**Outcome:**
Cluster B will meet the target of serving 1.4% 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: 1.33% (122)
Cluster B is below target for the percent of children under the age of one year with an IFSP. We hypothesize that we are receiving appropriate referrals of children under one year but, we are unable to schedule intake meetings with many of the families. In 2013 we had 2048 referrals and 690 of these referrals were 10 months or younger. This is 33.69% of our referrals. (This information is from the SPOE referral log).

**Strategies(Who is responsible/timeline/evaluation):**
If our hypothesis is that we are receiving an appropriate number of referrals for children 10 months and younger but, we are unable to schedule an intake meeting with families, then we need to collect the data on closed files to identify any trends.

The SPOE Director will create a spreadsheet to track all closed files that an intake meeting did not occur. We will track the following information for one quarter to identify any trends:
- referral source, reason for referral, child age, ID number, zip code, county, Intake Coordinator, reason record was closed from case notes: no showed scheduled appointments, phone disconnected, no response to letter, no concern, disagreed with referral source, not a good time- would like to be re-contacted.

**Evaluation:**
Data will be shared at our May 13th Child Find / Data Committee meeting to identify trends. Once we have identified explanations of why our referrals of children 10 months and younger are not moving to intake, we will develop strategies to increase intake percentages for children under one year.

“referral to intake” percent which currently is at 69.66%. (The 69.66% is from 1/1/13 to 12/31/13 Profile Report)

**List barriers to accomplishing strategies and how to address them:**
Getting information from the files of families that are not responsive may be a barrier. Some families do not respond to the Intake Coordinators attempts to contact them and it may not be easy to gather data. To address this we will document the intake coordinator and the referral source/reason for referral to see if any of this information shows us any trends.
Resources needed:
☐ State Clarification  ☐ IIDC  ☐ Training  X  Mentoring  ☐ Other: ________________________________

Explain:
It would be nice to see how other clusters are achieving this outcome.

Stakeholder Collaboration:
We met with our Child Find / Data Committee on 3/18/14 and discussed this indicator. We brainstormed the different reasons that we are not reaching our target. The Committee felt like we needed to collect more data but, agrees that referral numbers for children 10 months and younger does not appear to be the problem.

Updated: 4/2/2014