

First Steps-South East
May 8, 2009
9:30-11:30am
Aging and Community Services Board Room
United Way Center
1531 13th Street Suite G900
Columbus, IN 47201

In Attendance:

Lynne Eckerle	Michele Robb	Jennie Wilking	Magda Corpus	Funmi Ige-Wright
Katie Herron	Sian Goldsmid	Barb Andrews	Richard Fleck	Carol Barkes
Lisa Griner	Stacey Stillinger	Gracie Zollinger	Pam Brewer	Anne Stauffacher
Kim Gaffney	Jeremy Wells	Nancy Beaty	Bill Bryden	Kim Amberger-Fledderman

Meeting called to order at 9:30am

Introductions and inspirational story given by Jennie Wilking. Next story to be provided by Magda Corpus.

Review of minutes- changes noted and amended.

1st motion to approve by Dick Fleck.

2nd motion to approve by Barb Andrews.

All approved.

An updated voting membership list was distributed.

FINANCIAL REPORT (LYNNE) AND DISCUSSION

The fiscal year has just started, and no report is available beyond the budget report that was presented last month. Lynne noted that the “performance” funds will be available to us if we meet the standards set by the state.

By the August meeting we will have financial data for at least three months. This will allow us to track expenses and look at alternatives.

It was noted that at a state meeting this past week, Lora Miller stated that clusters were to expect cuts for 2010-2011. Michele Robb and Gracie Zollinger noted that an ICC workgroup is looking at the IDEA-related stimulus funds.

Dick Fleck suggested that before that time we look into consults that will help us examine how to curtail expenditures. Scanning documents for emailing has proven to be a way to cut costs related to mailing and copying.

CLUSTER OVERSIGHT AND QUALITY REPORTS (STAFF) AND DISCUSSION

CPP Discussion

While we achieved the planned outcome in two additional categories, six continue to require improvement. Discussion centered around two of the more challenging items that continue to need improvement: (1) meeting outcomes related to what exiting families report regarding how services helped them effectively communicate their child’s needs and helped them to help their child develop and learn and (2) serving children under 12 months.

CPP #4—What exiting families report regarding how services helped them effectively communicate their child’s needs and helped them to help their child develop and learn:

Council members noted a few concerns about the reliability of data regarding these outcomes for several reasons. First, a parent on the LPCC noted that families exiting the system face the loss of familiar services and providers, and regardless of the resources we provide for them, change to something new can be emotional and as a result affect confidence levels. This “extra emotion” related to change might be reflected as slightly negative responses. Second, another parent on the LPCC noted that the scale of response is often affected by perspective. For example, a parent who excels with caring for a child with special needs might be inclined to believe that he/she could always do better, which would affect how they might respond to scaled questions related to effectively communicating a child’s needs and to helping a child develop and learn. Overall, members questioned if this outcome at 99% is realistically achievable and noted that the indicators measured depend on the “human factor,” which may be a fluctuating variable.

The group discussed to what extent the SC could help the families as they responded to the questions. For example, would it be appropriate for the SC to share with the family what they had responded to this question when they entered the system and then suggest that they respond in terms of whether they recognized gains? SCs noted that they would benefit from training that would address how to present the questions to families. This suggestion will be presented to the SC Supervisor, Becky Haymond, who because of state related responsibilities was unable to attend today’s LPCC meeting.

Consensus from LPCC is that SCs continue working with families to assist them in their growth toward helping their child. Noted that several LPCC initiated efforts provide supports to help SCs achieve these goals.

CPP #5 – Children served under 12 months at 2.25% of target population

Data was presented that compared the nine clusters and the thirteen cluster counties in respect to the overall 0-3 population (in terms of 0-3 population, Cluster J is the seventh most populous out of the nine clusters), the overall percent of children served (in terms of overall percentage of children served, Cluster J serves the fourth highest percentage of the nine clusters), and the percent of the birth to one target population (in terms of the birth to one populations, Cluster J is at 1.62%, the second lowest percentage among the clusters). In respect to Cluster J counties, Jackson and Jennings surpass this 2,25% target, with the eleven additional counties ranging from .94% (Monroe, Dearborn Switzerland) to 2.10% (Ripley, Jefferson).

Members were reminded that when comparing counties statistically, it might be best to remove Switzerland, Ohio, Brown, and even Franklin from the mix. Low population numbers in those counties result in statistics that are not accurately reflective of the county. In other words, one child can significantly affect the statistic.

The performance outcome related to serving children under 12 months is being addressed with providers at the regional networking forums. In some areas direct providers are presenting to local physicians developmental information regarding the provider’s specialty area. Also in most areas we are emphasizing providing referral information and support by addressing referral sources that might be most likely to work with families who have children under one year. Examples: birthing centers, WIC, and Healthy Families. Gracie, LPCC Supervisor from Cluster I, noted that in their cluster they are enlisting direct providers to address these groups. Our cluster is taking this approach initially in Jefferson, Jennings, and Switzerland.

It was noted that the Monroe County numbers, with the lowest percentage of children under 12 months, indicates that the issue is most serious there. Katie noted that in spite of her efforts, a few local physicians remain reluctant to refer to First Steps. It was noted that the practice and a local clinic are affiliated with the hospital, and that clinic withdrew from First Steps. At this point, they have shown no interest in returning as First Steps providers. Nancy noted that perhaps the clinic might be interested in reaffiliating with First Steps given the financial downturn. Katie will approach them again regarding enrollment. She welcomes suggestions addressing her counties.

In cases involving families who are eligible but who currently do not have need for services, families are invited to consider SC only options. The SC can coordinate “other” services for the family and provide resources. When it appears that the child is in need of direct services, the start of services will be timely.

EDT involvement also addresses the under 12 month concern. Children who do not qualify but who might likely qualify later are offered re-evaluations. Pam noted that families benefit from EDTs who provide suggestions to help families enhance development.

Gracie noted that co-payments could affect whether or not a family opted for the program. Funmi noted that if a child does not initially qualify for services, a family might go elsewhere for services and not access First Steps when the child is more likely to qualify.

Service Coordination oversight and quality

Next week staff will be shadowed by members of the state QR team.

Office is currently fully staffed, but one full time SC is in the training process. Becky is covering the cases during the training period.

Referral oversight: referral data and analysis (Lynne)

Data presented shows that referrals continue to increase. The data noted the expectation for each county’s referrals based on population percentage and compared this to the actual three year averages. The data indicated that Bartholomew and Decatur experienced referral rates above expectations, while Brown, Switzerland, and Dearborn experienced rates below expectation. Statistically, the Brown and Switzerland numbers might not provide a true picture, but Dearborn numbers give reason for concern. The positive news is that since re-clustering, Dearborn referrals have increased by 33%.

The data presented noted that 35% of referrals in our cluster do not make it to IFSP. Gracie noted that in Cluster I, a neighboring cluster, that number is at 46%. Concern was noted that the only county in our cluster that offers an alternative program for children with developmental delays who do not qualify for First steps is Bartholomew, with the Family School Partner program. It was explained that eligibility criteria is established by legislation, and Indiana, in spite of tightening of eligibility guidelines, remains one of the more generous states in terms of eligibility.

Data also noted that of those proceeding to EDT reviews, an average of 81% qualified. Data broken out by county indicated the highest eligibility rates in Decatur at 96% and the lowest rates in Dearborn and Ohio at 66%. At this point, the state has not indicated that they are examining these numbers, but the numbers might reflect differences between EDTs.

Transition quality and oversight

Transition roundtables completed with no local concerns noted. Our reviews indicate that SCs and transition partners are working together effectively.

Work Group updates

Provider recruitment

- The updated schedule of the Community Networking meetings was distributed. These meetings were originally planned as an attempt to engage providers in the recruitment of colleagues and professional associates.
- Data was presented to examine specialty provider availability on matrix and to look at how outcomes were being addressed when a desired discipline might not be available.

General Quality

- The pre-meeting packets and the agenda included a copy of the proposed family satisfaction survey for LPCC approval. At the state meeting yesterday, however, it was learned that the state will be developing a standard a family satisfaction survey and a standard provider satisfaction survey. Clusters were invited by next Friday to provide input as to what questions should appear on both surveys. With this short time line, we will accomplish this through an electronic discussion which Lynne will coordinate. To help members formulate suggestions, members should have copies of our approved provider satisfaction survey in the February meeting packet and the proposed family satisfaction survey from today's meeting packet. Initially we are to recommend ten questions for each survey that will be standard across the state. The next step will be to recommend ten cluster-specific questions.
- Outlined the types of concerns that were submitted this quarter. Noted that all concerns were resolved in the initial stages of the conflict resolution procedures and required no further intervention.

Family and Provider Communication and Support

- Members have volunteered to review family support materials for their respective counties
- Schedule of the regional community networking meetings was distributed. Members were encouraged to attend and participate. These meetings examine quality on a local level, encourage partnerships and team building within the community, address transition in the community, and address provider recruitment issues.

Local Report Focus: Jefferson and Switzerland

Pam Brewer presented background information about the two counties she serves. Describing the unique environment of Switzerland County (including low population, rural, a WIC office open once a month, lack of local physicians and service providers, Amish population), she asked members for suggestions of ways to increase referrals. Funmi questioned whether the state offers a strategic initiative for targeting rural counties, and it was noted that clusters developed their own initiatives for each county. Barb noted that all families participating in Head Start receive First Steps information. Suggestions included targeting churches, Healthy Families, the Post Office, and the local Dairy Queen. Pam shared a recent transition success with an Amish family who agreed to in-home school services.

Meeting adjourned at 11:30 a.m.

Next meeting: Friday, August 14, 2009, 9:30 to 11:30, United Way Center Agency & Community Services Board Room