



Department for Children and Families  
Child Development Division  
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The following information is a summary of the CIS data and narrative themes submitted for the second required regional report under the FY13 CIS performance based grants and contracts (reporting on the time period 1/1/13 – 6/30/13).

Data was collected and compiled manually by each regional CIS Coordinator. Data reliability varies across regions and makes regional comparisons difficult at this time.

All CIS contractors\* were required to report on the following performance measures:

1. Percentage of those served by CIS who achieve one or more plan goals by the annual review or transition (which ever is earliest)
2. Percentage of those served by CIS receiving services within the timelines outlined in these work specifications.
3. Percentage of those served by CIS who have no further need for immediate related supports upon exiting CIS services.
4. Percentage of those served by CIS reporting satisfaction with CIS services, based on surveys administered annually or at exit (which ever is earliest). The survey used for this measurement will be developed by the CIS State Team.

The fully integrated regions (all regions with the exception of Burlington and Barre) were also required to report on the following performance measures:

5. Number of referrals that are triaged by the CIS Intake Coordinator
6. Percentage of performance measures that are met
7. Number of service professionals interacting directly with families

The following tables and graphs summarize the data received from the regions. The graphs compare data from the July – December, 2012 and January – June, 2013 reports on the number of referrals and four performance measures: 1) % achieving one or more plan goals by transition or exit; 2) % lost to follow-up at six months; 3) % with no further need of related supports; 5) % of referrals received by CIS Coordinator. Some data variability is due to improvements in data collection and reporting. Performance measure 6 has not been calculated.

\* Data not collected for all performance measures in Middlebury, as they are an IFS pilot region.

**Performance measures 1, 3, 5 and 7:**

Region	5. # of referrals	5. # and % received by CIS Coordinator	1. # and % of those served who achieve 1 or more plan goal			3. # and % with no further need for related supports			7. # and % of professionals interacting		
			No goals met	1 or more	Lost to follow-up	No further supports	referred	Lost to follow-up	1 professional	2-3 professionals	4+ professionals
<b>Brattleboro</b>	261	126 (48%)	23 (13%)	141 (81%)	10 (6%)	79 (59%)	47 (35%)	8 (6%)	210 (79%)	56 (21%)	0
			SCC: only Family Support financial assistance clients who exited (13) are counted since CSHN and PS clients do not have a One Plan			There were an additional 9 exits (ECFMH = 5, EI = 2, FS = 1, N = 1) to bring total on this measure to 142. These 9 exits were families who declined further supports, therefore do not fall into these categories. Specialized Child Care exits = CSHN = 3, PS = 8, FAP = 13.					
<b>Morrisville</b>	259	251 (97%)	10 (9%)	107 (91%)	0	32 (47%)	27 (40%)	9 (13%)	80 (60%)	50 (37%)	4 (3%)
<b>Rutland</b>	208	104 (50%)	16 (18%)	55 (62%)	18 (20%)	36 (56%)	8 (13%)	20 (31%)	84 (38%)	112 (51%)	23 (11%)
	There is no data for the 50 that never engaged, 8 that were for NFP, 12 that had less than 3 nursing visits, 29 protective services child care, and 4 that are still trying to engage.								These numbers are a point in time snapshot of June 31, 2013.		
<b>St. Albans</b>	278	125 (45%)	10 (11%)	74 (81%)	7 (8%)	206 (80%)	33 (13%)	19 (7%)	57 (50%)	48 (43%)	8 (7%)

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<b>Bennington</b>	99	21 (21%)	3 (5%)	52 (85%)	6 (10%)	36 (49%)	24 (32%)	14 (19%)	177 (89%)	23 (11%)	0
	9 of these referrals were for NFP; referrals are faxed from WIC directly to the VNA and CIS at the same time; NFP referrals were not counted in CIS referrals even though CIS coordinator brings to intake and referral table. NFP began taking referrals in June 2013. EI does not always share the referrals that come directly to them. IF children are only receiving therapies, it is hard to catch them - still working on this issue.								Does not include the children who are receiving specialize childcare only.		
<b>Burlington</b>	674	301 (45%)	65 (15%)	365 (84%)	6 (1%)	106 (54%)	74 (38%)	16 (8%)			
<b>Springfield</b>	209	189 (90%)	26 (22%)	84 (70%)	10 (8%)	69 (73%)	24 (26%)	1 (1%)	115 (69%)	47 (28%)	4 (3%)
	Total # of referrals (209) includes 12 CSHN and PS referrals. Of the 20 referrals that did not come through CIS intake coordinator, 12 were CSHN or PS referrals. 5 referrals went to services outside of CIS. 7 referrals came in last week of June. They are reflected in this measure, but not in initial contact #s.										

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<b>Newport</b>	197	162 (82%)	6 (16%)	22 (58%)	10 (26%)	20 (51%)	9 (23%)	10 (26%)	50 (58%)	35 (40%)	2 (2%)
	Includes NFP nursing referrals										
<b>St. Johnsbury</b>	177	81 (46%)	11 (19%)	46 (81%)	0	40 (63%)	22 (35%)	2 (3%)	50 (56%)	31 (35%)	8 (9%)
	Includes NFP nursing referrals										
<b>White River Jct. - H/O</b>	207	109 (53%)	15 (11%)	96 (72%)	22 (17%)	49 (39%)	40 (32%)	37 (29%)	109 (59%)	71 (38%)	5 (3%)
	(WRJ) While this measure (#5) is to track awareness in the community by the referrals coming directly to the CIS Coord, it does not seem clear why we would not include referrals from CIS providers regionally or statewide. Also within this region, referrals may still go directly to the EI Program Supervisor or the SPCC based on established relationships with referral sources; EI Program Sup, SPCC, and CIS about referrals before bringing them to the Intake Team.										
<b>Barre</b>	268	155 (58%)	0	48 (86%)	8 (14%)	13 (29%)	25 (57%)	6 (14%)	77 (49%)	72 (46%)	8 (5%)
			For nursing, no one who has had a One Plan in the last year has been discharged. 29 out of 43 admissions in reporting period had less than 4 visits and were d/c'd meeting goals.			For nursing, no one who has had a One Plan in the last year has been discharged. 29 out of 43 admissions in reporting period had less than 4 visits and were d/c'd meeting goals.					
<b>Middlebury</b>	298	106 (36%)	25 (12%)	170 (83%)	11 (5%)	11 (19%)	35 (62%)	11 (19%)	NA	NA	NA

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<p>Only the Add. Cty. Parent Child Ctr. provided through the reporting period. The PCC served 226 clients.</p>	<p>Referrals through any door: 298. Home Health : 106 (of those 56 engaged in HBKF services, I have no other data from Home Health); CIS Childcare Coordinator: 86 applications/services. (I have no other data.) I was unsure if the CIS Childcare Coordinator number should be added to the "referral directly to CIS Coordinator"...we review all the apps at our weekly meeting, but they first go to the CIS Childcare Coordinator, so I did not add to them.</p>							
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Internal

**Performance measure 2:**

Region	Initial contact (5 days)				Initial One Plan meeting (45 days)				Screening/ assessment (45 days)			
	Yes	No due to provider	No due to family	Lost	Yes	No due to provider	No due to family	Lost	Yes	No due to provider	No due to family	lost
<b>Brattleboro</b>	206 (80%)	3 (1%)	33 (13%)	17 (6%)	103 (78%)	8 (6%)	20 (15%)	1 (1%)	151 (80%)	13 (7%)	18 (9%)	8 (4%)
ECFMH: 2 FT staff left positions in this period, and 1 FT clinician took medical leave ("not met on time due to provider"). New clinicians were hired in March and July.	2 not due during this reporting period				SCC: only Family Support clients are counted (11 total), 10 clients screened and not eligible for services (EI), 1 referred out (EI), 27 One Plans not due during this reporting period (May/June referrals), 8 clients not interested in services after screen, 6 clients had less than 3 visits so no One Plan (Nursing), 17 One plans due this period from clients referred at the end of last reporting period				42 referrals contacted and not interested in services, 4 referred out (ECFMH), 1 phone consult only (N). 20 not due yet during this reporting period (June referrals), 15 due this reporting period that were referred at end of last reporting period.			
<b>Morrisville</b>	186 (81%)	0	42 (18%)	1 (1%)	57 (83%)	0	12 (17%)	0	53 (85%)	0	8 (13%)	1 (2%)
<b>Rutland</b>	90 (58%)	5 (3%)	10 (7%)	50 (32%)	90 (91%)	4 (4%)	5 (5%)	0	90 (91%)	4 (4%)	5 (5%)	0
"Lost to follow-up" in this measure are not un-duplicated. The 6 mo/ annual grids contain kids in the "lost to follow-up" category that were previously counted	"Lost to follow-up" under initial contact means they were never engaged.  There are 6 children included in the initial contact grid that are not counted in the rest of the service grids because they either didn't qualify for services after the their assessment or were admitted to a "high-end" service"											

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in other "lost to follow-up" categories. (i.e. the total number in the annual category includes ALL lost to follow-up kids even if they had already been counted in the initial or 6 mo. grid.)												
<b>St. Albans</b>	212 (77%)	3 (1%)	38 (14%)	23 (8%)	38 (51%)	19 (25%)	5 (7%)	13 (17%)	85 (74%)	1 (1%)	10 (9%)	19 (16%)
	One Plan timeline- 16 out of 19 that missed the timeline were on a mental health waiting list											
<b>Bennington</b>	88 (89%)	0	3 (3%)	8 (8%)	81 (100%)	0	0	0	88 (93%)	4 (4%)	3 (3%)	0
The MH Agency had a wait list. Families were offered an 8 week Heart Health Course/ 6 adults & 7 children took class after that most families received MH support. Not always sure what is MH and what is parenting.												
<b>Burlington</b>	535 (79%)	25 (4%)	82 (12%)	32 (5%)	223 (71%)	10 (3%)	61 (20%)	19 (6%)	331 (78%)	51 (12%)	19 (4%)	24 (6%)
Timelines for Nursing and Family Support are combined												
<b>Springfield</b>	145 (78%)	3 (2%)	34 (18%)	4 (2%)	73 (72%)	2 (2%)	23 (22%)	4 (4%)	100 (71%)	3 (2%)	18 (13%)	19 (14%)
3 children moved into Springfield District to begin services following signed One Plan from another District.												

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<b>Newport</b>	135 (69%)	20 (10%)	35 (18%)	7 (3%)	67 (93%)	0	4 (6%)	1 (1%)	96 (89%)	0	3 (3%)	9 (8%)
<b>St. Johnsbury</b>	123 (69%)	7 (4%)	26 (15%)	21 (12%)	57 (75%)	2 (3%)	7 (9%)	10 (13%)	70 (75%)	0	2 (2%)	21 (23%)
<b>White River Jct. - H/O</b>	142 (68%)	18 (9%)	33 (16%)	15 (7%)	78 (67%)	5 (4%)	27 (23%)	7 (6%)	105 (64%)	8 (5%)	28 (17%)	23 (14%)
<p>(OC) A client was counted for ECFMH initial contact because he was determined appropriate for ECMH services but preferred Family Support service upon initial contact. I counted him for initial contact, the "no" due to family circumstances for assessment" then I stopped counting him b/c he was no longer a ECMH referral.</p> <p>This reporting period, we have a high rate of "No, Due To Provider" answers, particularly for the Initial Contact measure. This is due to a staff performance issue early in the reporting period that has been rectified.</p> <p>There is one client for this measure who I could only count under the Initial Contact measure, as there are 2 CIS Providers in the home, FS and EI (I did count the client for Performance Measure 7) and it took some discussion to figure out which service provider would be the Primary Service Coordinator. It was decided that the FS worker would be, but I was not able to obtain the client's One-Plan from the EI worker in time to submit the report.</p>												
<b>Barre</b>	192 (72%)	0	28 (10%)	48 (18%)	63 (65%)	6 (6%)	26 (27%)	2 (2%)	141 (85%)	0	21 (13%)	3 (2%)
<p>For ECFMH, they use IPC plans instead of one plans</p>												
<b>Middlebury</b>	222 (95%)	0	0	11 (5%)	220 (98%)	0	4 (2%)	0	NA	NA	NA	NA

**Performance measure 2:**

Region	Start of services				6 month review				Annual review			
	Yes	No due to provider	No due to family	Lost	Yes	No due to provider	No due to family	Lost	Yes	No due to provider	No due to family	Lost
<b>Brattleboro</b>	119 (89%)	5 (4%)	9 (7%)	0	38 (68%)	3 (5%)	14 (25%)	1 (2%)	32 (71%)	2 (5%)	7 (15%)	4 (9%)
ECFMH: 2 FT staff left positions in this period, and 1 FT clinician took medical leave ("not met on time due to provider"). New clinicians were hired in March and July.	22 start of services dates due this reporting period for clients referred at the end of the last reporting period, 32 start of services dates not due during this reporting.				117 due this reporting period. Of these, 61 exited services before the 6 month review date.				68 due this reporting period. Of these, 23 exited before the annual review date.			
<b>Morrisville</b>	62 (94%)	0	4 (6%)	0	37 (43%)	16 (19%)	30 (35%)	3 (3%)	18 (58%)	6 (19%)	5 (16%)	2 (7%)
<b>Rutland</b>	94 (97%)	0	1 (1%)	2 (2%)	26 (58%)	4 (9%)	6 (13%)	9 (20%)	15 (38%)	3 (8%)	1 (3%)	20 (51%)
"Lost to follow-up" in this measure are not un-duplicated. The 6 mo/ annual grids contain kids in the "lost to follow-up" category that were previously counted in other "lost to follow-up"	There are two children not accounted for in the 30 day start of service grid as they have been receiving services but never had a plan written. They fell under the "no" category for the 45 day One plan meeting, but I wasn't sure how to categorize them under start of services.											

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categories. (i.e. the total number in the annual category includes ALL lost to follow-up kids even if they had already been counted in the initial or 6 mo. grid.)												
<b>St. Albans</b>	55 (89%)	0	5 (8%)	2 (3%)	40 (67%)	6 (10%)	9 (15%)	5 (8%)	24 (67%)	4 (11%)	5 (14%)	3 (8%)
<b>Bennington</b>	81 (100%)	0	0	0	54 (88%)	0	4 (7%)	3 (5%)	28 (74%)	2 (5%)	5 (13%)	3 (8%)
<b>Burlington</b>	411 (97%)	2 (1%)	4 (1%)	3 (1%)	274 (91%)	5 (2%)	13 (4%)	8 (3%)	167 (92%)	4 (2%)	4 (2%)	6 (4%)
Timelines for Nursing and Family Support are combined												
<b>Springfield</b>	89 (90%)	0	10 (10%)	0	59 (71%)	1 (1%)	16 (19%)	7 (9%)	53 (87%)	0	5 (8%)	3 (5%)
3 children moved into Springfield District to begin services following signed One Plan from another District.												
<b>Newport</b>	60 (100%)	0	0	0	26 (72%)	8 (22%)	2 (6%)	0	7 (59%)	1 (8%)	4 (33%)	0

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<b>St. Johnsbury</b>	53 (96%)	1 (2%)	0	1 (2%)	29 (74%)	0	7 (18%)	3 (8%)	6 (50%)	4 (33%)	2 (17%)	0
<p>(OC) A client was counted for ECFMH initial contact because he was determined appropriate for ECMH services but preferred Family Support service upon initial contact. I counted him for initial contact, the "no" due to family circumstances for assessment" then I stopped counting him b/c he was no longer a ECMH referral. This reporting period, we have a high rate of "No, Due To Provider" answers, particularly for the Initial Contact measure. This is due to a staff performance issue early in the reporting period that has been rectified. There is one client for this measure who I could only count under the Initial Contact measure, as there are 2 CIS Providers in the home, FS and EI (I did count the client for Performance Measure 7) and it took some discussion to figure out which service provider would be the Primary Service Coordinator. It was decided that the FS worker would be, but I was not able to obtain the client's One-Plan from the EI worker in time to submit the report.</p>												
<b>White River Jct. - H/O</b>	99 (88%)	2 (2%)	9 (8%)	3 (2%)	54 (67%)	3 (4%)	21 (26%)	3 (4%)	38 (63%)	4 (7%)	10 (17%)	8 (13%)
<b>Barre</b>	78 (86%)	1 (1%)	9 (10%)	3 (3%)	33 (71%)	2 (4%)	10 (21%)	2 (4%)	13 (52%)	0	8 (32%)	4 (16%)
<p>For ECFMH, they use IPC plans instead of one plans</p>												
<b>Middlebury</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

**Performance measure 4:**

Statement #1: My family was treated with respect.					Statement #2: My calls & questions were responded to in a timely manner.					Statement #3: The services my family received made a difference.				
Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree

**Brattleboro**

<b>5</b>	<b>5</b>	0	0	0	0	<b>5</b>	0	0	0	0	<b>5</b>	0	0	0	0
# cards received	<b>100%</b>	0%	0%	0%	0%	<b>100%</b>	0%	0%	0%	0%	<b>100%</b>	0%	0%	0%	0%

**Morrisville**

<b>6</b>	<b>6</b>	0	0	0	0	<b>6</b>	0	0	0	0	<b>6</b>	0	0	0	0
# cards received	<b>100%</b>	0%	0%	0%	0%	<b>100%</b>	0%	0%	0%	0%	<b>100%</b>	0%	0%	0%	0%

**Rutland**

<b>1</b>	<b>1</b>	0	0	0	0	<b>1</b>	0	0	0	0	<b>1</b>	0	0	0	0
# cards received	<b>100%</b>	0%	0%	0%	0%	<b>100%</b>	0%	0%	0%	0%	<b>100%</b>	0%	0%	0%	0%

**St. Albans**

<b>7</b>	<b>7</b>	0	0	0	0	<b>7</b>	0	0	0	0	<b>7</b>	0	0	0	0
# cards received	<b>100%</b>	0%	0%	0%	0%	<b>100%</b>	0%	0%	0%	0%	<b>100%</b>	0%	0%	0%	0%

**Bennington**

<b>0</b>	<b>0</b>	0	0	0	0	<b>0</b>	0	0	0	0	<b>0</b>	0	0	0	0
# cards received	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

**Burlington**

<b>1</b>	<b>1</b>	0	0	0	0	<b>0</b>	<b>1</b>	0	0	0	<b>1</b>	0	0	0	0
# cards received	<b>100%</b>	0%	0%	0%	0%	0%	<b>100%</b>	0%	0%	0%	<b>100%</b>	0%	0%	0%	0%

**Performance measure 4, continued:**

Statement #1: My family was treated with respect.					Statement #2: My calls & questions were responded to in a timely manner.					Statement #3: The services my family received made a difference.				
Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree

**Springfield**

<b>9</b>	<b>7</b>	<b>2</b>	0	0	0	<b>6</b>	<b>3</b>	0	0	0	<b>7</b>	<b>2</b>	0	0	0
# cards received	<b>77.7%</b>	<b>22.2%</b>	0%	0%	0%	<b>66.6%</b>	<b>33.3%</b>	0%	0%	0%	<b>77.7%</b>	<b>22.2%</b>	0%	0%	0%

**Newport**

<b>2</b>	<b>2</b>	0	0	0	0	<b>2</b>	0	0	0	0	<b>2</b>	0	0	0	0
# cards received	<b>100%</b>	0%	0%	0%	0%	<b>100%</b>	0%	0%	0%	0%	<b>100%</b>	0%	0%	0%	0%

**St. Johnsbury**

<b>4</b>	<b>4</b>	0	0	0	0	<b>4</b>	0	0	0	0	<b>4</b>	0	0	0	0
# cards received	<b>100%</b>	0%	0%	0%	0%	<b>100%</b>	0%	0%	0%	0%	<b>100%</b>	0%	0%	0%	0%

**WRJ – Hartford/Orange**

<b>12</b>	<b>9</b>	<b>3</b>	0	0	0	<b>8</b>	<b>4</b>	0	0	0	<b>9</b>	<b>3</b>	0	0	0
# cards received	<b>75%</b>	<b>25%</b>	0%	0%	0%	<b>66.6%</b>	<b>33.3%</b>	0%	0%	0%	<b>75%</b>	<b>25%</b>	0%	0%	0%

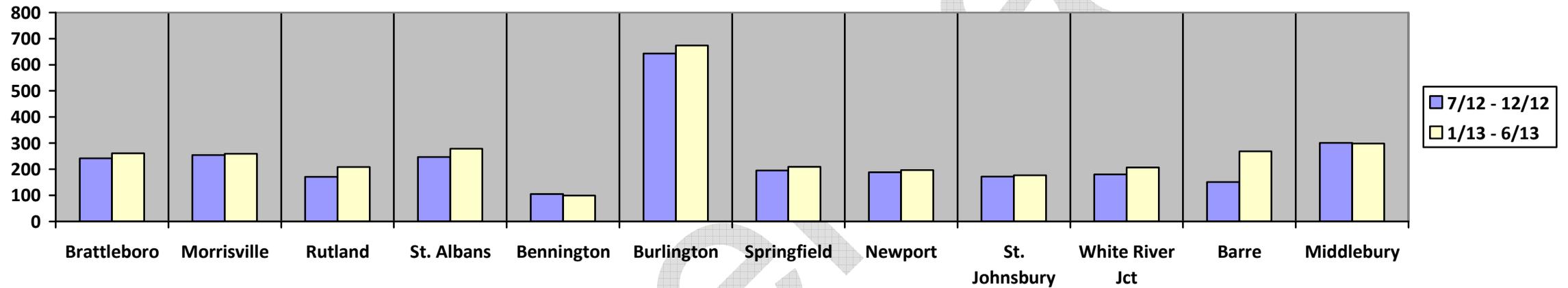
**Barre**

<b>0</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# cards received	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

**Middlebury**

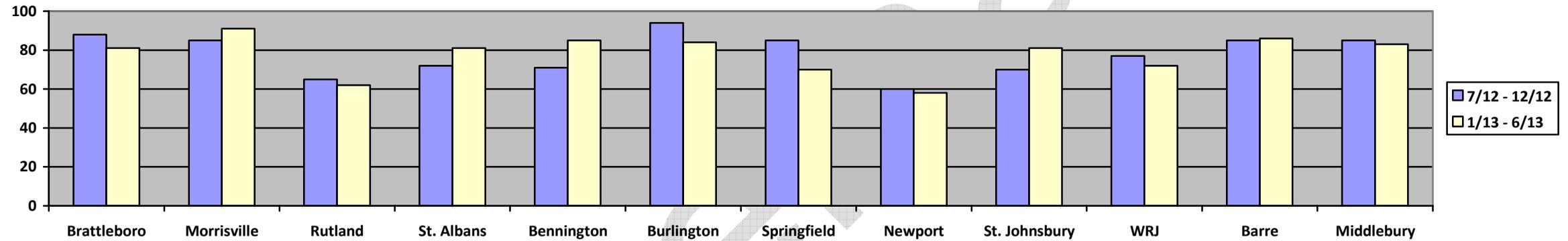
<b>12</b>	<b>10</b>	0	<b>2</b>	0	0	<b>10</b>	<b>1</b>	<b>1</b>	0	0	<b>10</b>	<b>1</b>	<b>1</b>	0	0
# cards received	<b>83.3%</b>	0%	<b>16.6%</b>	0%	0%	<b>83.3%</b>	<b>8.3%</b>	<b>8.3%</b>	0%	0%	<b>83.3%</b>	<b>8.3%</b>	<b>8.3%</b>	0%	0%

## Number of Referrals



<b>7/12 – 12/12</b>	<b>242</b>	<b>254</b>	<b>171</b>	<b>247</b>	<b>105</b>	<b>643</b>	<b>195</b>	<b>188</b>	<b>172</b>	<b>180</b>	<b>151</b>	<b>301</b>
<b>1/13 – 6/13</b>	<b>261</b>	<b>259</b>	<b>208</b>	<b>278</b>	<b>99</b>	<b>674</b>	<b>209</b>	<b>197</b>	<b>177</b>	<b>207</b>	<b>268</b>	<b>298</b>
<b># +/-</b>	<b>+19</b>	<b>+5</b>	<b>+37</b>	<b>+31</b>	<b>-6</b>	<b>+31</b>	<b>+14</b>	<b>+9</b>	<b>+5</b>	<b>+27</b>	<b>+117</b>	<b>-3</b>

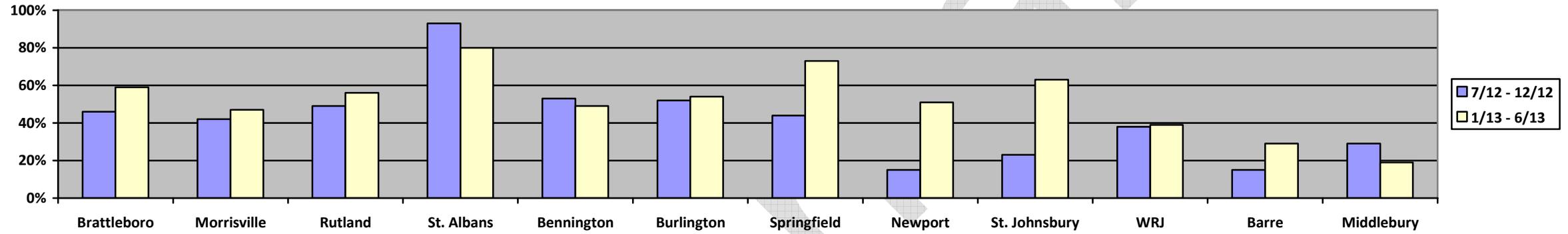
Performance Measure #1:  
**Percentage Of Those Served Who Achieved 1 Or More Plan Goal**



<b>7/12 – 12/12</b>	88%	85%	65%	72%	71%	94%	85%	60%	70%	77%	85%	85%
<b>1/13 – 6/13</b>	81%	91%	62%	81%	85%	84%	70%	58%	81%	72%	86%	83%
<b>% +/-</b>	-7%	+6%	-3%	+9%	+14%	-10%	-15%	-2%	+11%	-5%	+1%	-2%

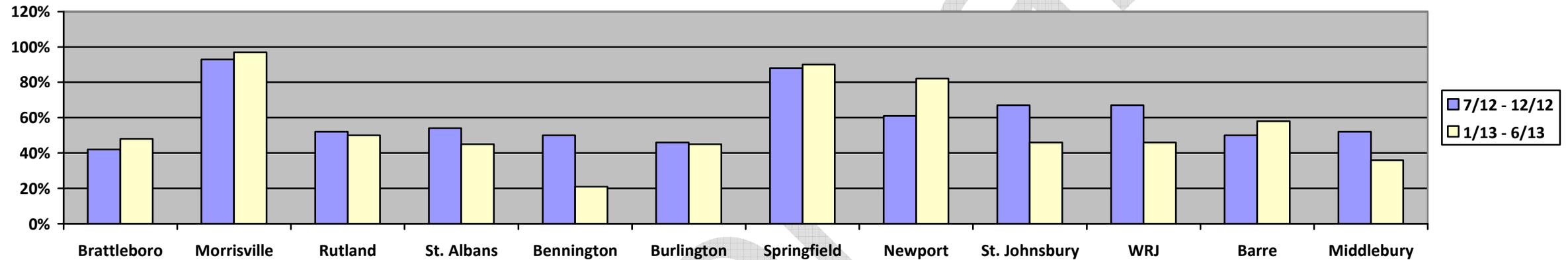
Performance Measure #3:

**Percentage With No Further Need For Immediate Supports Upon Exit**



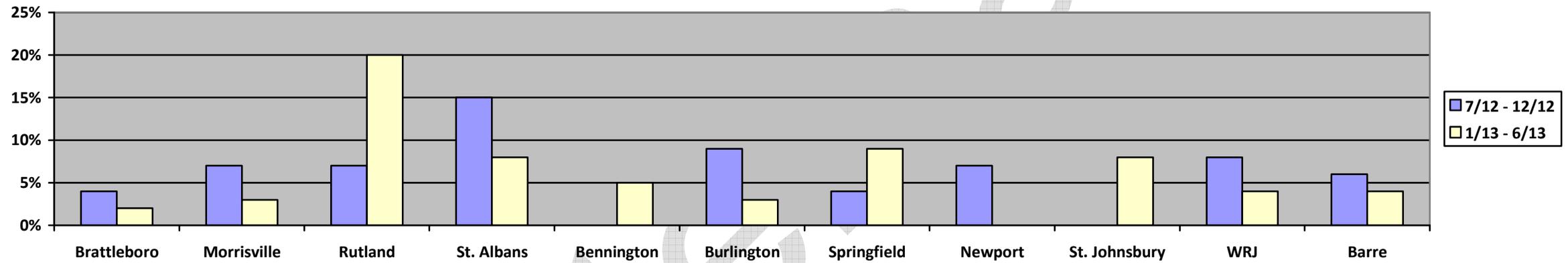
<b>7/12 – 12/12</b>	46%	42%	49%	93%	53%	52%	44%	15%	23%	38%	15%	29%
<b>1/13 – 6/13</b>	59%	47%	56%	80%	49%	54%	73%	51%	63%	39%	29%	19%
<b>% +/-</b>	<b>+13%</b>	<b>+5%</b>	<b>+7%</b>	<b>-13%</b>	<b>-4%</b>	<b>+2%</b>	<b>+29%</b>	<b>36%</b>	<b>+40%</b>	<b>+1%</b>	<b>+14%</b>	<b>-10%</b>

### Performance Measure #5: Percentage of Referrals Triaged By CIS Coordinator



<b>7/12 – 12/12</b>	42%	93%	52%	54%	50%	46%	88%	61%	67%	67%	50%	52%
<b>1/13 – 6/13</b>	48%	97%	50%	45%	21%	45%	90%	82%	46%	53%	58%	36%
<b>% +/-</b>	<b>+6%</b>	<b>+4%</b>	<b>-2%</b>	<b>-9%</b>	<b>-29%</b>	<b>-1%</b>	<b>+2%</b>	<b>-21%</b>	<b>-21%</b>	<b>-14%</b>	<b>+8%</b>	<b>-16%</b>

## Performance Measure #2: Percentage Lost To Followup At 6 Months



<b>7/12 – 12/12</b>	4%	7%	7%	15%	0%	9%	4%	7%	0%	8%	6%
<b>1/13 – 6/13</b>	2%	3%	20%	8%	5%	3%	9%	0%	8%	4%	4%
<b>% +/-</b>	<b>-2%</b>	<b>-4%</b>	<b>+13%</b>	<b>-7%</b>	<b>+5%</b>	<b>-6%</b>	<b>+5%</b>	<b>-7%</b>	<b>+8%</b>	<b>-4%</b>	<b>-2%</b>

**What Worked Well (Common themes, January 1, 2013 through June 30, 2013):**

- Professional development initiatives at regional level have increased and have been well-received
- Consultation Team meetings are well-represented and helpful
- Coordination of multiple providers/services is working well for many regions
- In some regions, the Referral and Intake Team is working very well
- Outreach and collaboration with community partners has increased

**What Hasn't Worked (Common themes, January 1, 2013 through June 30, 2013):**

- Data collection is challenging and time-consuming
- Paperwork under the One Plan model is cumbersome and time-consuming
- Many regions are requesting One Plan training/clarity
- In some regions, communication should be improved within the Referral and Intake team
- There is a fear that families with multiple, complex issues may be “falling through the cracks”

Internal