An Analysis of Needs and Service Planning in the Texas Early Childhood Intervention Program

Executive Summary

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Texas like other states has faced an ever increasing challenge of trying to reach and serve all eligible children and families with a limited pool of resources available for early intervention services. Levels of planned and delivered services in the Early Childhood Intervention (ECI) program have been slowly but steadily declining over the past few years, despite indicators suggesting that many children and families have more complex needs than in the past. In 2009, the average amount of planned service was 2.7 hours per month. Other states report an average of 6.5 hours of early intervention service per month. Recognizing the probable impact of declining service hours on the quality of care, the Texas Department of Assistive and Rehabilitative Services (DARS) contracted with SRI International to study the current service needs of families participating in the ECI program.

The project consisted of several studies that addressed the intensity of service that children and families are receiving and need to receive for ECI to be effective. One study used existing state data and two studies brought together interdisciplinary teams of highly experienced clinicians to review a sample of records of children and families receiving services through ECI. One of the team studies involved national experts, and another used clinicians in Texas. Teams were comprised of an early intervention specialist, a physical therapist, an occupational therapist, a speech language pathologist and either a social worker or licensed professional counselor. Each team reviewed intake, evaluation, and other information in the record and made independent recommendations on the type, frequency and intensity of service for the child and family. These teams were explicitly instructed to assume that they had the resources to provide children and families the services they need. Major findings are summarized below.

Recommendations from National Experts. Two interdisciplinary teams of national experts in early intervention reviewed records and made service plan recommendations. In addition, the national experts provided guidance on factors teams should consider in reaching service recommendations.

- The experts suggested that 1 hour of service once a week represented a reasonable starting point for service planning discussions — although in their own deliberations on a sample of the children and families, they never recommended less than this amount of service.
• The experts stressed that providers should be spending their time with families by supporting the family in helping the child learn and develop. They emphasized that professionals, who must be skilled in principles of adult learning, need time to provide the family with guidance in how to embed intervention in everyday activities.

• They identified a variety of factors that IFSP teams should consider in deciding an appropriate frequency and intensity of service, including the nature and complexity of the child’s needs, the complexity of the expressed outcomes for the child, the confidence of the family in the knowledge and skills required to address their child’s needs, the complexity of the family’s needs, the extent of their social support network, and the nature of the intervention strategies.

• The experts also advocated for creative variations in service patterns to better address the needs of children and families such as providing more intense or frequent service early in a family’s early intervention experience and having providers from different disciplines conduct home visits together when the family’s circumstances require more than one area of expertise.

Recommendations from Experienced Clinicians in Texas. The second study involved highly experienced clinicians in Texas who were either current ECI program staff or had expertise in early intervention but were not currently employed as ECI program staff. Collectively, these teams reviewed the records of 135 children (and families) who had various types of disabilities or developmental delays. This study found:

• The teams consisting of professionals not currently working as staff in an ECI program recommended substantially more hours of service per month (average of 6.1 hours) than did the teams made up of ECI program staff (4.3 hours). Both types of experienced teams recommended more service than had been planned by the children’s actual IFSP teams (2.5 hours).

• The differences in recommended amounts of service between the child and family’s actual IFSP teams and the other teams were largest for the children with global delays and medical conditions.
**DARS Data on Service Planning in ECI.** Analyses of data reported by programs on all children in ECI indicated that:

- The distribution of early intervention services has changed over the last 5 years, with fewer children receiving speech language therapy, occupational therapy, and physical therapy. Meanwhile the number of children receiving developmental service has increased.

- Though there is not substantial variation in planned service levels, the amount of planned service per month varies slightly depending on the nature of the child’s special needs and the child’s age. Children with global delays have the most hours of planned service per month; children with only motor impairments have the least hours. Older children receive more planned service than young children.

- Two patterns of service planning are far more common than all other patterns. Nearly half the children and families in ECI have their most intense service planned at twice a month for 45 minutes or twice a month for 60 minutes. For more than half the children, this pattern represented their only service.

The findings from this set of studies on IFSP service planning underscore the complexity of making good planning decisions. Individualization, a core principle of early intervention, puts a considerable burden on the clinical judgment of those who are making decisions about the nature and amount of service to provide. The information from both the national experts and the team study indicates that families in Texas are receiving less service than they should be. The findings emphasize the need for standards and guidance related to service planning to help providers, especially those who are new to early intervention, reach decisions that are consistent with the family’s circumstances and preferences. The findings also address the need to systematically and intentionally address how to align the level of need for ECI services with the funding available. Providing an amount of service that is below recommended levels is not a viable strategy for addressing insufficient resources. Policy and program changes are needed to ensure that the ECI system in Texas provides services consistent with recommended practice and at a frequency and intensity that will provide families the support they need to achieve their intended outcomes.