Referral Summary for FY 17-18 including Demographic Analysis Relating to Infants and Toddlers
And
Corresponding Child Find Plan Developed to Address More Effective Outreach

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Referral data is categorized by new to PELICAN, known to PELICAN and not in PELICAN (Families either decline pursuing EI or do not respond to attempts to contact upon receiving the referral.). Although focus is given to analysis of new referrals, some attention has been given to the known referrals. It is necessary in analyzing the data to review what influences exist within the local area that impact the number of referrals made and their outcomes. It is noted that some data may not necessarily be readily available and therefore, anecdotal reporting is incorporated into the summary. Additional data elements have been included in this year's summary. Every attempt possible has been made to insure the accuracy of the data reflected below. Beginning in FY 2018-2019, those known to PELICAN who have a record that needs reactivation at time of re-enrollment will be considered a new referral.

While it is important to discuss the overall number of referrals, it also is critical to review data per county. The following tables reflect referral data from a comparative view for the past four fiscal years including per county and age at referral date. Table 1 reflects basic referral data. Tables 2 and 3 reflect data on new referrals with comparisons being made to previous fiscal years. The data for referrals known to HCSIS PELICAN reported in Table 1 is specific to those whose record was closed at the time of the referral. The number in parentheses represents the total number known to HCSIS PELICAN.

Table 1

	FY 14-15	FY 15-16	FY 16-17	**FY 17-18**
Overall	340	346	362	**373**
New to PELICAN	238	235	236	**238**
Known to PELICAN	41	55	35 (67 total)	**49 (70 total)**
Not in PELICAN	61	56	59	**65**

In reviewing data by county, we see that numbers have stayed relatively the same with minor variances (Table 2). Table 3 reflects data by age and fiscal year.

.Table 2

	FY 14-15	FY 15-16	FY 16-17	**FY 17-18**
Columbia	82	88	85	**88**
Montour	58	41	57	**48**
Snyder	49	63	43	**41**
Union	49	43	51	**61**

Table 3

	FY 14-15	FY 15-16	FY 16-17	**FY 17-18**
0-11 months	80	78	86	**71**
12-23 months	90	87	75	**95**
24-35 months	68	70	75	**72**

Tables 4 and 5 provide a comparative summary of known referrals to PELICAN per county and by age group. These referrals include children who moved into the CMSU catchment area already enrolled in PELICAN, children who were involved with CMSU Tracking and children who previously received services or were evaluated and referred again.

Table 4

	FY 14-15	FY 15-16	FY 16-17	FY 17-18
Columbia	18	23	20	19
Montour	5	12	19	19
Snyder	10	13	11	22
Union	9	7	17	10

Table 5

	FY 14-15	FY 15-16	FY 16-17	FY 17-18
0-11 months	8	5	17	14
12-23 months	11	19	19	26
24-35 months	22	31	31	30

Referral Reason

Communications mastery continues to remain the top referring reason to Early Intervention across new and known categories of referrals; those referrals placed in Name File found communications mastery as the primary referral reason as well. Developmental concern, physical development, NICU stay, and diagnosis were the other top referral reasons. When a child is re-enrolled, the referral reason is now being updated along with the referral source.

Referral Source

The referral source data pertains only to new referrals. Data is available upon request for those children referred who are already known to PELICAN. Data is also available upon request from prior fiscal years.

	FY 14-15	FY 15-16	FY 16-17	**FY 17-18**
Hospitals	2	2	3	**1**
Physicians	91	107	108	**112**
Parents	45	28	31	**24**
Child Care Programs	7	9	8	**12**
Local Education Agency	0	4	1	**2**
EI Provider	4	3	2	**4**
Public Health Agency	0	0	3	**0**
EPSDT Screening Facility	0	0	0	**0**
Other Social Service Agency	17	17	18	**12**
Other Health Care Provider	6	7	5	**11**
Connect	45	44	39	**34**
Other	3	5	2	**9**
Family Center	10	7	8	**9**
Homeless Shelter	0	0	0	**0**
Head Start/Early Head Start	6	2	6	**6**
Media/Public Awareness	2	0	1	**2**
CAPTA	0	0	0	**0**
COMPASS	0	0	1	**0**

Referral Outcomes

This data only reflects children new to PELICAN. While the FY 17-18 data reflects slight changes, these changes are not significant. As the number of infants and toddlers being determined ineligible continues to increase, this is an area that should be looked into to determine appropriateness of referral and to insure that the determination of eligibility was appropriately made.

	FY 14-15	FY 15-16	FY 16-17	**FY 17-18**
# Referrals	238	235	236	**238**
# Evaluated	193	187	186	**190**
# Eligible	134	141	127	**128**
# IFSPs completed	134	141	127	**128**
# Eligible but chose Tracking	1	1	0	**0**
# Eligible Declined	0	0	0	**0**
# Eligible but declined both services and Tracking	0	0	0	**0**
# Not Eligible	43	36	52	**59**
# Not Eligible but Tracking Eligible & Chosen	12	9	3	**1**
# Not Eligible/Tracking/Declined	3	0	4	**2**
# Tracking – no evaluation	9	10	14	**14**
# Moved	0	4	1	**1**
# No Response	15	8	14	**17**
# Declined	14	18	14	**11**
# Withdrew	1	0	2	**0**
# Screen w/no further eval	6	8	5	**5**

The outcome of known referrals:

	FY 14-15	FY 15-16	FY 16-17	FY 17-18
Eligible	22 (1 enrolled in Tracking)	28	31	31 +1 IFSP resume
Not Eligible	7 (1 enrolled in Tracking)	9 (3 enrolled in Tracking)	23 (5 did enroll in Tracking)	18 (3 enrolled in Tracking; 1 declined Tracking)
Transfers	5	9	10 (9 IFSP, 1 Track)	8
Tracking/No eval	0	2	1	0
Dec/No respo/WD	4	7	11	13 (1 moved, 1 screened/no further action needed)

Other

The Office of Child Development and Early Learning also requires counties to ensure that they are identifying all eligible infants and toddlers and that the numbers enrolled are reflective of the counties' demographics including children typically considered as traditionally underserved which include: migrant, homeless, wards of the state, premature infants, infants with other physical risk factors associated with learning or developmental complications, infants and toddlers who have been involved in substantiated cases of child abuse or neglect; infants and toddlers who are affected by illegal substance abuse and infants and toddlers with low incidence disabilities. During fiscal year 2014-2015, OCDEL began encouraging all EI programs and their associated LICCs to look more closely at their specific demographics to ensure that all underserved, hard to reach communities, or at-risk populations are being identified appropriately. Experiencing homelessness was added as criteria for enrollment in Tracking. There have been comments made from families indicating openness in discussing homelessness and families are admitting to being homeless. Actual numbers of those in Tracking due to homelessness remain very low to none at all. FY 16-17 and FY 17-18 referral data was reviewed to determine baseline numbers of infants and toddlers referred with a drug related reason. In FY 16-17, there were seven total referrals with only two enrolling into Early Intervention. In FY 17-18, there were nine total referrals with only three enrolling into Early Intervention. As the state moves to a more comprehensive approach in addressing the issue of opioid and substance use affecting infants and toddlers, these numbers will continue to be monitored as well as reviewing referral sources to determine referrals are being made. It is likely that these numbers will increase. Typical experience with these referrals so far has been that

parents will either not respond or stay connected; if Children and Youth are involved, the family is more likely to be involved. In reviewing local demographic data, it appears that CMSU is identifying and serving children appropriate to the percentage of race and ethnicity within the community. According to the 2015-2016 Reach and Risk Study released by OCDEL, CMSU is serving 6.93% of infants and toddlers within the catchment area.

CMSU EI continues to serve all children determined eligible for early intervention services in which the parents have requested services. CMSU Early Intervention continues to work with community partners regarding when to refer children to EI as well as to provide developmental insight upon request. CMSU EI also continues to work collaboratively with other early childhood programs to ensure that children are receiving the appropriate services without duplication. This fall (2017), collaboration with Geisinger Bloomsburg Pediatrics occurred. This clinic practice wants to significantly improve its awareness of community resources and ability to talk with parents about resources. Their end goal is to have a higher connection rate of families to programs when referrals are made and are looking at ways to increase connections with Early Intervention. This will also then improve the rate of enrollment into the EI program.

Conclusions and Response:

It is important to remember that this summary reflects referral data only and is used as a basis for FY 18-19 Child Find Plan. There has been no discussion relative to the number of children served which is an important component of the program. There are many factors that can be viewed with referral data; this summary only reflects a portion of those factors.

It is also important to note that this summary does not look closely at those referrals that do not make it into the system. As one looks at child find and child keep, this could be an area that requires closer scrutiny. The majority of families referred who do not enter PELICAN are families whose child had a NICU stay. Past discussions with parents who had a NICU experience indicate a cultural impact. Early Intervention represents a visible reminder that pregnancy including labor and delivery were not typical. In addition, families are told "your baby is doing well" and they hold onto that. They do not hear that their child remains at risk as they have dealt with so much and just want to be home with their baby. CMSU works closely with Geisinger Medical Center and the March of Dimes to increase family awareness of Early Intervention and, hopefully, increase the likelihood of connection once the referral has been made. The next largest group of referrals not making it into PELICAN occurs with outside agencies including physicians. In this group, families often are not really in agreement with the referral and either do not respond or decline involvement. As indicated earlier, one clinic has set this as an improvement goal starting in the fall of 2017.

CMSU EI continues to serve the identified underserved populations as found in both IDEA and state law and regulations. As already noted above, both NICU families and those families involved with drug usage can be considered hard to reach. Efforts to better understand how to connect with these families should be considered. OCDEL is encouraging EI programs and LICCs to identify hard to reach communities within the program's area to ensure that outreach efforts are occurring and to increase effectiveness. As efforts begin to look more closely at these and other groups, one must remember that cultural mindsets and cultural values impact significantly how outreach occurs and is received.

0-3 Child Find Plan 18-19

Referral Sources:

CMSU will continue to inform the early learning community of its existence and encourage programs to make referrals as appropriate. In addition, close collaboration occurs with the medical community and will continue. Opportunities for presentation will be sought. The Watch Me Grow brochures and Help Me Grow rack cards continue to be distributed across a variety of settings in which parents of infants and toddlers find themselves.

CMSU will also look more closely at hard to reach communities and determine how outreach needs to occur. A preliminary identification of said communities indicates homeless, NICU families and those families engaging in drug usage. Partnership with the LICC will occur as per OCDEL's encouragement. Beginning in the fall of 2018, hospitals will be required to universally screen newborns for withdrawal symptoms from prenatal substance exposure. In addition, there will be increased collaborations across all agencies involved with either the infant/toddler or their families to better identify and address the community's needs relative to the opioid struggle.

In partnership with the Dept of Health, identified children who have an elevated blood lead level of 5 or greater will be referred to Early Intervention. The goal is to double the enrollment of children who elevated blood lead levels across the state. While the number of referrals due to meeting this elevated blood level have fallen off significantly, this shall remain as part of the child find plan. Additional activities will be considered.

In September of 2017, collaboration with the Geisinger Bloomsburg Pediatrics clinic began that specifically looks at how the physicians and psychologists can make appropriate referrals as well as better explain early intervention to families to reduce the number of families that do not respond to CSMU EI contact or who decline involvement with EI. This collaboration will be monitored throughout the year and additional steps taken as needed. This collaborative venture has been successful to date and additional steps are being considered to further the collaboration.