Outcome: Cluster A will meet the target of serving 1.40% of children ages birth to 1

So that early intervention services are reaching the children and families that need those services early enough to achieve the maximum impact.

Explanation of Data:
Quarterly Data 1.26% (131)

At 1.26% we are under-serving our 0-1 population. We have 5 NICUs serving the Cluster. There is a lot of disparity in the referral numbers received from each hospital. Most of our NICU referrals come from St. Anthony Hospital in Crown Point and Community Hospital in Munster, both located in Lake County. A large medical center in Porter County refers very few NICU patients to First Steps. We believe this is because the hospital has a NICU follow up clinic and a medical group where they refer their patients after discharge from the hospital. We hypothesize this because one intake coordinator is responsible for all NICU referrals in Lake and Porter Counties. Of these referrals, approximately 75% have come from St. Anthony and Community Hospitals.

Other referral sources for infants could come from local WIC and Health Departments, as they regularly serve children in their first year of life. After looking back at referral sources over the past year, we found that very few referrals came from these sources. We hypothesize that this could be due to the fact that we have been less active in community outreach to these referral sources due to LPCC budget cuts over the past few years.

We hypothesize that parents and pediatricians often do not identify delays in children under 10 months of age and if they are referring at 10 months, or older the IFSPs will not be written prior to the first birthday.

Strategies (Who is responsible/timeline/evaluation):

If our hypothesis is that NICUs with their own follow up clinics do not refer to First Steps is correct, then we need to establish more effective relationships with the NICU social workers, developmental pediatricians, and follow up clinic therapists. The LPCC Coordinator will:

- Contact NICU social workers in the hospitals that don’t regularly refer their NICU patients to First Steps to establish relationships.
- Meet with NICU staff to provide informational brochures and red flag checklists to share with families.
- Set up presentations to follow up clinic staff to promote services in the natural environment, along with clinic services.
- NICU Intake Coordinator will contact local NICUs about setting up a regular schedule to come into the NICU and enroll children currently in the hospital.

Evaluation: We will keep track of who we have established relationships with. NICU Coordinator will track referral sources to see if referrals increase in hospitals and clinics that have been receptive to contact.

If our hypothesis is that we receive a negligible number of referrals from local WIC and Health Departments, then we need to establish better relationships with these referral sources. The LPCC Coordinator will:

- Contact local WIC and Health Departments to set up time to come and share information about First Steps program and Red Flags checklists
- Set up presentation to promote importance of early
intervention and services in natural environment, and early
detection of developmental delays.

**Evaluation:** We will keep track of local WIC and Health
Department referrals to see if there is an increase.

If our hypothesis is that parents and pediatricians do not identify
delays often in children under 10 months of age, then we need to
make information available to the public via social media, libraries,
play groups, pediatricians offices, newsletters etc., to help parents
identify atypical development that they can share with their
pediatrician. The LPCC Coordinator will:

- Post Red Flags Checklist and developmental milestones
  information on First Steps Facebook page
- Post First Steps fliers, Red Flags Checklist, and developmental
  milestones information at local libraries
- Contact MOPs group, Moms Together and MOMs Club which
  are various groups for stay at home moms and teen moms and
  try and set up presentations to talk about what First Steps is
  and the importance of early intervention.

**Evaluation:** We will keep track of these activities and monitor
referrals for children under the age of 1 year to see if there is
an increase in new referrals for this age group.

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**List barriers to accomplishing strategies and how to address them:**

**AEPS not being sensitive to delays in infants and Assessment Team being cautious about using informed clinical opinion.** To address this we
will meet with the Assessment Team to get input from them on additional tools they can use to identify delays in this population.
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**State Clarification**

**IIDC**

**Training**

**Mentoring**

**Other:** ____________________________

**Explain:** It would be helpful to see how other clusters are approaching this, particularly the ones who are at 1.40% or above.

**Stakeholder Collaboration:**

We met with our Oversight Council on 3/12/2014. As part of our meeting we talked about this indicator and brainstormed possible reasons that we are not reaching our target and possible solutions.