## CENTRAL INDIANA FIRST STEPS

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Toly 14, 2014 Date

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## Public Awareness Child Find Committee Meeting Agenda July 14, 2014

Outcome Statement: Support the awareness and visibility of the First Steps system throughout the cluster to assist in the increased identification and referral of infants and toddlers.

## Performance Standards:

- 1. 1.4% of children served with an IFSP will be under the age of 1 year.
- 2. The population served will be comparable to the demographics of the cluster.
- 3. Appropriate and timely referrals are to be made to the SPOE from a variety of community partners.
- 4. 3% of the cluster's infants and toddlers population will be served\*.

<u>Performance Measures</u>: Profile reports and First Steps data system reports will be utilized in the measurement of this performance standard. Cluster will meet performance metrics if cluster child counts remain within .5% of the current count, up to the target.

- 1) Introductions (if needed)
- 2) Approval of minutes
- 3) Action Item Updates
- 4) Data SPOE
- 5) Retreat Discussion
- 6) Family Outreach Ad hoc Update
- 7) DCS Update
- 8) Announcement/Close

## CENTRAL INDIANA FIRST STEPS LOCAL PLANNING & COORDINATING COUNCIL Public Awareness & Child Find Committee Meeting Minutes July 14, 2014

**Present:** Claire Joya(Healthy Families), Rhonda Cantrell(BABE), Pamela Humes(Covering Kinds and Families), Jason Berty(CTC), Julie Rockwood(Parent), Patti Sebanc(Sycamore Services), Holly Andria(Crossroads), Nichole Kelley(Whites Residential and Family Services), Stacy Holmes (LPCC) and Katarina Groves (LPCC).

Agenda Items	Discussion	Action Items
Welcome & Introductions	The meeting was opened with introductions.	
Approval of Minutes	• Stacy directed everyone to review the last meeting's minutes. Claire made a motion to approve. Pam made a second motion. The motion carried and the minutes were approved.	
Action Items Update	<ul> <li>Stacy reminded the group that she was going to inquire with the state regarding the 3% "threshold" of children served under the age of three. The language was troubling as it implied that the cluster was exceeding the threshold considerably which might be a problem from the state's prospective. She stated that when the second holdback was received from the state, the language had changed to a "target" of 3% which caused less concern.</li> <li>Stacy informed the group that the new parents that expressed interest in becoming members of the LPCC were invited to the Annual Meeting and retreat, but none of them were able to attend. She did extend invites to the Family Outreach Ad Hoc Meeting and one parent did attend. The council will continue to include new parents on meeting reminders.</li> </ul>	
Data-SPOE	<ul> <li>Stacy directed the group to look at the referral numbers data. She pointed out that some counties have experienced a decrease, but that in some cases the decreases were offset by increases during various years. She noted that in some of the smaller counties such as Tipton and Morgan counties, the number of referrals are so small to begin with that any drop is going to appear significant.</li> <li>She pointed out that initial intakes are down for the cluster by 1%, and initials are down 5% so far this year. Holly questioned the referral to intake numbers and why the significant drop? Stacy referred everyone to the referral to IFSP chart and showed that the numbers have remained fairly consistent in the 30% range.</li> </ul>	Stacy will see if data on the averagage of referral for children under 1 for each county is available.

- Julie indicated that probably some families do not want to commit to the program or have their child be labeled.
- Stacy informed the group that a lot of families are difficult to reach. Many families are referred by someone else which can make them less likely to commit. Due to other more pressing issues in their lives, a family may not be able to prioritize evaluation of their child.
- Stacy has been working with DCS to help them understand the process and hopefully encourage them to better follow up with families who are referred.
- Jason noted that it is especially difficult to serve families who are involved with DCS. Kids seem to get moved out of the home into foster care only to be reunited with their families. Difficult to give consistent therapy with these families when the child is moving so much, and First Steps staff may not always be in the loop regarding a child's whereabouts.
- Nikki noted that DCS is actively trying to reunify kids with their families much quicker. The foster programs really try to help with the transition process so that families can follow through with the services that children were receiving out of the home.
- Holly wondered if the number of referrals could be scrutinized in regards to birth trends. Patti asked how the cluster was doing serving 1.4% of children under the age of one. Stacy said the last data provided listed the cluster at 1.6%.
- Jason found it strange that the percentage of children referred with a medical diagnosis is so low in this cluster. With all of the premium medical facilities in the cluster, one would think that the cluster would receive a lot more medically fragile children at a very young age.
- Stacy pointed out that this may be due to coding of the referral at intake at the SPOE. There is some flexibility at times on how a coordinator will code a referral.
- The group reviewed the one day child count per county.
- Stacy pointed out the service area data which highlights the utilization of therapies in each service area. Patti felt that that OT and PT have been consistently low over the last 6-8 months which is troubling. Stacy indicated that maybe the committee could look at referral numbers by agency to see what

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	<ul> <li>that looks like.</li> <li>Stacy will check on the average age of referral for kids under the age of one for each county to share with the group next time.</li> </ul>	
Retreat Discussion	<ul> <li>Stacy directed the group to review the information discussed at the retreat in May.</li> <li>It was suggested at the retreat that the group look more specifically at the individual needs of each county in the cluster.</li> <li>Physician packets should continue to be given out. Stacy reminded the group that she does in-services for residents.</li> <li>Patti suggested that maybe agencies can assist with outreach in the community that they serve. Marketing materials could be available at committee meetings for people to take and hand out. Stacy shared that this has been done in the past.</li> <li>Stacy shared that there was a question at the retreat as to whether WIC and Healthy Family referrals are down. Healthy Families uses the Ages and Stages Questionnaire to determine whether they should refer. Claire said that they are being told that doctors have to refer the child which Stacy said was absolutely not the case. Claire was also under the impression that Healthy Families needed the families' permission before referring, which Stacy said was also not the case. Claire will take this information back to her office.</li> <li>Stacy shared that PSA's have been done in the past when there was more funding. The council has also done billboards, movie theater adds, newspaper spreads. The problem is getting to the data to determine if it was successful. All of these efforts are tracked under advertisement generally, so it is difficult to know what was effective towards increasing referrals or not. The council has done a survey in the past to families to see where families get their information.</li> <li>Nikki said that she has a contact at Channel 6 news that she can check on running the PSA again.</li> <li>Holly asked whether the PSA could be posted on the website? Stacy said she would have to look into it.</li> <li>Claire asked whether the PSA is in Spanish, which it is.</li> <li>Send newborn packets to NICU's. First Steps used to have an intake coordinator at the NICU's who would facilitate the referrals. No</li></ul>	<ul> <li>Nikki will check with her Channel 6 contact about running the PSA.</li> <li>Stacy will investigate whether the PSA can be posted on the website.</li> <li>All materials will be made available at the next meeting for the committee to review.</li> </ul>

	<ul> <li>hospital social workers to make referrals. Hospitals do continue to ask for brochures however, which they send home with families.</li> <li>It was agreed that all marketing materials be made available at the next meeting to look through by the committee.</li> </ul>	
Family Outreach Ad Hoc Update	• Stacy informed the group that the Ad Hoc committee has planned the next Reading is Fundamental event which will be held on September 20 <sup>th</sup> , 2014 from 10-noon at Crossroads. Postcards will be going out to first Steps families in August. There will be an animal theme this year.	
DCS Update	<ul> <li>Stacy shared that Michelle continues to mail out the Ages and Stages Questionnaire to DCS families. This past round yielded more completed questionnaires which was probably due to Michelle mailing to two lists of families at the same time.</li> <li>Stacy shared that First Steps does coordinate with the Jump Start program for those kids that are in foster care. They will send in a referral for kids that are seen through their services and have a delay.</li> <li>Patti inquired whether it would ever be possible for a child to keep their providers when they return to their families and they live in another service area? It is very disruptive to services when a new team must be chosen just because they are out of the service area.</li> </ul>	
Announcements/Close	<ul> <li>Pam shared that Covering Kids and Families will be hosting their Annual Back to School event on July 26<sup>th</sup>. There will be backpacks for the kids, health screenings and information booths.</li> <li>No other announcements were made and the meeting was adjourned.</li> </ul>	• Next Meeting: September 15, 2014, 9am, ProKids Conference Room.

Respectfully submitted, Katarina Groves