FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Service Coordinator Meeting

Paroquet Springs Conference Center
Shepardsville, KY
June 9, 2004

Agenda

- Welcome
- Introduction of First Steps Central Office
- First Steps Transition
  - Background
  - Process
- Overview of Program Redesign
- Screening Model/Consultative Model
- Questions and Answers

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Program Background

- Program serves approximately 5000 children birth to 3 years with developmental delays.
- Program is a joint federal-state partnership (IDEA).
- Program has a strong partnership with the Kentucky Department of Education – Preschool.
- Program budget has overrun for many years (Ex: $3.5M FY 03).

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Current Issue

- Program was transferred from the Commission for Children with Special Health Care Needs to the Department for Public Health on March 1, 2004 to begin redesign process.

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Redesign Process

Program work group established including:

- Parent providers
- University child development specialists
- ICC members
- CHFS staff.

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Work Group Members

Anne Bolly
First Steps Technical Assistance Program Consultant

Joseph Hersh
University of Louisville Child Evaluation Center
ICC Member

Leisa Hutchison
First Steps Provider/Parent
ICC Member

Lee Ann Jung
University of Kentucky
Department of Special Education
ICC Chair

Germaine O'Connell
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Beth Rous
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Jackie Sampers
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Division of Early Childhood Development
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Vicki Wright
Western KY Easter Seal Center
ICC Member/Parent

Bonnie Thorsen Young
Seven Counties Services

Steve Davis
Department of Public Health

Connie Coovert
First Steps Parent Coordinator/Parent

Sandy Mlinarcik
Seven Counties Services

Cathy Moser
First Steps Program Evaluator

Jack Phipps
Department of Public Health

Bruce Gale
Central Billing System for First Steps

Nancy Newberry
Department of Education
Division of Early Childhood Development

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Redesign Process Continued

Three Guiding Principles adopted:

- Children will receive necessary services.
- Families will receive necessary support services.
- Program will stay within budget.

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Redesign Process Continued

- Program recommended changes timeline established (July 1, 04 through July 1, 05)

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Recommended Changes

Examples:

- Eliminate unnecessary administrative processes (meetings/phones calls – estimated savings $2.4M)
- Improve screening process for eligibility determination (estimated savings $800,000)
- Re-Align service coordination component to cover the needs of families (estimated savings $1.8M)
- Re-Align necessary service delivery to improve child outcomes (estimated savings $2.5M)

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Service Coordinator Specific Issues

- Immediate
- Short Term
- Long Term

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Expected Results

- Three Guiding Principles will be met.

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Next Steps

- Program Staff to assure implementation of approved changes.
- Program will continue close communication with CHFS officials, Health & Welfare members, providers and families.

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References

The references make the following points:

1. The more services that are delivered and the more frequently we deliver them, the more diminished family feeling of support and child outcome (Dunst, 1999),
2. Consultative service delivery works as well as direct services (File and Kontos, 1992) ,
3. "Pull-out" services, or services delivered separate from routines are no more effective than what would be expected from no services at all (McWilliam, 1995),

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References Continued

4. The intent of natural environments legislation is not simply transplanting services to a "place" but rather empowering natural caregivers to deliver the interventions during daily routines (Jung & Baird, 2003),
5. Families can implement intervention as good as or better than specialists for a variety of reasons (e.g., McWilliam 2000), and
6. Providing direct services in itself impedes opportunity for natural caregivers to practice and deliver interventions (Hanft and Pilkington, 2000).

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References Continued

Dunst, C. J. (1999). Placing parent education in conceptual and empirical context. *Topics in Early Childhood Special Education 19* (3), 141-147.

File, N., & Kontos, S. (1992). Indirect service delivery through consultation: Review and implications for early intervention. *Journal of Early Intervention, 16,* 221-234

Hanft, B. E., & Pilkington, K. O. (2000). Therapy in natural environments: The means or end goal for early intervention? *Infants and Young Children, 12*(4) 1-13.

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References Continued

McWilliam, R. A. (2000c). It's only natural... to have early intervention in the environments where it's needed. In S. Sandall & M. Ostrosky (Eds.), *Young Exceptional Children Monograph Series No. 2: Natural Environments and Inclusion* (pp. 17-26). Denver, CO: The Division for Early Childhood of the Council for Exceptional Children.

McWilliam, R. A. (1995). Integration of Therapy and Consultative Special Education: A Continuum in Early Intervention. *Infants and Young Children 7*(4), 29-38.

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Conclusion

- Program is of vital importance to our children and families.
- Program has a long history of services to thousands of our children.
- Program will have a solid foundation to assure continuation well into the future.

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