Evaluating the Illinois Service Coordination Model

September 2009

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Introduction/Background

The Individuals with Disabilities Education Act (IDEA) requires that services for infants and toddlers with delays, disabilities or risks be coordinated at both the direct service and system levels. Within the parameters of IDEA's regulations, states have much discretion in developing their service coordination system. States and communities have different approaches or models of service coordination. Service coordinators may be "dedicated", meaning that service coordination is their only role. In a "blended" or primary service provider model, all of the professionals on the Early Intervention team may perform the functions of service coordination for their assigned families in addition to providing a specific early intervention service. The current model in the state of Illinois most closely resembles a dedicated model. Regardless of the model, early intervention service coordination is a mandated service under Part C of IDEA to be provided at no cost to families.

Service coordination is defined as an active, ongoing process that assists and enables families to access services and assures their rights and procedural safeguards. To facilitate the coordination of services, IDEA included a provision requiring the appointment of a service coordinator for each eligible child and his or her family. A service coordinator is responsible for assisting a family in coordinating services across agencies and people, assisting in obtaining needed services, and helping a family to understand and exercise their rights.

Service coordination is an essential piece in the provision of early intervention services. In Illinois, the implementation of early intervention services is crafted around several key principle statements in an effort to define for professionals as well as for families what the goals are, what the focus is, and what the system expects on behalf of the children and families served. Existing policies and procedures, definitions, documents, and approaches should reflect these principles to ensure that every aspect of the work with children and families adheres to and is guided by these agreed upon principles.

For Illinois, these principles are as follows:

1. The primary goal of EI is to support families in promoting their child's optimal development and facilitate the child's participation in family and community activities.

2. The focus of EI is to encourage the active participation of families in the therapeutic process by imbedding intervention strategies into family routines. It is the parents who provide the real early intervention by creatively adapting their child care methods to facilitate the development of their child, while balancing the needs of the rest of their family.

3. EI requires a collaborative relationship between families and providers, with equal participation by all those involved in the process. An on-going parent-professional dialogue is needed to develop implement, monitor, and modify therapeutic activities.

4. Intervention must be linked to specific goals that are family-centered, functional, and measurable. Intervention strategies should focus on facilitating social interaction, exploration, and autonomy.

5. Intervention should be integrated into a comprehensive plan that encourages transdisciplinary activities and avoids unnecessary duplication of services. The plan should be built around family routines, with written home activity programs to encourage family participation in therapeutic activities on a daily basis.

6. Intervention should be monitored periodically to assure that the strategies implemented are successful in achieving outcomes.

7. Children and their families in the Early Intervention System deserve to have services of the highest quality possible. High standards will be set for the training and credentialing of administrative and intervention staff. Training, supervision, and technology will be focused to achieve excellence.

The first of these principles speaks to the heart of early intervention. Ultimately, the goal of early intervention is to help families help their children grow and develop so that they can actively participate in daily routines and activities that occur wherever the family spends time. This principle helps define early intervention as a developmental model not a medical model of service delivery.

Principle number two builds upon the first one and addresses how families are supported in promoting their child's optimal development. The field of early intervention has identified that for supports and services to be effective, providers need to encourage the active participation of families in the therapeutic process by imbedding intervention strategies into family routines.

The third principle further defines the relationship between providers and the families of the children served in early intervention. Efforts need to be collaborative with equal participation on the part of families and providers. An important aspect of that collaborative relationship is the ongoing dialogue that is essential to develop, implement, monitor and modify all intervention activities.

Principle number four also helps to distinguish early intervention as a separate and unique developmental model of service delivery. All supports and services stem from goals and outcomes chosen by the family that are meaningful in their day to day lives. These goals and outcomes are therefore family centered and functional, and must also be measurable so that progress can be captured. The strategies tied to the family's chosen goals or outcomes should focus on facilitating a child's social interaction, exploration, and autonomy or independence and participation in their home and community.

Principle number five guides the development and ongoing implementation of the Individualized Family Service Plan (IFSP), stating that intervention shall be integrated into a comprehensive plan that encourages transdisciplinary activities and avoids unnecessary duplication of services.

The sixth principle states that intervention should be monitored periodically to assure that the strategies implemented are successful in achieving outcomes. The Illinois Early Intervention System needs to be accountable for the supports and services that are provided to children and families.

The last principle addresses quality and accountability. Illinois has worked to set meaningful standards for the training and credentialing of all providers in the early intervention system.

The recommendations that are a part of this report build firmly on these principles and, as such, are referenced throughout the report to ensure that all of the suggested changes move Illinois in the direction of enhancing the implementation of these guiding principles.

Evaluation Purpose and Activities

On April 1, 2009 the Illinois Early Intervention Training Program submitted a proposal to the Illinois Department of Human Services Bureau of Early Intervention to provide an evaluation of Illinois' current service coordination model. The evaluation examined the key effective service coordination practices and outcomes expected of all service coordination models as identified by the Research and Training Center (RTC) in Service Coordination (funded by the Office of Special Education Programs of the U.S. Department of Education). Additionally, we utilized service coordination data previously collected by Illinois Department of Human Services (DHS), new data collected from surveys and focus groups representing the broad spectrum of stakeholders in the Illinois Early Intervention System and new data collected from focus groups of recognized national leaders in the field of early intervention which included Part C Coordinators from other states. The proposal was accepted and the project began on June 1, 2009 and was completed on September 30, 2009.

Based on the evaluation, a report has been developed outlining recommendations for improving Illinois' current service coordination model. The underlying basis of our recommendations are to offer suggestions to enhance the existing service coordination model in a manner that ensures 1) statewide equality in the delivery of services in the Illinois; 2) services which are delivered with fidelity to Illinois' seven guiding principles of early intervention supporting a developmental model of service delivery to infants and toddlers; and 3) long-term fiscal stability for the Illinois Early Intervention System.

The goals of the project were as follows:

1. Collect and examine the data and research that currently exists on the variety of service coordination models used in early intervention throughout the United States. The data sources included (see Appendix A for a complete listing):
   - Research and Training Center (RTC) in Service Coordination
   - National Early Childhood Technical Assistance Center (NECTAC)
   - Office of Special Education Programs of the U.S. Department of Education
   - Orelena Hawks Puckett Institute
   - The Division for Early Childhood's (DEC) Recommended Practices
   - Pathways Service Coordination Project, Waisman Center-University of Wisconsin
   - Journal of Early Intervention
   - Infants and Young Children
   - American Academy of Pediatrics
   - Exceptional Children
   - American Physical Therapy Association (APTA)
   - American Speech- Language-Hearing Association (ASHA)
   - American Occupational Therapy Association (AOTA)
   - American Association for Home-Based Early Interventionists (AAHBEI)

2. Collect and examine the data and research that currently exists on the Illinois model of service coordination. The primary data sources for collection included:
   - Illinois Department of Human Services Bureau of Early Intervention (DHS)
   - Illinois Early Intervention Training Program
   - Provider Connections
   - Central Billing Office (CBO)
   - Illinois Early Intervention Monitoring Program (EITAM)
   - Family Outcomes Survey Data
   - Child Outcomes Data
   - Child and Family Connections (CFC) reporting (performance contract data)

3. Work with the lead agency to identify components for survey and focus groups of key stakeholders in the Illinois Early Intervention System. Components of the survey included:
   - CFC contract deliverables
   - Items from 2005 Regional and Training Center on Service Coordination Survey (to ensure an ability to compare to other state's models)
   - Categories of service coordination
   - Community characteristics
   - System characteristics
   - Family Outcomes

4. Work with CFC 6, the pilot of the lead agency's "Program Integrity Project", to pilot the survey with service coordinators, program managers, parent liaisons, social emotional specialists, local interagency council coordinators, and pediatric consultative service representatives, providers and family members.

5. Deliver survey statewide in multiple formats to service coordinators, CFC program managers, parent liaisons, social emotional specialists, local interagency council coordinators, pediatric consultative service representatives, providers and family members.

6. Conduct a one week time study with all CFC staff from three CFCs statewide (one urban, one suburban, one rural) to determine what activities staff spends their time completing in the scope of their roles within each CFC (e.g. contact time with families, collaborating with team members, processing paperwork etc).

7. Use facilitators to conduct focus groups statewide to address the feelings, attitudes and perceptions of various stakeholders in the early intervention system. Stakeholder groups would include:
   - Families from a diversity of backgrounds (economics, age, culture etc…)
   - Early Intervention providers (minimally the four major disciplines)
   - Collaborating partners
     i. Health department
     ii. Division of Specialized Care for Children (DSCC)

iii. Head Start
iv. School districts
v. Child care providers
vi. Medical professionals (e.g. pediatricians, nurses, NICU personnel)
vii. Other referral entities

8. Conduct individual interviews with the leading researchers on service coordination and Part C coordinators from other states to get their input on the strengths and limitations of the different service coordination models being used across the nation.

9. Collection of all the data gathered, analysis (quantitative and qualitative) of the data, and the development of a report to include proposed outcomes for what the components of Illinois' service coordination model should look like and make recommendations based on these outcomes to the lead agency.

Project Personnel

The Early Intervention Training Program has a working body of knowledge based on past performance, of developing and implementing a highly effective, highly successful statewide system of training and support. This knowledge is based in part on the feedback gathered from training participants, collaboration with a multitude of agencies, and information gathered during the numerous local, state and national level meetings to identify training needs in the Illinois Early Intervention System. We believe that our close relationships with stakeholders at the state and national levels have provided the Early Intervention Training Program with a unique perspective and ability to improve the quality of services offered to infants and toddlers and to carry out the proposed project to evaluate the model of service coordination used in Illinois.

The project was directed under the guidance of Ted Burke, Director of the Illinois Early Intervention Training Program. The consultants utilized to carry out this project were Sarah Nichols, Susan Connor, M.Ed., Tweety Yates, Ph.D., and Rob Corso, Ph.D.

Ted Burke has been involved in training and professional development in the field of early intervention since 1993 and has been the Director of the Illinois Early Intervention Training Program since 2002. The Training Program has provided professional development opportunities to over 50,000 participants through workshops, conferences, and online learning opportunities during Ted's time as director of the program. During his career, Ted has worked as an Early Intervention Systems Resource Specialist for Illinois StarNet, a service coordinator, a Local Interagency Council Coordinator, and a Child and Family Connections Program Manager. Ted is currently Chairman of the Information Technology Committee of the Division of Early Childhood (DEC) of the Council for Exceptional Children (CEC), advisory member of the National Early Childhood Technical Assistance Center's Early Childhood Outcome Technical

Assistance Cadre, and steering committee member of the National Professional Development Center on Inclusion (NPDCI).

Sarah Nichols has been working in the field of Early Intervention since the year 2000. She was a service coordinator for Child and Family Connections of Dupage for seven years and she has been a trainer for the Illinois Early Intervention Training Program since its inception in 2002. Sarah has been instrumental in the evolution of service coordinator training in Illinois and she co-developed the Online Service Coordination Training for which she has presented on personnel preparation at the Division of Early Childhood Conference in 2006, 2007, 2008 and has been accepted for in 2009. Sarah is a strong proponent of the team approach and is enthusiastic about sharing this belief with all other providers and coordinators that reach children and families on a day to day basis. She collaborates with Child and Family Connections offices to identify and help meet their local training needs. Sarah also presents on a variety of topics statewide, develops curriculum, assists in the development of web-based learning opportunities, and has facilitated statewide webinars.

Susan Connor, M.Ed. is a Child Development Specialist and has been working with families and children ages birth-3 for over 10 years. Susan's educational background includes a Bachelor's Degree in Human Development and Family Studies with an emphasis on early childhood and a Master's Degree in Early Childhood Special Education from the University of Illinois with an emphasis on infancy. Currently, Susan is a Regional Training Coordinator and trainer with the Illinois Early Intervention Training Program. She is also currently the Director of Square One Kids, LLC, a pediatric early intervention program providing speech and developmental services to families throughout the Chicagoland area. Susan's prior experience includes working as a service coordinator and as the Program Manager for a Child and Family Connections office. In addition, she worked as the Coordinator for the Fussy Baby Network at Erikson Institute and provided internship supervision to graduate students at Erikson Institute. Susan has been a representative on many state level committees in the field of early intervention and is a nationally sought after presenter in our field. Susan continues to work directly with families, providing evaluations and ongoing developmental therapy services to children enrolled in the Illinois Early Intervention System.

Tweety Yates, Ph.D. is a Research Assistant Professor in the Department of Special Education at the University of Illinois at Urbana-Champaign. She is currently working with the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and Developing Language and Literacy in Danville (DELL-D) projects. Dr. Yates has been involved in the coordination, implementation and evaluation of many federal grant funded projects including early intervention systems, parent-child interaction, social emotional development, literacy and personnel preparation. She has experience in both center and home based programs. She is a past president of the Division of Early Childhood (DEC) of the Council for Exceptional Children (CEC).

Rob Corso, Ph.D. is currently a Research Assistant Professor at Vanderbilt University and the Project Coordinator of the Center on the Social and Emotional Foundations for Early Learning project. Previously he served as the Principal Investigator for the Head Start Disability Services Quality Improvement Center in Region V. Dr. Corso's expertise includes the evaluation of professional development projects for programs serving young children and their families. He has conducted many large-scale evaluations of programs serving children and families and has developed outcomes frameworks for measuring the impact of in-service training for national efforts aimed at improving the capacity of Early Head Start, Migrant and Seasonal Head Start, and Child Care. In addition, Dr. Corso served as an administrator for Head Start, child care, and early intervention programs. He has co-authored several works around professional development and the delivery of culturally and linguistically responsive early childhood education. He is currently the treasurer of the Division of Early Childhood (DEC) of the Council for Exceptional Children (CEC).

Methodology

The purpose of this project is to provide an evaluation of Illinois' current service coordination model. In an effort to build on existing research, internal and external resources and the variety of input from stakeholders in Illinois several approaches were utilized to determine the effectiveness of service coordination. To this end, the methodology of the evaluation included the following components:

- Collection of research and relevant resources
- Electronic Survey to Illinois Early Intervention stakeholders
- Focus groups with stakeholders across the state of Illinois
- Time study of roles within Illinois' current service coordination model
- Interviews with national experts and state Part C Coordinators

The following section provides greater detail regarding the methodology for each of these approaches.

Collection of Research and Relevant Resources

In June 2009, the Illinois Early Intervention Training Program began evaluating Illinois' current service coordination model. The first activity in the evaluation was the collection of recent Illinois data to aid the in understanding of the existing service coordination model and all its components. In addition, national data was gathered to examine the key effective service coordination practices and outcomes expected of all service coordination models.

Initial Illinois data was gathered through the help of the Illinois Department of Human Services (DHS), Provider Connections, and the Illinois Early Intervention Monitoring Program (EITAM). National data was collected through a variety of sources including Highbeam Research, National Early Childhood Technical Assistance Center (NECTAC), Research and Training Center on Service Coordination, American Speech-Language Hearing Association (ASHA), American Academy of Pediatrics, and the Individuals with Disabilities Education Act (IDEA). A resource binder was developed to organize this data which served as a reference for all subsequent evaluation activities.

The resource binder has seven sections (see Appendix A for more detail). The first section, titled *Foundation*, includes the proposal to evaluate the Illinois Service Coordination Model and reoccurring themes already identified in research articles. The second section, *Key Principles*, includes agreed upon key principles developed by the Workgroup on Principles and Practices in Natural Environments. The third section of the resource binder, *Illinois' Documents/Data,* includes the Child and Family Connections (CFC) contract, an Early Intervention Monthly Statistical Report from April 2009, the FY08 Annual Performance Report, the Principles of Early Intervention, and contract deliverables for the Local Interagency Council Coordinator, Parent Liaison,

Pediatric Consultative Services, and the Social-Emotional Component. The fourth section, *Surveys*, compiled existing surveys including the Family Outcome Survey (Illinois) and several national surveys (many from the Research and Training Center on Service Coordination). The collection of existing surveys allowed the evaluation team to identify the tools that have already been used to evaluate service coordination. *Checklists and Competencies* is the fifth section which includes a compilation of checklists and competencies that enabled the evaluation team to obtain a national perspective on the necessary skills a service coordinator must possess. The sixth section is titled *Journal Articles*. The journal articles provided a perspective on a variety of service coordination models and frameworks. The seventh section is titled *Research and Reports.* This final section provided methodology and findings on a multitude of national research studies on service coordination.

The resource binder was an important first step to the evaluation of the current service coordination model in Illinois. It provided a framework to better understand the existing Illinois service coordination model, a national perspective on service coordination, and was an invaluable resource for all evaluation activities.

Electronic Survey to Illinois Early Intervention Stakeholders Methodology

Utilizing the questions that were previously developed for several national surveys as a foundation, we identified questions on existing tools that seemed relevant to assist in evaluating the service coordination model in Illinois. The checklists collected as part of the ***Collection of Research and Relevant Resources*** also provided key questions related to the skills a service coordinator must possess. In addition, the survey was heavily influenced by the published journal articles and reports collected related to existing service coordination models and frameworks.

A draft of the survey was shared with staff from the Illinois Department of Human Services, Bureau of Early Intervention Services. Based on input from these key staff, the survey was piloted by Child and Family Connections #6. CFC #6 serves west suburban Cook County in Illinois and is also the pilot CFC for the Bureau of Early Intervention Services' "Program Integrity Project". Their feedback was incorporated into the final version of the survey. See Appendix B for a copy of the survey questions.

In July 2009, an electronic survey was then sent out to a list of 6,989 early intervention stakeholders that the Illinois Early Intervention Training Program has compiled over seven years. The backgrounds and roles of these individuals included:

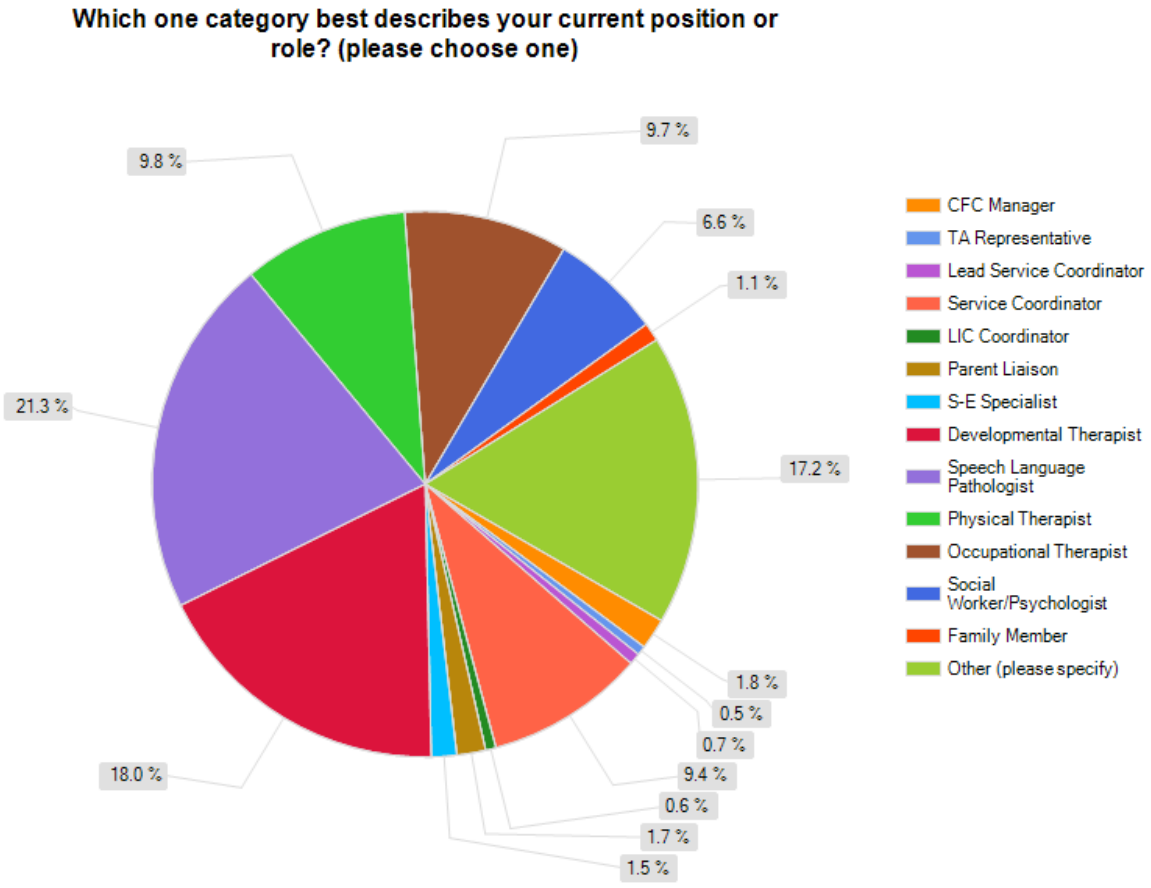
- Developmental Therapists
- Speech-Language Pathologists
- Physical Therapists
- Occupational Therapists
- Psychologists and Social Workers
- CFC Program Managers
- Service Coordinators

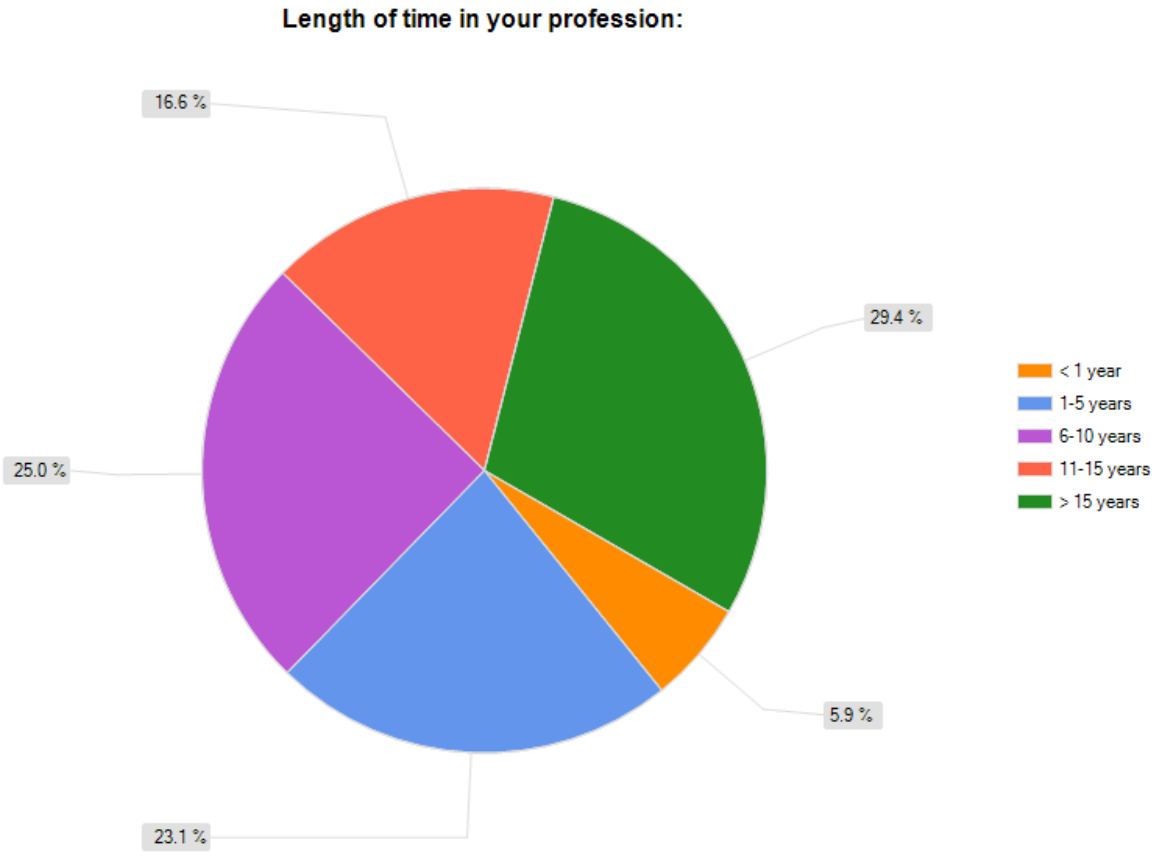
- Social Emotional Specialists
- Parent Liaisons
- Local Interagency Council (LIC) Coordinators
- Pediatric Consultative Service Representatives (TA Representatives)
- Family Members
- Other stakeholders

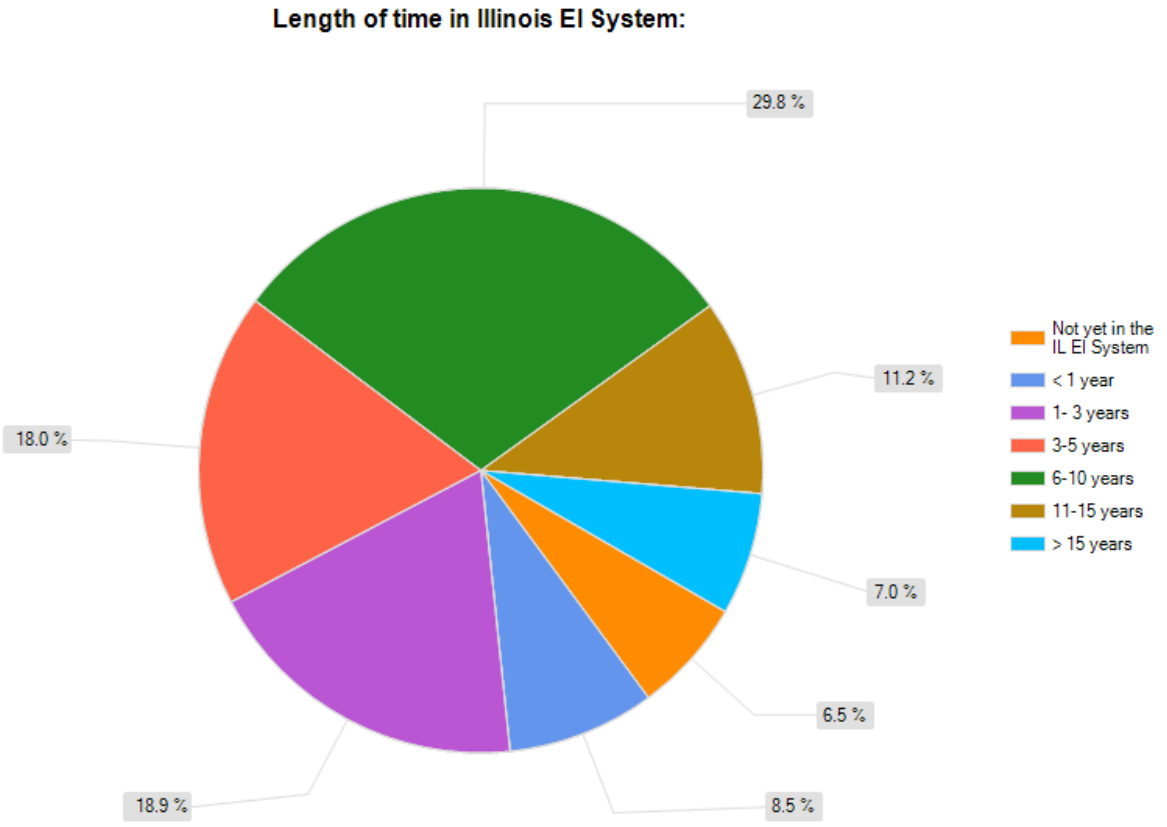
Early intervention stakeholders received an email explaining the purpose of the survey within the context of the larger evaluation of the Illinois Service Coordination model and were provided a link to the electronic survey. Providers were given two weeks to complete the survey. In addition, the Illinois Early Intervention Training Program and Provider Connections posted a link to access the survey on the home page of their websites so that individuals who may not have been in the email database still had an opportunity to complete the survey. During this time, three additional follow up email reminders were sent. The end result was 1,465 individuals completing the survey.

The following graphs provide details on the roles and backgrounds of those individuals who completed the survey. As the first graph illustrates, a wide range of individuals completed the survey (n=1465), with a high number of speech-language pathologists, developmental therapists, physical therapists, and occupational therapists completing the survey. In addition, the largest percentage of individuals who completed the survey had been in their profession over 15 years (30%), with over 70% of the individuals having been in their profession 6 years or more. This number dropped to 47% of individuals indicating they had been in the Illinois Early Intervention System for at least 6 years. Still, nearly two-thirds of the individuals who completed the survey had at least 3 years experience in the Illinois Early Intervention System.

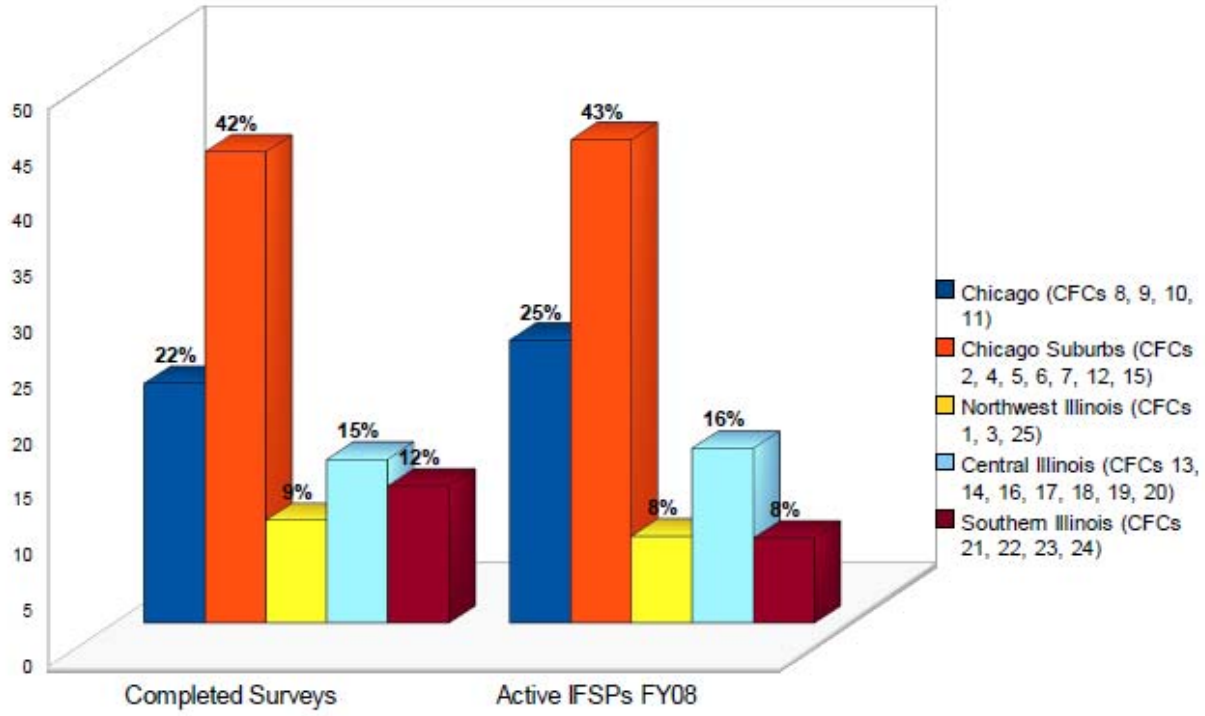
As shown in the final graph, there was an even distribution of where service providers who completed the survey worked as compared to the percentage of where children with active IFSPs were served in FYO8.


Which one category best describes your current position or role? (please choose one)
9.7 %
9.8 %
6.6 %
1.1 %
21.3 %
17.2 %
1.8 %
0.5 %
0.7 %
9.4 %
18.0 %
0.6 %
1.7 %
1.5 %
CFC Manager
TA Representative
Lead Service Coordinator
Service Coordinator
LIC Coordinator
Parent Liaison
S-E Specialist
Developmental Therapist
Speech Language Pathologist
Physical Therapist
Occupational Therapist
Social Worker/Psychologist
Family Member
Other (please specify)


Length of time in your profession:
16.6 %
29.4 %
25.0 %
5.9 %
23.1 %
< 1 year
1-5 years
6-10 years
11-15 years
> 15 years


Length of time in Illinois EI System:
29.8 %
11.2 %
7.0 %
6.5 %
8.5 %
18.9 %
18.0 %
Not yet in the IL EI System
< 1 year
1- 3 years
3-5 years
6-10 years
11-15 years
> 15 years

Area of Participants who Complete Survey vs. Percentage of Areas Where Children with Active IFSPs were Served in FY08



Focus Groups with Stakeholders across the State of Illinois Methodology

Focus groups were used to gather information from multiple stakeholders with different perspectives on the Illinois Early Intervention Service Coordination System. Questions were developed for the focus groups after conversations with the Principle Investigator of the Research and Training Center on Service Coordination at the University of Connecticut. This Center has conducted state and national focus groups around service coordination. Based on these conversations, two primary questions were drafted:

- If service coordination was working really well for children, families, and providers in Illinois:
  - How would you know it?
  - What would it look like?
- How does this compare with the current service coordination system in Illinois?
  - What works well in the current system (including Program Managers, Parent Liaisons, Social Emotional Specialists, Local Interagency Councils, Pediatric Consultant Services (TA Representatives))?
  - Where are the gaps?
  - Recommendations

A draft of the focus group questions was shared with staff from the Bureau of Early Intervention Services of the Illinois Department of Human Services. Six focus groups across the state were scheduled. Notification of the upcoming focus groups, including dates and general locations, were disseminated at the end of June utilizing the same email database of over 6,989 individuals as the survey. Interested participants responded with name, contact info, Child and Family Connections offices served, region of the state served, and role. There were 246 responses. The evaluation team reviewed the responses to select a representative sample of stakeholders. When possible, at least one representative from the following stakeholder groups were invited to participate in the focus groups: CFC manager, service coordinator, social emotional specialist, local interagency council coordinator, parent liaison, providers from each discipline, family members, pediatric consultative representative (TA representative), and additional stakeholders. For each focus group, an invitation was sent to 12-15 people with the hopes of having 10 participants in each group. An RSVP was requested. When the numbers were low after the RSVP deadlines, additional individuals were invited.

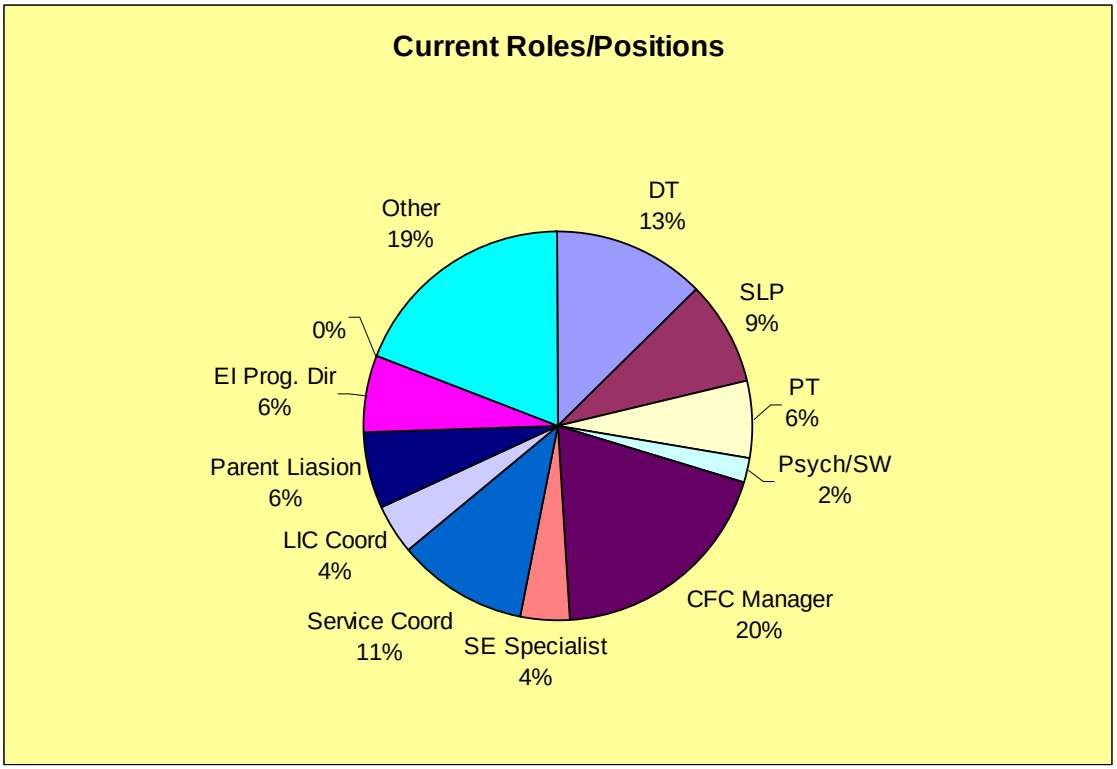
In July of 2009, focus groups were held in the following areas:

- Belleville (N = 6)
- Mt. Vernon (N = 6)
- Loves Park (N = 7)
- Rolling Meadows (N = 8)
- Chicago (N = 10)
- Champaign (N = 10)

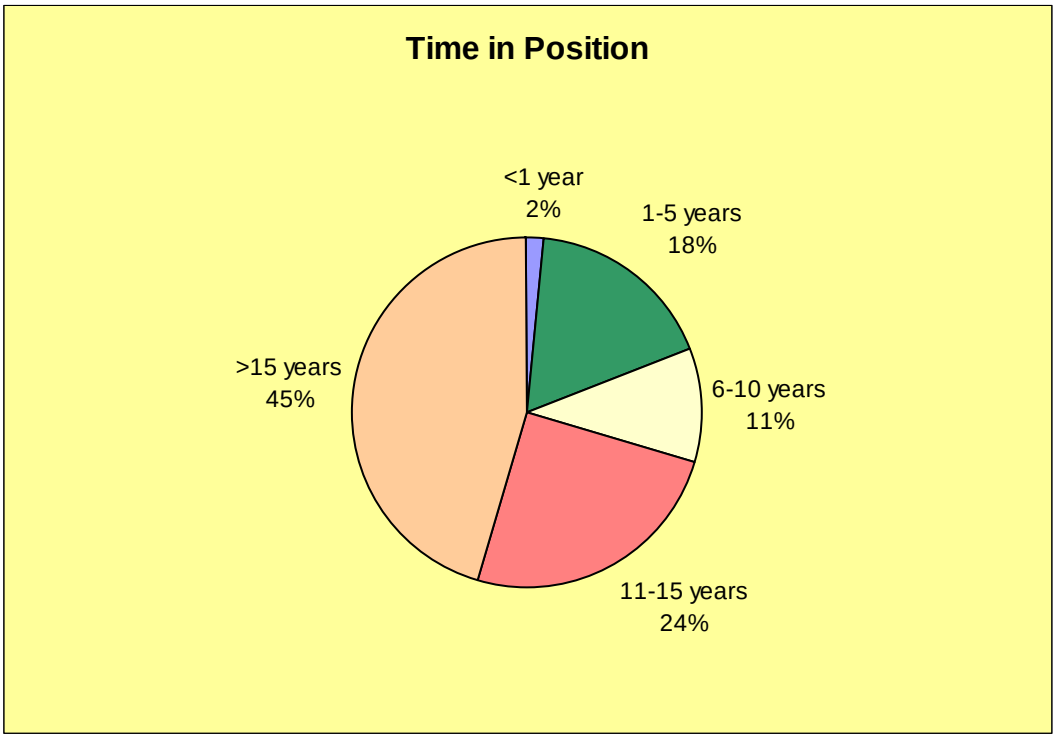
Upon completion of the focus groups, a conference call was held with staff from the Bureau of Early Intervention Services of the Illinois Department of Human Services. The purpose of this call was to gather feedback from the staff based on their perceptions of the service coordination system in relation to the questions addressed in the focus groups.

In total, there were 47 participants, with service providers representing the largest number of "no shows". The following graphs provide information on the roles and backgrounds of the individuals who participated in the focus groups. As the first graph illustrates, a wide range of individuals participated with CFC managers and "others" representing the largest groups followed by developmental therapists and service coordinators. The "other" category included parents, community health and prevention personnel, school district representatives, head start representatives and Provider Connections staff. The largest percentage of individuals who participated in the focus groups had been in their profession over 15 years (46%), with 81% having been in their profession 6 years or more. Sixty eight percent of the participants had been in the Illinois Early Intervention System for at least 6 years. As shown in the last graph, there was fairly even representation across areas of the state where participants primarily work.

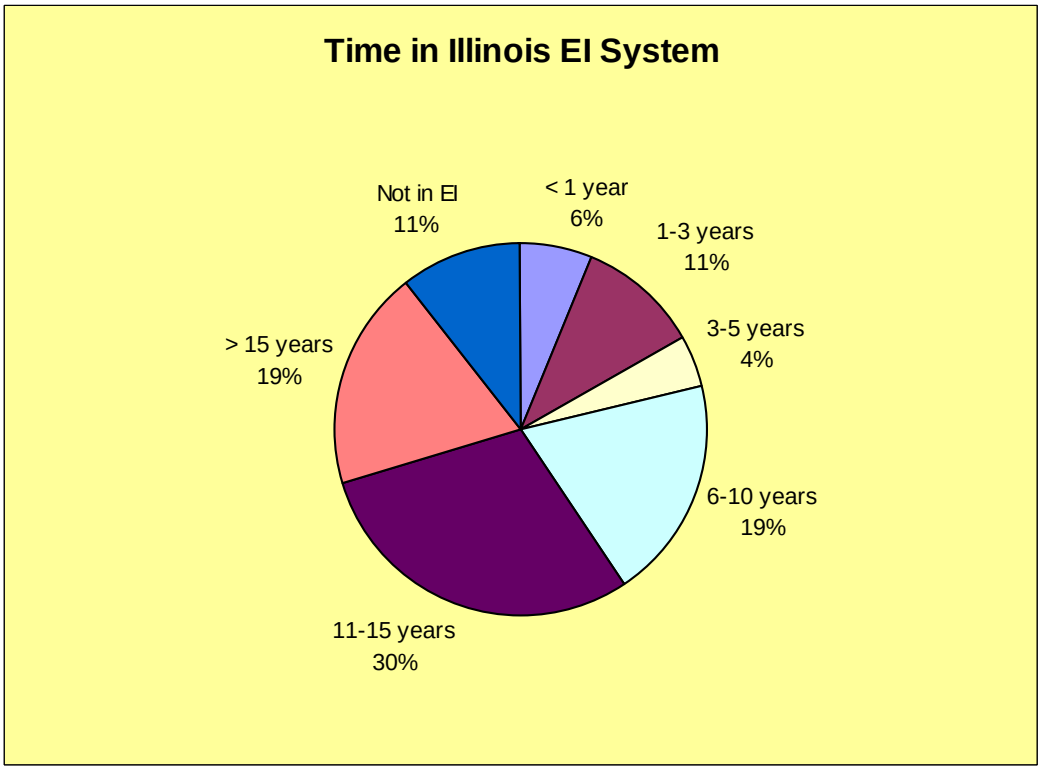
Current Role/Position in the Illinois Early Intervention System



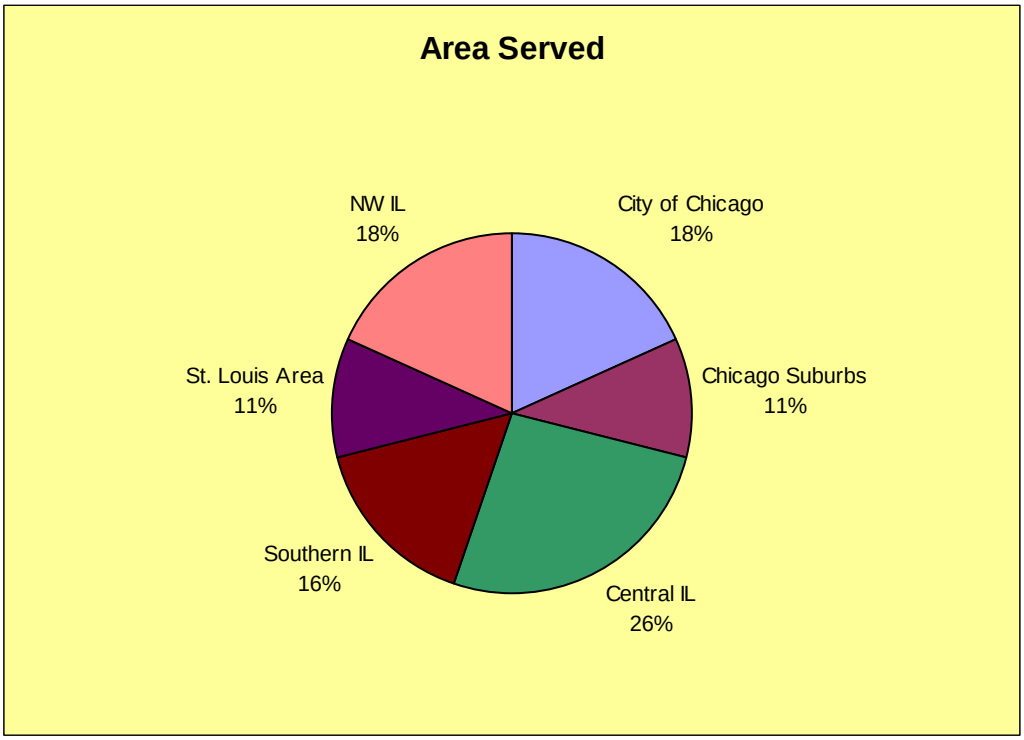
Length of Time in Profession



Length of Time in the Illinois Early Intervention System



Area of the state in which participants primarily work



Time Study of Roles within Illinois' Current Service Coordination Model Methodology

In an effort to better understand the functions of the individual roles within Illinois' current service coordination model as well as the way individual staff spend their time, a time study was developed and disseminated to staff across three different Child and Family Connections (CFC) offices, representing an urban, rural, and suburban service area. The time study was developed using information and sampling methods gathered from 1) previous national research projects, 2) the state of Alaska's Early Intervention Time and Cost Study, as well as 3) by gathering Illinois' current deliverables and position descriptions as outlined in the most current CFC Procedure Manual and the CFC contracts.

Initially, the time study was developed and was piloted with three service coordinators from Child and Family Connections #12. CFC #12 serves south suburban Cook County in Illinois. The pilot represented a service coordinator with less than one year experience, a service coordinator with more than one year experience, and a bilingual (English and Spanish) service coordinator whose caseload is predominantly Spanish speaking families. The service coordinators and manager provided feedback regarding the ease of use of the time study form as well as the clarity of the individual activities listed within the form.

Based on the initial pilot, minor changes were made to the time study form as well as the directions. See Appendix C for a copy of the time study form and directions for each of the functions within the Child and Family Connections offices.

As stated above, three Child and Family Connections offices were contacted and asked to participate in the time study. Those CFCs included CFC#1 in Loves Park, CFC#11 in Chicago, and CFC# 20 in Effingham.

In August, the time studies with directions were mailed to the individual Child and Family Connections offices and they were asked to have staff complete the time studies for any days worked between August 10, 2009 and August 17, 2009. Staff positions represented in this time study included service coordinators, parent liaisons, local interagency council coordinators, social emotional specialists, and pediatric consultative service representatives (TA representatives). For the purposes of this time study, Child and Family Connections Program Managers and administrative staff were not included. At the end of the time study week, all time study sheets were mailed back to the evaluation team and the time studies were analyzed by position and compared across different Child and Family Connections offices.

Interviews with National Experts Methodology

As a final step in the evaluation, individuals with expertise in service coordination and early intervention were selected to be interviewed. The experts were used to seek input into practices that further enhanced our understanding of existing resources and practices that would enhance the existing service coordination model in a manner that ensures: (a) statewide equality in the delivery of services in the Illinois; (b) services which are delivered with fidelity to the seven guiding principles of early intervention supporting a developmental model of service delivery to infants and toddlers; and (c) long-term fiscal stability for the Illinois Early Intervention System.

During the interviews, three consistent questions were asked of the expert panel:

1. What standards of practice guidelines for service coordinators are you aware of?

2. How do you work to standardize the quality and performance of service coordinators across the state?

3. How do you monitor quality of service coordination?

Approximately hour long phone interviews were conducted with the following individuals:

Mary Beth Bruder, Ph.D., has been in early intervention for the past 30 years. She has been involved in the design, provision and evaluation of early intervention services within a number of states and across a variety of agencies including Early Intervention, Special Education, Child Care and Head Start. She received her Ph.D. from the University of Oregon and currently she is Director of the University of Connecticut A.J. Pappanikou Center for Excellence in Developmental Disabilities Education, Research, and Service, and Professor of Pediatrics, at the University of Connecticut School of Medicine. She directs a number of federally funded preservice, inservice, demonstration, and research projects.

Larry Edelman, MS, is a Senior Instructor in the Department of Pediatrics at the University of Colorado Denver. He serves as Director of Dissemination for JFK Partners and is one of the primary Instructors for the Interdisciplinary Training Program. Currently, as an ongoing consultant to the Colorado Department of Education and the California Department of Education's Desired Results Access Project, he assists with the development of approaches to professional development, technical assistance, and strategic communication. He has worked in the fields of early childhood, disability, and professional development for more than 35 years.

Joicey Hurth, Associate Director Technical Assistance for the National Early Childhood Technical Assistance Center (NECTAC). She has worked is many states across the country supporting high quality inclusive services. She is the content expert for NECTAC related to Part C service coordination.

Pam Thomas, Part C Coordinator Department of Elementary and Secondary Education Early Intervention Services. She has held several early intervention positions in the Missouri First Steps program, including Service Coordinator, Regional Consultant, Area Director, and is currently the Coordinator of Early Intervention Services. She has a Bachelor of Science in Psychology, Master of Arts in School Counseling and is certified as a K-12 School Counselor and School Psychological Examiner and is currently pursuing her Doctorate of Education in Educational Leadership. Missouri is listed on the U.S. Department of Education Determination Letters on State Implementation of IDEA June 2009 report as a state that "meets requirements and purposes of IDEA and was selected to participate in this evaluation because of the state's similarities to Illinois in many aspects of their service delivery system and approach.

Carol Trivette, Ph.D, is a Research Scientist at the Orelena Hawks Puckett Institute. Over the last 15 years she has focused both her research/evaluation and direct service efforts in the area of family centered practices. Her work has led to an understanding of what types of practices have the greatest positive impacts on families and children and how we measure both our practices and their outcomes.

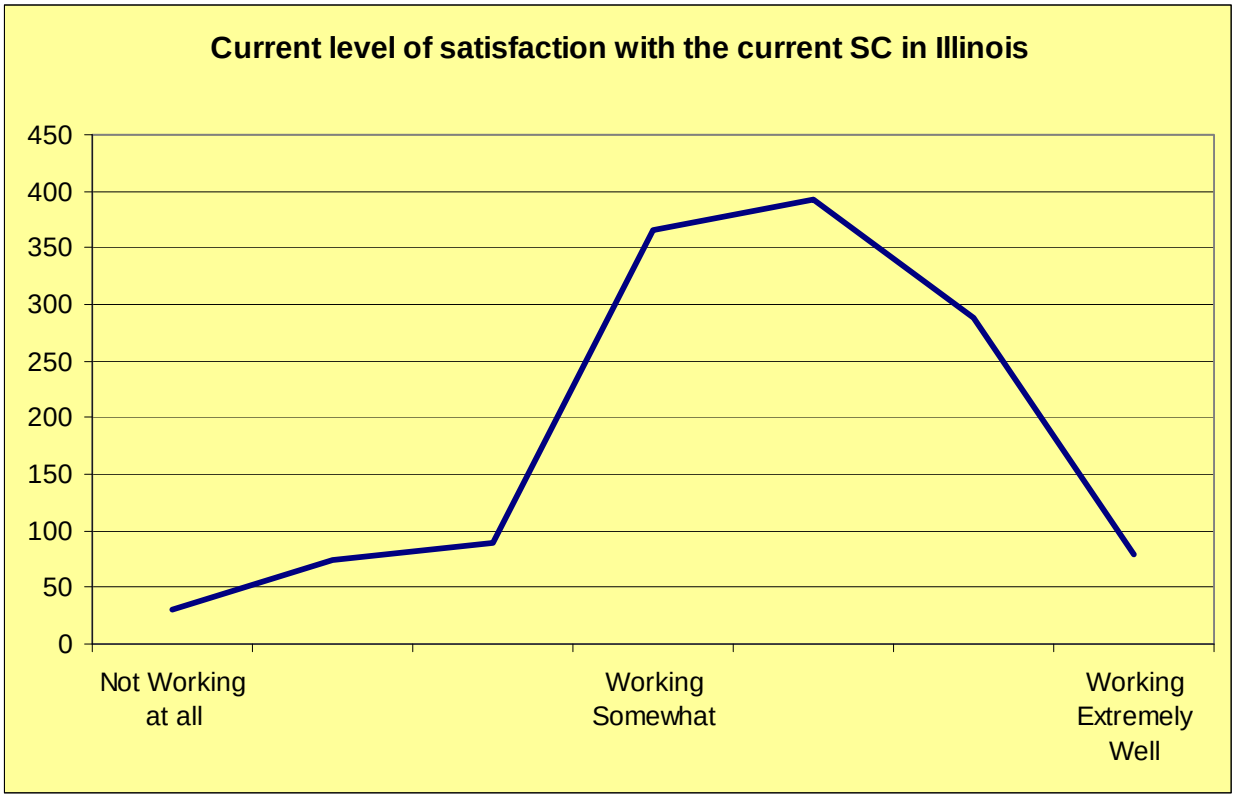
Ann Turnbull, Ed.D., Distinguished Professor in Special Education and Director of the Beach Center on Disability. Dr. Turnbull specializes in research related to family quality of life, family-professional partnerships, community inclusion, and knowledge translation. Dr. Turnbull has been a professor, teacher, researcher, and advocate for individuals with disabilities, their families, and service providers for more than 35 years. She has been the Principal Investigator on over 20 federally funded research grants and has authored 14 books, including 3 leading textbooks in the field of special education. She has also authored over 200 articles, chapters, and monographs. In 1999, she was selected by a national consortium of seven organizations within the intellectual developmental disabilities field as one of 36 individuals who have made the most significant contribution in the 20th century to enhancing quality of life for individuals with intellectual developmental disabilities.

The following section includes key findings and highlights from the (a) electronic survey, (B) Illinois Early Intervention Stakeholder focus groups, (c) time study, and (d) interviews with national experts.

Key Findings from the Survey

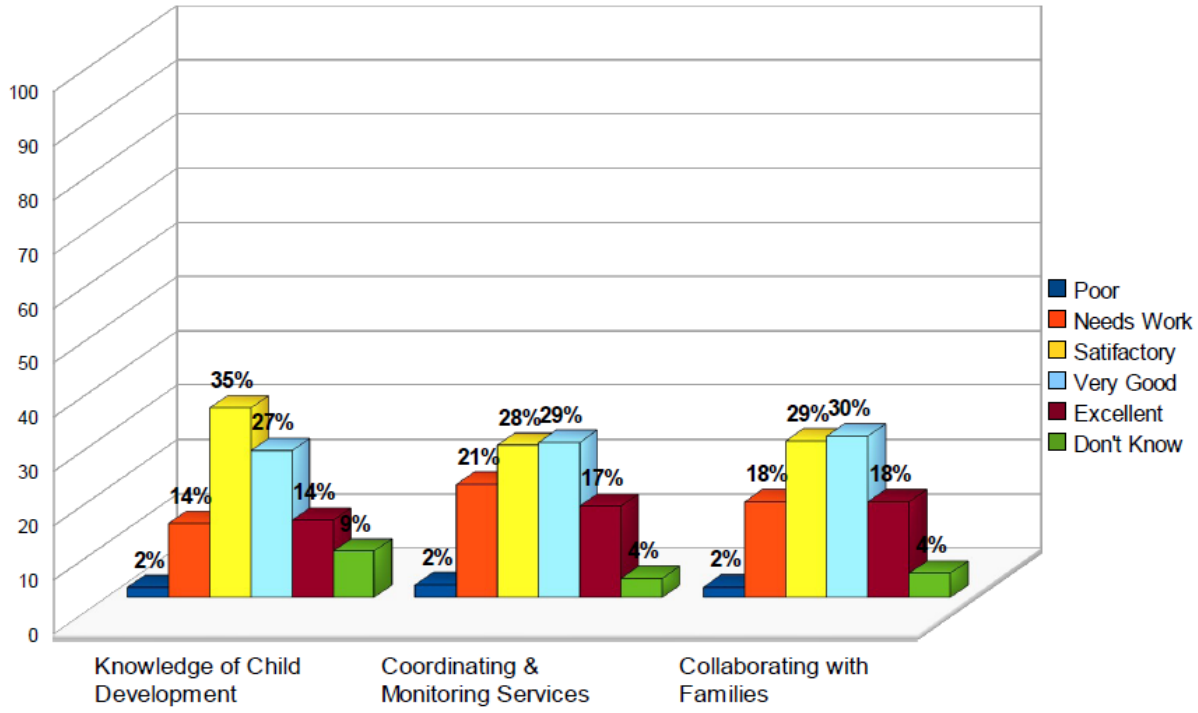
Current level of Satisfaction

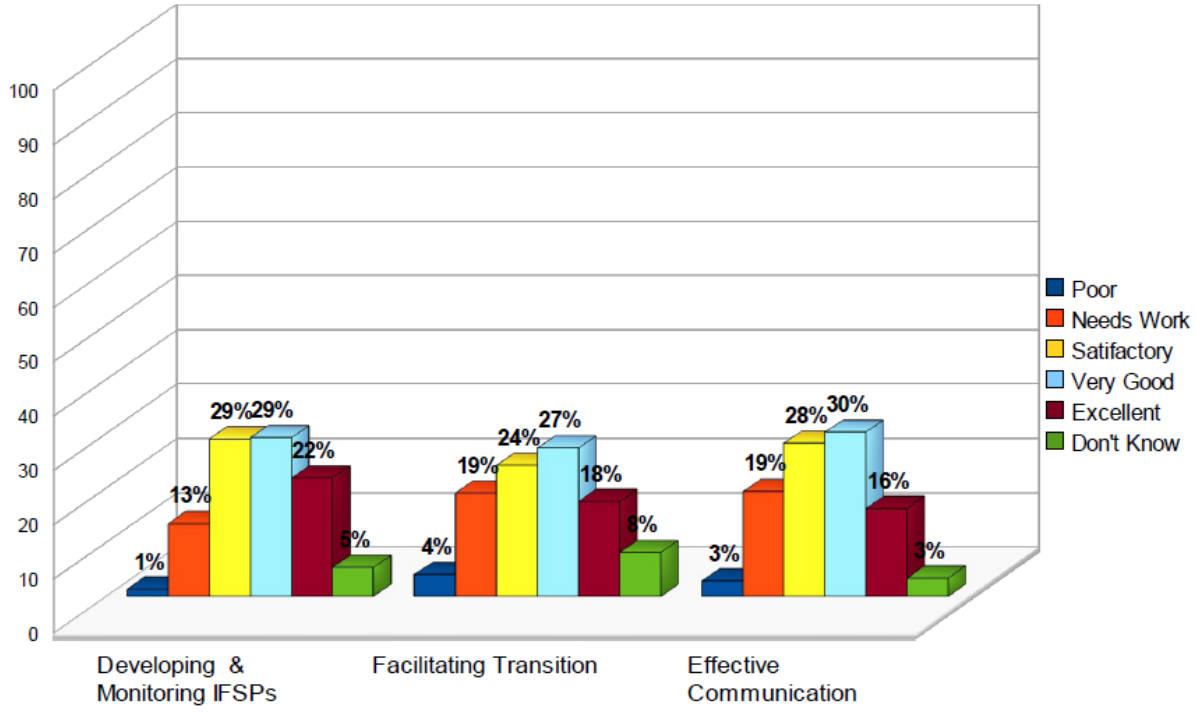
When asked about the overall level of satisfaction with the current service coordination model in Illinois, the average respondent indicated that the model is "working somewhat." Approximately 28% of respondents believed the current model was working "very well" while 15% indicated the system was not working at all.



Skill Level

Respondents were asked to rate skill level of current service coordinators in a variety of areas. In general, ratings across all items were rated as “satisfactory” or higher. The two highest rated areas were “displaying professional values and ethics” and “coordinating and monitoring IFSPs”, while the three lowest rated areas were “exhibiting effective communication” , “coordinating/monitoring services” and “facilitating transition”. effective t

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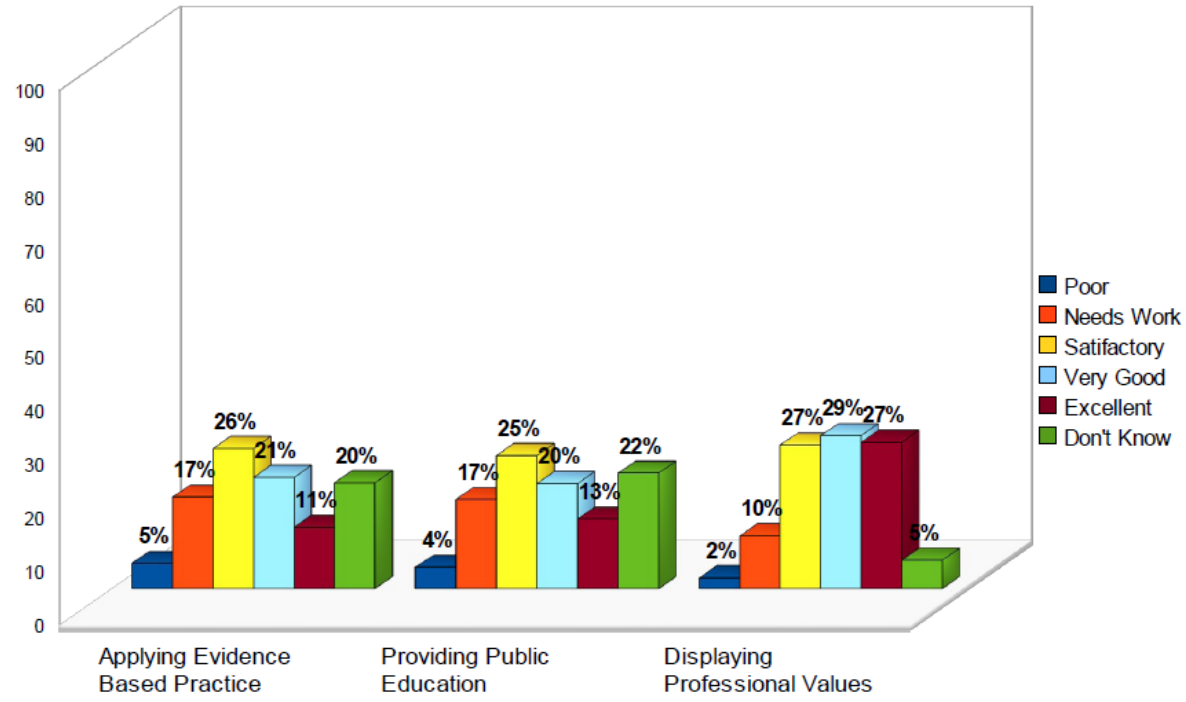
Don't Know
Developing & Monitoring IFSPs
Facilitating Transition
Effective Communication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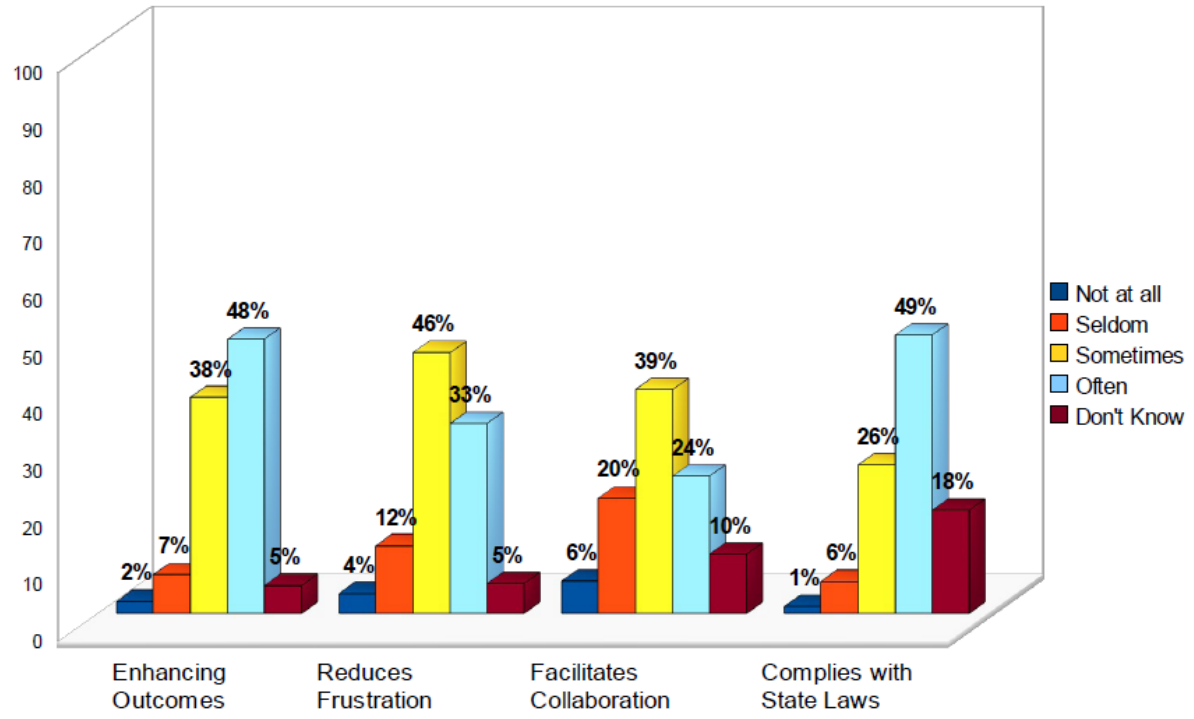
Poor
Needs Work
Satifactory
Very Good
Excellent
Don't Know
Applying Evidence Based Practice
Providing Public Education
Displaying Professional Values

Impact of service coordination in Illinois

Respondents were asked what the current impact of service coordination in Illinois was for children and families. The highest ratings were given to "enhancing outcomes for children and families", "ensuring sufficient compliance with federal legislation" and "ensuring sufficient compliance with state legislation." Seventy-six percent (76%) of respondents reported that "sometimes" or "often" it is difficult to get all people and agencies to work collaboratively on behalf of children and families. Similarly, 64.3% of respondents indicated that the current system is "often" or "sometimes" fragmented and requires families to be dependent on others to get their needs met. Lower ratings were also given to "facilitating community collaboration" and "reducing family frustration."

	Not at all	Seldom	Sometimes	Often	Don't Know
The current service coordination model in Illinois is enhancing outcomes for children and families	2.1% (28)	6.8% (89)	38.0% (497)	**48.2% (631)**	4.9% (64)
The current service coordination model in Illinois reduces frustration for families	3.5% (46)	11.9% (156)	**45.9% (600)**	33.4% (437)	5.2% (68)
The current service coordination model in Illinois facilitates community collaboration	5.7% (74)	20.3% (266)	**39.4% (516)**	24.2% (316)	10.4% (136)
The current service coordination model in Illinois is ensuring sufficient compliance with state legislation	1.2% (15)	5.6% (73)	26.1% (339)	**49.0% (637)**	18.1% (235)
The current service coordination model in Illinois is ensuring sufficient compliance with federal legislation	1.0% (13)	5.1% (66)	25.2% (327)	**45.5% (592)**	23.2% (302)
The current service coordination model in Illinois is logical but difficult to get all people and agencies to work collaboratively on behalf of children and families	5.2% (68)	12.6% (163)	**42.3% (549)**	33.7% (438)	6.2% (80)
The current service coordination model in Illinois is fragmented and requires families to be dependent on others to get the needs of their children and families met	8.8% (114)	20.1% (260)	**36.1% (468)**	28.2% (366)	6.8% (88)
The current service coordination model in Illinois results in high quality service	3.2% (41)	13.2% (171)	**42.7% (554)**	36.2% (470)	4.8% (62)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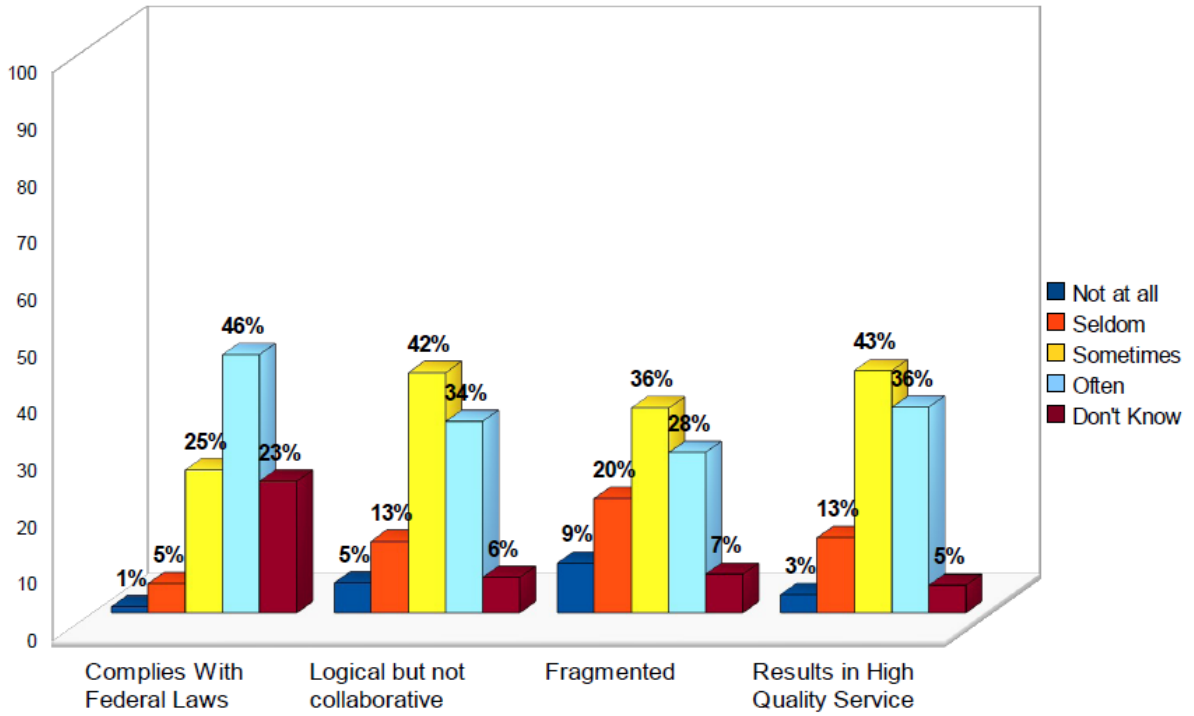
Enhancing Outcomes
Reduces Frustration
Facilitates Collaboration
Complies with State Laws
Not at all
Seldom
Sometimes
Often
Don't Know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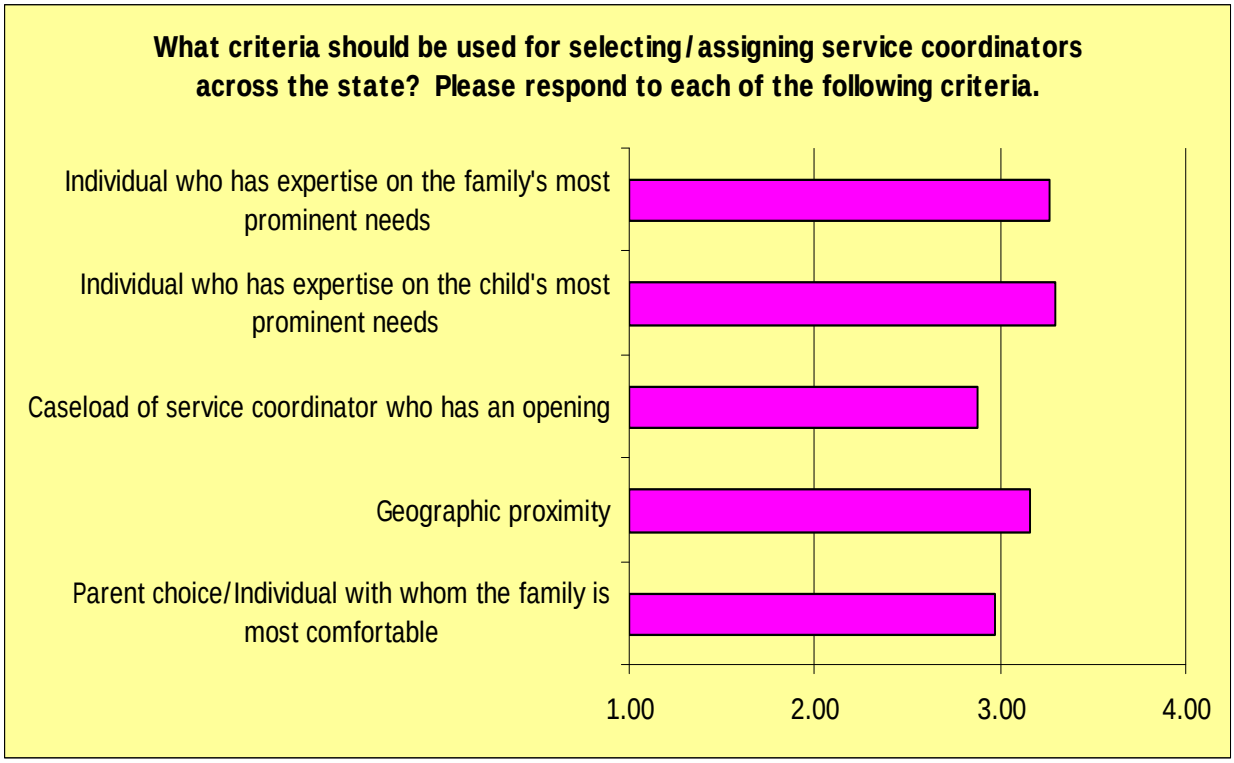
Complies With Federal Laws
Logical but not collaborative
Fragmented
Results in High Quality Service
Not at all
Seldom
Sometimes
Often
Don't Know

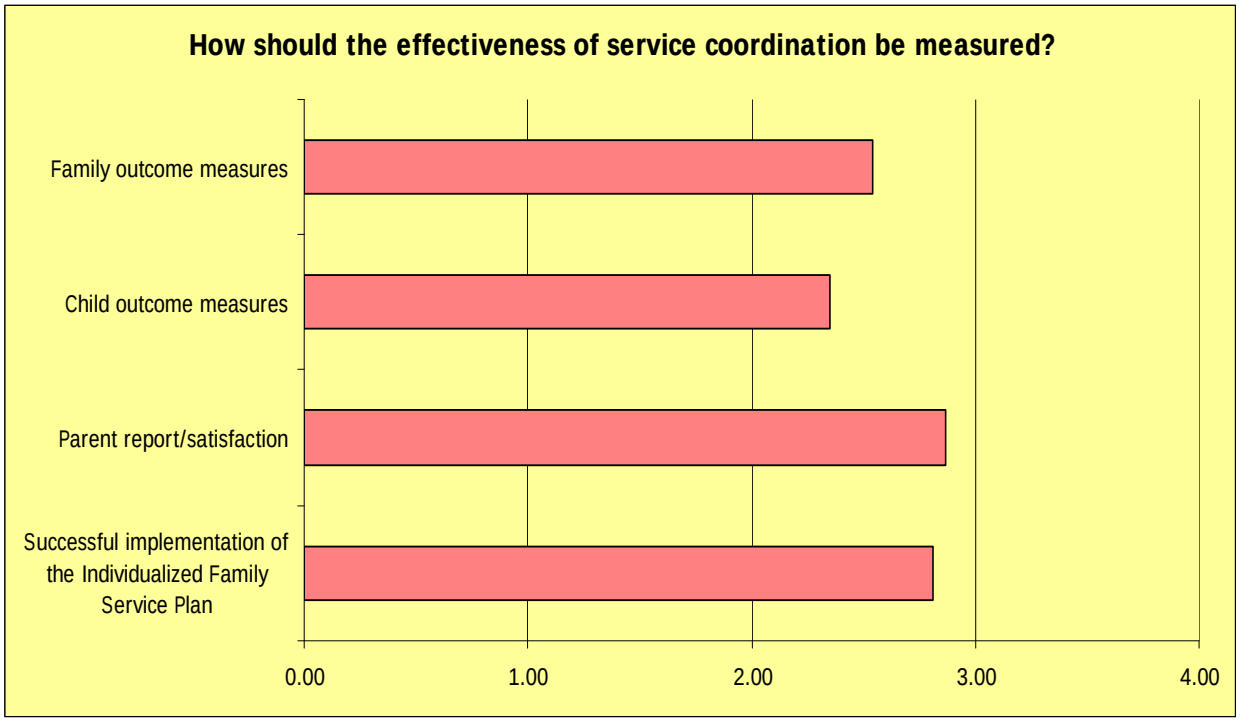
Criteria for Selecting/Assigning Service Coordinators

When asked "what criteria should be used for selecting/assigning service coordinators across the state," the highest number of respondents indicated "the individual who has expertise in the child's needs" followed closely by "the individual with expertise in the family's needs."



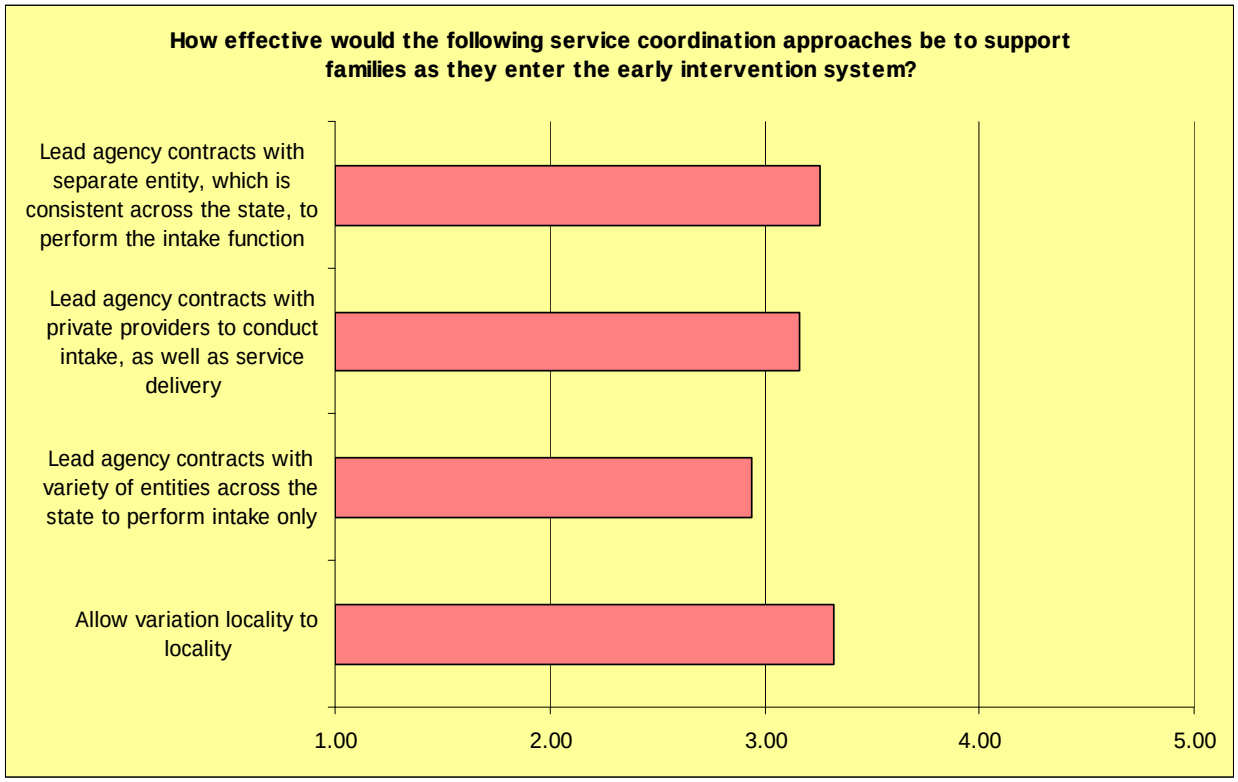
Measuring the Effectiveness of Service Coordination

When asked how "should the effectiveness of service coordination be measured," "parent report/satisfaction" and "successful implementation of the IFSP" were rated as the most important measures. Importantly, "child outcomes" were rated the least important measure of the effectiveness of service coordination.

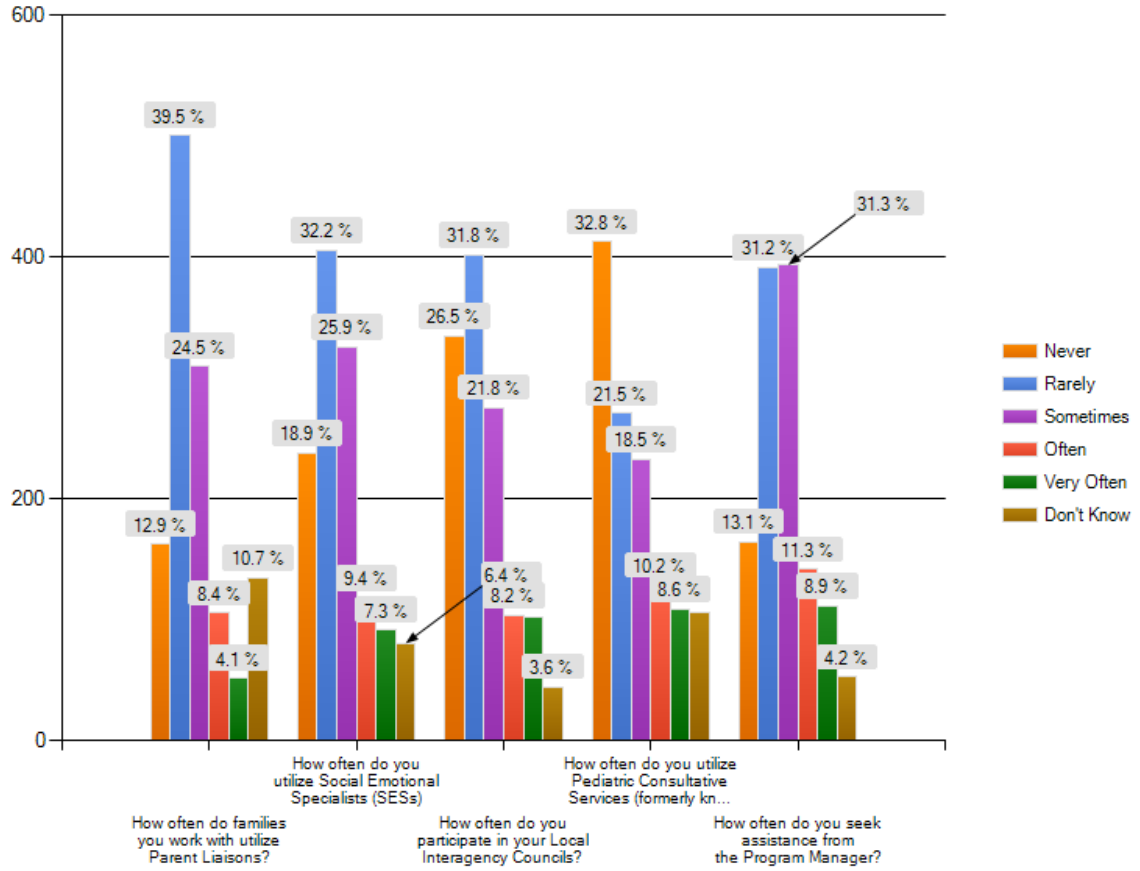


Effectiveness of Service Coordination Approaches

Survey respondents provided input into "how effective a variety of service coordination approaches would be in supporting families as they enter the early intervention system." The highest percentage of respondents believed the most effective approach to service coordination would be "Lead agency contracting with separate entities, which is consistent across the state, to perform the intake function." There was also support for ensuring a system that allows some "variation locally."



Utilization of Supports



When asked how often families used the Parent Liaisons, only 12.5% indicated ‘very often” or ‘often” with 52.4% indicating “rarely” or “never.”

Similarly, when asked how often Social Emotional Specialists were used, only 16.7% indicated ‘very often” or ‘often” with 51.1% indicating “rarely” or “never.”

When asked how often they participated in Local Interagency Councils, 16.3% indicated ‘very often” or ‘often” with 58.3% indicating “rarely” or “never.”

Similarly, when asked how often families used the Pediatric Consultative Services, 18.8% indicated ‘very often” or ‘often” with 54.3% indicating “rarely” or “never.”

Finally, when asked how often assistance is sought from the Program Manager, 21.2% indicated ‘very often” or ‘often” with 44.3% indicating “rarely” or “never.”

Key Qualitative Themes on Challenges with the Current Service Coordination Model as Identified in the Survey (*Supported with Quotes from the Field*)

1. Large variation among quality and consistency of service coordinators across CFCs

    - *"Performance really varies greatly from one service coordinator to another. Some parents are very pleased, but unfortunately many are frustrated and have a hard time even getting in touch with their service coordinator."*

    - *"I work with many different CFCs in the state. It amazes me how many differences there are between service coordinators and program managers when they are all supposed to be working with the same information! I also don't understand why some CFCs have a strong group of services coordinators and can keep them for many years and other CFCs have a high turn-over rate. It is very frustrating for the providers and for the families."*

2. Service Coordinators have limited contact with parents/families

    - *"I have had many complaints from parents that they can't get a hold of their service coordinator, but can only leave messages. This appears to be the greatest problem with the system of service coordination at this point."*

    - *"Worked best when the therapists in the home provided the service coordination. This model has created an expensive, non-family friendly layer. Service coordinators are only doing paper work and seeing children every six months. The CFCs are located counties away."*

    - *"…it's hard to have to handle all the paperwork, communicate with families and therapists. I've talked to many coordinators who would love to be more involved with families but are very frustrated with the paperwork… "*

3. Social Emotional Specialists are not available enough and their suggestions are too elementary

    - *"Social emotional component at that level is absolutely worthless to children and their families."*

    - *"The social emotional consultants never come on site so do not have a true idea of the circumstances. Often their advice is too general and often very elementary....We need people who can partner with us on difficult infant/toddler mental health issues, on site."*

- *"The use of social emotional consults is a waste of money. The service is not utilized by service coordinators."*

4. Parent Liaisons do not have enough contact with families

   - *"Families have reported that they do not have contact with the Parent Liaison unless they initiate it."*

   - *"Parent Liaison services at the CFC level and social emotional component at that level is absolutely worthless to children and their families."*

5. Service coordinator's need access to technology (i.e. email) to do their job more effectively

   - *"I think it is absurd that service coordinators who spend MOST of their time outside of their offices due to IFSP meetings etc do not have free access to their own computers as well as cell phones. How are they supposed to do their jobs effectively in 2009 without the access the rest of us have? How are they supposed to "coordinate" if they have no means to "coordinate". I think the whole system would improve exponentially if they had easier access to the technology necessary to communicate with the colleagues on their teams."*

   - *"It would also be helpful if the service coordinators had personal access to email in today's world we could eliminate a lot of the time frames if we could "talk" via email for some families rather then wait days for return calls."*

   - *"…service coordination is a catch all job. SCs have too many responsibilities to maintain their high caseloads. It would be helpful if we could reduce some of the paperwork we have to send out to providers (i.e. auth, reports, ifsp). it would be nice if info could be sent via cornerstone"*

6. Service coordinators change frequently (parents often times do not know who their service coordinator is)

   - *"In recent years the turn over of service coordinators makes it hardly worth learning their names because the family is likely to get a new one or two or three in their time of service."*

   - *"Service coordinators also often change as some leave the program and many of my parents were not even sure of who their service coordinator was at any time. I've often had to call to find out the name of their service coordinator as they are so frustrated with not having their phone calls returned when inquiring about their service coordinators."*

7. Low pay scale for service coordinators

    - *"I believe the level of skill, interest, and performance for SC's is related to pay scale and caseload. Obviously financial resources are tight so this is a barrier for attracting strong SC candidates"*

    - *Current provider service coordinators are "carrying" too large a case load and are "Over Worked" and "Under Paid."*

8. Lack of communication with providers

    - *"Communication between families, service coordinators and therapists has been very poor in the last several months. Is this due to overworking or over loading the service coordinator's caseloads? I have had many families' coordinators be "changed" without their or their therapist's knowledge, which leads to unreturned phone calls, poor communication, etc."*

    - *"As a private contractor, I find the most frustrating part of service coordination to be the lack of contact between service providers. I realize everyone is busy, but I also think that more frequent meetings with all providers involved would benefit the families and improve quality of service overall. Different approaches and intervention styles can lead to confusion for families. Collaboration between service providers and across disciplines would definitely lighten the load for families and providers, and should be addressed with all present."*

9. Problems with providers receiving timely authorizations from service coordinators

    - *"Often we are telling the CFC what information they need to send and/or are told incorrect information by the case worker only to find out from the EI CBO that this was wrong--which then we are penalized as we cannot go back and re-bill or get a new authorization. Also, authorizations need to be able to be generated quicker. We send a list of who we need updated auths for and we still don't get them prior to the appt."*

    - *"There is a problem with receiving referrals in a timely manner after the intake is done. The problem occurs in receiving the authorizations soon and also there is an issue of receiving direct service authorizations after the IFSP meeting- We frequently do not get those authorizations for 3-6 weeks."*

10. Lack of cultural competency/not supporting cultural and linguistic diversity

    - *"Also, cultural competency training is needed for SCs--many times I have heard awkward comments made at meetings by SC--ongoing professional development is warranted."*

    - *"The current system needs improvement to better serve the minority population. We need coordinators that represent the minority (e.g. Asian) and more providers (e.g. including coordinators and interpreters) who can speak other languages…."*

    - *"…Possibly, some incentives need to be offered to bilingual personnel, to attract them to EI employment."*

11. Some service coordinators exclusively using certain providers based on personal relationships (not based on skills and expertise)

    - *"I have encountered that some Service Coordinators seem to exclusively use certain providers… based on "personal relationship" and NOT based on the provider's professional skills/knowledge/history of accurately assessing a child...Even when other providers report the inaccuracies/lack of competency of the first provider, this seems to be ignored and overlooked because of the "personal relationship" between the Service Coordinator and the provider."*

    - *"Often providers are selected not based on their qualifications, but based on whether or not certain service coordinators "like" certain therapists' personalities, and other things that are not at all related to the providers' work ethic, experience, quality of work with children and their families."*

12. High caseloads impacting quality of service coordination

    - *"The service coordinators seem to have extremely large caseloads and some cannot seem to keep up with calling providers and families back in a good timeframe. I've also heard that they don't have the time to contact the parent very often to check on them."*

    - *"Service coordinators seem to be over loaded and are not able to follow-up on details, such as getting reports, IFSP's or prescriptions to therapists, or schedule meetings within posted timeframes. This can vary from coordinator to coordinator, but even the "better" coordinators seem to have to let things go in order keep afloat with all their cases."*

- *"The Service Coordinators work very hard and are overloaded with cases which could have a negative effect on performance, length of their employment, which only negatively affects the families and the service providers."*

- *"I feel the fact that service coordinators have large caseloads makes it hard for them to really know the families they are working with. After eligibility is determined, the family sees the service coordinator an average of 2 times per year. Many families have no idea who their service coordinator is, let alone what their function is. It just seems that there might be a more effective system..."*

- *"I think that most service coordinators do the best they can, given that they have little to no background in child development, caseloads that are too large to effectively meet families' needs, and such widely scattered service providers all with different schedules."*

13. Service coordinators have too much authority over the therapists and quantity of service delivery and they do not respect the professional opinion of service providers

    - *"In terms of service coordination, the main thing I would like to see change is that when working with professionals, service coordinators should respect our professional opinion. We went to school for a long time and have advanced degrees in our area of specialty. We go to a lot of continuing education classes and we work with lots of children and families (for years). I think we know how to evaluate and treat children with special needs. Please respect our professional opinion. This is what we have been trained to do. We pride ourselves is doing a great job and we hold ourselves to a high standard. Trust us and work with us. We're a team."*

    - *"They have too much authority over the therapists and often lose sight of how difficult our job can be. In an effort to often blindly agree with the parents, without fully knowing if the facts are bonafied, there have been instances where the child's progress has been gravely compromised. How can THEY as non-professionals really judge the effectiveness of therapy?"*

14. Service coordinators not feeling respected for their contribution and knowledge that they bring to the process

    - *"They have a VERY important role in families' lives but they are not getting the respect they deserve."*

    - *"It is ridiculous the amount of work service coordinators receive and do not receive the appropriate pay or appreciation we deserve. We as a team at our CFC work together to provider our families with adequate services to best that we can. I believe service coordinators should receive less children on our caseload. We should be viewed as educated professionals and be looked at in a different light."*

    - *"I think the most difficult aspect of the service coordination model is the lack of empowerment for service coordinators. I think it is difficult for them to develop service plans according to the EI principles when some providers recommend services out of the scope of EI. It is also difficult for service coordinators to be compassionate and relate to their families when their caseloads are so high and they are accommodating the increasing demands of the position."*

15. Need evaluation of the whole system not just the service coordination model

    - *"There needs to be an evaluation of the entire EI model - not just for Service Coordination. So many variables play into service coordination and the success of the child is due more to the family, therapies and follow through by family. Service Coordinators are there to facilitate and be a support to the family and get them connected to the various agencies in the family's area. Whatever is done, needs to be done statewide".*

    - *"There needs to be a HUGE revamp on educating the therapists that are involved in E.I. as well. e.g. How to conduct consistent evals, how to recommend therapy, how to conduct therapy using the E.I. philosophy, and how to know when to discharge children from E.I."*

16. Many concerns about team evaluations (too many evals done for each child, recommendations for personal profit, some just doing evals and not ongoing, evaluators chosen based on friendships or one stop shopping)

    - *"It is a conflict of interest when providers evaluate/assess and refer to themselves".*

    - *"I think that in some instances it is a conflict of interest when a independent provider must weigh a child's eligibility against the need of their small business to have additional kids on their case load."*

17. Early Intervention is operating more like a medical model rather than a developmental model

    - *"The Service Coordination model in Illinois uses a medical model of management within an EI system that supports and promotes best practice in early intervention. The medical model works against best practice for children and families. The fee for service model promotes competition for caseloads among providers. There is no accountability from the CFC regarding how and to whom children are referred."*

    - *"I believe in an effort to make the system work more effectively some of the relationship based philosophy has been lost. I have been in EI for 10 years and there has been a shift in ideation. It no longer is about making relationships from the minute a provider/coordinator walks into a home. Many times evaluations are completed in an agency setting. The people evaluating miss out on the whole picture of the child and their family. The system has become too scattered and the people who evaluate are no longer the ones who pick up for service. The families have too many people coming through their lives and consistency for them and their child is lost. When a family shares their story with coordinators and providers this is the beginning of a relationship. EI has become less relationship based and more about the process."*

Key Themes from Focus Groups with Stakeholders across the State of Illinois

Theme 1: Service Coordinators are spread too thin and can't do their job. They need smaller case loads, more training, more respect, and more time to develop relationships with families.

Focus group participants reported and suggested:

- Need more service coordinators – or change in role/expectations
- Can someone else take on part of the tasks that service coordinators currently do?
- Maybe paperwork could be streamlined
- More service coordinators with computer/internet access and knowledge of how to use technology
- Go back to Illinois' philosophy of early intervention and what this means for service coordinator role
- Make sure providers understand the role of the service coordinators
- Re-examination of qualifications of service coordinators

Sample Quotes:

"It seems to me that service coordinators spend a lot of their time doing tasks that could be done by clerical staff. Is it more realistic to look at shifting clerical tasks so service coordinators can focus more of their time on the things that are really important to their role? "

"Service Coordinators are asked to play lots of roles – pretty complex roles. I think we need to remember that they are the first person that families really come in contact with, the first person that introduces them to the EI system. They are really important to the system. Maybe we need to re-think the qualifications for this role."

"…being a parent of a child that was through EI, when my service coordinator came to my home for the intake, the initial interview, whatever you want to call it, it was very overwhelming as a parent because here you are telling me my sweet child, angel with devil's horns sticking out, has possibly some delays and we're going to explore that. In our intake file folders, we have a lot of information from families. I honestly barely look through it. And my coordinator, bless her heart, she went through each page and said, "I know this is really hard for you probably to go through all of this; it's a lot to take in." She was just there, she did her job, but she was there for me, as far as a personal support because I had nobody, my parent liaisons, evaluators, nobody, she was the only person I had spoken to so far, so I think one of their roles is personal attention. You know, touch on a transition at your initial appointment with a family, but keep it personal, keep it real…personal attention, empathy, good listening, compassion…Develop that relationship with the family to make them comfortable with the system."

Theme 2: Service coordinators need more professional development, including training and mentoring

Focus group participants report and suggest need for training in the following areas:

- How to facilitate and lead IFSP meetings
- How to keep IFSP meetings on track
- Training on problem solving and conflict resolution
- Teaming skills
- Critical thinking
- Advocacy
- Effective communication skills
- Cultural competency
- True understanding of the philosophy of early intervention so they can help parents understand
- Deeper understanding of typical and atypical development
- Writing reports and understanding reports they receive from providers
- Systems Overview

Sample Quotes:

"Service Coordinators aren't really respected. IFSP meetings are often run by providers because they better understand what the child and family needs better than the service coordinator."

"Service coordinators need so many skills. They need to know how to communicate, facilitate groups, problem solve, resolve conflicts, team, and advocate. They also need to know about IFSP meetings, child development, assessment, report writing, and working with families. It makes my head hurt to think about everything we need to know!"

"Service coordinators are hired, do the training and then go to work. Some of them are right out of school. They have never worked in the system. We need some type of mentoring system before they start working with families."

"I think that they (families) have really good relationships with their service providers, but their service coordinators aren't in the picture a lot. And the families don't have an understanding right now that they're really the captain of that team and that if something needs to happen in the way of a meeting, or they need to talk about a service provision that they think needs to be changed or something, that that's there go-to person (the service coordinator)."

"Service coordinators should be respected as equal members of the team…It's that knowing that's the captain of the team or that's who helped implement changes… I also think it has a lot to do with the way providers and families

interact with the service coordinators… it can't just be the family that has to respect them, it has to be the providers too because if the providers don't at the meeting, how does the family?"

Theme 3: More collaboration is needed to build a system that supports teaming

Focus group participants report and suggest:

- A system that financially supports teaming
- Ideas for communicating with everyone working with child and family to help reduce duplication of services
- Team checks in with service coordinator before IFSP meetings (IFSP meetings are often the only time that people see each other or communicate with each other)
- Service coordinators should not be gate keepers

Sample Quotes:

"I would like to see services based on the child's needs not the providers"

"Service coordinators wouldn't feel like they had to be the gate keepers for that (decreasing services) and try to advocate for what's really the appropriate level of service for the child based on their delays, progress, etc. and when advocating for that, wouldn't be made to feel inferior to the provider."

"How do we support children and families when we don't feel supported? We don't always know what is going on in the system and many times don't know who all is working with certain children or any idea what they are doing."

Theme 4: Need more role definitions and consistency of roles across the state

Focus group participants report and suggest:

- Lack of consistency across the state when it comes to the role of the social emotional specialists, parent liaisons, local interagency council coordinators, and pediatric consultative services
  - **Role of Social Emotional Specialist**
    - Mixed feelings on this role
    - Don't ever see them, don't know what they do
    - Role not defined, what's the real benefit?
    - Salaries of social emotional specialist in comparison to what others are paid (especially service coordinators)
    - Wide range of what social emotional specialist is doing across CFCs
    - Need people with more training in behavioral issues
    - **Sample Quotes:**
      - *"…what is the real benefit of a social emotional consultant to the whole EI system? Are they being helpful to families, are*

your service coordinators feeling happy and less stressful. I don't know if there's anything that can show that that person's role is making a great impact on early intervention services. That's just kind of how we are with ours right now."

- *"The role of the social emotional consultant is so confusing to everyone. Even those that hold this role don't know what they are supposed to do."*
- *"It's (social emotional consultant) like the "secret" role- we don't know about what they do."*
- *"We use ours to assist in training service coordinators and providers and to consult with service coordinators regarding kids who have social emotional things going on. So part of the issue there is service coordinators not having time to sit down with her. I see her as a big value in our office."*

- **Role of Parent Liaison**
  - A great resource – but one that is not utilized
  - Many parents don't even know about this resource
  - Feels like the parent liaison connected with the CFC is the only Parent Liaison
  - High turnover rate with this position
  - Role needs clarification
  - Lack of consistency across state
  - Families need to know that parent liaisons are available to them and what they offer
  - Need good verbal skills, relationship building, empathy, conflict resolution
  - **Sample Quotes:**
    - *"Parent liaisons should be better used. They know the systems in the community. They know the school systems. They could really help families and service coordinators but they aren't used."*
    - *"For us, the main issue with the parent liaison role is funding and role definition."*
    - *"Some CFCs do a great job with their parent liaison but others don't know how to use them or are using them in ways that they aren't supposed to be used."*

- **Role of Local Interagency Councils**
  - Some very active – some do very little
  - When they have tried to get providers involved, they don't come because they aren't paid for their time
  - Feel frustrated – the original reason local interagency councils were put into place made sense – but not sure what role they now play

- **Sample Quotes:**
  - *"We have one LIC that covers my two little dinky counties, and then we have the one that covers our three bigger counties. And they get torqued as all get-out that the one LIC gets the same amount of money as the other LIC. "And that's not fair, we serve more kids!"*
  - *" … We were never successful after the formation of the CFC system to bring those three parties back together. We did, we tried, and providers were like, "Why are we doing this now?" And that's when we broke it off to do provider meetings, and LIC child find meetings, and we've just recently been able to add those parent meetings."*

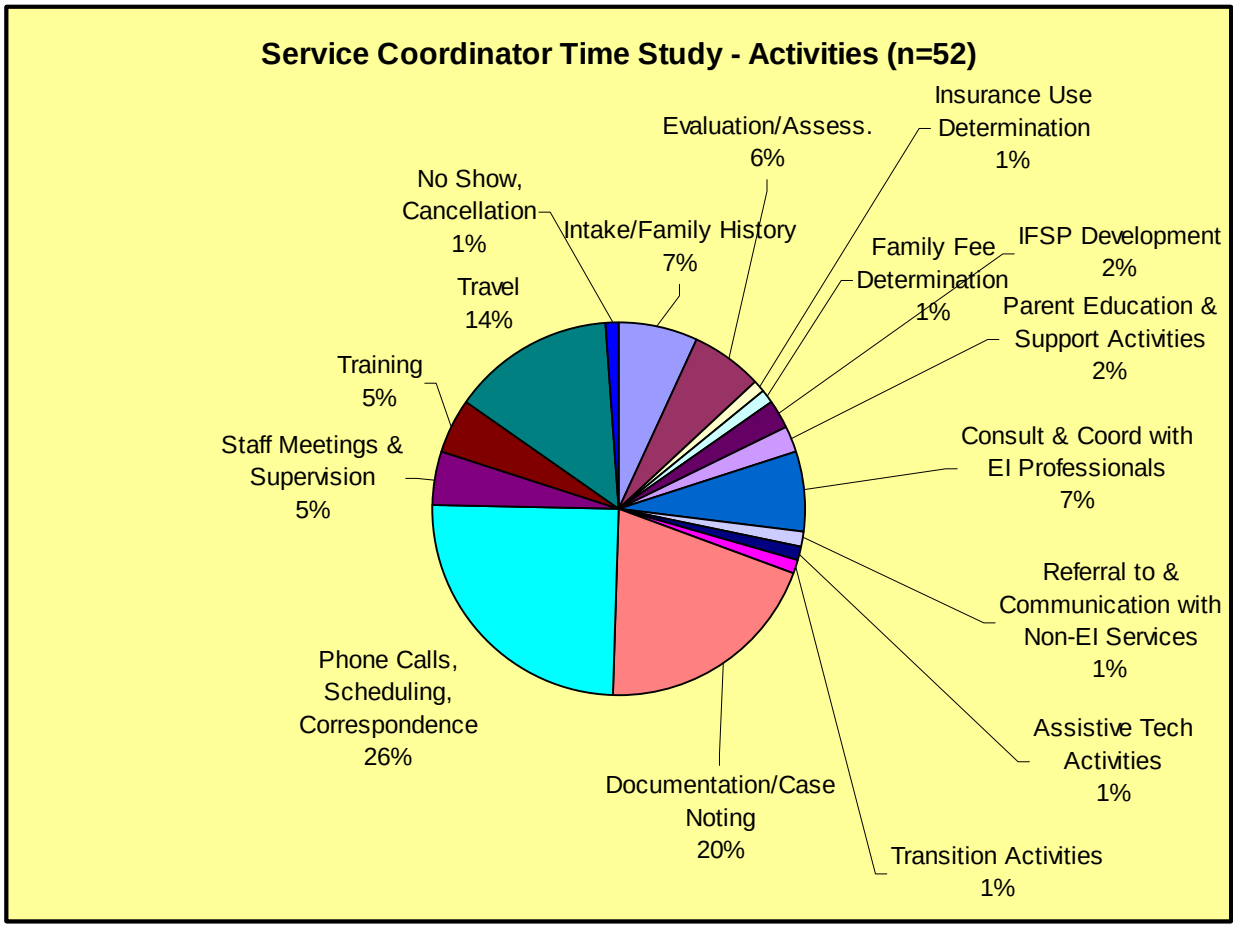
o **Role of Pediatric Consultative Services**

- Feel this was important role within the system
- Person specific as to if this role was useful
- Many Pediatric Consultants need help in understanding the early intervention philosophy
- Pediatric Consultants often help the service coordinators understand diagnosis
- Many geographic areas don't have Pediatric Consultants or a developmental pediatrician close by making it hard to access
- Could this role be broader? – Maybe utilize a nurse practitioner?
- **Sample Quotes:**
  - *"What is that? We get the medical consultation through our hospital, nurse practitioner, and the LIC coordinator."*
  - *"We have our Pediatric Consultant come out and do training and talk about eligibility issues and different medical things on children. So we do have that, but we're not using a developmental pediatrician for it because we don't have one."*
  - *"I think it helps service coordination, service coordinators understand some of these diagnoses that come up, that they can have somebody to actually call and actually talk to that is kind and knowledgeable."*

Key Findings from Time Study

Service coordinators (n=52), Social Emotional Specialists (n=4), Parent Liaisons (n=4), and Local Interagency Council Coordinators (n=5) completed a time study. The Time Study Worksheets provided 15 minute intervals in a workday starting at 7:00 AM and ending at 6:00 PM. Respondents completed one Time Study Worksheet for each day that they worked during the week that was studied. See Appendix C to reference the Time Study Protocol.

Service Coordinators



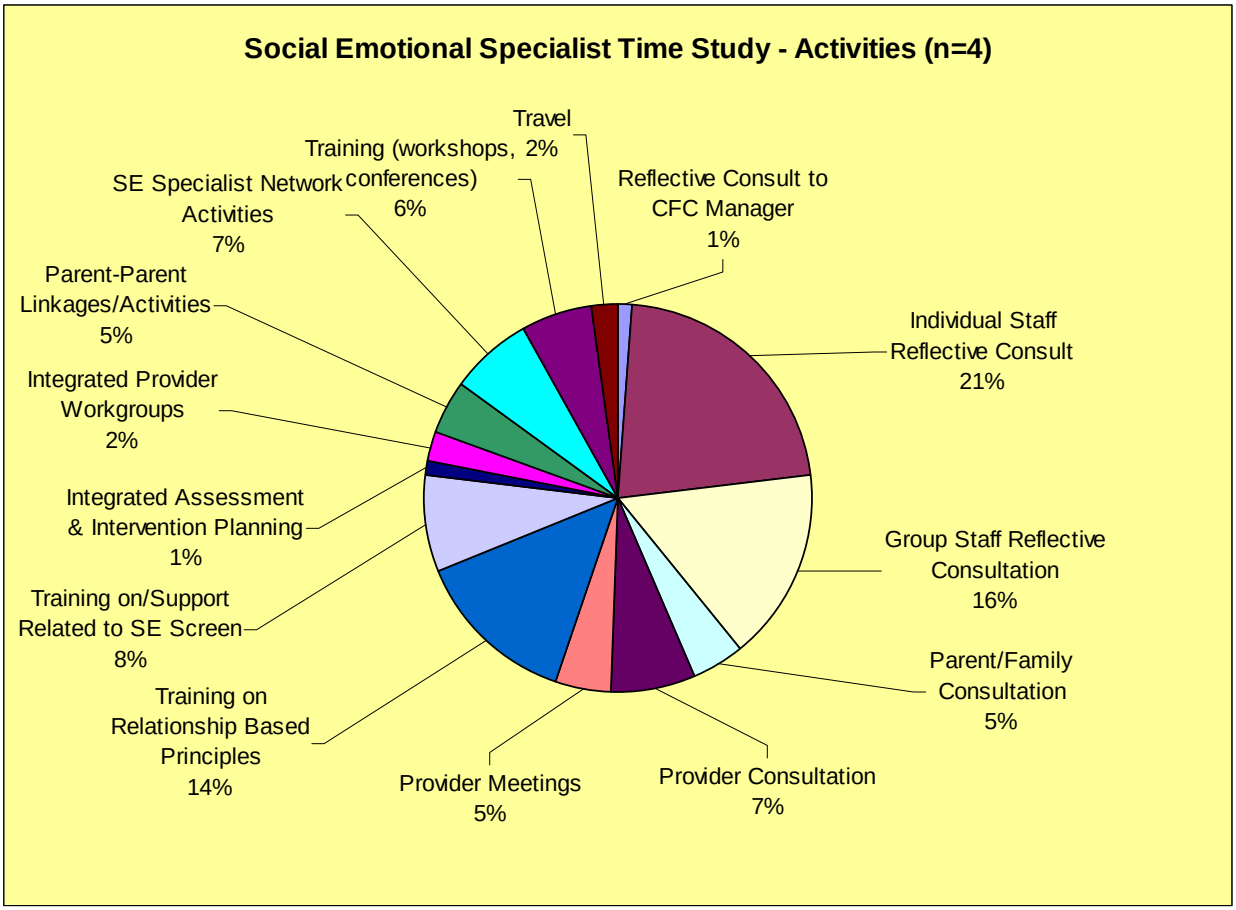
Overall, nearly 60% of service coordinators' time was spent on the following three tasks:

- Phone calls, scheduling, coordinating (26% of time)
- Documentation/case noting (20% of time)
- Travel (14% of time)

Surprisingly, very little time (only 26%) was reported on the following activities that are designed around the seven functions of service coordination listed in the federal law:

- Intake/Family History (7% of time)
- Consult & Coordinate with EI Professionals (7% of time)
- Evaluation/Assessment (6% of time)
- Parent Education & Support Activities (2% of time)
- IFSP Development (2% of time)
- Referral to & Communication with Non-EI Services (1% of time)
- Transition Activities (1% of time)

Social Emotional Specialists



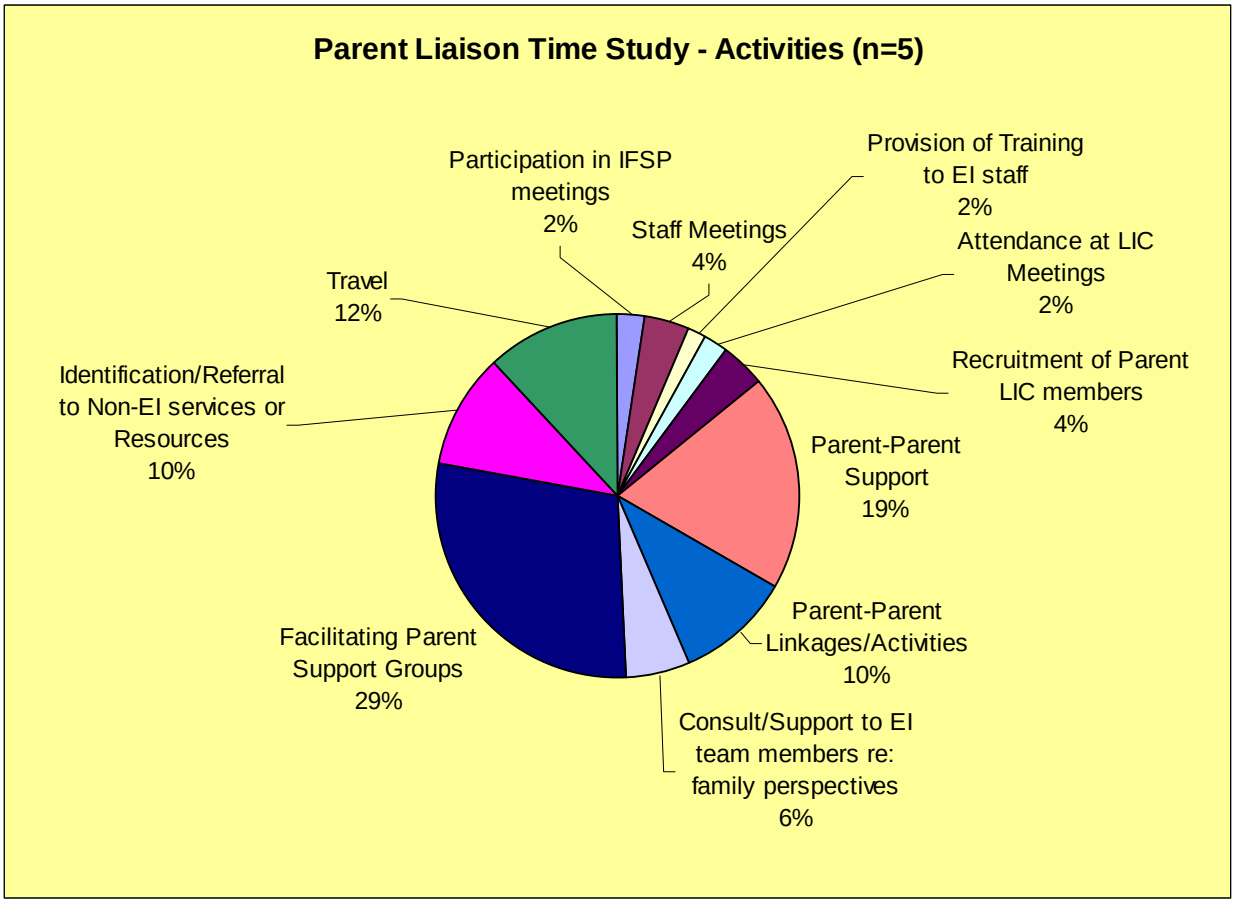
In total, nearly 60% of Social Emotional Specialists' time was spent on the following four activities:

- Individual Staff Reflective Consult (21% of time)
- Group Staff Reflective Consultation (16% of time)
- Training on Relationship Based Principles (14% of time)
- Training on/Support Related to SE Screen (8% of time)

Social Emotional Specialists reported limited time on the following activities:

- Provider Consultation (7% of time)
- Parent/Family Consultation (5% of time)
- Integrated Provider Workgroups (2% of time)
- Parent-Parent Linkages/Activities (5% of time)
- Parent Education and Support (1% of time)

Parent Liaisons



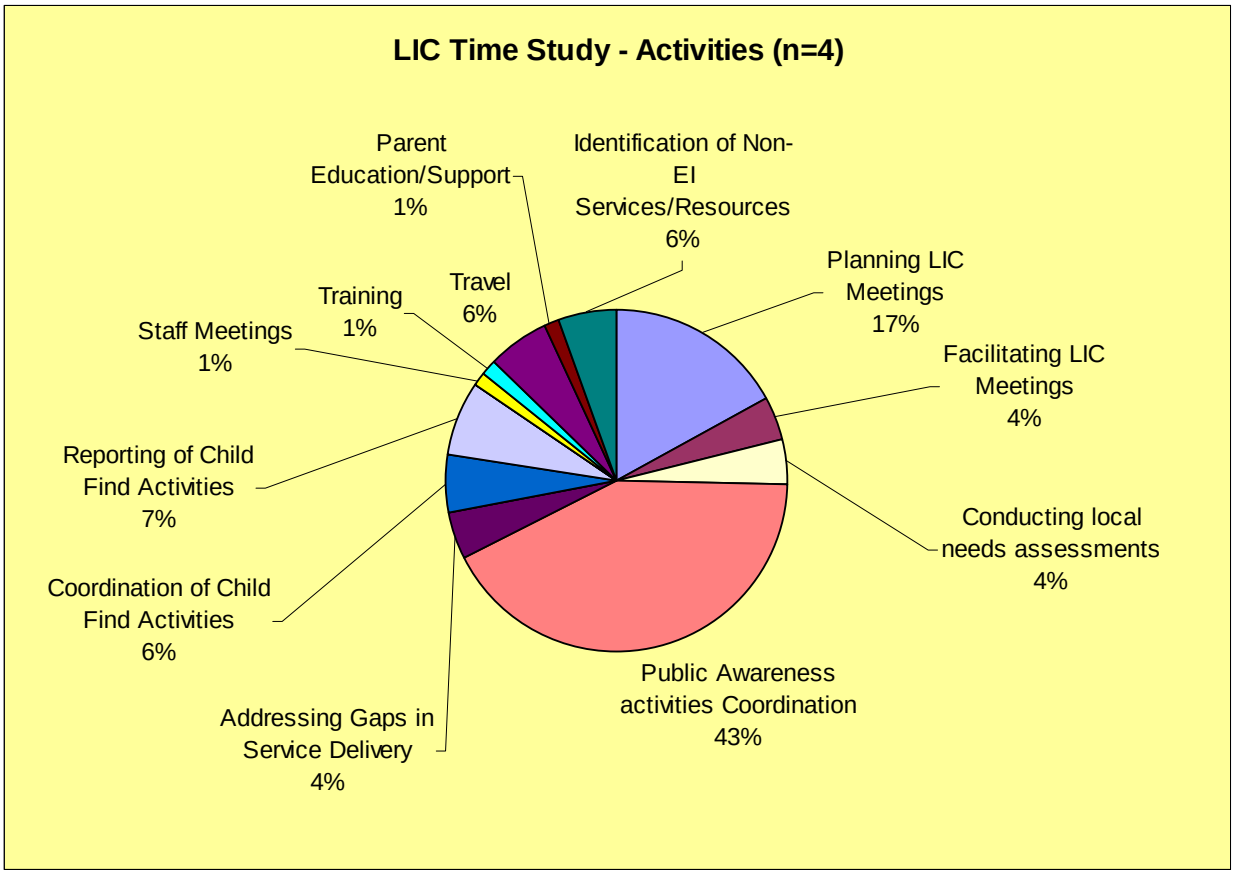
In total, 80% of Parent Liaisons' time was spent on the following five tasks:

- Facilitating Parent Support Groups (29% of time)
- Parent-Parent Support (19% of time)
- Travel (12% of time)
- Parent-Parent Linkages/Activities (10% of time)
- Identification/Referral to Non-EI services or Resources (10% of time)

Parent Liaisons reported limited time (5% of time or less) on the following activities:

- Recruitment of Parent LIC members (4% of time)
- Participation in IFSP meetings (2% of time)
- Provision of Training to EI staff (2% of time)
- Attendance at LIC meetings (2% of time)

Local Interagency Council Coordinators



Overall, 60% of Local Interagency Council Coordinators time was spent on the following two activities:

- Public Awareness activities Coordination (43% of time)
- Planning LIC Meetings (17% of time)

Local Interagency Council Coordinators reported limited time on the following activities:

- Coordination of Child Find Activities (6% of time)
- Identification of Non-EI Services/Resources (6% of time)
- Facilitating LIC Meetings (4% of time)
- Addressing Gaps in Service Delivery (4% of time)

Key Findings from Interviews with National Experts

The key themes from the interviews with the national experts are highlighted below:

Minimize the Regional Contracts to Maximize Consistency and Quality:
National experts and the Missouri Part C Coordinator who were interviewed reported that minimizing the regional contracts would maximize consistency and quality. Additionally, having fewer regions would help with clarification and supervision of service coordinators. Missouri realized that 26 regions was too much so they collapsed to 10 regions with 10 directors and 10 lead service coordinators. The Missouri Part C Coordinator indicated that this was an essential step in moving all of their quality initiatives forward.

Develop Practice Guidelines and Standards for Service Coordinators:
Additionally, the interviews with national experts support increased expectations and qualifications of service coordinators based on the seven requirements in the federal law. Experts reported that there should be a standard set for certification and/or qualification for service coordinators. A set of practices for service coordinators to become qualified should be established and that ideally these practices would be built into state determined competencies. Many states have adopted guidelines with specific practices and expectations to be in line with their early intervention philosophy.

Clarify Role of the Service Coordinator
In discussions with the national experts, they highlighted the challenges with determining the role of service coordinators, especially when states use a vendor model for service provision like Illinois. They described the importance of clarifying the administrative roles and functions (i.e. paperwork, assigning team members for assessment, making sure data gets entered), with the more clinical functions.

All of them stressed the need for a model with service coordinators having more communication, contact and relationships with families and working to ensure that service coordinators are not simply 'policing' the system or serving in the accountability role. One of the strategies mentioned was having resources to help parents better understand the role of a service coordinator. Families would then have certain expectations for service coordinators to help drive the process.

Importantly, the experts provided support that many of the issues around needing to clarify and ensure consistency in the service coordination role is not specific to Illinois, but seen in other many other states.

Prioritize On-Going Professional Development:
Experts also indicated that ongoing professional development is essential and that it is not enough to put out a practice manual for service coordinators, train them once, and walk away. Suggestions for ongoing professional development include regular communication with service coordinators and interactive online modules that include best practice, communication, reflective listening, and professionalism. Additionally, a

significant amount of technical assistance in both a written and face to face format and a mentoring system were recommended components for ongoing professional development.

Effective Monitoring and Quality Assurance Mechanisms:

Interviews with national experts and the Missouri Part C Coordinator support the need to have effective monitoring and quality assurance mechanisms in place. In general, the experts reported that quality is linked to technical assistance and coaching support. Importantly, Missouri has been effective in implementing a system that has a clear separation between monitoring and compliance from the quality assurance component. Missouri has developed a quality rating scale to look at the quality of functional outcomes reflecting from family priorities.

Furthermore, experts have reported that the implementation of a web-based system has been essential in supporting quality assurance. Using technology to increase the effectiveness of both orienting and providing training to service coordinators, as well as increasing the efficiency of the service coordination process was highlighted by the national experts. Examples to look at include Missouri's web based early intervention system and Kansas' use of the Research and Training Center on Service Coordination's Service Coordination Tool Kit via the web for quality assurance.

Recommendations

Five recommendations emerged based on the data collected as part of this evaluation, additional research and evaluation conducted on service coordination over the last decade, and discussions with national experts. Comments shared as a part of the survey conducted and comments from the focus groups indicate a population of Child and Family Connections staff who are passionate and dedicated in their work with infants, toddlers and their families and display a high level of professional values and ethics as reported by the stakeholders surveyed. Our evaluation shows however, that there are barriers within the service coordination model in Illinois that limit the ability of Child and Family Connections personnel to ensure services are delivered equitably across the state, ensure fidelity to the seven guiding principles of early intervention, and support a developmental model of service delivery to infants and toddlers. While not all of the barriers that were found are fully addressed by these recommendations, we believe that these recommendations, taken in their entirety, would address a significant portion of the current shortfall in the existing model of service coordination in Illinois.

The following section of the report highlights each of these five recommendations. As part of each recommendation, the (a) intended outcome of the recommendation is shared, (b) benefits of implementing this recommendation are provided, (c) supporting data for this recommendation is offered, and (d) some general implementation strategies are suggested. Additional detailed steps for implementing each of these recommendations is provided in the section entitled “Steps to Implementation.”

Recommendation 1 – *Consolidate the number of Child and Family Connections Regions from 25 statewide to 5 statewide for consistency and quality control*

Intended Outcome of Recommendation: Consolidate and streamline the functions of the Child and Family Connections offices in order to develop consistency and statewide equality in the provision of a developmental model of service delivery to infants and toddlers.

One option to creating a new Child and Family Connections (CFC) structure statewide would be to align it with the existing Illinois Department of Human Services (DHS) five regions. See Appendix E for a map of the five DHS regions.

A second alternative would be to create five new regions referencing the current CFC areas that would look as follows:

- **CFC Area I**- This area would cover Cook County, including Chicago. This area is currently served by CFCs 6, 7, 8, 9, 10, 11, 12 and a small part of 5.
- **CFC Area II**- This area would cover 21 counties in northern Illinois currently served by CFCs 1, 2, 3, 4, 5, 15 and 25. The counties of Boone, Marshall, Putnam, Bureau, Ogle, Winnebago, Lake, Carroll, Jo Daviess, Stephenson, DeKalb, Lee, Whiteside, Kane, Kendall, DuPage, Grundy, Kankakee, LaSalle, Will and McHenry will be served by CFC Area II.
- **CFC Area III**- This area would cover 29 counties in north central Illinois currently served by CFCs 13, 14, 16, and 17. The counties of Fulton, Henderson, McDonough, Rock Island, Warren, Hancock, Knox, Mercer, Schuyler, Henry, Stark, Woodford, Peoria, Tazewell, Adams, Calhoun, Greene, Morgan, Scott, Brown, Cass, Jersey, Pike, Champaign, Iroquois, McLean, Ford, Livingston, and Vermillion will be served by CFC Area III.
- **CFC Area IV**- This area would cover 25 counties in central Illinois currently served by CFCs 18, 19 and 20. The counties of Logan, Menard, Mason, Sangamon, Clark, Cumberland, Douglas, Macon, Piatt, Coles, DeWitt, Edgar, Moultrie, Shelby, Bond, Clay, Effingham, Jasper, Macoupin, Richland, Christian, Crawford, Fayette, Lawrence and Montgomery will be served by CFC Area IV.
- **CFC Area V**- This area would cover 26 counties in southern Illinois currently served by CFCs 21, 22, 23 and 24. The counties of Madison, Randolph, Monroe, St. Clair, Clinton, Jefferson, Washington, Franklin, Marion, Williamson, Edwards, Hamilton, Wabash, White, Gallatin, Saline, Wayne, Alexander, Jackson, Massac, Pope, Union, Hardin, Johnson, Perry and Pulaski will be served by CFC Area V.

Benefits of this Recommendation

This would align the Child and Family Connections structure with Illinois Department of Human Services, which was created in 1997 to provide our Illinois' residents with streamlined access to integrated services. Illinois' Bureau of Early Intervention has been housed within the Department of Human Services and this shift would help strengthen DHS' commitment to its diversity, efficiency, and the services that the agency and its community partners provide to Illinois citizens.

The proposed model would enable the Bureau of Early Intervention to better utilize their staff and resources by assigning one staff member to act as a liaison per CFC region. Under the current system staff members are responsible for multiple CFC regions.

The lead agency will be able to communicate and coordinate with five CFC managers who will serve significantly larger geographic areas and groups of providers. This will increase the consistency and communication across the state. The vast majority of early intervention providers will be receive one interpretation of CFC procedures versus the multiple interpretations they report receiving in the current structure. For instance, a provider currently serving Cook County would have to work with seven separate CFC offices and possibly seven separate interpretations of early intervention policies and procedures. In the proposed model, this same provider would have one CFC office to work with.

Additionally, CFCs have reported that the difference in policy interpretations have led certain providers to work only with those CFCs who provide more favorable opportunities for providing services around a provider's schedule versus the needs of a family (i.e. authorizing center-based services vs. services provided in a child's natural environment). These inconsistencies have forced some CFCs to work outside of the current policies and procedures in order to compete for providers. In the proposed model, there would be minimal competition for providers between CFCs, based on the size of the geographic areas covered by each CFC. The overall competition between each CFC would be significantly reduced by moving to five CFC entities statewide.

It is anticipated that although there will be and overall reduction in CFC manager positions, the number of middle management positions (assistant manager and/or lead service coordinators) would increase within each CFC. This would provide an increased opportunity for advancement of entry level CFC staff and lead to longer term retention of personnel and a more experienced staff at each CFC. Currently the lack of opportunity for advancement within the 25 CFCs is one of the factors that have been reported to lead to high turnover at the service coordinator position.

The fiscal impact of the proposed model could be significant, as a reduction of administrative costs alone would be reduced from the current administrative costs charge by 25 fiscal agents to the proposed 5 fiscal agents. Other potential cost savings could result from the reduction of upper level management positions, anticipated

streamlining of office support services, as well as longer retention of quality staff leading to a reduced cost in hiring and training less experienced entry level personnel.

Support for this Recommendation

As shared in more detail in the "Findings" section, data showed that there is a large variation among quality and consistency of service coordinators across CFCs. Survey data showed 76% of the respondents reported that the current service coordination model is sometimes fragmented and requires families to rely on others to get their needs met. Only one out of three people surveyed feel that the existing model reduces frustration for families.

Survey respondents believed the most effective approach to service coordination would be the contracting with separate entities, consistent across the state, to perform the intake function versus contracting with a variety of entities across the state to perform this function. This model would also address the feedback supporting variation to meet local needs while retaining consistency statewide.

The Early Intervention Stakeholder focus group also identified that there was a lack of role definition and consistency of roles across the state. Focus group themes similarly indicate that there is a concern about the early intervention system moving more towards a medical model, difficulty with quality control, and numerous issues were reported with competition negatively impacting quality of services.

Sample quotes related to these themes are as follows:

- *"The current CFC offices adopt their own policies based on funding for their offices and these policies are passed from the managers and lead coordinators to the others…"*
- *"I feel that if things didn't vary CFC to CFC it would certainly help make things easier for families to understand and be more family friendly. It is frustrating to both families and Service Coordinators (as well as providers*
- *"Amazing the way each CFC appears to operate differently. In some offices there appears to be no communication between service providers and coordinators."*
- *"I work with many different CFCs in the state. It amazes me how many differences there are between service coordinators and program managers when they are all supposed to be working with the same information! It is very frustrating for the providers and for the families."*
- *"It's a nightmare for the providers who have to work in three or four different CFCs…and it's a nightmare for the families and it's a nightmare for the CFCs too because a service coordinator will be at a meeting and a provider will say, well at that CFC we don't have to do this so why are we having this conversation? Right in front of the parent, and you're like "Ah!" So it's a nightmare for everybody involved."*

In addition, findings from the interviews with national experts support the recommendation to consolidate the number of CFCs which may be the single most important step in moving towards a more consistent, higher quality service coordination model. National experts who were interviewed reported that minimizing the regional contracts would maximize consistency and quality. Additionally, having fewer regions would help with clarification and supervision of service coordinators.

Implementation of Recommendation

Based on the data collected, we believe that consolidating the number of Child and Family Connections regions is an essential element to ensure consistency and quality and would need to be implemented alongside the development of a new request for proposal (RFP) for Child and Family Connections statewide. Illinois Department of Human Services staff would need to consider how best to define the five regions geographically and be clear on what tasks would be carried out within each CFC. In addition, it would be essential to develop a plan of action to ensure the lead agency will be able to communicate and coordinate with five CFC managers and develop standard procedures for policy dissemination and implementation across all CFCs. Immediate steps are necessary in order to develop, issue, and review the RFP. Establishing a timeline for selecting successful vendors and developing a transition plan will be imperative so that the five CFC vendors will be able to operate on July 1, 2010.

Additional detailed implementation steps are provided in the section entitled "Steps to Implementation."

Recommendation 2- Develop practice guidelines, support on-going professional development planning, and implement a new Service Coordinator Evaluator role

Intended Outcome of Recommendation: Develop a set of practice guidelines for service coordinators that reflects the professional expectations and competencies needed to provide consistent, high quality service coordination. In addition, professional development plans that bridge the expectations and competencies with training and mentoring would be developed and implemented.

As expectations and competencies for service coordinators are considered, it is recommended that the role of the service coordinator be changed to a Service Coordinator Evaluator. The Service Coordinator Evaluator would have the educational background, experience, skills and knowledge to complete the global assessment during the initial visits with the family and child. The Service Coordinator Evaluator would then pull together appropriate team members for evaluation based on the global assessment results. Service Coordinator Evaluators would have a strong foundation and understanding of typical and atypical child development, become true decision makers on teams and be seen as equal team members. The implementation of this new role would promote better relationships with families and providers, enhanced support for families as they choose providers that better match the needs of their child and family, more effective facilitation of IFSP meetings, decreased duplication of services, and more effective follow up and support for families and providers. This change in role, expectations and qualifications of service coordinators would be piloted and phased in over a four year period. A more detailed description of this role can be found in Appendix F.

Role and expectation changes of service coordinators would also lead to changes in the existing on-line service coordination training to match the new expectations and competencies. It is recommended that on going follow-up and mentoring be provided to service coordinators to promote application of knowledge to practice as well as accountability and consistency. If the number of Child and Family Connections (CFC) is consolidated, we feel that the CFCs could potentially become a more consistent place to support on going follow-up, mentoring and accountability.

In addition to the aforementioned professional development plan, we also recommend the development of a set of targeted service coordination courses which could include classroom, on-line modules and field-based experiences to support the new Service Coordinator Evaluator role. These courses could be used in inservice or preservice settings. Each course would be delivered in a facilitated format and designed to promote a high level of interaction and collaboration.

The courses would integrate individual mentoring and field experiences to maximize learning opportunities. They would be designed around the seven functions of service coordination listed in Part C of Individuals with Disabilities Education Act (IDEA). These include: (1) coordinating the performance of evaluations and assessments; (2) facilitating and participating in the development, review, and evaluation of IFSPs; (3)

assisting families in identifying available service providers; (4) coordinating and monitoring the delivery of available services; (5) informing families of advocacy services; (6) coordinating with medical and health providers; and (7) facilitating the development of a transition plan to preschool services, if appropriate.

In an effort to support these functions, we recommend that individuals seeking to become Service Coordinator Evaluators complete four courses focused specifically on the service coordination role. Potential courses could center around (1) evaluation and assessment in relation to child development and outcomes; (2) working with families, including developing more culturally competent providers; (3) teaming and advocacy; and (4) early intervention systems and supports.

Benefits of this Recommendation

One of the primary benefits of developing practice guidelines, supporting on-going professional development planning, and implementing a new Service Coordinator Evaluator role would be the alignment of the service coordinator role with the Illinois early intervention philosophy and principles. It was reported across all of the data sources (focus groups, surveys and time studies) that service coordinators spend the majority of their time on paper work as opposed to working with families and providers. In fact, one of the first responses in all six focus groups was similar to the following quote: *"If service coordination was working really well in Illinois, families would know the name of their service coordinators."*

Another benefit would be the clarification of the role, requirements and expectations of service coordinators. This would increase the opportunity for consistency across the state and create a system of service coordinators who are more knowledgeable in child development, evaluation and assessment, working with culturally diverse families, IFSP development, teaming facilitation skills and all facets of the early intervention system. This would potentially reduce turnover in the service coordinator position as it would become less of an "entry level" position. Service coordinators would become more competent and confident in their role and thus better able to support families and their young children in the Illinois Early Intervention System. Higher job satisfaction would also increase the likelihood that families would have the same service coordinator from entry into early intervention to transition out of the system.

The proposed changes would potentially result in significant cost savings to the Illinois Early Intervention System. Money that has been historically spent on initial global evaluations would be filtered through the CFCs to support funding of the Service Coordination Evaluator position. We would also anticipate reduction of unnecessary evaluations. Service Coordinator Evaluators who are knowledgeable in evaluation, assessment and child development will be better able to assess what additional evaluations are needed rather than assuming a full team evaluation is necessary for every child and family entering the early intervention system. This would then lead to the development of Individualized Family Service Plans that better match the needs of

individual children and families as well as more teaming among service coordinators, providers and families.

Support for this Recommendation

Research shows service coordination to be one of the most important roles in the provision of successful early intervention services. Service coordinators should be well trained, well informed and have a variety of skills in order to implement practices that reflect the philosophy and principles of early intervention in Illinois. They are one of the first contacts with families and set the tone for the families' experience with the early intervention system.

A great deal of data support this recommendation (see "Findings" section for more detail). The information gathered from the focus groups, surveys and time study showed that:

- The role of service coordinators was not consistent across the state
- Too much time was spent on paperwork
- Caseloads were too high
- Not enough time was spent on building relationships with families
- Additional skills were needed by service coordinators
- More respect for the role was needed within the system
- Limited time was spent on intake as well as parent education and support

A few quotes are listed below to demonstrate the strongly voiced need for reflecting on the importance of the service coordinator role and expectations within the Illinois Early Intervention System:

- *"Service coordinators need so many skills. They need to know how to communicate, facilitate groups, problem solve, resolve conflicts, team, and advocate. They also need to know about IFSP meetings, child development, assessment, report writing, and working with families. It makes my head hurt to think about everything we need to know!"*
- *"Service Coordinators spend way too much time on paperwork. Someone needs to look at the system and see if someone else could do some of the paperwork, maybe even secretarial staff, and allow more time for service coordinators to do what they are really supposed to do."*
- *"It would be most beneficial, efficient and effective for service coordinators, evaluators and families if service coordinators and initial DT evaluators conducted intake together…This would eliminate unnecessary initial evaluations that often take place … this change in service delivery would also speak to fiscal responsibility, which is desperately needed at this time."*
- *"Service coordinators seem to come in two varieties, those who focus on the needs of the family and those who focus on what the handbook says. There needs to be a better compromise. I think if there were more service coordinators*

who were well trained and had the support of their agencies overall, they would do better."

- *"The system is obviously exhausting current funding as more & more children are referred. …While looking at more cost effective measures perhaps we should also look at what our expectations are of service coordination. …Are we looking to have the coordinator do a global screen at intake to save that expense?"*
- *"Many years ago developmental therapists were the primary providers, using the specialists as consultants. This I'm sure is much more cost effective! Many SC feel they are able to make decisions based on their developmental expertise, however I'm not sure they have the knowledge necessary to make those decisions. When a child comes into the program with an initial concern of physical therapy, more often then not there are many other under lying factors. I am also a parent with a child with a disability, and I am sure I would not tell a SC my life story (fears, anger, concerns.....) to someone that only sent me a letter to check in monthly, and to let them no if they need anything....would you?"*
- *"Service Coordinators need more training in typical child development, facilitating difficult meetings, and methods to hold providers accountable."*
- *"I feel that there are many service coordinators that do a wonderful job and understand child development and the importance of each person in the IFSP. There are sadly many service coordinator's that have no idea what it means to be a good service coordinator rather than just taking the position because it is a job."*

Additionally, the interviews with national experts support increased expectations and qualifications of service coordinators based on the seven requirements in the federal law. Experts reported that there should be a standard set for certification and/or qualification for service coordinators. A set of practices for service coordinators to become qualified should be established and that ideally these practices would be built into state determined competencies.

Experts also indicated that ongoing professional development is essential and that it is not enough to put out a practice manual for service coordinators, train them once, and walk away. Suggestions for ongoing professional development include regular communication with service coordinators and ongoing training that includes best practice, communication, and professionalism. Additionally, experts identified the need for ongoing technical assistance and a mentoring system as essential components of any ongoing professional development plan.

Implementation of Recommendation

There are several parts to the recommendation of developing practice guidelines, supporting on-going professional development planning, and implementing a new Service Coordinator Evaluator role. A multi-phase approach to implementation is recommended. During an initial planning period, a taskforce should be established to work toward the development of a set of practice guidelines for service coordinators along with support for on-going professional development plans. Much work has

already been done by other states and national experts to develop standards and guidelines, so we recommend the taskforce review existing guidelines (see Appendix G for a list of resources) and review the seven functions of service coordination suggested in the federal law to select and develop standards that are appropriate in Illinois.

This taskforce would also explore how current requirements and expectations align with Illinois early intervention principles and philosophy. Ultimately, this taskforce would suggest functions and roles of the Service Coordinator Evaluator. From there, a list of competencies related to the role and responsibilities of the Service Coordinator Evaluator in alignment with the Illinois early intervention philosophy and principles would be developed. These competencies and practices should be created as draft guidelines and reviewed by the Illinois Department of Human Services (DHS), the Illinois Interagency Council on Early Intervention, Child and Family Connections managers, service coordinators, parents, providers, higher education, and national experts. It would be essential in later phases to align professional development plans with the competencies and practices, working closely with Illinois colleges and universities and the Illinois Early Intervention Training Program to design new courses for Service Coordinator Evaluators to match the new roles and responsibilities.

To phase in this recommendation, we recommend a pilot for the Service Coordinator Evaluator position. The final outcome of this recommendation is that all service coordinators MUST meet the new requirements of the Service Coordinator Evaluator role as outlined in the practice guidelines by July 1, 2014. Service coordinators who do not meet the Service Coordinator Evaluator qualifications by this date would no longer be eligible for employment by a Child and Family Connections agency in the role of a service coordinator.

Additional detailed implementation steps are provided in the section entitled "Steps to Implementation."

Recommendation 3 - *Centralize Child and Family Connections Consultative and Support Functions*

Intended Outcome of Recommendation: To centralize at a state level the functions of Social Emotional Specialist, Parent Liaisons, Local Interagency Council Coordination and Pediatric Consultative Services in order to provide more consistent support to families, Child and Family Connections (CFC) personnel, and providers focusing on a developmental model of service delivery for the families served through the Illinois Part C Program.

A single entity would be responsible with the charge of providing the functions of Social Emotional Support Services, Pediatric Consultative Services, Local Interagency Council (LIC) Support Service and Parent Liaison Support Services. The activities currently identified within each CFC contract for each of these functions would be carried out by a single statewide entity. In order to ensure consistency in the delivery of these services statewide, a statewide taskforce would be developed to review current contract activities and make recommendations on activities each function would be responsible for in the new structure.

A possible internal structure for this entity would have a director position designated for each of the four support functions. Each director would hire consultants to cover regions of the state and oversee the direct activities of each consultant to ensure consistency statewide. It is anticipated that each function would need to employ anywhere from 5-8 FTE consultants to cover the regions of the state adequately. Directors and consultants would communicate regularly to ensure collaborative efforts are consistent not only within, but also across each of these functions.

Benefits of this Recommendation

One of the many benefits of the proposed model would be to enable consistent delivery of these support functions on a statewide level. By centralizing these functions and creating a director position to support each of these functions it is anticipated that there will be a more consistent delivery of these supports across the CFC regions.

In addition to consistency, the centralization of these support functions under one entity will enable collaboration across functions. Results of the feedback received from this study saw this level of collaboration happening in only a few of the CFC regions across the state. Collaboration between these functions across CFC regions appears to be non-existent. By restructuring these support functions into one statewide entity, the increased level of collaboration would help support the promotion of services for children and families which are focused on a developmental model.

A direct fiscal benefit of centralizing these support functions would be a reduction in overall cost to provide these services at the state level. In fiscal year 2008, the cost of these functions to the system were:

- Parent Liaison Support - $1,007,000
- Developmental Pediatric Consultation - $1,662,140
- Social Emotional Support - $1,662,500
- Local Interagency Councils - $607,000.

The total cost of these support functions is $4,938,640. By centralizing these services at the state level, it is estimated that there would be a reduction in the total expense of to the system of $2.8 million to $3.5 million based on the proposed recommendation of dividing the state into five service regions to be served by the consultants hired through one statewide entity.

Support for this Recommendation

A tremendous amount of data was collected which supports the recommendation to centralize the Child and Family Connections consultative and support functions (see "Findings" section for more detail). Throughout the focus group feedback the following themes were identified:

- Participants struggled to identify ever using or accessing supports for these positions
- Participants questioned the consistency of these functions from CFC to CFC
- Participants questioned the activities carried out by the individuals in these roles versus provider expectations
- Participants were not clear in many instances what individuals in the roles did at all
- Many participants were not even aware many of these roles existed

The data from the survey results show:

- 52.4 % of families rarely or never utilize parent liaison services
- 58.3% never or rarely participate in Local Interagency Councils
- 51.1% never or rarely utilize the services of a Social Emotional Specialist
- 54.3% of never or rarely utilize Pediatric Consultative Services

Some of the more common themes pulled from the comments section of the survey included the following quotes:

"The SES is ridiculously useless. She does nothing to assist service coordinators, families, or providers in EI other than send out emails about trainings that we can find on the EI website. The state could save ALOT of money doing away with this useless service, as well as the Parent Liaison at the CFC… who orders AT equipment and files

insurance paperwork. NOT what a parent liaison should be doing AT ALL. Pay the providers who do the work and get rid of these other frivolous positions who don't contribute to the success of EI or its families"—Developmental Therapist

"The current Parent Liaison at our specific CFC does not have a whole lot of contact with families unless we specifically ask her to attend a meeting or call a family. Part of this is because she is so busy doing other responsibilities that were delegated to her that seem to be outside her role as a parent liaison. (i.e.- ordering all AT, insurance follow up, etc)" –Service Coordinator

"I am unsure of what our SEC's job description actually is. We have mandatory reflection time with her once a month which I rarely feel better or assisted when I leave. She also plans all the parties at the office for birthdays, showers, etc. It seems like she spends more time making signs for our doors than doing anything productive for us or our families." –Service Coordinator

"I am unsure of the effectiveness of the social emotional specialist on a program level, or practice level. I appreciate the idea, yet this position really has miniscule impact/supportive role on day to day work life. IMDN coordinator. is a good go to, but the in house manager are most useful as they seem to understand the service coordinator needs and can serve them. Again, the social emotional specialist seems to be just a part of DHS protocol as it does not help us service coordinators in any way. Sorry to say it but it is true. Providers seem to feel the same way."

"I would think Parent Liaisons could be beneficial to the system, but not coming from the CFC. Also, the SE component is a waste of money, in my opinion."

Additional information utilized to support this recommendation was collected from a 2007 survey which was conducted by the Illinois Early Intervention Training Program. CFC managers and Social Emotional Specialists were surveyed on the effectiveness of functions of the Social Emotional Specialist position within each CFC region. Results from this survey showed that:

- 36% of CFC managers strongly disagreed, were neutral or only moderately agreed that the Parent-to-Parent grant was working ideally within their CFC region
- 55% of CFC managers were neutral or only moderately agreed that the Integrated Provider Workgroup process was working ideally within their CFC region
- 54% of CFC managers were neutral or only moderately agreed that the Case Consultation process was working ideally within their CFC region
- 64% of CFC managers were neutral or only moderately agreed that the Integrated Assessment/Intervention process was working ideally within their CFC region

- 63% of CFC managers were neutral or only moderately agreed that the Social Emotional Specialist Network consultation and support process was working ideally within their CFC region.

See Appendix D for survey protocol and data

These statistics show both an apathy for many of the Social Emotional Specialist activities by the CFC managers as well as a disconnect between the Social Emotional Specialist and CFC manager positions as to how effective the position has been at the CFC.

Implementation of Recommendation

Based on the data collected, we believe that centralizing the Child and Family Connections consultative and support functions is an essential element to ensure consistent support to CFC personnel and providers focusing on a developmental model of service delivery for the families served through Illinois Part C Program. A first step would be to convene a statewide taskforce to review current contract activities and make recommendations on activities each function would be responsible for in the new structure. This information would be utilized to develop a new RFP (separate from the CFC RFP) for a single entity which would be responsible for providing the functions of the Social Emotional Support Services, Pediatric Consultative Services, Local Interagency Council Support Services and Parent Liaison Support Services throughout Illinois. The RFP should include (a) a director position designated for each of the four functions, (b) definition of the five regions to be covered, and (c) anticipated activities for each function. In addition, standard procedures for policy dissemination and implementation across all CFCs as well as a plan of action to ensure the lead agency will be able to communicate and coordinate with four directors need to be developed. Immediate steps are necessary in order to develop, issue, and review the RFP for the Child and Family Connections support entity to operate on July 1, 2010

Additional detailed implementation steps are provided in the section entitled "Steps to Implementation."

Recommendation 4 – Implement functional, secure, accessible technology systems for the Illinois Early Intervention System

Intended Outcome of Recommendation: An accessible system of communication for all early intervention stakeholders through better use of technology and a secure web-based system will be in place for the service coordination model to adopt efficient practices for documentation, communication, information/resource sharing, monitoring, team collaboration, and training.

It is recommended that Illinois develop a technology plan which would include a secure web-based system to be utilized by Child and Family Connections (CFC) offices, service coordinators (SC), service providers, families, the Department of Human Services (DHS), the Central Billing office (CBO), Provider Connections, the Illinois Early Intervention Monitoring Program (EITAM), the Early Intervention Clearinghouse and the Illinois Early Intervention Training Program.

Benefits of this Recommendation

The secure web-based system will be used for ongoing coordination and collaboration of all activities and services for families through the use of a "real time" record. A comprehensive plan on a web-based system would integrate family priorities and ongoing supports and intervention strategies to encourage transdisciplinary activities and avoid unnecessary duplication of services. We believe that streamlining activities through technology and adding web-based components for team communication and collaboration will enhance the quality and consistency of services families receive through the Illinois Part C system.

A permanent electronic record in a web-based system would be accessible for all IFSP team members (including the family), the CFC manager, DHS, CBO, and EITAM to track changes, progress, and the impact of early intervention over time. Electronic authorizations for payment, family participation fees, insurance benefit verification, provider billing/documentation, CBO approval/denial and distribution of Explanation of Benefits are additional billing activities that may be supported through this system. Electronic access to the early intervention record by all parties may aid in the reduction of errors with multiple checks and balances in place.

A web-based system will maintain the permanent record in a "real time" electronic file for Child and Family Connections staff, families and providers to access, reference, monitor, and document all activities, events, communication, and correspondence. Therefore, the use of technology will support accountability, monitoring, and quality assurance activities carried out by the CFCs, DHS, CBO, and EITAM. Duplications, gaps and concerns in the early intervention system will be identified in a more efficient manner through the data this system will gather, leading to the identification of training and technical assistance needs.

The long term cost savings will easily offset any initial costs of developing and implementing this technology recommendation by reducing time spent by CFC staff in scheduling, phone calls, documentation and communication between providers, families and the Central Billing Office. Additionally, the identification of gaps and concerns around service delivery by a specific provider or in a specific area of the state will be more quickly and easily identifiable by the CFCs, EITAM and the CBO so that these concerns can be addressed in a more efficient and ultimately more cost effective manner.

A web-based system supports efficient communication and resource sharing which allows time for more relationship building among the Illinois Early Intervention System components as well as individual teams and families served by the Illinois Part C program. Technology will also continue to deliver cost effective statewide training of service coordinators, providers, families, DHS, CBO, and EITAM.

Support for this Recommendation

The basis of this recommendation comes directly from the Illinois Early Intervention Principles and evaluation activities. Data collected through the focus groups, surveys, time study, and national experts support the implementation of a functional, secure, accessible, technology system for the Illinois Early Intervention System (see "Findings" section for more detail).

A common theme identified through the focus groups was that service coordinators need more time to develop relationships with families. Focus group participants indicated that paperwork needs to be streamlined and that service coordinators should be required to have internet access and knowledge of how to best use technology available. Additional quotes from focus group participants that support this recommendation are as follows:

- *"Better use of technology would make it easier for us to communicate with each other. Team on an on-going basis. We would know what each provider working with the child was focusing on. Hey, it might even cut down on duplication of services."*
- *"We need a computerized system that that would make is easier to follow children, families and providers. It would also help us be more accountable."*
- *"We need a computer system that would talk across systems. An EI provider blog so we can talk to each other and service coordinators. It seems like…it would make it easier to provide a wrap around system of care if we could communicate through technology."*
- *"If we could communicate with each other it seems like some places are using technology – but we don't have a way to share. Some CFCs have a website and really use it. Some even send out a parent newsletter on-line."*

Survey data shows that 76% of those surveyed reported that sometimes or often it is difficult to get all people and agencies to work collaboratively on behalf of children and families in our current model. Comments reported in the survey that support the need for a technology upgrade is as follows:

- *"Consider implementing an internet based system for efficient communication (i.e.IFSP documents) between the agency & providers. Under appropriate circumstances use that tool to communicate with the family as well."*
- *"...I also think that the Cornerstone Systems and its requirement to be uploaded at a physical location one time a week is out date and costly. For CFC's that have satellite offices, it would save a lot of money if up-loading could be done via a secure internet connection."*
- *"…Additionally, the massive amounts of paper generated & out dated systems further add to the expense. During these times we need to use money smartly, not just slash budgets, but use the allotted money in the most efficient way."*
- *"Service Coordinators need to have computer systems that talk to the other partners in EI... It would be great for SC's to have access to provider matrix information on the computer, to have a DVD to show all families (made by EI Training Program/Parent Liaisons) at intake that explains EI, family fee, role of parent liaison, etc so that family's have multiple media's to hear information. This DVD could be left with families to support the information that the Service Coordinator went over."*
- *"Service Coordinators are working hard in IL where the system changes almost daily with a data system that is OLD and OUT OF DATE!!!"*

Furthermore, the time study supports the need for an integrated web-based system to support service coordinators in their administrative duties. This data shows that phone calls, scheduling, and documentation encompass 46% of service coordinator's time. This leaves very little time for a service coordinator to develop relationships with families and perform the seven service coordinator functions described in the federal law.

In addition to the local evaluation activities that were completed, national experts were consulted for their feedback on the use of technology in early intervention. Experts shared their feedback and reported that technology and web-based systems were key components to support on-going professional development, technical assistance, accountability and quality assurance. Additionally, Missouri's Part C Coordinator shared many examples for how they have transformed their system utilizing a web-based system. See Appendix G for a list of resources shared by national experts, many of which incorporate the use of technology.

Implementation of Recommendation

Illinois already has some of the components in place to begin implementing a functional, secure, accessible technology system. In order to implement a web-based system in Illinois, a technology taskforce should be developed to establish a technology plan for

activities necessary for utilization of secure internet and the implementation of a web-based system. Ideally the taskforce members would include service coordinators, Child and Family Connections managers, providers and a representative from the Illinois Department of Human Services (DHS), the Illinois Early Intervention Monitoring Program (EITAM), the Illinois Interagency Council on Early Intervention, the Illinois Early Intervention Training Program, Provider Connections, and the Early Intervention Clearinghouse. The taskforce would begin by exploring existing Illinois and national resources for implementing a functional, secure, accessible technology system.

Additional detailed implementation steps are provided in the section entitled "Steps to Implementation."

Recommendation 5 – Accountability, Monitoring and Quality Assurance

Intended Outcome of Recommendation: Implement a system for accountability, monitoring and quality assurance that will measure and monitor performance, practice standards, family and team participation, and the overall quality of IFSP's. This system should include indicators for assessing compliance, best practices, and the relationship that exists between them.

Ideally, monitoring functions would be separate and discreet from the quality assurance functions. Monitoring of the five CFCs to ensure compliance with state and federal laws will happen annually. Additionally, quality of service coordination should be formally measured annually with the expectation that this is an on-going process.

Benefits of this Recommendation

The Illinois Early Intervention Principles state that children and their families in the early intervention system deserve to have services of highest quality possible. Accountability, monitoring, and quality assurance are integral parts of improving the efficacy of activities of services performed in early intervention. Establishing a system for CFCs, service coordinators, providers, and families to be accountable to is essential for ensuring statewide equality in the delivery of quality services that are true to the developmental model.

Accountability, monitoring, and quality assurance enable improvement in the consistency and quality of services by identifying opportunities for improvement. Providing consistent feedback to Child and Family Connections staff and providers is essential and will help ensure services support a developmental model of service delivery to infants and toddlers.

Identifying areas of strengths and concerns is necessary to address training needs, technical assistance, and supervision for the Child and Family Connections staff and providers. Addressing and correcting areas of concerns before they become system-wide challenges will enhance efficiency and lead to an overall long-term cost savings for the Illinois Early Intervention System.

Support for this Recommendation

Focus group feedback, survey data, and interviews with national experts all support the need for monitoring, mentoring, training and supervision for the entire Illinois Early Intervention System with an emphasis on quality (see "Findings" section for more detail).

Specifically, survey and focus group participants indicated:

- Service coordinators should be held accountable to the successful implementation of the IFSP
- High caseloads are negatively impacting the quality of service coordination due to limited contact with parents and families
- There is large variation among quality of service coordination across CFCs
- Service coordinators need more training and mentoring
- There is an overarching concern about the early intervention system moving from a developmental model to a medical model

Importantly, service coordination doesn't happen in isolation. It is essential for families and team members to participate in the quality assurance process which includes looking at family and team participation in the IFSP process itself. As shared by participants in the survey, an important measure for quality relates to the development and implementation of the IFSP. Continued support for this recommendation is found in quotes from the focus group and survey comments:

- *"There needs to be an evaluation of the entire EI model - not just for Service Coordination. So many variables play into service coordination and the success of the child is due more to the family, therapies and follow through by family. Service Coordinators are there to facilitate and be a support to the family and get them connected to the various agencies in the family's area. Whatever is done, needs to be done statewide."*
- *"I feel like we have gone back to a medical model of providing services instead of a developmental model. I know there are providers that are going in and working with the child and not even trying to involve the family, but there is really nothing I can do about it. There is just no accountability for the quality of services being provided."*
- *"I think when looking at the job of the service coordinators the quality of service they provide varies GREATLY from service coordinator to service coordinator."*
- *"Appears to be a discrepancy in treatment and evaluation quality between providers. More intensive quality control (perhaps video review with one of the evaluations, etc?) may be beneficial …Quality therapy with practitioners experienced in their field and the child's area of need is imperative and must occur early in development."*
- *"The policies that DHS has put into place make it very difficult for Service Coordinators to focus on quality over timelines.... The ranking system influences this dramatically. It creates a system where CFC's don't want to share ideas with one another to create better services for families. In order for SC to work well in IL, the provider matrix needs to be put on line so that all providers are available to all families. Providers need to be held accountable in terms of where they serve, openings that they have, reports turned in on time, showing up at meetings, etc...Service Coordinators have no way of holding providers accountable with the way the current system is put together."*

- *"Quality of service coordination varies greatly with the individual. Surveying providers as well as families to monitor individual service coordinators may help improve the quality of service."*
- *"Accountability is a number one concern: The SCs in our office try to keep the therapists accountable to the EI philosophy when partnering with IFSP team (including parents) but the DHS holds the therapists' contracts. Currently, there is no recourse for a SC if a therapist is NOT following EI philosophy. DHS must be held accountable for therapists that do NOT provide services and education to families following EI, natural environment procedure /philosophy. Also, the individual CFC offices must be held accountable for following EI philosophy when they are monitored. When families are transferred to another CFC, they should be hearing the same EI philosophy in word and as reflected in their IFSP."*

Interviews with national experts support the separation between monitoring and compliance from the quality assurance component. Experts report that quality is linked to technical assistance and coaching support. Missouri has developed a quality rating scale to look at the quality of functional outcomes reflecting from family priorities. Additionally, experts have reported that the use of technology and the implementation of a web-based system are essential components to supporting quality assurance. See Appendix G for a list of resources shared by the national experts.

Implementation of Recommendation

Illinois already has many components in place with the existing monitoring program. In order to expand the current monitoring system to focus on accountability and quality assurance it is recommended that an Accountability, Monitoring, & Quality Assurance Taskforce be developed. The taskforce will be responsible for completing necessary activities during a multi-phase cycle of change. Key members of the taskforce ideally would include service coordinators, Child and Family Connections managers, providers and a representative from the Illinois Department of Human Services (DHS), the Illinois Early Intervention Monitoring Program (EITAM), the Illinois Interagency Council on Early Intervention, Provider Connections, and the Illinois Early Intervention Training Program. It is also recommended that the taskforce identify national leaders to consult with regarding existing resources to support accountability, monitoring, and quality assurance.

It is the expectation that an Accountability, Monitoring, and Quality Assurance System will be implemented with a collaborative approach that supports monitoring, training, supervision, and mentorship for all early intervention entities and professionals. Detailed implementation steps have been developed to provide a starting point for the taskforce and the strategies, tools, and resources are expected to evolve over time.

Additional detailed implementation steps are provided in the section entitled "Steps to Implementation."

Steps to Implementation

In an effort to provide more detailed guidance for implementing these five recommendations, the following section offers some steps to consider for each of the recommendations. Recognizing that many of these changes will take time to implement, the steps have been broken down into a planning period and four phases. The timelines represented for each of these phases are as follows:

- **Planning Period:** October 1, 2009-June 30, 2010
- **Phase One**: July 1, 2010-June 30, 2011
- **Phase Two:** July 1, 2011-June 30, 2012
- **Phase Three**: July 1, 2012-June 30, 2013
- **Phase Four**: July 1, 2013-June 30, 2014

These steps are only intended to provide general guidance to outline additional considerations to increase the likelihood of successful implementation of these recommendations. Each recommendation outlines the (a) Desired Outcome of the recommendation, (b) highlights Key Players essential to the implementation, (c) notes the relationship to other Related Recommendation areas, (d) offers detailed Activities/Strategies, (e) notes Existing Resources that are available, and (f) discusses additional Resources Needed to support implementation.

Recommendation 1 – *Consolidate the number of Child and Family Connections Regions from 25 statewide to 5 statewide for consistency and quality control*

Desired Outcome: Consolidate and streamline the functions of the Child and Family Connections offices in order to develop consistency and statewide equality in the provision of a developmental model of service delivery to infants and toddlers.

Key Players: Illinois Department of Human Services (DHS), Child and Family Connections (CFC) fiscal agents, and the Illinois Early Intervention Training Program

Related Recommendations:

- Accountability, Monitoring, and Quality Assurance
- Practice Guidelines/Professional Development for Service Coordination
- Implement functional, secure, accessible technology systems

Planning Period: October 1, 2009-June 30, 2010

Activities/Strategies (specific tasks)

- Develop RFP for CFC Function to include:
  - consolidation of the current number of Child and Family Connections Offices and their functions from the current level of 25 statewide to 5 statewide
  - definition of five regions geographically
  - tasks to be carried out within each CFC
- Identify and define necessary levels of management such as assistant program manager and/or lead service coordinator
- Identify minimum requirements for necessary resources (i.e. technology, office space, personnel, and fiscal stability)
- Develop a transition plan for transfer of data
- Develop a plan of action to ensure the lead agency will be able to communicate and coordinate with five CFC managers
- Develop standard procedures for policy dissemination and implementation across all CFCs
- Assign DHS Liaisons for each CFC to support implementation of policies and procedures in line with the early intervention principles
- Collaborate with EITAM to revise CFC Monitoring tool
- Issue RFP
- Review RFP
- Select successful vendors
- Implementation to begin no later than July 1, 2010

Existing Resources:

- DHS
- EITAM

- EI Training Program
- Current CFC fiscal agents
- Procurement Office
- Past monitoring reports completed on CFC's & providers
- Family Outcome Survey data
- Child Outcomes data
- Past CFC RFPs
- EITAM monitoring tools: CFC Survey, CFC Review Checklist, CFC Monitoring Tool, CFC Tool Additions, Family Satisfaction Survey, Provider Monitoring Tool, Provider Review Checklist, Provider Family Satisfaction Survey

Resources Needed:

- Consult with Missouri on how they consolidated service coordination entities
- Potential new fiscal agents

Recommendation 2- Develop practice guidelines, support on-going professional development planning, and implement a new Service Coordinator Evaluator role

Desired Outcome: Develop a set of practice guidelines for service coordinators that reflects the professional expectations and competencies needed to provide consistent, high quality service coordination. In addition, professional development plans that bridge the expectations and competencies with training and mentoring would be developed and implemented. As expectations and competencies for service coordinators are considered, it is recommended that the role of the service coordinator be changed to a Service Coordinator Evaluator.

Key Players: Illinois Department of Human Services (DHS), Child and Family Connections managers, service coordinators, parents, providers, higher education, and national experts, and a representative from the Illinois Early Intervention Monitoring Program (EITAM), the Illinois Interagency Council on Early Intervention, Provider Connections, and the Illinois Early Intervention Training Program

Related Recommendations:

- CFC Consolidation
- Implement functional, secure, accessible technology systems
- Accountability, Monitoring, and Quality Assurance

Planning Period: October 1, 2009-June 30, 2010
Activities/Strategies (specific tasks) • Establish a taskforce to work toward the development of a set of practice guidelines for service coordinators and supporting professional development plans • Review the current requirements and qualifications of service coordinators in relation to roles and expectations • Review the seven functions of service coordination suggested in the federal law • Explore how current requirements and expectations align with Illinois early intervention principles and philosophy • Conduct another time study (statewide) to take a deeper look at time spent on service coordination activities with a specific focus on intake, documentation, phone/correspondence, and IFSP development activities • Utilize findings from time study data to establish necessary support staff to fulfill administrative assistant responsibilities • Review caseload/paperwork/expectations in consideration of shifting some of the current tasks/requirements of service coordinators to other support staff • Consider the role that technology plays in time spent on activities • Review competencies for service coordinators as listed under existing resources • Begin to develop a list of competencies related to the role and responsibilities of the Service Coordinator Evaluator in alignment with the Illinois early intervention philosophy and principles • Begin to align competencies with suggested practices to be included in the

practice guidelines
- Review the suggested functions and roles of the Service Coordinator Evaluator (see Appendix F)
- Define the role of the Service Coordinator Evaluator within the Illinois Early Intervention System

Existing Resources:
- Illinois Principles of Early Intervention
- CFC Procedure Manual
- Seven functions of service coordination suggested in the law
- Examples of Service Coordinator Competencies (for example: New Jersey, Pennsylvania, West Virginia)
- Description of Service Coordinator Evaluator Function in Appendix
- Wisconsin - Self-Assessment of Skills and Knowledge in Early Intervention Service Coordination
- University of Illinois Practicum Guidelines for the Infancy Specialization; includes examples of competencies and practices, self assessments
- See appendix G for a list of resources and links

Resources Needed:
- Practice Guidelines and Professional Development Taskforce
- Consult with Missouri to learn more about their system for service coordination
- Consult with Dr. Mary Beth Bruder from the Research and Training Center on Service Coordination about the availability of their Service Coordination Tool Kit (training, follow-up, web-based component)

Phase One : July 1, 2010- June 30, 2011

Activities/Strategies (specific tasks)
- Continue to develop competencies and practices related to the service coordinator role
- Compile competencies and practices into draft guidelines for review and feedback from DHS, CFC Managers, service coordinators, parents, providers, higher ed, and national experts
- Begin to align professional development plans with the competencies/practices
- Work closely with the Illinois colleges and universities and the EI Training Program to determine the focus and design of the four new service coordination courses
- Identify people to develop the content for service coordination coursework including inservice and preservice representatives
- Review existing on-line courses/programs for lessons learned, web systems and formats
- Explore possibilities with higher education faculty for embedding coursework content into existing courses
- Reach out to local colleges and universities to build in options for preservice courses on service coordination for individuals studying to work with infants &

toddlers
- Pilot initial coursework with the first group of students
- Determine which CFCs will be the pilot sites the new Service Coordinator Evaluator position
- CFC will employ a number of service coordinators that meet new qualifications outlined in the standard practice guidelines (developed by aforementioned taskforce)
- During this phase the CFC will continue to employ existing service coordinators who may not meet the new qualifications (existing SC position will be phased out by July 1, 2014)
- Appropriate caseload size for Service Coordinator Evaluators will need to be established and monitored during the pilot
- Develop evaluation protocols for the pilot
- Consider utilizing existing family outcome survey data and new data to evaluate impact of the Service Coordinator Evaluator position
- Establish supervision methods and requirements for Service Coordinator Evaluators at the CFC
- Work with Accountability, Monitoring, and Quality Assurance Taskforce to address means of on-going evaluation of quality of services provided by Service Coordinator Evaluators

Existing Resources:
- EI Training Program
- EITAM
- Service coordination training from Wisconsin, Missouri and Kansas
- See appendix G for a list of resources and links

Resources Needed:
- Collaboration with professionals who developed the web-based courses
- Consult with Camille Catlett from the University of North Carolina to obtain information concerning the web-based Early Intervention Leadership Academy
- Continued consultation with any national resources (as needed)

Phase Two: July 1, 2011- June 30, 2012

Activities/Strategies (specific tasks)
- Pilot Service Coordinator Evaluator position at urban, rural, and suburban regions throughout Illinois
- Individuals who meet the new Service Coordinator Evaluator qualifications outlined in the practice guidelines would be hired
- Existing service coordinators would continue in their roles
- In certain instances an existing service coordinator who has met the requirements of a Service Coordinator Evaluator may move into this position
- Gather and analyze pilot data on an on-going basis to determine effectiveness of Service Coordinator Evaluator role and responsibilities
- Review and when needed revise coursework based on the feedback from pilot

- Determine approved higher education programs to offer service coordination coursework
- Review and revise when needed Practice Guidelines based on feedback from pilot data
- Work with CFCs to provide on-going follow-up and mentoring for service coordinators

Existing Resources:

- EI Training Program
- Illinois colleges and universities
- EITAM

Resources Needed:

- Continued consultation with any national resources
- Continued consultation with higher education

Phase Three: July 1, 2012-June 30, 2013

Activities/Strategies (specific tasks)

- Roll out Service Coordinator Evaluator Position to all CFC regions by the end of Phase Three
- CFCs will employ necessary staff to support staff/administrative assistants to complete paperwork formally completed by the service coordinators
- By the end of Phase Three at least 50% of the service coordination positions statewide will be held by individuals who meet the new Service Coordinator Evaluator qualifications outlined in the practice guidelines
- Existing service coordinators would still be able to continue in their roles
- As existing service coordinators meet the requirements of a Service Coordinator Evaluator they may move into this position
- Gather and analyze data on an on-going basis to determine effectiveness of Service Coordinator Evaluator role and responsibilities
- Expand the number of approved higher education programs to offer service coordination coursework
- Review and when needed revise coursework based on the feedback from the field
- Work with CFCs to provide on-going follow-up and mentoring for service coordinators

Existing Resources:

- EI Training Program
- EITAM
- Illinois colleges and universities

Resources Needed:

- Continued consultation with any national resources
- Continued consultation with higher education

Phase Four: July 1, 2013-June 30, 2014

Activities/Strategies (specific tasks)

- All service coordinators MUST meet the Service Coordinator Evaluator requirements as outlined in the practice guidelines by the end of Phase Four
- Service coordinators who do not meet the qualifications as of July 1, 2014 will no longer be eligible for employment as a service coordinator by a CFC
- CFCs will expand necessary staff to support staff/administrative assistants as needed
- Practice Guidelines will be used for self-assessment, supervision and on-going monitoring of quality of services provided to match the expectations of the Illinois Early Intervention System
- A structure of professional development and ongoing support will be in place to support and enhance the skills of Service Coordinator Evaluators
- A system of ongoing follow up, supervision, and mentoring will be in place statewide for Service Coordinator Evaluators

Existing Resources:

- EI Training Program
- Illinois colleges and universities
- EITAM

Resources Needed:

- Continued consultation with any national resources
- Continued consultation with higher education

Recommendation 3 – *Centralize Child and Family Connections Consultative and Support Functions*

Desired Outcome: Centralize the functions of Social Emotional Specialist, Parent Liaisons, Local Interagency Council (LIC) Coordination and Pediatric Consultative Services at a state level in order to provide more consistent support to families, Child and Family Connections personnel, and providers focusing on a developmental model of service delivery for the families served through the Illinois Part C Program.

Key Players: Illinois Department of Human Services (DHS), Child and Family Connections (CFC) Fiscal Agents, Illinois Early Intervention Training Program, and a representative from the Illinois Interagency Council on Early Intervention and from each of the consultative and support functions (Social Emotional Component, Local Interagency Council Coordinator, Parent Liaison, and Pediatric Consultative Service representatives)

Related Recommendations:

- Accountability, Monitoring, and Quality Assurance
- Practice Guidelines/Professional Development for Service Coordination
- Implement functional, secure, accessible technology systems
- CFC Consolidation

Planning Period: October 1, 2009-June 30, 2010

Activities/Strategies(specific tasks)
• Convene a statewide taskforce to review current contract activities and make recommendations on activities each function would be responsible for in the new structure
• Develop RFP for a single entity which would be responsible for providing the functions of Social Emotional Support Services, Pediatric Consultative Services, LIC Support Service and Parent Liaison Support Services throughout Illinois.
• RFP should include:
  o a director position designated for each of the four functions
  o definition of five regions to be covered
  o anticipated activities for each function
• Identify minimum requirements for necessary resources (i.e. technology, office space, personnel, and fiscal stability)
• Develop a transition plan
• Develop standard procedures for policy dissemination and implementation across all CFCs
• Develop a plan of action to ensure the lead agency will be able to communicate and coordinate with four directors
• Collaborate with EITAM and Accountability, Monitoring, and Quality Assurance taskforce to develop monitoring tool for the functions carried out by this entity
• Establish procedures for regular communication between
  o directors and consultants to ensure statewide consistency

    - directors and the five CFCs to ensure regional needs are being met
- Develop a tool for assessing and identifying CFC needs
- Provide training and public awareness to CFCs and provider on how the support components can be utilized
- Establish procedures for CFC staff and providers to make requests for support when needs arise
- Assign a DHS Liaison to this entity to support implementation of policies and procedures in line with the early intervention principles
- Issue RFP
- Review RFP
- Select successful vendor
- Prior to June 30, 2010 each director would hire consultants to cover regions of the state and will be responsible for overseeing the direct activities of each consultant
- Implement no later than July 1, 2010

Existing Resources:

- DHS
- EITAM
- EI Training Program
- Procurement Office
- Past monitoring reports completed on CFC's
- Family Outcome Survey data
- 2007 SE Survey Data
- Past CFC RFPs
- EITAM monitoring tools: CFC Survey, CFC Review Checklist, CFC Monitoring Tool, CFC Tool Additions, CFC procedure manual

Resources Needed:

- Taskforce to identify key activities
- Consult with national experts regarding resources for statewide support entities
- Parent Training and Information Centers
- Center for Social Emotional Foundations for Early Learning
- Fiscal agent

Recommendation 4 – Implement functional, secure, accessible technology systems for the Illinois Early Intervention System

Desired Outcome: An accessible system of communication for all early intervention stakeholders through better use of technology and a secure web-based system will be in place for the service coordination model to adopt efficient practices for documentation, communication, information/resource sharing, monitoring, team collaboration, and training.

Key Players: Service coordinators, Child and Family Connections managers, providers and a representative from the Illinois Department of Human Services (DHS), the Illinois Early Intervention Monitoring Program (EITAM), and Illinois Interagency Council on Early Intervention, the Illinois Early Intervention Training Program, Provider Connections, and the Early Intervention Clearinghouse

Related Recommendations:

- CFC Consolidation
- Practice Guidelines/Professional Development for Service Coordination
- Accountability, Monitoring, and Quality Assurance

Planning Period: October 1, 2009-June 30, 2010
Activities/Strategies (specific tasks) • Develop a taskforce to establish timelines and activities necessary for utilization of secure internet and the implementation of a web-based system • Review existing Illinois resources and identify how they can be utilized and/or modified to support a new system for technology • Support CFC staff in obtaining secure internet (and necessary tools) to enable each service coordinator to communicate via secure email • Identify who will be able to view, access, and edit information • Consider breaking down responsibilities, restrictions, and shared activities among users • Identify if there are any components that are not compatible for a web-based system and establish procedures for alternative methods for documentation, correspondence, and collaboration if/when necessary • Identify web-based systems and tools being utilized by other states that Illinois may be able to use as a model • Identify the skilled professionals and resources to develop and support a web-based system • Ensure all components of the EI system are embedded (quality assurance, practice guidelines and professional development) **Existing Resources:** • A computer based system (Cornerstone) already captures many of the activities that would provide a starting point • Each service coordinator is equipped with a laptop computer although computer

updates will likely be required for compatibility with an integrated web-based system
- The CBO already has a secure internet system set up for insurance processing and provider claims. Research can be done to determine what would be necessary to upgrade this system and/or replace it with a secure system that can be accessed statewide.
- Service providers sign a "Provider Agreement" that already requires providers to have internet access. Revisions may be required to further expand the expectations that accompany the utilization of a secure web-based system.

Resources Needed:
- Technology Taskforce
- Consult with Missouri to learn more about their web-based system
- Review Missouri's "First Steps shared Service Coordination in Early Intervention team chart"
- Consult with Kansas to learn about their implementation of the Research and Training Center on Service Coordination "Service Coordination Tool Kit" in an electronic format
- Professionals to develop and support the web-based system

Phase One: July 1, 2010- June 30, 2011

Activities/Strategies (specific tasks)
- Implement a secure internet based system for all CFC staff to be able to access at their workstation so that service coordinators may communicate and collaborate with families and their IFSP teams via secure email
- Establish statewide system requirements for a secure web based system (i.e. minimal technology requirements expected of providers)
- Identify and support necessary technology upgrades for CFC's, DHS, CBO, and EITAM
- Develop a transition plan and timeline for transfer of data
- Identify a pilot group to launch the web-based system
- Develop a web-based tutorial and deliver training on the web-based system for individuals serving the pilot group (prior to the pilot release) including CFC staff, providers, families, CBO, DHS, and EITAM
- Establish and implement pilot procedures for technical assistance, accountability, monitoring, quality assurance and shared feedback
- Pilot the new web-based system

Existing Resources:
- CBO secure internet system
- Provider Agreement
- EI Training Program

Resources Needed:
- Continued collaboration with professionals who developed the web-based system for ongoing support

- Continued consultation with any national resources (as needed)

Phase Two: July 1, 2011- June 30, 2012

Activities/Strategies (specific tasks)

- Gather information from the pilot group and consult with individuals as needed
- Establish a forum for a representative sample of pilot members (i.e. CFC staff, DHS, EITAM, CBO, providers, and family members) to share feedback together
- Modify and upgrade the web-based system as needed based on pilot feedback
- Obtain secure internet access for anyone who would access the web based system
- Update tutorial as needed and deliver statewide training on the web-based system for CFC staff, providers, families, CBO, DHS, and EITAM
- Implement statewide procedures for technical assistance, accountability, monitoring, quality assurance and shared feedback
- Launch the web-based system statewide

Existing Resources:

- Provider Agreement
- EI Training Program

Resources Needed:

- Continued collaboration with professionals who developed the web-based system for ongoing support
- Continued consultation with any national resources (as needed)

Phase Three: July 1, 2012-June 30, 2013

Activities/Strategies (specific tasks)

- Ongoing collaboration with professionals who developed web-based system for maintenance and upgrades to the web-based system as needed
- Provide training and technical assistance as needed
- Evaluate/Monitor use of the web-based system

Existing Resources:

- Provider Agreement
- EI Training Program

Resources Needed:

- Continued collaboration with professionals who developed the web-based system for ongoing support
- Continued consultation with any national resources (as needed)

Recommendation 5 – Accountability, Monitoring and Quality Assurance

Desired Outcome: Implement a system for accountability, monitoring and quality assurance that will measure and monitor performance, practice standards, family and team participation, and the overall quality of IFSP's.

Key Players: Child and Family Connections managers, service coordinators, providers and a representative from the Illinois Department of Human Services (DHS), the Illinois Early Intervention Monitoring Program (EITAM), the Illinois Interagency Council on Early Intervention, Provider Connections, and the Illinois Early Intervention Training Program

Related Recommendations:

- CFC Consolidation
- Practice Guidelines/Professional Development for Service Coordination
- Implement functional, secure, accessible technology systems

Planning Period: October 1, 2009-June 30, 2010
Activities/Strategies (specific tasks) • Develop a taskforce and establish responsibilities, activities, and timelines • Further evaluate existing procedures and tools for monitoring and supervision they relate to assessing quality of services delivered in a developmental model • Define "developmental model" and "medical model" and clearly establish how they are different • Define "accountability," "monitoring," and "quality assurance" and identify what they look like in the existing system • Identify additional tools and resources needed to establish a system to support accountability, monitoring, and quality assurance in a developmental model • Explore national resources for supporting quality in early intervention • Utilize Illinois child outcome data as pre-data • Utilize Illinois family outcome survey data for pre-data and to identify local trends and areas of strength and need • Identify methods for measuring and monitoring family and team participation • Establish a method for reporting existing data and new data to the field • Consult with Technology Taskforce to identify web-based system components that would assist with monitoring compliance and best practices • Consult with Practice Guidelines/Professional Development Taskforce to determine how the accountability, monitoring, and quality assurance activities may support their objectives • Utilize aforementioned strategies to assist in the development of tools/activities for accountability, monitoring, and quality assurance • Pilot new tools and activities for accountability, monitoring, and quality assurance by May 2010 to gather data prior to Phase One • Analyze data

Existing Resources:

- DHS
- EITAM
- EI Training Program
- Program Integrity Project
- Past monitoring reports completed on CFC's and providers,
- Family Outcome Survey data
- Child Outcomes data
- Existing monitoring tools: CFC Survey, CFC Review Checklist, CFC Monitoring Tool, CFC Tool Additions, Family Satisfaction Survey, Provider Monitoring Tool, Provider Review Checklist, Provider Family Satisfaction Survey
- CFC Procedure Manual
- Provider Handbook

Resources Needed:

- Accountability, Monitoring, and Quality Assurance Taskforce
- Research and Training Center on Service Coordination- Service Coordination Tool Kit
- Consult with Kansas on how they are implementing the Service Coordination Tool Kit electronically to measure quality of services
- Consult with Missouri to learn more about their "IFSP Quality Indicator Rating Scale"
- Tools to measure and monitor family and team participation

Phase One: July 1, 2010- June 30, 2011

Activities/Strategies (specific tasks)

- Analyze data from Planning Period pilot if not yet completed
- Identify areas of strength and need as a result of Planning Period pilot data
- Collaborate with EITAM and EI Training Program to develop and implement supports for mentorship, supervision, training and technical assistance to support areas of need and build upon areas of strength based on Planning Period pilot data
- Report Planning Period pilot data to the field
- Evaluate efficacy of the accountability, monitoring, and quality assurance tools and their ability to meet the objective of measuring quality and best practices in addition to procedural compliance
- Phase One pilot new tools and activities for accountability, monitoring and quality assurance with a mix of service coordinators and service coordinator evaluators
- Include families and providers working with both service coordinator models in the Phase One pilot
- Utilize new technology and web-based system when available
- Analyze and compare Phase One pilot data to Planning Period pilot data
- Identify positive and/or negative trends correlated with system changes
- Identify areas of strength and need as a result of Phase One pilot data
- Continued collaboration with EITAM and EI Training Program to develop and

implement supports for mentorship, supervision, training and technical assistance to support areas of need and build upon areas of strength based on Phase One pilot data
- Report Phase One data to the field (when available)
- Provide workshops that focus on quality in addition to procedural compliance
- Offer opportunities for professional consultations
- Establish resources and opportunities for professional networking
- Incorporate field visits and video taping supervision, observation, and reflection
- Develop and distribute resource materials

Existing Resources:
- DHS
- EITAM
- EI Training Program
- Planning Period pilot data
- Past monitoring reports
- Family Outcome Survey data
- Child Outcomes data
- Resources from the original EI Mentorship Program
- CFC Procedure Manual
- Provider Handbook

Resources Needed:
- Continued consultation with any national resources (as needed)
- Consult with Colorado on their use of video for supervision and professional development

Phase Two: July 1, 2011- June 30, 2012

Activities/Strategies (specific tasks)
- Implement new accountability, monitoring, and quality assurance practices statewide
- Utilize new technology and web-based system when available
- Analyze and compare data to previous pilots
- Identify positive and/or negative trends correlated with system changes
- Identify areas of strength and need on an ongoing basis
- Continue collaboration with EITAM and EI Training Program to develop and implement supports for mentorship, supervision, training and technical assistance to support areas of need and build upon areas of strength
- Develop and implement an ongoing system for reporting data to the field
- Provide workshops that focus on quality in addition to procedural compliance
- Offer opportunities for professional consultations
- Establish resources and opportunities for professional networking
- Incorporate field visits and video taping supervision, observation, and reflection
- Develop and distribute resource materials

Existing Resources:

- DHS
- EITAM
- EI Training Program
- Family Outcomes Survey data
- Child Outcomes data
- CFC Procedure Manual
- Provider Handbook

Resources Needed:

- Continued consultation with any national resources (as needed)

Ongoing Feedback and Participation

The recommendations in this plan were developed with the input of over 80 focus group members, 1465 individuals who participated in the survey of our current service coordination model and national experts from the field of early intervention. This is truly a document that represents reflections of families and providers throughout Illinois who have a vested interest in Illinois' Early Intervention System. Collectively, these recommendations represent a vision for improving services and supports for infants, toddlers and their families over a period of four years.

Although these recommendations were developed in 2009, it is our hope that they be part of a living document that will continue to grow and evolve to meet the changing needs of the infants, toddlers and their families we serve through early intervention. We propose that these recommendations be revisited each year to take stock in the collective progress and adapt the recommendations as needed. In order to continue to engage the stakeholders in Illinois' Early Intervention System we recommend that the Bureau of Early Intervention develop the capacity to receive ongoing input into the future of these recommendations.

In addition, it is important to note that while changes in the service coordination component are a critical component, it is not sufficient to impact the overall quality of early intervention in Illinois. Additional evaluation studies should be conducted to examine service delivery, teaming and collaboration, support provided to culturally and linguistically diverse families, and funding formulas. Without this, it is unlikely that simply changing the service coordination approach will have large-scale changes in impacting the quality of early intervention services in Illinois.

We encourage the Bureau of Early Intervention to provide information on the progress in meeting the outcomes of these recommendations through multiple sources of dissemination. This could include use of the Bureau's website, use of the websites of the Bureau's contracted entities, use of the newsletters of the Bureau's contracted entities and regular updates to the Illinois Interagency Council on Early Intervention. We believe that these updates will ensure both accountability and transparency as the recommendations are implemented statewide.

Appendix A

Collection of Research and Relevant Resources: Table of Contents

Collection of Research and Relevant Resources Table of Contents

e. Massachusetts Early Intervention Competencies Information

VI. Journal Articles
a. Wow! Models of Service Coordination Do Make A Difference (April 1,2006, Journal of EI, Richard N. Roberts)
b. What Happened to Service Coordination? (April 1, 2006, Journal of EI, McWilliam)
c. Service Coordination Models: Implication for Effective State Part C Early Intervention Systems (April 1, 2006, Journal of EI, Andy Gomm)
d. NECTAS Notes – Service Coordination Caseloads in State Early Intervention Systems (Issue no. 8, December 1998, Joicey Hurth)
e. Family Supports and Services in Early Intervention: A Bold Vision (April 1, 2007, Journal of EI, A. Turnbull, Summers, R. Turnbull, & Botherson)
f. Coaching Model in Early Intervention: An Introduction (September 1, 2006, Developmental Disabilities Special Interest Sections Quarterly/American Occupational Therapy Association, Webb & Jaffe)
g. Advancing the Agenda of Service Coordination (April, 1, 2006, Journal of EI, Bruder & Dunst)
h. Communities of Practice: Expanding Professional Roles to Promote Reflection and Shared Inquiry (June, 22, 2001, Topic in Early Childhood Special Education, Wesley & Buysse)
i. Early Intervention Service Coordination Models and Service Coordinator Practices (April 1, 2006, Journal of EI, Dunst & Bruder)
j. A Framework for Describing Variations in State Early Intervention Systems (December 22, 2000, Topics in Early Childhood Special Education, Spiker, Hebbeler, Wagner, Cameto, & Mckenna)

VII. Research & Reports
a. Valued outcomes of service coordination, early intervention, and natural environments. (March 22, 2002, Exceptional Children, Carl Dunst & Mary Beth Bruder)
b. Early Intervention Service Coordination Policies: National Policy Infrastructure (June 22, 2005, Topics in Early Childhood Special Education, Harbin, Brurder, Adams, Mazzarella, Whitbread, Gabbard, & Staff)
c. Establishing Outcomes for Service Coordination: A step toward evidence-based practice (September 22, 2005, Topics in Early Childhood Special Education, Bruder, Harbin, Whitbread, Conn-Powers, Roberts, Dunst, Van Buren, Mazzarella, & Gabbard)
d. Professional Background of Service Coordinators and Collaboration with Community Agencies (July 1, 2005, Journal of Early Intervention, Hallam, Rous, & Grove)
e. Effects of Service Coordinator Variables on Individualized Family Service Plans (January 1, 2003, Journal of Early Intervention, Jung & Baird)
f. Factors Related to the Scope of Early Intervention Service Coordinator Practices (2008, Infants & Young Children Vol. 21, No. 3, Bruder & Dunst)

g. An Outcomes-Based Approach to Evaluating Service Coordination Models (Richard N. Roberts, Early Intervention Research Institute, May 31, 2005)
h. Synthesis Brief- Part C Service Coordination: State Policies and Models (August 2001, Project Forum at NASDE, Joy Markowitz)
i. Research & Training Center in Service Coordination: Power Point - Service Coordination: Are We There Yet? (Harbin & Whitbread)
j. Research and Training Center on Service Coordination: Annual Report December 2001
k. Data Report: Service Coordination Training (RTC on Service Coordination)
l. Data Report: Service Coordination Policies and Models (RTC on Service Coordination)
m. Research and Training Center In Service Coordination: Delphi Practices Data Report
n. Research and Training Center in Service coordination Parent ICC Survey (Data Report-March 27, 2001)
o. Service Coordination: Financing Quality Systems-A Systems Approach (Mackey-Andrews & Harbin)
p. Roles & Responsibilities of Speech-Language Pathologists in Early Intervention: Technical Report (2008)
q. Periodic Survey of Fellows, Identification of Children <36 Months at Risk for Developmental Problems and Referral to Early Identification Programs

Appendix B

Electronic Survey

Evaluation of the Illinois Service Coordination Model

PURPOSE & DIRECTIONS

The Illinois Early Intervention Training Program is providing an evaluation of Illinois' current service coordination model. Based on the evaluation we will develop recommendations for improving Illinois' current service coordination model. The underlying basis of our recommendation will be to recommend a model which ensures (a) statewide equality in the delivery of services in the Illinois, (b) high quality services which are delivered with fidelity to the developmental model of service delivery to infants and toddlers, and (c) long-term fiscal stability for the EI system in Illinois. Your responses to this survey will support these evaluation efforts. All responses are confidential. This survey is one component of the evaluation and is built on research to understand how service coordination is implemented nationally.

Please take a few moments to complete the questions below. This survey should take no more than 10 minutes.

Evaluation of the Illinois Service Coordination Model

Demographics

*** 1. Which one category best describes your current position or role? (please choose one)**

- ◯ CFC Manager
- ◯ TA Representative
- ◯ Lead Service Coordinator
- ◯ Service Coordinator
- ◯ LIC Coordinator
- ◯ Parent Liaison
- ◯ S-E Specialist
- ◯ Other (please specify)
- ◯ Developmental Therapist
- ◯ Speech Language Pathologist
- ◯ Physical Therapist
- ◯ Occupational Therapist
- ◯ Social Worker/Psychologist
- ◯ Family Member

2. Length of time in your profession:

- ◯ < 1 year
- ◯ 1-5 years
- ◯ 6-10 years
- ◯ 11-15 years
- ◯ > 15 years

3. Length of time in Illinois EI System:

- ◯ Not yet in the IL EI System
- ◯ < 1 year
- ◯ 1- 3 years
- ◯ 3-5 years
- ◯ 6-10 years
- ◯ 11-15 years
- ◯ > 15 years

Evaluation of the Illinois Service Coordination Model

*** 4. Which area of the state do you primarily work? (choose one)**

- ◯ city of Chicago (CFC 8, 9, 10, 11)
- ◯ central Illinois (CFC 13, 14, 16, 17, 18, 19, 20)
- ◯ chicago Suburbs (CFC 2, 4, 5, 6, 7, 12, 15)
- ◯ southern Illinois (CFC 21, 22, 23, 24)
- ◯ northwest Illinois (CFC 1, 3, 25)

Evaluation of the Illinois Service Coordination Model

Illinois' Service Coordination Model

*** 5. What is your overall level of satisfaction with the current service coordination model in Illinois?**

	Not Working at all			Working Somewhat			Working Extremely Well
Level of Satisfaction	◯	◯	◯	◯	◯	◯	◯

*** 6. How would you rate the skill level of current service coordinators in each of the following areas:**

	Poor	Needs Work	Satisfactory	Very Good	Excellent	Don't Know
Knowledge of child development	◯	◯	◯	◯	◯	◯
Coordinating/monitoring services	◯	◯	◯	◯	◯	◯
Collaborating with families	◯	◯	◯	◯	◯	◯
Participating in the development and monitoring of IFSPs	◯	◯	◯	◯	◯	◯
Facilitating transitions at age 3 years	◯	◯	◯	◯	◯	◯
Exhibiting effective communication	◯	◯	◯	◯	◯	◯
Applying evidence based practices	◯	◯	◯	◯	◯	◯
Providing public education about early intervention services	◯	◯	◯	◯	◯	◯
Displaying professional values and ethics	◯	◯	◯	◯	◯	◯

Evaluation of the Illinois Service Coordination Model

*** 7. Please respond to each of the following statements regarding the impact of service coordination in Illinois.**

	Not at all	Seldom	Sometimes	Often	Don't Know
The current service coordination model in Illinois is enhancing outcomes for children and families	◯	◯	◯	◯	◯
The current service coordination model in Illinois reduces frustration for families	◯	◯	◯	◯	◯
The current service coordination model in Illinois facilitates community collaboration	◯	◯	◯	◯	◯
The current service coordination model in Illinois is ensuring sufficient compliance with state legislation	◯	◯	◯	◯	◯
The current service coordination model in Illinois is ensuring sufficient compliance with federal legislation	◯	◯	◯	◯	◯
The current service coordination model in Illinois is logical but difficult to get all people and agencies to work collaboratively on behalf of children and families	◯	◯	◯	◯	◯
The current service coordination model in Illinois is fragmented and requires families to be dependent on others to get the needs of their children and families met	◯	◯	◯	◯	◯
The current service coordination model in Illinois results in high quality service	◯	◯	◯	◯	◯

Evaluation of the Illinois Service Coordination Model

Service Coordination Model Components

*** 8. What criteria should be used for selecting/assigning service coordinators across the state? Please respond to each of the following criteria.**

	Should never be used	Should seldom be used	Should be used often	Should always be used
Parent choice/Individual with whom the family is most comfortable	◯	◯	◯	◯
Geographic proximity	◯	◯	◯	◯
Caseload of service coordinator who has an opening	◯	◯	◯	◯
Individual who has expertise on the child's most prominent needs	◯	◯	◯	◯
Individual who has expertise on the family's most prominent needs	◯	◯	◯	◯

*** 9. How should the effectiveness of service coordination be measured? Please respond to each of the following:**

	Not important	Somewhat important	Very important	Don't Know
Successful implementation of the Individualized Family Service Plan	◯	◯	◯	◯
Parent report/satisfaction	◯	◯	◯	◯
Child outcome measures	◯	◯	◯	◯
Family outcome measures	◯	◯	◯	◯

Evaluation of the Illinois Service Coordination Model

*** 10. How effective would the following service coordination approaches be to support families as they enter the early intervention system?**

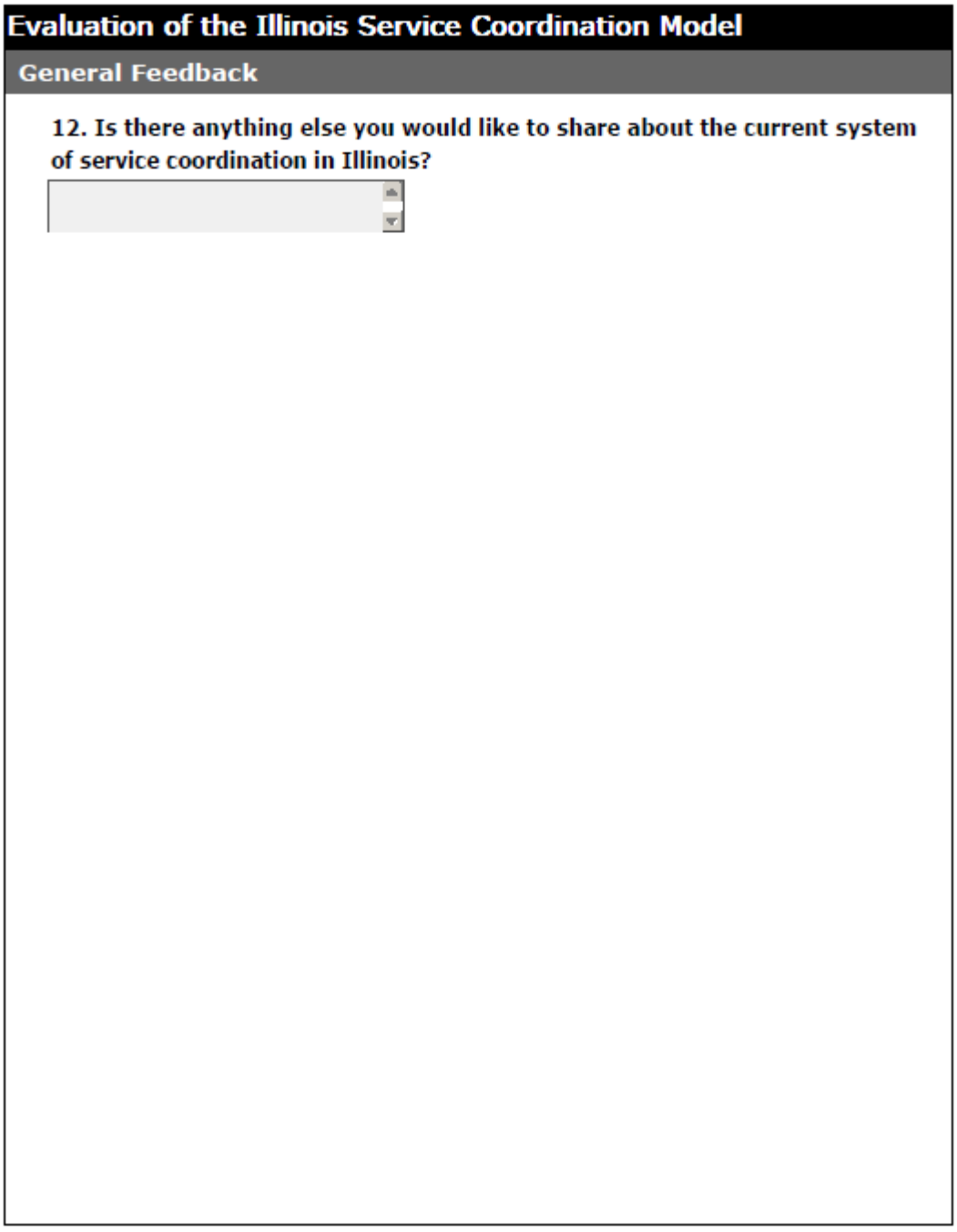
	Not at all	Very little	Somewhat	Very effective	Don't Know
Allow variation locality to locality	◯	◯	◯	◯	◯
Lead agency contracts with variety of entities across the state to perform intake only	◯	◯	◯	◯	◯
Lead agency contracts with private providers to conduct intake, as well as service delivery	◯	◯	◯	◯	◯
Lead agency contracts with separate entity, which is consistent across the state, to perform the intake function	◯	◯	◯	◯	◯

Evaluation of the Illinois Service Coordination Model

Utilization of Supports within Illinois' Current Service Coordination Model

*** 11. Please answer each of the following questions.**

	Never	Rarely	Sometimes	Often	Very Often	Don't Know
How often do families you work with utilize Parent Liaisons?	◯	◯	◯	◯	◯	◯
How often do you utilize Social Emotional Specialists (SESs)	◯	◯	◯	◯	◯	◯
How often do you participate in your Local Interagency Councils?	◯	◯	◯	◯	◯	◯
How often do you utilize Pediatric Consultative Services (formerly known as IMDN)?	◯	◯	◯	◯	◯	◯
How often do you seek assistance from the Program Manager?	◯	◯	◯	◯	◯	◯


Evaluation of the Illinois Service Coordination Model
General Feedback
12. Is there anything else you would like to share about the current system of service coordination in Illinois?

Evaluation of the Illinois Service Coordination Model

Thank you!

Thank you for your time and effort in providing feedback on Illinois' current service coordination model.

1. Which one category best describes your current position or role? (please choose one)

	Response Percent	Response Count
CFC Manager	1.8%	27
TA Representative	0.5%	8
Lead Service Coordinator	0.7%	10
Service Coordinator	9.4%	138
LIC Coordinator	0.6%	9
Parent Liaison	1.7%	25
S-E Specialist	1.5%	22
Developmental Therapist	18.0%	264
Speech Language Pathologist	**21.3%**	**312**
Physical Therapist	9.8%	144
Occupational Therapist	9.7%	142
Social Worker/Psychologist	6.6%	96
Family Member	1.1%	16
Other (please specify)	17.2%	252
	answered question	1,465
	skipped question	0

2. Length of time in your profession:

	Response Percent	Response Count
< 1 year	5.9%	85
1-5 years	23.1%	335
6-10 years	25.0%	363
11-15 years	16.6%	241
> 15 years	**29.4%**	**426**
answered question		1,450
skipped question		15

3. Length of time in Illinois EI System:

	Response Percent	Response Count
Not yet in the IL EI System	6.5%	95
< 1 year	8.5%	123
1- 3 years	18.9%	275
3-5 years	18.0%	261
6-10 years	**29.8%**	**433**
11-15 years	11.2%	163
> 15 years	7.0%	102
answered question		1,452
skipped question		13

4. Which area of the state do you primarily work? (choose one)

	Response Percent	Response Count
city of Chicago (CFC 8, 9, 10, 11)	21.5%	315
central Illinois (CFC 13, 14, 16, 17, 18, 19, 20)	14.7%	216
chicago Suburbs (CFC 2, 4, 5, 6, 7, 12, 15)	**42.3%**	**619**
southern Illinois (CFC 21, 22, 23, 24)	12.3%	180
northwest Illinois (CFC 1, 3, 25)	9.2%	135
	answered question	1,465
	skipped question	0

5. What is your overall level of satisfaction with the current service coordination model in Illinois?

	Not Working at all			Working Somewhat			Working Extremely Well	Rating Average	R
Level of Satisfaction	2.3% (30)	5.6% (74)	6.8% (90)	27.8% (365)	**29.8% (392)**	21.9% (288)	6.0% (79)	4.68	
								answered question	
								skipped question	

6. How would you rate the skill level of current service coordinators in each of the following areas:

	Poor	Needs Work	Satisfactory	Very Good	Excellent	Don't Know	Rating Average	Response Count
Knowledge of child development	1.8% (24)	13.6% (179)	**34.9% (458)**	27.0% (354)	14.2% (186)	8.5% (111)	3.63	1,312
Coordinating/monitoring services	2.3% (30)	20.8% (272)	28.0% (366)	**28.5% (373)**	16.8% (220)	3.5% (46)	3.47	1,307
Collaborating with families	1.9% (25)	17.6% (229)	28.8% (375)	**29.7% (387)**	17.6% (229)	4.4% (57)	3.57	1,302
Participating in the development and monitoring of IFSPs	1.3% (17)	13.4% (175)	29.0% (378)	**29.2% (381)**	21.8% (285)	5.3% (69)	3.73	1,305
Facilitating transitions at age 3 years	4.0% (52)	19.0% (248)	24.1% (315)	**27.3% (356)**	17.5% (229)	8.1% (106)	3.60	1,306
Exhibiting effective communication	2.8% (36)	19.3% (251)	28.2% (368)	**30.2% (394)**	16.2% (211)	3.3% (43)	3.48	1,303
Applying evidence based practices	4.7% (61)	17.1% (222)	**26.2% (339)**	20.8% (269)	11.5% (149)	19.8% (256)	3.76	1,296
Providing public education about early intervention services	4.0% (52)	16.7% (218)	**24.9% (324)**	19.7% (257)	13.0% (170)	21.6% (282)	3.86	1,303
Displaying professional values and ethics	2.0% (26)	9.9% (129)	26.9% (351)	**28.6% (373)**	27.4% (357)	5.3% (69)	3.85	1,305
						answered question		**1,315**
						skipped question		**150**

7. Please respond to each of the following statements regarding the impact of service coordination in Illinois.

	Not at all	Seldom	Sometimes	Often	Don't Know	Rating Average	Response Count
The current service coordination model in Illinois is enhancing outcomes for children and families	2.1% (28)	6.8% (89)	38.0% (497)	**48.2% (631)**	4.9% (64)	3.47	1,309
The current service coordination model in Illinois reduces frustration for families	3.5% (46)	11.9% (156)	**45.9% (600)**	33.4% (437)	5.2% (68)	3.25	1,307
The current service coordination model in Illinois facilitates community collaboration	5.7% (74)	20.3% (266)	**39.4% (516)**	24.2% (316)	10.4% (136)	3.13	1,308
The current service coordination model in Illinois is ensuring sufficient compliance with state legislation	1.2% (15)	5.6% (73)	26.1% (339)	**49.0% (637)**	18.1% (235)	3.77	1,299
The current service coordination model in Illinois is ensuring sufficient compliance with federal legislation	1.0% (13)	5.1% (66)	25.2% (327)	**45.5% (592)**	23.2% (302)	3.85	1,300
The current service coordination model in Illinois is logical but difficult to get all people and agencies to work collaboratively on behalf of children and families	5.2% (68)	12.6% (163)	**42.3% (549)**	33.7% (438)	6.2% (80)	3.23	1,298
The current service coordination model in Illinois is fragmented and requires families to be dependent on others to get the needs of their children and families met	8.8% (114)	20.1% (260)	**36.1% (468)**	28.2% (366)	6.8% (88)	3.04	1,296
The current service coordination model in Illinois results in high quality service	3.2% (41)	13.2% (171)	**42.7% (554)**	36.2% (470)	4.8% (62)	3.26	1,298
					answered question		1,315
					skipped question		150

8. What criteria should be used for selecting/assigning service coordinators across the state? Please respond to each of the following criteria.

	Should never be used	Should seldom be used	Should be used often	Should always be used	Rating Average	Response Count
Parent choice/Individual with whom the family is most comfortable	4.4% (56)	17.3% (220)	**55.6% (705)**	22.7% (288)	2.97	1,269
Geographic proximity	1.6% (20)	6.8% (86)	**65.4% (831)**	26.2% (333)	3.16	1,270
Caseload of service coordinator who has an opening	2.9% (36)	22.1% (279)	**59.5% (751)**	15.5% (196)	2.88	1,262
Individual who has expertise on the child's most prominent needs	1.3% (16)	7.3% (93)	**51.4% (652)**	40.0% (508)	3.30	1,269
Individual who has expertise on the family's most prominent needs	1.5% (19)	7.1% (90)	**54.6% (690)**	36.7% (464)	3.27	1,263
				answered question		**1,275**
				skipped question		**190**

9. How should the effectiveness of service coordination be measured? Please respond to each of the following:

	Not important	Somewhat important	Very important	Don't Know	Rating Average	Response Count
Successful implementation of the Individualized Family Service Plan	1.3% (17)	17.4% (221)	**80.2% (1,019)**	1.0% (13)	2.81	1,270
Parent report/satisfaction	0.2% (3)	13.9% (176)	**84.9% (1,077)**	1.0% (13)	2.87	1,269
Child outcome measures	14.3% (182)	37.6% (478)	**46.4% (589)**	1.7% (21)	2.35	1,270
Family outcome measures	7.2% (91)	34.2% (432)	**56.5% (715)**	2.1% (27)	2.54	1,265
				answered question		**1,275**
				skipped question		**190**

10. How effective would the following service coordination approaches be to support families as they enter the early intervention system?

	Not at all	Very little	Somewhat	Very effective	Don't Know	Rating Average	Response Count
Allow variation locality to locality	11.2% (142)	11.8% (149)	**31.8% (402)**	23.9% (302)	21.4% (271)	3.32	1,266
Lead agency contracts with variety of entities across the state to perform intake only	23.0% (290)	19.7% (248)	21.6% (273)	11.4% (144)	**24.3% (307)**	2.94	1,262
Lead agency contracts with private providers to conduct intake, as well as service delivery	18.3% (231)	12.5% (157)	22.7% (286)	**28.2% (355)**	18.4% (232)	3.16	1,261
Lead agency contracts with separate entity, which is consistent across the state, to perform the intake function	16.5% (208)	13.0% (164)	24.0% (303)	20.9% (264)	**25.5% (322)**	3.26	1,261
					answered question		1,275
					skipped question		190

11. Please answer each of the following questions.

	Never	Rarely	Sometimes	Often	Very Often	Don't Know	Rating Average	Response Count
How often do families you work with utilize Parent Liaisons?	12.9% (163)	**39.5% (501)**	24.5% (310)	8.4% (106)	4.1% (52)	10.7% (135)	2.83	1,267
How often do you utilize Social Emotional Specialists (SESs)	18.9% (238)	**32.2% (406)**	25.9% (326)	9.4% (118)	7.3% (92)	6.4% (81)	2.73	1,261
How often do you participate in your Local Interagency Councils?	26.5% (335)	**31.8% (402)**	21.8% (276)	8.2% (104)	8.1% (103)	3.6% (45)	2.50	1,265
How often do you utilize Pediatric Consultative Services (formerly known as IMDN)?	**32.8% (413)**	21.5% (271)	18.5% (233)	10.2% (129)	8.6% (109)	8.4% (106)	2.66	1,261
How often do you seek assistance from the Program Manager?	13.1% (165)	31.2% (392)	**31.3% (394)**	11.3% (142)	8.9% (112)	4.2% (53)	2.84	1,258
						answered question		1,267
						skipped question		198

12. Is there anything else you would like to share about the current system of service coordination in Illinois?	
	Response Count
	645
answered question	645
skipped question	820

Appendix C

Time Study Protocol

Time Study Directions

Filling out the Time Study Worksheet

1. Print the information requested in the top area of the Worksheet:
    a. Date
    b. Day of the time study (1, 2, 3, 4 or 5)
    c. # of hrs scheduled to work the week of the time study

2. Each row of the Time Study Worksheet represents a 15 minute interval in a workday starting at 7:00 AM and proceeding down a series of pages to 6:00 PM. Columns in the Worksheet represent Activities that may or may not be part of your day.

3. Activities are designed to be mutually exclusive and exhaustive for each time interval. If more than one activity is performed in a 15 minute interval, ***check the activity that made up the largest part of that time period***. Simply mark the activity completed during that time period with an "X". For evals immediately followed by an IFSP, please separate activities based on the time spent for each activity.

4. Please complete one Time Study Worksheet for each day that you worked during that week. If you are a full time employee, you could have up to 5 Time Study Worksheets at the end of the week.

5. This time study should be completed for a maximum of 5 work days between 8/10/2009 and 8/14/2009.

6. Please note: the Documentation activity can be part of any of the activities listed, however, the documentation column can be used for any documentation that is done outside of a specific activity.

Description of Activities:

Intake/Family History Activities:

This activity includes activities related to the intake process including:

1. Accepting and reviewing the referral
2. Contacting the family to discuss referral, concerns, scheduling of intake meeting
3. Any/All intake activities including the intake meeting
    a. Explaining family rights & procedural safeguards
    b. Explaining the Illinois EI system & EI Philosophy/Principles
    c. Screening for and/or completing All Kids/DSCC Application
    d. Review of family fees/insurance
    e. Obtaining necessary consents
    f. Conducting a parent interview to determine areas of concern, social, & medical history
    g. Administering ASQ:SE
    h. Compiling and completing Cornerstone Assessments
    i. Determining with the family the next steps for evaluation & assessments

Evaluation/Assessment Activities

This activity includes activities related to the evaluation and assessment process including:

1. Planning/Selecting evaluation team members and assessment dates, times, locations
2. Authorizing evaluations and assessments
3. Participating in and reviewing multidisciplinary assessments to determine eligibility
4. Gathering evaluation/assessment reports in a timely fashion
5. Updating team members on additional information received (ie. medical records/evaluations)
6. Coordination of additional evaluations and assessments as needed
7. Completion of Cornerstone related activities

Insurance Use Determination Activities:

1. Collecting insurance information from families
2. Corresponding with CBO and with family regarding insurance benefit verification
3. Preparing/Submitting requests for exemptions and waivers

Family Fee Determination

1. Obtain documentation of family income and size.
2. Review policies related to family fees
3. Correspondence to/from DHS to process fee exemptions as needed
4. Completion of Cornerstone related activities

IFSP Development

1. Preparing the family for the IFSP meeting
2. Setting up any/all IFSP meetings including (annuals, 6 month reviews, exit meetings, & meetings to discuss IFSP modifications)
3. Facilitating the IFSP meeting
    a. Review family priorities
    b. Review evaluation results and eligibility determination
    c. Assist family to identify individualized family outcomes
    d. Lead discussion on child outcomes
    e. Seek consensus by the multidisciplinary team
    f. Identify supports, resources, and services needed to achieve IFSP outcomes
4. Complete necessary Cornerstone activities
5. Generate necessary authorizations

Parent Education/Support

General support/education provided to parents/caregivers related to

- early intervention
- infant and toddler development
- services available
- advocacy

Consultation and Coordination with EI Professionals (Does not include scheduling)

Any consultation or coordination with EI professionals including parent liaisons, Social Emotional Specialists, therapists, etc. Examples may include:

- Changes in family status
- Updates on progress
- Discussion of changes in family priorities
- Technical assistance/problem solving

- Identification of additional resources needed

Referral to & Communication with Non-EI Services
Identification of, referral to, and/or ongoing communication with Non-EI services or community resources to support the needs of the family such as:

- Early Head Start, Child Care, WIC
- Private therapists
- Health Department or other medical professionals

Assistive Technology Activities

1. Obtain letter of necessity for AT equipment
2. Identify an approved vendor and obtain a quote
3. Prepare and submit all documentation to DHS
4. Generate authorizations as needed

Transition Activities

1. Share Part B educational rights with family and review transition process with family
2. Develop transition plan
3. Schedule/Facilitate Transition Meeting
4. Begin EI to EC tracking form

Documentation/Case noting
Documentation and case noting can be considered part of any of the activities listed, however this column can be used for documentation/case noting done as a stand alone activity. Includes any and all documentation activities in the permanent record and in Cornerstone

Phone Calls/ Scheduling/Correspondence:
Many of your phone calls may be tied to other identified activities and when appropriate please document them as such (i.e. call with parent to discuss resources would fall under parent support rather than "phone calls")
Phone Calls/Scheduling/Correspondence may include:

- calls to/with service providers to see if they are available to complete an evaluation/assessment and/or provide services
- calls to/with IFSP team members to coordinate and arrange for an IFSP meeting
- Copying, preparing, and mailing letters, IFSP's, reports etc. to families and IFSP team members
- faxing information providers or families (i.e. memos, meeting notices/confirmations, reports, forms, etc.)
- emailing to/from families and/or service providers

Staff Meetings/Supervisory Activities

1. Attendance at staff meetings
2. Participation in Supervisory Activities (includes reflective or other supervision)

Training
Participation in any and all training activities related to Early Intervention

- on site training at the CFC

- training events at other entities (i.e. Starnet, EI Training, etc.)
- online trainings

Travel
Travel related to early intervention appointments/activities

No Show, Cancellation, Attempted Visit
This would only be used if a no show, cancellation or attempted home visit occurred and no other activity took place while waiting for a family.

Sick, Holiday, Vacation, Not a Scheduled Workday
This would be used for any day that was not considered a work day.

Other: This column would be used for any tasks/activities engaged in that do not fit in the other activity categories.

Service Coordination Activities

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Date:					Day:	1	2	3	4	5			# Hours scheduled to work/week:						
2																				
3		Intake/Family History	Evaluation/Assessment	Insurance Use Determination	Family Fee Determination	IFSP Development	Parent Education & Support Activities	Consult & Coord with EI Professionals	Referral to & Communication with Non-EI Services	Assistive Tech Activities	Transition Activities	Documentation/Case Noting **this can be part of other activities	Phone Calls, Scheduling, Correspondence	Staff Meetings & Supervision	Training	Travel	No Show, Cancellation, Attempted Visit	Lunch Break	Sick, Holiday, Vacation, Not a Scheduled Work Day	Other
4	7:00am																			
5	7:15am																			
6	7:30am																			
7	7:45am																			
8	8:00am																			
9	8:15am																			
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28	1:00pm																			
29	1:15pm																			
30	1:30pm																			
31	1:45pm																			

Service Coordination Activities

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Date:					Day:	1	2	3	4	5			# Hours scheduled to work/week:						
2																				
3		Intake/Family History	Evaluation/Assessment	Insurance Use Determination	Family Fee Determination	IFSP Development	Parent Education & Support Activities	Consult & Coord with EI Professionals	Referral to & Communication with Non-EI Services	Assistive Tech Activities	Transition Activities	Documentation/Case Noting **this can be part of other activities	Phone Calls, Scheduling, Correspondence	Staff Meetings & Supervision	Training	Travel	No Show, Cancellation, Attempted Visit	Lunch Break	Sick, Holiday, Vacation, Not a Scheduled Work Day	Other
32	2:00pm																			
33	2:15pm																			
34	2:30pm																			
35	2:45pm																			
36	3:00pm																			
37	3:15pm																			
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40	4:00pm																			
41	4:15pm																			
42	4:30pm																			
43	4:45pm																			
44	5:00pm																			
45	5:15pm																			
46	5:30pm																			
47	5:45pm																			
48	6:00pm																			

Local Interagency Council Coordinator

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	Date:				Day:	1	2	3	4	5			# hrs scheduled to work/week						
2																			
3		Planning LIC Meetings	Facilitating LIC Meetings	Conducting local needs assessments	Public Awareness activities	Coordination	Addressing Gaps in Service Delivery	Development of Coordination Agreements	Coordination of Child Find Activities	Reporting of Child Find Activities	Developing Plans & Local Interagency agreements;transitio	Conflict Resolution re LIC activities	Staff Meetings	Training	Travel	Parent Education/Support	Identification of Non-EI Services/Resources	Sick, vacation, Holiday	
4	7:00am																		
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Local Interagency Council Coordinator

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	Date:				Day:	1	2	3	4	5			# hrs scheduled to work/week						
2																			
3		Planning LIC Meetings	Facilitating LIC Meetings	Conducting local needs assessments	Public Awareness activities	Coordination	Addressing Gaps in Service Delivery	Development of Coordination Agreements	Coordination of Child Find Activities	Reporting of Child Find Activities	Developing Plans & Local Interagency agreements;transitio	Conflict Resolution re LIC activities	Staff Meetings	Training	Travel	Parent Education/Support	Identification of Non-EI Services/Resources	Sick, vacation, Holiday	
36	3:00pm																		
37	3:15pm																		
38	3:30pm																		
39	3:45pm																		
40	4:00pm																		
41	4:15pm																		
42	4:30pm																		
43	4:45pm																		
44	5:00pm																		
45	5:15pm																		
46	5:30pm																		
47	5:45pm																		
48	6:00pm																		

Parent Liaison Activities

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Date: _____				Day:	1	3	3	4	5			# hrs scheduled to work/week:				_____	
2																		
3		Participation in IFSP meetings	Staff Meetings	Provision of Training to EI staff	Attendance at LIC Meetings	Recruitment of Parent LIC members	Parent-Parent Support	Parent-Parent Linkages/Activities	Consult/Support to EI team members re: family perspectives	Facilitating Parent Support Groups	Identification/Referra l to Non-EI services or Resources	Travel	Attendance at trainings	Sick, Holiday, Vacation				
4	7:00am																	
5	7:15am																	
6	7:30am																	
7	7:45am																	
8	8:00am																	
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35	2:45pm																	

Parent Liaison Activities

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Date: _____				Day:	1	3	3	4	5			# hrs scheduled to work/week:				_____	
2																		
3		Participation in IFSP meetings	Staff Meetings	Provision of Training to EI staff	Attendance at LIC Meetings	Recruitment of Parent LIC members	Parent-Parent Support	Parent-Parent Linkages/Activities	Consult/Support to EI team members re: family perspectives	Facilitating Parent Support Groups	Identification/Referra l to Non-EI services or Resources	Travel	Attendance at trainings	Sick, Holiday, Vacation				
36	3:00pm																	
37	3:15pm																	
38	3:30pm																	
39	3:45pm																	
40	4:00pm																	
41	4:15pm																	
42	4:30pm																	
43	4:45pm																	
44	5:00pm																	
45	5:15pm																	
46	5:30pm																	
47	5:45pm																	
48	6:00pm																	

Pediatric Consultative Services

Date: _____ Day: 1 2 3 4 5 # hrs scheduled to work/week _____

	Review of Medical Records	Review of evaluasees reports	Individual TA around Medical Diagnosis/Conditions	Post IFSP review of services	Participate in IFSP mtgs	Consultation on Service Changes	Assistance with Child Find in Medical Community	Training Activities related to Medical Conditions	Support Communication with Medical Community	Identification of/Referral to Non-EI services	Individual TA around specific family/provider situations	Other Activities					
7:00am																	
7:15am																	
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Pediatric Consultative Services

Date: _____ Day: 1 2 3 4 5 # hrs scheduled to work/week _____

	Review of Medical Records	Review of evaluasees reports	Individual TA around Medical Diagnosis/Conditions	Post IFSP review of services	Participate in IFSP mtgs	Consultation on Service Changes	Assistance with Child Find in Medical Community	Training Activities related to Medical Conditions	Support Communication with Medical Community	Identification of/Referral to Non-EI services	Individual TA around specific family/provider situations	Other Activities					
3:00pm																	
3:15pm																	
3:30pm																	
3:45pm																	
4:00pm																	
4:15pm																	
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5:00pm																	
5:15pm																	
5:30pm																	
5:45pm																	
6:00pm																	

Social Emotional Specialist Activities

Date: _____ Day: 1 2 3 4 5 # hrs scheduled to work/week: _____

	Reflective Consult to CFC Manager	Individual Staff Reflective Consult	Group Staff Reflective Consultation	Parent/Family Consultation	Provider Consultation	Provider Meetings	Training on Relationship Based Principles	Training on/Support Related to SE Screen	Integrated Assessment & Intervention Planning	Integrated Provider Workgroups	Parent-Parent Linkages/Activities	SE Specialist Network Activities	Training (workshops, conferences)	Travel	Sick, Holiday, Vacation	No Show, Cancellation, Attempted Visit	Identification of/Referral to Non-EI Services	Other
7:00am																		
7:15am																		
7:30am																		
7:45am																		
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2:45pm																		

Social Emotional Specialist Activities

Date: _____ Day: 1 2 3 4 5 # hrs scheduled to work/week: _____

	Reflective Consult to CFC Manager	Individual Staff Reflective Consult	Group Staff Reflective Consultation	Parent/Family Consultation	Provider Consultation	Provider Meetings	Training on Relationship Based Principles	Training on/Support Related to SE Screen	Integrated Assessment & Intervention Planning	Integrated Provider Workgroups	Parent-Parent Linkages/Activities	SE Specialist Network Activities	Training (workshops, conferences)	Travel	Sick, Holiday, Vacation	No Show, Cancellation, Attempted Visit	Identification of/Referral to Non-EI Services	Other
3:00pm																		
3:15pm																		
3:30pm																		
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5:15pm																		
5:30pm																		
5:45pm																		
6:00pm																		

Appendix D

Social Emotional Consultation Survey

Child and Family Connections - Social Emotional Specialist Self Assessment

*****TO BE COMPLETED BY THE SOCIAL EMOTIONAL CONSULTANT ONLY*****

This Self Assessment can be used for your own professional growth within your CFC. It will also be used to create linkages between Social Emotional Specialists for technical assistance, mentoring, and/or orientation purposes.

Please respond to the following items and reflect upon your own strengths and limitations from your current knowledge and experiences.

Name: _____ CFC: _____

I have worked in the field of mental health and/or early intervention for _____ years.

I have _____ years of education in mental health and/or early intervention and/or disabilities.

I have _____ years of clinical experience with children and families.

My education is in the area of _____
_____.

Strengths I bring to the role of Social Emotional Consultant/Areas of strength within the CFC I represent:

-
-
-
-

Barriers and/or Limitations that keep me from fulfilling my duties/role:

-
-
-
-

Areas where I would like additional support:

-
-
-
-

SE Specialist Experience/Skills Inventory – The Department of Human Services recommends that the SE Specialist have all or most of the following skills and education/work experiences in order to perform the duties of the position:
***** This section is to be completed by the Social Emotional Specialist/Consultant as a tool for professional growth opportunities and next actions to enhance skills*****

A. On a scale of one to five how would you rank your knowledge of these topics:

1 = I know nothing about this topic

2 = I have heard about this topic but do not know enough to help families and providers

3 = I know something about this topic but would like to learn more

4 = I feel I can address this topic adequately with providers

5 = I know enough about this topic and could teach it to others.

Typical Child Development _____ Atypical Child Development _____ Attachment Theory _____

Family Systems Theory _____ Psychopathology in Infancy/Toddler hood _____

Impact of stress and trauma in infancy _____ Assessment of adult mental health disorders _____

Diagnosis of mental health disorders in infancy (DC: Zero to Three and/or DSM IV-TR) _____

Assessment of parent/child relationship _____ Intervention to support parent/child relationship _____

Consultation process _____ Philosophy and practice of relationship based EI _____

Reflective Supervision _____ Planning In-service Education _____

Adult Learning Theory _____ ASQ-SE Administration/Scoring/Interpretation _____

Integrated Assessment Planning _____ Early Childhood Systems _____

Child Care Systems _____ Family Support Systems _____ Early Intervention Systems ____

Mental Health Systems _____ Abuse/neglect issues _____ Maternal Depression _____

Legal and court systems _____ Behavior Issues _____ Observation skills _____

Listening skills _____ Interviewing skills _____ Assessment skills _____

Child and Family Connections - Social Emotional Component Self Assessment

***** This section is to be completed by both the Social Emotional Specialist/Consultant and the Program Manager individually. It will be used as a tool for discussion between Program Managers and Social Emotional Specialist for future enhancement of the components within individual CFC's*****

CFC SE Component – Core Components Inventory & Assessment: The ten elements of the SE component are described as follows. The CFC is responsible for ensuring that all 10 elements of the SE component are fully implemented. Please respond to each question individually. Your responses will be used to identify trends across the state, areas of strength, targeted areas for technical assistance or discussion groups, etc.

1.0 SE Specialist - The SE Specialist provides professional development, clinical consultation, and systems-support to infuse relationship-based, reflective practice throughout the EI process:

Our CFC currently has a SE Specialist on staff (please circle): Yes No

Our SE Specialist has been with our CFC for _____ years.

Our SE Specialist has been provided with training to complete duties as required by the Department. Yes No

Our SE Specialist would like additional training to complete duties as required by the Department Yes No

I would like to discuss SE Specialist Orientation/Training with other CFC's. Yes No

On a scale of 1 to 7, please BOLD or UNDERLINE the number that corresponds with your choice for the following statement:

"The role of the Social Emotional Specialist is working ideally within our CFC."

1	2	3	4	5	6	7
Very Strongly Agree	Strongly Agree	Moderately Agree	Neutral	Moderately Disagree	Strongly Disagree	Very Strongly Disagree

Areas of Strength within this element: _____

Limitations/Barriers that are out of your control: _____

Areas where our CFC would like additional support within this element: _____

Additional comments: _____

2.0 *Relationship-Based Training in EI – EI providers who wish to take an active role in the SE component and CFC Program Managers, SE Specialists, Service Coordinators, and Parent Liaisons are directed to complete relationship-based training provided or approved by the Illinois EI Training Program.*

Our CFC/SE Specialist offers Relationship Based Training in EI at least one time per year. Yes No

Our SE Specialist has the appropriate training materials to facilitate the Relationship Based Training from the EI Training Program. Yes No

Our SE Specialist would like technical assistance with implementing additional Relationship Based Trainings in EI in collaboration with the EI Training Program Yes No

On a scale of 1 to 7, please BOLD or UNDERLINE the number that corresponds with your choice for the following statement:

"The process of providing relationship based training is working ideally within our CFC."

1	2	3	4	5	6	7
Very Strongly Agree	Strongly Agree	Moderately Agree	Neutral	Moderately Disagree	Strongly Disagree	Very Strongly Disagree

Areas of Strength within this element: _____

Limitations/Barriers that are out of your control: _____

Areas where our CFC would like additional support within this element: _____

Additional comments: _____

3.0 *Reflective Consultation for the Manager - The SE Specialist meets as agreed upon with the Program Manager for the following purposes:*

3.0 To offer support around the difficult demands of the manager's role;
3.1 To provide the Program Manager with the first-hand experience of reflective supervision to prepare her to provide reflective supervision for staff; and
3.2 To jointly plan and monitor all SE components.

The PM and SE Specialist meet for reflective consultation on a regular basis. Yes No

The PM and SE Specialist meet for reflective consultation on the following schedule: weekly monthly as needed

The reflective consultation sessions last approximately _____ minutes for each session.

Reflective Consultation sessions meet the managers need for support. Yes No

Reflective Consultation time is used to plan and monitor all SE Components. Yes No

I would like technical assistance in facilitating reflective consultation Yes No

I would like to discuss reflective consultation with other CFC's. Yes No

On a scale of 1 to 7, please BOLD or UNDERLINE the number that corresponds with your choice for the following statement:

"The Reflective Consultation process is working ideally within our CFC."

1	2	3	4	5	6	7
Very Strongly Agree	Strongly Agree	Moderately Agree	Neutral	Moderately Disagree	Strongly Disagree	Very Strongly Disagree

Areas of Strength within this element: _____

Limitations/Barriers that are out of your control: _____

Areas where our CFC would like additional support within this element: _____

Additional comments: _____

4.0 *Reflective Supervision for Staff - To support staff in working from a relationship perspective, the Program Manager provides reflective supervision either in individual or group sessions.*

The PM and/or SE Specialist meet with staff for reflective supervision on a regular basis. Yes No

The PM and/or SE Specialist meets with staff for reflective supervision on the following schedule: weekly monthly as needed

The reflective supervision sessions last approximately _____ minutes for each session.

Reflective Supervision sessions meet the staff's need for support. Yes No

Reflective Supervision is facilitated in the following manner.	Individually	Group
The PM/SE Specialist feels competent in facilitating reflective supervision	Yes	No
I would like technical assistance in facilitating reflective supervision with staff	Yes	No
I would like to discuss reflective supervision with other CFC's.	Yes	No

On a scale of 1 to 7, please BOLD or UNDERLINE the number that corresponds with your choice for the following statement:

"The Reflective Consultation process is working ideally within our CFC."

1	2	3	4	5	6	7
Very Strongly Agree	Strongly Agree	Moderately Agree	Neutral	Moderately Disagree	Strongly Disagree	Very Strongly Disagree

Areas of Strength within this element: _____

Limitations/Barriers that are out of your control: _____

Areas where our CFC would like additional support within this element: _____

Additional comments: _____

5.0 *Social-Emotional Screening - Service Coordinators administer the ASQ: SE with all families at intake.*

Service Coordinators feel competent in administering the ASQ-SE with families.	Yes	No
Our CFC has training policies in place for administering and scoring the ASQ-SE.	Yes	No
Our CFC has policies in place for monitoring the implementation of the ASQ-SE	Yes	No
I would like technical assistance in monitoring the implementation of the ASQ-SE	Yes	No
I would like to discuss the implementation and monitoring of the ASQ-SE with other CFC's	Yes	No

On a scale of 1 to 7, please BOLD or UNDERLINE the number that corresponds with your choice for the following statement:

"The ASQ-SE Screening Process is working ideally within our CFC."

1	2	3	4	5	6	7
Very Strongly Agree	Strongly Agree	Moderately Agree	Neutral	Moderately Disagree	Strongly Disagree	Very Strongly Disagree

Areas of Strength within this element: _____

Limitations/Barriers that are out of your control: _____

Areas where our CFC would like additional support within this element: _____

Additional comments: _____

6.0 *Integrated Assessment and Intervention Planning - As needed after intake, the SE Specialist consults with the Service Coordinators regarding the intake interviews and the ASQ: SE findings.*

Our CFC has policies in place determining when SC's should seek consultation regarding intake/ASQ-SE	Yes	No
The SE Specialist feels competent in providing integrated assessment/intervention planning with SC's	Yes	No
I would like technical assistance in providing integrated assessment/intervention planning with SC's	Yes	No
I would like to discuss integrated assessment and intervention planning with other CFC's	Yes	No

On a scale of 1 to 7, please BOLD or UNDERLINE the number that corresponds with your choice for the following statement:

"The Integrated Assessment/Intervention process is working ideally within our CFC."

1	2	3	4	5	6	7
Very Strongly Agree	Strongly Agree	Moderately Agree	Neutral	Moderately Disagree	Strongly Disagree	Very Strongly Disagree

Areas of Strength within this element: _____

Limitations/Barriers that are out of your control: _____

Areas where our CFC would like additional support within this element: _____

Additional comments: _____

7.0 *Case Consultation - Case consultation sessions offer Service Coordinators another opportunity to develop understanding and skills in relationship-based EI. The SE Specialists and Program Managers and/or Assistant Managers lead small group sessions using a guided process that helps Service Coordinators, Parent Liaisons and, in some settings, providers to consider their work with each child and family from multiple perspectives. This includes consideration of the child's social-emotional development in the context of family relationships, a family's readiness and needs, and felt experience of Service Coordinators working with children and families.*

The PM and/or SE Specialist meet with staff for case consultation on a regular basis. Yes No

The PM and/or SE Specialist meets with staff for case consultation on the following schedule: weekly bi-weekly monthly

The case consultation sessions last approximately _____ minutes for each session.

Case Consultation sessions meet the staff's need for support. Yes No

The PM/SE Specialist feels competent in facilitating case consultation. Yes No

I would like technical assistance in facilitating case consultation with staff. Yes No

I would like to discuss case consultation with other CFC's. Yes No

On a scale of 1 to 7, please BOLD or UNDERLINE the number that corresponds with your choice for the following statement:

"The Case Consultation process is working ideally within our CFC."

1	2	3	4	5	6	7
Very Strongly Agree	Strongly Agree	Moderately Agree	Neutral	Moderately Disagree	Strongly Disagree	Very Strongly Disagree

Areas of Strength within this element: _____

Limitations/Barriers that are out of your control: _____

Areas where our CFC would like additional support within this element: _____

Additional comments: _____

8.0 *Integrated Provider Work Groups - As determined by the Program Manager, providers are given the opportunity to meet with the SE Specialist and the Program Manager for mini-trainings, case consultation, and informal peer consultation. The providers are also encouraged to call the SE Specialist for consultation and support on an individual basis.*

Our CFC offers Integrated Provider Work Groups on the following schedule.	Monthly	Bi-monthly
Our CFC has the resources necessary to provide mini-trainings on relationship-based topics.	Yes	No
I feel competent in facilitating Integrated Provider Work Groups.	Yes	No
Our CFC would like technical assistance in facilitating Integrated Provider Work Groups.	Yes	No
I would like to discuss Integrated Provider Workgroups with other CFC's.	Yes	No
Our CFC has procedures in place for documenting individual consultation/support for providers.	Yes	No
I would like technical assistance in documenting individual consultation/support for providers.	Yes	No
I would like to discuss Individual consultation/support for providers with other CFC's	Yes	No

On a scale of 1 to 7, please BOLD or UNDERLINE the number that corresponds with your choice for the following statement:

"The Reflective Consultation process is working ideally within our CFC."

1	2	3	4	5	6	7
Very Strongly Agree	Strongly Agree	Moderately Agree	Neutral	Moderately Disagree	Strongly Disagree	Very Strongly Disagree

Areas of Strength within this element: _____

Limitations/Barriers that are out of your control: _____

Areas where our CFC would like additional support within this element: _____

Additional comments: _____

_____

_____

9.0 *Parent-to-Parent Grants - To expand support for families, each CFC was provided with a mini-grant to support activities that may include but are not limited to: development of a parent newsletter, creation of parent-to-parent linkages through a parent liaison, holding a family day, attendance at a parent-to-parent support seminar, and holding parent support meetings where families could safely process feelings and build supportive relationships with other families.*

I would like technical assistance on utilizing Parent to Parent grant dollars Yes No

I would like to discuss the Parent to Parent Grants with other CFC's Yes No

On a scale of 1 to 7, please BOLD or UNDERLINE the number that corresponds with your choice for the following statement:

"The implementation of the Parent to Parent grant is working ideally within our CFC."

1	2	3	4	5	6	7
Very Strongly Agree	Strongly Agree	Moderately Agree	Neutral	Moderately Disagree	Strongly Disagree	Very Strongly Disagree

Areas of Strength within this element: _____

_____

_____

Limitations/Barriers that are out of your control: _____

_____

_____

Areas where our CFC would like additional support within this element: _____

_____

_____

Additional comments: _____

_____

_____

10.0 *SE Specialist Network - SE Specialists participate with other SE Specialists in consultation and support activities.*

I participate in monthly SE Specialist conference calls and find them valuable. Yes No

The SE Specialist uses the SE Specialist listserve to communicate with other SE Specialists. Yes No

The SE Specialist listserve assists the SE Specialist in facilitating their responsibilities Yes No

The SE Specialist participates in the Quarterly SE Specialist meetings. Yes No

Participating in the Quarterly SE Specialist meetings helps the SE Specialist facilitate their responsibilities. Yes No

The SE Specialist participated in the SE Specialist Statewide meeting Yes No

Participating in the SE Specialist statewide meeting helps the SE Specialist facilitate their responsibilities Yes No

On a scale of 1 to 7, please BOLD or UNDERLINE the number that corresponds with your choice for the following statement:

"The SE Specialist Network consultation & support process is working ideally within our CFC."

1	2	3	4	5	6	7
Very Strongly Agree	Strongly Agree	Moderately Agree	Neutral	Moderately Disagree	Strongly Disagree	Very Strongly Disagree

Areas of Strength within this element: _____

Limitations/Barriers that are out of your control: _____

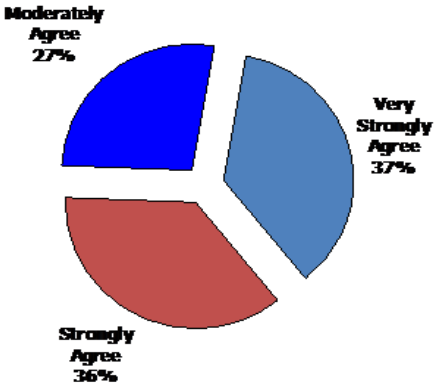
Areas where our CFC would like additional support within this element: _____

Additional comments: _____

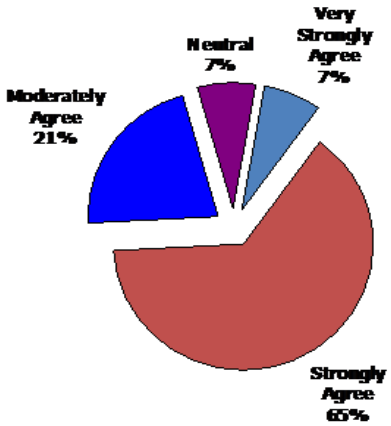
Overall Self Assessment Comments: Please provide comments about areas of strength as well as opportunities for enhancement within your CFC. Identify 2 topics you would like to discuss with your CFC Manager or Social Emotional Specialist to enhance the social emotional component in your CFC.

Key Findings from the 2007 Social Emotional Specialist Self-Assessment Survey

The SE Specialist is working ideally in our area to provide professional development, clinical consultation, and systems-support to infuse relationship-based, reflective practice throughout the EI process.



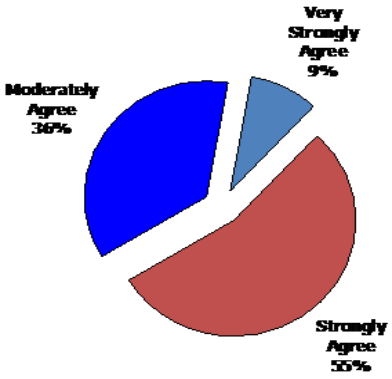
CFC Manager



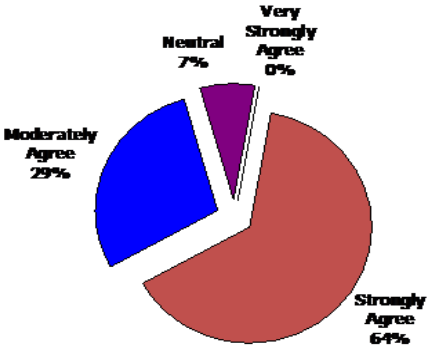
SES

Illinois Early Intervention Training Program
2007

"The process of providing relationship based training is working ideally within our CFC."



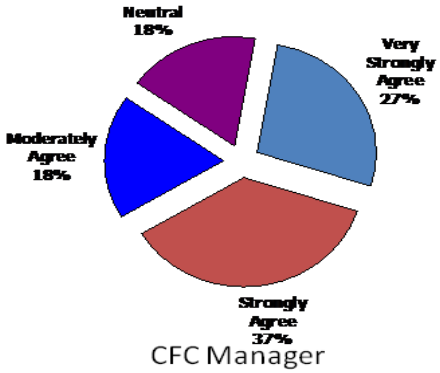
CFC Manager



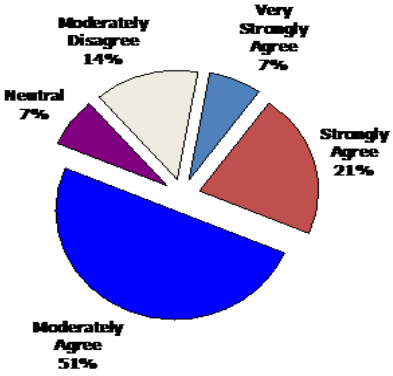
SES

Illinois Early Intervention Training Program
2007

The reflective consultation process for the manager is working ideally within our CFC.



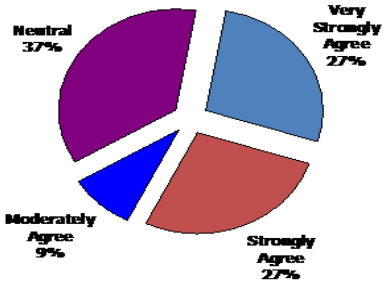
CFC Manager



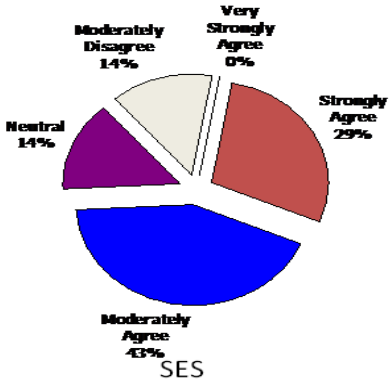
SES

Illinois Early Intervention Training Program
2007

The reflective supervision process for the CFC staff is working ideally within our CFC.



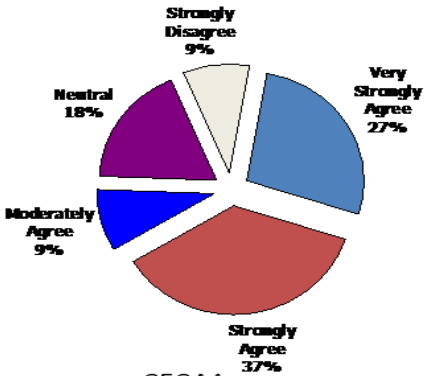
CFC Manager



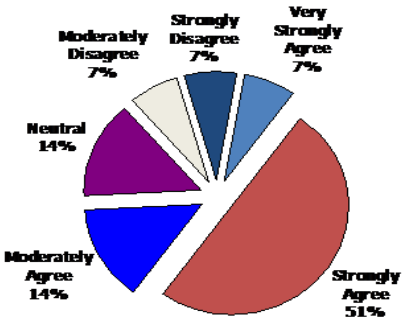
SES

Illinois Early Intervention Training Program
2007

The implementation of the Parent to Parent grant is working ideally within our CFC.



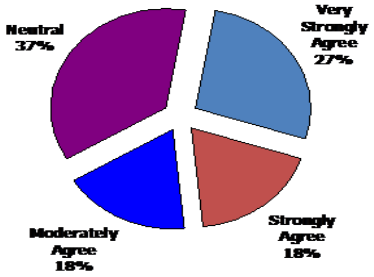
CFC Manager



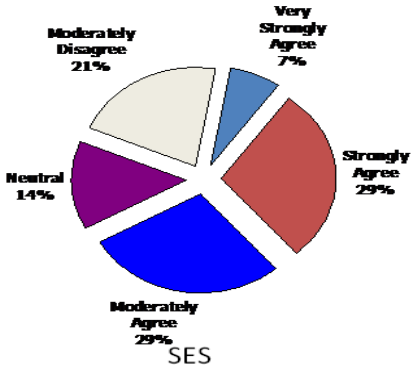
SES

Illinois Early Intervention Training Program
2007

The Integrated Provider Workgroup process is working ideally within our CFC.



CFC Manager



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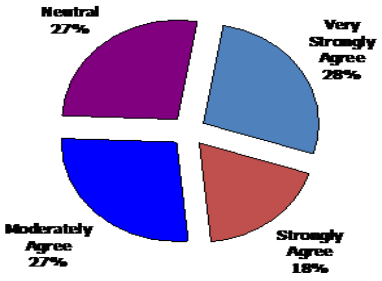
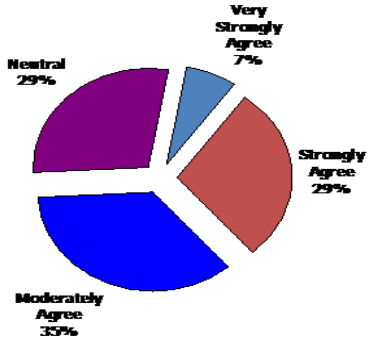
Illinois Early Intervention Training Program
2007

The Case Consultation process is working ideally within our CFC.



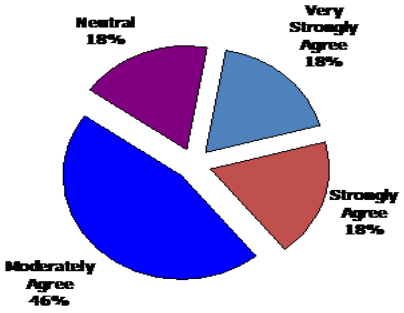
CFC Manager



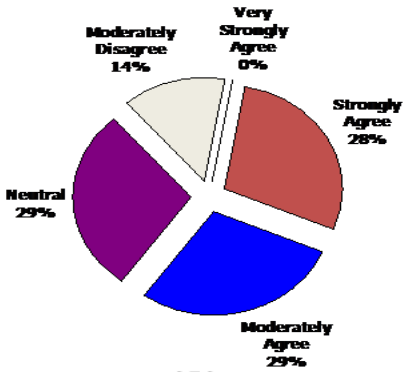
SES

Illinois Early Intervention Training Program
2007

The Integrated Assessment/Intervention process is working ideally within our CFC.



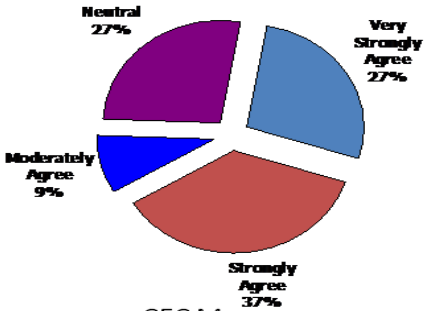
CFC Manager



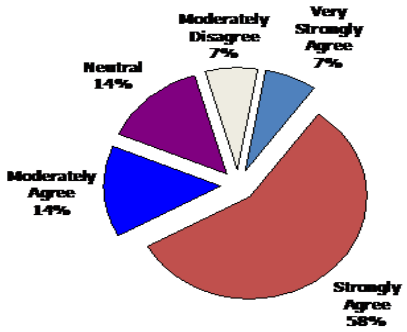
SES

Illinois Early Intervention Training Program
2007

The ASQ-SE Screening Process is working ideally within our CFC.



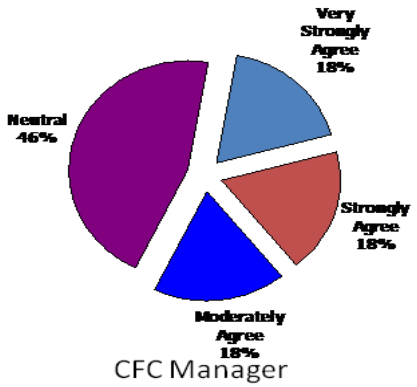
CFC Manager



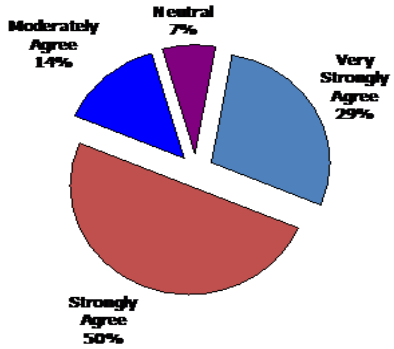
SES

Illinois Early Intervention Training Program
2007

The SE Specialist Network consultation & support process is working ideally within our CFC.



CFC Manager



SES

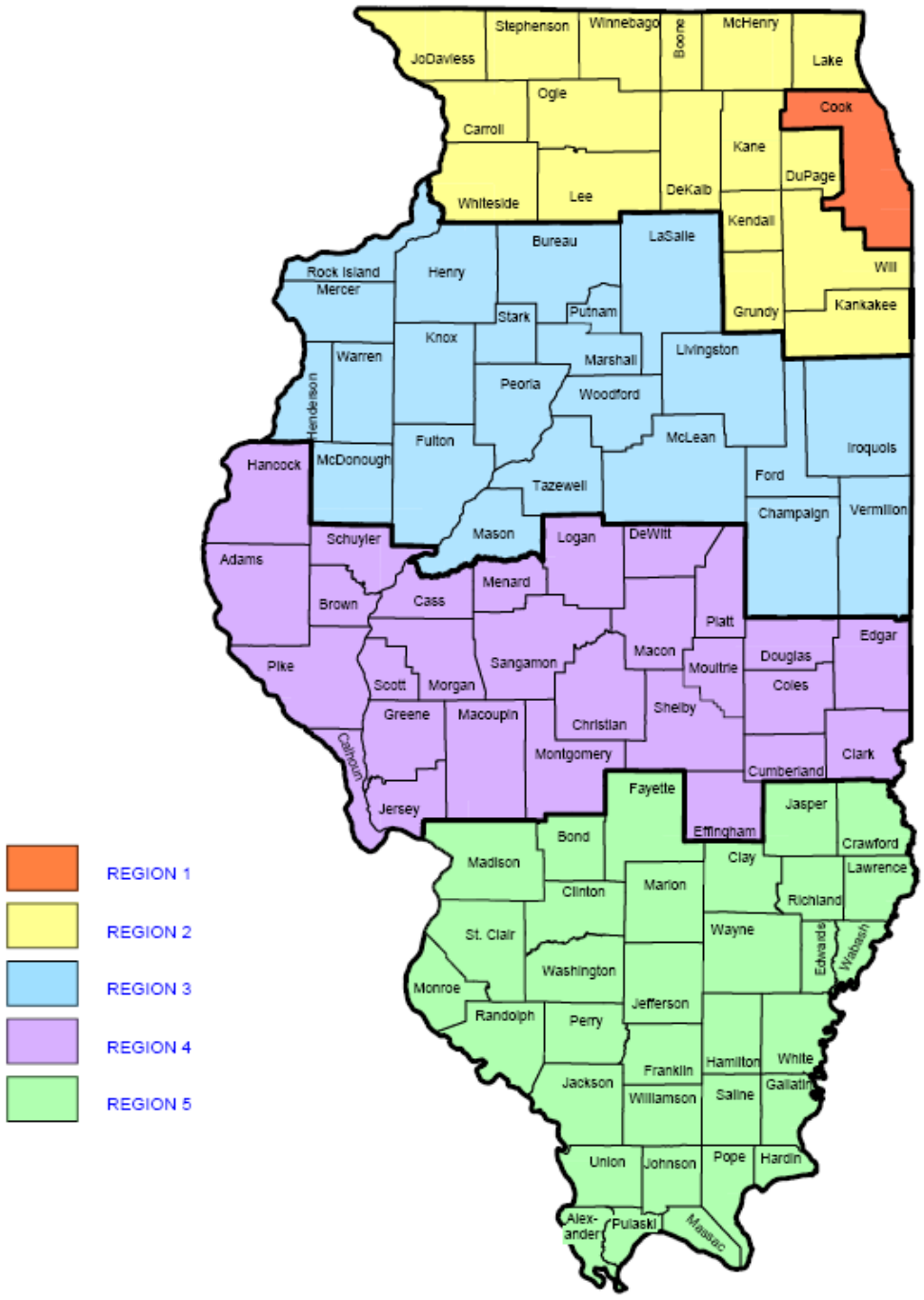
Illinois Early Intervention Training Program
2007

Appendix E

DHS Regional Map

ILLINOIS DEPARTMENT OF HUMAN SERVICES

One Map



Appendix F

Functions of Service Coordinator Evaluator Position

Functions of the SC Evaluator Position

- Accept referral, contact family, schedule intake and initial global evaluation
- Coordinate Intake meeting and the performance of evaluations and assessments
    - Share information about EI procedural safeguards and the EI Principles
    - Obtain necessary signatures on forms and consents
    - Collect family social and birth history
    - Conduct global evaluation (Service Coordinator Evaluators will not be allowed to provide ongoing developmental therapy services)
    - Coordinate additional evaluation and assessments as needed
    - Identify additional non EI resources to link the family to (when applicable)
    - Delegate appropriate activities to support staff upon completion of intake visit (i.e. Insurance related activities, copy/fax referral info out, and other activities identified by the time study)
- Eligibility:
    - Follow up with evaluators as needed discuss eligibility and to prepare for IFSP meeting
        - Delegate support staff
            - to prepare and mail out eligibility letter and IFSP meeting letter if applicable
            - send ineligibility and closing letter if applicable
- Facilitate and participate in the development, review, and evaluation of the IFSP for eligible children
    - Coordinate/schedule meeting with team members
    - Facilitate team discussion and document family priorities, levels of development, child outcomes, family centered functional outcomes, strategies to support family outcomes
    - Identify resources to support outcomes (document EI/Non EI resources) and establish a service plan
- Assist family in identifying available service providers
    - Coordinate ongoing services with EI service providers
    - Follow up with non EI resources and supports when applicable (i.e. medical professionals, health department, DSCC, DCFS, etc.)
    - Delegate appropriate activities to support staff (i.e. dissemination of IFSP and other necessary paperwork to referral sources, potentially assist with data entry pending the development of a web-based system)
    - Collaborate with LIC coordinator when identifying local area of need for provider recruitment
- Coordinate and monitor the delivery of available services and the IFSP
    - Monthly contact with the family in the mode of communication most preferred by the family
    - Monthly contact with all team members
    - Share responsibilities with administrative assistant, family, and ongoing providers for data entry and communication utilizing a web-based system

- Inform families of the availability of advocacy services
    - Identify local/community resources when applicable
    - Collaborate with LIC coordinator to help identify local resources when necessary
    - Connect family with parent liaison when applicable
        - Centralized entity to provide the regional support
        - Direct service parent liaison may be an appropriate referral
- Coordinate with medical and health providers
    - Obtain existing medical records with consent
    - Share EI records with medical professionals with consent
    - Refer families to medical and health providers when child and family needs are beyond the scope of the developmental model
    - Refer families for medical diagnostic services when appropriate
    - Utilize centralized pediatric consultative services when more information on a medical diagnosis or condition is warranted
    - Collaborate with LIC coordinator to assist in public awareness
- Facilitate the development of a transition plan to preschool services if appropriate
    - Discuss transition with family at every IFSP meeting
    - Refer child to LEA by 30 months of age with consent
    - Coordinate and participate in transition planning conference prior to 33 months of age
    - Partner with centralized LIC coordinator to assist in relationship building activities with local school district

Appendix G

List of Resources

Certification and Training Resources

Florida

Early Steps Training, http://www.cms-kids.com/earlysteps/training/index.html, by Children's Medical Services, Department of Health - Florida's Part C Program includes three orientation modules for all Early Steps providers and a training module for the Infant Toddler Developmental Specialist. There are modules for enrollment as FL EI providers.

Iowa

Early ACCESS Competency Based Service Coordination Training Program
http://www.iowa.gov/educate/index.php?option=com_content&task=view&id=633&Itemid=1270#GuidingPractices

Missouri

First Steps Training Modules, http://elearningmo.org/cf2007/FirstSteps/fs_help.html, - These courses are designed to give providers new to the program skills for working with families in their natural environment. In addition to a statement of beliefs and principles of the Early Intervention System, courses include Orientation, Evaluation and Assessment, and IFSP Outcomes in Natural Environments, Transition and a specialized module on Service Coordination.

Quality IFSP Rating Scale (QIRS)
http://www.dese.mo.gov/divspeced/FirstSteps/QualityIndicatorScale.html

Practice manual
http://www.dese.mo.gov/divspeced/FirstSteps/PracticeManual.htm

Online training modules
http://elearningmo.org/cf2007/FirstSteps/fs_help.html

Technical Assistance documents and guidance letters
http://www.dese.mo.gov/divspeced/FirstSteps/CompGuideIttrspg.html

Early Intervention Teams page
http://www.dese.mo.gov/divspeced/FirstSteps/EITEAMpage.htm

New Mexico

This guide is a ***self-study resource for service coordinators,***
http://www.health.state.nm.us/ddsd/fit/pdf%5CModule5-EntireManual.pdf
that contains guidelines about eligibility requirements and coverage of health plans and other funding sources throughout New Mexico.

Virginia
Principles and Practices- Requirements for Early Intervention Certification, http://www.eitraining.vcu.edu/, contains four on-line training modules that are aligned with required competencies for all providers (including service coordinators) who want to practice as a certified provider in VA's Infant and Toddler Connection System. Service coordinators must meet all competencies + those specially listed for the SC role.

Wisconsin
Fundamentals of Service Coordination for the Wisconsin Birth to 3 Program, http://www.waisman.wisc.edu/birthto3/WPDP/Contents.html, - Fundamentals of Service Coordination is an electronically-based learning module for new and veteran service coordinators in Birth to 3. Service coordinators must be well-trained, well-informed and have a variety of skills. This training provides users with the latest resources, practical strategies, articles for study, references to the law, discussion questions and hands-on activity suggestions related to the service coordinator's role. Learners will have the opportunity to read case-based scenarios and apply what they have learned.
An ***online orientation and a archive of webinars***, http://www.waisman.wisc.edu/birthto3/onlinelearning.php, are also available.

Service Guidance Documents and Practice Manuals

Connecticut
Natural Environments: Intervention Guidance for Service Providers and Families
http://www.birth23.org/Publications/NaturalEnvironments.pdf

Maine
Guidance Document: Early Intervention Process
http://www.nectac.org/~pdfs/topics/families/ME_Guide_1_17_07Final.pdf

Missouri
First Steps Practice Manual
http://www.dese.mo.gov/divspeced/FirstSteps/PracticeManual.htm

Nevada
Effective Practice Guidelines
http://health.nv.gov/BEIS_Publications.htm

Virginia
Practice Manual
http://www.infantva.org/documents/pr-PM-PracticeManual.pdf

Forms
http://www.infantva.org/Pr-PracticeManual-Forms.htm