Integrating Child Outcome Measurement into IFSP Processes

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Objectives

- Explore **models for integrating child outcome measurement** into the IFSP process.

- Examine **advantages & disadvantages** associated with integrating child outcome measurement at different points in the IFSP process.

- Discuss **tools for easing the integration** of child outcome measurement into IFSP processes.
Two Other Models

- Virginia

- DoD – EDIS (Army)
Virginia - overview

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Eligibility Criteria

- Virginia falls into the “broad” category for eligibility criteria. To be eligible to receive early intervention services in Virginia, the child must have:
  - A 25% delay in any of the developmental domains (based on adjusted age for premature infants <18 months); or
  - A diagnosed condition (seizures, IVH, hearing loss, visual disabilities, chromosomal abnormalities, brain/spinal cord trauma, microcephaly, FTT, ASD, severe attachment disorder, CNS anomaly, etc.) **Prematurity is NOT considered a diagnosed condition for eligibility; or
  - Atypical development affecting sensory-motor responses, behavior, social-emotional or a combination of social, communication and behavior.
Population Served

- There are 40 local systems in Virginia which are a part of the Infant and Toddler Connection of Virginia. Each local system includes components providing Service Coordination, education, therapy, medical, education, etc.

- Each local system operates a little differently in regard to how service providers are employed. In Norfolk, the Local Lead Agency employs our System Manager, Service Coordinators and Educators. We contract with 4 pediatric therapy groups and several individuals for all other entitled services.
Virginia uses the **primary provider model** for services.

- Emphasis is on coaching the parents, furthering the belief that the parent/guardian is the child’s first and best teacher.
- We work to ensure that families are not overwhelmed with the number of providers in their home. (Who is invited to the birthday party?)

Children are “age-eligible” to go to public school at 2 years old if they are 2 by Sept. 30th of that school year.
In Norfolk, we utilize a dedicated Service Coordinator model.

- We bill Medicaid for those children who are eligible for MR Targeted Case Management.
- Service Coordinators are responsible for oversight of the IFSP, ensuring therapists’ compliance with the IFSP frequency/intensity, ensuring the family is satisfied and the child is progressing.
- Service Coordinators see the child at least every 60 days. IFSP goals are generally reviewed that often.
11 set evaluation slots / week. An OT, ST or PT is paired with an Educator. 10 Service Coordinators rotate teams based on scheduling & caseload size.

On average, 37 evals/month – increasing now

We bill 3rd party payors whenever possible. Payor mix today is 68% Medicaid, 30% TRICARE (military)

Average length of stay is 9 months

Average age at enrollment is 16.75 months

Currently, we have 270 children enrolled in the Infant Program. Last year, we served 532 children.
ARMY
- Ft. Bragg, NC
- Ft. Knox, KY
- West Point, NY
- Ft. Benning, GA
- Ft. Campbell, TN
- Ft. Jackson, SC
- Ft. Rucker, AL
- Ft. Stewart, GA
- Ft. Buchanan, PR

NAVY
- Beaufort, SC
- Quantico, VA
- Camp Lejeune, NC

AIR FORCE
- Maxwell AFB, AL
- Robins AFB, GA

OVERSEAS
Army, Navy, AF
- Germany
- Italy
- Belgium
- Netherlands
- Spain
- UK
- Turkey
- Korea
- Japan
**CONUS**
- Ft. Bragg, NC
- Ft. Knox, KY
- West Point, NY
- Ft. Benning, GA
- Ft. Campbell, TN
- Ft. Jackson, SC
- Ft. Rucker, AL
- Ft. Stewart, GA
- Ft. Buchanan, PR

**OCONUS**
- Germany
- Italy
- Belgium
- Netherlands
- Korea
DOD EDIS (Army) - overview

- **Population Served**
  - **US:** Military families residing on military installations with a DoD school system
  - **Overseas:** Military & DoD Civilian families working with the military overseas

- **Eligibility Criteria**
  - 25% delay or -2 SD in one area or 20% delay or -1.5 SD in two+ areas
  - Diagnosed condition

- **PSP Approach with all providers “under one roof”**

- **Evaluations per month:** Range 1-27 depending on program

- **Time in program:** Mean 10.6 months

- **Age at entry:** Mean 19 months

- **El Population:** 484 enrolled as of 31 July 2008
  - 719 served last year
Integrating COSF Ratings

Intake

Evaluation/Eligibility

IFSP Development

Beginning Intervention

Annual & Exit

VA

EDIS
General Timelines

- Initial evaluation / IFSP for all children < 30 months old
- Completed at most annual assessments / IFSP (not a state requirement)
- Exit unless enrolled < 6 months OR unless annual completed within 6 months. Can use Part B scores at exit, however, there are some inherent problems with this.
Process (Norfolk)

- Information gathered from intake, initial home visit and evaluation.
- Immediately following the “testing”, the evaluation team reports the results in the 3 outcome areas. After each outcome, a determination is made. *this is the model many systems are moving towards.
- Decision tree and discussion guide are used to facilitate the rating discussion.
- Family is involved in discussion. (not state requirement)
EDIS (Army)

- **Outcome Timelines**
  - Within 30 days on either side of initial and annual IFSP
  - @ exit unless measured within past 60 days
  - Children in the program for > six months

- **Family Involvement**
  - Through information sharing
  - Physical presence for COSF rating not required

- **COSF**
  - Evaluation/Eligibility (with RBI)
  - IFSP development (with RBI)
  - Immediately following IFSP development within 30 days
COSF Information Sources

- Parent Input
- Assessment Results
- Naturalistic Observation
- RBI
- Professional Clinical Opinion
- Progress (annual & exit)
- & More

Single Rating for each of the 3 outcomes
The Routines-Based Interview

- Functional intervention planning process
- RBI structure - go through each routine
  - How does your day begin… what happens next…

1. What is everyone else doing?
2. What does the child do?
   - Engagement?
   - Independence?
   - Social relationships?
3. How satisfactory is this routine?

R. A. McWilliam
Association

Foundations of Learning

McWilliam

Social Relationships

Engagement

Independence

Child Outcome Measures

OSEP

Social Relationships

Acquire & Use Knowledge & Skills

Take Action to Meet Needs
The Routines-Based Interview (McWilliam) & ______

Child Outcomes (OSEP)
IFSP Guides Process

- SC/PSP Model
  - Need for information hand-off reduced
  - See child and family over time

- Intake
  - Early thinking in terms of three functional areas

- Evaluation/Eligibility
  - Condensed write-up reduces deficit-based domain focus

- IFSP
  - RBI - required
  - PLOD described in three functional areas
  - Contextually meaningful & measurable outcomes
  - Continued focus on functionality
The good news is that we’ve been removed from the endangered species list. The bad news is that we’ve been removed from the endangered species list.
Advantages

- Early progress in IFSP process does not play into rating decision

Disadvantages

- Eligibility may be unknown
- Too early in process to understand child’s functioning
Advantages

- Reinforces focus on functional development
- Expedites outcome rating before intervention
- ~ If core evaluation team all children evaluated from that common lens
- ~ If using RBI as part of evaluation increased functional information is gathered

Disadvantages

- Raters may not have enough information to make rating
- ~ Evaluation alone might not yield functional information
- ~ Rating with family can create a “mega meeting”
Advantages

- Reinforces focus on functional development
- Provides increased opportunities to gather information about child’s functioning
- ~ If using RBI increased functional information is gathered systematically

Disadvantages

- Raters may still need additional information to make rating
- ~ Rating with family may result in “mega meeting”
### Immediately Following IFSP

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<tr>
<th><strong>Advantages</strong></th>
<th><strong>Disadvantages</strong></th>
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<td>45-day timeline does not pressure process</td>
<td>Does not account for possible progress influenced by initial process</td>
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<td>Provides opportunity to go back &amp; gather any needed information</td>
<td>~ If done as meeting with family may seem like one more meeting before intervention</td>
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<td>~ Provides opportunity for ongoing service providers to contribute their expertise in the rating (<em>good for subsequent ratings</em>)</td>
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Helpful Tools

- Virginia
  - Booklet – typical development, outcome prompts, guidelines
  - Online training videos/ powerpoints
  - Requirement to have the discussion with the family
  - Set eval teams – educator + therapist in child’s greatest need area
Helpful Tools

- EDIS (Army)
  - Uniform Training – Three initial modules and Published Q&A
  - Routines-Based Interview
  - Outcome prompts (handout)
  - *Flip Video*
Shared discoveries

- IFSP - PLOD described in terms of functional areas
- Two practitioners involved in COSF rating process
- ECO Resources & Assistance
Questions,
Comments,
Discussion?
Thank you

www.the-ECO-center.org

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