

Missouri Part C Stakeholder Meeting on Effective Teaming
April 23, 2009
Jefferson City, Missouri

This stakeholder group was convened as a follow-up to the initial meeting April 2007. DESE contacted NECTAC, the National Early Childhood Technical Assistance Center, to assist the state with identifying principles and practices of effective teaming. Many of the original group members attended the follow-up as well, including SICC members, SPOE directors, service providers and lead agency staff. Additionally, SPOE directors and service providers who are participating in the pilot areas were specifically asked to attend and share challenges and strengths of the teaming model. In preparation for the follow-up meeting, all participants were sent the meeting minutes from the initial stakeholder meeting.

Anne Lucas, TA Specialist, and Joicey Hurth, Associate Director for NECTAC, assisted the lead agency with the facilitation of the meeting activities. The meeting began with introductions and participants identified themselves with a statement about their experiences in early intervention. Pam Thomas, Coordinator of Early Intervention, explained that today's meeting is a combination of the history and future plans in the First Steps program. Pam described the history of early intervention as well as past activities with NECTAC. Initially, DESE met with NECTAC in June of 2004 to develop an improvement plan (see handout: *Missouri Improvement Plan June 2004: Where We Are/Where We Want to Go*). Also discussed was the conclusion of the 2007 stakeholder meeting, where the group identified the model that would best fit Missouri's early intervention program is a combination approach (see handout: 2007 stakeholder meeting minutes). New SPOE contracts are a reflection of the group's decision to have regional options. Pam indicated that other states, similar to Missouri, are also moving to a transdisciplinary model of early intervention services. National researchers have conducted studies and tested various models and their effectiveness. DESE developed a chart (see handout: *Moving to Transdisciplinary Teams*) to help explain transdisciplinary teams in Missouri.

Joicey presented a PowerPoint on Reaching Consensus: Principles and Effective Practices for Providing Services in Natural Environments. She explained that the teaming model doesn't focus on service providers but service coordinators and families as well. The conversations that service coordinators and providers have with the family may be slightly different but the procedures will remain the same. Joicey encouraged the group to think about more than just providers; think about our whole system and what our whole system needs to do to move to transdisciplinary teams. Today's discussion will not limit possibilities or ideals.

A panel of specialists, facilitated by Stacey Ismail, Southwest Area Director, discussed the strengths and challenges of the pilot project for teaming. The panel consisted of the follow: Jenn Coleman, Special Instruction from Region 8, Anne Lieber, Occupational Therapist from Region 9, Lisa Baughman, Special Instructor from Region 3, and Jaime Neff, Special Instructor from Region 4.

The following chart is a summary of the panel presentation:

STRENGTHS	CHALLENGES
<ul style="list-style-type: none"> Rapport among team members based on familiarity 	<ul style="list-style-type: none"> Difficult scheduling (part-time staff) mostly for joint home visit and initial teaming meeting Especially challenging during pilot while some children and families in teaming vs. some are not
<ul style="list-style-type: none"> Added new providers 	<ul style="list-style-type: none"> Billing for team meetings was difficult (15 minute units)
<ul style="list-style-type: none"> Providers good at teaming – talking about kids on caseload 	<ul style="list-style-type: none"> Keeping the team to a team meeting vs. an IFSP team meeting
<ul style="list-style-type: none"> SPOE supports and area directors – many have background training in transdisciplinary approach 	<ul style="list-style-type: none"> New providers impact teaming – how to set up team meetings/training with new providers
<ul style="list-style-type: none"> Team is a natural mode for a big geographic area 	<ul style="list-style-type: none"> Primary provider is challenging with caseload/full time employees
<ul style="list-style-type: none"> Scheduling easier with fewer kids 	<ul style="list-style-type: none"> Bringing this approach to community (e.g. physicians)
<ul style="list-style-type: none"> Team meetings – discussing the process 	<ul style="list-style-type: none"> Families hear that other children are getting “more” services
<ul style="list-style-type: none"> Families love this model 	<ul style="list-style-type: none"> Need more training on primary provider, teaming, not “expert model”, joint visits vs. individuals vs. way we’ve been operating
<ul style="list-style-type: none"> Getting everyone on same page upfront (re-learning) 	<ul style="list-style-type: none"> Adjusting to a large number of children on the team vs. small number right now
<ul style="list-style-type: none"> Joint visits help the providers 	<ul style="list-style-type: none"> Turnover of staff (staff at different level)
<ul style="list-style-type: none"> Have involved other discipline via phone 	<ul style="list-style-type: none"> Determining who is most appropriate to serve as primary
<ul style="list-style-type: none"> Parent education needed on ongoing basis and ongoing conversations 	<ul style="list-style-type: none"> Need more training on the model
<ul style="list-style-type: none"> If providers, SPOE are all on the “same page” much easier to team 	<ul style="list-style-type: none"> Team members must be on same page (including parent)
<ul style="list-style-type: none"> More joint visits up front really works “front loading” 	<ul style="list-style-type: none"> If teams are assigned in counties across regions, need to figure out how to make sure staffing/scheduling works
<ul style="list-style-type: none"> Pre-set meeting places and times 	<ul style="list-style-type: none"> Finding time to attend team meetings
<ul style="list-style-type: none"> Recognized each members strengths and varied experiences 	<ul style="list-style-type: none"> Figuring out providers when some regions have no providers that will go into natural environments (some still providing clinical mode)
<ul style="list-style-type: none"> Share learning across disciplinary lines – draw on functional experiences 	<ul style="list-style-type: none"> Need more training on model
<ul style="list-style-type: none"> Help clinic based therapists to understand value of natural environment 	<ul style="list-style-type: none"> Struggle with fee for services

STRENGTHS, continued	CHALLENGES, continued
<ul style="list-style-type: none"> • Training help therapists get excited about natural environments - attracting more referrals and providers willing to go to homes 	<ul style="list-style-type: none"> • Scheduling – juggling with children across both models • Scheduling joint visits
<ul style="list-style-type: none"> • Parents good about describing unique situations at home to the providers 	<ul style="list-style-type: none"> • Families concerned what their child gets vs. different child down the road • Need written materials for parents and the medical community
<ul style="list-style-type: none"> • Special Instructor helps families integrate clinical suggestions into families routines 	<ul style="list-style-type: none"> • Challenges with child not making progress and encouraging other team members to come in and how to balance discussions with parents about this
<ul style="list-style-type: none"> • It is wonderful to increase provider involvement 	<ul style="list-style-type: none"> • Still working on shifting concept of old model to new model
<ul style="list-style-type: none"> • Being in same location allows more spontaneous teaming/consulting 	<ul style="list-style-type: none"> • Deciding who is Primary • Role release, not know each other's strengths, especially that need to change
<ul style="list-style-type: none"> • Get better at scheduling as you learn each others' schedules 	<ul style="list-style-type: none"> • Challenges in areas where no providers are available
<ul style="list-style-type: none"> • Face to face meeting/monthly helps us be proactive about getting information to meet parent concerns 	<ul style="list-style-type: none"> • Timing of RBI when done at same meeting when IFSP is developed
<ul style="list-style-type: none"> • Overtime, get better at good balance at bringing others into home for joint visits 	<ul style="list-style-type: none"> • What happens when child moves from county with teams to a county without teams or service providers
<ul style="list-style-type: none"> • Good rapport helps team members make transition to new model 	<ul style="list-style-type: none"> • Shifting from decision about Primary is based on deficits of child vs. relationships between provider and family
<ul style="list-style-type: none"> • RBI use helpful in routines and outcomes 	
<ul style="list-style-type: none"> • Works well to do RBI with service coordinator and move to IFSP meeting where we put together information on each child, outcomes, timelines, upcoming meetings, etc. 	

Following the panel presentation, small groups were formed at tables. Each group was asked to identify the challenges and supports that are needed to implement statewide teams. These were organized into 4 areas of practice: 1) provider, 2) SPOE, 3) state, and 4) families. Each group documented challenges and strategies for these specific areas.

The following chart depicts the activities for each area:

Provider Practices: Changes and Supports needed to implement statewide Teams

CHALLENGES	STRATEGIES
<ul style="list-style-type: none"> Limited providers only working part-time Provider availability 	<ul style="list-style-type: none"> Use community resources – higher ed students Provider recruitment Allow SPOEs to hire providers based on SPOE identified needs
<ul style="list-style-type: none"> Too many providers 	<ul style="list-style-type: none"> Increase child find Schedule systematic meetings/dates
<ul style="list-style-type: none"> Gradual transition to all kids in teaming model 	<ul style="list-style-type: none"> SPOE pick implementation date and stick to it for all kids
<ul style="list-style-type: none"> Valuable community resources have limited availability in natural setting 	<ul style="list-style-type: none"> Create link between clinical setting and natural environment
<ul style="list-style-type: none"> Team - diversity of knowledge base 	<ul style="list-style-type: none"> Flexibility to expand teams – numbers, types of expertise
<ul style="list-style-type: none"> Building trust and communication between state, SPOE, and provider 	<ul style="list-style-type: none"> Value and support regardless of personal or professional opinion
<ul style="list-style-type: none"> Licensure requirements 	<ul style="list-style-type: none"> Education – meet with the Boards Move away from current treatment codes – move to early intervention code for all providers
<ul style="list-style-type: none"> Paradigm shift from discipline specific services to the child vs. early intervention with the family Role – Release of specific discipline 	<ul style="list-style-type: none"> Educate providers (with professional organization information) Mentoring available locally Ongoing training and T.A. Education <ul style="list-style-type: none"> Higher Ed MD/Medical PAT Part B Training/education of First Steps’ philosophy – family is the recipient of the intervention
<ul style="list-style-type: none"> Time spent that is not billable 	<ul style="list-style-type: none"> Fee per child Use consultation option

Provider Practices continued. . . Changes and Supports needed to implement statewide Teams

<ul style="list-style-type: none"> • Scheduling team meetings 	<ul style="list-style-type: none"> • Balance team face to face time with technology i.e. webinars and community of practice discussion boards • Central scheduler
<ul style="list-style-type: none"> • Providers with aversion to team model 	<ul style="list-style-type: none"> • End First Steps enrollment
<ul style="list-style-type: none"> • Not all providers who will be on teams are trained on the DAYC 	<ul style="list-style-type: none"> • More DAYC trainings
<ul style="list-style-type: none"> • Access to needed information in WebSPOE 	<ul style="list-style-type: none"> • Redesign WebSPOE to allow access to Health/Medical and RBI information
<ul style="list-style-type: none"> • Need for ongoing support and training 	<ul style="list-style-type: none"> • State training and support • Written materials to distribute to providers, families, and medical professionals
<ul style="list-style-type: none"> • Developing trust and rapport among independents 	<ul style="list-style-type: none"> • Training • Brochure/written materials • Community of Practice • Blogging • Communication skills • Collaboration • Home visiting

SPOE Practices: Changes and Supports needed to implement statewide Teams:

CHALLENGES	STRATEGIES
<ul style="list-style-type: none"> Implementation of teaming 	<ul style="list-style-type: none"> Regular and consistent communication between SPOE and service coordinator
<ul style="list-style-type: none"> Service coordinator not oversee the plan (i.e., gatekeeper) but collaborates with providers 	<ul style="list-style-type: none"> Training service coordinator on how to communicate team model to providers Provide oversight of teams (i.e. progress notes) More involved in decisions
<ul style="list-style-type: none"> SPOE does not have oversight of teams – who makes/leads development and changes? 	<ul style="list-style-type: none"> Development of early intervention oversight group Employ own provider link payment to submission of progress note
<ul style="list-style-type: none"> Service coordinators working with multiple teams 	<ul style="list-style-type: none"> SPOEs need to know geographical area, caseload and provider base
<ul style="list-style-type: none"> Subcontractor (provider) need access to WebSPOE without changing current contract expectations 	<ul style="list-style-type: none"> Give the subcontracted providers access to WebSPOE – even if it is limited
<ul style="list-style-type: none"> Understand teaming model 	<ul style="list-style-type: none"> Clear understanding of what all disciplines can bring to a team and value what they know Value all people on the team involved in team-level training
<ul style="list-style-type: none"> Service coordinator insecurity with leading and facilitating an EI team Knowledge of service coordinator re: teaming model 	<ul style="list-style-type: none"> Training for service coordinators on leadership so they are more confident Training service coordinators slowly as teams develop Support service coordinator decisions Use of RBI Well-versed on teaming model Bring Robin McWilliam back for statewide training for new teams as they develop
<ul style="list-style-type: none"> Working with providers when there are no openings on teams 	<ul style="list-style-type: none"> Fill teams with half to full time providers with Early Childhood background, who are dedicated to First Steps philosophy
<ul style="list-style-type: none"> Maintaining providers to ensure regional coverage by 2013 	<ul style="list-style-type: none"> Go slow and do it right

SPOE Practices continued . . . Changes and Supports needed to implement statewide Teams

<ul style="list-style-type: none"> • SPOEs need to understand role of disciplines and their guidelines 	<ul style="list-style-type: none"> • Training - balance between licensure requirements and teaming
<ul style="list-style-type: none"> • Communicating the model 	<ul style="list-style-type: none"> • Scripts for service coordinators • Written materials • Multiple ways to communicate and make sure providers know how information is being communicated • Personal e-mails between SPOE and doctors • Training curriculum for medical community • Work with Higher Education to incorporate Early Intervention into curriculum
<ul style="list-style-type: none"> • Monitoring and management tools 	<ul style="list-style-type: none"> • Statewide guidance – structure outcomes
<ul style="list-style-type: none"> • How to pull together teams in the SPOE regions and be “politically correct” 	<ul style="list-style-type: none"> • NO STRATEGY
<ul style="list-style-type: none"> • Entering changes and authorizations in WebSPOE 	<ul style="list-style-type: none"> • Tab for teams separate from IFSP auths • Allow easier access to make changes to authorizations/services
<ul style="list-style-type: none"> • Different paperwork happens in different SPOE regions 	<ul style="list-style-type: none"> • More uniform SPOE documentation • Reduce amount of paperwork
<ul style="list-style-type: none"> • Financial responsibility - shift fee for individual services vs. teaming provider services 	<ul style="list-style-type: none"> • Analyze current billing practices and receive training on changes. Provide information to providers

State Practices: Changes and Supports needed to implement statewide Teams:

CHALLENGES	STRATEGIES
<ul style="list-style-type: none"> • WebSPOE • Family friendly IFSP • Need provider access to more information in the WebSPOE 	<ul style="list-style-type: none"> • System need to reflect routines • Monthly summaries • Place for RBI in the WebSPOE • More visually accessible • Change security access in WebSPOE • Authorizations for primary and EIT • Need to enroll Speech Language Pathologist Assistant on Matrix to get authorizations from CFO
<ul style="list-style-type: none"> • Get back to CSPD (need more mentoring and credentialing in early intervention) 	<ul style="list-style-type: none"> • State values local expertise as well as state policies • Use demonstrations • Local trainers (mentors) shadowing • Community Of Practices (COP)
<ul style="list-style-type: none"> • State needs to recognize existing excellence in SPOE practices 	<ul style="list-style-type: none"> • State trust SPOEs long term goals and need flexibility in implementing change
<ul style="list-style-type: none"> • Information that is straight forward and easy to access 	<ul style="list-style-type: none"> • Consistent communication • E-mail group

Family Practices: Changes and Supports needed to implement statewide Teams:

CHALLENGES	STRATEGIES
<ul style="list-style-type: none"> Getting conflicting information from other families 	<ul style="list-style-type: none"> Written information Outreach to community Face to face visits with physicians MPACT develops information for families with DESE Use multi-media DVDs Target communication to the audience Share research base
<ul style="list-style-type: none"> Families need steps to do when they move to another region 	<ul style="list-style-type: none"> Develop general bulleted guidance
<ul style="list-style-type: none"> Look at specialized pops – what’s the plan for e.g. Autism ABA 20 hrs/week 	<ul style="list-style-type: none"> Educate families on what ABA is
<ul style="list-style-type: none"> Families need more transition options 	<ul style="list-style-type: none"> Develop information and strategies Review transition materials Changes/needs given PSP model Information on how school does work

Pam stated DESE is excited about the participation and level of detail provided from the group today, which will be helpful with the next steps. Pam mentioned that Part C received stimulus monies that DESE will begin to spend next fiscal year and there have been many questions as to how DESE plans to spend those monies. Pam identified 3 likely areas as:

- 1) Intense training on teams - primarily focused on providers but also including service coordinators and SPOEs. The training will include written and online materials, regional workshops, and individual team technical assistance.
- 2) Modifications to WebSPOE - primarily focused on development of ways to identify team members and authorizations.
- 3) Direct services to children – current child count is increasing. During a period of time when there are two different systems in place, supporting current families with the existing structure and phasing in teams, there will be an increase in program costs.

There are many other ideas and projects that the state is considering, including updating materials to reflect more routines-based language, revising the parent handbook, etc. Finally, DESE will be developing a “Team page” on the First Steps website to help organize the various materials on teams.

In closing, Pam thanked the group for participating and asked the group for ideas to stay connected on team progress and the discussions from today’s meeting. Suggestions were given for conference calls or e-mail updates. The group was encouraged to contact Pam with additional ideas.

The meeting adjourned at 3:00.