

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

Agency Name: Cooperative Educational Services (CES)  
 Program: Beginnings

Visit Dates 1/29/13 - 1/31/13  
 Final Report Date: 3/24/2013

<b>Priority Area:</b>
Families are more confident and gain new skills which, help their children develop and learn.

<b>Selection Reason:</b>	The return rate and average measure from the Impact on Families Scale of the NCSEAM family survey for CES-Beginnings program were both low when compared to other programs in Connecticut.
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<b>Components of Focused Monitoring</b>
Desk audit completed on 1/16/13. Program Director interview. Reviewed 17 records - representative sample of service coordinators, towns, DCF involvement, income levels. Interviewed nine families by phone. Interviewed five staff in person. End of day summary meeting and exit meeting on the last day with PPO.

<b>Focused Monitoring Team</b>
Team Leader: Alice Ridgway      Parent Members: Deborah Pagano, Jo Rossi      Peer: Maribeth Stearns      PPO: Bob Kiernan

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| <b>Hypotheses:</b> |   |
| <b>1</b>           | The measures and return rates of the family survey for families that live in Bridgeport are outliers.                           |
| <b>2</b>           | Staff are not adequately prepared to assist families in understanding the importance and significance of the survey             |
| <b>3</b>           | The available family survey does not represent how families feel about their interactions with staff and the family outcomes.   |
| <b>4</b>           | Over the years results of the family surveys have not been reviewed and analyzed to help identify areas for program improvement |

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| <b>Results</b> |   |
| <b>1</b>       | Family survey data was analyzed by town for all programs serving Bridgeport, Stratford, Fairfield, and Trumbull. Neither the average or range of measures nor the return rates were consistently lower across all programs for families in any of the towns. CES and another much larger program receiving a focused monitoring visit had similar patterns.   |
| <b>2</b>       | The program director reported that this is most likely true as it has not been addressed at staff meetings. Families indicated that they were not told much about the survey except that feedback was important. None interviewed recalled seeing the video.  |
| <b>3</b>       | The record reviews and family interviews appeared to support that some staff at CES are still providing a child focused approach. One parent reported that she likes when her home visitor came because she provided a structured play time and she wishes it could last longer. Although the notes indicated that staff should be asking about the families use of strategies between visits, many were blank or addressed the child's development. The strategies in the IFSPs and visit notes were not consistently routines based. Some families reported that their visitor only focused on the child's development. 5 out of the 9 (56%) families talked about their family outcomes. There was not consistent understanding from the families that their home visitor was there to help them learn how to find information about other resources. They also did not consistently report that they received support going out into the community when that was identified as a challenge. Some did but it was not consistent. Not all families reported feeling comfortable asking about other non-EI supports. All this combined may lead to lower measures on the family surveys. |

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### Results (cont.)

**4** Using the family survey data has not been a priority for this program director. This may have had an impact on how staff view the importance of the information collected and what is discussed with families during visits as well as how the survey is described to families.

### Strengths

The home visit note template is wonderful with a section for how the family has used strategies at the top and a place for service coordination at the bottom. The program staff that were interviewed have a clear understanding about how to provide early intervention supports in Connecticut. Nineteen of the 22 staff interview items were met at 80% or higher which indicates that most know what to do and say but in some cases it either isn't happening, isn't being understood or most likely isn't being documented. Fifteen of the 23 family interview items were met at 80%. The families all loved the staff and felt that the initial evaluation reports described their children well and they were happy with their child's progress. Staff noted this progress well in the records. Staff routinely asked families about their child's needs and families reported feeling comfortable asking questions about their child. There was strong respect for cultural preferences and families felt respected and reported having a strong rapport with staff. Staff were very flexible in timing their visits to meet the outcomes for the child. The program as a whole provided unique (non-cookie cutter) plans with great variability. Families reported that their services could change easily if needed and that when needed the program was responsive.

**Measures in need of improvement to be included on the program's improvement plan - compliance indicators will be identified separately.**

Protocol Item Number	Monitoring Measure	Results From On-site Visit
2	7) Report has unique current levels of functioning across all 5 areas of development including vision & hearing (1x in the one report)	41% (10/17) of the records were missing hearing and vision updates on annual assessments but the narrative could have been more unique and maybe be as routines are addressed instead of reporting the test items
1	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)	53% (9/17) of the records included daily routines and next steps in development
4	14) IFSP as appropriate to the outcomes, other services, funding sources are identified, and notes are in the record regarding any needed referrals that were made (1x)	76% (13/17) This is not a compliance measure but could be improved. Some staff clearly followed up on outside resources for families and some were still focused primarily on child development.
7	15) IFSP 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)	71% (12/17) This is not a compliance measure but could be improved. Some were very well written but in five records the outcomes were not written based on the new standard nor even in the families words (previous measure standard).
8	17) IFSP strategies match identified needs (family priorities, referral concerns, & assessment results) and daily routines (All strategies in the IFSP)	71% (12/17) This is not a compliance measure but the inclusion of daily routines and could be improved and most likely will be addressed by using the new IFSP.
13	27) The rationale(s) behind changes to IFSPs are clearly explained on the outcome pages (All reviews)	53% (9/17) of the records didn't have this or it read as Change in Needs. New IFSP may address this but the reason for changes from one plan to another should be more clear.

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Protocol Item Number	Monitoring Measure	Results From On-site Visit
14	35) Notes reflect families' use of strategies between visits (3 consecutive months)	59% (10/17) of the records did not have this section filled out or it was child focused (e.g. He's using more words).
22	41) No later than 90 days before age three the bottom half of the IFSP transition plan page includes 1) steps and services to educate the parent about transition, 2) current activities to prepare the child for changes in service delivery, 3) confirmation that contact information has been transmitted to the LEA, 4) other activities that the IFSP team determines necessary to support the transition of the child. (1x the last plan written before 90 days before age 3)	60% (9/15) of the records demonstrated a lot of improvement in the plans. Some still list steps for the Service Coordinator. Early IFSPs described waiting until 2 1/2 to start planning but at least one family was asking about it for her 2 year old and since notification goes out at 2 1/2 planning should start earlier. Families were not clear about annual or updated assessments for transition and what was sent to the LEA. Some staff need more TA about how Part C and B differ but how the rights are the same.
9	47) Service coordination activities are documented at least 1 time per month (3 consecutive months)	71% (12/17) There is a section on the visit note template for this but it was not consistently used at least one time every month.