



Center for Excellence in Developmental Disabilities (CEDD)

UC Davis MIND Institute

2825 50th Street

Sacramento, CA 95817

<http://www.ucdmc.ucdavis.edu/ddcenter/>

April 30, 2014

Patric Widmann

Department of Developmental Services

Children and Family Service Branch

Re: Natural Environments

Thank you for the opportunity to provide input to the ICC discussion of natural environments. I am writing on behalf of the Early Intervention/Early Childhood (EI/EC) Committee of the University of California Davis Center of Excellence on Developmental Disabilities (CEDD) at the MIND Institute. The mission of the CEDD is to collaborate with individuals with developmental disabilities and their families to improve quality of life and community inclusion through advocacy, community partnerships, interdisciplinary training, and the translation of research into practical applications.

The EI/EC Committee sponsors and facilitates the California Early Start Support Network Videoconference. The Network meets five times a year, via videoconference, to disseminate information about California Early Start issues/policies/practices, share resources and techniques and problem solve solutions to challenges. Natural environments, family assessment, routine based intervention and functional IFSP outcomes have been topics of discussion this year. The information we are providing reflects the Network discussion, the experiences of our EI/EC Committee members, and research.

Questions:

1. *What do you see as barriers or challenges to the implementation of natural environments?*

We believe there are multiple barriers/challenges to the implementation of natural environments.

Medical Model

We believe that the primary challenge to natural environments is the reality that many early intervention programs are based on the medical model, which promotes the idea of diagnosing a problem and then "fixing it"; instead of a developmental/educational model, which promotes family support and education as the primary focus. The medical model leads to the belief that "more is better"- meaning more therapy hours per week, by a variety of experts, will help to "fix" the child. This approach is an expert model: the therapist will work with the child, and share ideas/strategies for the family to follow "at home".

This is a challenge because philosophy drives services: in our current system assessment often highlights weaknesses, not strengths, and IFSP outcomes address deficits instead of building on strengths to address needs in the family routine. This ultimately becomes a trap for families; families believe they need to search for specialized, segregated services instead of building an inclusive life for their child and family.

Additionally, some LEAs that provide Early Start services to children with low incidence disabilities only use a traditional special education “Designated Instructional Services” (DIS) model; the “whole child” and family needs are not considered. Conversations with providers make it clear that these LEAs provide services to meet vision and/or hearing learning needs only. The full Early Start services are not offered (or well understood).

System

a. Legal definitions create a barrier because both federal and California regulations define natural environments as settings, not natural learning opportunities:

Federal regulations § 303.26 Natural environments.

Natural environments means settings that are natural or typical for a same- aged infant or toddler without a disability, may include the home or community settings, and must be consistent with the provisions of § 303.126.

California Code of Regulations/Title 17, Division 2/ Chapter 2 – Early Intervention Services/
SubChapter 1 – General Provisions

(35) Natural environments means settings that are natural or typical for the infant or toddler’s age peers who have no disability including the home and community settings in which children without disabilities participate.

b. The funding model does not support natural environments. The DDS/regional center vendor rate structure (maximum amounts, bill for face-to-face service only –no travel time, no billing for a home visit if the family is a “no show”, case management) makes truly implementing natural environments challenging. The funding for education programs has not increased, as costs have increased.

c. CDE/DDS monitoring: During the CES Support Network Videoconference, communities have reported that LEAs and regional centers are receiving different guidance on outcomes/services during monitoring activities, causing regional confusion.

d. Insurance requirement: the requirement to use insurance to pay for services has created confusion and conflict. Insurance systems require assessment and reports that emphasize what is wrong, and the steps to fix it. This is in stark contrast to the natural environment philosophy.

e. Split system: California now has an early intervention system that is split between three agencies: DDS, CDE and insurance. Each agency/program has different requirements, funding, personnel standards and monitoring. This split severely challenges our ability to “support and enhance the family’s capability to meet the special development needs of their

infant or toddler”, with “service delivery systems that are flexible, culturally competent and responsive to family identified needs”. (CEISA, 95001)

Training

Staffs with a variety of training backgrounds (i.e. physical therapy, speech therapy, social work, nurse, special education teacher) provide early intervention services. Many of the training programs do not provide education in pediatrics and Early Start requirements. The Early Start Institutes were an effective vehicle to provide specialized Early Start training to new staff; but access to training has diminished greatly with the decrease in funding from DDS for the Early Start courses and conferences, and CDE discontinuation of the SEECAP, ExCEL and SEEDS contracts.

2. Do families/staff have an understanding of “natural environment” beyond it being a place issue? Do they think it is providing services in a home setting or childcare or do they understand that (NE) natural learning opportunities are where ever the family is (for example - grocery store, park, library, home)?

Hopefully, the question will provide some information that will be useful to use so record it.

During many CES Support Network Videoconference conversations about natural environments, family assessment, and family outcomes it is clear communities view natural environments in one of two ways:

- 1) As a setting (“We do home visits.” “We provide services where ever the child is- child care, grandma’s.”)
- 2) As an individualized service to meet a family’s priority for their child. Some LEAs and regional centers have shared the implementation of Routine Based Interview process as outlined by McWilliams or adapted by Lee Ann Jung. (Note: vendor programs do not participate in the videoconference. Some vendors may use this approach also.)

3. Are there any needs around natural environment that the ICC can assist with? Record any ideas and ask for explanations

Yes- ICC must be the promoter for natural environment. Natural environment needs to be part of the total process: evaluation, IFSP meeting process, services. We believe that a multifaceted approach is necessary to meet the intent of federal law and natural environment.

We believe that the ICC needs to advocate for and promote:

- a. A change in California legislation to define natural environment as natural learning opportunities, that include everyday routines, relationships, activities, places and partnerships (ERRAPP). The definition needs to be expanded to how services are provided.
- b. DDS and CDE requirement for consistent implementation of the Part C philosophy for services in the natural environment
- c. Joint DDS/CDE monitoring should be re-instated. Monitoring should focus on quality and natural environments. This can be accomplished by reviewing IFSP outcomes to determine if they include family centered outcomes, in the family’s routine. Assessment reports can be reviewed for family assessment and suggested intervention outcomes that are routine- based.

- d. Systematic training with ongoing support to all service providers (regional centers, LEAs, vendors), focusing on providing services in the natural learning opportunities, family/caregiver interviewing and coaching models.
- e. Provision of sample IFSP forms that include Family Outcomes that are integrated into the child/family routine.
- f. Development of materials for the FRCs and providers that highlight the importance of routine-based intervention, based on research. Early interventionists need assistance to articulate our work; children are not “just playing”, they are learning new skills throughout the entire day.
- g. Development of a brochure that explains the CES philosophy of natural environments, routine-based interventions, and using a coaching model. The target audience is pediatricians, other primary referral agencies, and parents.
- h. Work with professional organization to provide training on Early Start, this may include presenting at conferences.

4. *Would it be helpful to have a document from the ICC? (Discussed at the COTW meeting yesterday and attached.) Which of the four options would be of interest to you?*

We reviewed the four options developed by the ICC, and support all of them. We believe strongly that a comprehensive, multi-faceted approach is needed for California to truly implement natural environments.

We appreciate the ICC’s focus on natural environments. Our EI/EC Committee is available to assist your work.

Sincerely,



Robin L. Hansen, MD
Professor of Pediatrics
Director, Center for Excellence in Developmental Disabilities
Director of Clinical Programs
M.I.N.D. Institute/UCDavis
2825 50th Street
Sacramento, CA 95817
916-703-0248