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

### 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:
- NICU intake coordinator will contact NICU social workers in the hospitals that don’t regularly refer their NICU patients to First Steps to establish relationships over the next 3 months.
- NICU intake coordinator will meet with NICU staff to provide informational brochures and red flag checklists to share with families over the next 3 months.
- LPCC Coordinators will set up presentations to follow up clinic staff to promote services in the natural environment, along with clinic services over the next 3 months.
- 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 over the next 3 months.

**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:
- LPCC Coordinators will contact local WIC and Health
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| Departments to set up time to come and share information about First Steps program and Red Flags checklists over the next 3 months.  
| • LPCC Coordinators 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:  
| • LPCC Coordinators will continue to post Red Flags Checklist and developmental milestones information, specifically focusing on 0-10 months milestones, on First Steps Facebook page weekly.  
| • LPCC Coordinators will continue to post First Steps fliers, Red Flags Checklist, and developmental milestones information at local libraries quarterly.  
| • LPCC Coordinators will 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. We will specifically target groups that focus on pregnant and new moms. Our goal is to reach out to 2 new groups per quarter.  
| **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.  

**List barriers to accomplishing strategies and how to address them:**
Getting the NICUs to being receptive to us coming in to the NICU on a regular basis.
The NICU intake coordinator having enough time to meet on a regular basis while maintaining all other job duties.

Resources needed:
☐ State Clarification  ☐ IIDC  ☐ Training  ☐ Mentoring  X 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.
The LPCC Coordinators are involved with numerous committees that involve WIC, health department, Healthy Families and medical center representatives. When LPCC Coordinators attend these quarterly meetings, there is always time to discuss issues within our own agencies. LPCC Coordinators will contact Clusters G & J and talk to them about how they have achieved compliance with this indicator.