

<b>Date: 3/11/15</b>	<b>LPCC Oversight Meeting Minutes</b>
<b>Attendance</b>	Shannon Berrisford, Laura Guistolis, Megan Kochvar, Katie Callan, Wendy Hensley, Nellie Feliciano, Cyndy Mangan, Sue Swindeman, Clare Mann, Drew Haverstock, Mariann Frigo, Stacy Webb, Tracie Glumac, Nicole Berg, Tammy McMullen, Sherry Landrum, Elizabeth Rieth, James Bond, Michelle Heigel, Joyce Butler, Anthony McCrouitz, Melanie Dooley, Tracy Giannini
<b>Review of Meeting Minutes</b>	Liz called the meeting to order. Minutes reviewed. 1 <sup>st</sup> Wendy Hensley, 2 <sup>nd</sup> Drew Haverstock
<b>SPOE Report/SPOE Needs</b>	Clare explained that due to the new iSpoe we do not have the ability to pull this information. Current reports are not functional and we are trying to track information internally. We gave a list to CSC to start trying to pull information in the future. Referrals are up.
<b>Agency Update</b>	<p>Fiscal Report: 30% is low for the Cluster due to taking Cluster C on this last year. We will be allocating funds back into Cluster A from clusters that funds were used for. Overall budget is on target but individual budgets are used for each cluster, although the state views it as one contract.</p> <p>HR Report: Reviewed employees' current status. Two employees will be leaving which will show on the next report.</p> <p>Cluster is currently working on hiring an OT. One OT that was previously on the A-Team is considering returning. At this point, an OT from cluster B will be coming out to assist with the needed OT evaluations. Discussed changes in the Assessment Team.</p>
<b>Central Referral System</b>	<p>The iSpoe now enters new referrals with the same ID #. Re-referrals are no longer showing up in the CRS with previous providers, which was initially a concern. Megan explained that intake coordinators over request for providers because they cannot predict which services will be needed. Liz asked if there was a reason that DT on a plan when language is the main concern. Requested providers are requested by Coordinators based on the parent's initial concerns, not based on the evaluation. The number of parents withdrawing is high and is usually due to a child achieving parent's goals before the evaluation or a parent failing to follow through with the plan.</p>
<b>Data Review Committee</b>	<p>Cluster Performance Report: All funds were release. We had to send in copies of MOAs. They are continuing to review the bylaws. We are looking at Cost per Child for a fiscal report requested by the state.</p> <p>Next Holdback report is due in March. Quality improvement plans started over in January. Fiscal Impact Plan, QIPS, and the Cluster Performance Report. 1<sup>st</sup> Q QIPS were completed. "Positive child outcomes" continues to be an indicator that needs to be reported. The data pulled is coming from a variety of different families but the families change. Clare explained that reports are so close together that it makes it difficult for us to pull data and show adequate progress.</p>
<b>Transition Committees</b>	Hoping to schedule a transition event in LaPorte County this summer.
<b>Child Find</b>	Several health fairs have been attended this month. Brochures have been sent to doctors' offices.

<p><b>Coordinators Report</b></p>	<p>MHS is a new group that we have begun attending.</p>
<p><b>New Business</b></p>	<p>Training System: Go to EI Kids matrix for an additional option to finding the Newsletter. 102 and 103 is still being completed onsite.  Michael Con-Powers Systemic Improvement Plan: They are now sending out letters with the bills hoping to have more families participate. The surveys are coming in via phone as a Bloomington Library and the caller does not know the parent's name.  Angie has moved to Houston and she will continue working as HR remotely</p>
<p><b>Old Business</b></p>	<p>Complaint Log: We are obligated to report specific things. We are contractually obligated to track information for our reports. They require us to explain each individual late 30 day start. The state is requiring that we show every time that we have attempted to contact the family. We have to have families. The family should be contacted as soon as the IFSP is received. We need to show that the providers are contacting families right away. The 30 days starts from the date of the IFSP, not the date of the authorization.  Reviewed Cost per Child. Executive Committee is now full.</p>
<p><b>Announcements</b></p>	<p>Sue has some events coming up. She has a sensory workshop, orthopedic workshop, and a stress reliever workshop for provider.  Jade Palin is relocating and there will be a farewell party that everyone is welcome to come to.</p>
<p><b>Adjournment</b></p>	<p>1<sup>st</sup> Drew Haverstock, 2<sup>nd</sup> Mariann Frigo</p>
<p><b>Next Meeting</b></p>	<p>June 10<sup>th</sup> @ 9:00</p>