Quality Services

Comprehensive Needs Assessment and Developing Outcomes
Learning Objectives

Participants will be able to:

• Identify the purposes of comprehensive needs assessment.

• Use information obtained through assessment to determine and document medical necessity.

• Develop individualized outcomes based on identified child and family needs.
Demonstrating Quality

• Documenting the need for developmental services (medical necessity)
• Recording need, routines, and priorities
• Developing measurable outcomes
• Connecting the dots....
Proposed Rule

• Comprehensive Needs Assessment--The process for identifying a child's unique strengths and needs, and the family's resources, concerns, and priorities in order to develop an IFSP.
Proposed Rule

• The comprehensive assessment process gathers information across developmental domains regarding the child's abilities to participate in the everyday routines and activities of the family.
Needs Assessment

• Comprehensive needs assessment reveals information beyond evaluation by considering the child’s functional abilities, as well the concerns, priorities and resources of the parent(s).
Needs Assessment

http://www.earlylearningtexas.org/itelg
# IFSP Needs Assessment

<table>
<thead>
<tr>
<th>Positive Social-Emotional Skills</th>
<th>Acquiring and Using Knowledge and Skills</th>
<th>Taking Appropriate Actions to Meet Needs</th>
<th>Strength</th>
<th>Need/Concern</th>
<th>Priority</th>
<th>Code</th>
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</thead>
<tbody>
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## Routines

### How Your day starts

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*How does your child let you know he/she is awake?*  
(cognitive, communication and social-emotional)

### Bathing, dressing, diapering and toileting

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*How does your child help with dressing?*  
(communication, adaptive/self-help and motor)

## Meal Times

### Playtime and other daily activities

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*How does your child play? What does he/she like to play with? Are there times that are easier or more frustrating than others?*  
(cognitive, communication, motor and social-emotional)

### Bed time and Nap time

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*How do you prepare your child for bed time and nap time? How does your child let you know he/she is sleepy?*  
(adaptive/self-help, cognitive, communication and social-emotional)
<table>
<thead>
<tr>
<th>Positive Social-Emotional Skills</th>
<th>Acquiring and Using Knowledge and Skills</th>
<th>Taking Appropriate Actions to Meet Needs</th>
<th>Routines</th>
</tr>
</thead>
</table>

IFSP as the authorization for services requires that the Routines section identifies needs of the child as well as strengths.
• The evaluation informs needs assessment
  – Needs don’t come directly from BDI or the HELP
BDI Example

• BDI-2 GM21 “walks without support for 10 feet without falling” It is a developmental milestone, and a measurable statement, but not really a need.
HELP Example

• HELP Language 2-6 child does not “Use intelligible words 65% of the time” Also a developmental milestone, and a measurable statement, but not really a need.
Assessment Concern

• Test performance can inform areas that might need close attention in needs assessment.

• Keep test performance in mind when completing the comprehensive needs assessment, and probe deeper
Assessment Concern

• Concern at referral is biting, hitting and other aggressive behaviors that may cause child to be removed from childcare center. Child qualifies on the BDI in the areas of **cognitive and fine motor** related to performance on structured items or parent report regarding opportunity to experience some items
Global Child Outcomes

• Not just for establishing a rating
• Assessment of child’s development strengths and needs.
  – Positive social relationships
  – Acquisition and use of knowledge and skills
  – Ability to act to get needs met
Questions for Families

• http://ectacenter.org/~pdfs/topics/families/questions_family_interests.pdf
Family Interview

• IFSP Form
• Routines Based Interview
• Julianne Woods interview
Poll

- Click on questions that are appropriate for the family interview
- How much do you currently weigh?
- If you could change 1 thing about your life, what would it be?
- How many traffic tickets have you received?
- What is your natural hair color?
• Identification of needs and proposed outcomes not 100% parent driven
  – Entire team participates in discussion
  – Professionals can assist parents in identifying needs
Example: Baby with Down Syndrome

• 10 days old; first baby in the family

• Parents have no concerns, other than hoping that the baby develops as much like any other baby as possible

• What kind of outcomes should we write?
Emma takes formula from a bottle. She gets about 18-22 ounces in 24 hours, and she usually eats every 2-3 hours. Her feedings seem to take a long time, and she stops and coughs/gurgles a lot. To make it easier for her to suck, her parents have cut a small slit in the nipple.

Her parents try to feed her when she gets restless and starts moving her mouth a lot. They try to feed her before she starts to cry.

Emma eats only formula.
It is easy to change and dress Emma. Her mom describes her arms and legs as “loose” so it is easy to clean her bottom @ diaper change and to put clothing on her. Her legs “frog” out when she is laying on her back.

Emma doesn’t mind her bath. She lays still, and doesn’t cry. She doesn’t splash yet, and really doesn’t move very much when she is bathed.

Emma’s Dad likes to lay her on his knees/thighs with her face toward him. She looks at him, and watches his face and eyes, but doesn’t move her arms or legs. She almost seems to smile sometimes. When placed on her tummy, she doesn’t cry, she just lays there with her face flat on the floor and she does not try to lift her head to look at toys or faces. Her parents are worried that she will suffocate if placed on her tummy for more than a few seconds.
• Strengths – to build on
• Needs – demonstrate and document the need for intervention services in the IFSP; authorization for services
• Tailoring to family priorities and culture – prompts can guide you
Using Evaluation and Assessment Information in the IFSP Process

• Eligibility
• Develop outcomes
• Natural learning opportunities
• Procedures and strategies People & resources to support work
• Frequency & Intensity of supports
• Criteria to measure progress
## Practice Sheet

### Ways to Use Evaluation and Assessment Information in the IFSP Process

<table>
<thead>
<tr>
<th>Types of Information Resulting from a Quality Evaluation and Assessment Process</th>
<th>Determine Eligibility</th>
<th>Develop Functional &amp; Contextual Outcomes</th>
<th>Pick Routines, Activities, Settings to Enhance Participation and Learning</th>
<th>Develop Strategies to Address Outcomes, Enhance Participation and Learning</th>
<th>Determine Who (People &amp; Resources, e.g., Services &amp; Supports) to Work on Outcomes</th>
<th>Determine Frequency &amp; Intensity of Supports &amp; Services</th>
<th>Determine Criteria to Measure Progress</th>
</tr>
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<tbody>
<tr>
<td>Family wishes, hopes and dreams</td>
<td>✔️</td>
<td>✔️</td>
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<td>Family concerns &amp; priorities</td>
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<td>✔️ ✔️</td>
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<td>Family identified resources</td>
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<td>✔️</td>
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<tr>
<td>Child developmental needs</td>
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<tr>
<td>Child developmental strengths</td>
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<td></td>
<td>✔️</td>
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<tr>
<td>Child preferences, motivators, favorite people</td>
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<tr>
<td>Behaviors (what the child &amp; others usually do) in routines &amp; activities</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<td>✔️</td>
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<tr>
<td>Desired activities w/ barriers for including the child</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Translates to the IFSP content</td>
<td>Who we serve</td>
<td>What we do</td>
<td>Where and when we do it</td>
<td>How we do it</td>
<td>Who helps</td>
<td>How often it is done</td>
<td>How it works and when we know its been achieved</td>
</tr>
</tbody>
</table>
Functional Outcomes

- **Outcomes** should develop directly from the Needs Assessment section of the IFSP
Listen

Be a Listener...
make a difference
in a child's life
Example

- Daniel: 22 months old, 30% communication delay.
- Team: SLP and EIS
- Outcome identified by family: We want Daniel to say “Hallelujah” after the preacher says it.
- Outcome identified by ECI staff: Daniel will identify and name 2 food items during lunch every day for a week.
Considerations

• Family wishes, hopes and dreams for the child
• What’s not working in daily routines
• What are the child’s developmental needs
• Barriers & strengths to participation
• Family and team priorities
Six Key Criteria

• Necessary and functional for the child and family’s life
• Reflects real-life contextualized settings
• Wording is jargon-free, clear and simple
• Discipline –free
• Avoids the use of passive words
• Emphasizes the positive
Poll

• Kamika will sleep through the night.
• Click on all that apply to this outcome
  – Necessary/functional
  – Real-life contextual setting
  – Discipline-free
  – Jargon-free
  – Positive
  – Active voice
Rating Sheet for IFSP Outcomes
*Participation-based, High Quality (Yes) vs. Skills-based, Substandard (No)*

**Rating Criteria:**

1. The OUTCOME is necessary and functional for the child’s and family’s life.
2. The OUTCOME reflects real-life contextualized settings (e.g., not test items).
3. The OUTCOME is discipline-free.
4. The wording of the OUTCOME is jargon-free, clear and simple.
5. The wording of the OUTCOME emphasizes the positive.
6. The OUTCOME avoids the use of passive words (e.g., tolerate, receive, improve, maintain).

<table>
<thead>
<tr>
<th>Sample IFSP Outcomes</th>
<th>Participation-based and High Quality — YES or NO?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lily will go fishing with her family and hold her own fishing pole.</td>
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<tr>
<td>2. Romeo will go visit grandma and ride in his car seat all the way to her house.</td>
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<tr>
<td>3. Kimmie will play with her toys so Grandma can cook breakfast and get the older kids off to school.</td>
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<tr>
<td>4. Leroy will play together with his brother and express himself without hitting.</td>
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<tr>
<td>5. Kamika will sleep through the night.</td>
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<tr>
<td>6. Marcus will play in the backyard getting around on his own using his walker.</td>
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<tr>
<td>7. Walker will make some friends at story time at the library.</td>
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<tr>
<td>8. Phu will eat enough food so he can gain weight and not have to have surgery.</td>
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</tr>
</tbody>
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The OUTCOME is based on the family’s priorities and concerns.

The OUTCOME describes both the child’s strengths and needs based on information from the initial evaluation or ongoing assessment.
Additional criteria

• Outcome is based on family priorities and concerns
• Outcome describes the child’s strengths and needs
Another Requirement

- Code of Federal Regulations (CFR 303.344(c))
- “The IFSP must include a statement of the...measurable outcomes expected to be achieved for the child....”
SMART Outcomes

- **Specific**
- **Measurable**
- **Attainable**
- **Relevant**
- **Tied to a priority**
Child and Family Outcomes

<table>
<thead>
<tr>
<th>Outcome #:</th>
<th>Date Added:</th>
<th>Target Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Developmental</td>
<td>☐ Educational</td>
<td>☐ Medical</td>
</tr>
<tr>
<td>☐ Social</td>
<td>☐ Other</td>
<td></td>
</tr>
</tbody>
</table>

**Measurable Outcome and Criteria**

- **Specific:** Measurable; Attainable; imbedded in a Routine or activity; Tied to a Priority

When given a spoon and thick food, like applesauce, Kelly will be able to feed herself most of two meals a day over the period of a week without help and without gagging and choking.

**Procedures to Achieve this Outcome**

1. In what ways will your family and staff work toward achieving this outcome?
2. What methods will be used for coaching and teaching?
3. How will progress be assessed?

1. ECI Staff will meet with you and Kelly in your home during mealtimes, as well as other times of the day, to try out different ideas.

2. ECI Staff will teach you different oral motor exercises and stimulation activities to increase Kelly’s control of her oral musculature to decrease the gagging response and help her get used to different food textures.
   - The ECI staff will teach you trunk strengthening exercises, coordination activities for shoulders, arms, and hands, as well as positioning techniques to help with self-feeding.
   - The ECI staff will show you ways to implement the strategies and suggestions made by the therapists during your family’s daily routines. She will also help you learn various ways to decrease any behavior issues that might interfere with self-feeding.

3. The ECI Staff will review Kelly’s progress at each visit and at each review through their observations, and by asking you how the strategies are working and how you feel about her progress.
Example

• Needs assessment
• Natural routines impacted
• Child participation
• Criterion

• Outcome: Child will follow simple directions that are a part of his daily routine such as come here and stop at least 5 times per day.
What will it look like

• Needs assessment: chew, eat
• Routines impacted: mealtimes, at home & in restaurants
• Child participation: Chew food and move food from side to side with tongue
• Criterion: eat 1 cup of food in this manner once at lunch, dinner & restaurant
• Over time: in 1 week
Functional Outcomes Often Cross Domains

• 24 month-old with Down Syndrome
• Family’s biggest concern: Biting at day care and home when other, more mobile children (including her 11-month-old brother) take her toys.
Measurable Outcomes

• Attention to the functional implications of delay can result in more measurable outcomes.

• Example:
  • Family concern: Mom of 17 month-old with gross motor delay is 5 months pregnant. She is worried about how hard it will be to run errands with a new baby and an older child who can’t climb into his car seat or walk outside without falling.
Practice, practice, practice!

Practice Makes PERMANENT
Some Common Situations

• What if a child is receiving services at a clinic to address a feeding problem? That’s an identified need, but we don’t provide the service. Do we need to have an outcome in the IFSP?

• Our team sees a child with many significant developmental needs. The parents are overwhelmed and would like to focus only on getting her to sit up right now. What do we do about needs we aren’t addressing right now?
Scale of Goal Functionality

- [http://ectacenter.org/~pdfs/topics/families/GoalFunctionalityScaleIII_2_.pdf](http://ectacenter.org/~pdfs/topics/families/GoalFunctionalityScaleIII_2_.pdf)
Assess Needs

Identify Outcomes

Plan Services
IFSP Periodic Reviews

• Changes
  – Add Services
  – Change Frequency or intensity
  – Delete Services
Needs Identification Continues at Periodic Review

The prompts of the form guide needed documentation:

1. team members consulted and their input
2. child’s progress toward achieving outcomes
3. current needs of the child and family
4. reasons for any modification to the plan or describe the rationale for no changes
### Periodic Review that documents effective review and medical necessity

<table>
<thead>
<tr>
<th>Prompt on the review</th>
<th>Documentation Looks Like</th>
<th>Does NOT look like</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. team members consulted and their input</td>
<td>SLP consulted and described progress as documented in # 2. Her progress note (reviewed with Mom at this periodic review meeting) dated 4-15-13 fully describes his status</td>
<td>Gina reports he is doing well.</td>
</tr>
<tr>
<td>2. child’s progress toward achieving outcomes</td>
<td>Outcome #1 – he has started saying some words, but only in imitation Outcome #2 – tantrums have decreased, but still occur 3-4 times a week.</td>
<td>He’s making good progress, but needs to continue working on speech and tantrums.</td>
</tr>
<tr>
<td>Prompt on the review</td>
<td>Documentation Looks Like</td>
<td>Does NOT look like</td>
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<tr>
<td>3. current needs</td>
<td>No new developmental needs. Continued need to use words to tell what he wants at meals, and have fewer tantrums.</td>
<td>No new needs</td>
</tr>
<tr>
<td>3. Current needs</td>
<td>He is now 19 months old and is not walking or pulling to stand. He received a physical therapy assessment; see report of 4-10-13. That report was reviewed by the team and with his mom. He has a continued need to use words to tell what he wants at meals, and have fewer tantrums.</td>
<td>Therapist wants to continue current plan, and PT wants to add PT.</td>
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<tr>
<td>Prompt on the Review</td>
<td>Documentation Looks Like</td>
<td>Does NOT look like</td>
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<tr>
<td>4. reasons for any modification to the plan or describe the rationale for no changes</td>
<td>Although he has not achieved outcomes progress has been steady, so team recommends continuing services as currently planned.</td>
<td>Therapist wants to continue current plan.</td>
</tr>
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<td>OR</td>
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<tr>
<td>4. reasons for any modification to the plan or describe the rationale for no changes</td>
<td>He has been making slow progress. Mom and the team agree that he might make more progress if she received more coaching and support. A new outcome was written for walking, and a PT re-assessment was added to monitor his progress in gross motor.</td>
<td>Speech will stay the same. SST will increase to work more on behavior and walking.</td>
</tr>
</tbody>
</table>
Global Child Outcomes at Annual Evaluation of the IFSP

Describe the child in relation to the 3 child outcomes

- Functional skills
- Not test items
- Relative to age-expected development
Each of the 7 key principles can be “Cross-walked” to one of the points in the definition of Medically Necessary Service

<table>
<thead>
<tr>
<th>7 key principles – which ones relate? (All 7 Principles are represented)</th>
<th>Components of Medically Necessary Service</th>
<th>How does this apply to Assessment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.</td>
<td>Safe and EFFECTIVE</td>
<td>Effective = documentation of the application of knowledge of child development, and a clear understanding and documentation of the child’s functional abilities in daily activities and routines.</td>
</tr>
<tr>
<td>#4 The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles and cultural beliefs.</td>
<td>Consistent with the symptoms and/or diagnosis of the condition under treatment</td>
<td>“Symptoms” is interpreted as the child’s functional abilities in daily routine. Those functional abilities are identified through authentic, effective assessment by the team, which includes the parent. This applies to initial and ongoing assessment.</td>
</tr>
<tr>
<td>#5 IFSP outcomes must be functional and based on children’s and families’ needs and family-identified priorities</td>
<td>Consistent with generally accepted professional medical standard</td>
<td>Appropriate teams are assigned from the initial contact with families. All team members are well trained in both their discipline and in infant toddler development.</td>
</tr>
<tr>
<td>#7 Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.</td>
<td>Furnished at the most appropriate level of care</td>
<td>Clear documentation of referral concerns, needs, family priorities and functional abilities of the child will support the frequency and intensity of the planned services.</td>
</tr>
</tbody>
</table>

Not furnished primarily for convenience

Clear documentation of referral concerns, needs, family priorities and functional abilities of the child will support the frequency and intensity of the planned services.
Supervision

Link

- [http://ectacenter.org/topics/families/famresoures.asp](http://ectacenter.org/topics/families/famresoures.asp)
Stay Tuned

- Service planning
- Service delivery