### FFY13
Indiana First Steps Quality Improvement Plan

2nd -4th Quarter QIP

**Cluster:** B  **Quarter Date:** 7/1/2014-9/30/2014  **Indicator:** 6

<table>
<thead>
<tr>
<th><strong>Outcome:</strong></th>
<th><strong>So that:</strong></th>
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<tbody>
<tr>
<td>Cluster B will meet the target of serving 3% of infant and toddler population</td>
<td>We ensure that we are giving all eligible children and their families the opportunity to participate in Early Intervention.</td>
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**Strategy update from last quarter:**

Our initial hypothesis was we had an appropriate number of referrals and on our Cluster’s historical data we averaged 73% of referrals going to Intake and 58% of intakes went to IFSP then we would be serving an additional 126 children putting us slightly above 3% of children under 3 receiving early intervention services in our Cluster.

Last quarter we meet our target of 3%.

Track the reason for closures on referrals not moving to intake. Several changes occurred, staff turnover and the hiring and training new staff, by the Cluster which required the SPOE Director to continue to assist with referrals in the new counties. The committee recognized the importance of identifying another avenue of collecting the data to address our hypothesis; that we had enough referrals but was unable to schedule an intake meeting with the families which would allow us an opportunity to determine eligibility and write a plan for those eligible. It was determined the Intake Supervisor would review all referral closures before turning into data entry. If she felt there were too many closures with minimal contact or case notes those closures would receive a call from the supervisor or director. A total of 10 calls were made in August and September and 8 calls resulted in no response from family and 2 the family expressed no concern and is comfortable working with their primary doctor who will refer if appropriate.

**Explanation of Data:**

Quarterly Data (893/28,237= 3.16%):

According to the child count that we ran using 7/1/2014, our number is now at 3.16% for De Kalb, Elkhart, La Grange, Noble, Steuben, St. Joseph and Whitley counties. This shows a .06% increase from last quarter.

The data made available to us on 9/24 includes the new counties, Fulton Kosciusko and Marshall counties. Those three counties total one day child count for 7/1/2014 running the report by County is a total of 160.

Currently we ran the child count report suppressing details so we had county specific one day counts. We then subtracted the three new counties numbers from the total to determine the actual one day

**Strategies (Who is responsible/timeline/evaluation):**

Our hypothesis was that we had appropriate referral numbers but, we were not writing enough IFSPs for children who qualified services because we did not have enough families going through the intake process. Since we are now serving over the 3% target of children between the ages of 1 and 3 we feel our hypothesis was accurate as we have meet our goal two quarters in row for the original 7 counties within our Cluster.

A new hypothesis needs to be developed to reach the target including the new counties added to our Cluster. At this time we do not have any historical information about Child Find activities and there success rate in the new counties.
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### List barriers to accomplishing strategies and how to address them:

We are not comparing the same data each quarter since the realignment of our Cluster on May 1st.

### Resources needed:

- State Clarification
- IIDC
- ☐ Training
- ☐ Mentoring
- ☐ Other: ________________________________

### Explain:

#### Stakeholder Collaboration:

On 9/9/2014 met with Data/Child Find Committee and discussed the addition of three counties now impacts our overall performance in all of the indicators. Thus it is difficult in most areas to report progress or slippage.

The original QIP was established with 7 counties and beginning May 1st includes three additional counties.

On 9/10/2014 talked with IIDC seeking advice on how to write an update in the data section and an actual update on our progress with the Clusters reorganization. We were advised to report what we had available to us at the time of the report.

On 9/24/2014 new data from IIDC.

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Count for the seven remaining counties. By doing this we were able to show a more accurate reflection of our progress for towards maintaining this quarter.

On 9/10/2014 sought assistance from the Quality Review team. Until further notice they advised we report what data we had available to us at the time of this report.

On 9/24/2014 we received the following data so we could compare with the new counties added:

<table>
<thead>
<tr>
<th>Month</th>
<th>% of Children Served Under 3</th>
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<tbody>
<tr>
<td>March</td>
<td>2.8% (791)</td>
</tr>
<tr>
<td>June</td>
<td>2.9% (988)</td>
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This data supports our increase of the % of children served under 3 but does not show the true growth in the original counties aligned prior to May 1st.

Because children under the age of three with insurance including Hoosier Healthwise have a medical home we can hypothesize that if the medical home is aware of how to make referrals to First Steps then there would be a higher probability of an increase in referrals which would lead to a higher probability of an increase in the number of identified eligible children who would have an IFSP.

To identify more children we need to increase the awareness of the importance of early intervention. Since we already developed a letter explaining the value the SPOE will send the physicians in the new counties the letter and referral form by September 30, 2014.
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