

## Survey of state approaches to service delivery and materials developed –May '09, updated 11/09

Sources: APR's, States Websites 3/09 survey, 11/09 update.	Service Delivery Model or Approach named	Plans to change Issues/concerns Training Materials- available on-line to support the model or support services in natural environments Trainers used last 2-3 years
<b>Alaska</b>	No name reported	
<b>AL</b>	No name reported Only in CSPD-training- (website)	<p>“Consultation and Teaming in EI Service delivery (required of all SC)</p> <ul style="list-style-type: none"> <li>• Eco mapping</li> <li>• Routine based intervention</li> <li>• Functional Outcomes</li> <li>• Using consultation and coaching</li> </ul> <p>Not on line but offered through CSPD Issues: price of gasoline and state dire economic situation are challenging to the delivery of services in NE (APR)</p>
<b>AR</b>	Family Centered Services- Coaching model (APR, survey)	<p>Developing an on-line module (APR '09)</p> <p>issues: with parents working full time in the rural areas, many families choose the licensed DD centers which provide the range of services but are not NE. working with NECTAC and SERRC</p>
<b>AZ</b>	O9 APR- Team-based service delivery  Have done some training on primary service provider and coaching (system re- design phase in) website	<p><a href="https://www.azdes.gov/azeip/pdf/CWA%201-06.pdf">https://www.azdes.gov/azeip/pdf/CWA%201-06.pdf</a> parent one page functional outcomes <a href="https://www.azdes.gov/azeip/pdf/CWA%204-06.pdf">https://www.azdes.gov/azeip/pdf/CWA%204-06.pdf</a> what is a natural environment Rush and Shelden</p>
<b>CA</b>	ERRAPP (every day routines, relationships, Activities ,Places, Partnerships (O9 APR)	<p>Statewide Training at West Ed for” Relationship based services”- not on-line DDS curriculum on evidence based practices in NE Issues- incorrect justifications, personnel turnover, increased population to serve and inadequate vender rates (APR)</p>
<b>CO</b>	Variety of models including primary service provider, trans-disciplinary teams, based on child’s needs may do consultation, relationship-based services (Survey, website)  O9 APR- 3 programs received training in Transdisciplinary primary service provider model	<p>Web site for providers-"Federal law and evidence-based practices dictate that early intervention services be provided in the context of an infant's or toddler's everyday routines, activities and places (natural Environments). Colorado has promoted a trans-disciplinary team approach utilizing a primary service provider model to increase the effectiveness and coordination of early intervention." Relationship-Based Approach to Early Intervention <a href="http://www.eicolorado.org/index.cfm?fuseaction=Professionals.content&amp;linkid=255">http://www.eicolorado.org/index.cfm?fuseaction=Professionals.content&amp;linkid=255</a> Cultural Competence <a href="http://www.eicolorado.org/index.cfm?fuseaction=Professionals.content&amp;linkid=256">http://www.eicolorado.org/index.cfm?fuseaction=Professionals.content&amp;linkid=256</a> Family-Centered Practices <a href="http://www.eicolorado.org/index.cfm?fuseaction=Professionals.content&amp;linkid=254">http://www.eicolorado.org/index.cfm?fuseaction=Professionals.content&amp;linkid=254</a> The Transdisciplinary Primary Service Provider Model <a href="http://www.eicolorado.org/index.cfm?fuseaction=Professionals.content&amp;linkid=253">http://www.eicolorado.org/index.cfm?fuseaction=Professionals.content&amp;linkid=253</a></p>

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		<p>Natural Environments: Everyday Routines, Activities, and Places!  <a href="http://www.eicolorado.org/index.cfm?fuseaction=Professionals.content&amp;linkid=252">http://www.eicolorado.org/index.cfm?fuseaction=Professionals.content&amp;linkid=252</a>  <a href="http://www.earlychildhoodconnections.org">www.earlychildhoodconnections.org</a>  <a href="http://www.earlychildhoodconnections.org">http://www.earlychildhoodconnections.org</a> (IFSP and update policies)</p> <p>success due to extensive training target TA and monitoring</p> <p>trainers- EI COLORADO TRAINING STAFF, JFK Partners, PYRAMID TRAINING, SPECIALQUEST STATE TEAM , Robin McWilliam for RBI for IFSP training</p>
CT	no model name	<p>Without giving it a name, the components are: / 1. Blended service coordination / 2. Primary provider / 3. Coaching / 4. encouraging use of RBI in writing the IFSP Issues- To change the thinking in the medical community and general community that 1) early intervention is a treatment model that fixes children, preferably by the age of three and 2) that when a child needs "more treatment" that equates to "more services."</p> <p>Materials-The concept is embedded in our mission and in all of our service guidelines and in our procedures</p> <p>Everything mentioned above is posted on our website: <a href="http://www.birth23.org">www.birth23.org</a></p>
DC	No name Reported	<p>Issues- (APR) shortage of childcare homes and centers that provide natural settings for children with disabilities, increasing numbers of children needing services, shortages of OT, PT and SLP's</p>
DE	variety of service delivery approaches, one of which is trans-disciplinary model of service delivery (TD) Consider adding Primary Service Delivery Model as another option	<p>Since 1999 The TD is offered statewide, but not every contracted early intervention provider agencies has the capacity nor the knowledge</p> <p>Issues-1. It takes a lot of ongoing training to keep up the TD model with new staff hired by provider agencies. / 2. We do not have a good way to assess quality of service model being implemented. / 3. TD model takes time for teaming, and some of the provider agency</p> <p>Consider adding Primary Service Delivery Model as another option. This model would help with Efficiency; family centered approach, and increased capacity. Also, it seems like this model would be easier to implement with contracted agencies that may not have all disciplines as part of the team.</p> <p>use OSEP CoP papers(09 APR)</p> <p>"Growing Together Users guide"- for child care providers</p>
FL	Primary Service Provider model for past 4 years APR calls it team-based primary service provider	<p>Issues- provider shortages; provider training; funding of the approach</p> <p>Materials- we are working on links. our new star modules are at <a href="http://www.cms-kids.com/earlysteps">http://www.cms-kids.com/earlysteps</a> for family information and for providers at <a href="http://www.cms-kids.com/earlysteps/training/index.html">http://www.cms-kids.com/earlysteps/training/index.html</a></p> <p>Provide family-centered early intervention services in the context of each child and family's everyday routines, activities, and places.</p> <p><a href="http://www.cms-kids.com/ESproviders/training/ESTraining.htm">http://www.cms-kids.com/ESproviders/training/ESTraining.htm</a>  <a href="http://www.cms-kids.com/ESproviders/training/Module2/ESTmodule2.htm">http://www.cms-kids.com/ESproviders/training/Module2/ESTmodule2.htm</a></p> <p>training module 2 –providing services in Everyday Routines, Activities Places  <a href="http://www.doh.state.fl.us/AlternateSites/CMS-Kids/InfantToddler/TherapyDo.pdf">http://www.doh.state.fl.us/AlternateSites/CMS-Kids/InfantToddler/TherapyDo.pdf</a></p> <p>one page chart of Therapy dos and don'ts with the primary service primary model</p> <p>Training-Robin McWilliam 5 component model, Julianne Woods (apr)</p>
GA	Primary Service Provider team (APR, Survey)	<p><a href="http://health.state.ga.us/pdfs/familyhealth/FAQ%20for%20Physicians%20-%20Service%20Delivery%20for%20web.pdf">http://health.state.ga.us/pdfs/familyhealth/FAQ%20for%20Physicians%20-%20Service%20Delivery%20for%20web.pdf</a></p> <p>Frequently asked question for Physicians- Primary Service Provider Model  <a href="http://health.state.ga.us/pdfs/familyhealth/bcw/faqpspcm/PSP%20Coaching%20FAQ%20English.pdf">http://health.state.ga.us/pdfs/familyhealth/bcw/faqpspcm/PSP%20Coaching%20FAQ%20English.pdf</a></p> <p>FAQ for families and provider on the PSP model and coaching</p>

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		Rush and Sheldon/ Valdosta State and G. State
<b>HI</b> <b>EI</b> <b>Services</b> <b>86%</b>	Trans- Disciplinary service model with one “main” person (primary provider)	Our EI programs are strongly encouraged to use the transdisciplinary approach to service delivery as much as possible. To support this, our current "Request for Proposal" now requires applicants to not only describe the transdisciplinary model but also discuss HOW they will implement it, including in what instances they would find it not appropriate. The movement toward the T-D model was due to fragmentation and confusion of families when they had multiple providers, lack of sufficient therapeutic staff, and budgetary concerns. Issues of concern that still remain include the lack of knowledge of medical providers relative to the T-D model when they refer children to EI, as they focus on specific services, questions related to Medicaid reimbursement when the T-D model is used, and how to most appropriately complete the Service Page of the IFSP.
<b>ID</b>	Have done training around coaching- primary service provider-	Idaho is moving to a model of coaching in early intervention that includes a teaming approach, a primary interventionist, and natural learning practices. We have 8 pilot teams operating in 2 of 7 regional programs and plan to train an additional cohort in 2010. In areas that have not yet adopted the coaching approach, we promote routine based interventions.  Challenges we are experiencing includes a shortage of providers to serve rural areas. Recent Medicaid policy that allows direct reimbursement to 'free standing' therapists has reduced incentive to work in early intervention natural environments. This is an external factor that we have overcome but made accessing sufficient providers more difficult.  Training manual at <a href="http://www.ionfanttoddler.idaho.gov">www.ionfanttoddler.idaho.gov</a> then selecting the e-Manual under the documents.
<b>IA</b>	No name mentioned	5 Service coordination training on-line modules at: <a href="http://www.iowa.gov/educate/index.php?option=com_content&amp;task=view&amp;id=633&amp;Itemid=1270#GuidingPractices">http://www.iowa.gov/educate/index.php?option=com_content&amp;task=view&amp;id=633&amp;Itemid=1270#GuidingPractices</a>  (used ABC matrix-Don Mott training)
<b>IL</b>	Primary Service Provider Approach over 4 years	<a href="http://www.dhs.state.il.us/page.aspx?item=31732">http://www.dhs.state.il.us/page.aspx?item=31732</a> Guidance Document on Services in Natural Environments Issues- provider shortages; provider training; funding of the approach Successes- Continual and consistent messages about rules and meaning of services in NE
<b>IN</b>	Direct Therapy / Consultative (10 years-statewide)	Issues: Direct therapy: Costly to implement and creates challenges to cohesive teaming and communication among providers and family. / Consultative: Lack of full implementation with all providers due to misunderstanding and hesitation to release responsibilities  <a href="http://www.in.gov/fssa/files/BestPractice_July_2006.pdf">http://www.in.gov/fssa/files/BestPractice_July_2006.pdf</a> Best Practices in Early Intervention (2006) <a href="http://www.inf2f.org/F2F-Newsletter/FirstWords0404.pdf">http://www.inf2f.org/F2F-Newsletter/FirstWords0404.pdf</a> parent newsletter- Trans-disciplinary approach to EI (includes primary provider and coaching) distance learning- new curriculum ('09) Providing Early Intervention Supports and Services in Everyday Routines, Activities and Places
<b>KS</b>	9 of 36 networks trained in Primary Provider/ Coaching. The service delivery models vary	Other models used include trans disciplinary team, EBP (Evidence Based Practice),RBI, primary service provider, primary coach, TD team with primary provider, routine and or activity based routines. We are not really seeking a change as much as we are working to assure statewide understanding and implementation of evidence based practices reflective of key principles of family

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	in state.	<p>centered practices. We hope to achieve widespread use of EBP using a trans disciplinary team with a primary provider.</p> <p>Issues-Administrative support of the model is challenging including funding of consultation in particular; Training in TD/PP approach is intensive which requires well trained peer coaches. The ability to train those new to the field and partner programs in the mission and guiding principle of EI and recommended practices There is little or no training in model at pre service level and local medical partners have a medical model view of EI. We think this model can help to address Quality relationships based services for families, access to team members by all staff, better trained staff, staff that understands family systems adult learning and child development in addition to their discipline specific training, staff that uses research to achieve EBP, effective use of limited resources, quality services in everyday learning opportunities as the framework for EI</p> <p><a href="http://www.kdheks.gov/its/tab6.html">http://www.kdheks.gov/its/tab6.html</a></p> <p>Guidelines for services in NE</p> <p><a href="http://www.kskits.org/ta/Packets/UsingPrimaryService.shtml">http://www.kskits.org/ta/Packets/UsingPrimaryService.shtml</a></p> <p>Using a Primary Service Provider and Coaching in Early Intervention- training module</p> <p>OSPE Cop Documents, Rush and Shelden, Bruder, State TA teams (Ellen Pope and Peggy Miksch)</p>
<b>KY</b>	Consultative model and beginning to use concept of primary service providers (APR and survey)	Doing training on coaching parents
<b>LA</b>	Independent provider model and/or vendor system.	<p><a href="http://www.google.com/search?hl=en&amp;client=firefox-a&amp;rls=org.mozilla:en-US:official&amp;q=%22Primary+Service+Provider%22&amp;start=70&amp;sa=N">http://www.google.com/search?hl=en&amp;client=firefox-a&amp;rls=org.mozilla:en-US:official&amp;q=%22Primary+Service+Provider%22&amp;start=70&amp;sa=N</a></p> <p>Document to support “evidence” for best practices in EI including primary service provider and natural Environments</p> <p>Since 2004, statewide- providers working independently of each other which results in same outcomes; Working toward more of a trans disciplinary approach. Training- In state and Riverside publishing</p> <p>Materials- an ICC committee developed a "Teaming Practices" document that we would like to flesh out further.</p>
<b>MA</b>	family-centered approach (website EITC)	<p>Early Intervention competencies certification process includes working with families...</p> <p><a href="http://www.eitrainingcenter.org/register/?page=workshop&amp;id=69">http://www.eitrainingcenter.org/register/?page=workshop&amp;id=69</a></p> <p>two day BAC Orientation training also has many activities and components that address Core Values and Family Centered approaches to Service Delivery.</p> <p><a href="http://www.eitrainingcenter.org/register/?page=workshops#cat1">http://www.eitrainingcenter.org/register/?page=workshops#cat1</a>.</p>
<b>MD</b>	No name mentioned	<p><a href="http://olms.cte.jhu.edu/olms/output/page.php?id=1214">http://olms.cte.jhu.edu/olms/output/page.php?id=1214</a></p> <p>On-line training materials- Evaluation/assessment IFSP (2004)</p>
<b>ME</b>	Utilization of Evidence Based Practices (Primary service provider/coaching	<p><a href="http://www.nectac.org/~pdfs/topics/families/ME_Guide_1_17_07Final.pdf">http://www.nectac.org/~pdfs/topics/families/ME_Guide_1_17_07Final.pdf</a></p> <p>Guidance document-EI Process (eligibility, IFSP and Intervention Planning (2007-ongoing)Dathan Rush and M’lisa Sheldon are working with Maine on a process to</p>

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	<p>model)</p> <p>4-5 years for the pilots 2 years for most of the others</p>	<p>support our 16 regional sites as they move to this model. With the infusion of ARRA funds, Maine has contracted with a consultant to provide technical assistance to each of our 16 sites as a follow up to, and in support of, the training provided by Dathan and M'Lisa. The goal is to ensure consistency of approach and documentation of evidence based practice. Issue: funding, we are moving to a system that employees more providers to access greater utilization of time and to use our funds wisely. We have data to support the use of employed providers and improved timelines for evaluations and services.</p> <p>Trainings-Dathan Rush and M' Lisa Sheldon , 3 days fall 2009, ongoing teleconferences and site visits to follow up and support their training.</p> <p>Materials-many in process –we have established a list serve and information , including forms is available to all involved. Our website is active and supportive of this process and provides many training materials and documents for employed and contracted staff</p>
MI	No name mentioned	<p><a href="http://eotta.ccesa.org/Files/PDF/MDE_Bulletins/Reference_Bulletin_2_Natural_Environments.pdf">http://eotta.ccesa.org/Files/PDF/MDE_Bulletins/Reference_Bulletin_2_Natural_Environments.pdf</a></p> <p>Reference bulletin on Natural Environments (4/2008)</p> <p>'09 APR- new one line training module- Implementation Guide to Natural Environment as part of CSPD contract)</p>
MN	RBI and Primary service provider	<p>In the process of providing training and TA for 18 months. Our goal is statewide. Some areas are using the approach some are not yet. Challenge is how to do this statewide with fidelity</p> <p>Robin McWilliam has provide training and our annual summer institute (09) will offer a strand on RBI.</p>
MO	<p><u>Current Approach (Regionally):</u> Transdisciplinary Teams and Primary Provider</p> <p><u>Moving toward statewide teams with utilization of:</u> Routines-Based Interview (Robin McWilliam)</p>	<p>We are now referring to the MO model as "Early Intervention Teams (EIT)" with transdisciplinary and primary provider approaches. 20 practice teams currently, statewide implementation of teams by 2012-13.</p> <p>Early Intervention Teams (EIT) materials at: <a href="http://dese.mo.gov/divspeced/FirstSteps/EITEAMpage.htm">http://dese.mo.gov/divspeced/FirstSteps/EITEAMpage.htm</a></p> <p>Developmental Assessment of Young Children (DAYC) materials at: <a href="http://dese.mo.gov/divspeced/FirstSteps/DAYCindexpg.htm">http://dese.mo.gov/divspeced/FirstSteps/DAYCindexpg.htm</a></p> <p>MO First Steps Quality Indicator Rating Scale (QIRS) for IFSP development at: <a href="http://dese.mo.gov/divspeced/FirstSteps/pdfs/MOIFSPRateScale.pdf">http://dese.mo.gov/divspeced/FirstSteps/pdfs/MOIFSPRateScale.pdf</a></p>
MS	We are moving to a primary service provider model- PSP in limited areas for 7 months	<p><a href="http://www.msdh.state.ms.us/msdhsite/index.cfm/41,4752,74,355,ht">http://www.msdh.state.ms.us/msdhsite/index.cfm/41,4752,74,355,ht</a></p> <p>guidance document on importance of natural Environments <a href="http://www.msdh.state.ms.us/msdhsite/_static/resources/2057.pdf">http://www.msdh.state.ms.us/msdhsite/_static/resources/2057.pdf</a></p> <p>for Parents on Natural Environments and staff roles</p> <p>At present in many areas of the state, the assessment and IFSP development are trans disciplinary but the implementation and communication are multidisciplinary. Issue-Forming PSP teams throughout the state because of limited numbers of SLPs, OTs, and PTs in rural areas and limited financial resources /</p> <p>This model will help with1. Improve outcomes for our children and families because this approach empowers the/ parents and primary caregivers / 2. Increase effective use of service providers / 3. Strengthen the skills of our parents,</p>

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		caregivers, service providers. Training: We have read all the materials we can access. Dathan Rush and M'Lisa Shelden shared information about their method of training personnel and answered our questions about implementing the model. SERRC staff and NECTAC staff have helped us access information. (09 APR)- Carol Trivette has done training on Coaching families to increase activities during natural routines
<b>MT</b>	No name reported	
<b>NC</b>	No name used	Considering systemic change; Considering multiple service delivery model approaches for better results for children and families....More efficient and effective utilization of limited service providers...encourage evidenced based practices Have not done statewide training
<b>ND</b>	Trans disciplinary Teaming with primary provider	08-09 Julianne Woods - RBI NECATC long term systems change plan OSEP Cop papers
<b>NE</b>	Primary service provider/ coaching (website)	The technical assistance documents listed below can be used in the development of functional, participation-based IFSP/IEP outcomes and goals for young children with disabilities, birth to age five, and their (2008) <a href="http://ectc.nde.ne.gov/products/functional_docs/preamble.pdf">http://ectc.nde.ne.gov/products/functional_docs/preamble.pdf</a> <a href="http://ectc.nde.ne.gov/products/functional_docs/assessments.pdf">http://ectc.nde.ne.gov/products/functional_docs/assessments.pdf</a> assessments <a href="http://ectc.nde.ne.gov/products/functional_docs/characteristics.pdf">http://ectc.nde.ne.gov/products/functional_docs/characteristics.pdf</a> IFSP's <a href="http://www.ifspweb.org/outcomes.html">http://www.ifspweb.org/outcomes.html</a> Writing Functional Outcomes <a href="http://www.nde.state.ne.us/edn/Volume1.pdf">http://www.nde.state.ne.us/edn/Volume1.pdf</a> Services in Nat. Environ <a href="http://www.nde.state.ne.us/edn/Volume2.pdf">http://www.nde.state.ne.us/edn/Volume2.pdf</a> FAQ's on Nat. Environ. <a href="http://www.nde.state.ne.us/edn/Volume3.pdf">http://www.nde.state.ne.us/edn/Volume3.pdf</a> services through Coaching
<b>NH</b>	Family Centered Early Supports & Services	In NH we aspire to using the transdisciplinary model. We are gradually changing over from solely using therapists as the primary provider, to using personnel trained as early interventionists to be the primary provider with consultation from therapists. Currently most providers are therapists or other licensed personnel, but we have recently developed an early intervention certification which allows providers with a bachelor's degree in a related field, completion of the statewide orientation, 2 year's experience in an ESS program unless they have a degree in early intervention in which case they just need 6 months experience in an ESS program, and demonstration that they possess the competencies introduced through the orientation program. Upon certification, these personnel may be one of two evaluators conducting an eligibility evaluation, developing IFSPs, and being the primary service provider. Service Coordination is provided by personnel who have completed the service coordination training.
<b>NJ</b>	None reported	"The New Jersey Early Intervention System has not endorsed or "named" any specific models or approaches for delivering early intervention services."
<b>NM</b>	Family centered trans-disciplinary model (website)	<a href="http://www.health.state.nm.us/ddsd/fit/documents/FITFamilyHandbook11202006Eng.pdf">http://www.health.state.nm.us/ddsd/fit/documents/FITFamilyHandbook11202006Eng.pdf</a> family handbook explaining services  core Module for training on Natural Environments and Provision of Services in Everyday Routines, activities and Places ('09 APR)
<b>NV</b>	Primary Service provider approach	We train all new staff through a New Staff Orientation and we promote the Primary Service Provider Approach as Nevada's method of intervention. So all









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	5 years -- qualified to say we introduced it but not all programs are using it completely.	staff are trained, however individually within early intervention programs it is promoted more in some programs than in others. When we initially moved to this method we had Robin McWilliam come to the state. Also NECTAC put together Evidence Based Practice references that we utilize in our New Staff Orientation Training and ongoing training and technical assistance with programs. This is also utilized throughout our Effective Practice Guidelines. <a href="http://health.nv.gov/BEIS_Publications.htm">http://health.nv.gov/BEIS_Publications.htm</a>
<b>NY</b>	<p>EI services are delivered by qualified personnel, using one or more of the following service models: home-and community-based visits, individual facility-based visits, group developmental intervention, parent-child groups, family support groups. Rates/ prices for each of the models included in the service taxonomy are set by State.</p>	<p>A reimbursement advisory panel (RAP) to the state Early Intervention Coordinating Council was convened in 2009 to examine and review the service taxonomy and rate/pricing structure for the NYSEIP. Guiding principles for their work are to ensure the reimbursement system for the EIP: encourages services in the right setting to best meet the needs of the child and family; promotes appropriate utilization of services; recognizes that coordination among disciplines results in better care for children and families; relates to the disability level of children and needs of families; is accountable; and, is equitable. The RAP has reviewed program and reimbursement regulations, utilization data, and reimbursement methodologies for evaluation, service coordination, and group services, and identified areas for improvement for consideration by the NYSDOH. In 2010, it is anticipated that the RAP will review home- and community-based and individual facility-based service models, a proposed reimbursement structure for intensive behavioral interventions, alternative approaches to service delivery models, and provide advice to the NYSDOH for revising its reimbursement structure for early intervention services. A request for proposals is being issued using ARRA funds to identify a contractor to assist the NYSDOH in this process.</p>
<b>OH</b>	('09 APR)- working towards a trans-disciplinary team with primary service provided and ERAP (Everyday Routines, Activities and Places)	Two power points developed on Trans-disciplinary team services and NE, a core services document which was approved by our State ICC to explore a Trans-disciplinary service delivery model. A Review of Part C in Ohio currently under way (to end May 2010) in which various stakeholders will re-design the Part C system in Ohio.
<b>OK</b>	<p>Primary service Provider Oklahoma has been using this approach in conjunction with a trans disciplinary teaming approach since the early years of early intervention.</p>	<p>Oklahoma has not formally trained on a service delivery approach model in several years. Many local team leaders provide training on the approach during the orientation process, however it is not required. Issues- Teams get confused how to provide any specific approach when working with unique families needing individualized consideration of service approach. With lean budgets we tend to lean more and more on contract providers. This creates communication barriers</p>
<b>OR</b>	No name reported	We may change but I doubt if we will have a name we use state-wide.
<b>PA</b>	No model named but have "principles of best practices" for the systems (website) Natural learning on	<p><a href="http://www.pattan.k12.pa.us/files/EI/EI-Services-fs.pdf">http://www.pattan.k12.pa.us/files/EI/EI-Services-fs.pdf</a> <a href="http://www.pattan.k12.pa.us/files/EI/EI-Model071707.pdf">http://www.pattan.k12.pa.us/files/EI/EI-Model071707.pdf</a> Guiding Principles PA Approach to Early Intervention services <a href="http://www.pattan.k12.pa.us/files/EI/EarlyInt-guide-OUT.pdf">http://www.pattan.k12.pa.us/files/EI/EarlyInt-guide-OUT.pdf</a></p>

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	opportunities, RBI etc.	Parent Guidebook to Early Intervention Services
<b>PR</b>	No model named	
<b>RI</b>	No model name	None Issues-(APR) increased numbers of children with Autism and need to serve in more intensive placements
<b>SC</b>	Website Mission statement mentions everyday routines, activities and places.	Issue-(APR) difficulty finding qualified providers who are willing to work in NE
<b>SD</b>	Multidisciplinary Team Approach and Primary Service Provider model when appropriate	MDT approach has been used since the inception for the program. The Primary Service Provider Model has been introduced more recently and is only used with a small percentage of families. Challenges and Issues- Many areas of SD are very rural. In these large rural areas, the lack of quantified providers is a challenge no matter what model of service delivery. The PSP model presents scheduling challenges. Robin McWilliam provided training in '04-05 on PSP. No new training in the last 2 years. We have instate training for service coordinators to encourage use of PSP <a href="http://doe.sd.gov/oess/Birthto3/index.asp">http://doe.sd.gov/oess/Birthto3/index.asp</a>
<b>TN</b>	None specifically named- principles and training support best practices service in natural environments	<a href="http://www.state.tn.us/education/speced/TEIS/training/">http://www.state.tn.us/education/speced/TEIS/training/</a> 10 on-line comprehensive modules for service coordinators and other providers <a href="http://www.state.tn.us/education/speced/TEIS/">http://www.state.tn.us/education/speced/TEIS/</a> Evidence based practices for children and families Robin Mc William used for training on the RBI
<b>TX</b>	No name mentioned	<a href="http://www.pattan.k12.pa.us/files/EI/EI-Services-fs.pdf">http://www.pattan.k12.pa.us/files/EI/EI-Services-fs.pdf</a> web based training modules (video and or text only) on IFSP's and Family Centered Services
<b>UT</b>	No model or named approach	No change in what we currently do
<b>VA</b>	Individualization of Services, including use of Primary Provider when appropriate	In use statewide.  Incorporated guidance documents into a Practice Manual. See especially Chapter 1. <a href="http://www.infantva.org/documents/pr-PM-PracticeManual.pdf">http://www.infantva.org/documents/pr-PM-PracticeManual.pdf</a>
<b>VI</b>	No name mentioned	Issue- keeping adequate number of providers willing to work in NE
<b>VT</b>	No name mentioned	Issue-(APR) therapist shortages
<b>WA</b>	No model or approach named	One country has received training and is using the Primary Service /coaching model (APR)
<b>WI</b>	A variety of models including RBI and moving towards a Primary service provider model	RBI, Primary Service Provider, Primary Coach / Wisconsin is moving ahead with a comprehensive system change training initiative, led by Sheldon and Rush, through the use of ARRA funds. All 72 Counties are invited to apply for mini-grants to form consortiums to examine best practice and systems change that will be sustainable after ARRA funds are expended. This move towards a specific modality of evidence based practice will not be a mandatory change, but a support to the counties in the state who are "ready and able", anticipating that the approach will spread once introduced.  issues: Multitude...best practice/evidence based practice, support of the work force, cost effective delivery practices, sustainability, team conversations and team consultation, family access to team approach to whole child; effective use of limited workforce, sharing expertise across discipline and geographic boundaries,

## Survey of state approaches to service delivery and materials developed –May '09, updated 11/09

		<p>etc.</p> <p>Resources: Sheldon and Rush ARRA funded training to be launched in 2010, past training by Robin McWilliams and local resources who have been using these practices, WPDP at the Waisman center, development of a cadre of coaches in this type of practice (funded through ARRA funds)</p>
<b>WVA</b>	No name	<p style="text-align: center;">On-line training materials on Teaming practices</p> <p><a href="#">Powerpoint Presentation Slideshow</a> </p> <p><a href="#">Powerpoint Presentation Handout</a>  - Color</p> <p><a href="#">Powerpoint Presentation Handout</a>  - Black/White</p> <p><a href="#">IFSP Scenario</a> </p> <p><a href="#">IFSP Team Meeting Planning Worksheet</a> </p> <p><a href="#">Lost on the Moon</a> </p> <p><a href="#">Models for Team Interaction</a> </p> <p><a href="#">The Davidson's Story</a> </p> <p><a href="http://www.pattan.k12.pa.us/files/EI/EI-Services-fs.pdf">http://www.pattan.k12.pa.us/files/EI/EI-Services-fs.pdf</a> TA Bulletin on “teaming services and billing” ('08)</p>
<b>WY</b>	No name	<p>Considering Primary Service Provider or Primary Coach Issues to solve with change- Shortage of therapists NECTAC / MPRRC</p>
<b>DoD EIS Program</b>	Primary Provider, using trans-disciplinary teaming. We have been working toward this for 4-5 years. It takes time to change an entire system.	<p>We use this "system-wide". We have programs in eight States, a U.S. Territory, and several foreign countries. Issues- Constant re-training due to staff turnover. Provider resistance to role-release.</p> <p>We are not considering changing our model, but we are increasing our provider training emphasis on functional/behavioral perspectives and relationship-based services. We see that as a part of the primary provider model.</p> <p>Training: Robin McWilliams (RBI), Mary Louise Hemmeter (Challenging Behaviors), Beth Rouse &amp; Caroline Gooden (Transition).</p> <p>Materials- We have re-structured the IFSP for to make it a document that follows the "process" from referral to transition. It includes a section for documenting the RBI and guides the development of functional outcomes that are linked to the RBI. The service sum. <a href="http://www.edis.army.mil">www.edis.army.mil</a> / Our web site is in the process of being updated and some of the materials may be older versions.</p>
<b>AS</b>	No mention	
<b>Guam</b>	TD team with Dedicated Service Coordinator and Primary Provider	<p>TD approach is difficult for related service providers who are not full time with issues-Part C. Related service providers also service Part B programs. With the Guam early intervention program evaluators are also service providers. Due to caseload and time c.</p>