

## Fond du Lac County Birth to 3 Self-Assessment Summary

**Date of Self-Assessment Visit:** March 22, 2016

**Participants:** Rene Forsythe, Diane Fett, Katie Hall, Tanya Morgan, Heather Reilley and Terri Nickel

**Accomplishments:** The Program has identified the following accomplishments in the areas of Community Involvement, Training, Child Find, and Improving Practice:

### Community Involvement

The Fond du Lac County Birth to 3 Program identified many accomplishments in the area of community involvement throughout 2015. Most noteworthy is our increased involvement with child welfare, community programs and our court system. Birth to 3 Program Staff continue to be visible and knowledgeable members in the Fond du Lac community and often share expertise in order to strengthen community responsiveness to children and families.

Birth to 3 Staff have again provided sessions on the *Effects of Anger on Children* for court-ordered anger management groups at the Department of Community Programs. This presentation keeps getting better and is well received. In addition, staff are working alongside treatment providers through consultation in order to develop intervention strategies based on the characteristics of parents undergoing court ordered evaluations. These opportunities have served as a guide in connecting with parents who have endured complex trauma and has helped create effective intervention strategies based on their unique needs. These opportunities have proven to be mutually beneficial to both treatment specialists and staff. Staff are working to infuse knowledge of trauma informed care to help families.

Staff also participated in teaching classes based on the science of brain development and attachment in partnership with the Fond du Lac County Family Court and the University of Wisconsin-Fond du Lac County Extension Office for parents of young children who are co-parenting. Staff also gave a presentation to NAMI on social-emotional development at Mary Linsmeier Child Care.

Birth to 3 Staff continue to be engaged in many local efforts including SPROUT (Supporting Positive Relationships so Our children Under 6 can Thrive), the Head Start Health Advisory Committee, the Long Term Policy Advisory Committee to the Wisconsin County Human Services Association (WCHSA), our Birth to 3 Network and Transition Partner Meeting, the Fond du Lac County Child Death Review Committee, and the Harm Reduction Pillar for addressing the Heroin Crisis in our community.

### Training

Birth to 3 Staff participated in Motivational Interviewing Training, Street Drugs of Abuse/Home Visitors, Trauma Informed Care-Besser Vandekolk, and Why Do They Act That Way – Understanding Addiction.

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One of the greatest strengths and source of pride for the Program is the commitment to developing strong practice skills and expertise.

#### **Child Find**

In 2015, we continued the use of the commercially produced Public Service Announcement which aired on the local cable channels targeted at families with young children. Our data suggests that the program is within expectations for numbers of children served. The Program sent a Physician Packet to the Informed Referral Network members which includes Referral Forms and other articles of interest. Dr. Daisy Santa continues in her role as our Physician Liaison.

#### **Improving Practice**

The Birth to 3 Program is constantly refining its practice by revising forms, letters, and creating protocols that are responsive to the needs of children and families. This is the greatest strength of the program. It is constantly striving to be better. Every team member is vested not only in the model but also in each other.

The Program was challenged with 3 maternity leaves and a medical leave in 2015. We also had a change in a Speech Therapist. Children and families continue to be well served as evident by the positive program evaluations returned from families. These challenges provided opportunities to reflect on our practice and to revise our approaches as needed.

Tanya Morgan is now a Cooperating Teacher at UW - Oshkosh.

Birth to 3 staff have also helped the Fond du Lac School District and other districts with transitions and their Child Development Days. The school districts express that they appreciate the Primary Coach Approach to Teaming and coaching interactions with families.

#### **PIPP Review:**

##### **Outcome 1:**

*Become more knowledgeable on the effects of drugs on family systems and use this knowledge to best support families enrolled in the Birth to 3 Program.*

**Result:** - Accomplished –Birth to 3 is connected with the Women and Infants Unit at St. Agnes Hospital which has seen an increase in the number of infants born with substance exposure. The Birth to 3 Program is working with other community agencies to develop a “Welcome Baby Initiative”. All staff have attended the Street Drugs of Abuse training and is working through SPROUT to bring the training to Fond du Lac for our community partners.

In 2015, All Birth to 3 staff participated in the Parents Interacting with Infants (PIWI) training. Birth to 3 staff are becoming skilled in assessing parent/child interactions and recognizing and understanding the complexity of families. We recognize that “everything” affects kids, especially toxic stress. We recognize we have a role in helping families take next steps. Our entire team knows relationships are critical and are not domain specific. We realize that family systems are complex and that we need to work together to support families in recovery or to find recovery in addiction. Fond du Lac County Birth to 3 therapists also have relationships with families and they add their expertise and insight to Teaming’s. It has been helpful to have staff

trained in motivational interviewing. We are checking in as team members. We recognize we too bring our own life experiences and we are also supporting each other.

**Outcome 2:**

*The Fond du Lac County Birth to 3 Program will complete a review of forms and protocols in order to better reflect program philosophy and practice.*

**Result:** Accomplished – have revised forms/policies. Have also updated all form letters to reflect practice. We are in the process of updating the IFSP. We will revise our developmental history form. Currently added educational level of parent. Asking special education? We are constantly reviewing/refining practice. Individualizing support and services, we are shifting our approach to meet needs. We have created a new referral/record folder (at time of referral); this includes all referral information, HIPPA forms, access logs, consents, developmental history, cost share information and case management form. Still waiting on State for record rights. We are always evolving – how we can do this better?

In our practice, we have reviewed the protocol of joint visits and have worked to assure they are intentional. The joint visits were over-used at first and then under-used, but now we feel we have the confidence built into the model and are now appropriate, intentional and planned. We have learned over time and always shoot for “what really works”. We have learned that we can use joint visits as a check in to assure we are on track. Families feel supported and that also and builds confidence.

**Outcome 3:**

*The Fond du Lac County Birth to 3 Program will assure that all children in need of services are still referred to the program following implementation of Alternative Response within Child Welfare.*

**Result:** Accomplished – Alternative Response is when there is no substantiation of abuse or neglect per the Department of Social Services. We are being mindful of CAPTA referrals and are checking. We are participating on each other’s teams and we are meeting with DSS staff. We often go on supervised visits with social workers. We sometimes make decisions to allow service coordinators and therapists to travel out of county for the best interest of children and families.

**File Review Checklist:**

**Description of Selection**

Each staff member chose 2 files of their own to review. Criteria included reviewing 1 file of child in transition process. Overall, the files were found to be complete and thorough. There is a process in place that assures checks and balances. Diane stated that the IFSP’s are “a story well-told”. Staff use the “bucket list” for outcomes to better reflect foundational skills. The File Review generated the following questions/comments:

- Changes made to start access log at first referral.
- Demographics – race and ethnicity is collected on referral form. We also ask families “how do you identify yourself”?
- We include a complete access log list in every child’s file.

- Quarterly update – include copies of outcomes to discuss intentionally.
- Will revisit Routine Based Interviewing.
- Used to have “living room” people, but now is the “whole house”
- Need final leadership from State on records policy/keep or destroy records.
- Initials on IFSP? Per State, aware of all services child is receiving. Are updating our “services page”.
- OSEP date is not the date of IFSP.

### **Three DHS State Identified Topics Summary:**

#### **Moving to Fidelity**

The Fond du Lac County Birth to 3 Program is fully practicing and refining the PCATT model.

#### **Results Driven Accountability**

The Fond du Lac County Birth to 3 Program relies on data to drive decisions and improve program quality. The Program has established comprehensive protocols that create an efficient and effective standardized practice. County Staff meet semi-weekly and are included in key program decisions. The Program continues to meet ALL federal and state requirements. The Program routinely captures and analyzes data to identify the percentage of children served under one year of age, town of residence, transition data, physician referral data, physician caseload data, staff caseload data, and transition data, (See 2015 Referral Report).

#### **Social-Emotional**

Social Emotional development, in particular, Parent-Child interactions continues to be an area of focus for the Program. Staff have expanded and refined their use of tools to evaluate and assess social emotional development and the dyad. Heather Reilley is completing the Infant Mental Health Endorsement and is participating in the Infant Mental Health Cohort through the Community of Practice teleconferences. Staff have recently started using the PIWI protocol in working with families during supervised visits.

#### **Data Analysis:**

We reviewed the 2014 State child counts and the data mart reports on outcomes data from COSF to summary statements. We also have a comprehensive system established to prioritize and sort the workload to include timelines for Updates, Transitions, etc.

#### **Next Steps**

The Program will work with our REsource Specialist to review and revise the Program Improvement Plan.

#### **PIPP**

- How do we name emotion – reflective supervision – mindfulness (not negative emotions). Talk about families – how to help “lift them up”.
- What to do next? As a Team? Team self-care?
- When using “made many attempts” letter – is it okay to cc the referral source?
- Make new “Rights” policy – when child turns 3 – record will be destroyed.
- Use RBI at updates to create plan. May need RBI review training.

- Diagnosed conditions – to individualize plans – use Portage Guide, ELAP, Hawaii, etc.
- Revisit outcome measures at annual review.
- Formula for cost estimate – costing out teaming.
- Use of TIC/ACE's – infusing in assessment – thoughtfully.

**Administrative Support**

We STILL continue to await the State's translation of essential forms. This was also requested last year. We CONTINUE to URGE the State to fully fund the Birth to 3 Program and to refrain from saving the State's share of Medicaid dollars on the backs of infants and toddlers in need of early intervention. We NEED strong State leadership to provide POLICY on record retention and eligibility criteria, specifically Diagnosed Conditions. We need to know the POLICY on having families initial each service and whether or not families can deny some services within the Primary Coach Approach to Teaming model.