

## Talking Points

### Individualized Family Service Plan 2016

#### **COSF, RBI and the IFSP**

The IFSP has been updated to incorporate changes in the RI Child Outcomes Measurement Process and statewide implementation of RBI. The revision process combined:

- participation of a workgroup representing provider agencies
- researching the processes and documents from other states and “borrowing” some of their best practices
- guidance from our national technical assistance center (ECTA)

A key change is that the IFSP is now organized around the three global child outcomes. These outcomes reflect the overarching goals of Early Intervention. Reorganizing our IFSP in this way reduces duplicity, saves time and connects assessment, evaluation and our focus on functioning and everyday activities.

#### **Gathering Functional Information**

Gathering functional information will occur as it has in the past through conversations with families, observation and input from others who spend time with the child. Information gathered throughout the intake and evaluation process. will be collected within the framework of the three global child outcome areas.

The information gathered during these initial visits will be documented on Section A of the RI/ECSE COSF. It is expected that Section A will be more like notes than narrative. (Section A is not considered part of the IFSP but more like a worksheet. It should be kept in the file with the evaluation protocols). COS Section A has been developed so that the information that providers often keep in their head, can be jotted down. It is expected that what is collected on COS Section A will support the eligibility decision.

Collecting information by outcome will be the first step in the assessment process.

The *RI Functional Outcomes Discussion Sheet* can be used as a tool to facilitate discussion within the context of the three global outcomes. There are several tools that may be used to guide conversations, however, The RI Functional Outcomes Discussion Sheet is the one developed in collaboration with Part B 619 Early Childhood Special Education and will be a common document between systems.

*Obtaining functional information from multiple sources is one of 11 key recommended assessment practices by our professional organization the Council for Exceptional Children’s Division for Early Childhood (DEC, 2014).*

Obtaining information from **multiple sources** is required for the child outcomes measurement process and in the multidisciplinary evaluation assessment process. If a child spends significant time with another caregiver it is important that that person participate as a member of the team in conversation(s) with the family about child functioning. Providers should:

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- Prior to intake, inquire whether the child spends significant time with other caregivers. Explain to the family the importance of gathering information from others who know the child well.
- Ask the family to arrange for that person to participate as part of the team in discussions about the child's functioning and how the child's functioning compares to peers. This may occur at intake or any time prior to the evaluation. In preparation for discussions about child functioning, parents and other caregivers can be provided with *Guiding Questions for Families* or *Guiding Questions for Teachers and other Caregivers* which are additional tools developed in collaboration with Part B 619 Early Childhood Special Education
- If that person cannot participate in person an alternative method must be provided for obtaining the individual's input to ensure a complete picture of the child's development and functioning. For example, joining via phone or moving the intake visit to grandma's house.

### Family Directed Assessment and the IFSP

The Family Directed Assessment requires us to obtain the families description of their concerns, priorities and resources related to enhancing their child's development. On page 1 of the IFSP, we ask the family to describe the reason(s) their child was referred to EI. We believe the reason for referral is their concern and priority. If needed, EI providers can supplement parent responses with additional questions such as, "Is this your primary concern?" in order to confirm this information. The ECOMap, now included on Page 2A of the IFSP, provides an opportunity for rich discussion related to resources of the family. Providers should reference guidance documents for the ECOMap for additional support on this activity. Later on in the IFSP process, the Routines Bases Interview will provide additional information related to the concerns and priorities of the family.

### COSF and Assessment

Starting in 2011, the ECTA (Early Childhood Technical Assistance Center began using the term "Child Outcomes Summary *Process*" (rather than the Child Outcomes Summary Form or COSF ) to emphasize that this measurement approach is a team process, not just a form. (<http://ectacenter.org/eco/pages/outcomes.asp>) It will take some time, but we will be following this trend to begin to refer to this process as the COS process.

The new RI/ECSE Child Outcomes Measurement process brings the entry "COS" to the front of the IFSP process. The new process will use information related to child functioning in the three global outcomes to inform eligibility.

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EI has always used child functioning gathered through the Intake and Evaluation process to inform eligibility and includes significant impact on child/family functioning in its definition of developmental delay.

Providers currently gather important information regarding child functioning at Intake and throughout the Evaluation process and use this information to:

- provide an assessment of how the child's functions in all areas of development in the context of every day routines and this is documented in the IFSP on the RI Early Intervention Evaluation/Assessment Summary pages organized by developmental domain.
- provide an assessment of child functioning in the context of daily routines and document this on the Child Outcomes Summary Form organized by the three child outcomes.

In order to streamline and reduce duplicity, the IFSP has been reorganized to facilitate and document this assessment information once.

- Going forward the entry RI/ECSE Child Outcomes Summary Form Section B has been embedded into the IFSP (Pages 6 to 8) as the Assessment Summary and RI COSF and will serve as both the COSF and the "Eval write up".
- The "Eval write up" is now organized around the three child outcomes. Functional information previously written in each domain will now be written by outcome. Because the three child outcomes are integrated across domains, how the child functions in all developmental areas will be covered by the three outcomes. It is expected that child functioning recorded in each outcome will be described using the categories of age expected, immediate foundational and foundational skills. Within each outcome, the child's strengths (how the child is successful within the outcome) and needs (how a child may be having difficulty and how it is impacting the child's functioning with the outcome) will be documented.
- The format of the RI/ECSE Child Outcomes Summary Form Section B is also available divided in sections labeled as age expected, immediate foundational (younger child) and foundational skills (much younger child). Child functioning can be documented within the applicable categories. Providers may choose the format that they prefer.

The IFSP Team including the parent will select the overall statement of functioning for each outcome using Section C of the RI COSF. This will occur after the RBI and prior to signing the IFSP.

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#### RBI and the IFSP

Child Routines and Activities (Pages 3 and 4 of the old IFSP) have been eliminated from the IFSP because the RBI will provide a detailed view of routines. If an agency created an approved tool for pages 3 and 4; this will no longer be required.

The RBI will provide a rich picture of child functioning. It is expected that providers will gain important information. New information gained from the RBI must be considered prior to selecting an overall statement of functioning in each outcome area as part of the COS process. Information which changes the picture of the child's level of functioning must be included in the applicable outcome area and designated an AE, IF or F skill. The RBI is not done for children not eligible or who are over 33 months.

All persons trained in the RBI must do the RBI as part of the IFSP process. The RBI is reimbursed as Service Coordination or Team Coordination for 90 minutes maximum after Eligibility has been determined. Funding within the H2000 rate has been designated to support the RBI as a level II activity when conducted by one person ( and a second person at a level I rate).

As an interim measure persons not yet trained in the RBI will complete a new document, Daily Activities and Routines, based on concepts of the RBI in order to obtain information related to daily routines. This information will inform the outcome development process. These pages will be reimbursed as part of Family Directed Assessment activities included in the H2000 rate but may done anytime in the Intake and Eval process. Estimated time for this activity is approximately 45 minutes.

#### IFSP Eligibility Meeting

An IFSP/Eligibility meeting will be conducted for all children as it has in the past.

- The components of an initial IFSP meeting have not changed. A discussion of present levels of development; the status of eligibility for early intervention and a *beginning* discussion related to the concerns priorities and resources of the parent is required. Providers will discuss the Global Child Outcomes Measurement System to establish the foundation for the discussion of present levels of development integrated within the three child outcomes and how the child's functioning compares to peers.
- In making the eligibility decision, teams must discuss the child's functioning and development compared to same age peers based on multiple sources of information (COS Section A +Eval+ beginning of COS Section B) using the three global child outcomes as the framework for discussion with family for eligibility purposes.
- Documentation on COS Form B must occur for all children. This documentation is necessary to support the teams upcoming eligibility decision. It is permissible for the full

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narrative to be written after the IFSP/Eligibility meeting. However it is required that enough information is written on Section B at the Eligibility/IFSP meeting to support eligibility. The write up should describe the child's functioning using the language of the child outcomes process (Age expected, immediate foundational and foundational skills and their meaning such as "like a younger child" or "like a much younger child").

- Children whose scores are within normal limits, whose functional skills are primarily age expected and, based on the informed/clinical opinion of the team do not demonstrate a significant impact on functioning, would be considered not eligible. Children found not eligible will be referred to community resources as appropriate. Is it expected that a brief summary of the child's skills functioning would largely fall under the category "age expected". It is expected that the summary should specifically address the reason for referral and initial concerns. These pages (pages 6 to 8) as well as the Evaluation Results page of the IFSP must be completed and given to the family. The parent must be informed of their procedural safeguards and their right to dispute the decision.
- Whether or not a child is eligible for an IFSP, regulatory requirements for an IFSP meeting must be met.

### Summary of Other Changes

The IFSP cover page includes a date for when the RBI was conducted and a space to record the date 45 days from referral and the 6 month review date for purposes of planning, but otherwise is the same. The inclusion of the three global outcomes for children and families serves as a discussion prompt. There has been a line added to record the email address of the service coordinator.

#### Page 1

This page has been redesigned and includes a statement of reason for referral/concern and general questions related to possible developmental concerns. There are questions regarding health history, nutrition, sleep and whether the child has had lead testing.

#### Page 2

This page asks about general daily activities. This is not as detailed as the RBI and is meant to gather information that supports an eligibility decision. There is also a question related to child care which will be a new field entered into Welligent. There is also a question asking about any cultural considerations of the family.

#### Page 2A

This page has been designed to normalize and talk with families about challenges they face that could impact their ability to support their child's development, or impact our ability to work with the family. Questions related to trauma, homelessness, illness, depression has been added. This page also includes space to record the EcoMap.

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#### Page 3 and 4

The Hearing and Vision Screenings have been embedded in to the IFSP .

#### Page 5

Rhode Island Early Intervention Evaluation Results is essentially the same with the small exception to indicate scores less than 1.5 SD as <1.5 rather than leaving the space blank.

For children not eligible for Early Intervention the section “Response to Initial Concern” has been eliminated but there is a check box and it is expected that pages 6-8 will speak to this.

The method section has been reconfigured. At least two methods must be used when determining eligibility. Additional methods can be checked or included in the space provided. One method must be the use of a standardized tool when eligibility is not known. Utilizing two methods does not mean two standardized tools are required. Providers are free to combine tools or use two tools if they feel it necessary but two standardized tools are not required.

#### Pages 6-8

Assessment Summary and RI COS pages: These pages should describe how the child uses his/her skills across domains in meaningful ways related to the outcome • Include examples of things the child does and does not yet do and a sense of the mix of skills observed • Include information from multiple sources and observations across settings • Include specific examples of the child’s functioning related to the content for each outcome. Providers should check that when all 3 outcomes are completed: all developmental domains have been addressed; child strengths and needs/concerns have been identified with a focus on the child’s participation in typical activities and family routines; and the child’s functioning is described in relation to same age peers using the language of Age Expected; Immediate Foundational and Foundational or their meaning (like a younger child; like a much younger child). The write up must have enough detail to support the overall statement of functioning/summary statement (rating).

#### Page 9

Section C Assessment Summary/RI COS. This section records the overall statement of functioning in each of the Global Child Outcome areas. The decision about the best fitting statement is based on IFSP team (which includes the family) discussions. This activity takes place after the RBI and prior to signing the IFSP. It is critical that any new information gathered through the RBI be considered when selecting the summary statement for each global outcome area.

#### Page 10

The IFSP Child/Family Outcomes page was changed in February 2016 to eliminate strategies. We have made a slight revision to the language in the “Update” section. Programs can begin to use this new page when their supply of the previous is depleted.

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#### **Page 11**

The Services page is the essentially the same. The Annual IFSP Review has been added to the consent section so that this page may be used when services are rewritten for the Annual IFSP review.

#### **Page 12**

Plan for Providing Services in the Natural Environment has a new format and has been streamlined to have three questions.

#### **Page 13**

Acknowledgement of the IFSP page is the same.