

<p><b>Outcome:</b> Cluster B will reach the target of serving 1.4% of children ages birth to 1</p>	<p><b>So that:</b> Early intervention services are reaching the children and their families that need those services early enough to achieve the maximum impact</p>
<p><b>Strategy update from last quarter:</b></p> <p>We hypothesized if physicians prefer to refer to their own clinic, then we need to show the uniqueness of First steps and that for some families may be a better alternative than the clinic setting in order to see an increase in referrals. The LPCC has visited over 30 Medical offices within 6 rural counties, providing referral forms, developmental checklists, and colored posters with the developmental milestones. The SPOE director sent a letter to the Director of Noble Parkview Clinic, and will be meeting in person with her later in April. In February another First Step OT provider left to join the Amish Clinic in Topeka, no driving to appointments unless she wants to, higher pay and compensation for report writing. Currently this clinic has 7 First Step providers, all leaving for similar reasons. The SPOE Director has spoken with most of the therapists and they agree they want to collaborate with First Steps and address the medical needs as well as the more specialized services generally available by only a few First Steps therapists serving this rural community. The SPOE Director will meet with the clinic director in April to consider an MOA between First Steps and the Amish (Topeka ) Clinic.</p> <p>In efforts to reach more families, the Cluster has an agreement with Memorial Hospital (St. Joseph county), SJRMC (St. Joseph county and Marshall county), Elkhart General, Goshen (Elkhart county), Cameron (Steuben county), Parkview Whitley, Parkview LaGrange, Parkview and Lutheran Hospitals in Allen county, in collaboration with Cluster C for the NICU and the general nursery deliveries, where the nursing staff will be reviewing First Steps with all families during the examination of their discharge paperwork. Families are asked if they would like to submit their address to First Steps (form provided) and First Steps follows up with this family in 3 months with a postcard outlining developmental milestones for the 3-6 month olds and a phone call, to check on their baby’s development. This is implemented for all families in NICU’s and in the general nurseries. LPCC coordinator will track this information, in hopes of seeing an increase in the referrals for children under the age of one. LPCC plans to implement this form in Kosciusko County General Hospital, Eden Care in LaGrange, Auburn Birthing Center (DeKalb), Parkview Noble and DeKalb Health in the next quarter.</p>	
<p><b>Explanation of Data:</b> 1/01/2014-12/31/2014- one day child count under 1 year old - <b>115/1.03%</b></p> <p>In an attempt to explain the data the SPOE director and Data Committee Reviewed referral data and reasons for record closures data showed a 26% increase from 01/012014 to 12/31/2014 as</p>	<p><b>Strategies(Who is responsible/timeline/evaluation):</b> To ensure consistency throughout the entire Cluster of the assessment team members, at the March 26<sup>th</sup> assessment team meeting, the SPOE will review informed clinical opinion, when it is appropriate to use for babies referred from the NICU and/or referred with a medical diagnosis supporting high probability of future developmental delays. The SPOE will continue to track the data and share with the Data-child</p>

<p>compared to 1/01/2013 to 12/31/2013 in the number of children who were medically eligible but not in need of services, at the time of their initial assessment. In each of these cases the assessment team requested a reevaluation in 2-3 months.</p>	<p>Find committee to identify any changes in the use of informed clinical opinions for infants and toddlers, less than 9 months.</p> <p>The intake supervisor will offer training to all intake coordinators on more efficient practices and techniques in regards to gathering supportive and sufficient medical documentation. Strategies will include timeframe for faxing initial requests from date of parent signature, as well as follow up phone calls to the physician if documentation is not received within 5 business days, as documented on the intake contact log (see attachment). This is to ensure the assessment team has the needed documentation prior to the initial assessment, to support high probability of developmental delay for the medically eligible children. This training will occur within the next quarter.</p> <p>The LPCC will continue to expand outreach coverage to prenatal classes, participating in the prenatal education for moms and dads in the following area hospitals: Parkview Whitley, Parkview Noble and expanding in the next quarter to Cameron (Steuben county).</p>
<p><b>List barriers to accomplishing strategies and how to address them:</b></p> <p>At this time there is not data report available to determine the possible reasons families are opting out/declining to participate, except by a hand count. A Reason for Closure Report in iSPOE, this report will be requested by the SPOE Director.</p>	

**Resources needed:**

State Clarification     IIDC     Training     Mentoring     Other: Clusters, State

**Explain:**

The SPOE Director will submit a list of reports to the First steps Web site which would be helpful in assessing outreach efforts, appropriate referrals and reason for closures by the end of March

**Stakeholder Collaboration:**

Area hospitals who have already agreed to discussing First Steps information with their discharge packets in the NICU as well as general newborn nurseries: Elkhart General, Goshen General, Memorial, St. Joseph Regional Medical Center, Cameron Hospital, Parkview Whitley and Parkview La Grange.

Assessment Team meeting scheduled for March 26th

<b>Outcome:</b>	<b>So that:</b>
<b>Strategy update from last quarter:</b>	
<b>Explanation of Data:</b>	<b>Strategies(Who is responsible/timeline/evaluation):</b>
<p><b>List barriers to accomplishing strategies and how to address them:</b></p> <p>The data for this quarter may not be supporting our hypothesis as the review occurred with files prior to the training and email to agencies.</p> <p>We continue to need additional providers in our rural areas within regions 2 and 3. The agencies have been recruiting and contracting with new providers. One of them shared “ it seems that we are simply recruiting to stay alive and cover for therapists leaving...no added capacity”</p>	
<p><b>Resources needed:</b></p> <p><input type="checkbox"/> State Clarification    <input type="checkbox"/> IIDC    <input type="checkbox"/> Training    <input type="checkbox"/> Mentoring    <input checked="" type="checkbox"/> Other: Clusters, State</p> <p><b>Explain:</b></p> <p>To contact other Clusters who have a high rural area and how they recruit and retain providers.</p> <p>To look at a rate compensation for providers who serve rural areas.</p>	
<b>Stakeholder Collaboration:</b>	

**At the February 24<sup>th</sup> Agency meeting we discussed discipline specific needs in each region in order to support timely services at the initial IFSPs.**

**Three agencies are sharing providers on three plans in region 2.**