

# First Steps

## Module 1: Orientation

### Module 1 Tab 1: Introduction

**Module 1: Orientation to Missouri’s Early Intervention System** provides an overview of First Steps, Missouri’s early intervention system for infants and toddlers, birth to age 3, who have delayed development or diagnosed conditions that are associated with developmental disabilities. This module includes the philosophy of early intervention, the federal requirements of Part C of the Individuals with Disabilities Education Act (IDEA), and the early intervention process for families and professionals. Subsequent modules provide a more detailed guide to each of the steps in the process.

**Module 1: Orientation** is required for all individuals who want to enroll in the First Steps program. Other individuals who are interested in learning more about early intervention and the First Steps program are welcome to review the modules.

#### OBJECTIVES FOR MODULE 1

1. Define the following terms and describe how they relate to the First Steps program:

- 45-day timeline
- Cultural competence
- Department of Elementary and Secondary Education (DESE)
- Early intervention teams
- Eligibility criteria
- Family-centered
- Individuals with Disabilities Education Act (IDEA)
- Individualized Family Service Plan (IFSP)
- Informed written consent
- Lead agency
- Natural environments
- Parental Rights Statement
- Part B
- Part C
- System Point of Entry (SPOE)
- Referral
- Routines-based Interview™ (RBI)
- Transdisciplinary
- Triadic model

2. Name the steps in the First Steps process and describe the main activities in each step of the process.

3. Describe the distinction between a medical model and an early intervention model.
4. Discuss the federal requirements of Part C of IDEA.

## **INTRODUCTION**

First Steps, Missouri's early intervention program, is a system of services and supports for families with children under the age of three who have either a diagnosed condition known to cause or contribute to developmental disabilities, or who have significant developmental delays.

The purpose of First Steps is to meet the needs of the family related to enhancing the child's development, as well as meeting the developmental needs of the infant/toddler with a disability or developmental delay. First Steps makes a distinction between a medical model (where the various therapies are the central point of the program) and a family oriented model (where the focus is on meeting the developmental needs of each child and the needs of the family related to enhancing the child's development).

### **First Steps Mission Statement**

First Steps is a support and service system designed to improve family capacity to enhance their child's development and learning and to increase the child's participation in family and community life.

The federal legislation which supports Missouri's First Steps Program is Part C of Individuals with Disabilities Education Act (IDEA). The statutory basis for IDEA dates back to 1965, with additional legislation passed in the 1960s and 1970s, establishing the right of children with disabilities to receive an appropriate education.

### **What Does the IDEA Say?**

IDEA provides federal funding to assist states and local communities in providing services and educational opportunities to children with disabilities. In order for a state to participate in Part C it must assure that early intervention services will be available to every eligible child and family. Missouri's State Plan for Part C outlines how the specific regulations set forth in Part C of IDEA will be implemented in Missouri. Many things in the First Steps program, such as the components of an Individualized Family Service Plan (IFSP), are done in accordance with the federal regulations of Part C of IDEA.

The Missouri Department of Elementary and Secondary Education (DESE) is the lead agency responsible for monitoring the First Steps Program to ensure compliance with these regulations. Each year, an Annual Performance Report (APR) is presented the federal government as documentation of Missouri's performance.

## **BETH'S STORY**

Beth finally had her Master's degree and was moving to Missouri to become a therapist. She didn't really want to work in a school. She had enjoyed her pediatric classes and her work with young children. She had heard that Missouri's Part C program, First Steps, contracts with providers to work part-time or full-time. In the hospital clinic where she had worked, she had enjoyed her contact with the youngest children, providing suggestions to parents about what they should be doing with their child. She had demonstrated the strategies in the clinic and typed up sheets each week for parents. Although she could tell when some parents hadn't done their "homework," other parents brought back the sheets and Beth could tell they'd been used a lot from their condition. With that experience under her belt she felt prepared to continue that work in a family's home.

Since she was a new graduate, Beth wanted to work with others who were experienced. She decided she would work through an agency rather than be an independent contractor. She found two agencies in her area that worked with families and young children in First Steps and the agencies had openings! Beth went in for an interview feeling confident and excited to begin working with young children. She met Sonya, the director of the agency, and followed her into her office to answer questions. However, once there, the interview didn't go as Beth had planned.

One of the first questions asked was, "What is your philosophy of serving families with young children?" When Beth described her clinic experiences and her role developing intervention plans for parents to carry out throughout the week, Sonya didn't seem very enthusiastic. Beth wasn't quite sure what Sonya seemed troubled about. Beth was family-centered! She even printed out descriptions of what the families should do! It might be harder to do that in someone's home where she didn't have access to a printer, but Beth could prepare them ahead of time and then show the parents what to do during the therapy sessions. After all it was her expertise and work with the child that would make the biggest difference. What the families were doing would help, of course, but not like real therapy with Beth.

By the time Beth finished, Sonya had stopped nodding her head and really looked unhappy. There was a long pause and then Sonya said, "I can tell that you haven't had much experience in an early intervention program. When we talk about family-centered in early intervention, we don't mean a program where parents carry out therapists' goals. We're talking about a program where the family is at the center, where intervention is directed toward parent concerns and priorities, and where intervention is embedded into daily routines and activities. Intervention is what happens between the provider's visits when parents and other caregivers interact in their daily lives in ways that support the child's development. Provider expertise is needed to help figure out how to support the child's active participation in the daily routines, but parents determine which routines they want help with and what kinds of changes in the routines they want and don't want."

That was very different from what Beth had learned in graduate school and in the hospital clinic. How could young children learn new skills and behaviors if parents were the ones

making the decisions? They weren't therapists! What was all her training for if parents were the ones making the decisions? At this point Beth figured she wasn't going to get hired and had a hard time following Sonya's description of early intervention and First Steps. She only half-listened as Sonya talked about family-centered practice, natural environments, working as a team, lead agency, System Points of Entry, procedural safeguards, and routines-based intervention.

Just before Beth left, Sonya said, "I think you need to find out more about early intervention and First Steps before you know if you even want to do this kind of work. Why don't you do some reading about early intervention? Then, if you're still interested, you can talk with one of our service providers and see how the system works. Please give me a call if you'd like to do that."

As she said goodbye to Sonya, Beth had a lot on her mind. Why was what Sonya described so different from what she had been taught? Was this just something that was done in Missouri? What would be her role as a therapist? Why does Missouri do it this way? How much of this was federal requirements and how much of it was a philosophical belief of administrators in Missouri?

Beth left the interview feeling confused and frustrated, but determined to make sense of early intervention and First Steps. But first she had to formulate her questions.

- *What was the purpose of First Steps if it wasn't just to pay for therapy for children?*
- *Who were the children who could receive services?*
- *What does a lead agency do?*
- *What rights did parents have in the program?*
- *What was "family-centered" intervention?*
- *What is meant by providing services in the natural environment or in daily routines?*

Beth looked at the information Sonya had given her. Four sheets in particular caught her attention:

The first sheet had "First Steps Belief Statements" printed at the top. The second sheet was an example of intervention for Michael and Miguel. The third sheet was about the state requirements for First Steps. The fourth sheet was an explanation of the team model for early intervention services. Beth was looking forward to reading these and learning more about First Steps.

Beth read the belief statements with great interest and wondered what they looked like in practice. What did it mean that services were "culturally competent" or that they should be embedded in naturally occurring routines? How did therapists learn how to do that? She hoped that she would get to see how these beliefs played out with real children living in real families.

## **REFLECTIVE QUESTIONS**

Think about the following questions as you reflect on the information in this section of the course:

1. How would you explain to someone the difference between a medical approach to services versus an early intervention approach?
2. What does family-centered mean to you?
3. What information do providers need to know about First Steps before enrolling with the system? What are some strategies for getting this information to them?
4. Why are parental rights important in early intervention? In your opinion, what is the most important right they have and why?

## Module 1 Tab 2: Philosophy and Law

Missouri's First Steps System is designed for families of infants and toddlers with disabilities. It is the "First Step" to preparing children to enter school and become successful adults. Families play an integral role in their child's development. The First Steps System provides families the tools they need to help their child be successful.

The purpose of Part C is to provide financial assistance to States to:

- (a) Maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families;
- (b) Facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage);
- (c) Enhance the States' capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and
- (d) Enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations, particularly minority, low-income, inner-city, and rural populations.

### What Does the IDEA Say?

State and federal regulations require First Steps early intervention services to be provided in natural environments.

According to the federal regulations, to the maximum extent appropriate to meet the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate. Services outside the natural environment are only allowable if the needs of the child require it, in which case a justification of the extent, if any, to which the services will not be provided in a natural environment must be documented in the child's Individualized Family Service Plan.

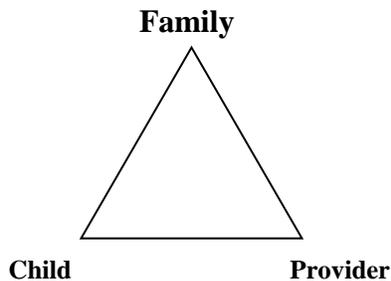
### BETH'S STORY

To understand the program better, Beth decided she should start by reading the First Steps belief statements. Sonya had referred to these in their conversation and it seemed as if they were at the heart of how early intervention programs in general, and First Steps in particular, were different from the medical model she'd been trained in or even from programs and services for older children.

One of the first things Beth noticed was that the family was the focus of the mission, not just the child. Although the goal was for the child to grow and learn, the way to do that is

by supporting the family and helping them increase their capacity to enhance their child's development. This wasn't what Beth had been taught, but it made sense. It also explained what Sonya meant when she talked about the "triadic model" that included the parent or caregiver, the child, and the provider.

### ***Triadic Model of Family-Centered Intervention***



The parents and family were with the child more than anyone else and would be with the child over time. Therapists could only work with the child an hour or two a week. If that's the only time the child was being supported, not much would change. But, if parents were implementing strategies and supports during daily activities and routines the child would get much more "intervention".

This reminded Beth of the second document from Sonya, the one on Michael and Miguel. Beth really liked this document because it was clear the family spends much more time doing daily activities with the child than when the provider was visiting them.

Beth thought this document was especially important for new providers like her who are trying to learn about what intervention in First Steps looks like. The examples of daily activities like signing songs and telling stories are things families can do with their child throughout the day and in a lot of different places like riding in the car or bath time. It would also be a good visual aid to share with caregivers who may be struggling to understand how both the provider and the family can support the child.

Next Beth began to review the third document Sonya gave her, the one about the state requirements.

Beth wanted to learn more about the multidisciplinary evaluation of the child and other assessment procedures for young children in early intervention. Beth also planned to read the sections about the IFSP process and early intervention services to have a better understanding of the requirements and what the discussions with service coordinators, providers and the family.

Finally, Beth was ready to learn more about how the early intervention system is implemented in Missouri. Beth had heard about the way service coordinators and providers work together in teams.

This fourth document that Sonya gave her about early intervention teams was really helpful to understand how services are delivered in the First Steps program. Now Beth was starting to understand what the system of early intervention looks like in Missouri!

### **Early Intervention Specialists: Making a Difference. . . One Step at a Time**

This video describes a career as an Early Intervention Specialist featuring early intervention providers working with families.

### **REFLECTIVE QUESTIONS**

Think about the following questions as you reflect on the information in this section of the course:

1. What does the statement “to increase the family’s capacity to enhance their child’s development” mean to you?
2. Describe the Triadic Model. What would services in early intervention look like in this model?
3. What belief statements do you feel should be added to the list?
4. Why is there a requirement in early intervention to serve children in natural environments? Other than the child’s home, what are other common places where infants and toddlers live, learn, and play?
5. Would you have difficulty working with a family whose child clearly has delays in all areas of development, but they only want to focus on one area, such as walking or talking? Why?

## Module 1 Tab 3: The Referral Process

The referral process involves numerous activities related to introducing the family to the program and gathering information on the child and family. The System Point of Entry (SPOE) system ensures that every child and their family have equal access to early intervention regardless of where they live in Missouri.

A “primary referral source” is the individual or agency that first referred the child to the SPOE. Primary referral sources are informed about the referral process and procedures through the public awareness activities in the region.

Primary referral sources include:

- Hospitals, including prenatal and postnatal care facilities
- Physicians
- Parents
- Child-care programs
- Local educational agencies (including special education and Parents as Teachers)
- Public health facilities
- Other social service agencies
- Other health care provider
- Public agencies in the child welfare system
- Homeless family shelters
- Domestic violence shelters

A referral to First Steps can be made in a variety of ways, including fax, mail or a phone call to the local SPOE office.

To make a referral by phone, First Steps operates a toll-free statewide referral line:

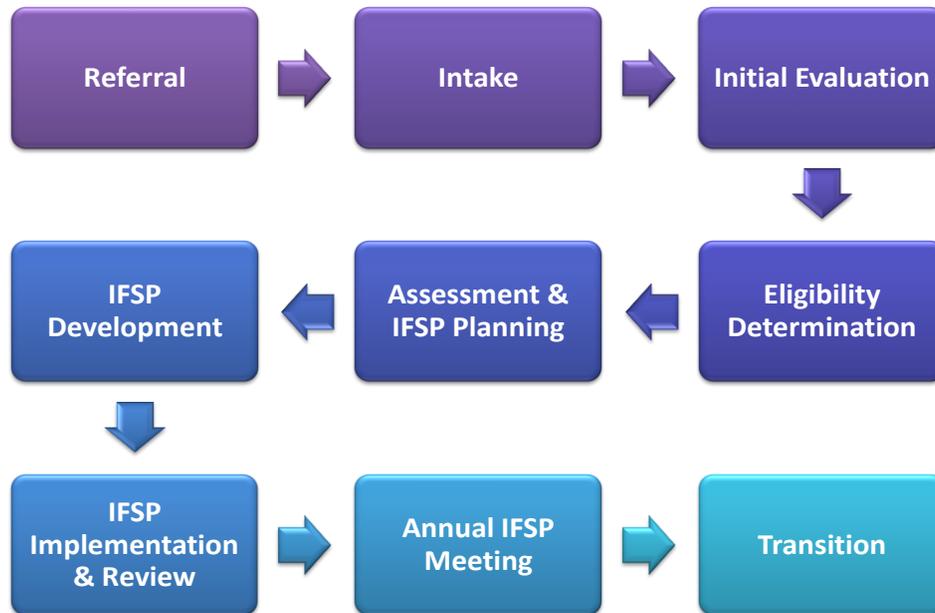
**866-583-2392**

### What Does the IDEA Say?

According to state and federal regulations, the initial Individualized Family Service Plan (IFSP) meeting must be held within 45 calendar days from the date of referral. This 45-day timeline is known as the referral process; which includes referral, intake, evaluation, and eligibility determination.

Although there is no specific timeline requirements for when the intake and evaluation activities must occur after the referral to First Steps, these activities should be conducted in a timely manner to ensure that the 45-day timeline is met.

## Early Intervention Process



### BETH'S STORY

Beth called Shelby, a Speech -Language Pathologist who works in First Steps, and made an appointment to learn more about the First Steps process. Beth met Shelby, who was very friendly and seemed genuinely eager to help. “Are you always so upbeat?” Beth asked Shelby.

“Yes, I guess I’m one of those people who see the glass half full,” Shelby said. “I think a positive attitude helps me be a good service provider for families with young children. I am often one of the first people that families talk to about what worries them. I want them to feel comfortable and open about discussing their concerns. Their first impression is important.”

“Now, tell me. What I can do to help you understand the First Steps process?” asked Shelby.

“Well, I’ve looked at the flow chart but I’m not sure how the process gets started. Can you give me some general information?” asked Beth.

“Of course, I would be happy to walk you through the process. Here’s what happens first. Someone contacts the System Point of Entry (SPOE) office with concerns about an infant or toddler. The referral can be made over the phone, in writing, or in person. Anyone who is concerned about an infant or toddler (doctor, nurse, Parents as Teachers educator, other

health/medical professional) can call in the referral. Since friends, neighbors, or other family members cannot give a referral, it is usually the parent who calls.”

Shelby continued. “At this point it’s really about setting up the electronic early intervention record and gathering initial information. Once the SPOE speaks to the referral source, they can usually figure out whether or not the child will move on to intake. Based on the referral information, they determine there is not a need to move to intake, they don’t have enough information and must move to intake to gather more, or they have enough information and must move to the intake stage.” “Does that make sense?” asked Shelby.

Beth nodded her head, “I think I understand so far. . . Just because a referral is made, that doesn’t mean it will automatically go to the intake stage of the process. Is that correct?”

“Right,” said Shelby. “This is done on a case-by-case basis. During the initial contact with the family, the SPOE and family schedule an intake appointment. If the family says no, then the process stops. Of course an electronic record is kept just in case the family changes their minds and wants to schedule an intake appointment at a later date. Have you seen the First Steps Belief Statements?”

Beth nodded.

“Good,” replied Shelby. “They are critical to the success of this entire process and they are the very heart of First Steps. The belief statements guide all of our interactions with families.”

Shelby continued, “Once the referral is made, the SPOE works hard to determine if the infant/toddler is eligible for services. The interaction between the Intake Coordinator and family, along with the information gathered, is vital for paving the way to eligibility determination. The information gathered during intake will help determine whether to stop or proceed to the next step in the process. This may be the first real encounter the family has with an evaluation or discussion about their child’s condition, so what we do, how we do it, and how sensitive we are to the family’s needs, is crucial to the process.”

Beth looked a bit puzzled. “So this is way more than just asking the family for information?”

“Absolutely!” said Shelby. She continued, “Some of these families have just lost their dream of the perfect baby. Some are angry, some are scared, some are confused, and most of them are fragile. Also considering that a lot of our families are from different cultures, respecting the cultural diversity of our families is a must.” Beth said, “I know what the belief statement says, but I think I may have trouble with understanding and taking into account cultural issues as a provider. I’ll need some help with that.” Shelby smiled and said, “The fact that you are aware of it will help you become more open and knowledgeable. As we move through the First Steps process, we can discuss examples and situations that may help you.”

“So let’s move on with intake,” said Shelby. “If the family agrees to schedule an intake appointment, the SPOE sets it up at a time that is convenient for the family, as much as possible. Sometimes just the mother wants to be present, sometimes both parents, and other times it may include a close friend and the parents. It’s really up to the family. The discussions at this visit will include sharing child and family information to begin a relationship with the family. At this time the family receives a brochure explaining the program

Remember, if English is not the primary language, a translator will go along with the Service Coordinator to this visit,” said Shelby.

“After the First Steps program is explained, the family may have questions, and there is time to answer those then. Then the family signs a form to consent or decline an initial evaluation/assessment to determine eligibility. At this time the Parental Rights Statement is discussed with the family,” said Shelby.

“What are parental rights?” asked Beth.

“They are ten statements that explain the family’s rights while their child is involved in the First Steps program,” said Shelby. “Their rights include things like the right to privacy and the right to review their child’s records. Have you seen the statements document?” asked Shelby.

“No,” said Beth.

“Here is a copy. As a provider in First Steps, it has been helpful for me to know what the parent’s rights are so that I can refer parents to it, when necessary,” said Shelby.

“What if parents do not want to find out if their child qualifies for First Steps?” asked Beth.

“Good question Beth!” said Shelby. “If they say no, then the Service Coordinator thanks them for taking time to listen to the First Steps program explanation, and explains the parents can contact First Steps any time before their child turns three to continue the process, if the parents choose to do that instead. If the parents agree and sign the consent for initial evaluation, then some basic information is collected. This includes things such as how to contact the family, who lives in the home and some information about the child’s medical, health or developmental history.

“Really the purpose of this meeting is to explain the program and obtain basic information. There may be a developmental screening collected by the Service Coordinator at this visit, but not always. It just depends on who referred the child and what information already exists. Remember, there will be more visits during the 45-day timeline that focus on developmental information,” said Shelby.

“What is a 45-day timeline?” asked Beth.

“I’m sorry, I should have said that in the beginning,” said Shelby. “IDEA requires the timeline from referral to the initial plan for services to take no longer than 45 days. This is often called the 45-day timeline. The only excuse for taking longer than that is if the parent needs more time to think about participating or for other parent decisions. We work together, the Service Coordinators and providers, to try to get through this process as quickly as possible, but also give the family enough time to think about things and make good decisions,” said Shelby.

“Ok, so let’s get back to the intake visit. It sounds like there is a lot of paperwork at this meeting,” said Beth.

Shelby agreed that it involves a lot of information, but necessary to provide the best support for the family. “There are several forms,” said Shelby. “Remember we just talked about the brochure, the consent form and the Parental Rights Statement.”

Beth nodded.

“Well, there is also Release of Information forms to obtain,” said Shelby. “A separate release is signed by the parent for every person outside of First Steps that the parent wants me to talk to about their child.”

“Ok, that is good to know! So where do I come into the picture as a provider?” asked Beth.

“That is the next step, the evaluation and assessment process,” said Shelby. “The evaluation to determine eligibility occurs for every child who does not have a qualifying medical condition; however, if the child does, then eligibility is determined through medical records, health summaries, or other types of reports. As service providers, it is important for us to remember that all children are required to have a multi-disciplinary evaluation; that is another federal requirement.”

Beth looked puzzled.

“I know it can be confusing hearing all of the different words like ‘evaluation’ and ‘disciplines,’ said Shelby. “Basically a multidisciplinary evaluation means at least 2 or more different disciplines or professions are involved in the evaluation or assessment of the child. It is important to remember that the Intake Service Coordinator can be considered as one of the two disciplines.”

Beth, feeling a bit overwhelmed asked, “How long does the intake meeting take since there is so much information to gather?”

“It can take up to an hour,” said Shelby. “It just depends on the family and their needs. The families are in the driver’s seat and decide when they are ready to make particular decisions. Some need more time and supports than others. It’s important that we are sensitive to their needs. This isn’t a one-size-fits-all approach. It must be taken on an individual basis.”

Beth nodded.

“Well, in a nutshell, that’s the referral and intake process,” said Shelby.

“Once the intake meeting has been conducted what’s next?” asked Beth.

“I mentioned this before, but let me explain more about this now,” said Shelby. “Infants and toddlers can qualify for First Steps in two ways. Some infants are born with genetic conditions or medical conditions that will result in a delay or disability. With verification from the hospital or the physician, those infants do not need further evaluation in order to be eligible. Also, babies who are premature and who meet other ‘newborn criteria’ only need hospital documentation of the newborn status to be eligible.”

“The second group of children who are eligible for services have a delay or atypical development in one of the developmental domains,” said Shelby. “Those children must be evaluated to determine if their delay meets the eligibility criteria.”

“Right. That’s where I come in,” said Beth.

“Yes!” Shelby exclaimed. “Now you are catching on! Remember that during intake we gathered information about the concerns the family had about their child? A professional in the area of the child’s greatest concern is the one who does the evaluation. So, if the child has a delay in language and communication, an SLP might conduct the evaluation. She will schedule a time that is convenient for the family and good for the child (avoiding nap time) and will use a standardized evaluation instrument that looks at development in all areas, not just communication.”

“The instrument uses a combination of parent report, observation, and direct administration of some items. If this tool captures the child’s unique strengths and needs, and the SLP and parent are confident in the results of the test, then the SLP will write a report of the results and share it with the Service Coordinator. This report will be used in conjunction with other reports in order to determine a child’s eligibility. That’s another federal requirement, that no single procedure is used as the sole criterion for eligibility. So the evaluation completed by the SLP cannot determine eligibility by itself, there has to be another procedure or person involved.”

“What happens if the SLP thinks that the evaluation was inconclusive?” asked Beth.

“If the SLP thinks that the child has challenges that aren’t addressed fully by the evaluation instrument, she can use other tools to get a clearer picture of the child’s development,” said Shelby. “Currently, children must display at least a half-age delay in at least one developmental domain in order to meet eligibility criteria for First Steps. If additional concerns become apparent and the SLP doesn’t think it is an area she can accurately evaluate, another professional may become involved. That’s why it is really important for the Service Coordinator and the providers conducting the evaluations to work closely and share information during the 45-day timeline.”

Beth agreed that communication was important. “I know that in the clinic where I worked, assessments could be very expensive. Who pays for the assessment and the services the child and family receive?” Beth asked.

Shelby answered, "The evaluation and other assessments conducted by First Steps are free to the family. Even though IDEA allows states to charge families for the early intervention services that are provided after the IFSP team decides those services, the evaluation and assessments must remain a no cost activity for families. The Service Coordinator explains all of this in the first visit with the family, but it's a lot of information at one time, so the family gets to keep a copy of the payments information.

“Does Missouri charge families for services after the child is determined eligible?” asked Beth.

Shelby replied, “It depends on the family size and income, but yes, families may be charged a monthly fee for services. This is called a Family Cost Participation fee and it is determined at the initial IFSP meeting. We can talk more about that later.”

“Ok. What happens if the child isn't eligible?” asked Beth.

“If the child doesn't qualify for First Steps, we help make sure that the parents get connected with another resource in the community,” said Shelby. “There are other programs that help families and children. You may have heard about Parents as Teachers?”

Beth nodded.

“Great. Parents as Teachers offer great support and strategies for families. I'm sure you also know about some childcare or preschool programs in your local community. Some parents may not know that their child could participate in Early Head Start. There could be play groups or support groups available, too. Sometimes, the family needs other kinds of supports and we help them find the community resources available in their area.”

“Depending on the needs of the family we try to make sure that we don't just leave them without options, even if the child did not qualify for First Steps,” Shelby explained. “If the child was referred and evaluated, then there was a concern.”

“But if he does qualify?” asked Beth.

Shelby continued, “If the child does qualify for First Steps, then the next step is to develop the IFSP. The Service Coordinator, along with one of the providers who conducted the evaluation will complete an interview with at least one of the child's parents or caregivers to find out more about the family's daily routines.”

“Wow, all of this in 45 days?” asked Beth.

Shelby answered, “Yes, and we haven’t held the IFSP meeting yet, so we have more to come.”

### **Family Voices**

This video illustrates the importance of relationships between parents and professionals.

### **REFLECTIVE QUESTIONS**

Think about the following questions as you reflect on the information in this section of the course:

1. Are the belief statements implemented in Beth’s Story? How?
2. What are some ideas for marketing First Steps to reach families and children that need early intervention services?
3. Who requires the 45-day timeline? Why is it important to meet the timeline?
4. Why do you think it is important to base eligibility decisions on more than one piece of information instead of just a test score?
5. What are some of the key points you would emphasize with a parent whose child was found not eligible for First Steps?

## Module 1 Tab 4: IFSP Process

Families participate as partners in the planning, development, implementation and review of their Individualized Family Service Plan (IFSP).

As soon as possible after eligibility determination, the family and Service Coordinator plan for the initial IFSP and identify meeting participants, topics for IFSP team discussion, and the time/location for the IFSP meeting.

In preparing for the initial IFSP with a family, it is essential the Service Coordinator take time to review each section of the IFSP with the family. As the family develops an understanding of each section of the IFSP document, they will be able to participate in its development. This advance preparation encourages their active participation in the meeting.

### What Does the IDEA Say?

The IFSP process results in a document that reflects a family's concerns, priorities and resources with regard to the development of their infant or toddler. An IFSP is required to contain a statement of the child's present levels of development; the family's concerns, priorities, and resources (i.e., family CPR); child and family outcomes with strategies and activities; the early intervention services to be provided; a statement of the natural environments in which services will be provided; other services identified as necessary to meet child and family needs; and a transition plan for when the child turns three.

The contents of the IFSP shall be explained to parents and informed written consent obtained from the parent prior to the provision of early intervention services described in the IFSP. A copy of the printed IFSP is sent to the family by the Service Coordinator.

Reviews and revisions must be conducted through the IFSP team process. The IFSP must be periodically reviewed every six months. However, the IFSP may be revised at any point at the request of a team member in order to reflect a child's developmental needs or changes in family priorities, concerns and resources.

### BETH'S STORY

Shelby says, "If the child qualified for First Steps, then the next step is to develop the first IFSP. In order to develop a high quality IFSP that is reflective of the family's priorities and concerns, it is important to collect information from the family about the needs of their child and their family."

"How do you do that?" asked Beth.

"First Steps utilizes the Routines Based Interview™ (RBI) as a family assessment. The Service Coordinator, along with one of the providers who conducted the evaluation, will conduct this interview with at least one of the child's caregivers to find out more about the family's daily routines. If the child is in a childcare setting, the childcare providers

can also be interviewed, depending on the parent's wishes. The parent tells about what a "typical" day looks like for the family from waking up in the morning to going to bed at night."

"It is important to understand how the child participates in each of the routines, and how satisfied the parent is with the routine. Remember, there are other informal and formal assessment activities that may occur with the child and family instead of or in addition to the RBI. Some examples of informal assessment would include observation, parent interview, and checklists and formal assessments might include criterion-referenced or curriculum-based instruments such as the HELP® Birth-3, Carolina Curriculum, AEPS, or the ELAP."

"Wow!" exclaimed Beth. "That seems like it would take a lot of time and energy. Why do we need to do all of that? Why don't you just take the evaluation data and develop the goals?"

"Good questions and ones that go right to the heart of First Steps," replied Shelby. "Remember back to the belief statements and the idea of the system being family-centered, with intervention being done in natural environments, and in the child's daily life and routines? Those aren't just words! We need to know about the routines and parent successes and challenges *within those routines* in order to know where to focus our supports and services."

Beth listened carefully as Shelby continued to explain.

"Families know what their daily challenges are and what parts of the day are hard," said Shelby. "If we want to support the family so they can better support their child, we have to start with what *they* want help with, not what we think they should be doing. Does that make sense?"

"Sort of, keep going," replied Beth.

"Well, in models of service that are medical in nature, therapists provide intervention to the child and then leave the parent with a list of things to do. Even in some newer models of service, providers come in with a bag of toys and then show parents how to do intervention with the toys."

Beth looked puzzled. Shelby continued on. "But, in many families, parents don't spend much time playing with toys with their child. They do spend a lot of time bathing, dressing, feeding, and doing that kind of basic tasks with their child, and things like going to the grocery store. Rather than asking them to add a new routine to their already busy day, we work within the routines that already happen. If parents or siblings do play with toys with the child regularly, and the parents want help with how to use that time to support the child's development, then that can be one of the routines that gets targeted.

Again, it would be based on what that family's daily routines are, not based on what we think should be happening in the home."

Shelby continued by saying, "The Service Coordinator and provider can conduct the RBI and take notes; or two people may attend and one will take notes while the other conducts the interview. Based on that information, the parent(s) and interviewer identify the routines that are most challenging for the family and what the focus for intervention will be. I know it sounds like a different kind of assessment, but it will become apparent what the greatest area of need is for this child and family. This will help the Service Coordinator and the providers involved with evaluation and assessment plan on who will be invited to participate in the child's initial IFSP meeting. This is especially important because in Missouri we are moving to a transdisciplinary or Early Intervention Team (EIT) model."

"Oh no, not another disciplinary word!" exclaimed Beth.

Shelby replied, "It is ok! I will explain the difference."

"Remember when we were talking about the multidisciplinary team involvement in the evaluation of the child?"

Beth replied, "Yes, that was for the initial test to help with eligibility determination."

"Right," said Shelby. "Now we are moving away from eligibility and into planning for IFSP services, so the way that family receives services changes a little bit. Transdisciplinary is just a fancy word that describes sharing information and strategizing across disciplines. In Missouri, the model is called Early Intervention Teams or you will hear others call it EIT for short."

Beth smiled. "I like acronyms."

Shelby smiled too. "Then you are in the right program, because there are a lot of acronyms to remember!"

Shelby continued. "Let's keep talking about this EIT. In the EIT model, one provider takes the lead with each family and becomes the primary provider. The primary provider is the one who has the most expertise in the area of the child's greatest needs. Each EIT includes representation from four core disciplines of occupational therapy (OT), physical therapy (PT), speech-language pathology (SLP), and special instruction (SI). Additionally, each EIT includes a Service Coordinator (SC), so there will be at least five individuals on each EIT. The other providers on the EIT who are not serving as the primary provider for family are referred to as supporting providers. It is the role of the supporting providers to function as a support system to the primary provider through regularly scheduled EIT meetings, which provide opportunity for providers to exchange professional opinions, strategies, and information about children assigned to the EIT."

Beth spoke quickly. "I get it. This way there aren't so many people coming and going and family's lives aren't so disrupted."

"You got it, Beth!" exclaimed Shelby. "Remember, we still have other services in First Steps besides those who are represented on the EIT. Those other specialists are ancillary providers, and they may be called on if children have needs such as audiology, nursing, or nutrition services."

"Yes, I think I'm beginning to understand," said Beth.

"So when does someone actually sit down with the family and write an IFSP?" asked Beth. "I understand that all this information has been collected in order to write a good IFSP. How and when does that happen?"

Shelby replied, "That's the next thing I want to tell you. The process of determining eligibility through evaluation, gathering information about the child and family through assessment, and holding the initial IFSP meeting all takes place within the 45-day timeline. Remember?"

Beth nodded.

"The Service Coordinator, evaluator(s), parents, and anyone else the parent wants to invite will hold a meeting to develop an IFSP. The Service Coordinator will send an invitation to the meeting, called a meeting notification letter. This way everyone knows who has been invited, what will be discussed, and when and where the meeting will occur."

Shelby continued, "The IFSP has information about the child's history, current development, parent concerns, and outcomes chosen by the family. The early intervention services that the child and family will be receiving are described, including how often and where the providers will be working with the caregivers. The provider might go to both the childcare setting and home, or to a community setting. Again, this will be determined by which routines are targeted."

Shelby said, "The outcomes are written in parent-friendly words, rather than in 'therapist language' and include the routine where the skill is needed. For example, if the parent wants the child to eat more kinds of food the outcome could be, *Johnny will participate in mealtimes by eating a variety of foods. We will know he can do this when he eats one vegetable, one grain, and one protein at lunch and dinner, 5 days a week for 2 weeks.*"

"How will I know what I'm supposed to do as a provider?" asked Beth.

"Once the outcomes are developed, it will become clear which providers will be needed to develop the strategies," replied Shelby. "In the example about mealtime, some initial help with positioning might require input from a physical therapist. Depending on what the issues are and why the child isn't eating a variety of foods, an OT or SLP might also provide input on strategies."

“So using the information from the RBI will be of great help to the team now?” asked Beth.

“Right,” Shelby confirmed. “The IFSP team will use the assessment information to write the initial set of outcomes and criteria. Another important task for the IFSP team to do at the meeting is select a primary provider for the family who has expertise in the child’s greatest area of need. Sometimes the provider selected as the primary is not at this IFSP meeting, and sometimes that provider is already there. ”

“Once the IFSP meeting is over, what happens next?” asked Beth.

“Well, the Service Coordinator enters the plan in the computer and notifies the primary provider selected by the IFSP team to contact the family and schedule a first visit,” said Shelby. “Sometimes the provider will meet the family during the routine that is of most concern to the parent. But if that isn’t practical, like if it is sleeping through the night, then together the provider and parent agree to a time and work together to focus on the outcomes and routines.”

“How will I know if I am selected as a provider for the family?” asked Beth.

“All providers learn if they will be seeing a child for services through the electronic IFSP that is entered by the Service Coordinator,” Shelby explained. “Or, most Service Coordinators will call or email you to let you know that you will be receiving an authorization to see a child. Many times you will know that you are getting an authorization because the Service Coordinator may have called you already, to find out what your availability is for serving a new family.”

“This is all making sense and falling into place for me,” said Beth. “But now I am really interested in knowing how providers actually work with families in their homes since I am used to seeing all my clients in a clinic. I think that will be the biggest change for me.”

Shelby replied, “Let’s keep going then and talk about how services are provided to families in First Steps.”

“I heard from someone that providers only talk to the families, that providers aren’t allowed to touch the children, only the parents are. Is that accurate?” asked Beth.

Shelby laughed. “No, that’s an exaggeration and isn’t accurate. Providers will touch children to try out strategies or to figure out better positioning. Sometimes that’s the only way to know if something will work. Providers also touch children when they are showing parents how to do something with the child.”

“Keep going,” commented Beth.

Shelby continued, “What is true is that a provider should not come into the child’s home, work one-to-one with the child, and then leave. Have you heard of the triadic model?”

“No, what is it?” Beth asked.

“It explains that the goal of every session is to help parents support the child’s engagement in the daily routines,” Shelby explained. “Young children learn by practicing over and over in the setting where the skills are needed. With the help of the providers, the parents build intervention into the child’s everyday life.”

“All of this is really different than what I was taught,” Beth said. “What if the parents want to work on a routine that isn’t going well and that routine doesn’t include skills that the provider thinks are most important?” she asked.

“Another good question,” replied Shelby. “First, more than one routine can be targeted, again, depending on the family. Second, remember, this is a family-centered model with a focus on functional skills and functional outcomes.”

“The concerns of the family carry more weight than the concerns of the provider,” said Shelby. “If what the provider wants to focus on is functional, it will probably be a part of one of the daily routines. If not, maybe it isn’t functional for this child and family at this time. Outcomes can always be added as the child grows and develops, and the family’s routines change.”

Shelby continued by saying, “Sometimes cultural values come into play here. There might be providers who think the child is old enough to begin feeding him or herself or that the child should not sleep in the same room as the parents. We have to be careful of what is valued by the parents and other family members.”

Beth nodded.

“There are many aspects of parenting young children that are affected by culture,” Shelby continued. “No one way is the right way. All cultures raise healthy, competent adults.”

Beth jumped in. “So, if the parents have a different set of values and don’t want their child to learn the skills that I think are important, then I would respect the values of the family. But that can sometimes be hard for me because I have strong beliefs about certain things. I think that’s why I noticed the belief statement about cultural values in particular. I know it is extremely important, I just don’t know how to do this when I’m in the family’s home. At least when they would come to my clinic, I had some level of control of that. I guess I will have to work on this.”

Shelby replied, “Again, you are aware of this and that is the first step to being an effective provider. We all have different attributes that we continue to develop. I used to think that I could not conduct visits in a family’s home, but now that is the favorite part of my job as a provider. Remember, the goal is to work with parents to support the child’s development in the context of the child’s home and community. We have to trust parents to know what those skills are and the timetable for development according to their culture.”

“So, the services are set up and the primary provider comes at the appointed time until the children are too old?” asked Beth.

“Not exactly,” replied Shelby. “Because young children grow and change so quickly, the IFSP team must review the IFSP every six months to discuss the child’s progress and whether or not the outcomes and services are still appropriate. At that time outcomes and services can be changed or updated, and new concerns can be addressed. In addition, the parents and other team members can initiate an IFSP meeting between the six month reviews if they want to discuss changes sooner.”

Shelby continued, “Because First Steps only provides services and supports until the child’s third birthday, the team needs to be thinking about the ‘next steps’ for at least a year before the transition takes place. When the child is 30 months old, the team begins to actively work on the child and family’s transition out of First Steps. Some children will continue to need supports and services and First Steps will coordinate with the child’s local school district to make a smooth transition to the local Early Childhood Special Education (ECSE) program, if that is the program the family chooses.”

“So what’s the difference between First Steps and ECSE?” asked Beth.

Shelby replied, “There are many differences between First Steps (Part C of IDEA) and ECSE (Part B of IDEA). The biggest difference is that in ECSE, the majority of children do not receive services in their homes, but rather attend a classroom setting. Some children will not meet eligibility criteria for ECSE or their parents may choose not to send them to that program. In this case, the Service Coordinator may help the family find other services and supports like we talked about earlier, like childcare or preschool programs, Head Start and/or Parents as Teachers. The particular program will depend on what the family wants for their child and the characteristics of the child.”

Beth nodded. Shelby continued, “Many families worry about this transition. It’s important that we as providers, Service Coordinators, school district personnel, and other community partners work closely together to help support both the child and the parents. Having positive relationships with the agencies and groups who work with young children and families in the community will help make the transition a positive experience.”

“Wow,” said Beth. “Service Coordinators and providers have to know a lot to work in First Steps. It’s all starting to make sense but I don’t feel ready to work with families on my own yet.”

“I agree with you, but you can accompany me and then a primary provider and see the process with real families. You may still have more questions, but you’ll also probably get some of your questions answered. We’ll get permission from two families to have you come observe.”

“I can’t wait!” exclaimed Beth.

## **Bri's IFSP Meeting**

This video provides an example of an IFSP meeting discussion for a family participating in early intervention.

### **REFLECTIVE QUESTIONS**

Think about the following questions as you reflect on the information in this section of the course:

1. Give three examples of how the First Steps belief statements are incorporated into Beth's Story?
2. What are some resources for identifying culturally competent practices with families of various ethnic backgrounds?
3. What do you think are some of the key skills or characteristics a Service Coordinator needs in order to do their job?
4. What are some strategies for getting caregivers involved in intervention in the home when they think you are there to just work with the child?

## Module 1 Tab 5: Resources

All documents, videos and supplemental materials that are linked in the module can be accessed under the Resources tab. The links to these resources were not included in this transcript.

### Module 1 Documents.

1. EIT for Families
2. Early Intervention Team Brochure
3. First Steps Belief Statements
4. First Steps Eligibility Criteria
5. First Steps General Brochure
6. IFSP document
7. IFSP Meeting Letter
8. Key Features of IDEA Part C and Part B
9. Missouri State Plan for Part C – First Steps
10. Parental Rights Statement
11. Part C Federal Regulations
12. System of Payments Policy
13. Who Practices His Speech More Michael or Miguel?

### Module 1 Videos.

1. Bri's IFSP Meeting
2. Early Intervention Specialists: Making a Difference. . . One Step at a Time
3. Family Voices
4. What Does Early Intervention Look Like?

### Module 1 Supplemental Resources.

1. 30<sup>th</sup> Anniversary Part C of IDEA
2. Child Care Aware
3. Early Childhood Special Education
4. Early Head Start/Head Start
5. First Steps Practice Manual
6. First Steps Year at a Glance
7. Parents as Teachers – National Center
8. Special Quest