First Steps Interagency Coordinating Council


Absent: Ann Arvidson (who is leaving and will be replaced), Molly Kitchell, Kimberly Minniear, Acting Chair Susie Lightle called the meeting to order at 10:11 am.

Approval of May 9, 2012 Minutes
Correction was made on the spelling of James Elicker’s name. Minutes approved.

Updates
1. Part C Coordinator’s Report
   • Dawn shared that the fiscal year ended in June with a $2 million shortfall. This gap was addressed through funds from DDARS. Dawn noted that a new budget is in place that includes planned $1.7 million shortfall. Dawn reported that administrators within FSSA and DDARS were pleased that the funding gap had shrunk.
   • A goal of First Steps this year is to increase insurance revenue. The staff will be working with insurance companies as well as explore the changes that are coming with the impending federal health care legislation. Dawn reported that there has been discussions concerning putting a person in place that specifically handles insurance billing within FS and the billing office, but there is some reluctance to move in this direction.
   • First Steps/DDARS is currently examining how large contracts are procured. For example, the Indiana Department of Administration recently required that 3 existing and smaller contracts related to quality review services be combined and required that they are put out to bid (>$$75,000). This is currently out for bid. First Steps is also moving up the timeline for the SPOE contracts. An RFP for awarding 5 contracts to cover the 10 SPOEs will be out in the next month. Comments from the ICC concerning the RFP are welcome but need to be shared soon.
   • First Steps is working to complete hiring for one more FS Consultant.
   • First Steps service data indicate that referral numbers are consistent. Dawn is working with NICUs to increase more timely referrals for children less than 12 months. She also that there was a slight increase in ongoing services. The state is working to improve data reports concerning FS services. Along those lines, DDARS is developing a web-based case management system, but that work is on hold.

2. The ICC approved the following Meeting Dates for 2012-2013
   - November 15, 2012
   - January 17, 2013
   - May 9, 2013
   - August 8, 2013
Working Meeting - Action Plan for 2012-2013

At the May meeting of the ICC, it was decided that today’s meeting would be a working meeting with the purpose of identifying priorities for the ICC. Today’s focus is to address the following questions:

1. What are our priorities?
2. Who else do we need to recruit to assist?

Dawn asked that the ICC begin with individual members sharing their roles, interests and priorities.

- **Dawn**: her role is to take the priorities/suggestions offered by the ICC and bring them back to FS for action; her passion is the family unit and the importance of building strong relationships for families; and in helping society to redefine its labels of disability/ability
- **Jim**: while interested in services provided to children and families, he sees his role as focusing on professional development, both preservice and ongoing professional development. He sees making contributions concerning how we can better prepare professionals to work in all areas of early childhood and the promotion of evidence-based practices
- **Robyn**: noted that the state system is so big that her role is one of maintaining the realities faced by families
- **Becky**: her role is to watch the backs of service coordinators throughout all of the changes experienced by the system; that the system appreciates the role of service coordinators. Her current passion is to insure families have high quality service coordination—that families have a service coordinator who knows what they are doing and that services are consistent throughout the state.
- **Danny**: his role to represent parents who have children with profound disabilities; to inject reality into the system and tell the truth, which may challenge perceptions. His passion is to assist the ICC in recognizing and using the power of social media to inform and educate families/providers.
- **Paul**: his role is working with insurance companies, and he can take on a greater role on the ICC in helping FS carry out a current priority
- **Jim**: represents the role of a provider agency, and in the past has served as chair of the ICC (1997); He is committed to seeing that children/families receive the services they need
- **Donna**: serve as a provider and agency responsible for developing providers—and sees her role as watching the backs of providers. Her passion is the recruitment of high quality providers who are: willing to work in FS for current pay, can carry out the necessary tasks/services in a timely manner. This interest could include the role of mentoring new providers to insure quality services and ongoing communication.
- **Melanie**: represents the Bureau of Child Care and its responsibility of administering a program of child care assistance for low income families and improving the quality of child care. Her interests include building a system of high quality care that results in quality care at the local level for individual families, and creating a community network of early childhood professionals (child care, early intervention, etc.) that work together to assist families
- **Suzie**: as acting chair of the ICC, she remarked that it had been a privilege working on the council; as the Head Start Collaboration Director, her role is to insure programs work together on behalf of the at-risk families and children Head Start serves. Her goal is to strengthen current efforts that benefit all children that may be served by Head Start.
At the May meeting, the following areas to focus on were identified: quality services, family engagement, professional development, and consistency of services. The goal for today’s meeting is to proceed in the direction of evaluating the quality of services, which includes defining what is meant by quality, and identifying action steps to proceed.

What is our outcome for today’s meeting?

1. Generate an outline of the goals we want to accomplish that target our 4 priority areas
2. Identify ideas/suggestions for how we might work toward accomplishing the goals.
3. Identify current initiatives/resources available to accomplish goals (e.g., professional development network, pots of training dollars)
4. Generate next steps (e.g., to invite other members to the table)

At this point in the meeting, flip charts were assembled and members of the ICC were invited to move about and talk with one another and write down their ideas concerning goals for each of the 4 priority areas. The results of this activity are attached.

After the ICC members completed this task, Dawn and council members reviewed each of the priority areas and summarized what they saw as possible goals.

1. **Professional Development**
   - Possible use of the Division for Early Childhood standards as a measure of best practice; Jim and Jamie can discuss possibilities concerning the assessment of best practices of services/providers and the use of DEC standards
   - Identify current training needs or providers, current training opportunities, and an evaluation of past training opportunities (Ann Ruhmkorf, UTS, was identified as a resource for this goal)
   - Explore cross training needs that exist among services (e.g., First Steps, Child Care, Head Start) and disciplines and providing common directory of resources and training

2. **Consistency of Services**
   - This has been a focus of a past committee that Becky has chaired
   - It was noted that there is a need for representation from each SPOE and provider agency to identify where needs are.
   - First task of this committee will be to prioritize items generated today- what will be tackled first?
   - It was noted that if surveys of the SPOEs/Provider agencies are needed, Michael Conn-Powers could provide support.

3. **Quality Services**
   - It was recommended that a synopsis of existing provider agency surveys be compiled. Dawn will do that for next meeting
   - Implementation of a common survey that all provider agencies – look at existing surveys and identify core questions that could be included in all provider agency surveys
   - Compile best practices/evidence based practices is a long term activity to examine in the future
   - Satisfaction survey- Dawn will compile
   - Family Survey- Michael can share family survey used for outcomes
   - Outcome measure- we can review current outcome measures and discuss how they could be improved.

4. **Family Engagement**
   - Build on existing Family group and identify additional members to be part of the committee at the next meeting
- Document shared at last meeting that looked at informing families
- Danny will work to set up social media and will need support/time from someone to monitor social media. Michael can work with Danny to provide that support.
- It was suggested that ICC members share updates at future meetings, and Michael could post those. Michael will provide requests for updates one week prior to the meeting.
- Michael and Danny will set up an ICC Facebook account for posting updates and other information from the council
- Over time, look at the use of video to deliver information to families

5. **Community Integration- a fifth priority area was suggested by Melanie and Susie**
- A number of items were shared, and Melanie and Suzie will get together to identify items that would be easiest to accomplish
- Identify and include other members in this group that represents First Steps/UTS; focus would be on locals that are actively involved in creating and offering professional development
- What is needed for next meeting? A list of local contacts (CCRR’s, Head Starts, and FS SPOEs who can meet with each other to share resources each has to offer)
- Pull together description of what is currently happening in terms of collaborations among head start, child care, and First Steps (LPCCs).

A number of common themes were identified across the priority areas
1. Communication among providers/families
2. How do we define quality is overarching?
3. Best practice/evidence-based
4. Collaboration around outcomes (e.g., community integration)

**Public Comment**

No public comments were made.

**Adjourn**

Meeting adjourned at 2:05 pm
COMMUNITY INTEGRATION COMMITTEE

Families of young Hoosier children with disabilities have an integrated network of support that allows them to achieve their goals.

Possible local partners

1.0 First Steps—providers/service coordinators
1.5 IACCRR- I/T/Inclusion Spec/PTQ/Referrals
2.0 Head Start and EHS
3.0 Child care providers (all types) respite
4.0 CCDF, other $ supports, Medicaid
5.0 Medical providers—health/mental health
6.0 Employers
7.0 School systems (transitions)
8.0 Home visiting programs
9.0 Faith based communities
9.5 DOD
10 More

Goals:
1. To move toward integrated, comprehensive supports
2. To assist families in identifying and joining best community supports for their needs.

Short term:
1. Local partnerships between/ACCRR, and FS service coordinators.
2. Partnerships with HS and EHS and First Steps—especially in areas of difficulty for HS.
3. Survey- what is happening? LPCC re HS and CC LEA—local contacts who to contact for difficulty.
4. LPCC?? SPOE/ SC Supervisor.
5. Next meeting—summary of cross train. What it would include.

Intermediate:
1. Train CC providers to better utilize screening tools to partner with families to identify need.

Long-term:
1. High quality source of up to date info for families and communities.
2. Capacity of CC programs to support working families—providers are comfortable and competent to meet needs of family.
3. Relationship building at LOCAL level between families/schools/providers.
4. Use of technology. How to keep partners and families up to date?

ACTION ITEMS
1. Develop cross trainings
2. Meet with all local SPOEs to discuss I/T, Inclusion, PTQ
CONSISTENCY OF SERVICE COMMITTEE

Between eligibility teams within and across SPOEs. Statewide meeting?

Defined rules for adding therapists to agency roster.

Written policies/procedures on procedures.

Statewide form/documentation consistency and procedures.

“Issue Clarifications” posted regularly so info/changes are introduced to everyone at the same time.

Consistency of info and assistance for families through transition when child is under 3, not eligible for EI at annual ED, but child would still benefit from continued services in the community.

To Do:
Rep. from each SPOE
Rep. from networks—as suggested from SPOE.
Next meeting—ideas to start.
Survey—MCP
FAMILY ENGAGEMENT COMMITTEE

Determination of family expectations: what will this session look like?... how to plan session? When to ask this? 1 week before? 5 minutes before session?

Setting shared expectations with family/provider(s).

Shared options and decision making.

Educate families as to their responsibilities and expectations.

More provider training on how to and benefits of family engagement.

Best practice—evidence based
Family centered=Family engagement

Begins at intake...writing IFSP...Transitions...A people process, not a paper process.

Family to family mentoring

Sharing family stories/experiences

Virtual Mentoring—Social Media

1. FB/Twitter/Google+/Pinterest
2. Drive membership (Google+)
3. Film videos for virtual mentoring
4. Post them vids
5. Active outreach through Social Media
6. Video over web pages

Understanding/Belief that it isn’t “WORK”, its parenting.
Routines—Support—How to do things differently, not always “MORE”

To Do:
MCP—Resource—for now...
Next Meeting—Membership
PROFESSIONAL DEVELOPMENT AND BEST PRACTICES COMMITTEE

Professional development beyond enrolled F.S... ex how to utilize child care providers—Head Start.

Still doing reflective supervision as developed by the infant/toddler mental health group?

“Early Intervention specialist” certification curriculum offered through higher ed. Entities.

Disciple specific? – share best practice article/new evidence at your staff meeting00the therapist a month? Etc.

Next meeting—prior to meeting:
Som. Of prov. Types and numbers
Prov. Survey of needs
What training is available—UTS
Who is the audience???
Suggestions on where to go from here?
Collaboration ideas—posting—resources...
PD Needs Assessment—How?

IN PD Resources for FS
-strengths
-gaps
Higher Ed. Programs—sufficient to meet FS needs?

Certification
Guidelines for SPOE/networks ongoing for training providers/SC’s
Train the trainers model.
QUALITY OF SERVICES COMMITTEE

PD-- What are the quality standards that all FS providers should meet?

Use of outcome measures/measurement tools to evaluate effectiveness and efficiency of services/interventions
Careful choice of outcome measure (valid/reliable)
What are we doing now? Should we do something different?

Synopsis of feedback from agency surveys – Next meeting update

Implement a standard survey for all agencies to use? – What is happening now?

Identify evidence-based early intervention practices and integrate into current quality review process.

Share best practices with all stakeholders through social media, and other means.

Satisfaction survey for parents to fill out at 3 months, 6 months, etc?
Include __________, __________, __________, __________, __________.
MCP to share what is happening. Bring to SPOEs.