<table>
<thead>
<tr>
<th>Outcome:</th>
<th>Initial IFSP’s will be written for eligible families within 45 days of referral</th>
<th>So that:</th>
<th>children and families receive services in a timely manner</th>
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**Strategy update from last quarter:**
- The AT is now fully staffed, however, an increase in referrals has prevented us from being able to relieve the back log created during staff turnover. (Strategy revised-below)
- The statewide cluster workgroup decided to postpone discussion of AT proposals with State staff since the State director left her position. We intend to re-visit this issue in the next quarter. (Strategy postponed)
- IC supervisor increased supervision and monitoring of scheduling timelines in March. This will continue until the issue is resolved. (Strategy continued)
- SPOE management staff determined that utilizing the iSPOE report showing children in the 45 day timeline is not feasible, as it includes too many children to effectively monitor. However, we are exploring a potential option to monitor children who are close to the 45 day deadline in our Teamwork (electronic case management) system. We will continue to evaluate the best way to utilize the Teamwork report this quarter. (Strategy revised/continued)
- Clarifications and examples related to 45 day timeline and documentation issues were provided to IC/SC’s during staff meetings in April. This will continue to be a standing agenda item for staff meetings until the issue is resolved. (Strategy continued)
- SPOE director has not followed up with State staff regarding guidelines provided in March due to the State director leaving her position; follow up will occur as soon as possible after the new State director starts. (Strategy postponed)

**Explanation of Data**

Quarterly Data:

Quarterly Data (Jan-Mar 15): 673/714, **94.3%**

94.3% represents a 1.1% increase in compliance compared to the most recent previous quarter (Sept-Dec 14=93.3%). This is the third consecutive quarter that compliance has been lower than 96%.

Further analysis of the issues of non-compliance this quarter showed similar issues as last quarter. The majority of late IFSP’s were due to AT scheduling issues, specifically, scheduling the initial assessment 3-4 weeks from intake and limited capacity for re-scheduling canceled or missed appointments within the 45 day timeline. There were also some issues with IC/SC documentation of exceptional family circumstances, but this was not unexpected as we did not review the new guidelines with staff until April.

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

If we hypothesize an increase in referrals has prevented improvement in the AT schedule, then we need to evaluate staffing:
- SPOE director will evaluate referral data and financials to determine the need for and ability to increase AT capacity (June 2015)
List barriers to accomplishing strategies and how to address them:

NA

<table>
<thead>
<tr>
<th>Resources needed:</th>
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<tbody>
<tr>
<td>☐ State Clarification</td>
</tr>
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</table>

Explain: NA

Stakeholder Collaboration: SPOE management staff reviewed data and QIP strategies on June 9. It was determined that issues related to IC/SC documentation were not surprising, as the recent state clarification was not provided to staff until April. It was also determined that while the ED team schedule was expected to improve, it hasn’t, and this appears due to an increase in referrals. The team reviewed and updated strategies based on this discussion.