



EXPLORING EVIDENCE-BASED PRACTICES:

Making a Difference in the Lives of Young Children with Disabilities

Stakeholder Focus Group

Wisconsin Birth to 3 Program



**Prepared for the Department of Health Services
by the Early Childhood Technical Assistance (ECTA) Center
in collaboration with the North Central Regional Resource Center NCRRC)**

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**September 30, 2014
Appleton, Wisconsin**

The purpose of the stakeholder focus group convened by the Department of Health Services (DHS) Wisconsin Birth to 3 Program:

The Wisconsin Birth to 3 Program identified statewide implementation of the Primary Coach Approach to Teaming (PCATT) to be one of three focus areas for 2014. The other two focus areas include Child Outcomes and Results Driven Accountability (RDA), which includes the newly required State Systemic Improvement Plan (S-SIP) Indicator of the State Performance Plan (SPP). Participants were provided with the proceeding documents, [P00876](#) and [P-00876A](#), from the June 2014 Stakeholder Focus Group, *“Exploring Outcomes for Children: Making a Difference in the Lives of Young Children with Disabilities.”*

The DHS Wisconsin Birth to 3 Program facilitated a planning committee consisting of individuals from DHS, UW-Madison Waisman Center, Wisconsin Personnel Development Project (WPDP), and the Cooperative Educational Service Agency (CESA) 5, Regional Enhancement Support (RESource) Training and Technical Assistance Project who planned the event, with assistance from facilitators from national centers: The Early Childhood Technical Assistance (ECTA) Center; The IDEA Center for Early Childhood Data Systems (The DaSy Center); and the North Central Regional Resource Center (NCRRC). The planning committee identified the need to gain further insight from a group of stakeholders representing various agencies and perspectives. The desired outcome of the stakeholder process is to explore how evidenced-based practices are being implemented within the Wisconsin Birth to 3 Program to make a difference in the lives of children and families including:

- The history and context of evidence-based practices in the state
- The conceptual framework of the Primary Coach Approach to Teaming (PCATT) in natural environments
- A review/framing the messaging of ‘what we do’ in the Birth to 3 Program
- Measurements of fidelity of practice

Stakeholders were identified according to role (multiple perspectives) and invited to participate in the process. Prior to the stakeholder day, participants were asked to consider evidence-based practices influence in making a difference in the lives of young children, and to have a familiarity with the Primary Coach Approach to Teaming. The following two documents and several links were provided for additional information:

Documents:

- *Seven Key Principles: Looks Like / Doesn't Look Like*, by the Workgroup on Principles and Practices in Natural Environments, Retrieved from the OSEP TA Community of Practice: Part C Settings. (2008, March).
http://www.ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_1_08.pdf
- *Common Misperceptions About Coaching in Early Intervention* by Dathan D. Rush and M’Lisa L. Sheldon.
http://fipp.org/static/media/uploads/casecollections/caseinpoint_vol4_no1.pdf

Web Links:

- [Jacob's Story](#) (five minutes)
- [Early Intervention: A Routines-Based Approach - Part 1: Traditional vs. Routines](#) (five minutes)
- [Early Intervention: A Routines-based Approach - Part 2: What Intervention Can and Should Look Like](#) (five minutes)
- [Early Intervention: A Routines-based Approach - Part 3: Changing The Mindset](#) (4 minutes)
- [Early Intervention Home Visits](#) (12 minutes)
- (optional) Wisconsin's on-line Captivate Learning Modules on Primary Coach Approach to Teaming Within Natural Environments. Each module takes approximately an hour to view, but comes with rich video footage of Wisconsin practitioners and families.
- http://mediastreamer.doit.wisc.edu/Waisman_UCEDD/MPA/multiscreen.html

The intended outcomes of the stakeholder focus group

Participants will have received (overview level) information from the Birth to 3 Program specific to:

- Familiarity with or understanding of the **conceptual framework of the Primary Coach Approach to Teaming in natural environments**
- The opportunity to provide input specific to their own perspectives to the Birth to 3 Program (DHS, Waisman Center, Wisconsin Personnel Development Project, and Regional Enhancement Support [RESource] staff)
- Providing recommendations in order to assist the state team in
 - 1) informing the key messaging of the Birth to 3 Program,
 - 2) establishing priorities and
 - 3) determining the focus of the State Systemic Improvement Plan and ultimately enhance outcomes

Roles and Vision

Terri Enters, Supervisor of the Wisconsin Birth to 3 Program and Part C Coordinator, welcomed the participants, highlighted the purpose of the meeting and introduced those participating. Leadership staff from the DHS Wisconsin Birth to 3 Program, WPDP, and RESource attended the meeting in the role of listening, clarifying or providing additional information, and taking notes during the meeting. Statewide representation was provided by stakeholders in an advisory capacity (see *Appendix 2* for a full listing of participants).

Guidelines for working together during the stakeholder process were shared:

- **Welcome**
 - Accept the invitation to share your unique perspective and encourage the same from others.
 - Give everyone a chance to participate.
 - Explain acronyms so everyone understands.
- **Honesty / Openness**
 - Listen with a non-judging mind. Listen and notice how you are receiving and reacting to information.
 - Listen to truly understand, rather than to prepare what you are going say. Feel free to ask clarifying questions to help you understand.
 - Assume responsibility to express your own perspective.
 - Trust that your input will advise the state team without repercussions.
- **Possibility**
 - Keep the big picture and the process in mind.
 - Keep a positive attitude and look for opportunities to contribute.
 - Trust that your input is valued by the state team who will look at the practical details for how to “get there.”

Stakeholders and the State Birth to 3 Team were asked to provide three words that would indicate, ***“What does it look like ‘to make a difference’ in the lives of children and families?”*** Themes are conveyed in the Wordle™ (word picture) on the next page, with larger text which represents multiple people responding with the same key word.

The model of evidence-based primary coach teaming practices, natural learning environment practices, participation and competence, and coaching practices was reviewed. Dathan Rush, Ed.D, CCC-SLP, and M’Lisa Sheldon PT, Ph.D., of The Family, Infant and Preschool Program (FIPP) Center for the Advanced Study of Excellence (CASE) in Early Childhood and Family Support Practices, a National Center of Excellence in Early Childhood with the J. Iverson Riddle Developmental Center (JIRDC) located in Morganton, North Carolina, provided an overview of the evidence-based practices via webinar for the stakeholders present at the meeting. Those present posted questions for Rush and Sheldon. Stakeholders were provided with the “*Primary Service Provider Approach to Teaming Fact Sheet*,” by Rush and Sheldon and a listing of “*National Organization Position Statements*” as handouts (see Appendices 4 and 5). In addition, Wisconsin’s county Birth to 3 Program coordinators and providers were invited to the listening session webinar and were given the opportunity to post questions in the online chat feature of the webinar. Many of the 72 county agencies participated on this call, as well as numerous community partners. Rush and Sheldon also provided a follow-up handout of “*An Overview of Evidence-Based Practices in Early Intervention*” outlining the principles of practice with many citations to the supporting literature and additional documents.

For PowerPoint slides referenced in the sections below, please access the link below:

http://www.waisman.wisc.edu/birthto3/2014_PCA.pdf

Setting the Stage: State Systemic Improvement Plan (SSIP)

An overview of the State Systemic Improvement Plan (SSIP), a new indicator within the IDEA State Performance Plan (SPP) was presented (slides 32-40) that summarized the accountability measures. A one-page handout reviews the requirements and timelines for the SSIP. See Appendix 6 (PowerPoint).

Key points include:

- Combine the State Performance Plan (SPP) and Annual Performance Report (APR) into one document
- Collect SPP/APR data through an online submission system (GRADS 360)
- Report on slippage only if the State does not meet its target on indicators
- Develop streamlined and coordinated systems descriptions
- State Systemic Improvement Plan (SSIP)/Indicator C-11 is a comprehensive, multi-year approach and will consist of three phases:
 - Phase I [ANALYSIS] – due as part of February 1, 2015 SPP/APR *
 - Phase II [PLAN] – due as part of February 1, 2016 SPP/APR
 - Phase III [IMPLEMENTATION & EVALUTION] – due as part of February 1, 2017 SPP/APR

* The SSIP is **due on April 1, 2015**. All other SPP/APR indicators are due on February 1, 2015.

Wisconsin's Journey With the Primary Coach Approach to Teaming (PCATT) Model

An overview was provided of the key actions and dates within the Wisconsin Birth to 3 Program's timeline leading to the installation of PCATT practices (see PPT slides 14-20 and 23-31; Appendix 3 timeline handout).

http://www.waisman.wisc.edu/birthto3/2014_PCA.pdf

Numerous activities, grounded in national and state-specific guiding principles, charted the change in practice from 1988 to the present time.

Fidelity Measures

The two fidelity measures described below were provided as examples of paradigms for providing early intervention programs a self-assessment on global practices that are used from referral through transition, to support the fidelity of implementation of best practices.

1. [The Relation of Quality Practices to Child and Family Outcome Measurement Results](#)

This document was a product developed collaboratively by NECTAC, ECO and the RRC Program (Anne Lucas, Kathi Gillaspay, Joicey Hurth and Christina Kasprzak with support and assistance from Betsy Ayankoya, Grace Kelley and Jim Henson).

2. [Arizona Early Intervention Program \(AzEIP\) Fidelity Checklist](#)

This document was developed through a collaborative TA activity with NECTAC, MPRRC and AzEIP (Anne Lucas, NECTAC/WRRC, Wendy Whipple, MPRRC, Carol Massanari, MPRRC and Kathi Gillaspay, NECTAC/ECO)

STAKEHOLDER DISCUSSION AND INPUT

Two rounds of facilitated discussion involved stakeholders in small groups which were designed to allow ample time for input from the variety of perspectives represented.

Round One Questions:

1. *From your perspective, what evidence do you use to determine early intervention for infants and toddlers and their families has been successful?*
 - *And how do you measure that?*
2. *What information would you want from the Birth to 3 Program to demonstrate intervention is making a difference?*
3. *From your perspective, how would families, other systems and providers, legislators and the general public know that early intervention is making a difference in the lives of children?*

Round Two Questions:

4. *Where might we focus our efforts and resources to support the necessary leadership and infrastructure to move our practice forward and to be able to sustain the practices over time, with fidelity?*
 - *Examples of infrastructure components: Professional development, accountability, governance, contracts*
5. *After your experience today, how might Wisconsin Birth to 3 Program share messages and common language about this program and what we do?*
 - *How might you inform your colleagues and families, and community partners?*
 - *What do our community partners need to know about early intervention?*
 - *What is your role in making sure all families have access to evidence-based early intervention?*

The final question was intended to allow the stakeholders to summarize and report on the most important ideas and issues from the 2 rounds of questions.

Discussion: Participants were assigned to diverse groups including stakeholders and state team members and asked to discuss the questions. Following are the key topics from these discussions. Please see full detail for the responses and comments on each question in Appendix 1. The entire transcript of the conversations can be found there, with rich detail about suggestions and recommendations shared within those discussions.

1. *From your perspective, what evidence do you use to determine early intervention for infants and toddlers and their families has been successful? And how do you measure that?*

- **Individualized Family Service Plan (IFSP) Review**
- **Family Data**
- **Process**
- **Outcomes**
- **Training Needs**

2. *What information do you want from the Birth to 3 Program to demonstrate intervention is making a difference?*

- Working With Families
- Evidence
- Outcome Measures
- Communication
- Collaboration

3. *From your perspective, how would families, other systems and providers, legislators and the general public know that early intervention is making a difference in the lives of children?*

- Community Partners
- Physicians
- Families
- Messaging

4. *Where might we focus our efforts and resources to support the necessary **leadership and infrastructure** to move our practice forward and to be able to **sustain** the practices over time with fidelity?*

- Infrastructure
- Leadership
- Sustaining with fidelity

5. *After your experience today, how might the Wisconsin Birth to 3 Program share messages and common language about this program and what we do?*

- Audience
- Delivery strategies

What are the most important issues and Big Ideas from the two rounds of discussion?

Stakeholder groups were provided the opportunity to synthesis their discussions and give a report of the key points for Birth to 3 to consider as they move forward. These reflected much of what was provided in discussions around the specific questions and are listed below in major theme areas.

Supporting Families:

- Share with families what the Birth to 3 Program is about and encouraging their sharing experiences with other families. Stories are powerful.

- Describe the services in the context of what might be coming from the medical professionals to avoid families being conflicted about what their child needs.

Effective Messaging:

- Differentiating the information for various audiences.
- Articulate connections across the early childhood agencies/initiatives and describe the system as a whole; not separate isolated parts.
- Balance sharing all the good things going on with legislators with being asked to do more with no additional funds because of that success.

Professional Development:

- Plan needs to be organized and available to all levels of the system.
- Support staff in feeling competent and confident when working with families.
- Support staff in the various stages of implementation; needs might differ at different times.
- Develop communities of practice for providers.

Outcomes:

- Think about success in different ways (e.g., quality of life, support for families, community impact)
- Include family stories as part of picture of improvement and outcomes achieved.
- Consider longitudinal data strategies to measure success into the future.

PARKING LOT:

Questions that need additional review include:

- How are families “working” within the PCATT framework connected to the team?
- How does this connect with school and health?
- What professional development does Birth to 3 Program staff get on adult learning?
- How do we make sure families get connected to Birth to 3 programs?
- How do families provide feedback to the system?
- What is the family role?

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- Appendix 1: Full Detail of Suggestions and Recommendations from Discussion Questions (pp.10-23)
 - Appendix 2: Participants (pp.24-25)
 - Appendix 3: “Wisconsin’s Birth to 3 PCATT Journey (timeline) (p. 26)
 - Appendix 4: “*Primary Service Provider Approach to Teaming Fact Sheet*” (pp. 27-28)
 - Appendix 5: “*National Organization Position Statements*” (pp.29-30)
 - Appendix 6: Document including the PowerPoint weblink (p.31)
 - Appendix 7: Evaluation (pp. 32-34)

Appendix 1

Summary of Comments from Stakeholders from Discussion

1. *From your perspective, what evidence do you use to determine early intervention for infants and toddlers and their families has been successful? And how do you measure that?*

IFSP Review:

- Completed at IFSP updates every six months or when changes are needed; when the EI team meets they talk about the goals too: looking at the family's IFSP goals and whether or not they are met, tracking the number of goals met and asking families for feedback on these goals—asking how do you feel about how we addressed this goal; are you comfortable moving forward on working on this.
- Changing strategies if the goal is not met, trying to have the family guide and drive the process.
- Asking about the parents growth and the child's growth to gather additional information rather than just 'was the goal met'.
- Question asked: "Do you feel the Birth to 3 Program has supported you in what you need to meet this goal," rather than looking at where child is functioning.
- Family engagement—invitation to a process in place, family centered—tone is set and driven by the family.
- Ask what the **developmental outcomes** are and if they are being met; need to know what the **priorities are for measuring success** and we need to guide the process from there.
- The **IFSP outcomes** for my child are the same as they were last year so did my child make success? This seems not to be a good measure. Does this mean my child has not been successful? I want to know what those measures are in between IFSP's to know if progress is being made.
- Pull out outcomes every three months. See significant change that needs to be modified, change along with growth of child.
- Open communication is necessary.
- Childcare provider input into plan – reflects integration of all caregivers in the child/family's life.
- Education of the parent to serve as the bridge/communication among all places the child goes and is involved.
- Seeing parents connecting with their child, building deeper relationships that will hopefully last for their lifetime.
- To be able to work with families to build skills to support their child's development and maybe not end up in the Birth to 3 Program.
- Want to continue to find ways to capture the parent-child relationship and evaluation and assessment tools.

Family Data:

- Hearing the **parent's story** through the therapist's point of view in what has been accomplished and whether progress is being made.
- When asked why to invest more money into the Birth to 3 Program, counties cannot just say "families are happier." We want to be able to argue the point that county Birth to 3 Programs are important and need more money.
- Balance of family satisfaction and external evidence.
- Showing parent satisfaction will improve child outcomes (CO process).
- Maybe think similar to child mental health services; we cannot say that by giving a child this service they will never commit suicide, however, we can quantify that without the investment "here" (that has been researched), you will not see the return you want.
- Bring families into policy maker's offices; the family's story, family statement about what their experience was participating in the Birth to 3 Program (need to provide support/guidance to prepare for this type of meeting). Nothing prevents the critique, need to go to underlying values, a culture shift is still needed for policy makers.
- It has been a challenge, the **parent stories** are what we need to effect change
- Administrative perspective; listening to stories at team meetings that team members tell. Talk about parent's experience and confidence gained from therapists point of view.
- Stories - how do you "operationalize" stories? The Birth to 3 Program is more closely analyzing the data. We're missing something. I think we are doing the work; I don't question it for a minute.
- PCATT is a natural fit (social work background). The shift to PCATT wasn't difficult.
- Using the **ECO Family Survey**: more work with less people; are we relying too much on the ECO Family Survey? Do we need to do something in addition to the survey?
- Parent: I never received the ECO Family Survey. Assume other parents have not received it, as well. I don't know any other families in our county participating in the Birth to 3 Program. I understand the confidentiality needs, but I would love to have that support system with other families.
- We don't have anything formal for measuring success. We have surveys that we send out at the beginning. We have **done phone interviews, looked at state data, looked at outcome data**. Are still looking for a method of measuring that yes the family is feeling supported.
- Have tried to adjust when we measure the family survey. (At the end, with the first IFSP, etc.)
- Very small return rate for surveys. Was completed with Birth to 3 Program American Recovery and Reinvestment Act (ARRA) funding, and got a higher return rate when giving financial incentive (\$5 gift card).
- Suggest using a short survey, with only three questions. (questions occasionally

change)

- Would be nice to get **longitudinal** data information – getting data from families that got intervention services 15 years ago. Could we have contact with families when the child turns 6 to see how families feel about the services they received in the past? What helped them the most (today)?
- Parent perspectives: Having a check in with provider, to identify how things are going, how they went from the last time they met with the provider. It would be interesting to see long-term data. *Progress reports to give feedback as to how things are going.* And to get the provider perspective if they see something that we didn't realize was growth. We need more relationship building. Dialogue of how things are going, what happened in the past week, even. *We have plans that ask what's going on this week, what things the family is working on, etc., end with the joint plan. Check in the next week about the joint plan, for each home visit. This should be written down, left with the families. Reflects the five characteristics of coaching. Asks about the past joint plan, and the next joint plan, where they are going the next week, what to work on.*
- Discharge staffing from Birth to 3 with the Local Education Agency (LEA), family and support teams in family's home; review where they started and where they are now. Informs LEA, gives family clarification and perspective. Very positive, but many LEAs do not participate. Good way to reflect on progress. (beyond formal required transition activities)
- Ongoing evaluation: case notes, take chart to families during home visits.
- County Birth to 3 Program staff may not be culturally appropriate – creates barriers for families to feel comfortable and don't say yes to services. Staff doesn't have to be native, but need to have cultural awareness and sensitivity. One worker didn't approve of use of a board with a baby with disabilities. Families provide feedback and word of mouth is very powerful.

Process:

- Recently we started a **parent program** to educate staff on basic parenting. We talk about how to guide parents and how to coach, but we don't have basic information about parenting. Trying to educate everyone overall starting with basic parenting. Most challenging families are those parents who are lower functioning and have fewer supports and that might be where you have to approach first.
- County program perspective, smaller county. 120 children served in 2013, with 50-60 in service at any time: Have **weekly team meetings** to talk about cases, how things are going. Problem solving and experience sharing time. Get feedback there.
- Head Start has performance standards, criteria to address supporting children with disabilities. (% of children served, Interagency Agreement with Birth to 3 Programs, Transitions are successful)
- I judge the success of how comfortable a therapist or home visitor is by how

they are **carrying out the plan**. Are they confident while in the home, can they share their knowledge comfortably while in the home. Are they engaging the parent and allowing the parent to feel comfortable doing what needs to be done when therapist is gone. If the SLP knows what I can do and having the access to the “expert” therapist can help me confidence doing what I am doing and why when they are not there with me. I also don’t have the time to do the research on my own so they can just answer the question for me. I like that they are accessible to me several ways email, phone, home visit.

- (ICC perspective) Process **indicators** exist as measures. **Timeliness** is helpful. From a health care provider perspective – what are the developmental outcomes? Was there progress? How do we measure child’s progress and support to families? Key words included in the Wordle™ can help us to think about outcomes and high priorities. Seemed to be a lot of consensus. How to measure those? Part of the way it should be guided. What is important for legislators?
- Consider measures of Birth to 3 Programs in local communities. Should be ways to measure connectedness, and the Birth to 3 Program’s role in that. System outcomes should be part of process as well as family and child outcomes. Infrastructure in every county – Birth to 3 Program and schools.
- Developed trauma informed care unit and interested in adding that into a new survey. Currently hear feedback from schools, teachers, parents, when individuals mention that the child is doing really good, for instance. Outcome ratings don’t always identify if the child made progress based on the intervention. Families have differing levels of commitment and involvement.
- In **child welfare** we have very structured points in time where we assess child’s needs and parental capacity to support the needs. We just started using the Child and Adolescent Needs and Strengths (CANS) tool, which is an assessment strategy designed to be used for decision support and outcomes management. Looks at life functioning based on trauma events. Education, medical, emotional. Looking comprehensively at kids along the developmental spectrum.
- Making the appropriate referrals and addressing the needs with the family.
- Also look at parental capacity and what is bringing the child to the system.
- What do we need to build to help parents safely care for their children? **Safety and Permanency** plans. Measurable goals (not just services listed). What are we intending to see with the service. Look at those plans 60 days and every six months thereafter. Use them to identify if we are making progress per the SPP.
- Continuity of relationship and services between the Birth to 3 Program and LEA. (childcare, too)

Outcomes:

- I use the indicators since I am part of the ICC. This gives some insight but not in depth.
- Success is defined as supporting the two-generation model (families and

children), equity—similar outcomes across communities, child development data, across multiple domains, family specific goals too—did families develop a plan, make progress on their plan, etc.

- Individualize supports to families and children; measured in different ways in different programs so needs work for consistency
- The **Child’s trajectory** may not be changed significantly, so need to include the **family changes** that occurred.
- Years ago CESA 5 sent out parent surveys; the new state ECO Family Survey came out, so quit sending the local survey.
- Hoping to come up with short survey (5-6 questions) for parents. Written into PIPP. Measurement is difficult in general.
- With all the fiscal cuts and fewer staff I am wondering if we rely too much on the **ECO Family Survey**; not sure the survey tells me enough on where there is success or where we need improvement I don’t believe it’s a good measure
- How does this (ECO) measure “**know rights**” for example, tell us if we are successful?
- We are beginning to look at **Child Outcomes** as a way to determine success in our program but are not completely confident.
- I don’t like that comparison to typically developing peers (Child Outcomes). He came into program at 5 weeks, leaving at about a one year old and age 3 years. Compared to kids with similar diagnosis -- is he excelling? When you compare him to a typically developing child, he’s going to look negative.
- Deeper, different kinds of outcomes we are not measuring. Coaching seems to be what every parent would love. Potential to build capacity, skills that are taught are transferable. We’re not measuring outcomes related to coaching. Focused on measuring individual child.
- There are not ways to measure all the quality of life factors that the Birth to 3 Program contributes to.
- Moving more towards **measuring outcomes** to identify if the services are actually working, not just because we are going through the motions, to make the child as successful as possible. Federal requirements 10 years ago made this focus on data and outcomes happen.
- Lack of baseline data for social/emotional – think about capturing and sharing data more effectively.
- Need to capture positive social/emotional data.(parent-child dyad as well as challenges)
- If referral process is working well, families are aware of status of referral and steps in the referral/intake process; families won’t be confused.
- Conduct annual reviews.

Training Needs:

- YoungStar – a program created by the Department of Children and Families (DCF) to improve the quality of childcare - is looking for cultural competency

professional development for providers.

- Need to be able to talk with people about biases or misunderstandings.
- People need to have an opportunity to talk about issues that challenge them
- Social skills, relationship-building, participation in events in the community – increased comfort in social settings; initiating interactions.
- Have plans that reflect the family's goals, building skills that will help in the long term.
- See joy, happiness – not anxiety.
- Hear family's language in the goals and plan.
- Have parents know their rights regarding the IFSP/IEP and be comfortable participating in the process.
- Parents having a voice – see family input and engagement, increase in comfort asking questions; start to have parent coach the adults.
- Supported family and gave them the tools to help the parent explain to the LEA why their child-needed services over the summer and family were successful.
- Help family's learn to advocate; relationships between family and Birth to 3 (and LEA) is measure of success and degree of those relationship.

Questions:

- What does that mean to be **successful**/reach a goal?
- Are the goals the same or measureable?
- Can they be specific to one family?
- How are the goals related to each other, so county Birth to 3 Programs can compare across families?
- When families are so different, have different challenges?

2. *What information do you want from the Birth to 3 Program to demonstrate intervention is making a difference?*

Working With Families:

- It depends upon the goals you have. (chicken/egg situation)
- Also work to talk about how to get families that are not interested in working with the Birth to 3 Program. We try to work with them.
- From the county perspective, every family is so unique. We are guided by the outcomes on the IFSP and are trying to meet those outcomes. As part of the case consultations we talk about strategies that therapists are doing. They are able to evaluate whether an intervention is being effective. We know from a personal/professional standpoint what may work. Families that we struggle with (that might have a lot going on) we problem solve as a team. We don't have one hard and fast rule about what information we might need. When we do an intervention we want to know that it is working for that specific child. Also experimenting with videotaping children. Parents give permission for that.

- Educate staff on adult education. Staff was trained to work with kids, but they need to be effective coaches. *IFSPs are still devoted to child outcomes, not family outcomes.*
- Sharing what we are learning about family goals---what are they saying about things like how they interact with their child.
- Understand the trends we are seeing and you are seeing, ability to combine our efforts.
- What are the biggest barriers for families, often due to our systems not working or being properly resourced.
- Development, function, quality of life, sustained skills---child level information
- What percentage of families is in poverty, level of education of the family, etc.
- Understanding of how trauma can compound development, having a universal conversation about it instead of just asking certain families which informs how we do case planning.
- Family outcomes page on the IFSP? We don't do a capacity measurement of parents. But maybe where they are in terms of being able to advocate for their child, for finding the research, how they are interested. How would the family like information given to them? (Maybe we should add family learning style to the IFSP)
- Measure success of transition to LEA – **experience** of the child and family and well as assessment of child development for children to have basic skills to be able to function in a school environment.
- Capture social/emotional data, assessment of the parent-child dyad.
- Understand parent's level of participation in transition process.

Evidence:

- Do the local programs have a way to measure their own success? We don't have a way to measure whether we are making an impact community wide.
- Evidence surrounding EI, how to support placing confidence in this evidence; external evidence:
 - Peer reviewed journals
 - Access to outcomes data
 - Measurement of family changes
 - Show that fidelity compares to higher outcomes from children
- What is appropriate to put on the shoulders of the county Birth to 3 Program to measure whether they actually have been successful?
- As a county I want to know the resources are out there so we don't spend time duplicating what has already been developed.
- Sitting down and collaborating with other programs or the state and what are your ideas in which we can measure success. We need to be more consistent across the state as to how we are measuring success. We need peer-to-peer support.
- Infant mental health -- family systems has the evidence.

- How to know if we do these practices, does it actually impact **child development**.
- Information about **best practices**.
- Opportunities for **peer-to-peer support**.
- We would like to see the **longitudinal data** showing how kids are successful in first grade fifth grade, high school, etc. Get this info to the local programs as well as the state.
- What is difference between kids we served in the Birth to 3 Program and kids that were missed at first grade?

Outcome Measures:

- I am really concerned about the Child Outcomes process and its accuracy and whether it's being done consistently across the state.
- As a program administrator, I believe the Child Outcome process is much better and more accurate than it used to be.
- Are Child and Family Outcomes the only way to determine whether we are making a difference and having success?
- There is some hopefulness.
- Are we measuring what we want to be measuring?
- How can we clearly connect ECO Family Survey and the ECO Child Outcomes?
- How do we measure the impact of children on a community level? Including ECO map with the IFSP? Where are the family's natural supports? (e.g., neighbor, grandma) Have their natural supports begun to outweigh their formal supports? How did early intervention increase their natural supports? How are families involved in that process?

Communication:

- More clarity about roles and what you need from us (Head Start), expectations on partnerships, what are the best practices around cross program teams.
- The communication between the Birth to 3 Program and the primary care doctor is critical but is challenging and still needs work. I hear it in the field from both sides.
- Communicating or connecting with each other. I'm concerned the message from primary care doctors maybe discouraging to families we need to have some key messaging which is consistent and understood.
- Program data does not matter to **legislators**, it is not going to get their attention; they listen to the family, how they are influenced.
- Speak to the objectives of the program.
- County communication is focused on data compliance often to submit information to DHS. Doesn't seem to focus on these kinds of discussions about making a difference.
- From a parent perspective, you would want more feedback, information and data to demonstrate that the intervention is making a difference.

- When a new intervention is brought in to the family: Why are you doing that intervention? What is the purpose, the evidence that this is the next step for the child? Defend why you are doing that intervention. Helps the family justify why to other family members. Give the family the support and strength to defend the practices and interventions
- Physicians:
 - May or may not have heard of Birth to 3 Program, making a personal connection to let the referral source (doctor) know what happens when a referral is made.
 - Do not rely on doctors getting the physician articles---get a lot of them to read.
 - Infiltrate the system, Wisconsin Chapter of the American Academy of Pediatrics (WIAAP); Chapter can help out with this, make it a routine -- be on 'the checklist'.
 - Utilize the meetings the WIAAP holds with the "communicators" who talk with other providers -- information that speaks the language of physicians and the language of families, not pamphlets or DVDs, etc.
- Better communication between/among the systems to support children and families (Birth to 3 Programs, LEAs, Head Start, physicians, childcare, parents).

Collaboration:

- Sharing information and resources across the state; county Birth to 3 Program administrators don't want to spend time and energy on something another program has already completed.
- Sitting down and collaborating: maybe we need supervisors and service coordinators to sit down with DHS and develop uniform procedures, instead of many different county established procedures. Get ideas to tweak locally.
- From child welfare: Where is the intervention being done? How is that translated from parent to caregiver? Helping caregivers transition information about what they are trying (intervention wise) to each other (parents, grandparents). We don't want to duplicate efforts, and want to ensure our plans are consistent with one another; don't want to tell families conflicting information.
- From a caseworker, we need to know where the movement is towards. What are the concerns, what is being done? Is there improvement? Are there safety concerns?
- The Birth to 3 Program has a big influence, but what is our connection to the community? And how do we measure how we are influencing the community? Strategies such as going to physicians and learning the number of Birth to 3 enrollees are getting their well child checks? What impact is the county Birth to 3 Program having on the community? What collaboration is happening?
- Disconnect between two systems – be more supportive of families and more informative for LEAs.

Example (Story):

- A family whose child is enrolled in the Birth to 3 Program just emailed grocery stores about how they couldn't go grocery shopping with their child, and the grocery stores started providing shopping carts for children with disabilities. The county Birth to 3 Program didn't write the grocery stores (the family did) but we empowered them to work with their community. They go through so much of a transformation and we don't have a way to measure that amazing success.
 - How do we measure that?
 - How do you measure how the parent is processing the information about their child's diagnosis?
 - What about measuring advocacy within the family?

3. Question 3: *From your perspective, how would families, other systems and providers, legislators and the general public know that early intervention is making a difference in the lives of children?*

Community Partners:

- When referrals are follow-up on and people/partners know the outcome (e.g., confusion about documentation of referrals with tribal communities).
- Do we track where referrals come from? If there are entities that don't refer to the Birth to 3 Program? Maybe we need to target them.
- There are people who often refer to Birth to 3, so they clearly believe in it. Can we find out WHY groups are not referring to the Birth to 3 Program? What are they not aware of?
- *Child Find and advocacy needs to be a priority for the State or we will not spend resources for it.*
- Green Bay does send prenatal care coordination group to the families about resources, such as the Birth to 3 Program. Connecting with the school district also, send out with 2.5 to 3 packets/ send earlier as well. Ages and stages document
- Want to avoid duplication but provide all necessary information for the families.
- Childcare support, making the referrals to the Birth to 3 Program (significant changes to childcare—economy, additional regulations, YoungStar, which has influenced the number of providers available to families).
- Helping families to see what has changed for them—asking about their experience in the Birth to 3 Program, seeing their own experience in a broader context (e.g., my child sleeps through the night and I helped do that).
- Use what is important to them (e.g., they are concerned about YoungStar) to share information about the Birth to 3 Program.

- Programs are proprietary, so having a relationship with other program staff helps to alleviate this impact.
- Identifying things that work locally, how to do in a more systematic way, toward more consistently positive outcomes.

Physicians:

- Good job with doctors. Feel confident that local doctors are coming around to the Birth to 3 Program philosophy in my area of state. The process came top down from state. CESA 5 service provider has always done PCATT. Letters to doctors and childcare providers about who we are. Fielded a lot of phone calls about why Birth to 3 Program didn't give more services. State commitment in 2008-2009 helped. Top down state support has been helpful. More work to do with families, policy makers and county board. Some county board would have no clue.
- Looked at survey data of pre-and-post assessments of practices. Showed little growth in knowing about the Birth to 3 program; however, recent survey shows more growth in knowledge of Birth to 3 Program. This felt encouraging. Birth to 3 Programs have been coming to trainings all along.
- Peer-to-peer discussions about explaining Birth to 3 Program. Haven't had success explaining the Birth to 3 Program to physicians, as much as physicians explaining Birth to 3 Program to physicians. Networking meetings with neonatal intensive care unit (NICU) nurses and care coordinators who actually make referrals, engaging them and understanding their philosophy. This reduced questions about why children aren't getting more services. Feel empathic to families when doctors question families about why don't we get more services, as doctor suggested. Happens, but less than before.
- Completed a study from interviewing physicians that 50 percent of families referred don't follow through with applying for the Birth to 3 Program
- What about families who doctor in another state? Is there a way to reach out and communicate with doctors and communities across the border (e.g., Minnesota, Michigan, etc.).
- We have made progress with our doctors with sharing what we do; communicating with people in the community -- whether it's letters or conversations-often it was just "talking until you are blue in the face".
- Physicians get copies of reports.
- Doctor office video on repeat to educate about the Birth to 3 Program. Columbia County just received milestone letters (about where the child should be at what age). What to do if they aren't meeting that milestone. Who to talk to from the hospital?
- WAAPC is here to help.

Families:

- Question: struggle doing child outcome ratings because want to rate based upon normal development---incongruent with families reporting so much change, even though the child's number rating has not changed.
- Child within a vacuum is not making progress, but the child within their family is making progress, better quality of life.
- Way more positive stuff than the child outcomes ratings show.
- Having ways to measure things /different roles is important..
- Look at where families come from to determine where to give information, who to focus on letting them know about the Birth to 3 Program
- Giving families ability to network together. Get enough families to communicate together could impact other families and legislators, for example, family connections, annual picnic at library.
- I wanted to meet people in same situation as I am in. Talking to families with children with similar diagnosis who can relate.
- I think getting families in the program connected because they know other families and they know still more families, those without disabilities. More formal connections with other families in the program and possibly facilitated by the state and or local programs. I also am thinking the opportunity to connect with parents with similar situations specific to the disability such as Down syndrome and Autism Spectrum Disorder.
- Focus groups of parents
 - Random interactions in which parents talk about how much early intervention (EI) services have impacted their child and family.
 - Design more advocacy learning for families.
 - Where is "our" representative – legislators, elected official, etc.?
 - Collaboration – show partnership among all agencies that serve that child.
- Conversation with other parents participating with the ICC about going into the home, not having the community of other families in the Birth to 3 Program. Parents know the providers but don't know other families going through similar situations (in general). Often no community building or support available.
- Families are connecting with each other virtually (Facebook/blogs), can put the county Birth to 3 Programs in a sticky situation, because available supports are so different across the state. Not necessary finding local information. How do we foster a place with local information for families to connect to each other?
- County Birth to 3 Program provides a family fun night in the fall; meet at a library, have the librarian read. Wanted to bring the families together and it's hard to do. Families want to know that they aren't the only one in the program. They want to share and connect. Are there other communities and organizations that can facilitate a family resource center? We do see some of that?

- Shifting from center to home is hard in terms of this family connection piece.

Messaging:

- Papers from PT, OT, SLP associations, pediatric policy statements; to help to build credibility.
- Combination of messaging: outreach does work; correct messages to use; relationships.
- Taylor County holds an annual public hearing where consumers testify; administrators organize and reach out to families to tell their stories, and they have a good turnout. Focus Birth to 3 Program in helping parents with confidence to provide outreach; can provide outreach after exiting program or write a letter to the County Human Services Board, who determines budget.
- Birth to 3 Program has a data system; where we can get this data.
- Participate in community-wide child development days.
- I know that outreach can be very successful but it needs to be at both the local and state level.
- We need to get the professional organizations statements of best practice to be distributed in a more formal way; we can't assume the practitioners are aware of what their own organization is actually saying related to best practices in the Birth to 3 Program.
- Give reports to county boards; anecdotal; share information with clinics.
- Public knows degree of success by word of mouth and continued referrals.
- If parents have seen their children reach goals and life is easier, then they will naturally talk about their family's success and role of early intervention. Those are the stories that legislators and the community need to know about.
- Need to do a much better job of demonstrating the impact of the Birth to 3 Program.
- Programs use satisfaction surveys, program surveys, both formal and informal.
- Working in silos or in partnership? Sustained relationships?
 - Supporting Families Together Association (SFTA): childhood expulsion rate and related demographics (children with disabilities, race, ethnicity, etc.) – reduction in reported challenging behaviors in childcare (SE)
- Fewer expulsions, increased school readiness, etc.
 - Show how the Birth to 3 Program impacts families and children to prevent further challenges long term.
 - Collaboration with childcare to serve children with disabilities.
- Number of children with disabilities in quality early childcare programs with their typically developing peers; increased ratings for childcare providers.
 - Survey prior participants and their families when the children are

enrolled in kindergarten to gather information about their lives after exiting the Birth to 3 Program.

- Ways to tell the story about the Wisconsin Birth to 3 Program:
 - With high number of referrals to the county Birth to 3 Program, a community was able to determine a high number of children with ear infections and develop a community-wide intervention.
 - Productivity in having stronger relationships between home visiting and Birth to 3 Program.
 - Develop relationships that foster quick interventions, especially with mental health concerns.
- Confidentiality? Releases?
- Early childhood as a whole needs to market early intervention to stress that is a state priority. STARS, ECLDS, IRP, Race to the Top. Looking at from the policy perspective, we need more data connecting to the Birth to 3 Program; we need to obtain early intervention data to public school data in order to connect to each other and prove the benefit of EI services.
- Maybe Birth to # Program needs a public service announcement (there is one for the ADRC!); foster care has a public service campaign that is monitored by an outside entity, as a donation from an ad agency and outside advertising donates the space.
- Counties have groups that do outreach, but there is no money [statewide effort instead of county-based outreach work].
- The state and county Birth to 3 programs should connect with WIC; partner messaging with public health departments to disseminate information to the families.
- Build into requirements to communicate with others, add it to the job description.
- Vision of Birth to 3 Program is not narrow - meant to be part of and in support of a “vine” a “network that comes together” to support a family.

Summary of small group discussion of round two questions

4. *Where might we focus our efforts and resources to support the necessary leadership and infrastructure to move our practice forward and to be able to sustain the practices over time with fidelity?*

The stakeholders offered some general observations as well as specific strategies for addressing the issue of focusing efforts and resources. Some of these may overlap the areas of leadership, infrastructure, sustainability and fidelity, but all offer insights as to the direction Wisconsin’s Birth to 3 Program might take moving forward.

Infrastructure:

Stakeholders identified several broad themes regarding improving the infrastructure to support implementation of effective practices (PCATT). These included improvements in communication, professional development, and structural supports to help those in the field.

Some specifics regarding these improvements include:

- Have routine communication mechanisms across the agencies and/or initiatives to ensure an understanding of what each does and how they are involved with children and families. The Race to the Top Early Learning cross-system alignment was suggested as an example of how to do this.
- Develop “friendly” visuals of the data collected and used by each agency/initiative and sharing those with one another to facilitate understanding of and connections to desired results.
- Develop a professional development plan that includes coaching elements; goes beyond “sit and get” training. Professional development on cultural competence was specifically identified
- Align pre-service education to the effective practices used in the field.
- Establish learning communities for providers to build a sense of competence and confidence.
- Develop mentoring practices to support newer providers that are establishing themselves.

Stakeholders also highlighted some challenges with the current infrastructure, but not necessarily ideas for address these:

- The notion of “systems within systems” was described as a barrier to implementing effective practices (PCATT). Providers work within local agencies that house multiple programs and may have their own cultures and priorities which might not readily align with Birth to 3 Program approaches and priorities.
- As the Birth to 3 Program move toward implementation of effective practices (PCATT) in all local programs, there may be inconsistencies experienced by families who move from one county to another.

Leadership:

Stakeholders had some general comments about the role of leadership in successful implementation, but fewer suggestions for how to address this aspect. The need for departmental leaders to talk across their agencies and share their strategic plans was specifically noted. Other insights were: 1) supervisors should support all team members as leaders, 2) local leadership should be cultivated, and 3) leaders need to sustain the passion around implementation for all others involved.

Sustaining with Fidelity:

Some broad insights regarding successfully sustaining the implementation of effective practices (PCATT) included:

- Supporting connections among providers to remove the feeling of isolation.
- Making connections to providers in order to make implementing the effective practices (PCATT) relevant.
- Reminding those involved about what the effective practices are and refresh why we are all doing those in particular.

There were some more specific ideas for how to support sustaining with fidelity offered by the stakeholders as well.

- Use technology to address the unique needs of smaller counties, especially regarding professional development and coaching.
- Identify champions and connect these people to others who are implementing the practices.
- Group programs with similar challenges (e.g., not all providers are full time) so that successful ways to address these can be shared.

5. After your experience today, how might the Wisconsin Birth to 3 Program share messages and common language about this program and what we do?

In regard to taking the message about the Birth to 3 Program forward, stakeholders shared perspectives about what the message would be, how to share it, and suggestions about the target audiences. Overall, the suggestions were about differentiating the type of information and/or the audience. The messages that stakeholders felt should be moved forward were based on strategies for gaining understanding and support from the community at large. The following were some specific aspects for messaging the work of the Birth to 3 Program, and implementation of the PCATT in particular.

- Provide details about PCATT – what it is and what it is not – so everyone has a firm understanding and correct information.
- Leverage the benefit of describing evidenced based practice to supporting child find efforts
- Articulate the value to the community of the PCATT approach.
- Describe how the implementation of PCATT is connected to other early childhood efforts and initiatives in the state.
- Be clear about what the Birth to 3 Program is about, where they are now, and where they want to go.

As far as differentiating the audiences and the strategies to sharing the message, stakeholders had the following suggestions:

Audience:

- Be more targeted with the current partners and their structures (e.g., use the Disability Coordinators in Head Start as the mechanism to communicate about implementation with that agency).
- Focus some effort on policy makers; in particular legislative aides who may have more connection to specific policy development.
- Target the physician community in particular and develop information that will be relevant to their work and relationship with families.
- Develop/capitalize on mentor parents to share the message with parents.

Delivery strategies:

- Explore public service announcements for radio and television.
- Re-enforce and encourage word-of-mouth sharing about the Birth to 3 Program.
- Explore social media as a mechanism to share just-in-time information.
- Develop family friendly data displays to use with parents and community at large.

Appendix 2 Participants

First Name	Last Name	Affiliation	Roles
Mary	Peters	Early Childhood Technical Assistance (ECTA) Center	Facilitator Roles
Arlene	Russell	NCRRC	<ul style="list-style-type: none"> To ensure all voices are heard To remind us of ground rules
Sandy	Schmitz	NCRRC	<ul style="list-style-type: none"> To be mindful of our time and move us forward in the process today
Liz	Hecht	Waisman Center, UW-Madison	
Terri	Enters	Department of Health Services (DHS) Birth to 3 Program Part C Coordinator	State Team Roles
Kate	Johnson	DHS Birth to 3 Program	<ul style="list-style-type: none"> Provide additional information when needed
Lynne	Morgan	DHS Birth to 3 Program	<ul style="list-style-type: none"> Take notes, analyze small group discussions
Dana	Romary	DHS Birth to 3 Program	<ul style="list-style-type: none"> Provide clarifications when needed
Lori	Wittemann	DHS Birth to 3 Program	<ul style="list-style-type: none"> Listen to stakeholder input
Carol	Eichinger	Waisman Center, Wisconsin Personnel Development Program (WPDP)	
Elizabeth	Wahl	RESource - Southern	
Michelle	Davies	RESource Director	
Kathy	Boisvert	RESource - Western	
Rene	Forsythe	RESource - Northeastern	
Melissa	Velez	RESource - Southeastern	
Karen	Williams	RESource - Northern	
Lilly	Irvin-Vitela	WI Head Start Association	Stakeholder Roles Share knowledge and experience related to:
Cheryl	Ketelhut	Northern Region Birth to 3 Program	
Anne	Bruss	Northeastern Region & Brown Birth to 3 Program	<ul style="list-style-type: none"> Strengths and impact of WI Birth to 3 Program
Laurice	Lincoln	Southeastern Region/Milwaukee County Birth to 3 Program/ ICC member	<ul style="list-style-type: none"> Strengths and impact of perspective and how your system intersects with the Wisconsin Birth to 3 Program

First Name	Last Name	Affiliation	Roles
Cheryl	Walker-Lloyd	Southeast Region/Birth to 3 Program	
Becca	Jarzynski	Integrating the Healthcare Enterprise (IHE)/Western Region	
Gwen	Westlund	PT from Western Region/Primary Coach Mentor	Share your perspective related to
Emilie	Braunel	Parent/Interagency Coordinating Council (ICC)	<ul style="list-style-type: none"> Challenges experienced
Kia	LaBracke	Wisconsin Chapter of American Pediatrics Association	<ul style="list-style-type: none"> How to avoid future difficulties
Tracy	Swink	Physician	
Amy	Fogarty	Physician	
Staci	Sontoski	Home Visiting/U-W Milwaukee School of Social Welfare	Identify areas for further exploration
Jonelle	Brom	Department of Children and Families (DCF)/Foster Care	<ul style="list-style-type: none"> To improve communication with families and community partners
Regena	Floyd-Sambou	Department of Children and Families (DCF) and Inclusion in Childcare	<ul style="list-style-type: none"> To ensure a realistic plan for improvement
Peg	Ryan	Southern Region/Grant/Iowa/Unified Community Services	
Bridgitte	Bodette	Southern Region/Sauk County	
Teresa	De Young	Parent and Interagency Coordinating Council (ICC) - Western Region	
Jenny	Giles	Department of Public Instruction (DPI)/Part B/619	
Bonnie	Erickson	Former IMH Fellow and Southern Region	
Suzi	Wolf	Southeast Region/KAC in Kenosha County	
Sharon	Fleischfresser	DHS/Division of Public Health Children and Youth with Special Health Care Needs (CYSHCN)	
Heather	Jordan	Great Lakes Inter-Tribal Council, Inc. (GLITC)	

Appendix 3

Wisconsin Birth to 3 Program Primary Coach Approach to Teaming Journey

- 1988** December of 1988, the Interagency Coordinating Council adopted a set of "Guiding Principles."
- 1991** Amendments to Part H, (now Part C) Congress added the requirement of "natural environments" as the "setting" for early intervention; required a change in practice from center-based and clinic-based services to home-based services
- 2007** Wisconsin letter to physicians in 2007 Dr. Arianna Kiel (Waisman Center) researched and disseminated materials explaining use of a primary service provider (primary coach); linked more functional outcomes for children with the use of a primary service provider.
- 2009** Estimates from the Early Childhood Technical Assistance Center (ECTA) suggest... 40 states were then utilizing components of the Primary Coach Approach to Teaming within Natural Environments
- 2009** Primary Coach Approach to Teaming Within Natural Environments had been shared as an evidence-based practice beginning in 2009 with ARRA funding allowing statewide training and technical assistance potential
- 2009** ARRA funded "Crossing Borders" initiative on evidence-based practices
- 2010** Leadership Event for T&TA Network
- 2010-11** Intensive Institutes
- 2010** Preparing Mentor Project 2010 On-Line Blog and FAQ
- 2010 to present** Comprehensive TA and Coaching
- 2012** Regional Institutes with follow-up TA
- 2012** Statewide TOTAL = 26 PCATT Teams
- 2013** On-Line Learning Modules
- 2014** State Systemic Improvement Plan (SSIP) Phase 1 work with stakeholders to identify the State-identified Measureable Result (SiMR), Evidence-based Practices and Theory of Action

Appendix 4

National Organization Position Statements

American Academy Of Pediatrics (AAP)

- **Early Intervention, IDEA Part C Services, and the Medical Home: Collaboration for Best Practice and Best Outcomes.**
<http://pediatrics.aappublications.org/content/early/2013/09/24/peds.2013-2305.full.pdf>
<http://pediatrics.aappublications.org/content/132/4/e1073.abstract>

American Occupational Therapy Association (AOTA)

- **What is the Role of an OT in Early Intervention? FAQ from AOTA**
http://www.aota.org/-/media/Corporate/Files/Practice/Children/Browse/EI/Role-of-OT_1/Early%20Intervention%20FAQ%20Final.pdf

AOTA

- **Practice Advisory on the Primary Provider Approach in Early Intervention.**
<http://www.aota.org/-/media/Corporate/Files/Practice/Children/AOTA-Advisory-on-Primary-Provider-in-EI.pdf>

AOTA

- **Early Intervention/Early Childhood Critically Appraised Topics.**
<http://www.aota.org/en/Practice/Children-Youth/Evidence-based/CATS-CAPS/EI.aspx>

AOTA

- **Side by side: Trans-disciplinary early intervention in natural environments** Pilkington, K. O. (2006). OT Practice, 11(6), 12-17.
http://www.cdd.unm.edu/ecspd/portal/docs/tta/AOTA%20Side%20by%20Side_Transdisciplinary%20EI.pdf

American Physical Therapy Association (APTA)

- **American Physical Therapy Association Natural Environments in Early Intervention Services Fact Sheet.**
<http://www.pediatricapta.org/consumer-patient-information/pdfs/Natural%20Env%20Fact%20Sheet.pdf>

APTA

- **American Physical Therapy Association Team-based Service Delivery Approaches in Pediatric Practice Fact Sheet**
<http://www.pediatricapta.org/consumer-patient-information/pdfs/Service%20Delivery.pdf>

American Speech-Language-Hearing Association (ASHA)

- **Position Statement. Roles and Responsibilities of Speech Language Pathologists in Early Intervention. (2008)**

<http://www.wiu.edu/ProviderConnections/pdf/SpeechPositionStatement.pdf>

ASHA

- **Early Intervention Teaming and the Primary Service Provider Approach: Who Does What, When, Why, and How.** Marturana, M., McComish, C., Woods, J., Crais, E. (2011).
<http://sig1perspectives.pubs.asha.org/article.aspx?articleid=1769565>

ASHA

- **Clinical Forum: Guiding Principles and Clinical Applications for Speech-Language Pathology Practice in Early Intervention.** Paula, D and Roth, F. (2011) (LANGUAGE, SPEECH, AND HEARING SERVICES IN SCHOOLS • Vol. 42 • 320-330 • July 2011 * American Speech-Language-Hearing Association).

ASHA

- **Roles and Responsibilities of Speech Language Pathologists in Early Intervention Ad Hoc Committee on the Role of the Speech-Language Pathologist in Early Intervention.**
<http://www.asha.org/docs/html/GL2008-00293.html>
<http://www.asha.org/docs/html/GL2008-00293.html#sthash.sbg6cmU.dpuf>

American Physical Therapy Association (APTA)

- **Maximizing your role in early intervention.** Vanderhoff, M. (2004). PT: Magazine of Physical Therapy, 12(12), 48-54.
<http://cdd.unm.edu/%5C/ecln/FIT/pdfs/APTA%20%20Maximizing%20Your%20Role%20in%20EI.pdf>

American Speech-Language-Hearing Association (ASHA)

- **Collaborative Consultation in Natural Environments: Strategies to Enhance Family-Centered Supports and Services.** Woods, J., Wilcox, J., Friedman, M., and Murch, T. (2011) (LANGUAGE, SPEECH, AND HEARING SERVICES IN SCHOOLS • Vol. 42 • 379–392 • July 2011).

Division for Early Childhood (DEC) and National Association for the Education of Young Children (NAEYC)

http://www.naeyc.org/files/naeyc/file/positions/DEC_NAEYC_EC_updatedKS.pdf

Language, Speech, and Hearing Services in Schools (LSHSS)

- **Participation as a Basis for Developing Early Intervention Outcomes.** Wilcox, J. & Woods, J. (2011) (LANGUAGE, SPEECH, AND HEARING SERVICES IN SCHOOLS • Vol. 42 • 365–378 • July 2011 * American Speech-Language-Hearing Association).
<http://lshss.pubs.asha.org/article.aspx?articleid=1783538>

National Association of School Psychologists (NASP)

<http://caspsurveys.org/NEW/pdfs/nasp01.pdf>

Appendix 5

Primary Service Provider Approach to Teaming Fact Sheet:

Rush, D. D. & Shelden, M. L. (2011). *The Early Childhood Coaching Handbook*. Baltimore, MD: Paul H. Brookes Publishing Co.

- Every family receives support from a geographically based, multidisciplinary team that minimally consists of an educator, occupational therapist, physical therapist, service coordinator, and speech-language pathologist. Depending upon the program, additional disciplines may also be available to serve on the team.
- All team members (with the exception of the service coordinator) are available to potentially serve as a primary service provider (PSP).
- In a system using dedicated service coordinators, the PSP and service coordinator work closely together to ensure accomplishment of the Individualized Family Service Plan (IFSP) outcomes.
- All team members are expected to have basic knowledge of child development across all domains and how to promote child learning and participation within the context of everyday life activities in the home, community, and early childhood setting (e.g., childcare, preschool) as well as parenting resources (e.g., toileting, sleep, behavior, basic nutrition), and parent supports (e.g., health care, transportation, education, basic needs).
- One team member is selected by the team, which includes the family, to serve as the primary service provider. This is the team member the family will see on a regular basis to assist them in achieving the IFSP outcomes.
- The primary service provider is selected keeping the long-term view (potentially up to 3 years of child/family involvement with the early intervention program) in mind and based on a combination of family, child, environmental and practitioner factors.
- The final decision of primary service provider is determined at the IFSP meeting.
- The frequency of the primary service provider's visits and joint visits with other team member's is based upon the current needs of the child/family and are flexible, activity-based (different days & times), and may include bursts of service as necessary.
- The primary service provider receives ongoing support from other team members during informal conversations, team meetings and joint visits.
- Joint visits occur with both team members and the family present and during the activity setting in which the child/family/PSP need support in promoting the child's participation.
- The primary service provider uses evidence-based intervention practices to promote parent mediation of child participation within the context of everyday routines and activities using toys and materials existing in the environment and assistive technology introduced by the team as needed.

- All team members attend the regular team meeting, which occurs no less than every other week.
- Each child is discussed in the regular team meeting at least quarterly and more frequently if the primary service provider and/or family have a question and/or need support from another team member.
- Since working with families is relationship-based, the primary service provider rarely changes, but may do so if the child's/family's situation changes so dramatically that another team member would be the best match for the family. PSP does not change just because the child's IFSP outcomes change or are accomplished and new outcomes developed.



ECTACenter
The Early Childhood Technical Assistance Center



Exploring Evidence Based Practices and the Primary Coach Approach to Teaming within Natural Environments... A Journey

September 30, 2014

Mary Peters
Terri Enters
Arlene Russell

Appendix 7 Evaluation

Evaluation Summary: September 29, 2014 Stakeholder Meeting

- The response rate was 84% with 16 of 19 stakeholders having completed the survey.
- The overall quality of the meeting was rated either above average or excellent by all participants.
- All participants agreed, or strongly agreed, that the objectives were clear and discussions were on track while allowing for expression of opinions.
- All participants agreed, or strongly agreed, that meeting facilitators were effective in making the objectives of the meeting clear, kept discussions on track while still allowing for all relevant opinions to be expressed, presented information in an easy to understand way (well-organized, good pace, plain language, etc.), and that presenters satisfactorily answered questions from meeting participants (appropriately addressed the content and intent of the question, made it clear when they did not know the answer, directed participants to additional expertise or resources, etc.).
- Nearly all of the participants felt that the input they provided was considered respectfully (Ten strongly agreed, four agreed. Two participants marked this as 'neutral'.)
- Most participants felt that this meeting was relevant to their work, rating this item excellent (9) or above average (6). One person regarded the meeting as 'average' for this question.
- Regarding the meeting outcomes, nearly all agreed or strongly agreed that they had gained an overview of the Birth to 3 Program with a focus on gaining familiarity with the Primary Coach Approach to Teaming in Natural Environments.
- All participants agreed or strongly agreed to having had the opportunity to provide input on the Birth to 3 Program based on my own perspective.
- Nearly all felt agreement and strong agreement with having had contributed recommendations to the state team on key messaging of the Birth to 3 Program and the opportunity to participate in giving recommendations to the state team to determine the focus of the State Systemic Improvement Plan that will ultimately enhance outcomes., (2 neutral ratings)
- Most all agreed or strongly agreed that they had the opportunity to participate in giving recommendations to the state team to set priorities for the implementation of evidence-based practice, (3 neutral ratings).

- Comments about what was gained from the meeting:
 - Refocusing on what is important in our work ... FAMILY RELATIONSHIPS.
 - I definitely felt improved collaborative resources, this meeting helped provide myself with an action plan to work with the tribal communities that I have contact with...listen to their feedback and then hopefully be able to continue with more of this great forward progress.
 - It was terrific not just to be a part of the process - which was excellent - but to connect with providers I typically would not have access to meeting.
 - Gained insight into the next steps that the State Birth to 3 Team is making in the overall state plan.
 - Knowledge, relationships, future planning and outcomes, directions (changes/enhances) of the Birth to Three Program.
 - I gained a better understanding of the Primary Coach Approach to Teaming method.
 - Networking, ideas for future work, and more knowledge of the history of B-3 in WI.
 - I learned more about how counties are approaching services to families, opportunities for potential collaboration, and the belief on behalf of leadership in a meaningful role for families.
 - Increased knowledge and relationships - opportunity to connect resources and re-energized motivation.
 - Understanding the perceptions of other vendors/providers.

- Comments about what worked well about the meeting (e.g. goals, content, format, or activities)?
 - Seemed well organized. I feel the format of the meeting was great. Everyone was given opportunities to speak.
 - Conversation - pace and structure. The pre-distributed information was helpful.
 - The goal and format worked very well. Goals, content, and small groups.
 - Most everything was spot on.
 - The networking and open dialogue between service administrators, state staff and providers. Small group discussions.
 - I thought it was a very well organized meeting with opportunity for interaction and content.
 - I appreciated that time was taken early in the meeting to focus participants quickly and deeply on core issues and interests in the introductory exercise. Terri did a great job of providing insight to the history of the Birth to 3 Program as both a direct service provider and from a state policy perspective. Carol was great. I wasn't entirely sure what the national team added. It would have been helpful to hear about trends in statewide priorities, how other folks were dealing with thorny issues...but that would have taken more time. The time spent in small break out groups was also terrific.
 - All areas were presented in a manner for positive learning; lectures presentations and group discussions.
 - Afternoon refreshments.

- Comments about what could have been improved about the meeting:
 - Wish more medical staff would have attended to obtain their perspective and recommendations.
 - I do wish that we would have had a little more individual time to network among ourselves; I'm not sure how we would have squeezed that in though as every minute was well thought out and not wasted at all. It was a day well spent - it went very fast.
 - I think the "plenary" / expert presentation was a bit long and tedious, mainly because of the format (speakers being off site), lots of slides. I guess that I felt like the group in its entirety was already well versed and "bought in" to the proposed methodology/coaching model.
 - It would be nice to have the speakers in the AM present in person (not always available, but would be ideal).
 - Overall I think the format was very effective given that there were providers from varying programs in early childhood. The meeting did feel quite rushed at the end, which seemed to be due to some groups taking more time than what was allotted. It would have been nice to have some sort of networking opportunity the night before for those that stayed the night.
 - Maybe the national team would have been more beneficial to the stakeholder group by sharing the insights about effective strategies in messaging, supporting practice change, engaging families, addressing issues of parity and disparity in access and outcomes, and innovative and effective ways to strengthen trauma informed approaches on a webinar for stakeholders. Or if it was a canned talk, it would have been interesting to watch an archived talk in the links we reviewed beforehand. It just seems that with a regional or national perspective there was more they could have shared.
 - Excellent meeting.

- Additional comments:
 - Just to report back to us! Thank you for a great day. It was nice to feel heard.
 - Great snacks in the PM!
 - It really was an excellent event. There was such nice work that went into informing us and helping us be ready for an effective meeting. All surprises were pleasant ones rather than uh-oh-why-did-I-come ones. I look forward to opportunities to collaborate more.
 - Mary Peters does an exceptional job of welcoming and clarifying anticipated outcomes of gatherings such as these, setting the stage for impressive work by a diverse group.
 - Good Job; thanks for putting this together.
 - Thank you.