

Topic: First Steps

The focus group went over potential ideas for the State Systemic Improvement Plan.

Questions discussed during the forum:

The group discussed the following program topics

1. How well are current IFSP teams functioning?
2. What system or program issues are impacting provider availability?
3. Are we effectively engaging families in early intervention services?

Next Steps:

- Providers need richer understanding of how the data they collect creates the outcomes data
- Progress reports need to be continual and progressive
- Online paperwork/access to case management system might help

IFSP Team Structure:

- Provider structure is there, but the time or support system isn't there to carry it through.
- Meetings (IFSP, transition) used to facilitate knowing each other...providers don't know each other anymore
- AT doesn't have group contact with providers very often
 - AT and providers often not on the same page
 - Adding ancillaries/associated providers causes further remove
Ancillary providers are not really connected - HIPAA compliance has created some difficulty in giving these people access to shared reports.
Not having people at the table/in direct contact with each other at meetings takes away direct support and training that SC's used to get out of those meetings. SC's now focus efforts on being distributors of information as opposed to active members of the team who actively contribute
- Nothing in the IFSP lists the assessment team contact information
Even if people could sit down twice a year - or meet twice a year it would help
 - Lack of face to face discussions – all via email and telephone
Co-treats would help, but this seems to be impacted...providers don't necessarily think about this.
How the agency is structured makes a difference in how providers communicate.
Most agencies are not physically structured where providers actually see each

other.

Council participation isn't feasible for individual providers - agencies would prioritize providers time to be involved in billable activities

Provider Availability:

- Provider Recruitment is an issue...we could increase OTAs and PTAs. Evaluate support for supervision of these providers
- Funds needed for recruitment
 - Ancillary/associated providers - how is it working with them
 - Limited in number out there to begin with
- Not enough work to offer them
 - Can there just a state-approved list of ancillary providers?
 - Credentialed, already approved
 - Communication is limited
 - There is no communication w/ ancillary/associated providers outside of the referral agreement
 - Families normally identify another solution
- Can we see data on the number of referrals for ancillary providers or data on service utilization?
- Same enrollment/credentialing requirements (especially for audiology providers) for a very small number of referrals
- Ancillary/associated providers all want to have their own referral forms and associated information
- Vision services - School of Optometry for vision testing
- Mobility orientation specialists aren't heavily utilized because OT and PT can normally meet the need.
- What are other states doing for ancillary providers?
- Some SC's refer families to outside resources/private pay services
 - Number of children on Medicaid who receive ancillary ongoing services that could be potentially part C services? This might reflect the unmet need in First Steps AT and IFSP team may not know how/when to utilize ancillary providers

Family Engagement:

- How to incorporate child interests in therapy sessions - requires a good interview up front of family-oriented information
 - How do we gather family-oriented information?
- Increasing family engagement would have huge impact on outcomes
Current information shared with the ongoing provider is the IFSP and evaluation
Each cluster is doing their own 'family assessment' or interview and not necessarily sharing that info with ongoing providers
 - SC and Provider don't always communicate/share family info/child interests
Questionnaire would be helpful, but it's not clear if this activity would actually improve child and family outcomes

- A family interview section exists within AEPS but is not used
- Head Start family engagement - those research elements might be able to assist people in evaluating family engagement
- Participation - are they really participating, or just watching?
- Training for providers - not just a one time event, but ongoing support and technical assistance....also would need to involve higher education
 - Possibly switching to coaching model
 - Need to incentivize supervising
- Family Engagement - Healthy Families Training out there already...
- Family cost participation has not impacted family engagement (seemingly)
 - Noted though that getting suspended does impact getting services, thus outcomes