
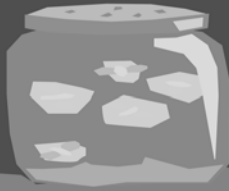


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# Service Coordination Orientation Training (SC101)



## Module Five – IFSP Development Process

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# Welcome



## IFSP Development Process

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# Supplemental Materials

<b>Participant Material</b>	
<b>PowerPoint Slides</b>	
<b>3-ring binder</b>	

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First Steps

## Training Objectives

- 1 Understand the importance of interaction, collaboration, and partnerships between families and professionals when developing and implementing the IFSP
- 2 Understand the importance of incorporating the principles of family-centered care and effective communication techniques when developing the IFSP
- 3 Know the responsibilities unique to intake coordinators and ongoing service coordinators in the development and implementation of the IFSP.
- 4 Learn how to write outcomes for the IFSP that incorporate the family's natural environment
- 5 Know the procedural safeguards associated with the development of the IFSP
- 6 Know the federal requirements for the IFSP

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First Steps

## IFSP (Individualized Family Service Plan) Process

**IFSP team reviews evaluation and assessment information**

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**IFSP team determines family's concerns, priorities, and resources**

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**IFSP team determines eligibility**

↓

**Family agrees to write an IFSP**

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First Steps

## IFSP Development Process

All children enrolled in First Steps must have an IFSP
Initial IFSP written with family, intake coordinator, and multidisciplinary team of providers
IFSP reviewed every 6 months, or sooner, if conditions warrant
Ongoing service coordinator facilitates annual eligibility re-determination and new IFSP development
IFSP services written for 7 months to allow time for 6-month review and physician's signature
Families are always collaborative and active partners in the planning, development, implementation, and review of the IFSP

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## IFSP Development Process

A process and a document that considers the family's priorities, concerns, and resources
IFSP development process started at the time of referral to First Steps
IFSP development includes all activities carried out to develop and implement a written plan for an eligible child and family
During this process, the family's story unfolds
As a result, collaboration and partnerships among family members and First Steps personnel develop
Partnerships and relationships guide the success of the EI services

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## IFSP Process

**Pause the slide to allow plenty of time for reading.**

"IFSP is just one component of a statewide system of comprehensive early intervention. The purpose of the IFSP is to identify and organize formal and informal resources to facilitate families' goals for their children and themselves. The IFSP is a promise to children and families – a promise that their strengths will be recognized and built on, that their needs will be met in a way that is respectful of their beliefs and values, and that their hopes and aspirations will be encouraged and enabled...important are the interaction, collaboration, and partnerships between families and professionals that are necessary to develop and implement the IFSP."  
Indiana's First Steps IFSP Manual (1997)

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## Family-Centered Care



Infants and toddlers are uniquely dependent on their families for survival and nurturance.

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Each family has its own structure, roles, values, beliefs, and coping styles.

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## Family-Centered Care



Early intervention systems and strategies must reflect a respect for racial, ethnic, and cultural diversity of families.

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Respect for family autonomy, independence, and decision means that families must be able to choose the level and nature of early intervention involvement in their lives.

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## Family-Centered Care



Family/professional collaboration and partnerships are the keys to family-centered early intervention.

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An enabling approach to working with families requires that professionals re-examine their traditional roles and practices and develop new practices when necessary.

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## Family-Centered Care



Early intervention services should be flexible, accessible, and responsive to family needs.

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Early intervention services should be provided according to the normalization principle – families should have access to services that are provided in as normal a fashion and environment as is possible.

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## Family-Centered Care



No one agency or discipline can meet the diverse and complex needs of infants and toddlers with special needs and their families.

A team approach to planning and implementing the IFSP is necessary.

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## Effective Communication Skills

-  Professional Attitudes
-  "Check-Up from the Neck-Up"  
– See page 9 in Participant Materials

**? Are your professional attitudes aligned with the principles of family-centered care?**

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## Effective Questioning and Interviewing

Tell me how your baby sits up to have his breakfast.

Tell me how your baby sits up to play.

Tell me how your baby sits up when he is in the bathtub.

See page 9-11 in Participant's Materials for a list of questions to ask the families.

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## Active Listening

<b>Respond</b>	To the speaker with nods, facial expressions, attention
<b>Affirm</b>	Agreement or express disagreement at appropriate conversational juncture
<b>Avoid</b>	Interrupting the speaker

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## Active Listening

<b>Maintain</b>	Proximity and appropriate eye contact
<b>Wait</b>	For your conversational turn to respond
<b>Rephrase</b>	The speaker's words to assure you understand and/or validate

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## Leaning Into Discomfort

Know who, when, and why	Lack of familiarity, preconceived ideas, personal beliefs, or misunderstandings and stereotypes	Cultural, ethnic, religious, social, or economic group
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**Complete learning activity found on pages 12-15 in your Participant's Material**

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## Successful IFSP development incorporates:

Principles of family-centered care	Effective communication techniques	Culturally sensitive principles
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## The Initial IFSP Document

- ☑ Legal agreement
- ☑ Identifies family's desired outcomes
- ☑ Identifies the types of services and providers to reach these outcomes
- ☑ Family's signature required after family clearly understands content
- ☑ Reference for any questions about appropriateness of services, frequency, location, or intensity

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**IFSP**

Federal Requirements	Page 16-17
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

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## Outcome Development

<p><b>Goals and objectives</b></p> <ul style="list-style-type: none"> <li>- Behavioral</li> <li>- Focus on professional, prescribed strategies and activities designed to bring about desired change</li> </ul>	<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>- <b>Family centered</b></li> <li>- <b>Focus on family concerns, priorities, and resources</b></li> </ul>
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## Outcomes

<p><b>Goals/objectives</b></p> <p>Short- and long-term behaviors designed to bring about change through education or therapy</p>	<p><b>Outcomes</b></p> <p>A statement of the changes the families want to see for their children and themselves</p>
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## Outcomes

<b>Process</b>	<b>Product</b>
<b>What should occur</b>	<b>The result of the actions</b>

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## Outcomes

- Written using family's language
- We want some help with teaching our other children about why their sister is slow and about how they can explain it to their friends
- The siblings will attend a support group in order to gain a developmentally appropriate understanding of Down syndrome

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## Outcomes

- Relate to what is going on the family
- Family of quadruplets wanted one of the children who was unable to pull himself up at 9-months of age to be able to play with his siblings at the coffee table
- Family wanted to take daughter to grocery store. Daughter couldn't sit up by herself in child seat area of the cart

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## Principles of Outcome Development

- Reflect changes family members want
- Are not the behaviors or actions that professionals want
- Are the family's self-identified concerns and priorities

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## Principles of Outcome Development

- Written in family's language
- Family more likely to take ownership of IFSP
- Professionals more likely to remember that IFSP belongs to family

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## Principles of Outcome Development

- Families direct the team process for outcome development
- Family and team develop strategies and activities to achieve outcomes
- Outcomes guide the selection of services that will be best for achieving the outcomes

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## Principles of Outcome Development

- Utilize family and community resources
- Strategies and activities fit naturally into family's routine
- Outcome discussion to include topic of transition

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## Outcomes Incorporating Natural Environments

Natural environments defined as:

**Settings that are natural or normal for the child's age peers who have no disability and that to the maximum extent appropriate, early intervention services are provided in natural environments**

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## Natural Environments

Natural Environments

More than a place

↓

Natural Environments

Methods and approaches

↓

Where does the child currently spend his day? Where does the child learn, live, and play?	
What was the family's dream?	Who provides care and is involved with the child?

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## Providing Services Outside Natural Environment

- IFSP Team must agree that services outside natural environments are appropriate
- Requires documentation in Section 7 of IFSP
- Must be reviewed at a minimum of every 6 months
- Discussion must be documented in child's IFSP

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## Writing Outcomes

- Initial • Facilitated by intake coordinator
- Subsequent • Facilitated by ongoing service coordinator

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## Selecting the Direct Service Provider

As a result of outcomes written in the IFSP, the need for

Community supports	IFSP services
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The intake coordinator assists the family with

Identifying supports and services to meet the outcomes	Choosing a service provider(s)
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## Matrix



**Shows family how to use Matrix**

**Shares copies of every direct service provider in needed area of services**

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## How to help the family

What are the family's priorities?

When is the best time for the family to have services provided?

Does the family want to interview the provider before making a decision?

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## Direct Service Provider(s) is chosen

Family chooses provider who meets needs based on information provided in Matrix

Service coordinator notifies chosen provider(s) by phone, email, or fax

Chosen provider(s) becomes a member of the child's IFSP team

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# IFSP Documentation

Each service necessary to meet the outcomes	Frequency and duration of each service in the IFSP	Name of the provider(s) who will provide service(s)	Where the service will be provided
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## Process for Informing Chosen Provider

-  Obtain physician's signature on the IFSP within 10 days of parent's signature
-  Contact chosen provider(s)
-  Send copies of the following to the direct service provider:
  - IFSP signed by physician
  - Social history from most current AEPS
  - First Steps Part C Eligibility Determination Statement
  - Provider Reciprocal Consent to Release and Share Information
-  Provider contacts family to schedule first appointment

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**1. The procedure to notify direct service providers is SPOE specific. Please ask your service coordinator supervisor for your SPOE's procedure.**

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## Planning for Transition

Final piece of the IFSP is to record the plan for transition

Transition in First Steps means change. Transition may occur a the child's level of function or needs change.

Transition includes movement into, within, and from the First Steps System.

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## Completing the IFSP

- Those in attendance sign
- Intake coordinator writes IFSP meeting minutes to document discussion topics not already included in IFSP
- Intake coordinator sends IFSP to child's physician for signature
- Initial IFSP services must begin within 30 days of IFSP start date.

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## 30-day Start Date for Services

All services begin within 30 days of

Parental signature date on initial IFSP	Anticipated start date on IFSP Changes and Annual IFSPs
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## 30-day Start Date Documentation

Ongoing Service Coordinator is responsible for obtaining documentation verifying start date of all services	If service does not start in 30 days, service coordinator must document why	Each SPOE has its own forms and process
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## 30-day Start Date Guidelines for Compliance

Initial IFSP	Documentation needed to show services started within 30 days of the initial written IFSP
6-month IFSP Review	If services increased or added, documentation needed to show services started within 30 days of the anticipated date
Adding/Increasing services outside 6-month review	If services increased or added documentation needed to show services started within 30 days of the anticipated date
Annual IFSP Review	If services increased or added at annual review, documentation needed to show services started within 30 days of the anticipated date

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## Communicating after IFSP Developed

- Ongoing service coordinator is lead facilitator of IFSP team
- Teams encouraged to discuss how they will handle communication
- Communication process should be written on the Service Coordination Worksheet page on IFSP

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# Summary

- IFSP written guide for EI services
- Keys to successful EI experience
- Family-centered care
- Chart Summarizing IFSP Process – p. 25 in Participants Material

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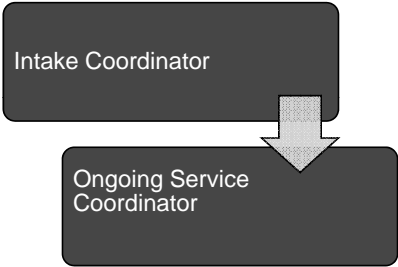
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# Implementation of the IFSP



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**Goodbye** This is the end of Module Five of the Service Coordination Orientation Training (SC101).

**Thank you for participating. Please complete the activities in the Application Station.**

**Next 2 modules: Ongoing Service Coordination and Transition**

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