

Connecticut Birth to Three System - Focused Monitoring Summary Report

Agency Name: Wheeler Clinic
Program: Birth to Three

Visit Dates May 21 - 23, 2013
Report Date: 8/20/2013

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 Wheeler Clinic Birth to Three program were both low when compared to other programs in Connecticut.

Components of Focused Monitoring

Desk audit. Agency administrator interview. Reviewed 12 records - representative sample of service coordinators, towns, income levels. Interviewed 8 families by phone. Interviewed 9 of 12 service coordinators (3 were interviewed in person and 6 by phone.) End of day summary meetings and exit meeting on the last day with lead agency TA staff.

Focused Monitoring Team

Team Leader: Alice Ridgway with Anna Hollister Parent Members: Pam Kelly, Deborah Pagano, PPO: Linda Bamonte

- Hypotheses:**
- 1 Wheeler clinic is providing high quality supports to children and family.
 - 2 All staff did not fully understand the importance of the statewide family outcomes survey and my not have given families the supports needed to complete the survey (video, CPAC, timeline for collection, big picture).
 - 3 The demographics of the program had shifted to fewer families in suburban towns like Avon and Simsbury to more families in New Britain. This shift appears to have increased the number of families who have multiple external stressors that need support. Staff consider the family survey to be overwhelming and a low priority to many families.
 - 4 The documentation in the child's record seems to lend itself more to documenting progress on child outcomes than family supports.

- Findings**
- 1 This is true based on family and staff interviews. The program gives satisfaction surveys to families at exit and the results have reportedly been very positive. Based on family interviews, it is clear that families are satisfied with the support they get from this program. Overall, the IFSPs and visit notes were more often than not child focused. The family's use of strategies between was not regularly seen. Families were clearly very grateful for the therapy that was provided to their children. It was not clear that all staff members are providing consistent messages about how the family is the primary focus of early intervention in Connecticut. One staff reported offering families a choice in models (medical vs. coaching). It was not clear that the program understood the difference between families reporting satisfaction with services and families reporting that they had acquired new skills. Families did report that their children had made progress but several reported feeling dependent on their EI staff. Based on staff interviews about 2/3 of the staff were able to describe resources they give to families so that families can find answer for themselves.
 - 2 Instead of asking families to complete the survey quickly and follow up at the next few visits, staff were waiting months which may have resulted in surveys being lost. This year the program is using the month of May to distribute and collect the surveys. Leadership did not convey strong support for this activity in discussions during this visit and expressed more concerns about the survey instead of considering the benefits to the program from getting a high number of responses and analyzing the data provided. It is possible that this may have been conveyed to staff indirectly which resulted in less attention by staff to the surveys. One staff reported not knowing that they were supposed to collect them from the family.

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Findings (cont.)

3 Overall referrals to this program have increased and there has been a recent rapid increase in referrals in the larger cities than in the smaller towns. An analysis of return rates and average survey measures was completed by program, town, insurance type, income level and service coordinator. The return rate for families insured by Medicaid was lower (28% vs. 44%) and their average measure on the survey was slightly higher (773 vs. 706). The return rate in New Britain was only 11% vs. Bristol at 46%. One staff member had no surveys returned over three years out of 11 delivered. Families with more external stressors may need more support to understand and complete the survey so the program can learn from their responses. The survey process can help these families understand that their feedback is important and that it is highly valued while they are enrolled in Birth to Three.

4 This was supported by the record reviews and the mismatch between what was documented and what was reported during interviews. For example it was unclear how staff followed up with families on their use of strategies between visits. Daily routines were not part of the documentation on the visit notes. There was a clinical feel to the notes and families reported not really understanding the broader role of their home visitor beyond working with the child. Staff however did report knowing and using a variety of resources to support families. They also reported documenting service coordination activities and coaching in their notes. The program director would like a way for programs to document what families are connected to as a way to demonstrate the work that service coordinators do. It may be that if the notes about the visits more accurately reflected that the parent was the primary focus of intervention (use of strategies between visits, parent's use of other resources, etc.) families would better understand the coaching model of service delivery and the reason for the family survey. One family was glad to always be included in IFSPs and progress updates.

Strengths

Families felt that staff were very compassionate and a great support. They also are very attached to their staff. The Staff accommodated schedules and varied the timing of visits (evening and weekends). A few staff were very confident and competent when talking about transition and the difference between Part C and Part B of the IDEA. The charts were very organized and staff reporting comfort using the new IFSP. As part of a larger community based organization this program has access to many community resources for families. The handout by Mahoney with the pie chart is lovely. The staff are clearly experienced and the IFSPs were comprehensive and unique. Staff work together and team together on an ongoing basis.

Compliance measures in need of improvement with correction to be verified no later than one year from the report date above.

| Performance Report Code* | Measure | Results From On-site Visit | Minimum Criteria |
|--------------------------|---|----------------------------|------------------|
| 7 | Report has unique current levels of functioning across all 5 areas of development <i>including vision & hearing</i> | 7/12 (58%) | 100% |
| 14 | As appropriate to the outcomes, other services, funding sources are identified, and notes are in the record regarding any needed referrals that were made | 10/12 (83%) | 100% |
| 47 | Service coordination activities are documented at least 1 time per month (3 consecutive months) (State Regs not IDEA) | 9/12 (75%) | 100% |

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

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| 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 | 0/12 (0%) | 90% |
| 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. | 8/12 (67%) | 90% |
| 17 | IFSP strategies match identified needs (family priorities, referral concerns, & assessment results) and daily routines | 7/12 (58%) | 90% |