

Connecticut Birth to Three System - Focused Monitoring Summary Report

Agency Name: Advance

Visit Dates Jan 10, 2011 - Jan 14, 2011

Program: Birth to Three

Final Report Date: _____

Priority Area:

Families are more confident and gain new skills which, help their children develop and learn.

Selection Reason:

The responses to the Spring 2010 Family Survey item "Over the past year, early intervention services have helped me and/or my family: figure out solutions to problems as they come up." were analyzed. The percent of families from this program that Strongly Agreed or Very Strongly Agreed with that item was at least 2 standard deviations below the mean when compared to other medium sized programs.

Components of Focused Monitoring

Desk audit. Program Director interview. Reviewed 14 records - representative sample of service coordinators, towns, DCF involvement, income levels. Interviewed 14 families by phone. Interviewed 4 staff by phone. End of day summary meeting and exit meeting on the last day.

Focused Monitoring Team

Team Leader: Alice Ridgway Parent Members: Pam Kelly, Deborah Pagano, Jo Rossi

Hypotheses:

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| 1 | Families served by Advance Birth to Three with higher SES tend to find solutions to problems on their own and already have support systems in place. |
| 2 | Staff may not be using a form developed by the program that encourages families to identify whether they would like more information about other resources and supports. |
| 3 | Service Coordinators know that they should be having conversations with families about more than child outcomes. |
| 4 | The program director feels confident that she is on top of the staff regarding family outcomes and she manages everything for the program. |

Findings

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| 1 | Out of the 75 families served by this program as of 1/10/11, 43% (32) have incomes over \$105,000. This is the highest percent for all Birth to Three programs in the state. Based on family interviews it was clear that some families were able to supplement their EI services with private therapy. One family reported that "Birth to Three teaches me what to do at home vs. the private therapist who just treats my child." There were a number of families who elected services at no cost because they were not satisfied with "early intervention" and preferred to use their insurance for therapy. Staff reported that it was difficult to work with some families because they were familiar with the "therapy-based New York model" of early intervention. It was unclear whether staff are encouraging families to receive only services at no cost as a monitoring system and if so, why. 21.5% (14/65) of families in the Advance program receive only services at no cost which is the highest percentage in the state for programs that serve over 11 families. Of the families that responded to the family survey 50% had incomes below \$65,000 and the other 50% had incomes over \$105,000. Staff have varied comfort levels with different income levels. It was noted that in Wilton there are a number of well known and freely available activities for families with young children. |
| 2 | All of the charts had the program's "blue form" where families indicate about what they would like more information. Follow-up on this in IFSPs and visit notes was only seen in a few charts. There appears to be inconsistencies in the extent to which staff document how they address the information requested. The blue sheet may help staff to ask about outcomes but there was little evidence from family interviews that the checklist became actual priorities. 63% of families reported that staff addressed family outcomes. |

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| Findings (cont.) | |
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| 3 | The feedback from families varied as some really understood the role of their home visitor as a coach and someone they could talk to about anything and others reported that their therapist was solely focused on their child. One staff reported that she recommends outcomes "based on what she sees". The families that had services from her were not able to talk about their priorities. They reported not knowing what to ask because they expected their therapist to tell them. There was little evidence in the records about service coordination (36%) and conversations with families about family outcomes (31%) unless the family changed to receiving services at no cost. |
| 4 | The program director manages the entire program on 30 hours per week spread across 3 days. She does all the intake and scheduling for evaluations, all the data entry, record reviews, filing, and billing. She also is responsible for monitoring staff. She reports that they have clinical staff to supervise the early intervention associates. The team meets once per month as well as having 6 month and annual peer reviews. Staff are encouraged to do co-visits and the director calls new and random families to check-in from time to time. She is very proud of the energy and commitment of the Advance Birth to Three staff. Staff reported that they work very independently. All but one was able to answer all the staff interview questions such that all the measures were met. Staff clearly were able to describe the Connecticut model of early intervention coaching families. Based on family interviews one staff needs more supervision about transition and all staff need more guidance on family outcomes. |

| Strengths | |
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| The strategies in the IFSPs were all very routines based. The visit notes include sections to describe recommendations for the family between visits as well as a summary of how the recommendations worked. Staff use these regularly. The charts were in excellent condition with no non-compliance noted. Staff were described by families as friendly and flexible. Families for the most part spoke in terms of being an active part of the IFSP team as far as writing goals for their children. Some of the parents who had been through transition were very comfortable participating in their PPTs. For the families with other resources, they were clear about the difference between Birth to Three and private therapy and they were able to combine the two without conflict. Staff were able to coordinate with these services whenever possible. For families with fewer resources it was clear that staff are creative with their ideas for how to connect families with other resources in the community like going to the playground at the mall. | |

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

| Protocol Items (Monitoring Measure) | Measure | Target |
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| 1 (11) | Report has individualized description of the child's strengths, areas of concern, and next steps in development (0% - no next steps) 69% of families felt their report was individualized and 77% reported their child's strengths were identified. | 90% |
| 9 (49) | Service coordination activities are documented at least 1 time per month (36%) | 100% |
| 17 (36) | Visit notes or contact logs address family outcomes (31%) and 63% of families reported that this was part of their experience | 90% |
| 22 (43) | All transition plans includes clear steps to prepare child and family for the next setting (64% were individualized instead of pre-typed) | 100% |