

## \*Self Assessment Report\*

Name of County: \_\_\_\_\_ Sheboygan County \_\_\_\_\_

Date Completed: \_\_\_\_\_ 04/15/2009 \_\_\_\_\_

Written By: \_\_\_\_\_ Elizabeth Gilbertson (and the B-3 team) \_\_\_\_\_

**If an onsite year**, list five dates your county has available for the on-site visit:

\_\_\_\_\_ 6/3, 6/4, 6/9, 6/10, 6/11 \_\_\_\_\_

**If not an on-site year**, please list five dates your county can meet with RESource to update your PIPP: \_\_\_\_\_

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### **State Outcome #1: Infants and toddlers with developmental delays are identified and evaluated for early intervention services**

*SPP Indicator 5: % of infants and toddlers birth to one year with IFSPs compared to other states and national data. **Target 1.18 %***

1. Based on October 1 child count data for your county, how many of the children are between birth and one year of age?

**23**

2. Compare response to Question 1 with county birth rate data to determine the percentage of children served in Birth to 3 that are between birth and one year of age.

**1.64%**

*SPP Indicator 6: % of infants and toddlers birth to 3 years with IFSPs compared to other states and national data. **Target 2.86%***

3. What is the total number of children on your October 1 count?

**208**

4. Compare response to Question 3 with county birth rate data for 3 years to determine the percentage of children served in Birth to 3.

**4.84%**

*SPP Indicator 7: % of eligible infants and toddlers with IFSPs for whom an evaluation and initial IFSP were conducted within the 45-day timeline. **Target 100%***

5. How many files did you review to determine if you are meeting the 45-day timeline?

**21**

6. What % of infants and toddlers received an evaluation and initial IFSP within the 45-day timeline?

**95%**

7. Provide the documented reasons for each case in which the 45 day timeline was not met?

**Mom had moved to an abuse shelter out of town immediately after the referral was made. They tried to reach the alternate contacts that were listed and was unsuccessful. Once**

phone numbers were obtained, they were no longer working numbers. The attempts to reach the family is well documented in the record.

## **State Outcome #2: Families receive individualized supports and services needed to enhance their child's development**

*SPP Indicator 1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner **Target 100%***

8. How many files did you review to determine if you are providing timely services?

**21**

9. *Throughout their involvement in B-3, what is the total number of different services the children (whose files were reviewed) have received? ( For each child, use all service pages of IFSP to determine [Example: child A received 3 different services, child B received 5 different services---started with 3 services and has added 2 new services while in B-3 --and child C received 2 different services = 10 total services]*

**59**

9a. How many of these services were provided within 30 days?

**59**

9b. How many children had all of their services begin within 30 days following parent signature for services on IFSP based on documentation in case notes, provider billing and other sources of information?

**21**

9c. What are the documented reasons if services began more than 30 days following parent signatures for services on the IFSP?

**NA**

10. *Since July 1 of the current year, how many of these services have been added, or, if a new child, how many services were received (total from all files reviewed)?*

**32/59**

10a. How many of these services were provided within 30 days?

**32**

10b. Since July 1 of the current year, how many children had all of their added services begin within 30 days following parent signature for services on IFSP based on documentation in case notes, provider billing and other sources of information?

**13**

10c. What are the documented reasons if services began more than 30 days following parent signature for services on the IFSP?

**NA**

*SPP Indicator 3. Percent of infants and toddlers with IFSPs who demonstrate improved*

- *Positive social emotional skills*
- *Acquisition and use of knowledge and skills*
- *Use of appropriate behaviors to meet their needs*

11. How many files reviewed included children entering the program since July 1, 2007

(or since you began collecting child outcome data)

**18**

12. Number of Child Outcome Summary Forms completed for entry and in files (based on files reviewed)

**17**

13. Number of Child Outcome Summary Forms for entry completed within 60 days of entry to the program (based on files reviewed).

**17**

14. How many files reviewed included children exiting the program that have entry data?

**0 All records were of children currently receiving services**

15. Number of Child Outcome Summary Forms completed and in files for children exiting (based on files reviewed).

**0**

16. Number of Child Outcome Data Reports for entry completed within 60 days of exit (based on files reviewed).

**0**

17. (Future Question 2009) What program strategies are you implementing to support improved outcomes based on summary entry and exit data?

*SPP Indicator 4. Percent of families participating in Part C who report that early intervention services have helped the family (a) know their rights, (b) communicate child's needs, and (c) help their child develop and learn. Targets are set based on a rating of a 5,6,or 7 on questions 16,17, & 18 from the ECO Family Survey. **Target:** (a) 95%, (b) 95%, (c) 95%*

18. Number of families surveyed (total of all surveys sent).

**68**

19. Number of families that responded to survey?

**13**

20. Number and % percent of families that reported that early intervention helped their family in each of the following (ratings of 5, 6, &7 on ECO Family Survey):

- Know their rights **11 85%**
- Communicate their child's needs **12 92%**
- Help their child develop and learn **12 92%**

### **State Outcome #3: Eligible children and families receive their early intervention services in natural environments.**

*SPP Indicator 2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children **Target 96.3%***

21. How many files did you review for this self assessment?

**21**

22. How many total services were identified in the IFSPs reviewed (total from all the files reviewed including initial IFSPs and IFSP reviews, should be same response as question #9)?

**59**

23. How many of the total services were delivered within natural environments?

**59**

24. Of the services not provided in natural environments, how many have a written justification that the child's outcomes would not be met if they were provided in natural environments?

**0**

#### **State Outcome #4: Families receive early intervention services from trained and qualified providers. (Optional responses)**

#### **State Outcome #5: Transition planning results in supports and services that meet the needs of families by each child's third birthday.**

*SPP Indicator 8. Percent of children exiting who received timely transition planning to support child's transition to preschool and other services. **Target 100%***

25. How many files did you review for this self assessment?

**21**

25a. How many files were from children who were 33 months of age or older?

**5**

25b. How many of these children were potentially eligible for early childhood special education?

**5**

26. Of the files reviewed where children were 33 months of age or older, how many of their IFSPs include a written transition plan?

**5**

27. Of the files reviewed where children were 33 months of age or older and potentially eligible for early childhood special education, how many had Transition Planning Conferences that included the LEA 90 days before the 3<sup>rd</sup> birthday?

**4**

28. Provide the documented reasons for each case in which the Transition Planning Conference was not within the 90 days or more before the 3<sup>rd</sup> birthday?

**1- The family was not in agreement as to whether the referral was appropriate or not, and one parent wanted to wait until he was closer to 3 before they pursued anything past B-3. One parent wanted to see if he made any gains developmentally before the referral was made.**

29. How is the LEA notified that a child is potentially eligible for special education?

**Written notification with un-identifying information twice a year up until PPS and now notification is made electronically followed by written notification**

30. Of the files reviewed where the child was at least 33 months of age and potentially eligible for early childhood special education: how many children had documented

LEA notification?

5

**State Outcome #6: Adequate state, federal and private funds are available for early intervention services (optional responses)**

**State Outcome #7: The State Lead Agency effectively supports and supervises the implementation of the early intervention system.**

*SPP Indicator 9. General supervision system identifies and corrects noncompliance as soon as possible but in no case later than one year from identification **Target 100%***

31. How does county supervise and support staff and provider agencies?

Sheboygan County Health and Human Services Department contracts with the Rehabilitation Center of Sheboygan for Service Coordination and Early Childhood. We contract directly with Rehab Resources for therapies and then have entered into an agreement with Progressive Beginnings in which they provide all entities of the program- Service Coordination, Early Childhood and therapy to children who have Medical Assistance. They receive 4 referrals a month. The Service Coordinators and the Sheboygan County liaison' meets at least once a month to discuss anything related to the program- ranging from the delivery of the service to logistical issues such as what added information is needed on the referral materials. At least quarterly, Sheboygan County Health and Human Services hosts an 'all provider' meeting in which the therapy providers are invited as well as the other contract agencies to discuss the overall program implementation and to discuss any issues or answer any questions that anyone may have. It is also used as a time to discuss what good things are happening as well. Human Services is also available and does utilize email/internet to communicate on a daily basis if needed.

32. What do you gather from the summary of your File Review Checklists about how your program is meeting all HFS 90 requirements?

Based on the 21 files that were reviewed, we had only one record that did not meet the 45day timeline. This occurred as a result of the provider not being able to locate the family due to domestic abuse issues. The other record keeping concern that was noted was in the area of Child Outcome Summary Form. One record did not have the form in the file. This was noted to be an oversight and was rectified upon noticing the missing form. The balance of HFS 90 requirements were noted to have been met and all else appears to be on target.

33. How does the county assure that noncompliance findings are worked on and corrected in one year? Explain what your county did to resolve any Required Actions from the previous on-site review/focused monitoring.

Currently, we do not have any non-compliance findings. In the event that we did, the county B-3 staff would meet with administration in addition to the B-3 providers to discuss the inadequacy and detail a plan as to how to rectify it.

#### 34. How does the county identify and implement quality improvements?

At the close of services for a child/family, a survey is sent to the family to provide them the opportunity to share their B-3 experience with the department and the providers. There are 27 questions that are asked to help them through that process and assist them with evaluating that time their child was in our program. Of those questions, three of them are taken verbatim from the ECO Family Survey so that we can monitor how we are meeting our targets in those three areas. Those three questions include how we helped them understand and know their rights, how we have helped them communicate their child's needs, and how we helped their family effectively communicate their child's needs. Any concerns that are noted and/or brought to our attention would result in a follow up call to the family to gather any additional information that they may have or want to share and then along with administration, a plan would be put into place to either rectify the situation or prevent the concern from happening again. Human Services has also been participating in the new 'data discussion' and scheduled wislines, and regional meetings.

In addition, both contract providers have instituted their own safeguards to monitor timelines and quality of services. At RCS, Rita Young has implemented tools to assist with alertness to the timelines. She also notes that she performs a random chart audit to oversee service delivery, in addition to holding monthly meetings with the therapy provider whom they had subcontracted with up until December 31, 2008. RCS is also in attendance of the B-3 regional meetings as well as looking continuing education opportunities on development while completing OSEP requirements in a timely manner. RCS also takes an active part in the annual Self Assessment and program review.

Progressive Beginnings is also an active participant in the Self Assessment process and program review. Progressive Beginnings has chosen to utilize the state file review checklist and completes periodic internal audits of birth to three charts as a tool for identifying compliance and areas of program growth. A collaborative review process is set in place, with all staff members reviewing files at least bi annually. Progressive Beginnings conducts regular and systematic evaluation of the program and staff to assure that the philosophy is reflected and goals of the program are being fulfilled. Program and staff evaluations are an ongoing process that culminates in the improvement of program quality. Observation, recording and measuring of the quality and significance of the program's progress and success are achieved through completion of the following:

- An annual evaluation is conducted of program quality and progress toward goals
- An annual evaluation is conducted of staff to assure quality intervention is being provided and patient satisfaction is achieved

- Patient Satisfaction surveys are provided to all patients following discharge to allow an anonymous response to the effectiveness of our intervention
- The results of the program evaluation are reviewed annually and are used or considered in making organizational and/or programmatic changes
- Leadership works in partnership with staff to plan, develop, and implement an effective evaluation process
- OSEP data is being recorded with comparison of entry and exit ratings

To assure attention is given to all the areas of development the staff at Progressive Beginnings is involved in cross training sessions. Staff additionally participates in weekly staffing of birth to three clients, every Tuesday from 2-3pm. Co-treatments are utilized on occasion to train on implementation of patient-specific treatment strategies to be implemented across disciplines.

35. How does the county make information about their program performance data (OSEP Indicators) available to the community/public?

The OSEP data is posted on the Sheboygan County Website in addition to being shared at the County Board Human Services Committee meetings. The department is currently in the process of re-developing a newsletter that will be shared with both the B-3 Family Support Programs and will be another outlet for sharing of information. The program performance data will be made available to entering families via the intake process to B-3. For those families that do not participate in the B-3 program, the data will be posted in the family waiting areas of Public Health, the lobby of the department and the waiting area of the Children and Family Resource Unit at Human Services.

**Reflection on the Process:** in addition to the response to each of the required questions, provide brief reflection on what you learned through the process. This can be done as a summary for the complete process or reflections on individual questions or groups of questions. A guiding question as you reflect on the self assessment process is “does this data reflect what you think you are doing?”

- What did you learn about your program? How does the data inform you?
- What is working well?
- What contributed to these results?
- What actions do we need to take to continuously improve?
- What technical assistance do you need from Resource/State?

2008 continued to bring additional changes to the Birth-3 (B-3) program. During the summer, our Service Coordinator/Early Childhood provider gave notice to the department that they would no longer be our B-3 provider as the contract was written. This provider also subcontracted for the therapy component of the program. This was done out of fiscal concerns from the provider. After putting out an RFI/P with the intent

of finding a different provider and listening to their proposals, Administration then investigated the possibility of adding additional positions to the table of organization in lieu of contracting out for service coordination and specialized education. This proposal was rejected by the County Board so Human Services then entered into a time limited contract with RCS so that another RFI/P could be done in addition to a contract that was done directly with the therapy provider. In reviewing the data, it was evident that during THIS process, both B-3 service coordination providers continued to provide quality services to the families of Sheboygan County. It was a difficult period and continues to be a time of uncertainty. In reviewing the files selected for the Self Assessment, those records showed that we continued to meet our timelines for providing timely services with the exception of one family in which the provider was unable to locate them for quite some time. The ECO family survey shows that we improved our performance in helping families understand their rights, raising the percentage of families who felt that they knew their rights from 39% to 85%. Though this still did not meet the state target of 95%, we feel that the improvement is noteworthy. The program has acquired a tool that helps to explain the rights in yet more simplified terminology so that families can really understand and more easily process what it really means. We are anticipating that this will help with the family's comprehension of their rights while in the program. We also improved how we helped families effectively communicate their child's needs by rising from 85% to 92%. There was a slight decrease of 3% however in helping families to be able to help their child develop and learn. We dropped to 92% from 95%. I believe that the team building that occurred during the past year and the improved communication between all team members played an important role in the improved outcomes, not to mention the improved technical assistance that was made available to the counties to help with accurate data collecting. We will continue to maintain our focus on children and families so that we can strive to improve our performance. This would include continuing to meet monthly to reinforce what we are doing right and brainstorm on situations that would be more challenging. Some of these challenges include missed visits and processes. We have implemented additional forms for the providers to use to help the families understand their role in the B-3 program and how they can really be the key to the success of their child and family's involvement.

Through our time of potential transition, Sheboygan County continues to have a cohesive team of providers whose primary focus is to help families.

I feel that Sheboygan County has benefited greatly from our RESource staff by getting phone calls and emails returned promptly and also getting direction when resources are needed to benefit the program.

## **Optional Responses**

### **State Outcome #4: Families receive early intervention services from trained and qualified providers.**

- What is the caseload for Service Coordinators?
- How do you insure that staff and contracted staff receive the required annual training?
- How does your county assure that the organizational structure supports the accomplishment of early intervention goals and objectives?
- How does your county assure that all required functions are carried out by qualified staff?
- How does your county address recruitment and retention of staff?

### **State Outcome #6: Adequate state, federal and private funds are available for early intervention services**

- Who is involved in fiscal discussions?
  - How much was spent on administration of Birth to 3 Program in the last calendar year and how much is budgeted for the current year?
  - What percent are administrative costs of your total B-3 budget?
  - Has there been a fiscal analysis on your program, what expenses and revenues are included?
  - How do you monitor expenditures and revenues of contracted providers?
- 
- Describe procedures for claiming MA case management revenue, MA, and accessing private insurance.
  - How much was collected in the last calendar year?
  - How has the county made use of the enhanced rate for therapies provided in a natural environment?
  - If therapy providers are directly receiving the enhanced reimbursement, how do contracts reflect these resources and are there any expectations related?
  - If the payments come into the county, how is it used?
  - What changes have you made in recent years to improve your fiscal status?