<table>
<thead>
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<tbody>
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<td>Melanie McKinney</td>
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• One of 15 IDEA Part C providers in Utah within the Utah Department of Health’s “Baby Watch” program

• Located at the Center for Persons with Disabilities at Utah State University

• Up to 3 serves families in Utah’s Cache, Rich, and Box Elder counties
  • 683 infants and toddlers were served in 2012-2013
Up to 3 aims to provide families with the knowledge and tools to enhance their child’s growth and development using family-centered practices.
PROJECT AIMS:
• To aid in quality improvement and program evaluation for the Up to 3 program in the area of family satisfaction
• To develop and implement a comprehensive family survey program
  • Utilize electronically formatted surveys for each step in the early intervention process.
Specifically, Up to 3 aims to measure family perception of quality, effectiveness, and efficiency of services to aid in:

- Program evaluation
- Development and monitoring of quality improvement initiatives

FAMILY SATISFACTION

“Family Up” surveys aim to collect satisfaction-related data in supplement to outcomes data that is already gathered by Up to 3
QUALTRICS ELECTRONIC SURVEYS WERE DEVELOPED FOR EACH PHASE OF THE EARLY INTERVENTION PROCESS

Intake →
Evaluation →
Individual Family Service Plan →
Intervention →
Transition
BENEFITS OF ELECTRONIC SURVEY ADMINISTRATION:
- Improved rate of return—administered in “real time”
- Efficiency—time and cost
- Confidentiality (reducing bias)
- Data collection, tracking, and analysis
SURVEY VALIDATION INCLUDED:

- Expert review:
  - Up to 3 Director
  - Up to 3 discipline-specific reviewers
- Parent review:
  - 29 surveys reviewed by parents
“FAMILY UP” SURVEY PROGRAM:

DEMOGRAPHICS SURVEY

INTAKE SURVEY

EVALUATION SURVEY

INDIVIDUAL FAMILY SERVICE PLAN SURVEY

SERVICE PROVIDER VISIT SURVEY

TRANSITION SURVEY
FUTURE PROJECT DEVELOPMENT:
- Pilot testing
- Test-retest reliability assessment
1. **Online Discussion Board:** create an online Discussion Board to post citations, questions/answers, and points of discussion to further explore didactic content. Effective leadership requires reflection, and communication skills that may be fostered through ongoing discussion.

2. **“Close the loop” activity:** trainees assigned to small groups will create an “elevator pitch” for case vignettes for (or against) initiatives affecting an MCH population. Effective leadership requires the ability to “close the loop”.

3. **“Community of Practice” (CoP) for PDCs:** trainees collaborate *in advance* of the PDC to discuss each listed parent concern from which a list of cohesive questions may be generated. Pre-PDC collaboration may also include interdisciplinary discussion of recommendations. Effective leadership requires *efficient* communication, and collaborative skills.
Changes to Program:

1. Promote discussions during seminars within group sites.
   - Prompt speakers to have group activities/site assignments
   - This promotes discussion and encourages everyone to participate

2. Link assignments to syllabus
   - Organizes the assignments so they don’t get lost

Additions to Program:

3. Trainee Forum
   - Continue discussion after seminars
• Teamwork

• Six effective forms of listening that helped me to start:
  1. Show that you care
  2. Engage yourself
  3. Be empathetic
  4. Don’t judge others
  5. Be expansively mindful
  6. Don’t interrupt

• More effectively inspire professional development and overall performance.
  • Leader who listen are able to create trustworthy relationships that are transparent and breed loyalty.