Strategies (Who is responsible/timeline/evaluation):

1) The LPCC Coordinator will visit each hospital in the Cluster by 9-30-14 to educate hospital staff on the First Steps program and establish a consistent point of contact with each hospital. Presentations will be offered along with developmental checklists and referral forms.

2) The LPCC Coordinator will work with elementary schools holding kindergarten round ups this spring to include First Steps developmental checklists in their materials and handouts for families, in order to target younger siblings.

3) Sycamore Services, an Agency in Cluster F, will distribute First Steps information and developmental checklists at the Autism Expo in Terre Haute on 4-19-14.

4) Expand representation on community stakeholder groups and/or boards:
   - a) LPCC Coordinator just began participating on the Vigo County Immunization Awareness committee. There will be a kickoff event in April.
   - b) Patty Sebanc, Sycamore Services, has joined Clay County Step Ahead and will represent First Steps on it. Crisis Pregnancy Center, WIC, Purdue Extension, The Children’s Bureau and numerous other community partners serving infants are on the council as well. There are over 40 service providers participating on the council.
   - c) By 6-30-14 the LPCC Coordinator will research to determine if Systems of Care meetings are available throughout the Cluster. Furthermore, will need to determine if this would be an appropriate partnership to develop in hopes of finding a viable source for networking with other community partners.

5) Beginning 4-15, the Director will track the referral sources for every referral for a child under age 1. This will help in identifying issues with

<table>
<thead>
<tr>
<th>Outcome:</th>
<th>So that:</th>
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<tr>
<td>At least 1.4% of children under age 1 will be served</td>
<td>Children who need early intervention services are identified and begin receiving services early in life and maximize the impact of those services.</td>
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**Explanation of Data:**
Quarterly Data (46/4183, 1.1%):
Cluster F is below target for the number of children served with an IFSP under 1 year of age.
The data for same reporting period the year prior was (69/4183, 1.64%)

We expect that this is primarily due to not receiving enough referrals for children 0-1. If we obtain more referrals we have a higher chance of finding those children who are in need of services.
any one particular referral source. This is very important given the slippage in number of children under 1 being served.

6) Beginning 5-1, Agencies will contact, ideally through in person visits, childcare centers that are serving children under 1, in their respective service areas. Information to be shared will include developmental checklists and referral forms. Developmental screenings will be done as requested. Childcare centers will be identified using list(s) made available from CCRR.

7) Beginning 5-1, the Covered Bridge LEA will distribute developmental checklists to families with children under 1, when those families are seen for preschool evaluation of an older sibling.

Evaluation: The number of referrals for children 0-1 will increase. In addition, referrals from specifically targeted referral sources listed above should go up (hospitals, childcares).

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.

7) At the June staff meeting, the Management Team will 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. Will begin tracking the number of these plans written on May 1st).

List barriers to accomplishing strategies and how to address them:
Strategy 1) Hospitals seem to have frequent turnover of social workers so has been hard to establish consistent points of contact. Attempts to contact OB nurses have been unsuccessful as well. Will seek guidance from other Clusters on whom they use as contacts.

Strategy 7) 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. This may involve multiple phone contacts
with office staff and in some cases, a visit to the physician’s office.

**Resources needed:**
- ☐ State Clarification
- ☐ IIDC
- ☐ Training
- ☒ Mentoring
- ☐ Other: ________________________________

**Explain:**
Strategy 1) Ask other Clusters whom (by position/title) they use as points of contact in hospitals.

**Stakeholder Collaboration:**
The Child Find Committee and the Local Planning & Coordinating Council both met on 2-11-14. This topic was discussed at both meetings. The Fiscal Agent Management Team met on 4-9-14 to review and incorporate QR team feedback. QR team feedback was shared with Agencies and their input was solicited as well. Kim Fledderman, DSI, and Director discussed via phone on 4-14-14. Frank Knez, CFK, and Director discussed via phone on 4-16-14. Director discussed with Patty Sebanc, Sycamore Services, on 4-16-14. The LPCC Transition Subcommittee met on 4-14-14 and discussed each Indicator. That group gave suggestions and participated in strategy development.