Outcome: 
At least 1.4% of children under age 1 will be served

So that: 
Children who need early intervention services are identified and begin receiving services early in life

Explanation of Data: 
Quarterly Data (103/8535, 1.21%): 
Cluster I is below target for the number of children served with an IFSP under 1 year of age.

We expect that this is primarily due to not receiving enough referrals on children 0-1. If we obtain more referrals we have a higher chance of finding those children who are in need of services.

In addition, the AEPS is not sensitive to infants and it is, at times, harder to determine service needs on this population.

Strategies (Who is responsible/timeline/evaluation):
If we are not getting enough referrals for children 0-1 then we need to increase referrals.
1) The LPCC Coordinator will work with each Early Head Start program in the Cluster this spring and summer to facilitate referrals of children who fail their Brigance assessment conducted at 6 months of age (see Stakeholder Collaboration).
2) Ongoing Providers already serving older children in First Steps will be asked by their Agencies to do quick assessments on younger siblings 0-1 and will train parents on developmental milestones.
3) The LPCC Coordinator will manually review MD referral sources to ensure the Cluster is not missing specific practices in each County. This will begin in April and continue on an ongoing basis.

Evaluation: The number of referrals for children 0-1 will increase.

If the youngest children are eligible, but not in need of services, yet the high probability exists for services to be needed in the very near future then we could write an Initial plan for Service Coordination only.
4) Re-educate Intake Coordinators on the use of SC only plans when children are eligible but not currently in need of services, when the infant has a medical diagnosis which has a high probability of needing services. Parent education is an important piece the SC can provide in these cases.

Evaluation: The number of SC only plans will increase (however this should be only a slight increase as these instances are few).

List barriers to accomplishing strategies and how to address them:
1) Participation from every EHS may not happen if the site is not willing to participate in making referrals after completion of the Brigance. The LPCC Coordinator will work with every site to make the process as easy as possible. It may also help to share that it was an LPCC member from an EHS program that came up with the idea.

First Quarter QIP
First Quarter QIP

3) The SPOE database is not set up to allow a search of specific physician referral source names. Manually reviewing those referral sources will be a time consuming task.

4) Obtaining the needed documentation from physicians for documenting the medical diagnosis in children under 1 is often challenging. ICs will likely have to work more closely with MDs in these instances in order to get everything needed.

**Resources needed:**
- [ ] State Clarification
- [ ] IIDC
- [ ] Training
- [ ] Mentoring
- [ ] Other: __________________________________

**Explain:**

**Stakeholder Collaboration:**
The Local Planning & Coordinating Council met on 3-13-14 and discussed this topic which led to the development of the 4 strategies. The Early Head Start representative from Clark County discussed their use of the Brigance assessment at 6 months of age with every child they serve. Their internal follow up / re-screening process is lengthy and takes places over the course of a quarter. She suggested that EHS sites should go ahead and send referrals at 6 months of age for those children that fail the assessment. This was agreed upon as a valid referral source to increase potentially eligible infants. A discussion on the physician as the referral source occurred as well. We do not know for sure that every marketed MD practice actually makes referrals; this will have to be tracked manually. All Agencies were present at this meeting and as a way to further increase referrals they agreed to remind their ongoing providers to talk to families about the development of younger siblings while they are in the home providing services to older children. The IC/SC Managers were present and agreed to re-educate ICs on the use of SC only plans for children eligible but not in need of services under age 1.