

Connections



FIRST CONNECTIONS – EARLY INTERVENTION IN ARKANSAS

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Getting Involved with Local Coordination Efforts

For many, the New Year is a time to set new professional goals. One way to develop professional relationships with others who work with families of children birth to three is to get involved with local efforts to coordinate and improve services for families. Participating in your LICC (Local Interagency Coordinating Council) is a good use of time/effort as meetings are held quarterly and generally only last an hour or two. Each LICC is Part C / Part B/619 partnership that will include professionals across various fields who work with families of pre-school aged children (0-5) in a cluster of surrounding counties or "catchment area." All LICCs provide information that is shared with the State Council, the AICC (Arkansas Interagency Coordinating Council) on areas of need in their local communities/region.

Unlike the State Council of governor-appointed representatives (the AICC), LICC membership and participation is open to anyone with an interest. LICCs determine their own membership through outreach efforts of those involved so that active LICCs can include professionals who represent the medical field, schools, daycares, DCFS, programs through the local health department like WIC, Early Head Start/Head Start, HIPPI, and just about any other field serving families of children birth to five.

The overall goal of most LICCs is to leverage the strengths and resources in their communities to create a system easier for families to access and navigate. Other things that members of an LICC may combine forces to achieve include: creation of service directories, creating informational packets to go in each newborn gift bag the hospital sends home with new parents, inviting members of the pediatric medical community to quarterly meetings to build connections, or analyzing community strengths and needs and making a plan to overcome barriers. Getting involved in an LICC is a good way to build professional relationships with other professionals who are passionate about supporting families of children with special learning needs and to learn about resources, initiatives, and programs in a multi-county area.

Early intervention direct service providers offer a unique insight at these meetings since they work directly in the homes with families and may be acutely aware of challenges parents face in meeting basic family needs, accessing desired events within the community, accessing needed services, and developing parent support networks. For additional information about LICC meetings contact the First Connections (State Staff) Service Coordinator in the region of interest.

The Role of the Evaluation Interpreter at an Initial IFSP Meeting

The importance of a high quality, individualized and functional Individual Family Service Plan (IFSP) is imperative to provide families the support they need to **help them help their children develop and learn** (Arkansas' State-identified Goal for Part C).

During an IFSP meeting, each person present is considered part of that family's initial IFSP team, and the contributions of each team member are vital to the creation of an individualized family plan that meets the needs of the family as well as the child. Family members present at the meeting provide information on the child's interests, daily routines and activities, what's "working" and "not working" at home and out in the community, and what they'd like the child to be able to do. The EI professionals at the initial IFSP meeting, the Service Coordinator and the Evaluator(s) take this information and guide the family in creating the IFSP **at the meeting**. When the therapist who conducted the evaluation is not able to attend the initial IFSP meeting, an Evaluation Interpreter must attend in his/her place.

Arkansas' policy for First Connections allows the provider to send an "Evaluation Interpreter" in place of the therapist who conducted initial evaluations to the initial IFSP meeting. Typically, the evaluation interpreter arrives to the meeting at a disadvantage because he/she has not met the child and family and did not conduct the evaluation. So, whenever possible, it is best practice for the therapist who conducted the evaluation to be present for the initial IFSP meeting.

The professional taking the place of the Evaluator at an initial IFSP (the evaluation interpreter) is expected to participate in the meeting as a full IFSP team member, so his/her participation goes far beyond sharing or interpreting the results of the evaluation and making recommendations. In order for the "eval interp" to arrive at the IFSP meeting prepared to participate as part of the team, it is important for the evaluation interpreter to be an individual who is truly qualified to participate in place of the therapist who conducted the evaluations.

The evaluation interpreter is a professional:

- Who arrives to the meeting prepared: familiar with the family's priorities, routines, concerns, and strengths/needs (FC Child & Family Assessment information reviewed)
- Knowledgeable about the process for developing a family-centered, functional IFSP and selecting services and service levels based on what is needed to help the child's caregivers implement their IFSP to reach functional child goals on the IFSP.
- Able to complete the Child Outcomes Summary (COS) rating with the team using State-Approved tools, the Age Anchor and Decision Tree
- Able to explain and give examples to parents and caregivers of "immediate foundational skills" to the skills on the Age Anchor Tool for that child's age
- Able to use information from the family to help the family write high-quality functional child outcomes (goals) for the IFSP
- Able to embed child goals and objectives into the child's routine activities
- Able to break down IFSP goals into "action steps" or objectives and work with the child's caregivers to write developmentally appropriate objectives for each outcome (goal). The objectives statements should be written in such a way that the child's adult caregivers know what to do when, where, and how with the child to promote the child's active participation in typical activities.

In order to ensure that the Evaluation Interpreter arrives prepared, the Interpreter meets with the therapist who conducted the evaluation before the IFSP meeting. Other support available to Evaluators and to Evaluation Interpreters includes:

- ✓ **TA on Writing Functional Goals**
- ✓ **TA on Completing COS Ratings as a Team**
- ✓ **TA on Using Family Assessment Information to Develop a Functional IFSP**



Practicing Natural Environment Principles

Principle 3 of 7 (below) is excerpted from: **Workgroup on Principles and Practices in Natural Environments**, OSEP TA Community of Practice: Part C Settings. (2008, March). *Seven key principles: Looks like / doesn't look like.* http://www.ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf

Each of the seven principles in the document lists key concepts underlying the brief statement.

Each principle also includes descriptive statements illustrating what that principle would “look like” in practice. There are also descriptions of what it “doesn't look like” because often these techniques that do not align with best practices of early intervention are still being used by practitioners.

The Looks Like / Doesn't Look Like statements are simply examples. Many others could be added in each column.

PRINCIPLE 3: The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child's life.	
Concepts <ul style="list-style-type: none"> ✓ <i>EI providers engage with the adults to enhance confidence and competence in their inherent role as the people who teach and foster the child's development</i> ✓ <i>Families are equal partners in the relationship with service providers</i> ✓ <i>Mutual trust, respect, honesty and open communication characterize the family-provider relationship</i> 	
This principle DOES look like this	This principle DOES NOT look like this
Using professional behaviors that build trust and rapport and establish a working “partnership” with families	Being “nice” to families and becoming their friends
Valuing and understanding the provider's role as a collaborative coach working to support family members as they help their child; incorporating principles of adult learning styles	Focusing only on the child and assuming the family's role is to be a passive observer of what the provider is doing “to” the child
Providing information, materials and emotional support to enhance families' natural role as the people who foster their child's learning and development	Training families to be “mini” therapists or interventionists
Pointing out children's natural learning activities and discovering together the “incidental teaching” opportunities that families do naturally between the providers visits	Giving families activity sheets or curriculum work pages to do between visits and checking to see these were done
Involving families in discussions about what they want to do and enjoy doing; identifying the family routines and activities that will support the desired outcomes; continually acknowledging the many things the family is doing to support their child	Showing strategies or activities to families that the provider has planned and then asking families to fit these into their routines
Allowing the family to determine success based on how they feel about the learning opportunities and activities the child/family has chosen	Basing success on the child's ability to perform the professionally determined activities and parent's compliance with prescribed services and activities
Celebrating family competence and success; supporting families only as much as they need and want	Taking over or overwhelming family confidence and competence by stressing “expert” services



Quarterly Highlight: One DEC Recommended Practice for Instruction

INS5: (Instructional Practice) Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities.

“Looks Like:”

A physical therapist and parent work together to identify skills a toddler needs to be able to be more engaged and independent and be able to participate in child and family routines. They use this information to determine which IFSP goals for the child are the priorities to begin working on. The physical therapist asks the parent about existing learning opportunities throughout the day, and they brainstorm together which activities they will embed strategies within. The two talk about how the parent can assess progress at home.

<https://divisionearlychildhood.egnyte.com/dl/NRAghl7roM>

OSEP’s DMS for Arkansas’ Part C

The Office of Special Education Program’s (OSEP) Differentiated Monitoring and Support (DMS) system is a multi-tiered model for monitoring and providing support to States so that OSEP effectively uses its resources by differentiating levels and types of monitoring and support based on each State’s unique strengths, progress, and challenges in each area. DMS addresses State-specific needs in the areas: of results, compliance, SSIP, and fiscal. The DMS multi-tiered model is arranged like this:

- **Universal Level:** supports provided to effectively address the needs of all States to minimize the need for more targeted or intensive engagement at a later time.
- **Targeted Level:** monitoring and support based on OSEP’s identification of common needs among multiple States.
- **Intensive Level:** monitoring and support is reserved for those States with the most intense or complex challenges to implementation of the IDEA.

OSEP developed an organizational assessment of States’ progress in meeting performance standards and compliance with the legal requirements of the Individuals with Disabilities Education Act, the Education Department General Administrative Regulations and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. The organizational assessment is used to help OSEP make decisions about a State’s levels of engagement for monitoring and support.

Arkansas’ DMS this year (based on 2016 APR data) demonstrates that the State’s data did not indicate a need for targeted or intensive intervention in any of the four areas measured:

- **Results** (child outcomes)
Universal Level: *OSEP will provide universal support to improve data quality and child performance outcomes related to positive social relationships, knowledge and skills acquisition, and ability to use appropriate behavior to meet needs.*
- **Compliance** (around federal compliance indicators)
Universal Level: *OSEP will provide universal support on IDEA compliance.*
- **SSIP** (State Systemic Improvement Plan)
Universal Level: *OSEP will provide universal support related to the State’s SSIP.*
- **Fiscal** (federally-mandated fiscal management)
Universal Level: *OSEP will provide the State with universal support related to Part C fiscal issues.*

