**Outcome:**
At least, 3.83% of children birth to age 3 will be served

**So that:**
Children in need of Early Intervention services are identified and begin receiving services.

**Explanation of Data:**
Quarterly Data (387/12907, 3.0%):

Overall referral numbers are steadily increasing in Cluster F.

**Referral:**
Jan-78
Feb-73
Mar-86

LPCC Coordinator was hired and started Feb. 23, 2015. She has been active in community outreach and continues to expand her search in efforts to educate community partner serving this age group. She has distributed First Steps information to local WIC and DCS offices, Health Departments, and Pediatrician offices as well as attending community baby showers, Youth Worker Café and System of Care meetings. LPCC Coordinator will continue to offer/provide training within the community. She also developed a “First Steps” handbook outlining the First Steps program and processes. This handbook included a developmental checklist and how to make a referral. The handbook is being distributed to local pediatricians and NICU’s.

**Strategies (Who is responsible/timeline/evaluation):**

If lack of program awareness and processes are lacking, then:

LPCC Coordinator will distribute a newly devised First Steps Referral guide which describes the First Steps program and the referral process to Pediatricians and NICU’s by September 30, 2015. The Handbook will also be offered to community partners serving this age group as a training piece.

**List barriers to accomplishing strategies and how to address them:**
1) Time it will take to locate and contact the correct contact information/person for all local pediatricians and NICU’s
2) Referrals for children lacking an established primary care physician

**Resources needed:**
<table>
<thead>
<tr>
<th>State Clarification</th>
<th>IIDC</th>
<th>Training</th>
<th>Mentoring</th>
<th>Other: ____________________________</th>
</tr>
</thead>
</table>

**Explain:**

**Stakeholder Collaboration:** Director, manager, LPCC Coordinator, and Stakeholders were emailed 06/10/15 for input. Being more visible in the community, having a specific contact person locally for trainings, and understanding the referral process, specifically that anyone can make a referral were topics of discussion to help getting more children enrolled.