

**First Steps – South East
November 13, 2009
9:30 a.m. to 11:30 a.m.
Aging & Community Services Board Room
United Way Center
1531 13th Street Suite G900
Columbus, IN 47201**

In Attendance:

Lynne Eckerle	Annie Gambill	Barb Hefty-Jones	Connie Hempstead	Funmi Ige-Wright
Katie Herron	Lori Hart	Barb Andrews	Richard Fleck	Angela Miller
Lisa Griner	Stacey Stillinger	Gracie Zollinger	Angi Meyer	Shannon Palmer
Joanna Shinn	Jeremy Wells	Betsy Lease	Bill Bryden	Kim Amberger-Fledderman
Heidi Stewart	Stacey Stillinger	Jennifer Broughton	Katie Rust	Janet Ballard

Following Introductions, Katie H shared the inspirational story. (Inspirational story for next meeting: Angi M)

Minutes from the August 2009 meeting were approved.

Financial Report

A financial report for the first six months of the grant year was distributed and discussed. As expected, expenses in almost all of the areas were shown to be close to fifty percent. Currently we are on target. There is some concern about greater than anticipated expenses related to medical benefits and to phone costs. Staff will follow the numbers closely to determine if a budget amendment will be required. As agreed upon by the LPCC, certain expenses are delayed until late in the fiscal year to accommodate holdbacks.

Business

Open Bid/RFF

- Funmi I-W reported that Aging & Community Services had been selected as Fiscal Agent for First Steps – South East. She thanked the selection committee for their efforts.
- The RFF is due December 15. Most of the work leading to the RFF was completed for the open bid application. A final submission will require updates to the budget that was presented during that process.
- Officers will need to be chosen for the new fiscal year. Bill B, with the assistance of Kim A-F, will coordinate the nominating effort.
- Lynne noted that by-laws were discussed at a recent state supervisory meeting. In comparison with by-laws of other clusters, our membership requirements are restrictive. Betsy L will review potential changes with Lynne. Angi Meyer and Lisa G will assist. The proposed changes will be emailed to all members for input before our next meeting, when we will vote on a final version.

ED Teams

- All EDTs are running smoothly.
- Jen Broughton has replaced Pam Brewer as the scheduler for Jefferson, Jennings, and Switzerland Counties.
- The Dearborn, Ripley, and Ohio EDT has been exceptionally busy recently, which can be considered a positive sign in those counties with child count percentages that are lower than other counties in the cluster.

Service Coordination and Staffing

- Darlene Cooley plans to retire later this month, although she will remain on the staff until a replacement is ready to perform intakes independently. Katie Rust and Jen Broughton have both recently been hired and are in training. While initially a portion of Katie's time will be devoted to intakes in Jackson County and Jen's time to intakes in Jennings County, final decisions regarding assignments are pending. Jen will also take on responsibility for LPCC in most of our most southern counties when Pam B reduces her hours to part-time early in 2010. Both of our new employees will be responsible for other SPOE and LPCC duties beyond intake and service coordination.
- One of our more recently hired Service Coordinators, Holly Kuykendall, completed training and then resigned shortly after taking on her initial case load. Holly served in Franklin, Dearborn, and Ripley Counties. This opening is currently being advertised in the newspapers serving those counties, and we hope to have a new person in place before the end of December. In the meantime, Becky H is providing Service Coordination to the families that were on Holly's caseload.
- It was noted that besides a four-year degree in a relevant area, the most important skills for an SC are organizational. The meeting requirements, the paperwork, the timelines, and the facilitation of communication and follow up among all the team members for each child involve detailed record keeping and strong organizational skills
- We also anticipate two extended leaves in the near future. One staff member will be on medical leave, while another plans to take time off after the birth of her baby.

Peer Review

- The next annual full peer review (quality review) is scheduled for December 3.
- SCs have been asked to carefully review all their records to be sure that all the required elements are in place and demonstrate that meetings and services occurred within the expected timelines.

Cluster Oversight and Quality Reports and Discussion

Under 12-Month Population

- Providing services to the under 12-month population remains a concern. The plan that was developed originally by a special task force addressing this concern and then later adapted by the full LPCC was emailed to members for review prior to the meeting and was distributed and discussed.

- Barb H-F suggested adding Head Starts, Early Head start, and DFCs to the target groups. The document will be revised and the Council Specialists will provide information to these groups in their assigned counties.
- We will also hand track under 12 month group and, as suggested by Bill B and Betsy L, we will perform a better analysis of where those referrals originate along with an analysis of the under 12 month referrals that do not go to intake. The data should help us make better decisions about strategies.
- Kim A-F commented that a premature child she recently evaluated had been receiving services outside of First Steps. It was noted that even if parents opted not to receive direct services through First Steps, a plan with Service Coordination only could be put in place for a child who is otherwise eligible. The advantages would be that the child would be closely followed. If new concerns develop for that child, our reaction could be swift. In the meantime, the family would benefit from the services of a Service Coordinator who would have detailed knowledge of community resources.
- It was noted that if a reevaluation is recommended for a child, the family is contacted at six months or whatever time period is recommended by the ED Team, and invited for a reevaluation.
- We also need to add that we address this under 12-month concern in our regional events throughout the cluster in order to develop plans that best address local conditions.
- Members were asked to review again after the meeting the “under 12 month” plan we intend to submit with the RFF and to forward additional suggestions prior to the December 15 submission date.

Referral Oversight and Analysis

- Reports detailing referral numbers and referral outcomes were distributed and discussed. It was noted that all counties continued to reach or surpass expectations regarding child count and that referrals are consistently higher than recorded for the last ten years.
- The report also provided details regarding the outcomes of referrals, which also shows little change from previous reporting periods. Somewhere between twenty to forty percent of referrals do not go to intake. When this percentage approaches the forty percent, we take a closer look at intake for that county. Monroe consistently shows one of the highest percentages of referrals that move to intake, and Lawrence shows one of the lowest rates. It was noted that the one Intake Coordinator serves Lawrence and Monroe counties. Members agreed because both counties are served by the same Intake Coordinator, it would be unlikely that the percentages would be affected by the IC’s initial approach with the family. Katie H noted that she participates on Healthy Family Advisory Boards in both counties, and the Healthy Family reports show similar results in terms of the percentage of families that move to intake.
- Lori H questioned whether ICs might be suggesting to families that they can go elsewhere for services. While families need to be informed that they have options, an IC would not discourage a family from First Steps participation.

- An updated report on referral sources was distributed and discussed. It was noted that in general the numbers were up in all areas with the exception of the referrals from hospital diagnostic programs, NICUs, and Universal Health Screens. This was a result of changes in how UNHS referrals are recorded rather than a result of changes in referrals. It was not until the last two years that referrals from UNHS were recorded separately rather than as a NICU or Hospital Diagnostic referral. After we identified that these UNHS referrals were to be tracked separately, it was not surprising that referrals from UNHS would increase with the result of a decrease in referrals recorded from the other two sources.
- Bill B suggested that we look more closely at referral rates in respect to those who qualify. He noted that our referral rates were going up but at the same time our eligibility rate remains fairly constant, which would be considered a good sign.

Demographic Report

- A demographic report was distributed and discussed. After next year's census, we should feel more comfortable with the validity of this report.
- In regards to population, Janet B noted that across the state hospitals are reporting lower birth rates. Dick F noted that the population in Brown went down after the flood as many moved on to other counties. It was noted that one LEA had to lay off or reduce hours of early childhood staff, probably related to population changes.
- Dick F questioned the 6.2% reported as multiracial in Brown County. It was noted that this information comes from the social history report that the family completes during the intake process.

Transition Quality and Oversight

- Transitions continue run smoothly throughout the cluster. LEA staff, First Steps staff, parent representatives, and community partners are invited to our regional transition roundtables throughout the cluster. Schedules for the current round of meetings were distributed. All partners continue to work together effectively, and these roundtables provide us with an opportunity to assure a smooth process in the future.
- Barb H-J noted that the LEA in Monroe County noted that increasing numbers of children who qualify for early childhood special education do not come through the First Steps system. Because these families do not benefit from the formalized process that First Steps and the schools have in place, those transitions are not so smooth. Without service coordination, these LEAs referral do not take place when they should. Katie H discussed the unique relationship that the pediatric group has with the local therapy clinic, which results in children who would otherwise qualify for First Steps not receiving First Steps services. This has been addressed many times with the pediatric physicians. Most refer regularly to First Steps, while a few continue not to make referrals in spite of our efforts. It was suggested that we might approach this from a new angle: The transition partners (primarily the LEA) might work with clinic staff (who formally were First Steps providers) to help ensure better transitions for those children who qualify for school services but who were never enrolled in First Steps. Katie pointed out that the therapists at the clinic are excellent therapists and that she would be willing to talk with them to discuss the transition issues schools faced with late referrals. She suspects they will be willing to work with the schools in order to help their families transition smoothly into the school system.

- Katie noted that the reluctance to refer to First Steps can relate to avoiding the increased paperwork demands of First Steps, to their close relationship with clinic staff (the clinic and the physicians occupy the same building and share the same employer), and to the desire for increased control over services and increased control over who provides those services. Bill B suggested that we work with the physicians who regularly refer to First Steps to advocate for us to their partner physicians .

Quality Assurance

- The family satisfaction survey that the council approved several months ago was delayed when the state informed us that they would be developing a standard state review format that could include locally selected questions. We recently learned that this project is on hold, and we were cleared to send out our own survey. The final “reply by” date is today, and at this point the return rate is running quite close to the return rate for last year. After the results for this report are tabulated, we will ask providers to respond to a provider satisfaction survey. We intend to present results from both surveys to the LPCC at the February quarterly meeting.
- It was noted that there were three concerns submitted to staff in the most recent quarter. In one case, a mother indicated concern with how the AEPS did not adequately reflect cognitive ability when physical disabilities affected the child’s performance of cognitive tasks. She asked that the report not be released to the LEA, and her request was honored. It was noted that when a family opts for us not to forward certain information to the school, we always comply. It was also noted that while the AEPS might lack sensitivity when physical limitations affect cognitive scores, EDTs are aware of this and take it into account when the team works together to develop a service plan for the child. On a broader basis, the mother wanted to indicate her concern about this AEPS feature to state staff and was directed to forward her concerns to Janet B. Janet addressed the concerns with the mother.
- A second reported concern came from a physician who was told by a family that we had terminated their services. It was noted that the family continued to receive most services, but that one service had been discontinued by the provider after several family no-shows. The provider had followed proper protocol.
- A third reported concern involved a mother who felt that the meeting requirements for First Steps are too demanding. She preferred not to meet with the SC quarterly, even when the SC attempted to schedule the meetings when First Steps therapy was in progress. The mother elected to terminate services rather than to participate in quarterly meetings.
- Staff performance reviews will take place after the results from both surveys are available.

Focus Counties: Discussion and Oversight Monroe and Lawrence

- Katie H noted her participation as a First Steps representative in several community provider groups and outreach groups.
- The most significant event each year is the Children’s Expo where she recruits providers to perform developmental screenings. She noted that recruiting providers for screenings has become increasingly difficult. Barb H-J suggested that recruiting providers for screenings might

be more successful if we utilized *Ages and Stages* rather than the *Denver*. Katie will look into this possibility. Our collection includes a copy, and it can be duplicated as needed.

- Katie has also recently presented to child care facilities, though she notes that staff members are often reluctant to tell families that they might suspect a developmental issue. Ways to present the information without singling out individual parents were discussed.
- Katie noted that Wonderlab no longer offers free admission when families are receiving First Steps services at the facility. A reduced rate has been negotiated, and separate Monroe funds are accessed.
- Awareness activities in Lawrence prove more challenging. First Steps participates in a “safe night” community event in June. Katie also participates on the Healthy Families Advisory Board, and a grant from a local group supplies families with a book in the welcome packet.
- Participation in First Steps Community Networking events, held in each of the two counties on a quarterly basis, is growing.

Workgroup Updates

Provider Recruitment and Support

- The LPCC’s current “Provider Recruitment and Retention Plan” was emailed to members for review prior to the meeting and was distributed for discussion to identify revisions for the upcoming RFF submission.
- It was noted that we have noted no significant losses in terms of the number for providers enrolled over the last three years. Enrollment numbers have remained fairly constant. With the exception of two providers who left because of system issues, all of the providers who exited the system left as a result of relocation or left for positions that included benefits that are not offered through the provider agreement with the state. With new providers coming on board, our overall provider numbers have remained constant.
- A chart updating provider enrollment on the matrix, provider availability as indicated on the matrix, and a Service Coordinator report of unmet needs in all the counties was distributed and discussed.

Details of the report were discussed. If the **first section** of the report, detailing provider enrolment on the matrix, indicates that seven OTs are enrolled in a particular county, it does not follow that there is service availability at any one time. We find that the majority of enrolled providers prefer to work with quite limited case loads. Enrollment only tells a small part of the story.

The **second section** of the handout (detailing provider availability as noted on the matrix) also is often not an accurate portrayal of the situation in an individual county. The matrix might indicate no availability for an OT, for example, yet the local SC might know that she can contact one of the closed OTs or an OT who serves in an adjoining county and persuade them to add the child to their caseload. On the other hand, a provider might show an opening, but when contacted might report an inability to take on the new case.

The **third section** of the handout provides the SCs’ reports on unmet needs. When needs are not met due to a lack of provider availability or due to the inability to convince the needed specialist to cross county borders, the SC looks with the family at alternative methods for securing the recommended services. In some cases, for example, a DT might have the skills to

address a communication issue. In other cases, the family and the SC might explore services in a clinical setting that might be covered by private or public insurance plans.

- In response to member questions, it was explained that SCs present to families all the enrolled providers, regardless of current availability, when a family is asked to make a selection. Availability is noted and discussed, but families might ask to wait to be seen by a provider who does not show current availability.
- It was noted that efforts to target new PT, OT and SLP graduates have been futile. Most new graduates prefer to work in a clinical setting with other specialists, and then might eventually feel comfortable working independently with First Steps case loads. We have tried to encourage more experienced providers to act as mentors, but this arrangement has not proven very successful. While a limited number of agencies agree to serve home-based First Steps clients, we need to encourage additional agency enrollment. When an agency provides services, more experienced colleagues can offer guidance for a new graduate.
- It was noted that we no longer can offer speech assistants as a result of supervision requirements. We do use OT and PT assistants in some areas, but both availability and supervisory requirements affect these categories of providers.
- Members noted that this is a statewide issue, especially in our more rural counties. The group suggested that state changes in provider reimbursements and benefits along with state-wide recruitment initiatives would be more effective overall than individual cluster efforts.
- As a means to increase communication with providers and to improve retention, our Networking events continue (2010 schedule of events throughout the cluster was distributed).
- Members were asked to review again after the meeting the “provider recruitment and retention” we plan to submit with the RFF and to forward additional suggestions prior to the December 15 submission date.

Family and Provider Communication and Support Updates

- Stacey explained her role as a Family to Family Parent Liaison.
- The First Steps LPCC Community Networking meeting schedule for 2010 was distributed. This is a result of an effort to improve communications and to retain providers.
- Lynne noted that the Family Perspectives group thanks members for the input they provided to Stacy Holmes at our last meeting. Stacy also appreciated your follow-up emails that offered additional suggestions.

Announcements and Updates

- The local TAG grant allows us to further develop resources for families. The emphasis of this collaborative project involves the collaboration and resource sharing of several entities that serve families with young children.
- The Arc of Bartholomew County, with the support of a Cummins Tech Center employee service group, is in the process of purchasing a facility that will provide space for support groups, trainings, and self-advocates and that will provide a regional clearinghouse for resources.

Meeting Adjourned at 11:30 a.m.