Component 4: Coherent Improvement Strategies

Indiana’s First Steps program proposes to implement a number of major improvement strategies that will lead to measurable improvements in the three State-identified Measurable Results for infants and toddlers with disabilities and their families. The improvement strategies are:

1. Align and leverage state evaluation and continuous quality improvement efforts to focus on improving results for all children and the proposed SiMR.
2. Introduce and implement a new statewide Family Assessment tool and procedure for adoption by all First Steps intake and service coordinators to better assess the concerns, resource needs, and priorities of all families.
3. Focus professional development resources for service coordinators and ongoing service providers to increase their knowledge and skills related to family engagement, cultural diversity, and adult learning approaches.
4. Examine current funding policies/procedures and determine if changes are needed to promote more effective service delivery and address identified needs of target children and families.
5. Adopt a coordination of care approach in which First Steps collaborates with other home visiting programs in Indiana (e.g., Children with Special Health Care Needs, Early Head Start, Healthy Families) to better address the comprehensive needs of the target children and families.
6. Work with the Indiana Department of Education to promote more effective transition practices between First Steps and preschool special education programs for all children, but particularly for low-income and African American children.

4(a) How Improvement Strategies were Selected

The improvement strategies were selected based on both the data and infrastructure analyses presented in Components 1 and 2, respectively. Data analyses indicate that a lower percentage of Indiana’s infants and toddlers demonstrate substantial improvement across all three outcome areas when compared with the national averages. Further analyses highlight that two groups of children contribute to these results, and make substantially lower gains when compared with other children in Indiana: children of families in poverty and African American children. An examination of major elements of the First Steps system (infrastructure analyses) suggests that there are a number of possible root causes. One major root cause is that many of these families are in extreme poverty and lack the resources to meet their child and families basic needs, let alone engage in activities that support their child’s learning and development. The First Steps system may compound these challenges to families by:

1) Failing to adequately assess and address the family’s concerns, priorities, and resources;
2) Lacking the skills and cultural competence for working successfully with these families;
3) Lacking the staff, tools, and resources to adequately address both family concerns and children’s learning and development; and
4) Failing to effectively partner with and leverage other home visiting programs and resources that serve lower-income families.

The proposed improvement strategies grew out of discussions with First Steps stakeholders in identifying and discussing the root causes for the poorer performance of the two groups of children and families mentioned above. These discussions generated ideas for how the state’s current resources and infrastructure could be leveraged or improved to address these root causes and build the capacity of local providers implementing evidence-based practices. It was acknowledged that there were several fundamental parts of the First Steps program that must be improved. Included in this discussion of
needed improvements were the need to re-orient service providers to the importance of family
e engagement in bringing about important child outcomes, and the need to do this in culturally
competent and evidence-based ways. Discussion identified possible barriers to carrying out these
practices, including professional development needs, the lack of staff resources for addressing family
needs, and the overall necessity for better coordination with other agencies.

Discussions among stakeholders, and the accompanying infrastructure analysis, also identified several
key initiatives and resources that could be leveraged to improve results for all children and families. The
resources included the development of a best practices document for outlining culturally competence,
evidence-based practices, aligning professional development resources to address needed
improvements in the expertise of service coordinators and ongoing services providers, and ongoing
evaluation of both practices and outcomes by the state’s quality review and outcomes evaluation
system to measure both fidelity and improvement in results.

4(b) How Improvement Strategies are Sound, Logical and Aligned

The six improvement strategies were selected based on an analysis of the stakeholder discussions and
captured in Component 2 of the infrastructure analyses. These discussions focused on generating
recommended strategies and program improvement for addressing the root causes introduced above. A
summary of those discussions and recommendations are presented below in outlining the coherence of
each strategy and its alignment with the state’s current capacity and existing initiatives.

1. Align and leverage current state evaluation and continuous quality improvement efforts to focus
   on improving results for all children and particularly the proposed SiMR.

As stakeholders discussed the changes and improvements that would need to occur to improve results,
key elements to guide and support those changes would need to be put into place. Those key elements
include:
   • A clear definition of how First Steps can and should engage all families, including clear
     expectations of First Steps roles and responsibilities in supporting families with different and
     extensive needs;
   • Delineation of evidence-based models and practices for engaging families and adopting a
     stronger outcomes-based approach;
   • Professional development to disseminate information concerning program expectations and
     best practices, and intensive training and technical assistance to support implementing those
     practices with fidelity (discussed in another initiative); and
   • Ongoing evaluation of practices to measure the fidelity and impact of the implemented
     evidence-based practices.

Each of these four elements serves to address current shortcomings or areas needing improvement in
order to address root causes. The first element addresses confusion among local agencies and providers
concerning their role and responsibility in addressing the extensive family support needs of the two
target subpopulations. The second element addresses the lack of local agencies and providers accessing
resources concerning effective, culturally competent practices for addressing the identified needs of
these populations. The third element addresses the lack of tools or skills many of our providers may
have in effectively serving this population. Finally, the fourth element provides an ongoing evaluation
component that is needed to engage in continuous quality improvement as local agencies adopt new practices.

A current initiative of the State First Steps program is the revision and updating of its *best practices manual*. The purpose of this document is to delineate important evidence-based practices in the field of early intervention. The work of the *DEC Recommended Practices* has been included in early drafts of this document. By leveraging this initiative, the State will insure the following system outcomes:

- Addresses the importance of First Steps’ impact (child and families outcomes) for all families;
- Articulates the role of First Steps in addressing broad family support needs among families who are at risk;
- Implements evidence-based, culturally competent practices for engaging all families; and,
- Links child outcomes with the state’s early learning standards.

Finally, two related initiatives funded by First Steps are its Quality Review and Outcomes Evaluation projects. Both projects are administered by Indiana University and can be leveraged to measure the implementation and impact of practices for tackling the SiMRs. Both projects have mechanisms in place for measuring program compliance and quality, and continuous quality improvement practices in place for supporting local agency fidelity.

2. **Introduce and implement a new statewide Family Assessment tool and procedure for adoption by all First Steps intake and service coordinators to better assess the concerns, resource needs, and priorities of all families.**

Currently, family assessment tools and practices vary considerably throughout Indiana, and, based on ongoing quality review data, may not be happening to the extent needed for addressing the complex needs of low-income and culturally diverse families. The annual file reviews conducted as part of Indiana’s APR activities suggest that the needs and priorities of all families are not accurately and consistently determined. As a result, Indiana needs to identify a specific family assessment tool for use by all intake/ongoing service coordinators for completely and accurately assessing family needs and priorities. A standard Family Assessment tool will insure that all intake and ongoing service coordinators do ask all necessary questions and identify important family outcome targets. By better insuring that family resource needs and concerns are identified, First Steps can assist families in addressing those needs and gradually focus their attention to include their children’s learning and development.

3. **Focus professional development resources for service coordinators and ongoing service providers to increase their knowledge and skills related to family engagement, cultural diversity, and adult learning approaches.**

The third initiative recognizes that First Steps will still need to build its own local capacity to serve families with diverse and intensive needs throughout the state. Targeted professional development opportunities will focus on enhancing the knowledge and skills of service coordinators and ongoing service providers to address the broad, extensive and diverse support needs of families. These training efforts should greatly assist in supporting greater family engagement and improved child outcomes. This initiative would increase the skills of service coordinators to more accurately and completely assess family needs (administer the new statewide Family Assessment tool), and to develop IFSP outcomes that target both child and family needs. Increasing service coordinators’ skills in engaging all families would insure that all families remain in First Steps and are more likely to help their children learn and develop.
This third proposed initiative would also target the professional development needs of all other ongoing service providers. While the state has discontinued its past inservice training contractor, fiscal resources for professional development do exist. Those resources can be leveraged to tackle the knowledge and skill needs of current providers in implementing evidence-based practices associated with effective family engagement and child outcomes. It was noted in the regional meetings that while many providers have skills for directly improving children’s learning and development, they may lack the skills to work effectively with families from diverse cultures, to work with families who are grappling with other issues that might interfere with nurturing their child’s learning, and to coach adults in engaging in new behaviors and activities. This initiative will focus on bring about skills that will help to increase family engagement in both enhancing family well being and helping their children to develop and learn.

4. **Examine current funding policies/procedures and determine if changes are needed to promote more effective service delivery and address identified needs of target children and families.**

Over the past several years, the State First Steps system has had to enact funding cuts and cost savings measures to address overall state funding targets. An unintended consequence may have been changes in service delivery models and practices that fail to positively impact on child and family outcomes for children living in poverty. This initiative would entail a comprehensive review and analysis of current First Steps direct service provider therapy rates and rate structures. This study would determine if current payments represent adequate values to support the required tasks associated with adequate provider service delivery. The rate study is proposed to potentially identify natural ways to enhance service supports for families and children in First Steps and possibly build additional mechanisms via a potential rate increase or rate restructure to support identified current needs of families in the system.

5. **Coordination of Care Approach: Collaborate with current state and local agencies that provide home visiting services to maximize services and supports and increase family engagement among families in poverty.**

Currently, state and local agencies are implementing three other home visiting programs that serve families of infants and toddlers who are at risk, generally because of family poverty. These initiatives include Healthy Families, a statewide program serving new families in which children are at risk for abuse and neglect; Early Head Start, a federal program serving infants and toddlers in families in poverty; and Nurse/Family Partnerships, a pilot effort in Indiana in Marion County to replicate the national evidence-based model. In conversations with local stakeholders representing the first two home visiting programs, there is great interest and logic in First Steps partnering with these existing programs. First, all three of these programs are serving children and families living in poverty. Second, all three programs have a strong family support/family engagement component that could compliment current First Steps services. Expanding access to these services could help to foster greater engagement with these two groups of families; and building on existing resources helps the state First Steps program manage its costs. Third, all three programs have extensive expertise and professional development in the areas of family engagement and working with diverse families. This expertise and professional development may be accessible to First Steps providers to assist in building their local capacity to serve these same subpopulations. This strategy can be implemented within the state’s current capacity and resources, although it will likely take time to negotiate the necessary memoranda of understanding.
6. Work with the Indiana Department of Education to promote more effective transition practices between First Steps and preschool special education programs for all children, but particularly for low-income and culturally diverse children.

In conversations with Indiana’s Part B program and its proposed SSIP plan, this initiative would complement each agency’s efforts by enhancing transition policies and procedures between the two programs. These enhancement would include evaluation/assessment procedures that support retention of children who enter First Steps at 30 months or older, or who are due for an annual re-determination at this age through a joint Part B/Part C evaluation to eliminate barriers or duplicate steps to transition to Part B. For families who are at risk for family engagement or poorer child outcome performance, this may be a more effective way to transition these children more smoothly, in that they can connect with Part B staff and be introduced to those services more directly and efficiently than they are today. Through introducing these families to the Part B system in this way, it is First Steps’ philosophy that families will be more likely to accept Part B services, engage sooner with Part B staff, and be more likely to actively engage in services.

4(c) Strategies that Address Root Causes and Build Capacity

These initiatives will help to address both root causes (via increased and coordinated family supports and guidance) and build the capacity of local programs (clear expectations, recommended practices, professional development). The strategies will focus the efforts and resources of existing initiatives to establish clear goals and provide needed resources (e.g., best practices document, professional development) for enhancing the capacity of local programs to better meet the needs of the two target subpopulations. It will also help to provide ongoing evaluation data to provide continuous feedback concerning the results of our strategies. Specific efforts will include:

a. Align current state evaluation and continuous quality improvement efforts, including funded contracts (e.g., regional and local programs, outcomes evaluation, quality review, professional development) with the SiMRs such that future work plans target improving practices, data, supports, and decision making that improve results for African American children and families of lower incomes.

b. Complete the state’s best practices manual and insure that the content includes evidence-based practices that support successful family engagement practices with all families, including African American families and families with lower incomes.

c. Align state professional development resources to focus on improving results targeted by the SiMRs and implementing best practices from manual. This would include intensive training and coaching on implementing effective family engagement strategies that are culturally sensitive; and supporting service coordinators in completing functional family assessments, developing IFSP outcomes that address family needs and resources, and providing services that are more intensive to families who need them.

d. Leverage the state’s data and quality review system to provide clear, accurate and ongoing assessments of the implementation and impact of all improvement strategies included in this SSIP. In addition, provide clear, accurate, and easy to understand data on the impact of First Steps to support increased evidence-based decision making among state, regional, and local administrators. Finally, include measures that insure the quality and accuracy of the data that is collected and reported by First Steps providers and agencies.
While many of the strategies focus on enhancing the capacity of First Steps providers, we recognize that important collaborative partnerships are needed, too. The fifth initiative focuses on a coordinating home visiting and care management services across state and local programs. This initiative is designed to enhance the capacity of state and local programs to better meet the needs of families, and increases their time and engagement in the First Steps program. Indiana has three statewide programs, Children with Special Health Care Needs, Healthy Families and Early Head Start, in which local partnerships would help to leverage additional resources for families that are eligible for those programs and First Steps. Health Families has a strong service record of successfully working with and supporting families at risk. Early Head Start has the same service record and provides a part time center-based option for children and families who need those services. Leveraging both programs would enable First Steps to provide additional needed services to families, provide a sound classroom based component in the natural environment for those who would benefit, and provide important expertise and professional development opportunities. One activity under this strategy would be to establish state and model local memoranda of agreements to foster a high level of collaboration and joint services among these programs. A second activity would be to pilot partnerships and joint services in one-two regions of the state to assess its success as well as determine needed supports for the partnership to work successfully.

Although not listed as an initiative for addressing Indiana’s SiMR, Indiana’s First Steps system has begun implementing strategies to address data quality issues identified in our data analyses. Data analyses and stakeholder meetings among regional administrators did identify significant variations in the determination of children’s exit assessment score. Those assessment scores contribute to our determination of children’s outcome results. Revised assessment and scoring procedures were put into place, training was provided to local program administrators, and some direct service providers. Efforts to improve data quality in our state will continue over the next year, and will likely require intense regional training of local providers who are asked to assist in completing the exit assessments. The outcome of this strategy is to improve the quality and accuracy of our child outcome results, and to allow us to make both regional and program comparisons. This will be critical in enabling us to identify regions and programs in the state that are successful and should be replicated and to identify failing programs that might warrant additional intervention and technical assistance.

4(d) Strategies Based on Data and Infrastructure Analysis

As noted above, the improvement strategies were based on both the data and infrastructure analyses presented in Components 1 and 2, respectively. The data analyses enabled us to look more closely, at why Indiana typically scored below national averages in the percentage of Indiana’s infants and toddlers demonstrating substantial improvement. Our infrastructure analyses helped to identify possible root causes and examine the contributions of each major component of the First Steps program.

The proposed improvement strategies grew out of repeated discussions with First Steps stakeholders. From those discussions, stakeholders identified several individual strengths and areas needing improvement. Those individual contributions were combined and thematic analyses were conducted to determine major strategies for improvement, including strategies that leverage current resources and initiatives.
All strategies are aimed at building the capacity of local programs and providers to deliver the services needed by the two target subpopulations. The third strategy focuses on enhancing the knowledge and skills of providers to carry out culturally competent, evidence-based practices. The second strategy indirectly supports the capacity of local programs by identifying and removing burdensome policies that take time and resources to carry out; or prevent them from designing and carrying out individual programs to meet unique needs (e.g., increased social work services). The third strategy aims at completing the capacity of the First Steps program by accessing additional services that families in the targeted subpopulations may need. This will enhance the capacity of the system to address intensive needs. The fourth strategy is directly aimed at enhancing the capacity of service coordination services for families to better address the family support services needed.

Through the first strategy, the state will continue its current initiative for evaluating the quality and impact of First Steps services, and support the development of an accessible, simple to use, online data dashboard to support local and regional evaluation efforts. Building on the strong data systems that First Steps has in place, the evaluation contractor will work with the state and regional/local program administrators to determine essential analyses and online reports that will allow all to track progress and make evidence-based decisions.

**4(e) Stakeholder Involvement in Selecting Improvement Strategies**

Over the past year, the state has convened quarterly meetings of the State Interagency Coordinating Council (SICC) and 8 regional meetings with multiple stakeholders. These stakeholders have included family members, regional administrators, local agency administrators, providers, and state agency personnel. Most stakeholders have been part of the First Steps system, but there have be several external stakeholders, including a family advocacy organization, Healthy Families, Head Start, Local Education Agencies, and the State Departments of Education, Health, and the Family and Social Services Administration.

At each step of the SSIP process, quarterly meetings of the SICC, with strong public involvement, have provided an active forum for making recommendations. Initial data analyses by the state contractor were presented with extensive discussions and requests for additional data analyses. Those data analyses were conducted and emerging concerns were shared and discussed among members and public attendees. Following the draft of the target SiMR’s, both the SICC and regional meetings of stakeholders were convened as focus groups to assist in determining root causes and to suggest possible strategies for improving First Steps and build on existing strengths. From the stakeholder meetings, a number of suggested strategies were compiled and organized into the major themes that constitute the four improvement strategies presented in this document. For more information about Stakeholder Involvement in Indiana’s SSIP process, please go to Component 2, Section 2 (d) Stakeholder Involvement.