

Date: 9.22.09	LPCC Subcommittee Meeting: Data Review and Planning
Attendance	Mira Gasko, Sally Gaff, Clare Mann, Angie Merryman
Review of Meeting Minutes	NA (June meeting via email)
Holdback/CPP	Clare explained that this year the Holdback and the CPP were combined. Clare reviewed some of the key items from the report such as 30 day starts, data entry within 10 days of receipt. There were additional attachments that were submitted as well, mainly SPOE procedures. Regarding start of services, the 30 day start form is sent out with the packets to the providers, SCs are seeing improvement in getting the start dates for services. Now we need to focus on SCs reporting when they are not received. Clare suggested looking at SCs clinical notes from this quarter at the next meeting to look at trends with 30 day starts, and SC monthly contacts with families. One item, Child Outcomes, are from family interviews, the cluster did not receive the data yet. The SPOE had 1 IFSP exceed the 45 day timeline, it was an exceptional family circumstance. ED team attendance has increased greatly, timely transition was at 100% compliance, also transition meetings for kids that enter at 30 months of age was 100%. Under the "General Supervision" item, all have been corrected. Will look into referrals for children under 1 year, reasons for decline or not following through, also how could the SPOE follow up with these families.
Under 1 yr referrals	68 % went to intake, 31% of under 1 year go to IFSP. Reviewed handout of termination codes for under 1 referrals: great number of those withdrawn by parent after enrolled, child ineligible, also high in re-contact(which will be reviewed with staff to see if SCs are using re-contact for re-eval recommended or only for NBHS re-contact), also review child ineligible and eligible not in need. Review referrals that do not go anywhere, also add zip code, and IC. More referrals coming in from OFC especially in La Porte Co.
	LPCC is in the process of scheduling a provider meeting, possibly at the Portage YMCA. The meeting will likely include some sort of training may be a 3 hour training along with a cluster provider meeting, will try to schedule two sessions, one Thursday and one Friday session.
	Reviewed items on action plan, AAK has been doing more screenings , recently at Hilltop and will do more at daycare, need to find more locations, will do insert on sat of ECC to target child care centers,
Future meeting dates	December 15 @ 3:30

Develop meeting date schedule	Tentatively Fourth Tuesday of each quarterly 3:30 (except June and December)
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Data Review & Planning Committee

Agenda 9.22.09

1. Welcome and Introductions

2. Holdback and CPP

3. Under 1year of age
 - Referrals
 - Intakes
 - IFSPs
 - Reasons for Termination

Next Meeting: discuss next meeting date

8/1/08 thru 8/1/09

Total referrals –	2448
Under 1 year-	1072
Intake-	731
IFSP-	342

- ✓ 43.7% of total referrals were under age 1 year
- ✓ 68% of under 1 year referrals went to Intake
- ✓ 46.7% of under 1 year intakes went to IFSP
- ✓ 31.9% of under 1 year referrals went to IFSP

Action Plan Cluster A

Child Find Activities for Children under the Age of 1

The LPCC Coordinator will begin to arrange visits with hospital pediatric units and or birthing units within the Cluster. The purpose of these visits will be to determine which hospital personnel are responsible for making referrals to First Steps and establishing a relationship with that person. The LPCC Coordinator will also share referral information brochures and general child development information which could be added to new baby packets given at the hospital to new parents.

The Child Find/Public Relations Committee will continue to work on projects and distribute Child Find materials to increase awareness of First Steps in the Cluster.

The SPOE will continue to work with NICU units to establish a referral process to ensure that we are accessible to all families who need First Steps services.

The Data Committee and Child Find Committees will continue to review and analyze the data being collected on referral sources, average age at initial IFSP and the number of infants not being identified through the evaluation process. The committee will use this information to determine if additional activities are required to ensure that we are serving an appropriate number of children birth-12 month.