Outcome: Clusters B will meet the target of serving 3% of infant and toddler population.

So that: we ensure that we are giving all eligible children and their families the opportunity to participate in Early Intervention.

Explanation of Data:
Quarterly Data: 2.73% (772)
Cluster B is not in compliance with 3% of the cluster’s infant and toddler population being served. We hypothesize that we are receiving appropriate referrals but, our referral to intake to IFSP percentages need to increase. Our referral numbers have climbed over the past years therefor; we do not believe that we are out of compliance due to a lack of appropriate referrals. 2011 – 1853 referrals, 2012 – 1951 referrals and 2013 – 2048 referrals (This information is from the SPOE referral log)

Strategies (Who is responsible/timeline/evaluation):
If our hypothesis is that our referral numbers are appropriate but, we are not writing enough IFSP’s for children who qualify for services then we need to collect data on why referrals are not moving to intake (and to IFSP when appropriate).

The SPOE Director will create a spreadsheet to track all closed files in which 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:
This data will be shared with our Child Find / Data Committee on May 13th and again via email June 1st to identify trends and develop appropriate strategies to increase the number of referrals moving to Intake.

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 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 do not appear to be the problem.
The state suggested running the report for referrals not moving to Intake. We do run that report but did not feel it gives us specific information to identify why families are not following through. We feel we can glean more information from the case notes which may identify specific training issues or trends from referral sources and/or reason for referral by Intake Coordinator.

Updated: 4/2/2014