



Everything you Need to Know
about Early On®

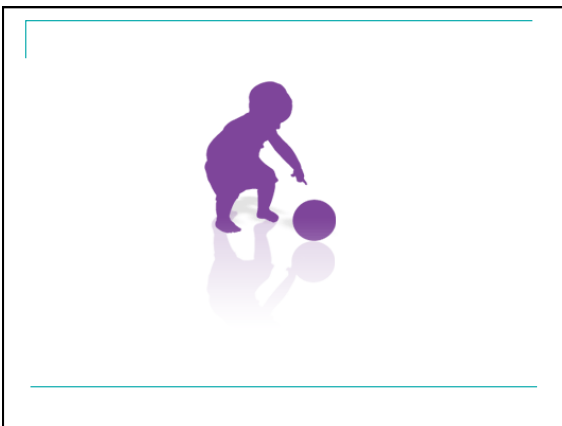
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Objectives

- *Early On* basics
- Referral Process
- Child Referral Status/Fax-Back form
- Early On philosophy
 - Medical Model vs. Educational Model
 - Key Principles of early intervention
- IFSP/Functional Outcomes/Services
- Q & A





The Basics


Early On Michigan delivers early intervention services statewide to eligible infants and toddlers aged 0 to 3 years. *Early On* is run through the Intermediate School Districts; however, they may contract with other agencies (Hospitals, Health Departments, etc.) to provide certain services.

There is no cost to families. Michigan does not bill private insurance nor charge a family fee, but will bill Medicaid for children for whom it is appropriate.

Early referral leads to early identification and decreases the amount of time for a child to receive needed services.

Parents report higher levels of satisfaction with their primary care provider when they feel they are being listened to and their child's development is being addressed.

Physicians consistently refer children who have diagnosed conditions. Less consistent are referrals for children with speech or other delay, or children whose parents have concerns.



Total Physician Referrals

Early On/Project Find Referrals Received from Physicians/Hospitals

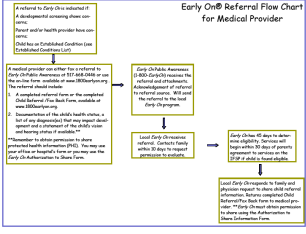
Grant Year	Physicians	Hospitals	Total Referrals
10/1/05-9/30/06	1116	330	2347
10/1/06-9/30/07	1771	423	3764
10/1/07-9/30/08	2636	850	7145
10/1/08-9/30/09	2644	1489	6605
10/1/09-9/24/10	2763	1428	7345

Michigan children served by *Early On* over 12 month period – 20,547 (June 2010 – MiCIS)

What to expect from a referral to *Early On*

Early On Public Awareness receives your referral. They will send notification to you that they received it.

The referral will be forwarded to the appropriate local Intermediate School District who has 10 days to contact the family.



Brief discussion about Fax-Back Form

- What are your thoughts about the form and its use?
- What would make it more useful?
- What is working?



What to Expect from *Early On...* Philosophy

How are Medical Model and Educational Model defined?

Why are interventionists so passionate about the Educational Model?

Medical Model	Educational Model
Services are typically center based, delivered by a specialist such as a PT, OT, SLP who has pediatric experience.	Services are delivered in the child's natural environment. For 0-3 this is usually home, day care, grandma's.
Depending on the therapist, parents and siblings may be asked to sit in the waiting room or may be involved in the session.	Because of the child's age, the focus of intervention is on the parent's (or sibling or other caregiver) interaction with the child.
The focus is on the child learning a discrete skill, mastering the skill before moving on to the next.	The focus is on the child's functionality and independence, which is built by incorporating strategies into existing daily routines and activities.
Services may be delivered weekly or more frequently, depending on the delay or disability of the child.	Number of visits from a professional vary but the parent is hopefully learning to find opportunities for learning throughout the child's day, every day.

Natural Environment means a location where you will also find typically developing children. This stems from research which demonstrated that children with disabilities did well when "mainstreamed" or "included" with children without disabilities. Many parents were also very interested in having their children be included in all activities with all children, and not segregated based on their disability.

Medical Model

Benefits:

- Experienced pediatric therapists can have a very big impact on a child's development in their area of expertise.
- Many parents prefer to have the "expert" work with their child.

Drawback:

- Model does not always take "whole" child into account, and how infants and toddlers learn.
- Does not place emphasis on helping parents learn tools to be able to help their child.
- Can be an expensive model for families and programs.

Educational Model

Benefits:

- Develops family competence and confidence. Parent's are given the tools they need to enhance their child's development.
- Allows for learning to take place between visits, when the child has opportunities to practice a skill within their routine.

Drawbacks:

- Some parents feel they are expected to be "therapists".
- Some feel the model does not address the needs of children with issues that need specialized care, (i.e. Torticollis, Cleft Palate).



What to Expect from *Early On*...IFSP

An IFSP is the Individualized Family Service Plan. The emphasis for infants and toddlers is on Family, as opposed to an IEP, which focuses solely on the child within the educational setting.

The IFSP is specifically written for a child and his/her family to address the child's strengths and needs.

Mandated requirements in the IFSP:

- Voluntary, timely identification of family resources;
- Health Status Review including vision and hearing;**
- A child's present developmental levels;
- Services identified as needed for the child to reach desired outcomes.

** Health Status will most likely be requested from the child's physician. Vision and Hearing status may be evaluated using the Suresight and AUDX screening equipment, but may also be requested from the physician.

Each child is assigned a Service Coordinator who:

- Coordinates all needed or identified services, and may fulfill role of interventionist;
- Works in partnership with the family and team to develop Functional Outcomes that the family wished to address.

Functional Outcomes — based on the functional priorities of the parents and team rather than evaluation results.*

Functional - Sam will be able to pick up small pieces of food when he sits with the family at meal time, instead of throwing everything on the ground.

Assessment Based - Sam will use a radial pincer grasp to retain small objects in 8/10 attempts, 3 times per day.

IFSP team develops strategies to address how Sam's parents can help him achieve this outcome. Sam's parents and the team will identify exactly what the behavior will look like for them to be able to consider it met.

The IFSP team will determine the services based upon the outcomes, the strategies and needs of the child and family.

*Jung, L.A. Writing SMART Objectives and Strategies that Fit the ROUTINE. Teaching Exceptional Children, 2007, 39(4): 54-58




What to Expect from *Early On*...Services

The IFSP team, including the family, will determine the services needed to assist the family to achieve the outcome.

Services could mean:

- The interventionist implementing the strategies and consulting with the Occupational therapist when needed (frequency would be specified on the IFSP).
- The Occupational therapist and interventionist working together to coach the family on the strategies.
- The Occupational therapist visiting the family more frequently at first to provide help with assistive technology or coaching parents on how to incorporate the strategies into their existing activities.



What to Expect from *Early On*...Services

Services does not mean:

- Checking in with the family occasionally to see how they are doing.
- Doing everything for the family, rather than providing just enough assistance to allow the family to do for themselves (empowerment).
- Not communicating with all of the other partners the family may have, which includes physicians, case workers, community mental health workers, babysitters, etc.
- Telling the family what they are going to do rather than discussing ways to find what is working and what else can be added to what they are already doing.

Conclusion

- Years of research have shown us that infants and toddlers have a great capacity to learn, but they learn differently than a child of any other age.
- No one model is perfect, or fits everyone. Parents have choices regarding what they would like to do for their child. If they would like to access early intervention services, and utilize private resources in addition to that, they have that right.
- Early intervention is constantly encouraging the use of evidence based practices, and relies extensively on parents to guide practice change.

Resources

- Zero to Three – National Center for Infants, Toddlers and Families.
www.zerotothree.org
- NECTAC – National Early Childhood Training and Technical Assistance Center.
www.nectac.org
- Early On Michigan
www.1800earlyon.org

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