

## How Can We Know What and How Much Is Enough?

Kathleen Hebbeler\*  
Robin Nelson\*\*


\*SRI International  
\*\*Texas Department of Assistive and Rehabilitative Services



Measuring and Improving Child & Family Outcomes  
New Orleans, Sept. 2011

## The Question

What is the “right” intensity and frequency with which early intervention services should be provided to families?




2

## Early intervention (0-3) in Texas

Texas served

- 28,574 children 0-3, Fall 2009 (single day count)
- 2.29% of 0-3 population



3

## Texas saw a problem....

- Levels of planned early intervention service were steadily declining

Average hours of planned service per month

2004	2009
3.2	2.5

- This was co-occurring with
  - Significant growth in number of children served
    - 7% per year
  - Increase in number of children with significant support needs
  - State/federal funding increases which were not sufficient to address these changes.

4

## Part C Service Levels

- ITCA Tipping Points Survey
- Average hours of planned service per child per month, 2011 (excluding SC, eval/assess)
  - 28 States able to report
  - Range = 1 to 21 hours
  - Median = 5
- Average hours of delivered service per child per month, 2011 (excluding SC, eval/assess)
  - 24 States able to report
  - Range = 1 to 18
  - Median = 4.5

5

## Part C Service Level Trends

- Median hours of service per child per month, excluding service coordination and evaluation/assessment

	Planned Services	Delivered Services
2009	6.5	5.8
2010	7.2	5.7
2011	5	4.5

6

## What do we know about intensity of early intervention service

- Not much
  - Three studies in U.S. found families were receiving a little over an hour a week in EI programs.
  - Little empirical research to construct practice guidelines
- Complicated issue to study
  - Amount of service (delivered by a professional)  
vs.
  - Dosage of the intervention (delivered by the family)
- Nevertheless -- common sense dictates there is some threshold below which one cannot expect EI service to have an impact

7

## 4 Studies to examine issues related to service intensity

1. Analysis of state data
2. Team decision making study
3. National experts review
4. Interview study with EI providers



8

## State Data on Planned services

- Percentage of children received Developmental Service increasing over time
- Percentage of children receiving Speech, OT, PT decreasing
- The most common patterns of planned service were:
  - 2X/month for 45 min. - 27% of families
  - 2X/month for 60 min. - 20%
  - 4X/month for 60 min. - 13%
- 60% of families were receiving one type of service

9

## Methodology – Team Decision Making Study

- Records for 135 children currently in EI
  - 5 groups
    - Speech only
    - Speech plus
    - Motor only
    - Medical
    - Global
- 16 “constructed” IFSP teams each reviewed records for 21-22 children
- 8 internal and 8 external teams
  - Internal – currently working w/ Part C/TX ECI
  - External –not currently working in Part C/ TX ECI

10

## Team Decision Making Study

- Team = Early intervention specialist, SLP, PT, OT, counselor/social worker
- Team members were sent records ahead of time to read prior to meeting
- Met in person to make service recommendations
- Data on actual planned services on the IFSP for the child and family were pulled from the state data system (not seen by internal or external teams).

Service recommendations on the same child were available from the real IFSP team, the internal team, and the external team.

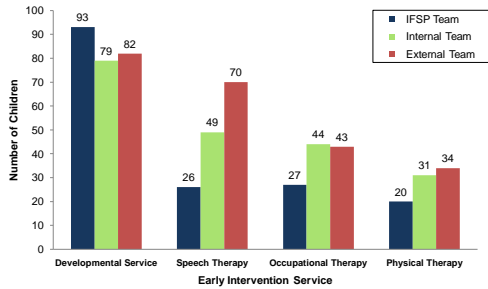
11

## Team Decision Making Study Findings

- Teams differed in **what** services they recommended
  - IFSP teams more likely to recommend developmental service. Other 2 teams more likely to recommend therapy services.
- Teams differed in **how much** service they recommended
  - External team > internal team > IFSP team
- Differences in amount of planned service were greatest for children with **global delays** and **medical conditions**.

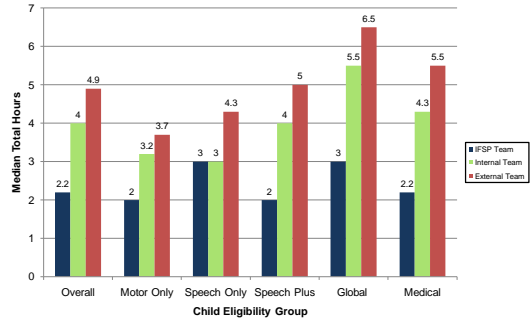
12

Number of Children for Whom Service Was Planned, by Type of Service and Type of Team



13

Median Total Hours of Planned Service, by Type of Team and Child Eligibility Group



## Recommendations from National Experts

- 1 hr. per week = reasonable starting point for service planning discussions
  - They never recommended less than an hour
- Identified variety of factors for teams to consider in deciding intensity and frequency
  - Nature and complexity of the child's needs and the child's outcomes
  - Nature of the intervention strategy
  - Confidence of the family in knowledge and skills related to the child
  - Complexity of the family
  - Etc.
- Advocated for creative variations in service patterns, e.g.,
  - More frequent service early on
  - 2 providers coming together for a limited time

15

## Interviews with EI Providers



- Phone interviews with 66 providers from 12 programs
- Findings: Providers were somewhat aware of resource limitations
  - 85% said families are getting all the services they need
  - 88% said families are getting services at the right frequency
  - 89% said families are getting approximately the time of service they need
  - 42% said other factors besides the needs of the children and families are sometimes considered in the decision making
  - 80% said there were services that would allow children and families to be better served if they were available (PT-47%)
  - 38% said they wanted longer or more frequent home visits

16

## Conclusions

- Children and families in Texas were not receiving the intensity of EI services they needed
  - Especially true for children with global delays and medical conditions
- EI providers had adjusted to the reductions in service intensity and did not express much concern about the amount of services being planned
  - Cognitive dissonance?
- More research is needed on how teams make decisions and how much service families should be receiving to produce good outcomes.
- Team decision making is a complex process and there is a need for guidelines to assist providers in making decisions around service planning

17

## Texas Postscript



- Focus of policy discussions/decisions:
  - Before study, almost exclusively on number of children in need
  - After study, just as much on intensity of services
- Due to budget deficits, narrowed eligibility, but not significantly
- Changed contract structure and financial drivers
- Healthy "re-focus" on service planning to meet the needs of children and families
- Final report on the study is available at <http://www.dars.state.tx.us/ecis/evaluation/ServiceAnalysis.shtml>

18