than 45 days from 3rd birthday to help parents make an informed decision
b) Survey CFCs to review how they are currently supporting families during the transition process to identify those that have effective practices in place, for example touring program options, ensuring families receive "When I'm 3, where will I be?" booklet and DVD, ISBE educational rights DVD, transition trainings with school district representatives
c) Based on this information, revise IFSP document to include questions that will drive the discussion between service coordinators and families so that service coordinators can ensure that they are adequately addressing each families' individual needs and concerns
d) Create a document with recommended transition practices to share with CFCs and LICs
e) Ensure that CFC personnel, service coordinators, and service providers have information about the breadth of services available in their local communities
f) Support CFCs and parent liaisons to identify parents who would be willing to connect with families who are going through transition and/or form transition groups including families that have already been through transition considering how technology can support parent to parent connections while safeguarding confidentiality

Recommendation 18: The Bureau of Early Intervention will revise transition policies and procedures to better support families and improve communication between early intervention and receiving programs to facilitate a seamless transition by the child's third birthday.

Background: In order for the transition from early intervention services to school-based services to be as seamless as possible, it is imperative that there be an open line of communication between the two systems. Although it is the responsibility of the CFC office to forward a child's transition packet to the LEA, there is currently no system in place to ensure that these programs receive copies of the child's most recent reports prior to IEP meetings. This can lead to outdated information being used to create IEP goals. Furthermore, CFC personnel and service providers are not always provided with dates for domain and/or IEP

meetings, meaning that they are not being given the opportunity to share their knowledge of a child's current level of functioning or recommendations for further supports and services with school personnel. Another limitation regarding the transition process is the Consent for Release of Information Form is typically dated to expire the day before a child's third birthday. This prevents CFC personnel and/or early intervention service providers from providing information that could support a child's smooth transition to another program after the child turns three.

Rationale for Recommendation:

- Early intervention service providers have unique knowledge about a child's specific developmental needs that could assist teams making decisions regarding a child's transition out of early intervention services.
- Active involvement by early intervention personnel ensures that LEAs receive the most up-to-date reports, providing an opportunity for more informed decisions regarding post-EI services.
- In order to write appropriate IEP goals, LEAs must have current information regarding a child's developmental needs.

***Implementation Steps*:**

a) Modify procedure manual to include a step for ensuring that LEAs receive the most current reports prior to the IEP meeting
    - Modify procedure manual to have consent for release of information expire 30 days after child's 3rd birthday to ensure successful transition
    - Explore options for sending transition packets (and updated reports) electronically
    - Create an alert reminder on the web-based system (between the transition meeting and the school evaluation) to send updated documents and reports to the LEA

b) Add consent for release of pre-enrollment meeting dates to the Consent for Release of Information form to allow LEAs to inform CFC personnel and service providers of upcoming domain and/or IEP meetings and ensure that this requirement is included in the Memorandum of Understanding between CFCs and each school district

c) Modify consent for release of information to allow communication between IFSP team members and receiving transition entity

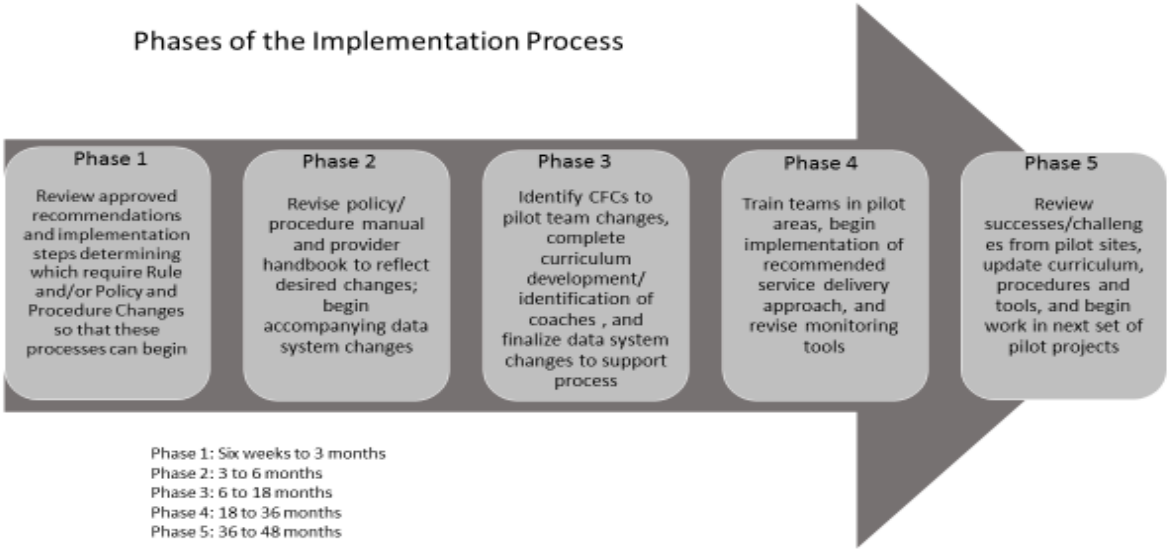
d) Create and require the use of transition agreements that describe best practices for supporting open communication between the early intervention and early childhood systems

e) Ensure that Cornerstone procedures allow proper post-EI tracking options with the ability to choose more than one (i.e., Preschool for All, childcare, Head Start, community preschools, private therapy, etc.).

Timeline for implementation

The Service Delivery Approaches Workgroup suggests that the timeline for these changes be considered in phases. These phases are outlined below in terms of the general type of activity

that needs to be completed rather than the specification of a timeline for each recommendation and associated implementation step. Workgroup chairs would be happy to provide guidance if Council members and/or Bureau staff need assistance determining which implementation steps coincide with the general activities. To the degree possible, the implementation steps under each recommendation have also been ordered to reflect a logical sequence. Though the proposed phases and timelines seem logical, workgroup members feel strongly that implementation will not likely occur in a strictly linear process as many pieces may be occurring simultaneously. Workgroup members also recognize that the timing of implementation phases may be impacted by other system priorities and the availability of system resources. In order to achieve full implementation, it will be necessary for all teams to receive the same level of training and support as the pilot teams.



Appendix A. Revised tool list

APPROVED ASSESSMENT INSTRUMENTS – 06/2015 (Not an exclusive list)
Assessment instruments that have been added or tool names/editions that have been updated are approved for immediate use. Instruments removed from the list will no longer be accepted as of DATE TBD.

Developmental Area/Test Name	Discipline(s)
Global ♦ Assessment Evaluation & Programming System (AEPS) [Curriculum-based, criterion-referenced] ♦ Alpen-Boll Developmental Profile 3 [norm-referenced] ♦ Batelle Developmental Inventory-2nd edition [norm-referenced] ♦ Bayley Scales of Infant Development-3 [norm-referenced] ♦ Brigance Inventory of Early Development III [has both criterion and norm-referenced information][1] ♦ Carolina Curriculum for Infants and Toddlers [criterion-referenced] ♦ Developmental Assessment of Young Children-2 (DAYC-2) [norm-referenced] ♦ Early Learning Accomplishment Profile (ELAP) [criterion-referenced] ♦ Hawaii Early Learning Profile (HELP) [curriculum-based] ♦ Infant Development Inventory (IDI) [parent questionnaire] ♦ INSITE (for visually/multi-sensory impaired) [checklist] ♦ Infant Toddler Developmental Assessment (IDA) [criterion-referenced] ♦ Mullen Scales of Early Learning (MSEL) [norm-referenced] ♦ Transdiscplinary Play Based Assessment-2 (TPBA-2) [observational assessment]	A professional with training and credentials and meeting the requirements specified by the particular test instrument
Cognitive ♦ Functional Emotional Assessment Scales (FEAS) [criterion-referenced] ♦ Vineland Adaptive Behavior Scales (VABS) [norm-referenced]	A professional with training and credentials and meeting the requirements specified by the particular test instrument

[1] Reimbursement for use of the IED III may be rescinded if the forthcoming publication in the Mental Measurements Yearbook indicates that the tool has been substantially revised or if the reliability/validity of the tool is not at least as good as the IED II.

Developmental Area/Test Name	Discipline(s)
Motor ♦ Alberta Infant Motor Scale [norm-referenced] ♦ Erhardt Developmental Prehension Assessment ♦ Gross Motor Function Measures (must be used in combination with a tool that provides age equivalents or % delay) ♦ Peabody Developmental/ Motor Scales- 2 [norm-referenced] ♦ Test of Infant Motor Performance (TIMP) [norm-referenced] ♦ Toddler and Infant Motor Evaluation (TIME) [norm-referenced]	A professional with training and credentials and meeting the requirements specified by the particular test instrument
Functional Skills/Adaptive ♦ Functional Independence Measure (WeeFIM) ♦ Pediatric Evaluation of Disability Inventory(PEDI)/PEDI-CAT [norm-referenced] ♦ Vineland Adaptive Behavior Scales [norm-referenced] ♦ Oral-Motor/Feeding Scale-assessment only; use only in conjunction with a tool that provides age equivalents	A professional with training and credentials and meeting the requirements specified by the particular test instrument
Communication ♦ Mac Arthur-Bates Communicative Development Inventories [parent questionnaire] ♦ Test of Early Communication and Emerging Language [norm-referenced] ♦ Pre-School Language Scale (PLS 4 or 5) [norm-referenced] ♦ Receptive Expressive Emergent Language Scale III (REEL III) [norm-referenced] ♦ Reynell Developmental Language Scales-American Version [norm-referenced] ♦ Rosetti Infant Toddler Language Scale [criterion-referenced] ♦ Sequenced Inventory of Communication Development (SICD) [norm-referenced] ♦ SKI-HI Learning Development Scales (Hearing Impaired 0-3) [curriculum-based] ♦ Receptive One Word Picture Vocabulary Test [norm-referenced] **Articulation (must be used in combination with one of the approved communication tools for evaluation & assessment)**	A professional with training and credentials and meeting the requirements specified by the particular test instrument

Developmental Area/Test Name	Discipline(s)
Articulation (cont) ♦ Goldman-Fristoe Test of Articulation [norm-referenced] ♦ Hodson Assessment of Phonological Patterns-3 (HAPP-3) [criterion-referenced for under 3s] ♦ Arizona -3 [norm-referenced]	
Social Emotional ♦ Achenbach Child Behavior Checklist [norm-referenced] ♦ Carey Temperament Scales (must be used with tool that provides age equivalents or % delay) ♦ Early Coping Inventory [observation tool] ♦ Functional Emotional Assessment Scale (FEAS) [criterion-referenced] ♦ Infant-Toddler Social and Emotional Assessment (ITSEA) [norm-referenced] ♦ Temperament & Atypical Behavior Scale (TABS) ♦ Vineland Social Emotional Early Childhood Scale [norm-referenced] ♦ Devereux Early Childhood Assessment for Infants and Toddlers (DECA I/T)/Devereux Early Childhood Assessment – Clinical Form (DECA-C) [norm-referenced]	A professional with training and credentials and meeting the requirements specified by the particular test instrument
Hearing ♦ Conditioning Play Audiometry (CPA) ♦ Evoked Otoacoustic Emissions (OAE) ♦ Speech Awareness Thresholds (SAT) ♦ Speech Discrimination Test ♦ Visual Reinforcement Audiometry (VRA) ♦ ELF Early Listening Function- assessment only ♦ Pure tone hearing test, air ♦ Tympanometry ♦ Select Picture audiometry	A professional with training and credentials and meeting the requirements specified by the particular test instrument
Vision ♦ The Oregon Project Global Assessment Tool (assessment only)	A professional with training and credentials and meeting the requirements specified by the particular test instrument
Other ♦ Autism Diagnostic Observation Scale (assessment)	A professional with training and credentials and meeting the requirements specified by the particular test instrument
Sensory ♦ Infant Toddler Sensory Profile ♦ Test of Sensory Functioning in Infants	A professional with training and credentials and meeting the requirements specified by the particular test instrument

The following tools are being removed from the approved list:

- Alpern-Boll Developmental Profile II
- Assessment of Phonological Processes-R (English & Spanish) [revision is for ages 3 to 12]
- Batelle Developmental Inventory (original)
- Bayley Scales of Infant Development I and II
- Child Development Inventory (CDI) [normative sample was not a representative sample of US]
- Callier-Azusa Scale
- Communication & Symbolic Behavior Scales (CSBS)
- Early Language Milestone Scales-2 (ELM Scale-2)
- Erhardt Developmental Test of Vision
- Hodson Phonological Screening 1 and 2
- Non-Speech Test
- Paden Phonological Screening
- Pre-School Language Scale 3
- Receptive Expressive Emergent Language Scale 1 and 2
- Reynell-Zinkin Scales: Developmental Scales for Young Handicapped Children
- Spanish Articulation Measure (SPAM) [Revised version is for 3 years and up]
- Transdisciplinary Play Based Assessment (original)

Appendix B. Adjusted at risk definitions (revisions are indicated in italics)

At Risk Condition through Informed Clinical Opinion

At risk of substantial developmental delay, based on informed clinical opinion means that there is a consensus of qualified staff based upon multidisciplinary evaluation and assessment that development of a Department-determined eligible level of delay is probable if EI services are not provided, because a child is experiencing either:

1. a parent who has been medically diagnosed as having a mental illness or serious emotional disorder defined in the Diagnostic and Statistical Manual V (DSM V) (American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901) that has resulted in a significant impairment in the client's level of functioning in at least one major life functional area or a developmental disability, or
2. ~~Three or more of the following risk factors~~ Two or more of the following risk factors with evidence of one standard deviation delay:

   a. Current alcohol or substance abuse by the primary caregiver;

   b. Primary caregiver who is currently less than 15 years of age;

   c. *Family history of lack of stable housing, inadequate food, clothing, or shelter, including homelessness*. Current homelessness of the child. Homelessness is defined as children who lack a fixed, regular and adequate nighttime residence, in conformity with the education subtitle of the McKinney-Vento Homeless Assistance Act;

   d. Chronic illness of the primary caregiver;

   e. Alcohol or substance abuse by the mother during pregnancy with the child;

   f. Primary caregiver with a level of education equal to or less than the 10th grade, unless that that level is appropriate to the primary caregiver's age; or

   g. *Substantiated case of abuse or neglect*. ~~An indicated case of abuse or neglect regarding the child and the child has not been removed from the abuse or neglect circumstances.~~

   h. Interactional/attachment difficulties between primary caregiver and child

   i. Domestic violence in the household

   j. Multiple instances of trauma or loss for the child

Appendix C. Transdisciplinary resources

Illinois' Transdisciplinary Service Delivery Approach is defined as the sharing of roles across disciplinary boundaries so that communication, interaction, and cooperation are maximized among team members (Davies, 2007; Johnson et al., 1994). The transdisciplinary team is characterized by the commitment of its members to teach, learn, and work together to implement coordinated services (Fewell, 1983; Peterson, 1987; United Cerebral Palsy National Collaborative Infant Project, 1976). A key outcome of the Transdisciplinary Service Delivery Approach is the development of a mutual vision or "shared meaning" among the team (Davies, 2007; McGonigel, Woodruff, & Roszmann-Millican, 1994), with the family considered to be a key member of the team.

Support/considerations for this approach:

- Intervention shall be integrated into a comprehensive plan that encourages transdisciplinary activities and avoids unnecessary duplication of services. The plan shall be built around family routines, with written home activity programs to encourage family participation in therapeutic activities on a daily basis. (IICEI, 2001)
- Team members use a transdisciplinary model to plan and delivery interventions. (DEC, 2005)
- It is not appropriate or suitable for professionals to be asked to train others to perform professional level services unique to certain professions, nor should professionals be expected to perform services outside of their scope of practice. Agents of intervention can include both professional direct service providers, such as SLPs and other members of the early intervention team, as well as trained paraprofessionals, early care and education teachers, preschool teachers, family members, and peers. In addition, service delivery can be organized as traditional, direct one-to-one instruction; collaboration with family, team members, or other caregivers; or consultation to educate family members, teachers, caregivers, or peers who work with the child about ways to increase the child's communication, feeding/swallowing skills, and participation in natural activities. The SLP may, then, function as an interventionist or primary service provider, as a team member, as an advocate, as a collaborative partner in educating others on how best to facilitate communicative development, and as a consultant to children who are at risk for or have communication, language, speech, or feeding/swallowing disorders, and their families. (ASHA, 2008)
- AOTA endorses the concepts of collaboration, teamwork, and family-centered care. In early intervention, a variety of team models may be utilized, including a multidisciplinary, interdisciplinary, or transdisciplinary (including primary provider) approach. Federal regulations, such as under the Medicare and Medicaid programs, and state licensure laws require that occupational therapy is provided only by a qualified occupational therapist or occupational therapy assistant. However, the very nature of that which occupational therapy addresses, engagement in daily occupations, can be fostered in a number of ways that can be identified by the occupational therapy practitioner and implemented on a daily basis by the family or others. (AOTA, 2010)

- Taken literally, physical therapists would have legal and ethical concerns practicing in a transdisciplinary model and "releasing" aspects of their discipline. However, in 1997, Rainforth16 found that—although delegation is not allowed for evaluation, intervention planning, and supervision—role release and delegation of intervention strategies can be both ethical and legal and exist within the scope of physical therapy practice (the American Physical Therapy Association's Guide to Physical Therapist Practice17 provides instruction for coordinating, communicating, and documenting patient/client-related interventions). In other words, physical therapists may teach others activities or intervention strategies that do not require the expertise of the physical therapist. It is important that the family and other team members understand that when performing the activities that the physical therapist taught them, they are implementing specific activities to support their child's development, *not* providing physical therapy.4 (APTA, 2010)

Resources:

New Mexico Tool Kit for the Transdisciplinary Team Approach
http://cdd.unm.edu/ecln/FIT/pdfs/TTA%20ToolKit.pdf

New Mexico Self-Assessment of Transdisciplinary Practices
http://cdd.unm.edu/ecln/FIT/pdfs/Self_Assmt_Transdisciplinary.pdf

Colorado Transdisciplinary Team/Primary Service Provider Model brochure
http://cdd.unm.edu/ecln/FIT/pdfs/CO%20Transdisciplinary_PSPBrochure.pdf

Louisiana Early Steps Transdisciplinary Project
http://cdd.unm.edu/ecln/FIT/pdfs/ESTPTransdisciplinaryBrochure.pdf

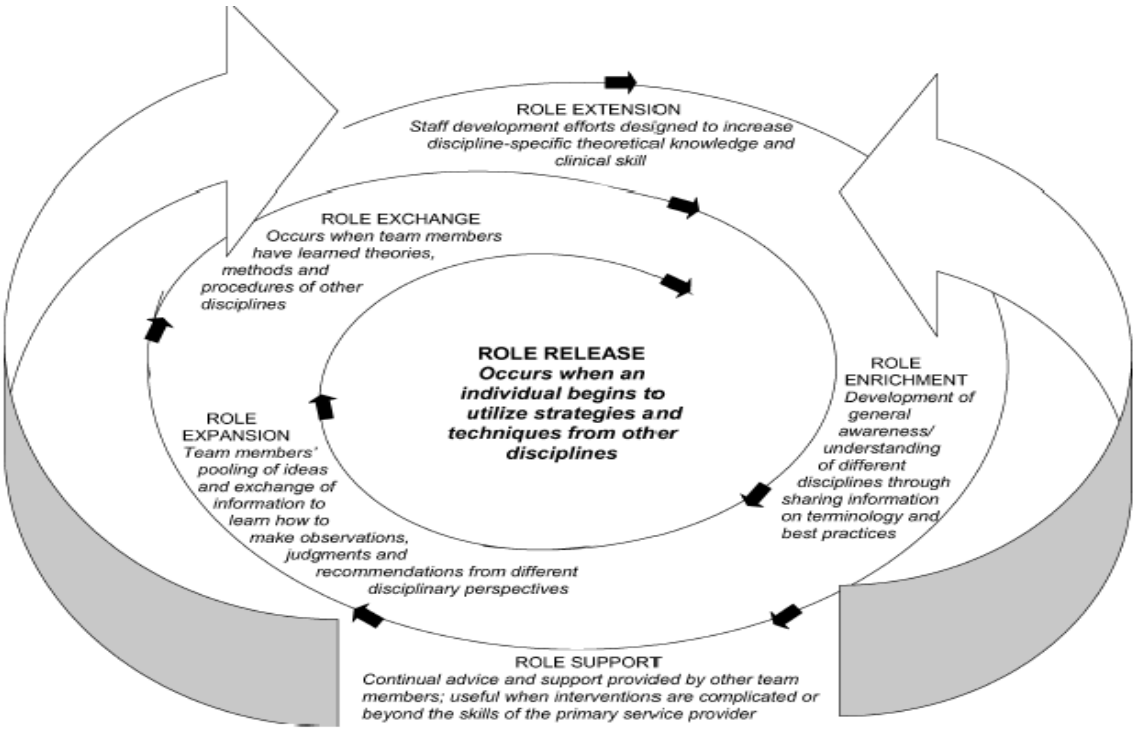


Figure 1. Aspects of the role release process.

King et al (2009)

Appendix D. Professional development needs/issues

SDA RECOMMENDATIONS AND IMPLEMENTATION STEPS POTENTIALLY IMPACTING TRAINING

Recommendation 1: The Bureau of Early Intervention will develop policies and procedures that ensure that every family receives the same information about the early intervention system, and has the opportunity to share their child and family's needs and priorities.

Implementation step:

- Provide regular, ongoing professional development opportunities for service coordinators to support the skills required for intake activities.

Recommendation 2: The Bureau of Early Intervention will procure and implement a web-based data system so that complete and consistent intake information is available to evaluation and service provider teams prior to their first encounters with a family.

Implementation Step:

- Once system is available, provide training and a graduated rollout of the system across the state to allow for piloting and evaluation

Recommendation 3: The Bureau of Early Intervention will ensure that all materials produced for early intervention clearly support the EI philosophy and describe the importance of the family as a partner in all aspects of service delivery.

Implementation Step:

- Require training on EI Principles so all EI providers and service coordinators have the same message about EI principles and philosophy.

Recommendation 4: Determine the feasibility of developmental screenings occurring for referred children prior to initial evaluation/assessment

Implementation Step:

- Provide training to screeners on defined measures.

Recommendation 5: The Bureau of Early Intervention will require the development of teams of evaluators who can effectively meet the needs of families within each CFC.

Implementation Step:

- Provide common training regarding what teaming within the early intervention program looks like.

Recommendation 7 : The Bureau of Early Intervention will develop a plan for ensuring that all EI providers who complete evaluations and assessments are skilled and experienced by demonstrating:

- a strong foundation in infant/toddler development,
- training on administering and interpreting the approved tools they use,
- the ability to conduct evaluations/assessment in a manner that is family-friendly, culturally sensitive, and honors the centrality of the parent-child relationship,
- continuing provision of ongoing direct service to enhance their clinical skills,
- the ability to successfully convey their findings in ways that are accurate and understandable to the family
- communication with other team members during the evaluation process

Implementation Steps:

- Revise initial evaluator credentialing and training requirements to meet or exceed a set of minimal competency requirements which include documentation of the following:
    - All EI initial evaluators, across all disciplines, should have a minimum of 2 semester hours or 30 clock hours in each of the 4 content areas listed here:
        - Infant/toddler development: Typical and Atypical
        - Infant/toddler assessment
        - Working with Families of Infants and Toddlers with Disabilities
        - Early Intervention Methods
    - Produce documentation of training on a specific evaluation tool (must include a norm-referenced tool),
    - Obtain a temporary evaluator credential, and
    - Complete three evaluations, write reports, and participate in the IFSP meeting under the direct supervision of a peer mentor within the provider's same discipline
    - Submit signed documentation verifying completion of these requirements

Recommendation 8: The Bureau of Early Intervention will ensure, through monitoring, that children served meet eligibility requirements and will implement training for evaluation/assessment teams on eligibility categories and methods of documentation.

Implementation Step:

- Require all providers including service coordinators to complete a system-provided training on current guidelines for eligibility with granting of initial/renewed credential. Providers and service coordinators should be required to demonstrate knowledge and understanding of the requirements for establishing eligibility in the various categories

Recommendation 9: The Bureau of Early Intervention will implement a Transdisciplinary Service Delivery Approach that focuses on the family's ability to facilitate their child's development while also respecting the family's values, beliefs, and desire to participate in family life.

Implementation Step:

- Create a process for developing the skills and knowledge needed for service providers to implement transdisciplinary practices. This must include mechanisms for providing supervision/mentoring as well as measures of accountability for adhering to this consultative service delivery approach

Recommendation 11: The Bureau of Early Intervention will require and support the development of consistent IFSP teams committed to collaboration and communication between team members.

Implementation Step:

- Utilize professional development opportunities to highlight the importance of collaboration and early intervention principles

Recommendation 14: The Bureau of Early Intervention should revise policies and procedures for IFSP development to consistently incorporate recommended practices for early intervention across the state.

Implementation Step:

- Mandate system-sponsored trainings that strengthen service coordinators' and providers' understanding of early intervention principles and philosophy (i.e. facilitating full and active participation on the part of the family, assessing child outcomes, writing functional outcomes that are individualized for each family, engaging in collaborative teaming, and determining appropriate setting for interventions).

Appendix E. Credentialing needs/issues

SDA RECOMMENDATIONS AND IMPLEMENTATION STEPS POTENTIALLY IMPACTING CREDENTIALING

Recommendation 3: **The Bureau of Early Intervention will ensure all materials produced for early intervention clearly support the EI philosophy and describe the importance of the family as a partner in all aspects of service delivery.**

Implementation Steps:

g) Require training on EI Principles so all EI providers and service coordinators have the same message about EI principles and philosophy

Recommendation 5: **The Bureau of Early Intervention will require the development of teams of evaluators who can effectively meet the needs of families within each CFC.**

d) Provide common training regarding effective teaming within Early Intervention

Recommendation 7: **The Bureau of Early Intervention will develop a plan for ensuring that all EI providers who complete evaluations and assessments are skilled and experienced by demonstrating:**

- **a strong foundation in infant/toddler development,**
- **training on administering and interpreting the approved tools they use,**
- **the ability to conduct evaluations/assessment in a manner that is family-friendly, culturally sensitive, and honors the centrality of the parent-child relationship,**
- **continuing provision of ongoing direct service to enhance their clinical skills,**
- **the ability to successfully convey their findings in ways that are accurate and understandable to the family**
- **communication with other team members during the evaluation process.**

c) Revise initial evaluator credentialing and training requirements to meet or exceed a set of minimal competency requirements which include documentation of the following:

i. All EI initial evaluators, across all disciplines, should have a minimum of 2 semester hours or 30 clock hours in each of the 4 content areas listed here:
   - Infant/toddler development: Typical and Atypical
   - Infant/toddler assessment
   - Working with Families of Infants and Toddlers with Disabilities
   - Early Intervention Methods,

ii. Produce documentation of training on a specific evaluation tool (must include a norm-referenced tool),

iii. Obtain a temporary evaluator credential, and

iv. Complete three evaluations, write reports, and participate in the IFSP meeting under the direct supervision of a peer mentor within the provider's same discipline

v. Submit signed documentation verifying completion of these requirements

c) Determine structure, requirements, and reimbursement options for providing supervision and mentoring to early intervention evaluators (consider how current system supports and activities such as ongoing professional development requirements can support this)

f) Require providers who do evaluations to also provide 10% of their annual billable services as ongoing intervention services to infants, toddlers, and their families

<u>Recommendation 8:</u> The Bureau of Early Intervention will ensure, through monitoring, that children served meet eligibility requirements and will implement training for evaluation/assessment teams on eligibility categories and methods of documentation.

f) Require all providers including service coordinators to complete a system-provided training on current guidelines for eligibility with granting of initial/renewed credential. Providers and service coordinators should be required to demonstrate knowledge and understanding of the requirements for establishing eligibility in the various categories

<u>Recommendation 9:</u> The Bureau of Early Intervention will implement a Transdisciplinary Service Delivery Approach that focuses on the family's ability to facilitate their child's development while also respecting the family's values, beliefs, and desire to participate in family life.

d) Train intervention teams so that they have the skills and knowledge needed to implement the Transdisciplinary Service Delivery Approach
e) Provide supervision/mentoring as well as measures of accountability for adhering to the Transdisciplinary Service Delivery Approach

<u>Recommendation 10:</u> The Bureau of Early Intervention should revise the funding mechanisms and improve system supports for service coordination to enhance the quality of the early intervention system.

c) Identify the recommended practices for service coordination and ensure that they are part of service coordinators' initial and ongoing training
d) Require CFC Managers to receive training on recommended best practices for service coordination as well as training on supervision and mentoring
g) Require CFC Managers to provide ongoing supervision and mentoring of their service coordinators
i) Utilize EI administrative agents to deliver consistent and timely communication around system policies, procedures, and changes with system stakeholders (not just CFCs) so that this function does not get rolled into service coordinators' responsibilities

<u>Recommendation 11:</u> The Bureau of Early Intervention will require and support the development of consistent IFSP teams committed to facilitating collaboration and communication between team members.

h) Develop and implement professional development opportunities, e.g. training, mentoring, supervision that support the use of collaboration and early intervention principles

<u>Recommendation 14:</u> The Bureau of Early Intervention should revise policies and procedures for IFSP development to consistently incorporate recommended practices for early intervention across the state.

d) Mandate system-sponsored trainings that strengthen service coordinators' and providers' understanding of early intervention principles and philosophy (i.e. facilitating

full and active participation on the part of the family, assessing child outcomes, writing functional outcomes that are individualized for each family, engaging in collaborative teaming, and determining appropriate setting for interventions)

<u>Recommendation 16:</u> The Bureau of Early Intervention will create a system for recruiting and retaining highly qualified service providers to support families.

e) The Bureau will review other states' recruitment practices to determine if Illinois can utilize any of their strategies (i.e., offering incentives for providing services in the early intervention system such as providing benefits, supervision, etc.).
f) Amend provider agreement language to make providers aware of the possibility of payment delays
g) Amend provider agreement language to encourage equitable access for all families, not just as it relates to non-discrimination related to insurance

Appendix F Monitoring needs/issues

SDA RECOMMENDATIONS AND IMPLEMENTATION STEPS POTENTIALLY IMPACTING MONITORING

Recommendation 1: The Bureau of Early Intervention will develop policies and procedures that ensure that every family:

- **receives the same information about the early intervention system, and**
- **has the opportunity to share their child's and family's needs and priorities.**

Implementation Step:

b) Include monitoring of consistent distribution, use and quality of the intake and social history summary form in the CFCs quality assurance process in order to prevent families from having to repeat this information during the evaluation process. Include all salient information, including family barriers to participation, in the written summary that was gathered in the interview

Recommendation 7: The Bureau of Early Intervention will develop a plan for ensuring that all EI providers who complete evaluations and assessments are skilled and experienced by demonstrating:

- **a strong foundation in infant/toddler development,**
- **training on administering and interpreting the approved tools they use,**
- **the ability to conduct evaluations/assessment in a manner that is family-friendly, culturally sensitive, and honors the centrality of the parent-child relationship,**
- **continuing provision of ongoing direct service to enhance their clinical skills,**
- **the ability to successfully convey their findings in ways that are accurate and understandable to the family**
- **communication with other team members during the evaluation process.**

Implementation Steps:

e) Require providers who do evaluations to also provide 10% of their annual billable services as ongoing intervention services to infants, toddlers, and their families

f) Revise the current monitoring and quality assurance processes to include quality provision of child evaluation and assessment (i.e., competent scoring and interpretation of tool results, written reports that meaningfully convey developmental information, etc.)

Recommendation 8: The Bureau of Early Intervention will ensure, through monitoring, that children served meet eligibility requirements and will implement training for evaluation/assessment teams on eligibility categories and methods of documentation.

Implementation Steps:

e) Revise monitoring tools for providers and CFCs to gather information about the consistency of eligibility determinations across the state to inform statewide training curriculum development

Recommendation 9: The Bureau of Early Intervention will implement a Transdisciplinary Service Delivery Approach that focuses on the family's ability to facilitate their child's development while also respecting the family's values, beliefs, and desire to participate in family life.

Implementation Steps:

c) Provide supervision/mentoring as well as measures of accountability for adhering to the Transdisciplinary Service Delivery Approach

d) Revise monitoring tools and processes to evaluate adherence to the Transdisciplinary Service Delivery Approach

<u>Recommendation 10:</u> The Bureau of Early Intervention should revise the funding mechanisms and improve system supports for service coordination to enhance the quality of the early intervention system

<u>Implementation Step:</u>

i) Utilize EI administrative agents to deliver consistent and timely communication around system policies, procedures, and changes with system stakeholders (not just CFCs) so that this function does not get rolled into service coordinators' responsibilities

<u>Recommendation 12:</u> In order to support effective communication among individuals involved in the care of children with IFSPs, the Bureau of Early Intervention should expand the current policies around the use of IFSP development time to include communication with non-system providers as a billable service for IFSP team members and clarify the procedures for proper billing and documentation.

<u>Implementation Step:</u>

c) Set expectation that IFSP team members will convene as a group to communicate monthly to share strategies and review progress for each child they serve for a minimum of 15 minutes; Support this expectation by monitoring providers' engagement in IFSP development activities

<u>Recommendation 15:</u> The Bureau of Early Intervention will establish monitoring procedures that hold providers accountable for implementing services aligned with early intervention principles.

<u>Implementation Steps:</u>

b) Utilize system partners, e.g., EI Clearinghouse and EI Training Program, to increase awareness and use of family-centered intervention practices that reflect early intervention principles
c) Revise monitoring process and tools to include items that evaluate CFCs' and providers' adherence to EI principles and transdisciplinary practices
d) Establish system of accountability that details lines of communication and authority to ensure team members uphold their roles and responsibilities to the team and families they serve

Appendix G

Resources used to inform workgroup discussions

89 IL Administrative Code 500
http://ilga.gov/commission/jcar/admincode/089/08900500sections.html

American Occupational Therapy Association Advisory on Occupational Therapy in Early Intervention (2010) http://www.aota.org/-/media/Corporate/Files/AboutOT/Professionals/WhatIsOT/CY/AOTA%20Practice%20Advisory%20on%20OT%20in%20EI%20%20Final%20Draft%20cw%20_3_.pdf

American Physical Therapy Association Fact Sheet on Using a Primary Service Provider Approach to Teaming (2013) http://pediatricapta.org/includes/fact-sheets/pdfs/13%20Primary%20Service%20Provider.pdf

American Physical Therapy Association Fact Sheet on Team-based Service Delivery Approaches in Pediatric Practice (2010). http://www.pediatricapta.org/consumer-patient-information/pdfs/Service%20Delivery.pdf

American Speech-Language-Hearing Association Frequently Asked Questions: Qualified Providers in Early Intervention http://www.asha.org/slp/faqsqualproviderei/

American Speech-Language-Hearing Association (2008). Roles and responsibilities of speech-language pathologists in early intervention: Technical report. http://www.asha.org/policy/TR2008-00290.htm#sec1.4.3

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http://earlychildhoodpartnerships.org/Attachments_trace/Evidence%20for%20Clinical%20Judgement%20in%20early%20intervention.pdf

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Department of Human Services Natural Environment Worksheet (2007) http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/DCHP/EI/NaturalEnvironmentsWorksheet.pdf

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Illinois Interagency Council on Early Intervention (2001) Principles of Early Intervention http://www.wiu.edu/ProviderConnections/pdf/ServiceDescriptionManual09-10.pdf

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Missouri Early Intervention Teams Questions and Answers (2009). http://dese.mo.gov/sites/default/files/EITQAnumber1teammodelNOV09.pdf

Missouri First Steps Early Intervention Teams (EIT) Definition (2014) http://dese.mo.gov/sites/default/files/se-fs-definition-of-early-intervention-teams.pdf

Missouri First Steps Early Intervention Teams and Families: Topics for Discussion (2010) http://dese.mo.gov/sites/default/files/se-fs-eiteittopicsfordiscussionhandout012110final.pdf

Missouri First Steps Eligibility Criteria (2013) http://dese.mo.gov/sites/default/files/se-fs-eligibility-criteria.pdf

Missouri First Steps Path to Early Intervention Teams in Missouri (2010) http://dese.mo.gov/sites/default/files/PathforTeamdevwithbackgroundinfoUpdatedMarch2010.pdf

Missouri First Steps Program Moving to Transdisciplinary Teams (2009) http://dese.mo.gov/sites/default/files/Movingtotransdiscteamschartupdated32510.pdf

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