Early Intervention Program Accountability: A Collaborative, Multi-Faceted Approach

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Today’s Agenda

• Briefly describe Colorado’s EI program
• Present our multi-faceted approach to program accountability
  • Data collection procedures
  • Outcomes measured
  • Utilization of the data
• Describe the roles, responsibilities, and funding of accountability personnel
Colorado Home Intervention Program (CHIP)

- Program of the Outreach Department of the Colorado School for the Deaf and the Blind
- Birth to 3 early intervention program for children who are deaf or hard of hearing
- In-home, family-centered services
- State-wide
- Serves > 95% of the d/hoh population who choose to receive early intervention in Colorado
Components of Program

• Community-based with 9 regional coordinators (CO-Hear Coordinators)
• Interventionists are highly qualified: Deaf Educators, SLPs, or Audiologists
• Communication options for intervention provided
• Data-driven based on accountability measures described today
Program Snapshot

• Approximately 350 children served
• Over 90% receive direct service
• Frequency of home visits ranges from one to four 60-minute sessions per month (average = 3 visits per month)
Accountability Committee

• CHIP, as part of a school, established an Accountability Committee

• Committee meets 3 times per year to design and oversee all aspects of the accountability plan, review program outcomes, and provide feedback to Program Coordinator
Accountability Committee Members

- Program Coordinator
- Accountability Coordinator
- Interventionists
- Parents
- Deaf and hard-of-hearing adults
- Regional coordinators

Both urban and rural participants are included, as well as participants who speak Spanish.
Aspects of Program Measured

• Interventionist perspective
  • Continuing education and mentoring completed and desired
• Information and support provided to families
• Satisfaction with supervisory support
• Perception of skills in a variety of areas
• Parent satisfaction
• Child outcomes
• Parent outcomes
Interventionist Perspective: Data Collection Procedures

- Interventionist Survey designed by Regional Coordinators and Accountability Committee
- Survey is dynamic; modified year-to-year to reflect changes in the program and in program initiatives
- Interventionist Survey is available as a handout associated with this presentation
Interventionist Survey: Continuing Education Measures

- Deafness-related conferences/workshops attended
- Additional conferences attended
- Barriers to conference attendance
- Deafness-related webinars attended
- Type and quantity of mentoring experiences with Regional Coordinator
Interventionist Survey: Information/Support to Families

• Indicate if they connected their families with specific resources (such as, Families for Hand & Voices, Deaf role model program, etc.)
• Indicate which deafness-related events in the community they and/or their families attended
• Indicate use and perceived value of the program-mandated assessment of child outcomes
**Interventionist Survey: Satisfaction with Supervision**

- Interventionists rate their satisfaction with support from Regional Coordinator
- Opportunity to provide open-ended comments about how to improve supervisory support
Utilization of Interventionist Data

- Responses entered in database and tabulated
- Report generated
- Continuing education/mentoring documented
- Training needs identified
- Concerns regarding supervisors identified and addressed
Interventionist Self-Assessment

- 21 questions in 6 Focus Areas
- Interventionists rate their confidence in their ability to provide specifics types of support to a child and family
- Six-point rating scale applied for each item (low confidence=1; high confidence=6)
- Self-Assessment Survey is available as a handout associated with this presentation
Areas of Focus

• Family-Centered Practice and Promoting Family-Professional Partnerships
• Socially, Culturally, and Linguistically Responsive Practices
• Language Acquisition and Communication Development
• Infant and Toddler Development
• Evaluation and Assessment
• Technology
Sample question

Area: Family-Centered Practice and Promoting Family-Professional Partnerships

My confidence in my ability to:

• Implement strategies to promote infant-caregiver relationships & interactions.

Low       1       2       3       4       5       6       High

• Recognize signs indicating the need to refer for counseling/therapy or other emotional support from specialists
Purpose of Survey

- Interventionists can anonymously self-identify areas needing support
- Regional Coordinators review results to determine areas for focused training/workshops
- Program Coordinator can identify program areas needing additional resources
Parent Satisfaction: Data Collection Procedures

- Parent Survey designed by Regional Coordinators and Accountability Committee
- Conducted every two years
- Parents surveyed in opposite year regarding sign language literacy program
- Parent Survey is available as a handout associated with this presentation
Parent Satisfaction: Data Collection Procedures

- Survey mailed to each family with an addressed, stamped return envelope
- Form completed and mailed to the Accountability Coordinator at the university
- Incentive for survey completion (sweepstakes for bookstore gift certificates)
- Tried Survey Monkey in the past:
  - low response rate
  - items sometimes skipped
  - changing/incorrect family e-mail addresses
Parent Satisfaction Measures

• Information that family received from interventionist
• Information not received from interventionist but desired
• Utilization of additional programs/resources (e.g., Families for Hands & Voices)
• Use of and satisfaction with the assessment process
• Overall rating of program
Parent Satisfaction Measures

- Rate interventionist on the following qualities:
  - Support of chosen communication approach
  - Professionalism (punctuality, keeping scheduled visits, follow through, etc.)
  - Collaboration with other professionals
  - Support at IFSP/transition meetings
  - Success at increasing family’s knowledge and confidence
Utilization of Parent Satisfaction Data

- Identify program strengths and limitations
- Set goals for program improvement
- Monitor progress toward goals by analyzing responses to subsequent surveys
- Determine training needs for interventionists
Child and Parent Outcomes: Data Collection Procedures

- Packet of assessments sent to interventionist by Assessment Coordinator every 6 months
- Assessments completed collaboratively by parents and interventionist
- Interventionist videotapes a parent-child interaction
- Completed assessments and videotape sent to the Assessment Coordinator
Child and Parent Outcomes: Data Collection Procedures

- Assessments scored by student employees at the university
- Videotaped language sample transcribed orthographically and phonetically by trained Speech Path and Linguistics graduate students at the university
- Results reviewed and report written by Assessment Coordinator
- Report sent to interventionist to review with family
Collaboration and Cost Sharing

- Assessment Coordinator (1.0 FTE)
  - CSDB = .20; MCHB = .20; Grants at CU = .60
- Accountability Coordinator (.5 FTE)
  - CSDB = .25; Grants at CU = .25
- University Student Employees (hourly)
  - CSDB = 80%; Grants at CU = 20%
Child and Parent Outcome Measures

- Norm-referenced assessments (e.g., CDI, MCDI, KIDS, EOWPVT, LittlEars)
- Checklists and criterion-referenced assessments (e.g., Cincinnati Auditory Skills Checklist)
- Primarily parent-report instruments till age 3
- Spontaneous speech and language sample
Child Outcome Measures: General Development

- General Development
  - Minnesota Child Development Inventory
  - Kent Inventory of Developmental Skills
  - Play Assessment Questionnaire
  - Functional Vision Checklist
Child Outcome Measures: Language

- Vocabulary
  - MacArthur Communicative Development Inventories
  - Expressive One Word Picture Vocabulary Test (at age 3)
  - Language sample transcribed orthographically into SALT

- Syntax
  - Language sample transcribed orthographically into SALT
Child Outcome Measures: Auditory Skills

- Birth to 18 mos
  - LittleEars Auditory Skills Assessment

- 19+ months
  - Cincinnati Auditory Skills Checklist
Child Outcome Measures: Speech Production

- Phonetic inventory and Articulatory accuracy

- Intelligibility

- Spontaneous language sample transcribed phonetically into LIPP

- Goldman Fristoe Test of Articulation (at age 3)

- Speech Intelligibility Rating Scale
Parent Outcome Measures

- Sign vocabulary
- Family involvement
- Information desired & other support needed

- Sign Vocabulary Checklist for Parents
- Family Participation Rating Scale
- Family Needs Interview
Child Outcome Measures: Children with Severe Needs

- General Development
  - Kent Inventory of Developmental Skills
- Communication
  - Communication Matrix
  - Every Move Counts
- Auditory Skill Development
  - LittlEars
- Family Support
  - Family Needs Interview
Utilization of Child Outcome Data: Progress Monitoring

• Screens a variety of developmental domains so can determine if referral to other disciplines is needed
• Determines if skills are at, above, or below the normal range for the child’s age relative to hearing peers and other d/hoh children
• Monitors child’s growth over time
Utilization of Child Outcome Data: Setting Goals

- Provides a data driven approach to:
  - Setting goals
  - Identifying therapeutic/intervention strategies
  - Adapting communication mode choices
- Provides objective data for planning transition from Part C to Part B
Utilization of Child Outcome Data: Empowering Families

- Empowers families with objective information
- Teaches skills of careful observation
- Informs parents regarding developmental milestones/expectations
- Videotaped interaction provides a real-life example for discussion of parent-child interactions
- Identifies areas of need and concern
Utilization of Child Outcome Data: Program Planning

• Outcome data are entered in a database at the university
• A subset of the outcome results are entered in the Colorado State EHDI database
• Accountability reports are compiled annually summarizing outcomes across all children in the program
• Performance of sub-groups (e.g., children with cochlear implants, those identified early, etc.) is examined
National Early Childhood Assessment Project (NECAP)

- CDC-supported project to assist states in measuring child outcomes
- Managed by the University of Colorado-Boulder
- Subset of Colorado child outcome measures collected
- Report provided on each individual child
- Accountability report provided annually summarizing state/program outcomes
- Contact Allison Sedey for more information