ICC Meeting minutes, May 9, 2013

Present: Melanie Brizzi, Dawn Downer, Donna Driscoll, James Elicker, Becky Haymond, Paul Hyslop, Danny O’Neill, Robyn Nelson, Jamie Stormont-Smith,

Absent: Mark Davy, Kimberly Minniear, Beckie Minglin (acting as Head Start liaison)

Welcome and Introductions

Convened at 10:15 am by Dawn Downer, Acting Chair

Approval of January 17, 2013 Minutes

Minutes approved by all members present

Committee Work and Reports

Individual Committee reports and work plans will be appended to these minutes.

• Consistency/Quality of Services

Becky Haymond reporting:

Two of the four objectives identified by the Committee at the January meeting have been accomplished:

1. Provider Network survey results were synthesized in a report and will be in the May 2013 Training Times newsletter. UTS will provide a link to the full Agency Survey report. May TT is now posted on the UTS website. It is hoped that all providers will review the results.

2. Assessment Team Manual was completed by state staff and is available on the FSSA First Steps web. It is in two parts and it is hoped that agencies will review with individual providers.

The Assessment Team (formerly Evaluation Determination Team) manual is posted in two parts on the First Steps website. Committee members worked closely with the SPOE workgroup. The Committee intends the manual to be a living document and support ongoing corrections and changes. The goal is for the document to be posted for one year before any changes are made. It was recommended that the Committee consider a follow-up strategy of evaluating the manual and its implementation. The Committee also discussed surveying Assessment Team members to allow for full range of system input on survey questions given to provider network agencies and SPOE’s. This would allow for comparison of results by using the same criteria. Jillian Condon
offered to put the Network Survey in to survey monkey. A link would be sent to all SPOE’s to distribute to individual assessment team members throughout the state.

Dawn thanked the Committee for its work on the survey, noting that she and staff had taken time to review the survey results and determine needed state responses. First Steps will post a public response and thank you to the people completing the survey and future plans.

Current survey identified communication as a consistent concern in each area. The committee decided that at this time, it seems more prudent to request communication from DDRS as to their policy structure/guidelines/procedures for communicating information. Becky shared that Committee members Angie Jarvis and Jennifer Owens will explore current DDRS procedures/policy and report to the Committee at the August ICC meeting

• **Professional Development**

  Jim Elicker reporting:

  This committee discussed its three goals:

  1. Review the best practices document
  2. Review the UTS ProKids survey/needs assessment of First Steps providers
  3. Examine efforts to increase collaboration among early childhood providers.

  Jim noted that it would be important to coordinate efforts with the Consistency/Quality of Services committee.

• **Community Integration**

  Melanie Brizzi reporting:

  This Committee has met twice and has included representatives from child care, First Steps, and Head Start. It divided into 4 subgroups focused primarily on promoting greater collaboration and integration with child care providers. The four subgroups focus on cross training among First Steps and child care provider groups, including administrations and direct service providers.

  Information concerning *Paths to Quality*, Indiana’s quality rating system for child care programs, was published in the Training Times.

  Another effort of this Committee is to look at writing a document that defines common terms and provides an overview of collaborating with child care providers to offer inclusive services; it would offer a checklist First Steps providers. Since the document
would target First Steps providers, it was recommended that it be incorporated as a chapter in the Best Practices document to minimize confusion for First Steps providers. It was also noted that this document would need to interface with the state’s practices model and be reviewed by the First Steps office.

As a greater emphasis is placed on providing early interventions services in community early childhood settings, ICC members noted several implications concerning needed training for both First Steps providers and community early childhood providers (e.g., child care providers). These implications included:

1. Greater utilization of the IACCRR Inclusion Specialists in providing education and outreach to child care providers concerning the inclusion of young children with disabilities. It was suggested that service coordinators across all SPOES be informed of the roles and services Inclusion Specialists can provide for both training and helping families seeking out child care. Members noted that challenges can and do arise when services are provided in child care settings.
2. Need to generate common documents (e.g., among all agencies) to ensure all parties are informed and educated.
3. Development of a child care training module for working with First Steps children and providers.
4. Pulling together First Steps trainers and the IACCRR Inclusion Specialists to provide statewide training of child care and First Steps providers (e.g., ½ day conference?)

Dawn noted that all committees should focus on both the development of documents and training materials. In addition, it was suggested that some of this training could occur as part of the regular provider agency meetings.

• Family Engagement

Danny O’Neill reporting:

In terms of efforts to expand the use of social media for informing families, there is no progress to report; there is a need for resources (a person) responsible for creating the social media output. Dawn commented that there was discussion at DDRS concerning the need to move forward in this arena.

It was noted that Stacie Holmes, Committee member, had completed a broad survey last year and included questions concerning how families find out about First Steps. The responses included both traditional media sources and social media sources (e.g., Facebook, Twitter).

Danny commented on the importance of social media and shared examples. The Indiana Department of Education has had a Facebook page for some years and now has over 4000 members. Text for Babies is a program that sends out texts to parents of
very young children offering useful information, suggestions, and resources. Over 16,000 families have registered for this program. Other programs (e.g., Early Head Start) are now using social media (texting) as a means for communicating with families, decreasing the rate of no-shows and non-responsiveness.

Part C Coordinator’s Report

The most recent Statewide Profile Report was handed out and shared. This report is posted on the First Steps website. It provides a one-year report concerning important statistics concerning the First Steps program (e.g., number of children served in FS, transitions, etc.). For example, approximately 1/3 of children move on to Special Education

It is expected that First Steps will experience a deficit of approximately $2 million this year. This shortfall has been taken into account in terms of budgeting and no further actions are planned at this time. Billing insurance is a huge challenge for First Steps. Dawn noted that the SPOEs are working hard to acquire the necessary information and make sure that the insurance money goes to the right agency.

First Steps is planning to extend the current contract for the central reimbursement office contract for another year. It is hoping then to expand the CRO to move to a web-based system. While this would not affect ongoing providers, the hope is that it would add case management functions. Contracts for the SPOES have also been extended, but new contracts will be coming.

The Quality Review Contract has been awarded to the Indiana Institute on Disability and Community (IIDC), Indiana University, with a start date of May 1, 2013.

The Annual Performance Report, Indiana’s report to the federal government, was turned in on February 1 (on time). A few corrections were needed that primarily involved clarifying the findings/data. It is anticipated that some changes to the state’s grant application will occur because of new federal regulations.

The First Steps office is recruiting new staff and hopes to have two new people hired by the end of this month.

The Best Practices manual is currently undergoing review and rewrites. It has not been updated for several years. First Steps will post this document electronically, with the goal of providing a single location for organizing and storing all state policies, procedures, and recommended practices. It will guide the Quality Review efforts conducted by IIDC. The plan is to post one chapter at a time as it is completed.

DDRS updates: working on some PR/communication efforts, looking at how to use social media to more effectively communicate with clients and families. Also, looking at promoting greater consistencies across the division to minimize overlap. Dawn noted that there has been discussion within DDRS concerning the importance of social media and the need for support
within FSSA to make this happen. A major concern is the staff support to ensure that info is maintained, accurate, up to date. Future directions will be shared at the next ICC meeting.

Dawn Downer is leaving her position as First Steps/Part C Coordinator to assume the position of Deputy Director at DDRS. Dawn anticipates that a new person will be hired in the next couple of weeks to take over the First Steps/PART C Coordinator position. Dawn’s service as First Steps Coordinator was acknowledged by the Council.

Quality Review Process

In the past, the Quality Review efforts have focused primarily on ensuring the state’s compliance with federal and state requirements. The majority of the Annual Performance Report the state submits to the federal government each year focuses on compliance. If SPOES/agencies were not in compliance, then the state and Quality Review contractors were charged to work with local providers to make necessary corrections. This emphasis on compliance and subsequent data reporting was perceived/experienced as punitive. It should be noted that this was not the fault of the past Quality Review contractors—it was a reflection of past priorities and emphases from the state and federal government.

With the recent awarding of the new Quality Review contract to IIDC, First Steps is hoping to shift some of this focus on compliance to include a greater focus on improving service quality and positive outcomes. This effort will begin to look at identifying successful/effective practices at both SPOEs and provider agencies, and using that information to improve quality and capacity throughout the state.

At this point, Dawn asked suggestions to help shape this future Quality Review effort. The following suggestions/points were made:

- How are agencies providing training? How do we know as an agency when something is or is not happening so agencies can be proactive? Provide data systems that enable agencies to monitor and ensure their responsibility
- Possibly promote greater uniformity across clusters and as a state system by identifying and sharing effective practices; participation of QR staff on the SPOE workgroup will be important
- Re-examine the role of service coordinators of providing needed service coordination to families and less paperwork/monitoring; perhaps look at the role of ongoing providers, too.
- Promoting greater uniformity of practices and/or promoting more unified expectations and outcomes recognizing that sometimes individualized strategies are warranted
- Data collected from examining quality of services/practices can and should inform future training efforts
- Build local capacity to take on greater responsibilities- survey local efforts and capacity and provide technical assistance that builds on this. For example, how are agencies accomplishing certain tasks and addressing certain problems?
• What measures of quality do we currently have? For example, look at measures that are a better assessment of impact of services on family outcomes. Move away from comparative measures among SPOEs and agencies that may unintentionally foster competition and secretiveness. Encourage self-report measures of any areas that they are having trouble meeting that may not be a part of the state report.

- The overall focus is on quality improvement and promoting change over time. Efforts will need to be made to change the perception that the QR process is not a punitive process but one aimed at self-improvement.

**ICC Chair and Vice Chair**

With recent member departures, the ICC does not have a chair or a vice chair; one of which needs to be a family person.

Danny O’Neill was nominated as Chair; and Jim Vento was nominated as Vice-Chair. Members of the ICC voted unanimously to elect both Danny and Jim to these positions. Since Jim was not present to indicate if he would accept this nomination and vote, Donna Driscoll voiced her willingness to accept the role of Vice Chair.

**Public Comment**

No public comment

**Meeting was adjourned at 1:30 pm**
Committee Minutes/Attachments

• Consistency/Quality
• Professional Development
• Community Integration
ICC Workgroup notes: Consistency/Quality of Service

May 9, 2013

**Tasks Accomplished:**

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- Assessment Team Manual was completed by state staff and is available on the FSSA First Steps web. It is in two parts and it is hoped that agencies will review with individual providers.

Committee discussed surveying Assessment Team members to allow for full range of system input on survey questions given to provider network agencies and SPOE's. This would allow for comparison of results by using the same criteria. Jillian Condon offered to put the Network Survey in to survey monkey. A link would be sent to all SPOE’s for distribution to individual assessment team members throughout the state.

Current survey identified communication as a consistent concern in each area. The committee decided that at this time, it seems more prudent to request communication from DDRS as to their policy structure/guidelines/procedures for communicating information. The committee will explore this structure and then develop a document outlining recommendations on dispersing First Steps information/communication via the current DDRS policy which will hopefully lead to enhanced communication for providers/agencies/SPOE from the state staff. Jennifer Owens and Angie Jarvis will explore current DDRS procedures/policy and report back to committee in August 2013.

Committee members agreed to meet at the next ICC meeting scheduled for August 2013.

Submitted by,

Donna Driscoll
## ICC Committee: Consistency/Quality of Services

<table>
<thead>
<tr>
<th>Goal(s):</th>
<th>Tasks/Action</th>
<th>Who</th>
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<tr>
<td></td>
<td>Development of training on Assessment Team roles/ responsibilities and factors influencing service recommendations</td>
<td>UTS, AEPS Trainees, SC/SPOE, Assessment team members</td>
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<td>Explore current DDRS policy/procedures for communication to vendors/providers/agencies</td>
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<td>Create recommendations for dispersing information to providers/SPOE from State staff</td>
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### Resources Needed:
## ICC Committee: Professional Development 5/8/13

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<td></td>
<td><strong>We discussed final draft of “Best Practices in Early Intervention”. Jamie will send to all committee members for review and comments.</strong></td>
<td>Jamie/Jim</td>
<td>5/12/13</td>
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<td></td>
<td><strong>Committee members will review BP document and send comments/suggestions to Jamie and Jim. (Jim will provide comment form.)</strong></td>
<td>All committee members</td>
<td>6/8/13</td>
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<td></td>
<td><strong>Committee members will list trainings they know about that specifically address the BP recommendations. (Jim will provide form.)</strong></td>
<td>All committee members</td>
<td>6/8/13</td>
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<td></td>
<td><strong>Committee members will review the University of North Carolina onsite program, CONNECT (<a href="http://community.fpg.unc.edu">http://community.fpg.unc.edu</a>) and be ready to discuss if it would be useful in FS training.</strong></td>
<td>All committee members</td>
<td>6/8/13</td>
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<td></td>
<td><strong>Generate ideas for a new training module that could be used in FS core training and child care training with a focus on reasons for and ways of providing collaborative care/intervention.</strong></td>
<td>Jamie &amp; other committee members</td>
<td>6/8/13</td>
</tr>
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<td></td>
<td><strong>Ask ICC members to review Best Practices document and be ready to discuss its implementation at next ICC meeting.</strong></td>
<td>ICC members</td>
<td>Sent out 7/8/13           Discuss 8/8/13</td>
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### Resources Needed:
We would like to have a meeting or phone conference of the PD committee to discuss findings on about June 13-14. Is there a conference platform available?
ICC Workgroup notes: Consistency/Quality of Service
May 9, 2013

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### Resources Needed:
PROVIDER NETWORK
SYSTEMS REVIEW QUESTIONNAIRE:
RESPONSE COMPILATION

AUGUST 2012 SURVEY
The ICC Quality and Oversight Work Group appreciates your feedback as a Provider Agency in the First Steps system as we begin to develop an action plan to address the Quality and Consistency questions of the program. The goal of this short survey is to identify areas of strength and areas of concern in respect to current procedures/policies that could be addressed to strengthen the overall quality of the EI program.

1. Please identify what you consider the primary strengths of the current First Steps system in providing services.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

2. Please identify your three primary procedure or policy concerns and indicate your level of concern. (Please be specific and provide additional comment if necessary.)

Level of concern: Mild___ Moderate___ Strong___ Very Strong___

___________________________________________________________________________
Level of concern: Mild___ Moderate___ Strong___ Very Strong___

___________________________________________________________________________
Level of concern: Mild___ Moderate___ Strong___ Very Strong___

3. Please indicate your preferred method of communication from the State.

Use the following scale:
1-Most effective (preferred) method(s) of communication
2-Acceptable method of communication
3-Least effective method of communication

___ Face to Face Meetings ___ Email Communication
___ Written Communication ___ Webinars
___ Training Times ___ Other ______________________

4. Cluster(s) in which you currently provide services:

___ A ___ B ___ C ___ D ___ E ___ F ___ G ___ H ___ I ___ J
PART ONE:  
FIRST STEPS STRENGTHS

Instructions : Please identify what you consider the primary strengths of the current First Steps system in providing services.

(Note: When compiling results, classified responses into general topic areas. Cluster of respondent identified when relevant to topic.)

Positive comments about increase in Teamwork/Communications/Collaboration
• Thirteen (13) commented about seeing improvements in teamwork, team communication, or team collaboration

Positive comments about improvements in Supervision/Training/Quality of Providers Comments
• Two (2) favorable comments about improvements in provider quality and consistency
• Two (2) favorable comments about how agency supervision has increased support for providers

Other specific comments:
• The new format allows oversight and facilitation of quality indicators (credentialing oversight)
• Agency structure has identified many provider training issues and identification of providers who have been non-compliant. I had no idea that there would be so many misconceptions and training needs for providers as they were independent before.
• Much more consistency among providers who now receive guidance from SPOEs and Agencies.

Positive comments about improvements in Services to Families
• Four (4) commented about how the current structure increases the ability to provide services in hard to reach areas

Positive comments about improvements in the Overall System
• Overall “feel” of First Steps seems to be improving
• Implementation of agencies benefits all involved (providers and families)
• Process has been streamlined (timing, tracking, justifications for service continuations, etc)
• Agencies offer customer service (responsiveness) to families
• Referral, services, feedback system is smoother
• In general better accountability

Positive comments about improvements in Billing
• Billing system works smoothly
• Quick pay to agencies
• The new format allows oversight and facilitation of correct/accurate billing practices

Positive comments about Providers
• Talent and skills of providers in changing lives of children
• Individual providers and their passion for children
• Good providers
• Everyone wants to do their best to help children and families
• Level of dedication of providers that have remained in system
• Providers are doing this because they are passionate about children and families
• Providers make First Steps work for families
• Dedicated, hard-working providers

Positive general comments about State Staff
• Great follow through from state addressing concerns that arise
• State has been easy to work with—very approachable
• The state responds to questions in a timely manner
• Natasha Pulley is great at responding
• State consultants are helpful
• State has policy in place to protect agencies when providers switch agencies

Positive comments about Early Intervention in general
• Services change lives for kiddos and families
• Services open doors for future development
• Makes a difference in the lives of those we serve
• EI role helps kids and families develop and prepare for school

Positive comments about Natural Environment/Parent Involvement
• Four (4) commented about the value of parent involvement and parent education/training
• Four (4) commented about value of supporting and encouraging services in natural environment/homes

Positive comments regarding SPOE/SCs/LPCCs
• Good communication with SPOE staff (Clstr A)
• SPOE is responsive and supportive (Clstr G)
• SCs are great (Clstr A)
• SPOE staff (Clstr F,G,H)
• Service Coordinators are great (Clstrs C,E,H)
• LPCCs good resource for info and support (Clstr G)
• SPOEs are sensitive when tweaks are required (Clsters G,J)
• Many SCs do well with communication with the agency and working with the agency (Clstr B)

Positive comments regarding EDTs
• Like EDT teams being separate from agencies
• EDTs provide better oversight of amount of services provided
• Better report writing with more EDT supervision
• EDTs do a great job of recognizing the expertise of more that one discipline is necessary to meet child's needs and that co-treatments are appropriate at times

General (or”not easily classified”) positive comments
• Better insurance reimbursement to state
• Information readily available on the web
• Support of SRNDHH statewide
• Support with transitions
PART TWO: PROCEDURE AND POLICY CONCERNS

Instructions: Identify up to three concerns and indicate level—*mild, moderate, strong, very strong*—of concern)

(Note: When compiling results, classified responses into general topic areas. Cluster of respondent identified when relevant to topic.)

CONCERNS ABOUT ED TEAMS AND ELIGIBILITY PROCESS

Following indicated as **VERY STRONG concerns** about EDT

- EDT determination of necessary level of services (rather than child's therapist) (Clstr G)
- EDT determination of services (lack of team discussion) (F,G)
- EDT pressure to discharge clients (G)
- EDT decreasing service frequency without consulting team (G)
- EDTs changing or discontinuing services without talking to providers or agencies (G,J)
- Lack of OT on EDT (C,E,H)
- Lack of disciplines and providers on EDT (I)
- EDT decision regarding two monthly visits: not enough for involved child (G)
- No team approach with EDTs— their way or no way (G)
- Lack of appropriate EDT members for all areas in our Clstr (I)
- High turnover and lack of disciplines (I)
- All EDT should be required to have at least one year experience in First Steps (I)
- Lack of EDT communication with ongoing team members (G)
- Changes in service dictated without discussion (G)
- Need concrete and improved timeliness for request for changes to evaluate and implement services; the process can take three months (request, eval, recs/paperwork) (D)

Following indicated as a **STRONG concern** about EDT

- EDT overstepping their role to determine eligibility (FGH)

Following indicated as a **MODERATE concern** about EDT

- Inconsistencies in EDT recommendations (H)
- Lack of EDT communication (F,J)

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COMMENTS ABOUT STATE STAFFING/TRAINING/CREDENTIALING REQUIREMENTS

Following described as **VERY STRONG concerns** about staffing/training/credentialing requirements

- Number of provider required is unrealistic (for example, we were told we needed a second SLP while our SLP has a .25 FTE caseload and we have never turned down an ST case in our area)
- Excessive training requirements for professionals who have licensure requirements
- DT 30-hour requirement is difficult if waivers do not transfer; as those waivers weed out it will get harder and harder to find those who meet the requirement
- State determining whether or not we can hire staff (DTs)
• Too many hoops for providers to jump through for the continuing ed required yearly
• State determining when an agency may or may not enroll a new employee
• State addition of levels of DTs has taken away from DT Educational case load
• We moved to a system to have provider supervision and quality insurance in place via agencies, but state seems to be increasing their level of management for individual providers rather than allowing the agencies to manage their own staff
• Agency requirement to keep 10 in an area – no way to correct when provider leaves, which puts the agency in jeopardy and gives the provider power over the agency as they know they are required for agency to remain in good standing
• State’s flat level of staffing requirements for all service areas regardless of characteristics of service area (e.g., requiring 10 enrolled providers in a service area that has only 10-12 referrals/year)
• The lack of therapists; It is very hard to employ them
• Need to allow the agency to operate as a business model rather than the state increasing their level of management of providers i.e. state approval for a provider to submit 1-2 hrs of self study on credentialing restricts hiring process of agencies
• How to keep the percent of providers exact to meet the need of children and network. Because of this, we are not able to hire committed full-time therapists. This makes it harder to recruit good providers, or any providers at all
• Requirements that prevent us from having enough providers per discipline to serve all the needs of a child
• Staffing (discipline) requirement for agency regardless of reality of shortage and the population of the service area
• Credentialing standards not timely and efficient
• State required number of providers
• Accept credential packets from agency only
• Allowing providers to work with 2 agencies in same service area
• Lack of providers to staff rural areas
• Service area boundaries do not allow us to treat in our natural clinic catchment area; boundaries need to have a secondary “grey” overlap area where we can assist with staffing in other areas not in our Cluster
• Serving rural areas increases costs and time and our ability to retain providers on staff
• Rules regarding service areas make it very challenging for staffing
• Need to look at restructuring areas around current agency staff strengths rather that around large rural service areas with low volumes of kids
• Cannot keep a highly paid ST with no case load in our rural area
• Serving rural areas leads to staffing problems
• Current model where all services and staff must come from one agency is limiting at times
• Allow agencies to work together to cover services and maintain providers either through dual enrollment or contracting especially in rural areas
• Providers need to be able to work for more than one agency
• To provide service on plan, if Provider A does not have the discipline and Provider B in the same service area has capacity, why not borrow providers?
• Need to allow agencies when needed to contract with each other

Following described as **STRONG** concerns
• Lack of providers coming into or remaining in system (need to look at why and look at policy and procedure changes to address – concerned we will not be able to maintain system as is (leave for increased pay in long-term care, schools, and clinics; too much travel; no shows; insurance)
• Lack of choices for CORE and other training provided in the south; this year there was one day of core training in Evansville, not enough for highly populated area; depending on credential year, that date does not work for some
• Large service areas add significant travel time, complicating staffing
• Referral agreements—many agencies will not do—seems like they should play nice
• Requirement to provide all services to child when providers are full
• Agency not having adequate providers and “passing on” kids
• Allow agencies to contract with each other to provide coverage
• Limitations on agencies to work together (mainly providing services)

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COMMENTS ABOUT NO SHOWS

Following described as **STRONG Concerns**
• No shows
• No show policy
• Agency three- strike rule/NC/NS—no consistency in enforcement
• Many no shows—need to be able to drop after going through a number of providers

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COMMENTS ABOUT PARENT PARTICIPATION REQUIREMENTS

Following described as **VERY STRONG Concerns/Comments**
• Parent attendance/signature every four visits not realistic for dual working parents—day care providers also spend a great deal of time with the child—one time a quarter for parent signature is more realistic
• Family face to face with multiple therapists is a burden when multiple therapists
• Clear written policies regarding parent participation
• Increase leniency for “every fourth visit” for families who receive two or more services i.e. every other month so at least one provider sees family monthly

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GENERAL COMMENTS ABOUT STATE COMMUNICATIONS AND ACTIONS

Following described as **VERY STRONG Concerns/Comments**
• Lack of consistent timely statewide frequent issue clarification so everyone hears and learns at the same time
• State inflexibility in dealing with EDT issues. Ideas have been presented and the state declines what we suggest.
• State website not updated with info we learn from other sources
• Informed of changes (e.g. DSP 101 within 60 days ) after implemented
• State negativity – punitive approach instead of a “how can I help you” approach
• Need better communication (i.e. UTS changing timeline for 102-103 without notifying us)
• State should address SPOEs and Agencies at same time
• State needs to provide more lead time when making changes
• State’s report format—with addition of Electronic Patient Records, report forms are not compatible with our system of record keeping
• Lack of state support for agency/provider rights
• State needs to become more IT competent to include credentialing online, web based files for DSPs and SCs, clusters conference in to Indy meetings

Following described as **STRONG**
• Agencies and SPOEs are trying not to get into trouble with State and get hands slapped which at times pits agencies and SPOEs against each other
• State level micromanagement of agency activities
• Provide ability to upload a file rather than manual entry

Following described as **MODERATE**
• Mixed communication from SPOE and State

Following described as **MILD**
• I would like a written procedure for how provider choices are reviewed with families

**COMMENTS ABOUT DEVELOPMENT OF SERVICE PLANS**

Following described as **STRONG**
• Need a training for SPOE/EDT/Agencies on how to develop efficient and creative service plans

Following described as **MODERATE**
• Lack of approval of the very few high intensive services we have requested. In what situation are these approved? If not ever approved, then there should not be a process. If all 2xs per week are considered medical, then the process should be discontinued or there should be a process for appeal and with a review by a person in the requested discipline, a specialist in the desired field.
• SCs work with families to write outcomes; providers find outcomes to be unrealistic

****************************************************************************************************
**COMMENTS THAT RELATE TO SPOES/CLUSTERS**

Following described as **VERY STRONG**
• Not being offered as an agency (B)
• Inconsistencies between clusters(start dates, referral forms, time frames) (F,G)
• policies and communication inconsistent among clusters (F,G,J)
• Every agency in service area should be offered every time (G)
• Do not always hear agency choice and need to follow up with SC to see if someone previously offered was taken (A)
• SCs/SPOE aware of issues concerning an agency and agency and providers not informed (C,E,H)
• Inconsistencies about how referrals are handled and when the agencies are informed about children they will be receiving. Some SPOES notify the agency they have been picked and the agency has some say about what providers go on the plan. Another SPOE tells the agency what they think a family will need before the IFSP (such as a PT or OT) and we are supposed to give them a name of an available provider. They let us know after the IFSP who got picked and what the intensity is. So we really can’t offer different options that we think may be a good fit because we have not seen any paperwork on the child. (A)
• Complaining about SCs leads to no new referrals (G)

Following described as **STRONG**
• Inconsistencies with SPOES (F,J)

Following described as **MODERATE**
• Differences between Clstr policies (G,J)

**GENERAL (OR NOT EASILY CLASSIFIED) CONCERNS**

Following described as **VERY STRONG**
• Lowered reimbursement
• Audit and do not recertify agencies that repeatedly use bad codes, hire therapists on action plans, and do not serve all areas
• 1099 agencies skirting federal/tax/state regis
• Referral process—waiting to know if you have been chosen

Following described as **MODERATE**
• Substitute policies
• Substitute polices
• Requiring a request for change when the same info is indicated in the quarterly report is a duplication of effort

*****************************************************************************

Provider (hearing) specific comments:
• Be sure that Teri Ouellette and/or Carrie Tamminga are on all email lists
• Confusion about eligibility for children who are deaf and hard of hearing in particular related to speech and habilitation services in respect to age and type/degree of hearing loss
• Report system still not smooth state wide i.e.,what is asked for on report not consistent with IFSP, etc

VS (Hearing – all service areas/Clstrs)
# PART THREE: PREFERRED METHOD OF COMMUNICATION FROM STATE

## SYNOPSIS

### Most effective (preferred) method of communication from state:
- 78% Email
- 37% Written correspondence
- 34% Face to face meetings
- 5% Training Times
- 5% Webinars

### Least effective method of communication from state:
- 66% Training Times
- 61% Webinars
- 26% Written Correspondence
- 20% Face to face meetings
- 5% Email Communications

---

## RESPONSE DETAIL

(Note: 41 respondents replied to this section)

### Face to Face Meetings
- 34% rated as a most effective (preferred) method of communication
- 46% rated as an acceptable method of communication
- 20% rated as a least effective method of communication

### Written Communication
- 37% rated as a most effective (preferred) method of communication
- 37% rated as an acceptable method of communication
- 26% rated as a least effective method of communication
Training Times
5% rated as a most effective (preferred) method of communication
29% rated as an acceptable method of communication
66% rated as a least effective method of communication

Email Communication
78% rated as a most effective (preferred) method of communication
17% rated as an acceptable method of communication
5% rated as a least effective method of communication

Webinars
5% rated as a most effective (preferred) method of communication
34% rated as an acceptable method of communication
61% rated as a least effective method of communication
# 1. How many years have you worked in the First Steps System?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 Year</td>
<td>5.9%</td>
<td>4</td>
</tr>
<tr>
<td>2 to 3 Years</td>
<td>17.6%</td>
<td>12</td>
</tr>
<tr>
<td>4 to 5 Years</td>
<td>8.8%</td>
<td>6</td>
</tr>
<tr>
<td>More than 5 Years</td>
<td>67.6%</td>
<td>46</td>
</tr>
</tbody>
</table>

Answered question: 68
Skipped question: 4

---

# 2. Have you completed your initial First Steps Credential?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>95.6%</td>
<td>65</td>
</tr>
<tr>
<td>No</td>
<td>4.4%</td>
<td>3</td>
</tr>
</tbody>
</table>

Answered question: 68
Skipped question: 4
3. Please select which cluster you currently serve. Select all that apply.

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Response</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>16.4%</td>
<td>11</td>
</tr>
<tr>
<td>B</td>
<td>11.9%</td>
<td>8</td>
</tr>
<tr>
<td>C</td>
<td>6.0%</td>
<td>4</td>
</tr>
<tr>
<td>D</td>
<td>7.5%</td>
<td>5</td>
</tr>
<tr>
<td>E</td>
<td>6.0%</td>
<td>4</td>
</tr>
<tr>
<td>F</td>
<td>6.0%</td>
<td>4</td>
</tr>
<tr>
<td>G</td>
<td>28.4%</td>
<td>19</td>
</tr>
<tr>
<td>H</td>
<td>4.5%</td>
<td>3</td>
</tr>
<tr>
<td>I</td>
<td>7.5%</td>
<td>5</td>
</tr>
<tr>
<td>J</td>
<td>14.9%</td>
<td>10</td>
</tr>
</tbody>
</table>

answered question 67
skipped question 5
### 4. First Steps service you provide:

<table>
<thead>
<tr>
<th>Service</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology Services</td>
<td>2.9%</td>
<td>2</td>
</tr>
<tr>
<td><strong>Developmental Therapy</strong></td>
<td><strong>26.5%</strong></td>
<td><strong>18</strong></td>
</tr>
<tr>
<td>Nursing Services</td>
<td>1.5%</td>
<td>1</td>
</tr>
<tr>
<td>Nutrition Services</td>
<td>4.4%</td>
<td>3</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>22.1%</td>
<td>15</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>19.1%</td>
<td>13</td>
</tr>
<tr>
<td>Psychological Services</td>
<td>2.9%</td>
<td>2</td>
</tr>
<tr>
<td>Social Work Services</td>
<td>1.5%</td>
<td>1</td>
</tr>
<tr>
<td>Speech/Language Pathology</td>
<td>19.1%</td>
<td>13</td>
</tr>
<tr>
<td>Vision Services</td>
<td>1.5%</td>
<td>1</td>
</tr>
<tr>
<td>Assistive Technology/Services</td>
<td>1.5%</td>
<td>1</td>
</tr>
<tr>
<td>Service Coordination</td>
<td>19.1%</td>
<td>13</td>
</tr>
<tr>
<td>Other Early Intervention Services</td>
<td>2.9%</td>
<td>2</td>
</tr>
</tbody>
</table>

answered question 68

skipped question 4
5. How are you employed or affiliated with your agency?

<table>
<thead>
<tr>
<th>Employment/Association</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency employee</td>
<td>62.7%</td>
<td>42</td>
</tr>
<tr>
<td>Contract Employee</td>
<td>23.9%</td>
<td>16</td>
</tr>
<tr>
<td>Independent Contractor</td>
<td>11.9%</td>
<td>8</td>
</tr>
<tr>
<td>Referral Agreement</td>
<td>1.5%</td>
<td>1</td>
</tr>
</tbody>
</table>

answered question 67

skipped question 5

6. Do you have continuing education requirements for your license?

<table>
<thead>
<tr>
<th>Continuing Education Requirements</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana Professional Licensing Board</td>
<td>49.2%</td>
<td>31</td>
</tr>
<tr>
<td>Discipline Specific Association</td>
<td>22.2%</td>
<td>14</td>
</tr>
<tr>
<td>No continuing education requirements needed for license</td>
<td>46.0%</td>
<td>29</td>
</tr>
</tbody>
</table>

Other (please specify) 9

answered question 63

skipped question 9
7. Number of active children currently on your caseload:

<table>
<thead>
<tr>
<th>Response Count</th>
<th>Count</th>
<th>answered question</th>
<th>skipped question</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>66</td>
<td>66</td>
<td>6</td>
</tr>
</tbody>
</table>

8. Average number of hours you work per week in First Steps (total including prep, travel, etc):

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10</td>
<td>29.4%</td>
<td>20</td>
</tr>
<tr>
<td>11-20</td>
<td>29.4%</td>
<td>20</td>
</tr>
<tr>
<td>21-30</td>
<td>10.3%</td>
<td>7</td>
</tr>
<tr>
<td>31-40</td>
<td>13.2%</td>
<td>9</td>
</tr>
<tr>
<td>40+</td>
<td>17.6%</td>
<td>12</td>
</tr>
</tbody>
</table>

| answered question | 68 |
| skipped question  | 4  |
9. Please rate the value of each of the First Steps Core Trainings (FSCT) that you have attended.

<table>
<thead>
<tr>
<th>FSCT</th>
<th>No Value</th>
<th>Little Value</th>
<th>Moderate Value</th>
<th>High Value</th>
<th>Have not attended this course</th>
<th>Rating Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSCT – AEPS: An Overview</td>
<td>1.9% (1)</td>
<td>7.7% (4)</td>
<td>19.2% (10)</td>
<td>21.2% (11)</td>
<td>50.0% (26)</td>
<td>52</td>
</tr>
<tr>
<td>FSCT – A Family-Centered Approach to Procedural Safeguards</td>
<td>0.0% (0)</td>
<td>18.4% (9)</td>
<td>16.3% (8)</td>
<td>12.2% (6)</td>
<td>53.1% (26)</td>
<td>49</td>
</tr>
<tr>
<td>FSCT – Providing EI Supports and Services in Everyday Routines, Activities, and Places</td>
<td>0.0% (0)</td>
<td>17.6% (9)</td>
<td>27.5% (14)</td>
<td>17.6% (9)</td>
<td>37.3% (19)</td>
<td>51</td>
</tr>
<tr>
<td>FSCT – Understanding and Implementing Positive Transitions for Children and Families in Early Intervention</td>
<td>0.0% (0)</td>
<td>8.2% (4)</td>
<td>10.2% (5)</td>
<td>12.2% (6)</td>
<td>69.4% (34)</td>
<td>49</td>
</tr>
<tr>
<td>FSCT – Direct Service Provider Refresher Course</td>
<td>2.1% (1)</td>
<td>10.6% (5)</td>
<td>8.5% (4)</td>
<td>8.5% (4)</td>
<td>70.2% (33)</td>
<td>47</td>
</tr>
<tr>
<td>FSCT – Professional Boundaries and Ethics in Home Visiting</td>
<td>0.0% (0)</td>
<td>7.7% (4)</td>
<td>9.6% (5)</td>
<td>19.2% (10)</td>
<td>63.5% (33)</td>
<td>52</td>
</tr>
<tr>
<td>AEPS 2-Day Certification Course</td>
<td>0.0% (0)</td>
<td>8.3% (4)</td>
<td>10.4% (5)</td>
<td>16.7% (8)</td>
<td>64.6% (31)</td>
<td>48</td>
</tr>
<tr>
<td>FSCT – Child Abuse 101: Indicators of Abuse and Neglect</td>
<td>1.9% (1)</td>
<td>5.7% (3)</td>
<td>35.8% (19)</td>
<td>18.9% (10)</td>
<td>37.7% (20)</td>
<td>53</td>
</tr>
<tr>
<td>FSCT – Documentation for First Steps Providers</td>
<td>0.0% (0)</td>
<td>8.0% (4)</td>
<td>22.0% (11)</td>
<td>24.0% (12)</td>
<td>46.0% (23)</td>
<td>50</td>
</tr>
<tr>
<td>FSCT – EDT Review and Update Training</td>
<td>0.0% (0)</td>
<td>4.3% (2)</td>
<td>6.4% (3)</td>
<td>2.1% (1)</td>
<td>87.2% (41)</td>
<td>47</td>
</tr>
<tr>
<td>FSCT – EHDI and Audiology in Indiana</td>
<td>0.0% (0)</td>
<td>4.2% (2)</td>
<td>4.2% (2)</td>
<td>0.0% (0)</td>
<td>91.7% (44)</td>
<td>48</td>
</tr>
<tr>
<td>FSCT – EHDI Progress in Indiana</td>
<td>0.0% (0)</td>
<td>4.3% (2)</td>
<td>4.3% (2)</td>
<td>0.0% (0)</td>
<td>91.5% (43)</td>
<td>47</td>
</tr>
<tr>
<td>FSCT – Hey Kids, Let’s Play!</td>
<td>6.1% (3)</td>
<td>2.0% (1)</td>
<td>18.4% (9)</td>
<td>4.1% (2)</td>
<td>69.4% (34)</td>
<td>49</td>
</tr>
<tr>
<td>FSCT – Home Visiting</td>
<td>4.1% (2)</td>
<td>6.1% (3)</td>
<td>24.5% (12)</td>
<td>6.1% (3)</td>
<td>59.2% (29)</td>
<td>49</td>
</tr>
<tr>
<td>FSCT – Understanding Diversity within Families</td>
<td>0.0% (0)</td>
<td>16.7% (9)</td>
<td>29.6% (16)</td>
<td>22.2% (12)</td>
<td>31.5% (17)</td>
<td>54</td>
</tr>
</tbody>
</table>
10. Please indicate your level of interest/need for each topic listed.

<table>
<thead>
<tr>
<th>Topic</th>
<th>No interest at all</th>
<th>Little interest</th>
<th>Moderate interest</th>
<th>High interest</th>
<th>Rating Average</th>
<th>Rating Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding IDEA Part C and Part B</td>
<td>15.5% (9)</td>
<td>39.7% (23)</td>
<td>36.2% (21)</td>
<td>8.6% (5)</td>
<td>2.38</td>
<td>58</td>
</tr>
<tr>
<td>Interviewing and listening to families</td>
<td>17.2% (10)</td>
<td>25.9% (15)</td>
<td>36.2% (21)</td>
<td>20.7% (12)</td>
<td>2.60</td>
<td>58</td>
</tr>
<tr>
<td>Families in emotional distress, crisis</td>
<td>6.8% (4)</td>
<td>23.7% (14)</td>
<td>44.1% (26)</td>
<td>25.4% (15)</td>
<td>2.88</td>
<td>59</td>
</tr>
<tr>
<td>Best practice in early intervention</td>
<td>10.3% (6)</td>
<td>19.0% (11)</td>
<td>41.4% (24)</td>
<td>29.3% (17)</td>
<td>2.90</td>
<td>58</td>
</tr>
<tr>
<td>Communication/working with families who are different from my own (culture, socio-economic, values, single-parent, age difference, etc)</td>
<td>8.6% (5)</td>
<td>20.7% (12)</td>
<td>55.2% (32)</td>
<td>15.5% (9)</td>
<td>2.78</td>
<td>58</td>
</tr>
<tr>
<td>Working in the families’ natural environment (home, community, childcare)</td>
<td>13.8% (8)</td>
<td>34.5% (20)</td>
<td>34.5% (20)</td>
<td>17.2% (10)</td>
<td>2.55</td>
<td>58</td>
</tr>
<tr>
<td>Collaboration/team work in First Steps (team building)</td>
<td>10.3% (6)</td>
<td>36.2% (21)</td>
<td>39.7% (23)</td>
<td>13.8% (8)</td>
<td>2.57</td>
<td>58</td>
</tr>
<tr>
<td>IFSP planning</td>
<td>17.5% (10)</td>
<td>42.1% (24)</td>
<td>31.6% (18)</td>
<td>8.8% (5)</td>
<td>2.32</td>
<td>57</td>
</tr>
<tr>
<td>Transition in early intervention</td>
<td>14.5% (8)</td>
<td>45.5% (25)</td>
<td>29.1% (16)</td>
<td>10.9% (6)</td>
<td>2.36</td>
<td>55</td>
</tr>
<tr>
<td>Infant/toddler social emotional development and attachment temperament issues</td>
<td>3.5% (2)</td>
<td>19.3% (11)</td>
<td>38.6% (22)</td>
<td>38.6% (22)</td>
<td>3.12</td>
<td>57</td>
</tr>
<tr>
<td>Behavior management</td>
<td>1.7% (1)</td>
<td>6.8% (4)</td>
<td>39.0% (23)</td>
<td>52.5% (31)</td>
<td>3.42</td>
<td>59</td>
</tr>
<tr>
<td>Parents with mental illness, disability, depression, abuse</td>
<td>10.2% (6)</td>
<td>23.7% (14)</td>
<td>45.8% (27)</td>
<td>20.3% (12)</td>
<td>2.76</td>
<td>59</td>
</tr>
<tr>
<td>Chronic illness in children</td>
<td>1.8% (1)</td>
<td>29.1% (16)</td>
<td>45.5% (25)</td>
<td>23.6% (13)</td>
<td>2.91</td>
<td>55</td>
</tr>
<tr>
<td>Topic</td>
<td>Percentage</td>
<td>Number</td>
<td>Confidence Interval</td>
<td>t-value</td>
<td>df</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>------------</td>
<td>--------</td>
<td>----------------------</td>
<td>---------</td>
<td>----</td>
<td></td>
</tr>
<tr>
<td>Taking care of myself as a provider</td>
<td>25.4%</td>
<td>15</td>
<td>30.5%</td>
<td>2.36</td>
<td>59</td>
<td></td>
</tr>
<tr>
<td>Developing clinical/intervention planning using routines</td>
<td>14.3%</td>
<td>8</td>
<td>41.1%</td>
<td>2.43</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>Records management/documentation/time management</td>
<td>12.1%</td>
<td>7</td>
<td>48.3%</td>
<td>2.40</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>Infant/toddler assessment</td>
<td>8.5%</td>
<td>5</td>
<td>25.4%</td>
<td>2.93</td>
<td>59</td>
<td></td>
</tr>
<tr>
<td>Linking assessments to intervention planning</td>
<td>15.5%</td>
<td>9</td>
<td>25.9%</td>
<td>2.64</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>Safety issues</td>
<td>19.0%</td>
<td>11</td>
<td>44.8%</td>
<td>2.29</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>Brain development and early learning</td>
<td>0.0%</td>
<td>0</td>
<td>5.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coaching/mentoring/communicating/supervision training</td>
<td>15.3%</td>
<td>9</td>
<td>50.8%</td>
<td>2.32</td>
<td>59</td>
<td></td>
</tr>
<tr>
<td>Professional ethics/boundary issues</td>
<td>14.0%</td>
<td>8</td>
<td>42.1%</td>
<td>2.42</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>Effective collaboration with families</td>
<td>7.0%</td>
<td>4</td>
<td>22.8%</td>
<td>2.81</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>Early literacy</td>
<td>14.0%</td>
<td>8</td>
<td>36.8%</td>
<td>2.51</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>answered question</strong></td>
<td><strong>60</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>skipped question</strong></td>
<td><strong>12</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. In reference to above question please list your TOP THREE choices below:

<table>
<thead>
<tr>
<th>Topics</th>
<th>Understanding IDEA Part C and Part B</th>
<th>Interviewing and listening to families</th>
<th>Families in emotional distress, crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.8% (1)</td>
<td>1.8% (1)</td>
<td>5.5% (3)</td>
</tr>
<tr>
<td></td>
<td>0.0% (0)</td>
<td>1.8% (1)</td>
<td>3.6% (2)</td>
</tr>
<tr>
<td></td>
<td>1.8% (1)</td>
<td>0.0% (0)</td>
<td>5.5% (3)</td>
</tr>
</tbody>
</table>
12. Please indicate your preference for each of the methods listed below for learning new information/skills.

<table>
<thead>
<tr>
<th>Method</th>
<th>Least preferred</th>
<th>Neutral</th>
<th>Most Preferred</th>
<th>Rating Average</th>
<th>Rating Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading (Books/Journals)</td>
<td>25.4% (15)</td>
<td><strong>50.8% (30)</strong></td>
<td>23.7% (14)</td>
<td>1.98</td>
<td>59</td>
</tr>
<tr>
<td>Video</td>
<td>5.1% (3)</td>
<td>39.0% (23)</td>
<td><strong>55.9% (33)</strong></td>
<td>2.51</td>
<td>59</td>
</tr>
<tr>
<td>Lecture</td>
<td>5.3% (3)</td>
<td>36.8% (21)</td>
<td><strong>57.9% (33)</strong></td>
<td>2.53</td>
<td>57</td>
</tr>
<tr>
<td>Small Group Discussion</td>
<td>28.1% (16)</td>
<td><strong>38.6% (22)</strong></td>
<td>33.3% (19)</td>
<td>2.05</td>
<td>57</td>
</tr>
<tr>
<td>One on one mentoring/tutoring</td>
<td><strong>49.1% (28)</strong></td>
<td>35.1% (20)</td>
<td>15.8% (9)</td>
<td>1.67</td>
<td>57</td>
</tr>
<tr>
<td>Independent/Self-guided learning</td>
<td>23.7% (14)</td>
<td>30.5% (18)</td>
<td><strong>45.8% (27)</strong></td>
<td>2.22</td>
<td>59</td>
</tr>
<tr>
<td>Hands-on activities</td>
<td>15.8% (9)</td>
<td><strong>43.9% (25)</strong></td>
<td>40.4% (23)</td>
<td>2.25</td>
<td>57</td>
</tr>
<tr>
<td>Interactive teleconference (Live)</td>
<td>28.1% (16)</td>
<td><strong>43.9% (25)</strong></td>
<td>28.1% (16)</td>
<td>2.00</td>
<td>57</td>
</tr>
<tr>
<td>Website/Internet</td>
<td>16.7% (10)</td>
<td>33.3% (20)</td>
<td><strong>50.0% (30)</strong></td>
<td>2.33</td>
<td>60</td>
</tr>
<tr>
<td>Podcasts</td>
<td>28.8% (17)</td>
<td><strong>42.4% (25)</strong></td>
<td>28.8% (17)</td>
<td>2.00</td>
<td>59</td>
</tr>
<tr>
<td>Blended learning (complete online requirement prior to attending a face to face course)</td>
<td><strong>51.8% (29)</strong></td>
<td>30.4% (17)</td>
<td>17.9% (10)</td>
<td>1.66</td>
<td>56</td>
</tr>
</tbody>
</table>

Other (please specify) 3

answered question 60

skipped question 12
13. what method do you prefer for this information to be delivered?

<table>
<thead>
<tr>
<th>Method Description</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short - Individual topics covered during separate sessions - 10-60 minute sessions</td>
<td>22.0%</td>
<td>13</td>
</tr>
<tr>
<td>Long - Session covering multiple topics - 1/2 day (3 hours)</td>
<td>54.2%</td>
<td>32</td>
</tr>
<tr>
<td>Longer - Session covering multiple topics - Full Day (6 hours)</td>
<td>35.6%</td>
<td>21</td>
</tr>
</tbody>
</table>

14. Does your SPOE/Cluster offer:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Unsure (%)</th>
<th>Rating Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local provider meetings?</td>
<td>49.2% (29)</td>
<td>20.3% (12)</td>
<td>30.5% (18)</td>
<td>59</td>
</tr>
<tr>
<td>Do you attend?</td>
<td>38.0% (19)</td>
<td>56.0% (28)</td>
<td>6.0% (3)</td>
<td>50</td>
</tr>
<tr>
<td>Do you find them valuable?</td>
<td>35.4% (17)</td>
<td>16.7% (8)</td>
<td>47.9% (23)</td>
<td>48</td>
</tr>
</tbody>
</table>

answered question 59
skipped question 13
15. Does your Agency offer:

<table>
<thead>
<tr>
<th>Regularly scheduled provider meetings?</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rating Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>94.9% (56)</td>
<td>3.4% (2)</td>
<td>1.7% (1)</td>
<td></td>
<td>59</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you attend?</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rating Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>93.0% (53)</td>
<td>1.8% (1)</td>
<td>5.3% (3)</td>
<td></td>
<td>57</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you find them valuable?</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rating Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.9% (47)</td>
<td>3.6% (2)</td>
<td>12.5% (7)</td>
<td></td>
<td>56</td>
</tr>
</tbody>
</table>

- answered question: 59
- skipped question: 13

16. Are you a family member of a child/adult with a disability?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>33.9%</td>
<td>20</td>
</tr>
<tr>
<td>No</td>
<td>66.1%</td>
<td>39</td>
</tr>
</tbody>
</table>

- answered question: 59
- skipped question: 13
17. Do you currently use social networking websites?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Rating Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook</td>
<td>65.0% (39)</td>
<td>35.0% (21)</td>
<td>0.0% (0)</td>
<td>60</td>
</tr>
<tr>
<td>Twitter</td>
<td>5.0% (3)</td>
<td>95.0% (57)</td>
<td>0.0% (0)</td>
<td>60</td>
</tr>
<tr>
<td>Google Plus</td>
<td>8.5% (5)</td>
<td>91.5% (54)</td>
<td>0.0% (0)</td>
<td>59</td>
</tr>
<tr>
<td>LinkedIn</td>
<td>13.6% (8)</td>
<td>84.7% (50)</td>
<td>1.7% (1)</td>
<td>59</td>
</tr>
</tbody>
</table>

Other (please specify) 2

18. How do you use the UTS ProKids website? (i.e. course registration, resources, state links, etc)

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>51</td>
</tr>
</tbody>
</table>

19. What features do you feel would improve the ProKids website?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>32</td>
</tr>
<tr>
<td>Question</td>
<td>Response Count</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>20. What is your favorite online resource?</td>
<td>35 answered question, 37 skipped question</td>
</tr>
<tr>
<td>21. If cost were not an issue, what Early Intervention training would you like to attend? (topic/speaker)</td>
<td>36 answered question, 36 skipped question</td>
</tr>
<tr>
<td>22. Do you have an interest in presenting a UTS training? Please list your topic and contact information below or email your information to <a href="mailto:training@utsprokids.org">training@utsprokids.org</a>.</td>
<td>24 answered question, 48 skipped question</td>
</tr>
</tbody>
</table>
### ICC Committee: Professional Development 5/8/13

<table>
<thead>
<tr>
<th>Goal(s):</th>
<th>Tasks/Action</th>
<th>Who</th>
<th>Timeline/By When</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>We discussed final draft of “Best Practices in Early Intervention”. Jamie will send to all committee members for review and comments.</td>
<td>Jamie/Jim</td>
<td>5/12/13</td>
</tr>
<tr>
<td></td>
<td>Committee members will review BP document and send comments/suggestions to Jamie and Jim. (Jim will provide comment form.)</td>
<td>All committee members</td>
<td>6/8/13</td>
</tr>
<tr>
<td></td>
<td>Committee members will list trainings they know about that specifically address the BP recommendations. (Jim will provide form.)</td>
<td>All committee members</td>
<td>6/8/13</td>
</tr>
<tr>
<td></td>
<td>Committee members will review the University of North Carolina onsite program, CONNECT (<a href="http://community.fpg.unc.edu">http://community.fpg.unc.edu</a>) and be ready to discuss if it would be useful in FS training.</td>
<td>All committee members</td>
<td>6/8/13</td>
</tr>
<tr>
<td></td>
<td>Generate ideas for a new training module that could be used in FS core training and child care training with a focus on reasons for and ways of providing collaborative care/intervention.</td>
<td>Jamie &amp; other committee members</td>
<td>6/8/13</td>
</tr>
</tbody>
</table>
|          | Ask ICC members to review Best Practices document and be ready to discuss its implementation at next ICC meeting. | ICC members       | Sent out 7/8/13  

**Discuss 8/8/13** |

### Resources Needed:
We would like to have a meeting or phone conference of the PD committee to discuss findings on about June 13-14. Is there a conference platform available?
ICC Subcommittee Community Integration
Collaborative Practice: Child Care & Early Intervention
July 9, 2013

Present: Anita Allison, Renee Kinder, Angie Dick, Bobbie Leaird, Sally Reed Crawford, Lanissa Maggert, Ann Ruhmkorff, Pattie Ryan Via Conference Call: Christina Madsen, Sherry Holliday, Robyn Culley, Stephanie Ellet

Members introduced themselves. Each of the subgroups provided an update on their work. Ann has had conversations with Michael Conn Powers and we may use material from Welcoming All Children with appropriate credit.

Administration/Directors – Anita reported that the group has drafted an Administrator Checklist for Receiving First Steps Early Intervention Supports in Child Care Settings (copy attached).
  • The draft encompasses Indiana licensing/regulations, DEC Inclusion, and Paths to Quality.
  • The draft speaks to centers and there was a discussion that a second version specific to family homes would be needed.
  • The draft is formatted in questions with a yes or no response. The group discussed having resources available, including Inclusion Specialists when the response is no.
  • It will be important to discuss how to utilize all the checklists in the document narrative. They are seen as conversation starters, resource directors and something to work towards.

Child Care - Lanissa and Renee reported on the drafted, Checklist for Receiving First Steps Early Intervention Supports in Child Care Settings.
  • The checklist (attached) is also formatted in questions with yes – no responses. Again, it is hoped that this would be a conversation starter and something to work towards.
  • The group did not want a “no” response to be seen as a negative and decided that the term “Not Yet” might be better.
  • It was also suggested that questions be grouped into areas: philosophy, policies/procedures, training, etc.
  • These 2 groups were asked to review each other’s checklist for completeness and use across different child care settings.
  • The format was discussed with the possibility of adding a small space for notes after each question and to link to resources, including templates of policies, procedures and training.
  • Both could be reviewed by Advisory Committees for Ministry and Family Homes.

Early Intervention – Sherry discussed the 3 drafts that this group developed.
  • Definitions (attached) – these relate to early intervention. It was suggested to add transition, LEA, HIPAA, FERPA and to merge this list with the child care and early head start definitions. A comprehensive definition list will be important document that will allow all types of providers a quick reference so that everyone understands program specific acronyms, titles, etc.
  • First Steps - Family Participation Procedures (attached) – This document provides an overview of the First Steps processes from referral to transition and includes information on the family participation requirements when services are not provided in the home. The audience for this document includes family, child care provider and early intervention. It was suggested that perhaps a graphic visual may better highlight the important points included.
  • FS Process for Inclusive Services (attached) – In this document, the service coordinator was identified as making the initial contact to the child care setting. It was discussed that this is not the current practice in all SPOEs or even within SPOEs and may result in some redundant
conversations with the child care director and provider. It was suggested that the document use consistent language; i.e., child care settings (inclusive of centers, ministry and homes); provider (used for child care), early interventionist (used for First Steps providers).

- Agency Agreement (attached) – This revised document describes how communication will occur. While it currently speaks primarily to the early interventionist and the family, it could be expanded to include the child care setting so that all 3 parties “own it”. The title could be a problem with the words, “Provider Agreement”. Pattie suggested the title, First Steps Process Partnership Agreement”. Lanisse suggested that a visual, i.e., a road map might be helpful for everyone to see the path to travel.

To Do List:
1. Administrative and Child Care groups should review each other’s checklists for consistency and any missing parts.
2. Administrative list may need expansion or separate list for home providers.
3. Consider categorizing or grouping like items
4. Everyone needs to date any revisions of documents
5. Need to expand definitions list
6. Need to agree on and use consistent terminology for child care providers, child care settings and First Steps (early interventionists)
7. Continue to research and add resources, templates, materials for training. Ann will review the Special Quest videos.

The next meeting was set for 10am on Monday, August 26, 2013 at ProKids.