



Addressing Challenges with EIT Implementation

The following information is intended to provide clarification on some of the common challenges that teams are experiencing when implementing Early Intervention Team (EIT) in the state of Missouri. This document is divided into three sections: A) Provider Visits, B) Incomplete Teams, and C) Ongoing Support/Training.

SECTION A: PROVIDER VISITS

CHALLENGE: USING ANCILLARY PROVIDERS IN THE EIT MODEL

Question 1: How and when should the Primary Provider and the Ancillary Provider work together when providing services to the same family?

Response: Ancillary services may be any of the twelve services not included in the required four services for an EIT (occupational therapy, physical therapy, speech and language therapy, and special instruction). While Ancillary Providers do not serve as required members on an EIT, their services and input are important to EITs. The IFSP team needs to **determine the level of collaboration necessary** between the Ancillary Provider, the Primary Provider and the EIT that will benefit the family. It is important for the EIT, and particularly the Primary Provider, to be informed of and/or participate in the services provided by Ancillary Provider(s), which may include joint visits and/or consultation between the Primary and Ancillary Providers.

The Primary Provider should **attempt to schedule some visits** with the family that will coincide with the Ancillary Provider. This allows the Primary Provider to acquire a better understanding of what techniques and interventions are working best with the child and family and to be able to assist the family in achieving the outcomes on the IFSP. Consultation time may be authorized by the IFSP team when communication is necessary between the Primary Provider and the Ancillary Provider. The expectation of consultation between providers should also be noted in the Strategies and Activities and/or in the Team Communication section of the IFSP document.

CHALLENGE: SCHEDULING JOINT VISITS DUE TO VARIED PROVIDER SCHEDULES

Question 2: Can the Supporting Provider see the child and family without the Primary Provider present?

Response: The joint visit is an important component of the EIT model because the Supporting Provider has **the opportunity to share his/her unique expertise** not only with the family but also with the Primary Provider. It is the Primary Provider's role to learn from the Supporting Provider so that s/he can **carry out the strategies and activities** during visits when the Supporting Provider is not present.

The IFSP team decides the level of joint visits. It is expected that the Primary and Supporting Providers would go to joint visits together as stated in the IFSP. However, it is important to remember that **IFSP services are to be implemented as written**. If a joint visit is not possible, the providers still need to see the family at the frequency and intensity written into the IFSP. **For example**, a Primary Provider is going to the home weekly and a joint visit occurs twice a month. However due to a family cancelation, the Primary and Supporting Providers could not schedule

both joint visits in the time remaining that month. In this example, the Primary and Supporting Providers went separately for one of the two joint visits in that month.

All attempts to hold the joint visit together should be made and separate visits would occur under rare circumstances. Any missed visits should be made up in accordance with the Holidays, Vacations, and Missed Visits guidance (October 2011). Documentation of the attempts made to schedule or reschedule should be included in the Provider Progress Note.

Flexibility and creativity of providers is important for successful scheduling. Providers should work together and **brainstorm creative solutions to scheduling issues**. Some ideas which may assist in scheduling are: traveling together to visits, group scheduling in person or via online calendars; pairing with providers by service areas, work hours, and/or availability; and the use of creative or less specific intensity and frequency authorizations.

CHALLENGE: CHANGING THE PRIMARY PROVIDER

Question 3: When is it appropriate for the IFSP team to consider a change in the Primary Provider?

Response: At the initial IFSP meeting when the IFSP team selects the Primary Provider, the team must consider not only the child/family's needs right now, but also any potential needs as far as the team can project for the future. Given that **the relationship between the Primary Provider and the family is an integral part of the EIT model**, the IFSP team should only consider changing this person in rare circumstances. If a circumstance arises where the IFSP team discusses and determines it necessary to change the Primary Provider, then the IFSP team may do this. **For example**, a family's needs change and the IFSP team has continually increased the frequency and intensity of the Supporting Provider's visits as reinforcement for the Primary Provider, then the IFSP team may decide that the Supporting Provider would be the more appropriate Primary Provider for the family.

CHALLENGE: SCHEDULING JOINT VISITS DUE TO DISTANCE

Question 4: Can Supporting Providers conduct joint visits with the Primary Provider via distance learning technology?

Response: Joint visits are direct child services; and therefore, must be provided in person and billed/noted accordingly. Distance learning technology for visits with families (with the exception of the iHear Program at St. Joseph's Institute for the Deaf) has not been recognized as an approved service delivery. Providers and SPOEs will be notified if the approved methods of service provision change as a result of technological advances.

CHALLENGE: DOCUMENTING IFSP TEAM'S CONVERSATIONS

Question 5: Where is the specific plan for the provision of services, including "front-loading" and/or joint visits, documented in the IFSP?

Response: The IFSP team's discussion about service delivery should include information about the frequency of services; such as how often the Primary and Supporting Providers will visit the family together (joint visits) and if there is a need to gradually decrease services after a period of time (front-loading). Decisions about service delivery should be captured in the following sections of the IFSP document:

- Service authorizations (intensity, frequency, duration, method of delivery)
- Team communications (outline or summary of plan for service delivery)

Additionally, the plan (amount/type) for services should be documented in the Notice of Action/Consent form that the family must sign before initial or revised services are initiated. Finally, any IFSP decisions should be documented in the Service Coordinator's Case Notes.

SECTION B: INCOMPLETE TEAMS DUE TO LACK OF PROVIDERS

CHALLENGE: LACK OF PROVIDERS IN SOME AREAS OF THE STATE

Question 6: Can assistants be utilized as Primary or Supporting Provider on the EIT?

Response: For both the Primary and Supporting Provider role, the specialist (e.g., OT, PT) must be assigned to the role and that specialist can determine within the scope of his/her licensed practiced **when it is appropriate to use an assistant**. For example, a PT is selected as the Primary Provider and the IFSP team has determined that weekly visits are needed. The PT can decide to utilize a PTA for the weekly visits with PT supervision. The same may occur for Supporting Provider visits. For example, an OT is selected as the Supporting Provider and the IFSP team has determined that visits are needed two times a month. The OT can decide to utilize a COTA for these visits with OT supervision. The level of supervision required for each discipline is governed by the Missouri licensing board and all providers working in the First Steps program must be knowledgeable of these requirements.

Remember, the level of service is determined by the IFSP team; however, the decision to utilize an assistant is the responsibility of the specialist. It is important for EIT members to be familiar with individuals on their team who may utilize assistants because the use of an assistant will impact the level of service and authorizations. The specific services identified by the IFSP team must be documented on the Notice of Action/Consent and signed by the parent prior to the initiation of services.

CHALLENGE: NO PROVIDERS TO COMPLETE TEAM COMPOSITION

Question 7: What are some strategies that SPOEs can use to complete teams and begin serving children and families?

Response: If the SPOE has documented attempts of their efforts to recruit specific discipline(s) for teams without success, the SPOE may want to consider a few short-term strategies until the discipline(s) can be located for the team, including:

- The SPOE may ask a provider from **a neighboring region** or other team in their own region to attend the monthly EIT meeting of their "incomplete" team to consult with Primary Providers about appropriate strategies/activities for a child/family.
- The SPOE may ask a provider to serve on a team **only** as a Supporting Provider who would attend occasional joint visits, but not be asked to serve as a Primary Provider.
- The SPOE may consider virtual teaming **for EIT meetings** by use of telecommunication through local health departments, University Extension offices, libraries, universities, etc. as long as the capability for secured internet or conference call connections are available.
- The SPOE may utilize a provider who is unwilling to travel to the natural environment. For the **short-term**, this provider is considered a part of the EIT. How this may affect joint visits and services in the natural environment would need to be discussed by the team.

Keep in mind these strategies are a short-term approach only until a complete team can be organized. The use of these short-term strategies is determined on an individual team basis after discussion with and approval by the Area Director.

TOPIC: EIT MEETINGS

CHALLENGE: PREPARING FOR EIT MEETINGS

Question 8: How should service coordinators and providers prepare for EIT meeting discussion and agenda items?

Response: Preparation for EIT meetings is essential for effective early intervention services. First, the EIT should **determine how frequently they need to meet** for discussion of the children and families on their caseload. When teams are new and/or have small caseloads, the EIT may decide not to meet as frequently. However, once teams have experience or a reasonable caseload size, it is expected that the teams would meet monthly.

Second, the EIT may consider **a consistent schedule** (e.g., the last Friday of every month at 1pm) to help facilitate scheduling and ease confusion. The length of the meeting will depend on the number of children and families that need to be discussed at each particular meeting.

Third, in preparation for an EIT meeting, every provider who serves as a Primary Provider should **review the children/families on their caseload** to determine one of the following actions: 1) an issue or concern with the child/family needs to be discussed and brainstormed by the EIT at the upcoming meeting; 2) a written update regarding the child/family needs to be given to the EIT; or 3) a child/family does not need to be added to the EIT agenda. All children/families should be brought to the attention of the EIT at least quarterly either through discussion or written update.

Finally, the service coordinator sends out **a request for agenda items** for an upcoming EIT meeting. The EIT members should submit their agenda items in a timely manner. If the service coordinator does not receive agenda items, the service coordinator should send a reminder to the EIT members. Once the service coordinator receives the agenda items, s/he can **create the agenda for the upcoming meeting**, including an estimated amount of time. Remember that the time spent at EIT meetings is for learning from and supporting one another. If EIT members are adequately prepared for their meetings, then the meeting will be of higher quality.

CHALLENGE: HOLDING A QUALITY EIT MEETING DISCUSSION

Question 9: What should occur at an EIT meeting?

Response: At the start of the EIT meeting, the service coordinator should take a few minutes to share with the team any team, SPOE or DESE updates. Then the EIT should move to the agenda items that require group discussion.

The EIT needs to be careful to use their meeting time for group brainstorming and discussion regarding the various child/family issues or concerns. It is easy to fall into a habit of using the group's time to verbally update the team on a child/family's progress; however, updates can typically occur in a written format. The EIT's focus during their meeting should center on the **providers collectively offering strategies and suggestions** regarding individual issues, concerns that have arisen during home visits, and/or questions from the family. EIT meetings should be a time for providers to expand their knowledge base and seek information from providers of the same or differing discipline.

EIT members may find it helpful to recognize times when a meeting was especially helpful. For example, at the conclusion of a meeting, EIT members could take a few minutes to share feedback on specific instances when the team arrived at effective strategies or engaged in a meaningful discussion.

CHALLENGE: UPDATING INSTEAD OF STRATEGIZING AT EIT MEETINGS

Question 10: What can the team do if EIT meetings are “off track” and consist of just updating each other instead of brainstorming or strategizing?

Response: There are many reasons as to why an EIT is “off track” with their meetings. One reason may be that the team is struggling with **cohesiveness** and trusting their team. Continue to remind the team of the benefits of team brainstorming and communication. If needed, consider some team building activities to build team rapport, such as sharing background and expertise information amongst the group, sharing personal information/stories, etc.

As the facilitator of the EIT meeting, the service coordinator must have the **leadership skills** to keep the team moving forward. If a service coordinator needs support in developing leadership skills, then the SPOE Director should offer that assistance through group or one-on-one trainings, peer modeling, etc.

Finally, an EIT can request that the SPOE Director and/or Area Director attend an EIT meeting to **offer insight** into the meeting dynamics, and to work with the team on suggestions to get back “on track”.

TOPIC: ONGOING SUPPORT/TRAINING

CHALLENGE: DISCREPANCY BETWEEN FIRST STEPS AND AN AGENCY’S PRACTICE

Question 11: If an EIT was created predominately (or solely) with providers from one agency but that agency does not adhere to First Steps policies and procedures, what can the SPOE do?

Response: Adhering to the EIT model is a **contract requirement** for the SPOE. If providers on a team are not following the EIT model, the SPOE may not be meeting their contractual responsibilities. If a team is not adhering to the team model, the SPOE Director must determine the issue and take appropriate action to resolve the problem. Examples of action to improve the team’s performance may include **additional training** or re-training in the EIT model for one or all members of the team.

Every effort should be made to bring the team into alignment with the model without disrupting the services to the child and family. However, there may be times when it is necessary for the SPOE to **redesign the team** in order to improve performance. Redesign of a team may include placing additional providers on the team, dividing the team into two or more teams, and/or removing one or more providers from the team.

CHALLENGE: SUSTAINING ONGOING EIT TRAINING

Question 12: How will training and support be offered to new and ongoing Early Intervention Team (EIT) providers?

Response: During the initial implementation of EIT, the Area Directors developed five levels of training to be disseminated to all providers serving on an EIT at that time (see chart below). These trainings were delivered face-to-face where providers were given a stipend and certificate for their attendance. It is anticipated that the **face-to-face trainings** will conclude Spring 2012. After this time, there will be other options available for training and support to teams.

Early Intervention Teams (EIT) Levels of Training		
Number	Name	Description
Level 1	EIT 101	An overview of definitions and implementation plan for EIT
Level 2	IFSP teams and EI Teams	Provides a distinction between IFSP & EI teams. Includes a description of EIT meetings, agendas and guidelines
Level 3	Routines-Based Interview™	Provides preparation and conversation about daily routines and the process for selecting outcomes
Level 4	Quality Home Visiting Practices	Describes recommended practices through a support-based approach to home visiting
Level 5	Support-Based Home Visits	Continued description of recommended practices through a support-based approach to home and child care visits

In 2012, new and ongoing EIT providers will have access to a new **online training module** titled “First Steps Module 6: Early Intervention Teams.” Providers can log on to <http://campus.elearningmo.org> to complete the module and assessment. This module includes the content covered in the EIT Levels 1 & 2 trainings that were provided by the Area Directors along with aspects of successful teaming.

A **library of DVDs** will be provided to each SPOE containing a recording of each EIT training Levels 3 through 5. The DVDs can be shared with new and ongoing EIT providers to provide training and technical assistance. The DVDs are not intended be the sole means of training and supporting EIT members; the expectation would be the provider would view the DVDs as needed and the SPOE would follow up with the provider regarding any lingering questions.

The state is considering the development of “**mentor teams**” as a way to utilize providers to provide technical support to one EIT member or to an entire EIT who continues to have questions around certain teaming issues. More information about mentor teams will be available at a future date.

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