

## Connecticut Birth to Three System - Focused Monitoring Summary Report

**Agency Name:** Cornell Scott Hill Health Center  
**Program:** Hill Health Birth to Three

**Visit Dates:** January 14-16, 2014  
**Report Date:** April 16, 2014

### Priority Area:

**As a result of early intervention families are more confident and gain new skills which, help their children develop and learn.**

**Selection Reason:** The return rate and average measure from the Impact on Families Scale of the NCSEAM family survey for the Cornell Scott Hill Health Birth to Three program were both low when compared to other programs in Connecticut.

### Components of Focused Monitoring

Desk audit. Agency administrator interview. Reviewed 10 records - representative sample of service coordinators, towns, income levels. Interviewed 8 families by phone. Interviewed 7 of 9 staff (5 in person and 2 by phone.) Held end of day summary meetings and exit meeting on the last day.

### Focused Monitoring Team

Team Leader: Alice Ridgway    Parent Members: Pam Kelly, Deborah Pagano, Jo Rossi    Peer: Alison Bayer    Other B23 staff: Anna Hollister    Linda Bamonte

### Hypotheses:

- 1 Families are in fact more confident and gain new skills because staff communicate to families that the parent is the primary focus of the visit and they give lots of examples.
- 2 Family demographics have an impact on how families perceive EI (and respond to the FS).
- 3 Staff are providing high quality service coordination and family centered services but may not be documenting their efforts so that families can understand that they are coaching the them on ways to help their child develop and learn and ways to manage other family issues.

### Findings

- 1 This was not supported in the records or interviews. While staff clearly know how to help children with their development and families appreciated that, there was little documentation about coaching using strategies in daily routines. Families reported that the teachers and therapist work with their children directly and some felt it was better for them to be out of the room. While the FM team did encounter difficulty engaging some families only half of the families interviewed reported having strategies to use between visits. There was not a clear line between some visit notes and the routines and outcomes in the IFSP. This disconnect started with the evaluation report. Outcomes were not observed to change over time. Half of the evaluation reports, IFSP strategies and most visit notes did not include daily routines. When strategies on notes were provided, they lacked specificity ("continue to talk with him") and parents reported broad suggestions like puzzles, books and "hiding things under cups but I don't know why they did that" and only 57% of the staff were able to explain how they coach families.
- 2 An item by item analysis of every measure for families that lived in the towns this program serves showed differences between the responses from the 16 families in Hill Health and all 170 in the towns selected. The average measure for HH was not the lowest in this case. Individual items were however very different for HH. Measures 13, 15, 16, and 19 on the Family Centered Services Scale measure 24 and 42 on the Impact on Families Scale. This can be further explored as a weighted match might be even more reflective. It was difficult for the FM Team to reach many families and with some English speaking families communication was challenging. The team at HH clearly has expertise in working with families with diverse resources and abilities. This even further supports the need for a revision to the evaluation report to be more clear, family centered, built upon daily routines and include next steps. This can be easier than the way the reports are written now for both staff and families. It will also lead to a routines based IFSP and visit strategies that regardless of the demographics all families can understand and implement.

## Connecticut Birth to Three System - Focused Monitoring Summary Report

**Agency Name:** Cornell Scott Hill Health Center

**Visit Dates:** January 14-16, 2014

**Program:** Hill Health Birth to Three

**Report Date:** April 16, 2014

### Findings (cont.)

3

The program director reported that staff are concerned about what to write in visit notes (siblings, resources, finances, and personal issues) without being offensive to parents. There were few records (20-40%) with notes about family centered services and strategies in daily routines. The documentation of service coordination was also inconsistent (60%). Many staff were clearly nervous about being interviewed and conveyed a lack of confidence in their knowledge about their role beyond providing therapy to children and helping families connect with other agencies. When some staff were providing good service coordination and family centered services, they appeared unaware of the fact that this is the primary focus of early intervention. The social worker has a very clear understanding about coaching and service coordination.

### Strengths

The program has put a lot of effort into getting their charts into order and being in compliance. This was clearly noted as it was very easy to review the records. This program has experienced staff and serves a high percentage of children in poverty. Even though not documented in the records staff clearly had examples of working with DSS and DCF and FRC. Staff understands their respective discipline. Families felt prepared for transition to early childhood special education and the staff reporting having good working relationships with LEAs. Evaluation reports were very professional and thorough in describing how the child performed on the evaluation. The program recently added a service coordination section to the visit note and it appeared to be helping. Staff were good at rescheduling with families and documenting missed visits. Home visitors were respectful of cultural values and this was reflected in home visit notes as well as during interviews. The Cornell Scott Hill Health Agency offers community play groups and the families in the Birth to Three program were regularly included in these.

### Measures out of compliance that must be verified as corrected by 4/16/15

Monitoring Measure*	Measure	Results From On-site Visit	Minimum Criteria
7	Report has unique current levels of functioning across all 5 areas of development including vision & hearing (1x in the one report)	9/10 90%	100%
46	For individuals that are limited English proficient (LEP), there is documentation that B23 forms were offered in the family's language and that accommodations were made to facilitate the families participation in visits with interpreters including the Native language for individuals who are deaf or hard of hearing, blind or visually impaired or who have no written language. (Summary of overall record)	2/3 67%	100%
47	Service coordination activities are documented at least 1 time per month (3 consecutive months)	6/10 60%	100%

### Measures in need of improvement to be included on the program's improvement plan

8	Report has individualized description of the child's strengths, areas of concern, and next steps in development as they are related to daily routines (1x per area in the one report)	3/10 30%	100%
15	outcomes are functional for the child and family, reflecting the family's priorities within daily activities, using positive, jargon-free, discipline-free, clear wording in the active voice. (All outcomes in the IFSP being reviewed)	4/10 40%	90%
17	IFSP strategies match identified needs (family priorities, referral concerns, & assessment results) and daily routines (All strategies in the IFSP)	3/10 30%	100%
34	Strategies in visit notes emphasize naturally occurring learning opportunities embedded into daily routines. (3 consecutive months)	2/10 20%	90%
35	Notes reflect families' use of strategies between visits (3 consecutive months)	4/10 40%	90%

\* Please refer to the Current Monitoring Measures on Birth23.org for the regulatory references as applicable