

Connecticut Birth to Three System - Focused Monitoring Summary Report

Agency Name: Rehabilitation Associates, Inc.
Program: ABC Intervention and RAC General Comprehensive Program

Visit Dates: July 22-25, 2013
Report Date: October 25, 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 ABC Intervention Autism Specific program and the Rehabilitation Associates general comprehensive Birth to Three program were both low when compared to other programs in Connecticut.

Components of Focused Monitoring

Desk audit. Agency administrator interview. Reviewed 47 records - representative sample of service coordinators, towns, income levels. Interviewed 22 families by phone. Interviewed 11 of 48 service coordinators (3 were interviewed in person and 8 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 LA staff: Anna Hollister Parent Members: Pam Kelly, Deborah Pagano PPO: Deb Resnick

Hypotheses:

- 1 The low return rate and the low average measure are related as the program director used the tool as a way for families to only let them know if anything could be improved. The program had be using their own satisfaction survey at exit and did not think there was any reason for concern.
- 2 Staff did not fully understand the importance of the statewide family outcomes survey and may not have encouraged families or given them the supports needed to complete the survey (video, CPAC, timeline for collection, big picture).
- 3 Both programs run by Rehabilitation Associates of Connecticut, Inc. are providing high quality supports to children and families.

Findings

- 1 This is true the program director also mentioned that the data used for this selection was based on surveys that went out during a year when there were two other surveys going out from the Parent Training and Information center CPAC. The program's survey of family's satisfaction after exiting Birth to Three may not have captured the outcomes and skills that families acquire as a result of their involvement in Early Intervention. Despite a lack of "concerns" from families, as both of these programs have few if any complaints, understanding how families perceive what they have learned from Part C can help a program evolve and stay current over time.
- 2 This is also true as the outcomes-based family survey was not made a higher priority and the results had reportedly not been reviewed and used to modify program procedures. Just based on being selected for focused monitoring the program director and staff changed their focus and the programs' response rates increased to 79% for ABC and 66% for the general program which are both above the state mean of 60%. The 2013 survey measures, as an indication of families' perception of what they have learned as a result of their visits, have not yet been analyzed. A review of the records indicated that family centered services were not as much of a priority as child focused interventions. The family interviews also indicated that families did not fully understand the role of their service coordinator (60%), were not routinely connected with outside support (64%) and services were not regularly routines based (73%).

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Findings (cont.)

3 The program clearly provides high quality therapy services to children in their homes. Families are included in the visits and often reported having strategies to work on between visits. Staff were able to refer to instances of family supports provided and ways that they included families in visits. The initial evaluation process, however, was not as family focused and the reports were not in keeping with the latest routines based values addressed in Connecticut's procedures and IFSP. The program director acknowledged that the program has had an older model of determining eligibility quickly and the reports reflected that. The initial evaluation and the report of the process, however, are a family's first exposure to EI and should model what families (and doctors) can expect from Birth to Three. One family reported hating her first eval report by "those other people" (the evaluation team) and that her service coordinator wrote a report that truly described her son and what he liked when the annual evaluation was completed. The program would benefit from reviewing their evaluation process and reports to be more family centered and more routines based which will flow nicely into the new IFSP and family-centered, routines-based visits. Staff, some much more than others, have the understanding to make this shift however only 70% adequately described how families used strategies between visits. 5% of the records had visit notes that reflected families use of strategies and 61% had routines based visit notes. Services provided in child care settings were regularly more routines based and those routines were occasionally extended into the home.

Strengths

The clinical staff at Rehabilitation Associates are highly qualified. Many staff were available by cell or text as needed. Of the 23 family interview items, 13 were present for over 85% of the families and of the 22 staff interview items, 14 were present for over 90% of the staff. Families were clearly very happy with their home visitors and the way they worked with their children. Many reported that they had learned strategies like using PECS, labeling objects, and giving choices. Almost all the records had examples of visits completed out in the community and at varied times to address the outcomes like at mealtime. The documentation of child progress on visit notes and on the IFSP was very consistent. Some staff recently participated in training about writing functional, positive, family-friendly outcomes and is in the process of making those changes though they were not yet visible in the IFSPs reviewed today. The program understands and implements a transdisciplinary model.

Measures out of compliance that must be verified as corrected by 10/15/2014

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	10/45 22%	100%
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	4/45 9%	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	33/45 73%	100%
47	Service coordination activities are documented at least 1 time per month (3 consecutive months)	31/45 69%	100%

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Measures in need of improvement to be included on the program's improvement plan			
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.	34/45 76%	90%
34	Strategies in visit notes emphasize naturally occurring learning opportunities embedded into daily routines. (3 consecutive months)	29/45 62%	90%
35	Notes reflect families' use of strategies between visits (3 consecutive months)	2/45 4%	90%
43	Two COS Forms (entry and exit) are present and complete for children that have exited with at least 6 months between 1st visit and exit date AND the scores match the scores in B23 data system	19/27 70%	90%

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