Indicator 11- Indiana's State Systemic Improvement Plan

In 2014, Indiana's First Steps program began working on a State Systemic Improvement Plan (SSIP), a federally required, comprehensive, multi-year plan (and planning process) for improving outcomes for the infants, toddlers, and families it serves. The SSIP is an outgrowth of the Office of Special Education Programs' (OSEP) vision for *Results-Driven Accountability*, that all program components be aligned in a manner that best supports improving results for children and families. OSEP recognized that the former system placed significant emphasis on procedural compliance and too little on children's actual learning outcomes. The SSIP represents an effort to balance procedural compliance and program impact.

The SSIP is a multi-year plan organized into three phases. The table below outlines the three phases, timelines, and deliverables. It is adapted from a table included in a presentation by the Early Childhood Technical Assistance Center and the Western Regional Resource Center.

Phase I Analyses	Phase II Plan	Phase III Evaluation
Year 1 FFY 2013 Due April 1, 2015	Year 2 FFY 2014 Due February 1, 2016	Years 3 – 6 FFY 2015 – 18 Due February 2017 - 2020
• Data analysis • Identification of the Focus for Improvement • Infrastructure to support improvement and build capacity • Theory of action	• Infrastructure development • Support for implementation of evidence-based practices • Evaluation plan	• Results of ongoing evaluation • Extent of progress • Revisions to the State Performance Plan

Presented below is Phase I of Indiana's State Systemic Improvement Plan (SSIP). It was submitted to OSEP for approval on April 1 as part of Indiana's Annual Performance Report. The SSIP is organized into four sections and follows both federal reporting requirements as well as recommendations from federally funded technical assistance centers. The four sections or components are:

1. Data Analysis;
2. Analysis of State Infrastructure to Support Improvement and Build Capacity;
3. State-identified Measurable Results for Infants and Toddlers with Disabilities and their Families; and
4. Theory of Action

Phase I: Analysis

Component #1: State Data Analysis- What it reveals about First Steps Children and Families?

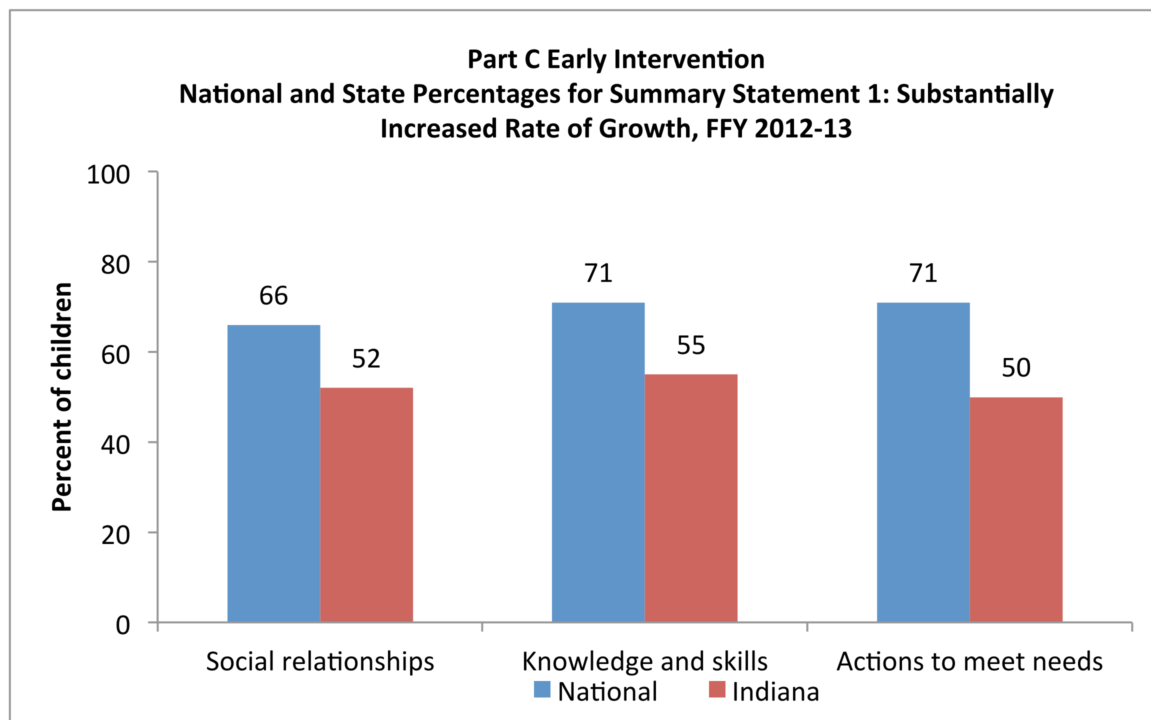
Indiana investigators (quality monitoring vendors, ICC members, service providers, regional system points of entry staff, parents) and State Part C staff conducted a series of data analyses to determine its State-Identified Measurable Result (SIMR) for infants and toddlers with disabilities, and to identify possible root causes contributing to low performance in child outcome measures. Key data was collected from current and past program Annual Performance Report (APR) indicators examining child and family outcome data, 618 data collections (transition), and multiple data sources that Indiana maintains to support its enrollment, service provision, transition, and quality review activities.

1(a) Initial Analysis of Key Data:

1. Comparison of Indiana's Child Outcome Data with National Outcome Data

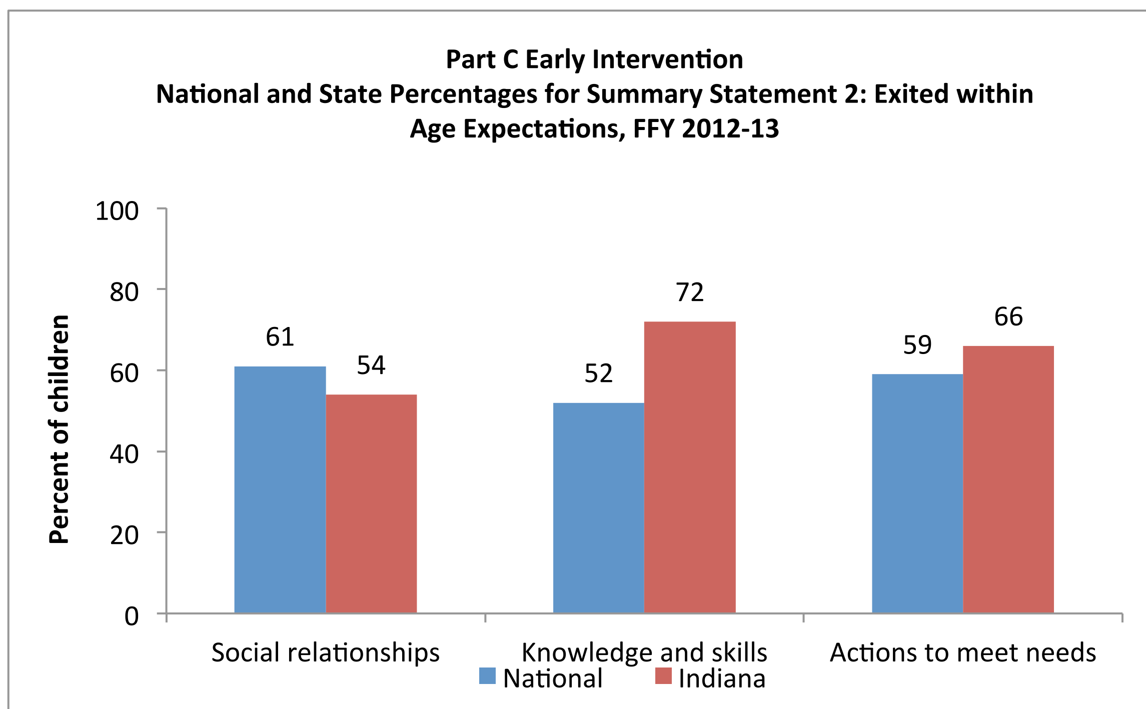
Using the National-State Child Outcomes Data Graph Creator for FFY 2013 from the Early Childhood Technical Assistance Center (ECTA), child outcome data for children exiting First Steps from July 2012 through June 2013 were compared with national data based on 41 states with the highest quality data.

In the figure below, children receiving early intervention services in Indiana are less likely to make substantial increases in their rate of growth when compared with the national data sample. This finding was true across all three child outcome areas (social relationships, knowledge and skills, and actions to meet needs, with state percentages ranging from 14 points below the national data (Social Relationships) to 21 points below (Actions to Meet Needs).



The

second figure examines the percentage of children exiting within age expectations across the same three child outcome areas. In this figure, Indiana compares more favorably with the national sample. While children receiving early intervention services in Indiana are slightly less likely to exit within age expectations in Outcome 1 (Social relationships), Indiana children are more likely to exit within age expectations for Outcomes 2 (Knowledge and skills) and 3 (Actions to meet needs).

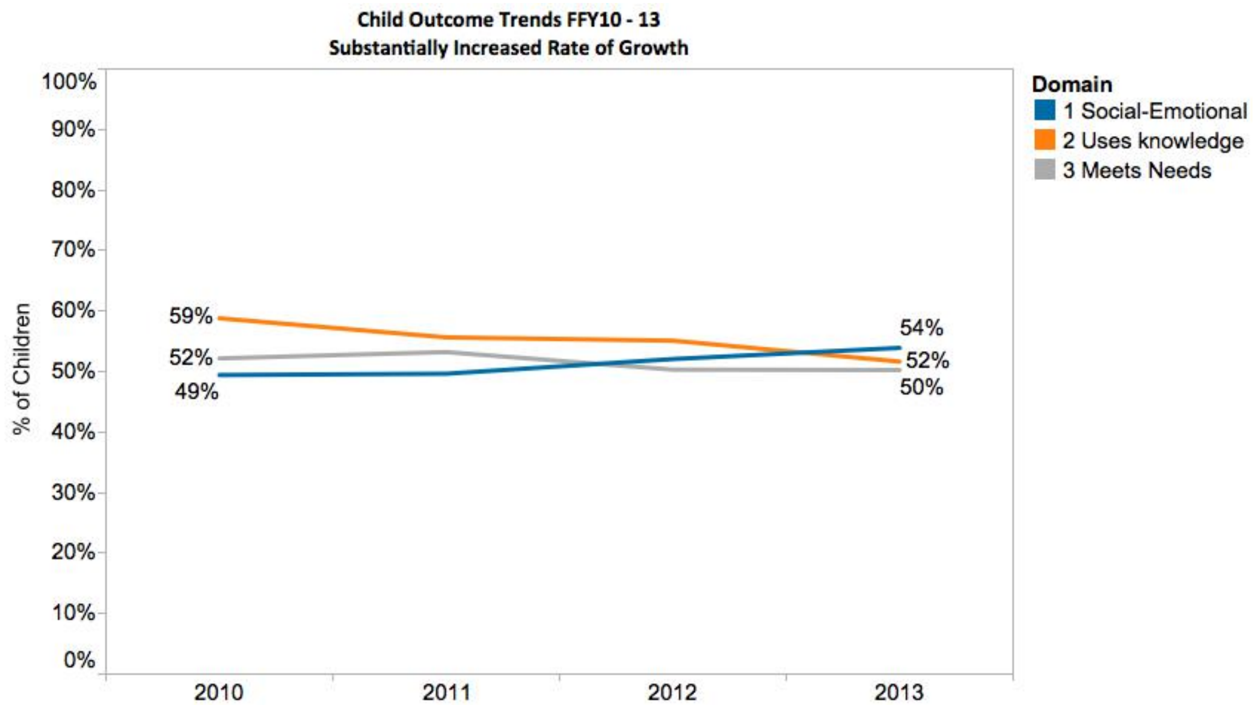


Compared to the national data, children receiving early intervention services in Indiana are comparable to or more likely to exit services functioning at age expectations; but are less likely to make significant growth.

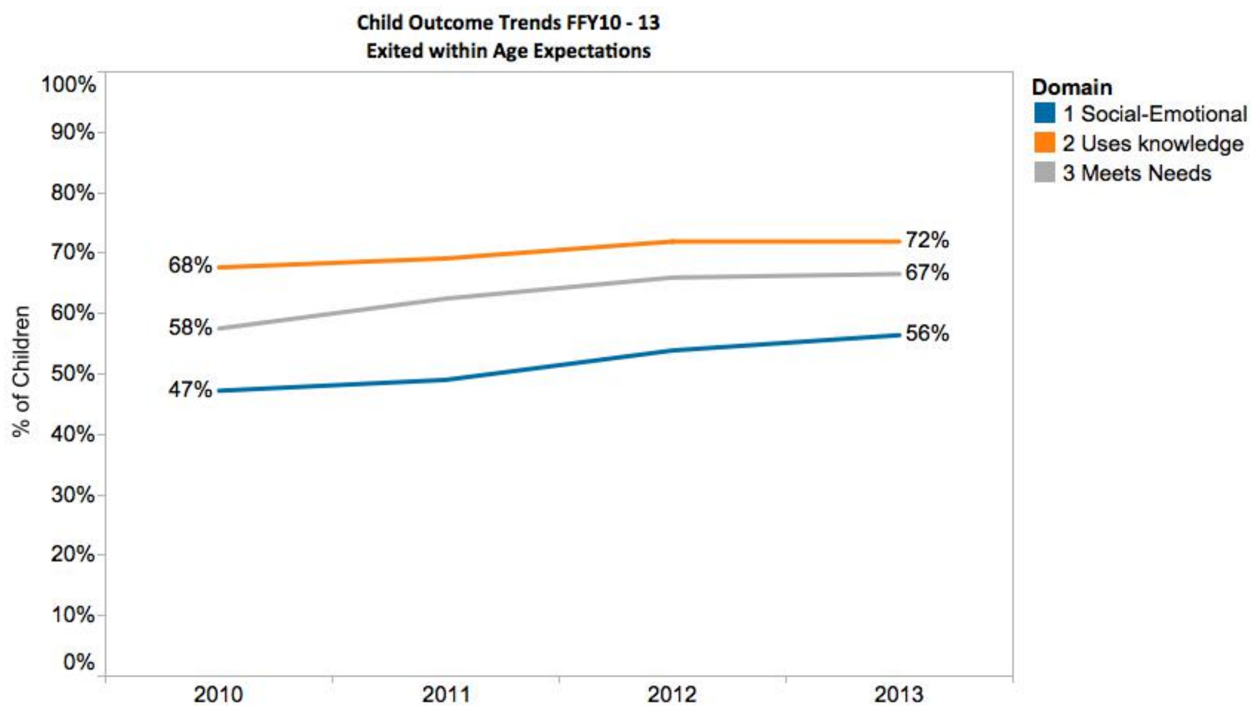
2. Analysis of Trends in Indiana's Child Outcome Data

The next two figures examine possible trends in Indiana's child outcome areas for the past four years, FFY 2010 through 2013.

Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program- The first figure (below) appears relatively stable, with a slight upward trend noted for Outcome 1 (Social relationships) and a slight downward trend for Outcome 2 (Knowledge and skills).



Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program - The figure



above, appears to reflect data trending slightly upward for all three outcomes.

While comparisons with the national data indicate differences in the percentage of children making substantial gains or exiting within age expectations, there have been no major upward or downward trends in the past four years to account for those differences.

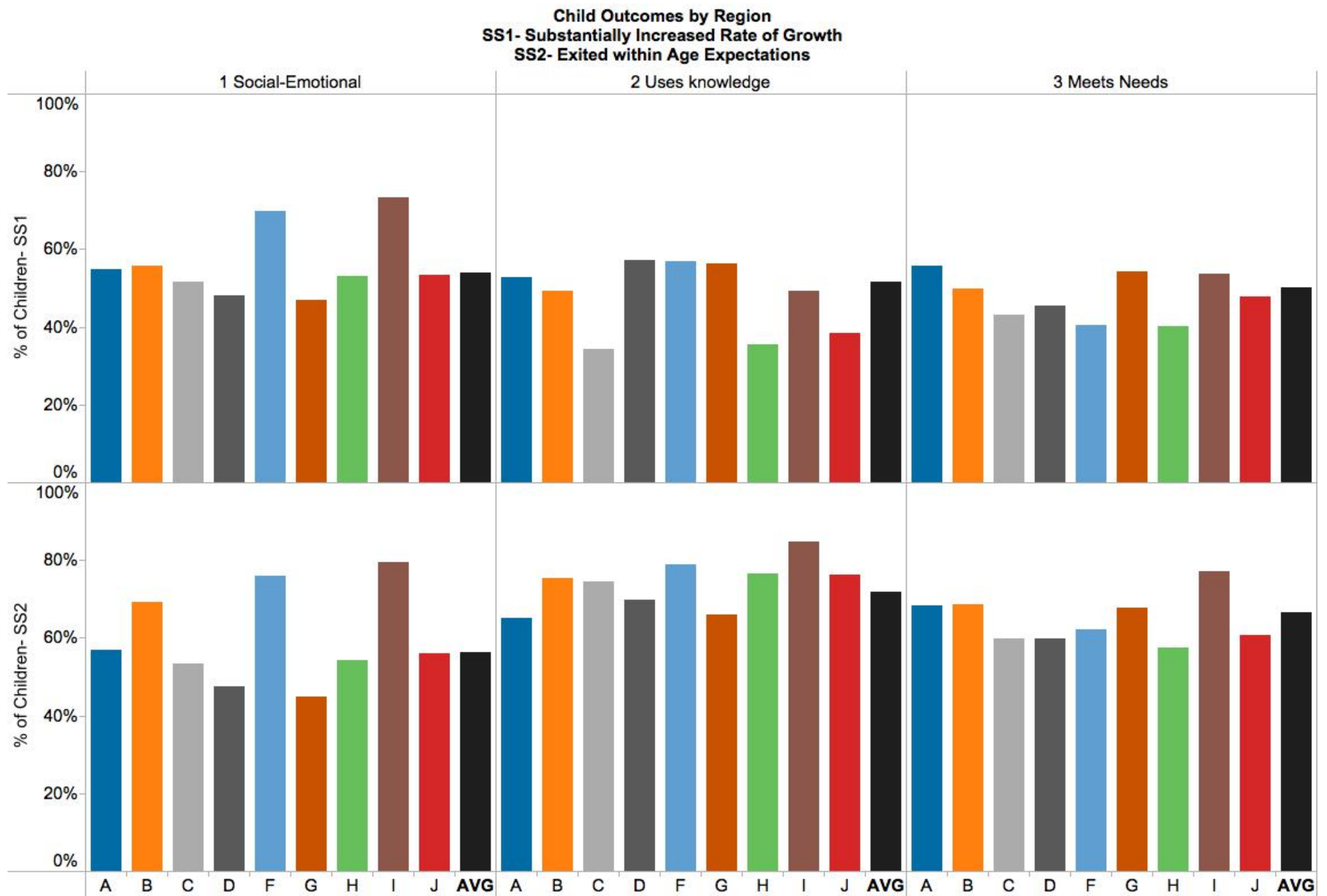
1(b) Focused Data Analysis of Disaggregated Data:

Once these initial analyses were completed, Indiana conducted a number of analyses in which child and family demographic data was disaggregated. These analyses are presented below.

3. Comparison of Indiana's FFY 13 Outcome Data Across Regions

Indiana's First Steps program currently organizes the state into nine regional System Point of Entry clusters (SPOEs). There were 10 clusters prior to FFY 2013; one Cluster (E) was eliminated midway through FFY 2013 and the counties distributed across three other regions. Each region contains a central office/agency that is responsible for all child find, intake and enrollment, initial and ongoing evaluation and assessment, and ongoing service coordination for all children and families residing in that region. These regional offices are also responsible for collecting and reporting all child and family outcome data to a designated state contractor, who is responsible for collecting and analyzing this data. All direct early intervention services are delivered through provider/agency agreements. These agencies/providers completed the provider agency application process and have been approved by the State Part C agency to provide services within specific regions. These distinct service regional boundaries were established to create service regions with a mixture of urban and rural areas in mind within each region, to ensure availability of service providers throughout the state. Some provider agencies are approved to provide early intervention services across more than one service region.

Drawing from First Step's case management database (which maintains Indiana's First Steps program information for all children and families), analyses for the three outcomes and two summary measures were calculated across the nine regions (clusters). Letters at the bottom of the chart designates each cluster. The state average is listed at the end of the lettered clusters.

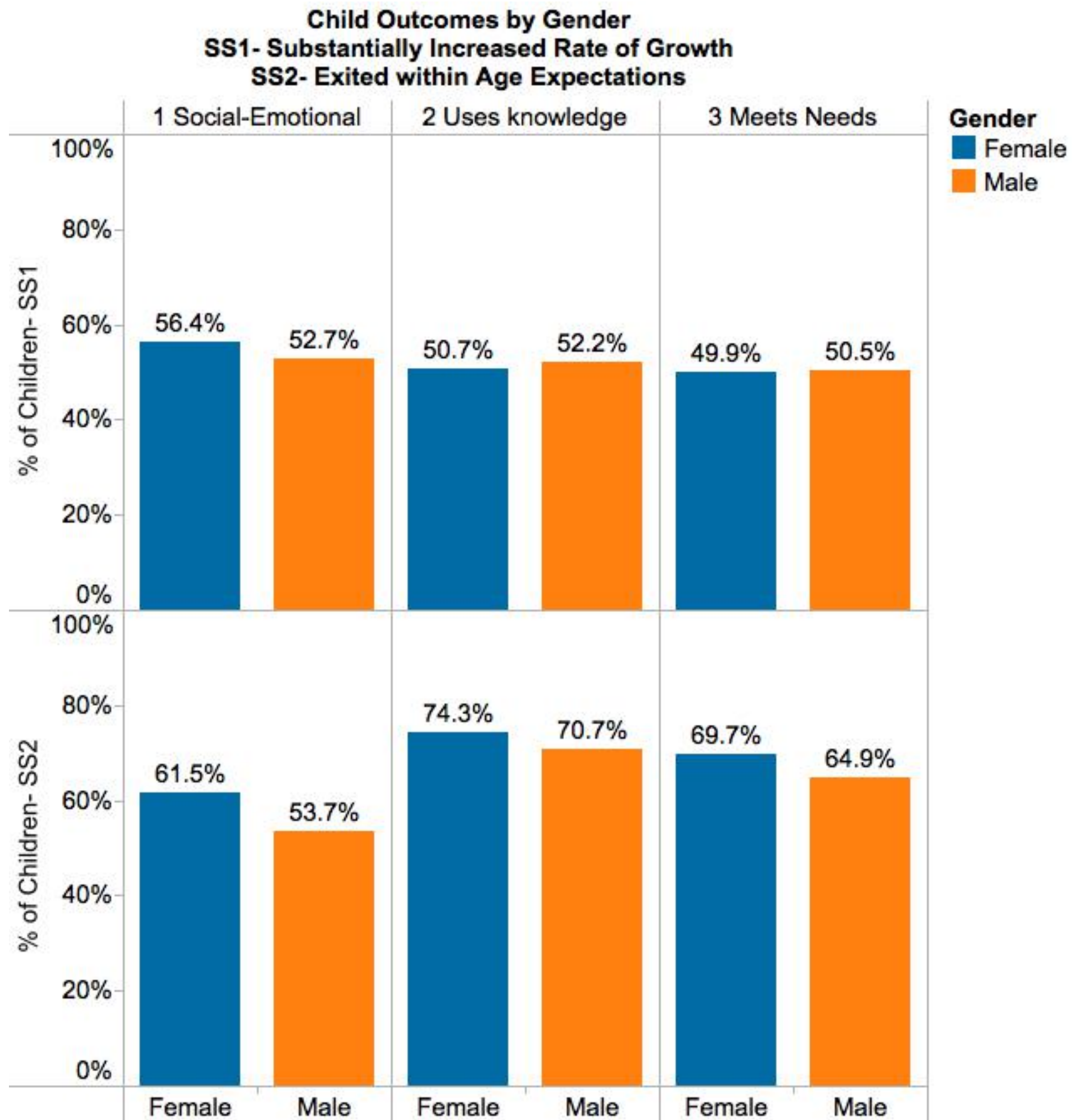


In meetings with state administrators and the directors of the nine regions (a major stakeholder group in Indiana's First Steps system), discussions ensued concerning some of the differences that are displayed in this figure. For example, SPOE clusters F and I tend to have higher percentages of children making substantial increases or exiting within age expectations for the three outcome areas, yet SPOE clusters D and G appear to be generally lower. Through these discussions, it was identified that there are differences among the clusters in how child assessment data is collected and scored, suggesting data quality issues. These data quality issues, discussed later in 1(c), make it difficult to reliably compare child outcomes from one cluster to another.

4. Disaggregate Indiana's FFY 13 Outcome Data by:

a. Gender

Presented below are the outcome and summary measures disaggregated by gender. There are minimal differences among males and females for Outcomes 2 and 3. There's a slightly higher percentage of females making substantial gains in growth, and exiting within age expectations in Outcome 1- Social Relationships.

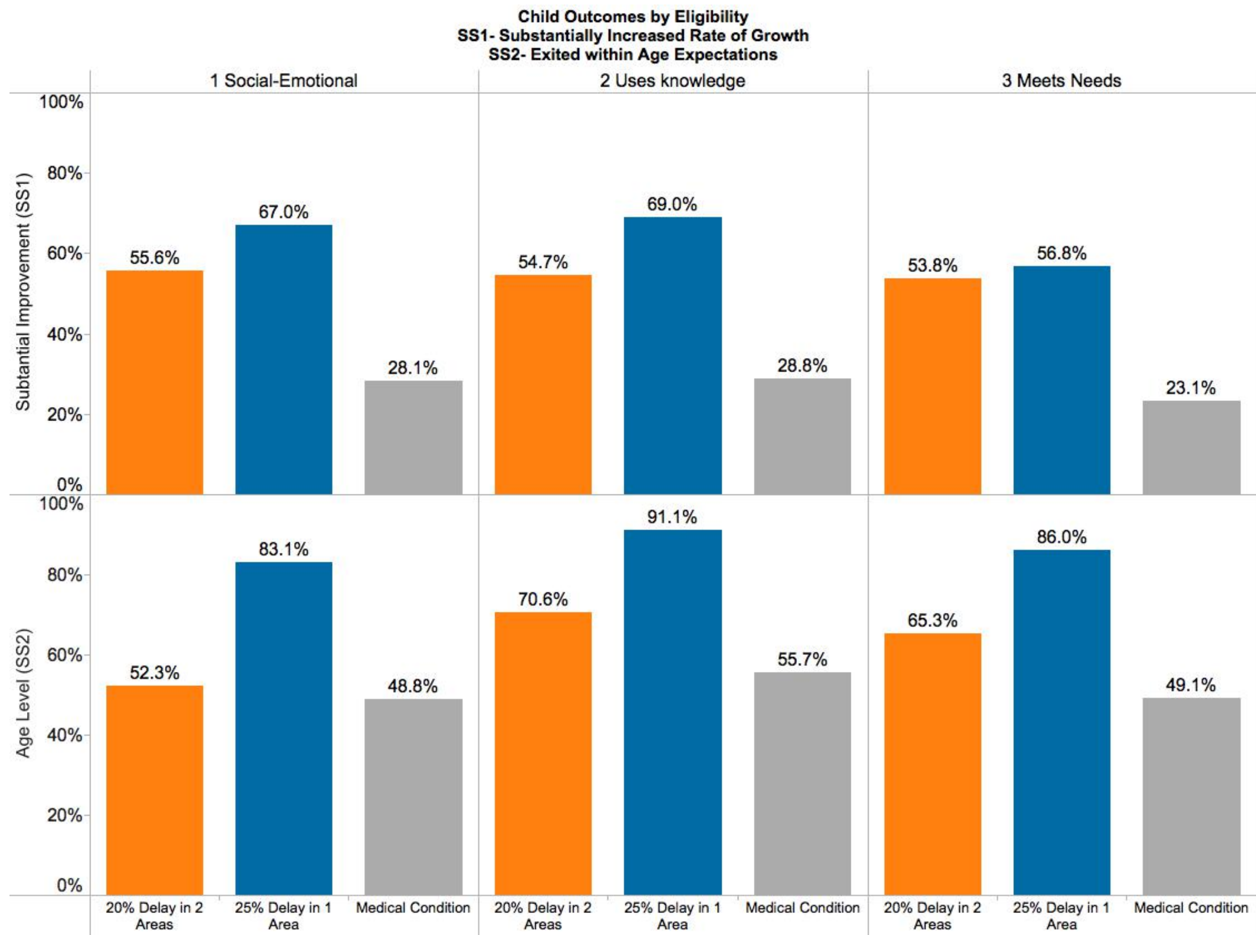


a.

b. Eligibility

Presented below are the outcome and summary measures disaggregated by the child's eligibility for early intervention services. In Indiana, children are eligible for First Steps in three categories: Medical Conditions, 25% Delay in One Area, or a 20% Delay in Two or More Areas.

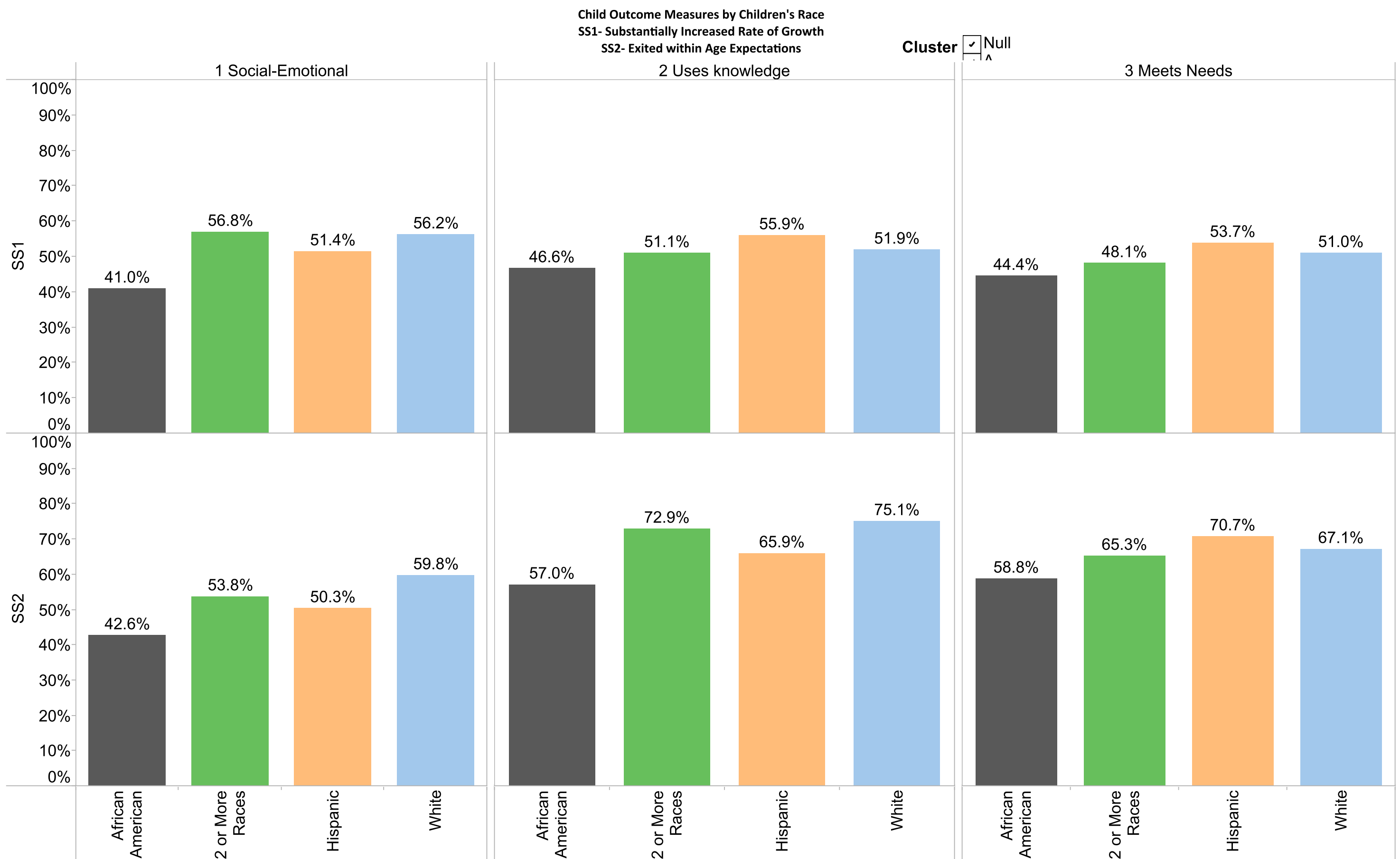
There are differences across all three outcomes and both summary measures based on the child's eligibility status. Consistently, children with diagnosed medical conditions perform less well than children with a single delay or multiple developmental delays. . Children with more significant or extensive needs tend to perform less well in all outcome measures.



c. Race

Presented below are the outcome and summary measures disaggregated by the child's race. In Indiana, there are four predominant races among children in First Steps: White (71.8%), Hispanic/Latino (12.2%), African American (10.6%), and Two or More Races (3.7%).

African American children tend to perform less well than children in all other races across all three outcomes and summary measures. These differences are greater in Outcome 1-Social-Emotional (both summary measures) and Outcome 2-Uses Knowledge (Summary Measure 2- children exiting within Age Expectations), but are also present in Outcome 3-Meets Needs.

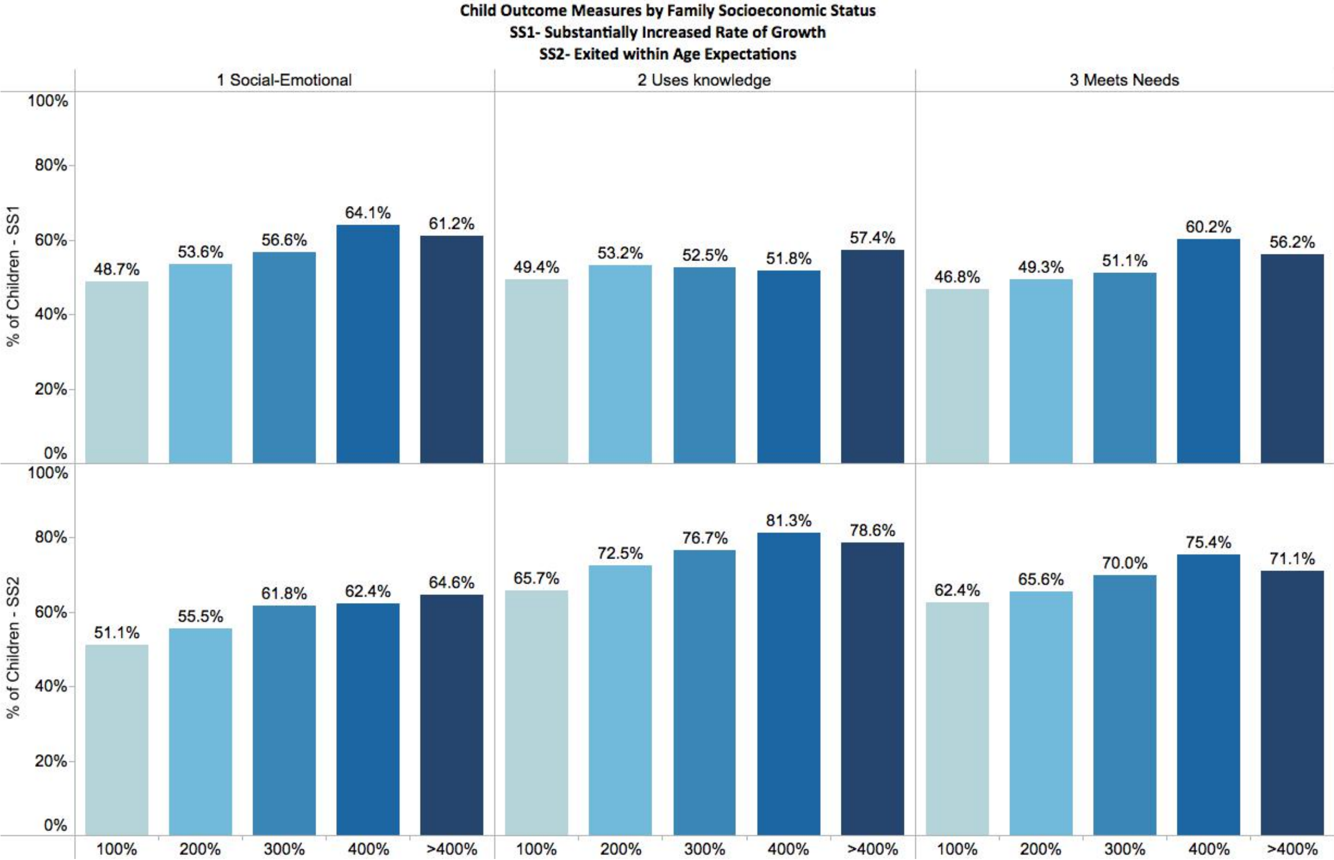


d. Family Socioeconomic Status

Presented below are the child outcome and summary statement measures disaggregated by the family's socioeconomic status (income levels). In Indiana, a percent poverty rate is calculated based on traditional federal measures of family income and family size, with one difference—families in Indiana's First Steps program are allowed to *deduct* major child expenses from their income in calculating this statistic.

Since the Federal Poverty Level is a continuous variable, children were grouped into five categories: families with a FPL 0-100% (100%), 101-200% (200%), 201-300% (300%), 301-400% (400%), and >400%. The majority of children in First Steps are in the two lowest family income groups (65.0%).

Children from lower income families (100% FPL) tend to perform less well than children in all other family income groups. Differences appear uniformly consistent for Outcome 1 and both Summary Measures. However, there were large differences in the percentage of children exiting within age expectations for Outcomes 2 and 3.



5. Additional Analyses to Clearly Discern Possible Areas of Concern

Three areas of concern have emerged from the analyses presented above. First, there are data quality issues/inconsistencies in how different regions of the state collect and analyze child assessment data. This concern will be discussed below in section 1(c). Second, it appears that fewer African American children experience positive impacts as measured by the three federal outcomes and two summary measures. Third, it appears that family income also plays a role in how well children in First Steps experience a positive impact from services. Children from lower income families appear less likely to experience substantial growth or exit within age expectations across all three outcomes.

These analyses were shared with the State Interagency Coordinating Council (SICC) and its Executive Committee over a series of quarterly meetings in 2014, including meetings on May 14, August 20, and

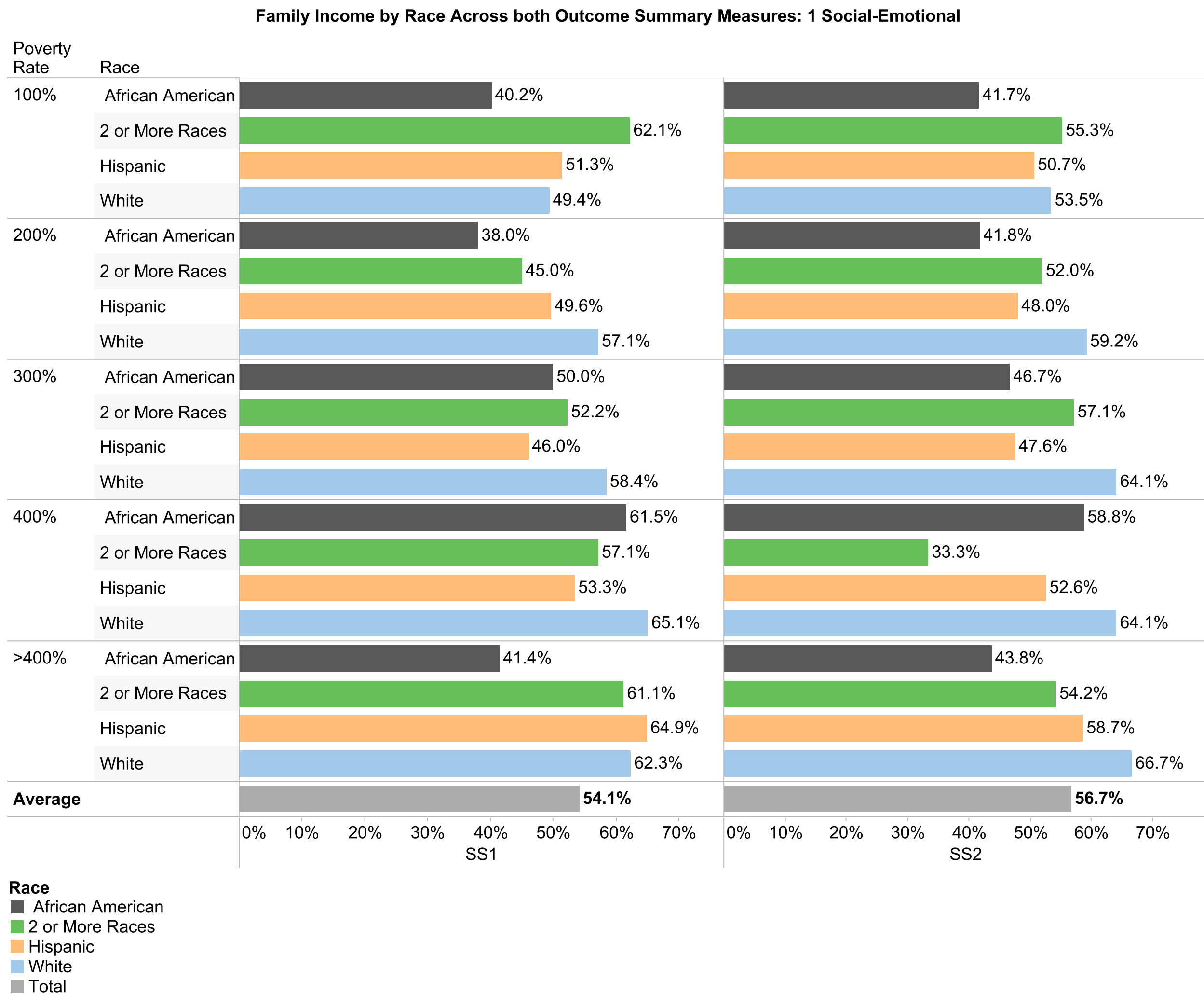
November 12. The August and November meetings included several guest attendees based on invitations sent to all First Steps provider agencies. Those two meetings were facilitated to engage both SICC members and guests in reviewing the data and answering questions concerning data quality, gaining an understanding of the emerging findings, and generating plausible hypotheses for explaining the data and determining root causes. In addition to the SICC meetings, Indiana Part C administrators hosted a daylong meeting for First Steps providers in April 2014. Two breakout sessions were convened in which the data analyses were presented to providers and regional First Steps administrators.

From these meetings, a number of concerns, questions, and hypotheses were generated. First, a major concern identified by regional cluster program administrators and some providers was the quality of the exit child assessment conducted on all children leaving First Steps. Because of these concerns, there were noted reservations in applying the findings of the child outcome data, particularly in making comparisons among regions and programs. Second, there were questions concerning the intersection of race and family income status. A third concern commonly shared was the level of family engagement in First Steps. Essentially, how effectively did First Steps engage lower income families, and African American families to actively participate in First Steps? In looking at family engagement, this includes keeping home visit appointments, participating in those home visit sessions, and carrying out suggestions from providers of things to do with their child in between home visits. Finally, were there other factors (e.g., child's eligibility) that affected or influenced the differences found due to Race and Social Economic Status (SES)?

a. Analysis of Child Outcomes by Race and Family Income

Members of the SICC inquired about the dominance of one factor, family income versus race, as contributing to outcome results presented above. For FFY 2013, 71.3% of African American children receiving early intervention services lived in families at or below the 100% federal poverty level, highest among all races.

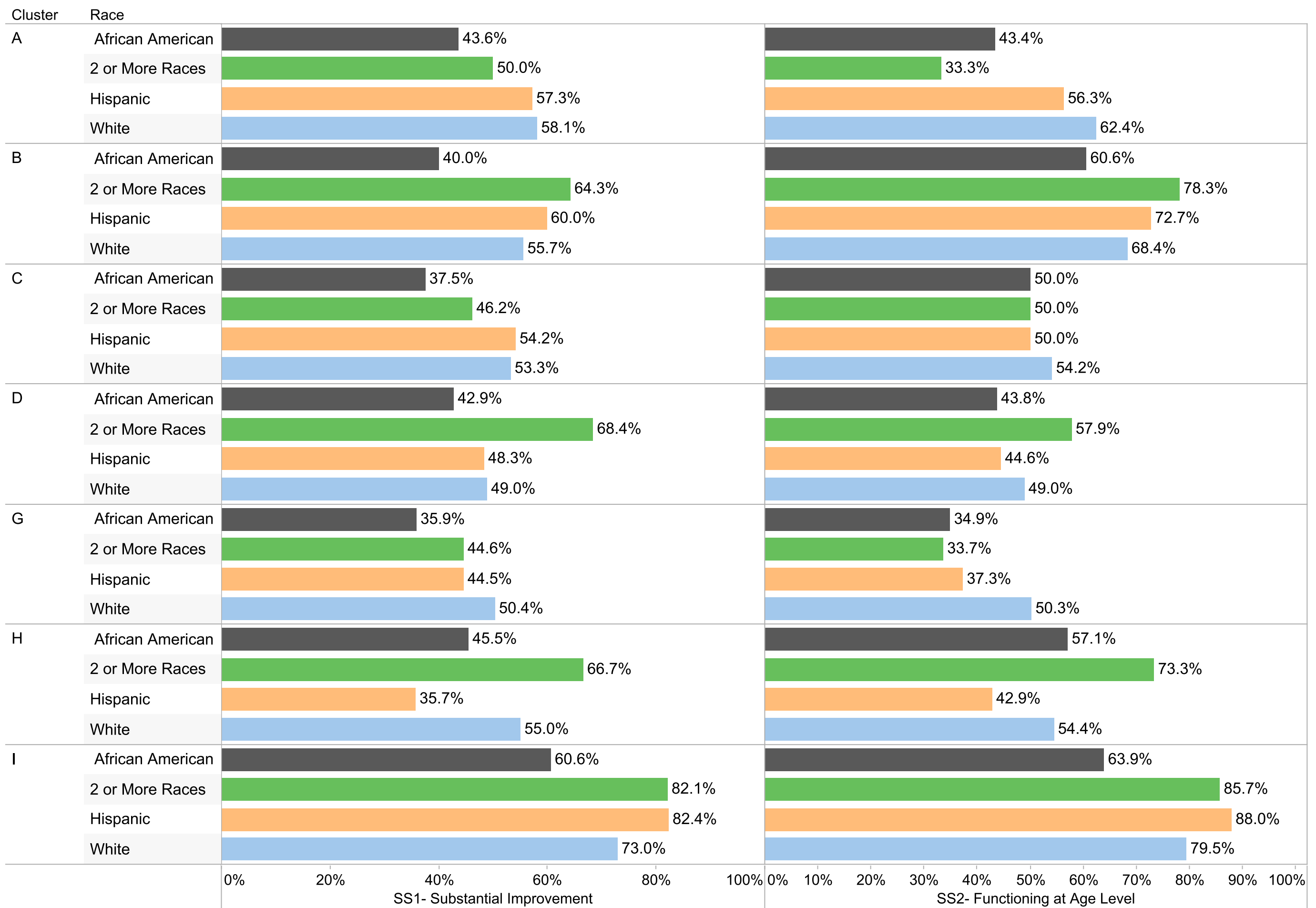
The following figure shows the results for Outcome 1 (Social-Emotional) disaggregated by the family Poverty Rate and the child's Race. In four of the five family income/Poverty Rate categories, African American children tend to do less well across both measures. From this analysis, it appears that Race and Family Income are important factors in identifying areas of concern with regard to child outcomes.



b. Analyses of Child Outcomes Disaggregated by Race and Region

Although concerns were expressed about the quality of data preventing an accurate comparison of child outcomes across the nine cluster regions, looking at child outcomes by race within each cluster region

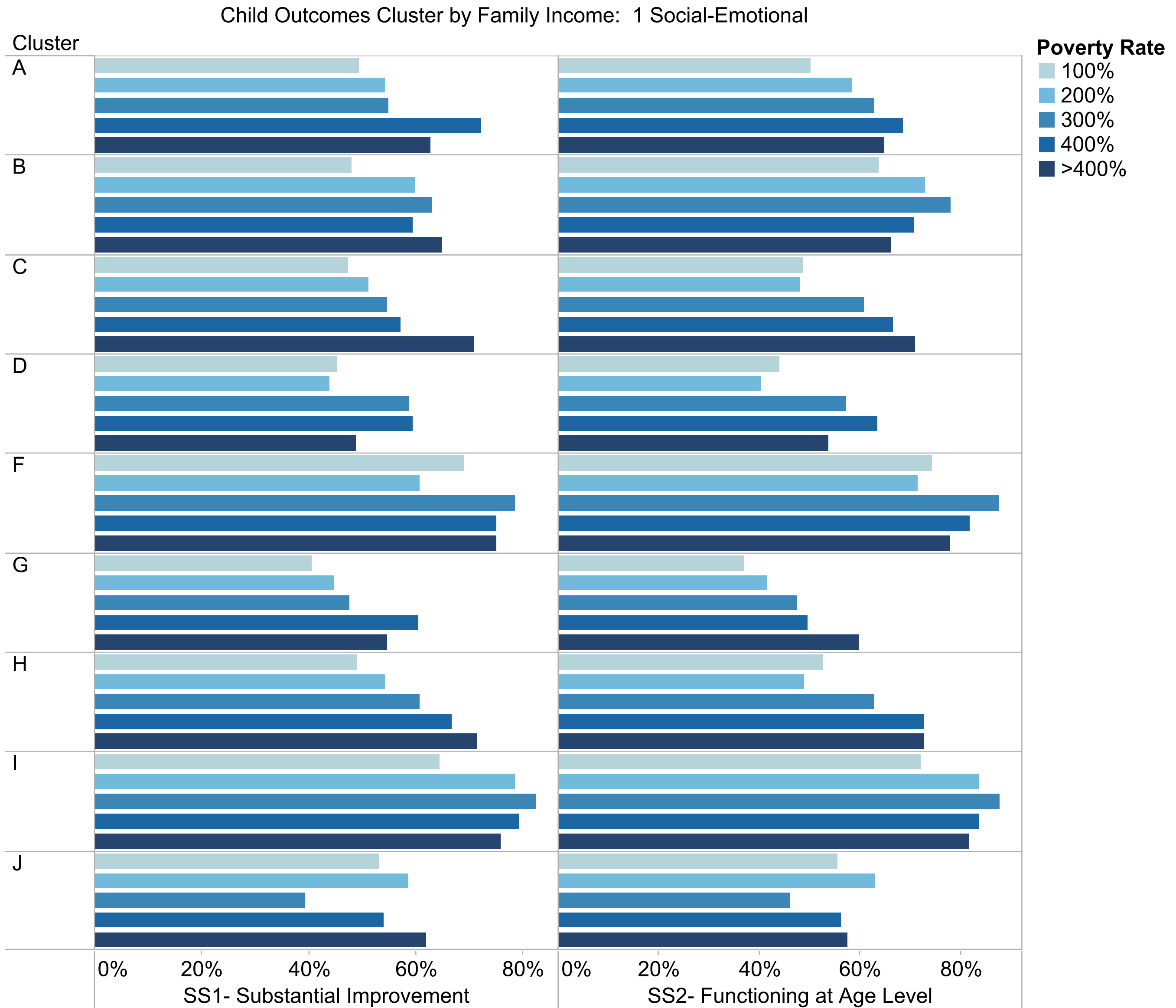
should allow fairer comparisons to be made. We have assumed that region-specific assessment procedures were applied equally across all children in that area. The following figure shows this analyses for Outcome 1 for both summary measures for seven of the nine regions with a population made up of at least 5% African American children. Despite regional variations across both measures, smaller percentages of African American accomplished Outcome 1 (Social-Emotional) as compared with



children from other races in most of the seven regions.

c. Analyses of Child Outcomes Disaggregated by Family Poverty Level and Region

Similar analyses were performed but looking at family poverty level. The figure below illustrates that children from the lowest income families tend to perform less well for Outcome 1 measures across all regions (clusters).

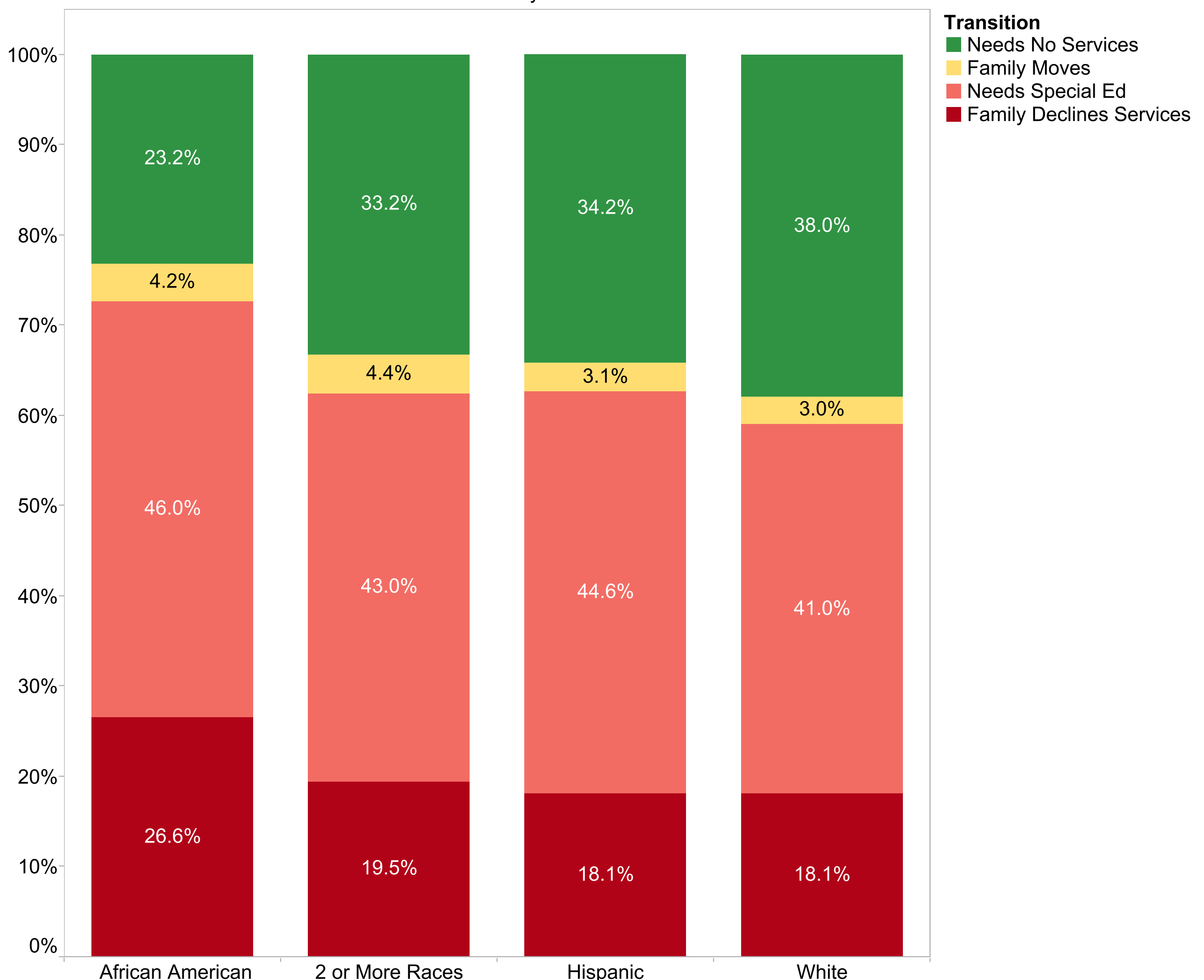


d. Analyses of Transition Outcomes by Race and Family Income

Additional analyses examining the relationship of children's race and family income levels with major early intervention outcomes were conducted, this time bringing in data from new source- children's exit data or transition outcomes. Indiana's Part C program records exit data/transition outcome data on all children and families exiting First Steps. While a number of transition outcome codes are utilized, they can be categorized into one of four groups:

- Family declines services, either by withdrawing or discontinuing their participation
- Child exits to Part B special education services
- Child exits not needing Part B special education services
- Child no longer needs or is no longer eligible for Part C services

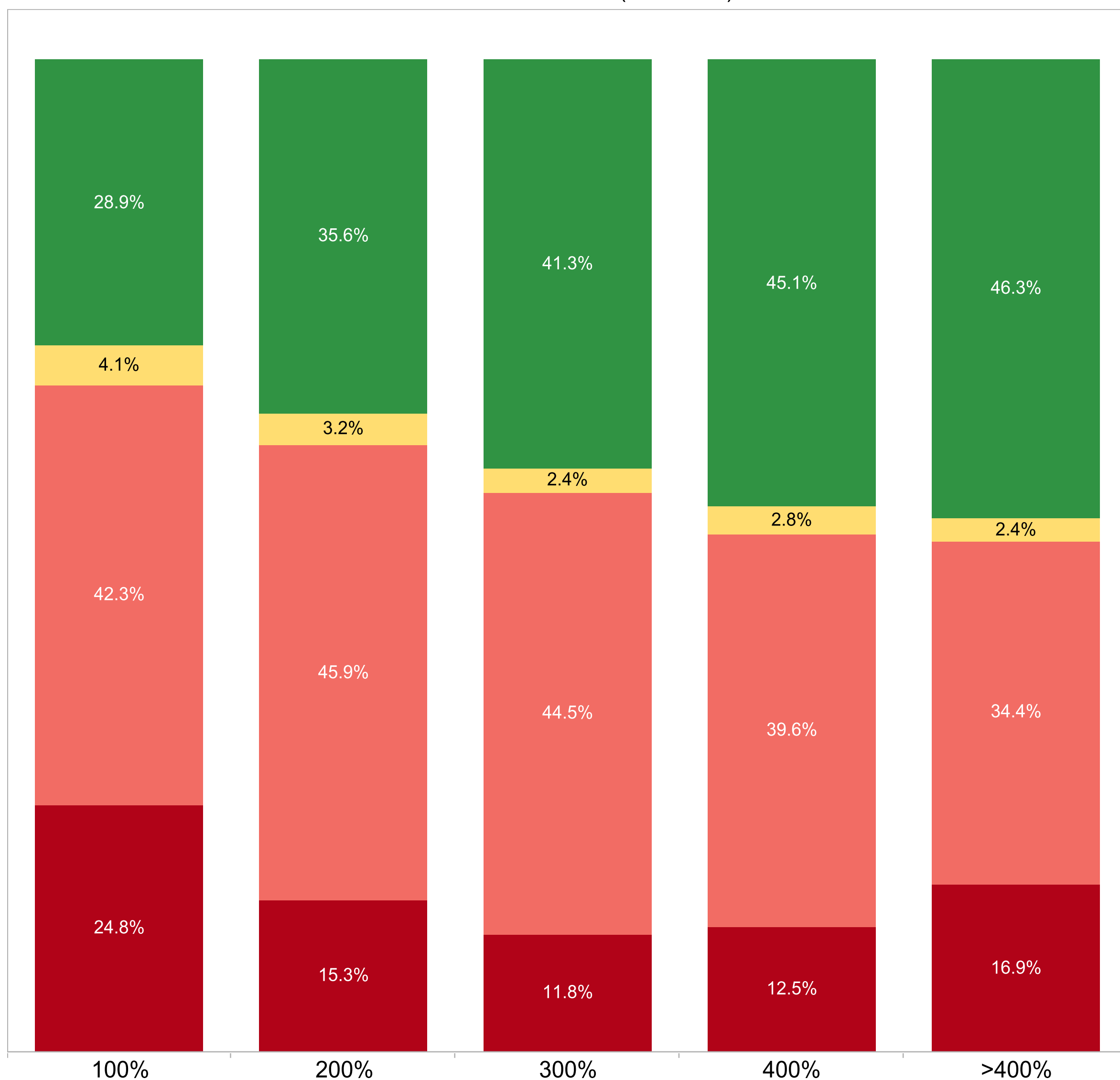
This *transition outcome* exit data was disaggregated by Race and Family Poverty Level to identify if children experience different transition outcomes or program exit reasons based on race or family income. The figure below highlights the proportion of children experiencing the four transition outcomes by race. Children who are African American are more likely to experience unfavorable



transition outcome or program exit experiences such as:

- Family declining services (26.6%)
- Needing special education services at three (46.0%) than children from other races, particularly White children (18.1% and 41.0%, respectively).
- Fewer African American children exit early intervention services no longer needing Early Intervention (EI) or special education services, as compared with White children (23.2% and 38%, respectively).

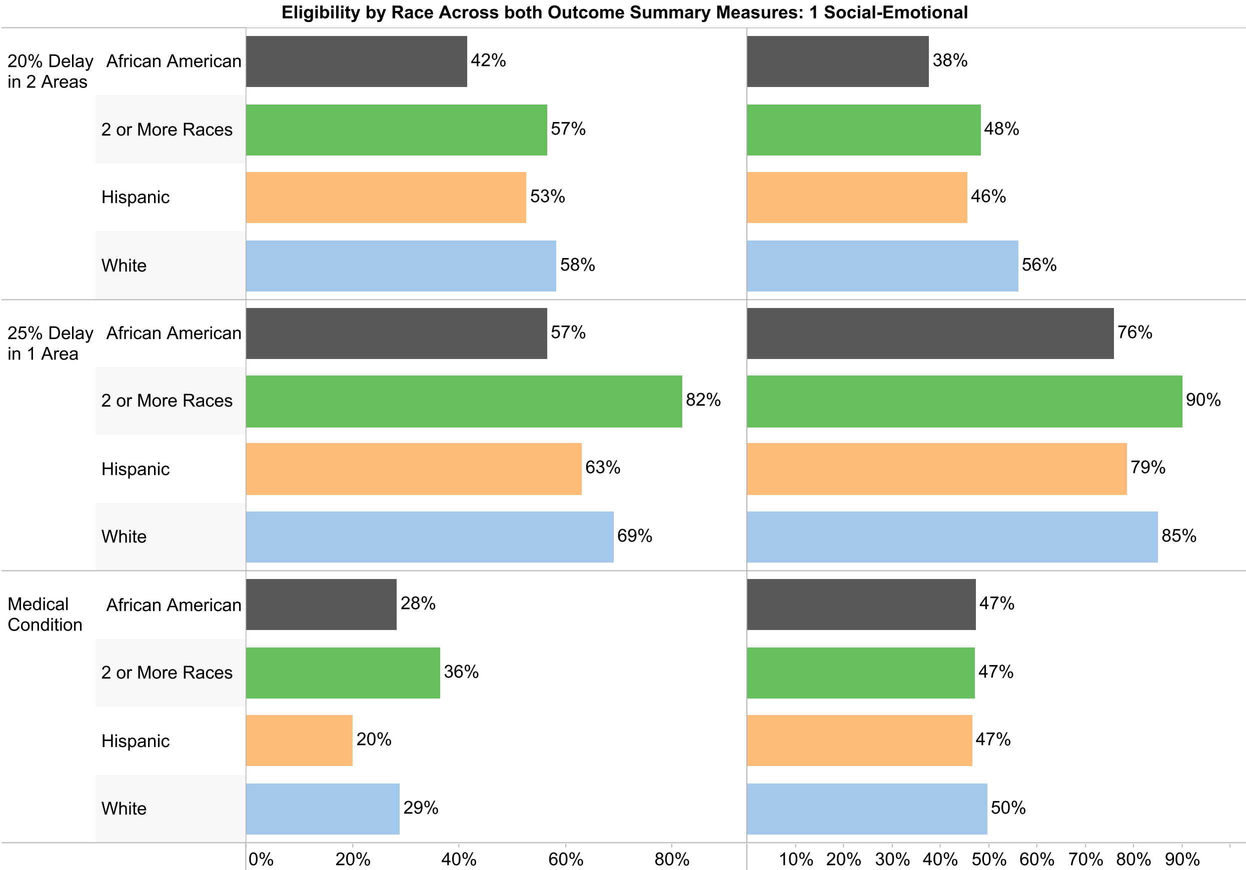
The next figure presents the same transition outcome/exit data broken down by family poverty level. There appears to be a positive correlation between increases in family income and the percentage of children who experience the positive transition outcome of no longer needing specialized services. Children from lower income families are less likely to have this positive transition outcome experience



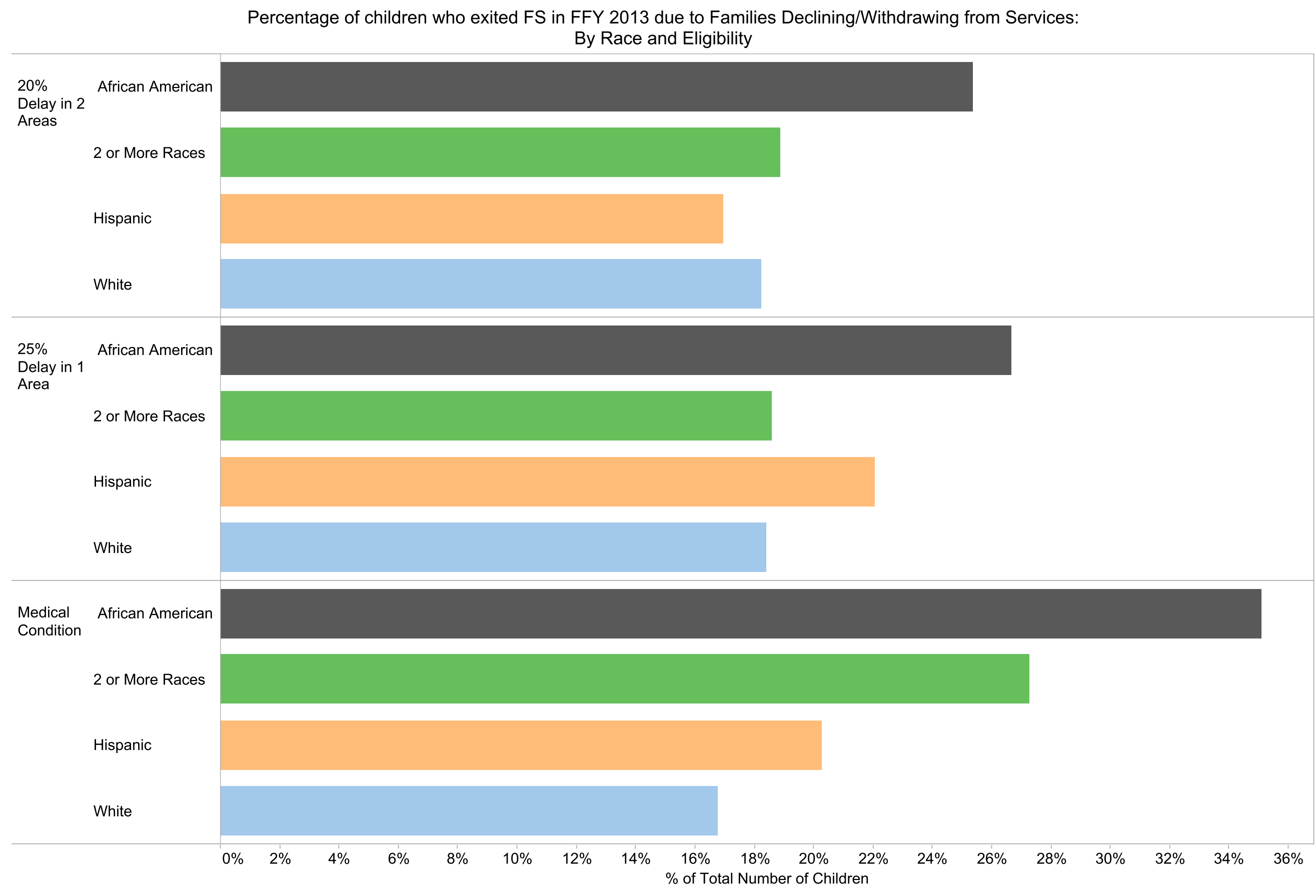
and are more likely to withdraw from services, or go on to need special education.

e. Analyses of Exit Data by Race and Eligibility Status

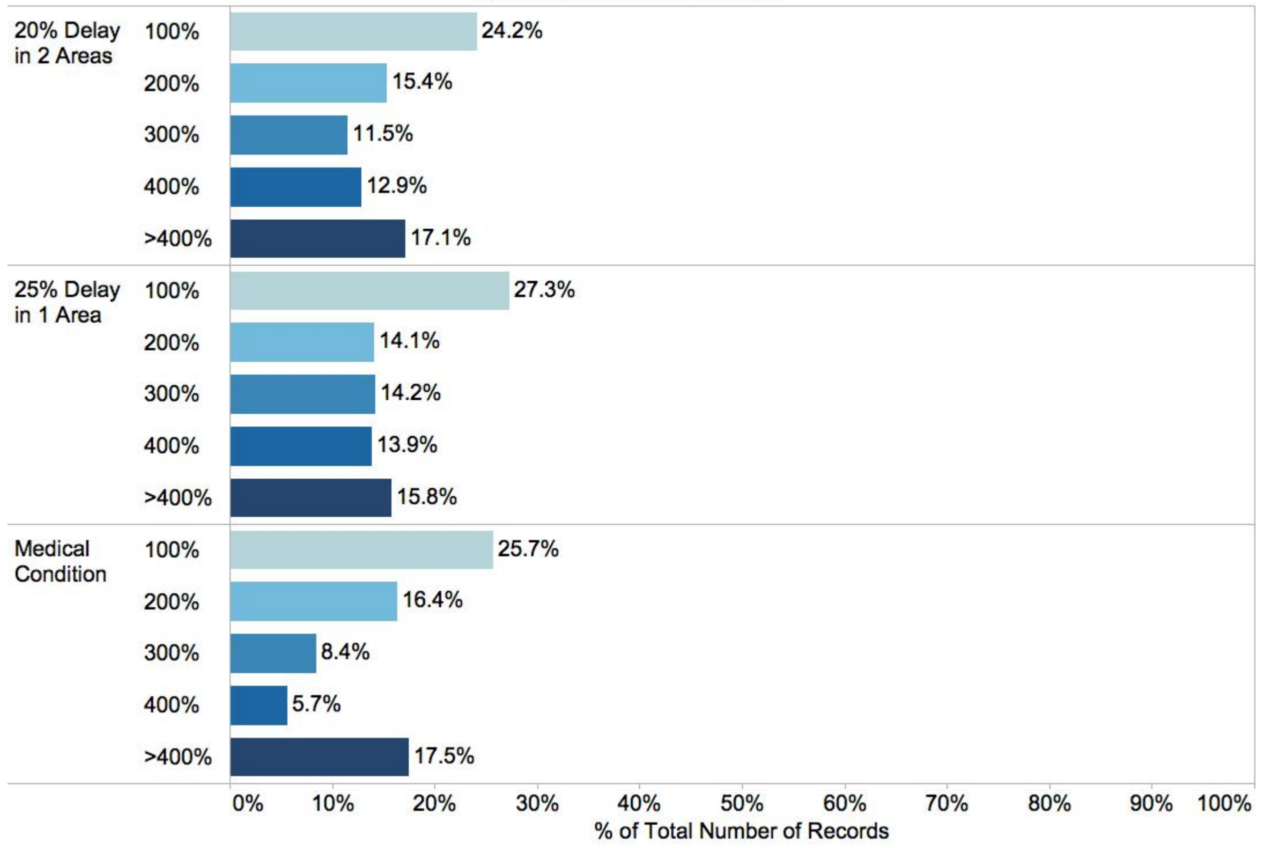
At the November 2014 meeting of the SICC, one of the workgroups requested that analyses be conducted in which the child's eligibility status be disaggregated alongside child race. This recommendation was in response to the number of comments concerning the family engagement among families based on race and family income. If family engagement did play a role, the SICC members suggested that the presence of a documented medical diagnosis/medical condition might improve family engagement for these groups of families. In the figures below, both child outcome and transition outcome data were disaggregated by race and eligibility status for Outcome 1. There are minimal differences between African American and White children who have a Medical Condition. There are greater differences for the two developmental delay categories.



In the next figure, transition outcomes were disaggregated by eligibility and race. The specific transition outcome, families who decline services or fail to participate, is shown. There is a greater percentage of African American children being withdrawn across all three eligibility categories, but note the percentage of African American children with medical conditions—over a third of these children exited First Steps because their families withdrew or discontinued participation.



The following figure looks at the same transition outcome/exit data disaggregated by eligibility and family poverty level. As was noted earlier, more children from the lowest income families exit First Steps because their families withdraw from or discontinue early intervention services. When broken down by eligibility status, there are few differences among the family income groups. It appears that the presence of eligibility status has less of an impact with family poverty than it does with child race.



f. Analyses of Stakeholder Input for Determining Possible Root Causes

Following these analyses, a series of regional presentations and focus groups were initiated, designed to discuss possible root causes for why African American children and children from very low income families tended perform less well across all three outcome measures. The November 2014 SICC meeting also focused on addressing these findings and collected input concerning root causes. From that November meeting, a more recent January 14, 2015 SICC meeting, and eight regional meetings, the following root causes were suggested by participants/stakeholders, with some level of frequency:

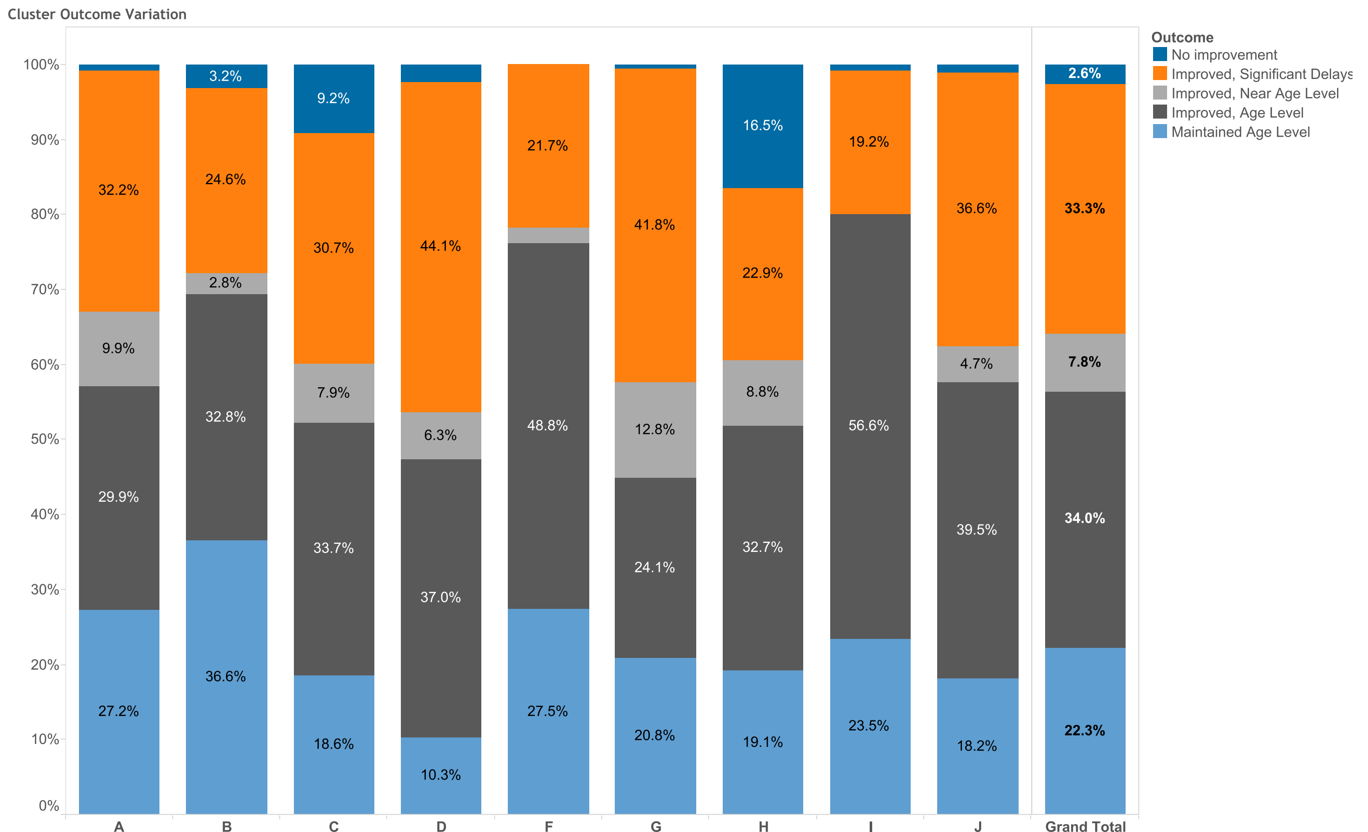
- Low-income families and African American families are struggling to meet basic needs and may not be engaged in First Steps services that focus on their child's learning and development.
- These families may not understand the role and importance of First Steps (or be fully informed); therefore, they may not prioritize their time and engagement in services.
- These same families may be accessing multiple services, which may conflict with or overwhelm families in terms of their level of engagement with First Steps, and Service Coordinators may not be able to help families manage these resources due to high caseloads and paperwork requirements.
- Lack of child appropriate toys/materials in the home.
- Few family support resources (e.g., social workers, psychologists) to assist families, especially in rural areas.
- Very few First Steps providers are African American and/or come from low-income families; it is a challenge for providers to understand, be sensitive to, and provide culturally appropriate services.
- First Steps does not consistently partner with other agencies/services across the state that also target low-income families to assist them in providing coordinated comprehensive services (e.g., Healthy Families, Early Head Start).
- Ongoing service coordinators are less actively engaged with families to assess and help them seek out and coordinate resource needs; ongoing therapist providers typically emphasize child outcomes that may conflict with the needs and priorities of the family.
- Lack of support from family physicians, particularly for children with developmental delays, where the family is told, "he will grow out of it."
- Presence of developmental delays is not a significant concern to the family, where they know of and see other children just like theirs who are doing fine.

Many of these concerns reflect the fact that these children and their families live in high poverty. These families may lack supports, resources, capacity and understanding to experience the full benefits of the services from First Steps. Second, First Steps services and practices tend to focus on child outcomes, with service coordinators and ongoing providers not investing the time and skill in developing needed relationships with families. As a consequence, most of the early intervention services provided may not take into account the concerns, needs, and priorities of the family. Finally, in Indiana, 90% of First Steps providers are White and female. These providers likely do not share the same cultural or racial background as many of the families served which may affect the level of engagement families place on the First Steps system.

1(c) Determination of Data Quality Concerns:

6. Data Quality Concerns with Child Assessment and Scoring Procedures

Soon after initial analyses were completed, a presentation of the results was made to two major stakeholder groups—an April 2014 state meeting for early intervention provider agencies and the May 2014 meeting of the SICC. A major initial focus was the variation in child outcomes seen across the nine First Steps SPOE cluster regions. During these meetings, participants asked questions and expressed concerns regarding the quality of the exit assessment completed prior to children leaving First Steps. Exit data is collected by the ongoing provider(s) during one of the last visits with the family prior to the child's exit date. Regional clusters (SPOEs) reported great variation in the procedures used and the quality of those efforts. Some Clusters asked ongoing providers to provide clear documentation of each child's functioning, and this was used to complete and score the AEPS. Other Clusters did not make those requests, and varying determinations were made concerning the child's exit developmental functioning. In addition, the training and skill of the person making the determinations also varied. The figure below highlights the variation that exists among regions for Outcome 1 categories a through e.

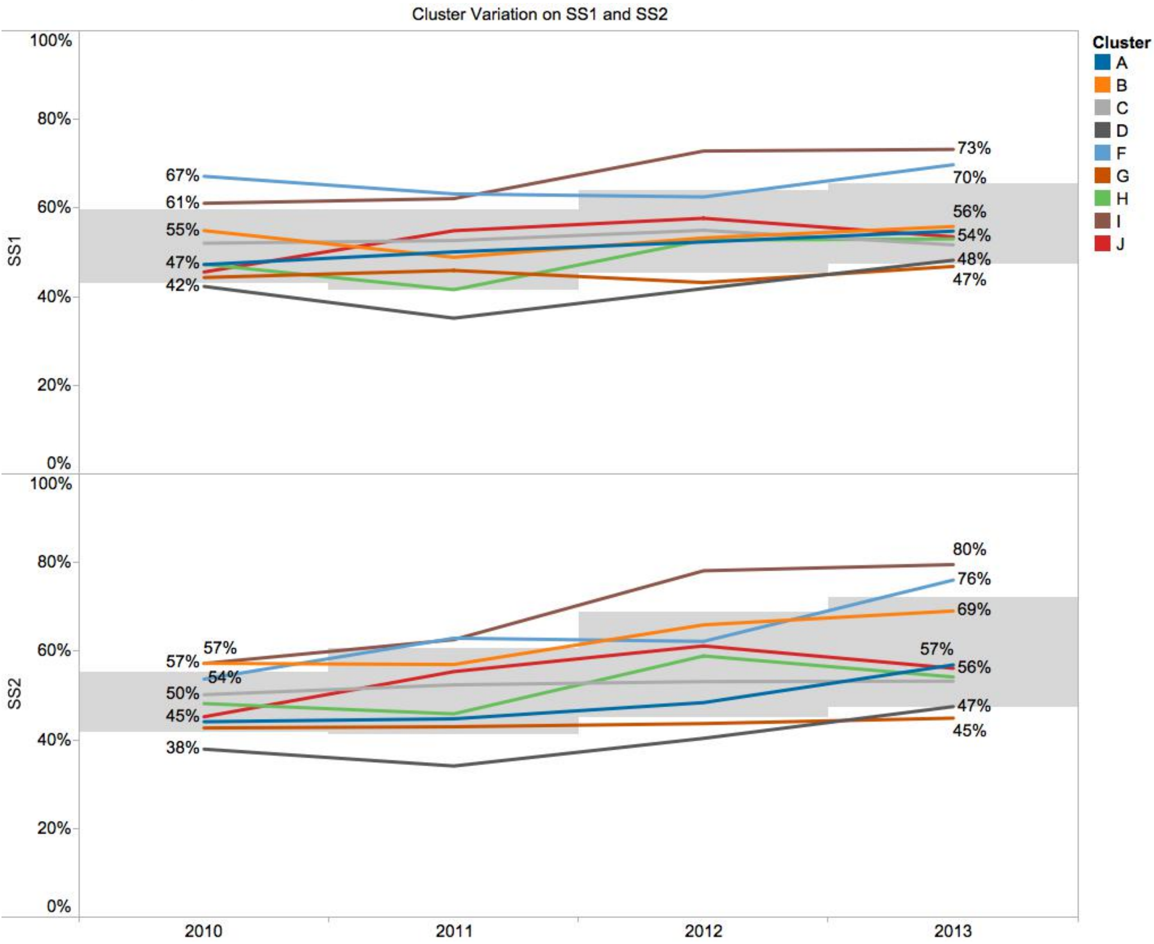


In addition, Indiana applied two of the data quality measures proposed by ECTA (September 2014) as a means for assessing data quality. The table below provides the results for those measures (Missing Data

		Regions									
Domain	**Outcome Categories**	**A**	**B**	**C**	**D**	**F**	**G**	**H**	**I**	**J**	**State**
1 Social-Emotional	No improvement	0.8%	3.4%	9.7%	2.4%		0.5%	15.9%	0.8%	1.2%	2.6%
	Improved, Significant Delays	32.2%	24.6%	29.6%	44.3%	21.8%	41.7%	22.2%	19.6%	37.1%	33.2%
	Improved, Near Age Level	10.1%	2.9%	7.5%	5.8%	2.1%	12.9%	7.8%		5.5%	7.8%
	Improved, Age Level	29.9%	32.5%	34.6%	37.7%	48.3%	24.3%	35.2%	56.0%	38.6%	34.1%
	Maintained Age Level	27.0%	36.6%	18.7%	9.8%	27.7%	20.6%	19.0%	23.6%	17.6%	22.3%
2 Uses knowledge	No improvement	0.8%	4.0%	10.4%	1.0%		0.5%	14.1%	0.4%	0.2%	2.3%
	Improved, Significant Delays	22.4%	16.2%	11.9%	21.6%	18.5%	21.3%	6.9%	14.8%	19.8%	18.4%
	Improved, Near Age Level	11.5%	4.6%	3.2%	7.4%	2.5%	12.1%	2.3%	0.1%	3.9%	7.3%
	Improved, Age Level	14.4%	14.8%	8.5%	22.8%	21.8%	16.0%	9.2%	14.6%	8.7%	14.9%
	Maintained Age Level	50.9%	60.5%	65.9%	47.1%	57.1%	50.1%	67.4%	70.1%	67.5%	57.0%
3 Meets Needs	No improvement	0.9%	4.1%	13.9%	2.4%		0.5%	18.7%	1.1%	1.0%	3.1%
	Improved, Significant Delays	23.1%	25.8%	21.6%	35.1%	36.6%	24.6%	18.4%	21.7%	31.8%	25.5%
	Improved, Near Age Level	7.7%	1.4%	4.7%	2.8%	1.3%	7.1%	5.5%	0.1%	6.5%	4.9%
	Improved, Age Level	22.4%	28.2%	22.1%	28.5%	23.5%	22.8%	19.6%	26.2%	23.6%	24.0%
	Maintained Age Level	45.9%	40.5%	37.6%	31.3%	38.7%	45.0%	37.8%	50.9%	37.1%	42.5%
	Data quality score (0-2)	**2**	**1**	**2**	**2**	**0**	**2**	**2**	**1**	**2**	**2**
Missing Data		95.9%	94.0%	94.6%	95.8%	94.4%	99.6%	99.4%	94.6%	99.3%	97.0%
	Data Quality Score (0-2)	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**

And "Out of range" percentages for 'a' through 'e' progress categories). Missing data looks at the percentage of children for whom we collected child assessment data. A high percentage represents a high percentage of children for whom data was gathered (a positive indicator). A low percentage would indicate a large number of children for whom data is missing. The highlighted cells indicate percentages that are "out of range" and indicative of data quality issues. While the state as a whole scores very well on these two measures, three of the nine regions include 'out of range percentages' for some of the outcome categories.

Finally, trends in progress were examined for the nine Cluster SPOE regions to determine if there were any fluctuations or downward trends. The figure below presents data on the two Summary Measures for Outcome 1- Social Relationships for federal fiscal years 2010 through 2013. The grey band represents a plus/minus one standard deviation distribution. While few regions individually displayed data quality issues as described by ECTA, variations among regions within Indiana also raise questions concerning data consistency.



Based on these analyses and focus group comments provided by stakeholders, Indiana has determined that there are data quality issues concerning the collection and analyses of both initial and exit child assessments. Two distinct problems were identified.

First, the AEPS has few items in some domains for determining delays in very young infants. Since Indiana's child outcome-rating system is based on recording the number of standard deviations below

the mean to capture delay, a number of infants entering First Steps received a score of '0' standard deviations when professional judgment indicated that there was a delay.

The second problem was the inconsistency in forms/procedures used by the nine Cluster SPOE regions to determine the child's exit assessment score. Different regions employed different people to *estimate* the standard deviation scores for children; at times, individual professionals with varying training in the administration and scoring of the AEPs were asked to determine exit scores.

Because of these two issues, the State of Indiana has instituted new assessment forms and standard procedures for practitioners in all nine Cluster SPOE regions to follow. First, the initial Assessment Team is to record a standard deviation score below zero if, in their professional judgment, the child is delayed in a specific domain. Second, a checklist of skills aligned with the AEPS was developed and piloted with the intent that the child's primary ongoing provider would complete it (with the family) prior to the family's exit from First Steps. An Assessment Team member who is trained in administering and scoring the AEPS then reviews this completed checklist. These new procedures were put into place as of October 2014.

1(d) Examination of Compliance Data:

7. Examination of FFY 13 Compliance Data-Potential Barriers to Improvement

The State of Indiana and its nine Cluster SPOE regions have a strong history of promoting strong compliance with federal rules and regulations. Its quality review process emphasizes and monitors high compliance, and works to support (and correct) any issues on noncompliance. Given its high compliance in the other APR indicators, we do not anticipate any potential barriers to improvement.

1(e) Additional Data Needed:

8. Proposed methods and timelines to collect and analyze additional data

No additional data is being collected and analyzed at this time.
Indiana's First Steps program maintains a comprehensive database of children and families, services, and child and family outcome data. First Steps will continue its current methods of collecting and analyzing demographic, outcome, service authorization, and service provision data to determine if there are ongoing differences in outcomes among children and families; and to monitor progress as we implement our SSIP over the next several years.

Currently, First Steps is conducting telephone interviews with families and online surveys with providers to assess family engagement and practices associated with family engagement. The families being interviewed fall into 4 groups broken down by Race (African American/White) and family income level (low/high family income. These interviews will be completed and analyzed in April 2015. It is expected that this data may provide further insight into possible root causes beyond what our current analyses have identified.

In addition, the state's Quality Review contractor will be conducting observations of current service coordination and ongoing service provision (IFSP meetings, service coordination quarterly review meetings, and ongoing service provider home visits) in the fall and Winter of FFY 15. These observations will examine both family engagement and service provision practices to complete our understanding of the quality of these practices, and to provide a baseline for annual comparisons across future years.

Component 2: Analysis of State Infrastructure to Support Improvement and Build Capacity

2 (a) Procedures for analyzing the capacity of Indiana's infrastructure

A series of individual and focus group interviews with key stakeholders were conducted with the purpose of analyzing Indiana's infrastructure to support improvement and build capacity among its programs and providers. Initial analyses began with the State Interagency Coordinating Council SICC with the intent of identifying major elements of the state's infrastructure that would have the greatest impact on improving results (and/or represent the greatest barriers).

Following meetings with the SICC, we conducted a series of eight regional presentations and focus group discussions with key First Steps stakeholders, including service coordinators, regional directors, service agency administrators and providers, other key local agencies (community partners such as Early Head Start and Healthy Family representatives), and family members. These meetings focused on identifying areas of improvement, including system changes that would improve practices and services to bring about the needed results.

Next, a series of individual interviews were conducted with the State Part C Coordinator and State Part C staff, the Part C contractor responsible for the state's quality review process (quality standards, accountability/monitoring), and the Part C contractor responsible for data analyses. These interviews helped to describe the current infrastructure components, current initiatives, and alignment of resources. These interviews also served to identify how the current infrastructure could be aligned to support the SiMR, and what changes might be necessary.

Finally, as descriptions of the strengths and weaknesses of Indiana's infrastructure emerged, an online survey was developed and distributed to all First Steps regional and program administrators, providers, and members of each region's Local Planning and Coordinating Councils, which typically include family members, LEAs, and other agencies in addition to local First Steps administrators and providers. This survey provided an online opportunity for First Steps Stakeholders to identify both the root causes and suggested improvements.

2 (b) Indiana's current infrastructure, strengths, and areas needing improvement

<table>
<tr><th>Component</th><th>Governance</th></tr>
<tr><td colspan="2"><u>Provide a brief description of governance within the state agency. Include the core components and essential functions.</u>

Currently, Indiana's Part C program is located under the Division of Disability and Rehabilitative Services (DDRS) in the state's Family and Social Services Administration. First Steps is the only program in DDRS that focus on the needs of young children and their families; the majority of this Department's efforts focus on the needs of adults with disabilities. However, the philosophy of the Division is strongly aligned with the concept of addressing individualized needs for people with disabilities across their lifespan.

Over the past eight years, First Steps has undergone several significant budget cuts, which has had an impact on the program's ability to carry out its overall mission without notable system changes. While current leaders strive to align practices with its overall mission, necessary changes have been made to implement extensive cost-cutting measures and controls. Policies and procedures have been put into place to restructure family cost sharing, manage the provision of higher intensity services, and balance overall resources to individual direct services.

First Steps has long had a vibrant and active Interagency Coordinating Council that has included broad representation of other agencies, regional program administrators and providers, and family members. Over the past two years, attendance by some state agency partners has been sporadic due to ongoing changes in administration and staff turnover; and family participation has dropped dramatically. Currently, the ICC is making strides toward regaining and building its expansive stakeholder representation.</td></tr>
<tr><td colspan="2"><u>How can the governance component of the state system be leveraged to improve results for children and youth with disabilities?</u>

With the renewed focus on results driven accountability, the state has quickly leveraged its data and monitoring/quality review operations to support the SSIP process. Despite the fiscal impacts the First Steps program has experienced over the past eight years, it has continued to invest in its ongoing data collection and outcome reporting systems, its quality review/monitoring system, and its professional development efforts. Each of these three components can have a significant impact on improving child and family outcomes. The state, in partnership with its contractors and stakeholders, is able to shift priorities and concentrate these resources toward efforts to improve outcomes. Recent efforts to realign both the state's Quality Review and Outcomes Monitoring contracts, discussed below, are examples.</td></tr>
</table>

In addition, state governance has been able to quickly embrace the SSIP data analyses and emerging State-identified Measurable Results focusing on improving outcomes among African American children and children from families living in high poverty.
<u>What improvements to the governance system component will need to be addressed to improve results for children disabilities?</u> One area of improvement is the need to involve more diverse families as stakeholders on the state and local interagency coordinating councils, particularly families from different socio-economic and/or different race/ethnicity backgrounds. It was commonly noted that the majority of participants are White, female, and typically do not come from a lower income background. A second area of improvement is the need to review policies and procedures that were enacted over the past eight years aimed at reducing costs and controlling expenditures. Based on stakeholder input, many of these policies and procedures may have had unintended negative consequences of reducing collaboration, flexibility, and the need to individualize services for families with higher needs. A third and final area of improvement concerns reaching out to extend partnerships with other state and local agencies that implement successful home visiting models for serving at risk families (e.g., Children with Special Health Care Needs, Healthy Families, Early Head Start). The other programs provide both needed resources and expertise that may be helpful in guiding and supplementing First Steps services for families in poverty. For families and children who also need center-based care and intervention, partnerships with child care and Early Head Start would provide those no cost options in natural environments.

Component	**Fiscal**
Provide a brief description of the state's fiscal system. Include the core components and essential functions. The state has a long history of accessing several funding resources to support direct early intervention services. Program revenue since 2008 have significantly dropped by approximately $17 million. The state has or currently funds outside contracts/initiatives to carry out a statewide quality review system, conduct ongoing data collection and analyses of child outcomes, and support the ongoing professional development of First Steps providers. The First Steps Office, under the supervision of DDRS, is responsible for the administration of these three improvement efforts. It employs detailed contracts and work plans to ensure that funds are used as intended; and conduct periodic audits of contractors to ensure funds are used within appropriate state and federal fiscal guidelines. In the past few years, and with the advent of the SSIP process, the state has begun to connect funding with desired results. Contracts with the regional programs responsible for child find, intake, assessment/evaluation, and ongoing service coordination have language in them that requires these contractors to address both the outcome data quality and impact. State quality review/monitoring efforts have begun to include service indicators that are aligned with practices know to bring about improved results. In addition, this contractor has been charged with updating the state's 10-year old *best practices* document. The new emphasis in this document is to link evidence-based practices with clear child, family and system outcomes. All initiatives are funded with the federal Part C funds the state receives.	
How can the fiscal component of the state system be leveraged to improve results for children and youth with disabilities? Existing funds and contracts are and will continue to be leveraged to improve results for children and families. The current contract for collecting and analyzing child and family outcome data has been tasked with assisting the state in carrying out the SSIP data and infrastructure analyses included in this report. That contractor has also been tasked with devising data reporting and data visualization strategies for use by state, regional, and local decision makers to review impact and determine needed improvements. The same contractor is also responsible for conducting the state's ongoing monitoring and quality review system has begun to expand its efforts to assess the implementation of evidence-based practices, and to link those practices to important child and family outcomes. This contractor can be tasked to link its efforts with the proposed SSIP, and to work closely with the child and	

family outcomes analyses and reporting. Along with the quality review and outcome measurement resources the state employs, it dedicates resources to the professional development of new and ongoing service providers. These same resources can be leveraged to address professional development needs associated with the SiMR targeted by Indiana. Finally, the state leverages federal, state, and other fiscal sources to provide a regional system of services, particularly intake, assessment, and ongoing service coordination services. Through its contracting system, changes in how those services are provided can be leveraged through changes in contracts
<u>What improvements will need to be made to the fiscal system component to improve results for children and youth with disabilities?</u> There is the need to review current fiscal policies and procedures (e.g., provider service rates; allocations for service coordination for intense need families; paperwork/personnel costs for documenting family income for the state's cost participation efforts) that may be unintentionally preventing improved results for some children and families. As noted above in the Governance component, there may be fiscal policies and procedures that were enacted to control costs that could have had unintended negative consequences on results for some children and families. Fiscal policies also need to be examined (provider service rates and Cluster SPOE contract rate structures). Families who present unique and/or high intensity needs for First Steps are at a greater risk of dropping out of the program and/or not following through with service provider recommendations. Re-aligned or enhanced financial resources may improve teaming and collaboration among providers and the family members may help to quickly identify and resolve important family issues; and to insure that all parties are informed and working in concert.

Component	Quality Standards
Provide a brief description of the standards that are in place to guide evidence-based practices. Indiana has developed early learning standards for all young children, including children with and without disabilities. The *Foundations to Indiana Academic Standards* articulate important learning outcomes for young children birth through kindergarten. Service standards are laid out in the First Steps Personnel Guide, and required professional development trainings for new providers. The state is in the process of updating the Best Practice manual to include evidence-based practices. All First Steps providers must enroll through a state approved provider agency. The provider agency director and support staff are responsible for ensuring that the new provider completes the program orientation process in a timely manner and demonstrates provider credentialing within two years of enrollment. The provider is then required to continue the program credentialing process annually. Intake and Service Coordinators must also follow this orientation and credentialing process through their regional SPOEs. The Central Reimbursement Office (CRO) is the entity responsible for credentialing. The Quality Review process also monitors providers by reviewing parent signed Face-to-Face sheets for content and quality. The QR process also completes an annual onsite review to monitor child files. There is a new Quality Review process that focuses more on quality since the state has historically demonstrated a high level of compliance with federal and state measures. The Quality Review process also monitors providers by reviewing parent signed Face-to-Face sheets for quality. The QR process also completes an annual onsite review to monitor quality items located in the child files.	
How can the state's quality standards be leveraged to improve results? There is a thorough orientation and credentialing process. The state could require more specific trainings related to quality in order to improve results. There is now more oversight for providers since they are required to enroll through an agency. This provider structure change occurred in 2011. Agencies could be required to do more internal ongoing quality review to identify specific provider training needs to improve results.	

What improvements will need to be made to the quality standards system component to improve results for children?

The state needs to complete the Best Practices guideline to include more evidence-based practices that are aligned with important child and family outcomes. The First Steps program could also utilize the Foundations to the Indiana Academic Standards for children birth to five. These standards could be incorporated into professional development standards to help providers make the connection between early intervention and future educational settings (e.g., school readiness). School readiness is important to most families, and alignment of First Steps IFSP outcomes and practices with the Indiana Foundations could be leveraged to support the importance of early intervention services among families with lower incomes or African American families.

In addition, quality standards concerning the roles and responsibilities of service coordinators and ongoing service providers in assessing and addressing the concerns, priorities, and resource needs of families need to be examined. Currently, the State allows regional programs great latitude in how they carry out required family assessments. Another area of improvement is to establish a statewide tool and model for conducting family assessments. The First Steps quality review process conducted for FFY 13 and 14 found no IFSP outcomes addressing family resource needs and issues in its file reviews. Stakeholder input strongly suggests that Service Coordinators have decreased their time and contact with families in response to increased caseloads and paperwork requirements; and that the system has focused more on improving child functioning but not family functioning and engagement. Also, stakeholder input indicates that there is considerable confusion concerning effective family engagement practices, particularly for families with lower incomes and African American families.

Finally, the state's quality standards (and fiscal policies) need to promote more collaborative service models for addressing child and family needs, including high quality teaming during IFSP meetings, and evidence-based co-treatment models (e.g., primary provider model) to address both child and family concerns.

Component	Data
Provide a brief description of the state's data system. Include core components and essential functions. Indiana has a rich data system that includes four important data sources: family intake/demographic information, service authorizations and billing, child and family outcomes, and program monitoring and quality review data. One contractor, CSC, manages the family demographic and services data; and a second contractor, Indiana University, manages the evaluation and quality review data. Indiana University evaluators are provided with access to the demographic and early intervention services data to carry out its evaluation and quality review efforts. All family enrollment, service authorization, billing, and outcome data are collected and entered into web-based data systems by local providers. Child and family outcome data are also collected and entered into online data systems by local service coordinators. Quality review data is collected electronically through site visits by Indiana University staff and include program stakeholders who are contracted to assist in file review efforts. All of this data is also entered into an online database. Prior to the SSIP process, the State First Steps Office worked with Indiana University to collect and evaluate the data to complete the SPP/APR, with some effort to determine areas for improvement. In addition, the data were not used to improve professional development. With the advent of the SSIP process, data analyses that blend the four data sources are being conducted with an emphasis on improving results across all program components. Indiana University evaluators are able to analyze all system data, and conduct data disaggregation to determine impact differences among children based on location, race, eligibility status, gender, and family income. It has conducted and included these analyses in previous federal APRs. Currently, the First Steps office shares transition data for all 30-month old children in First Steps with the Indiana Department of Education. No other consistent data sharing among other key state agencies occurs.	
How can the state's data system be leveraged to improve results for children and youth with disabilities? 1. How will the state use its data system to determine areas of low performance and to identify factors contributing to the low performance? 2. What strategies will the state implement to collect, analyze and report process and outcome data on improvement strategy activities? 3. How does the state support local programs in their use of data to inform and guide improvement planning? 4. How does the state use data to inform the development and implementation of improvement strategies designed to improve	

results for children?

Indiana has a long history of focusing on outcomes (versus services and outputs), preceding the federal government's efforts. It has an extensive data system that allows for extensive outcome monitoring and reporting, and uses this data system to monitor ongoing quarterly progress. In the past two years, and with the advent of the federal SSIP emphasis, the state's First Steps system has been able to quickly mobilize its current data system to focus considerable efforts to improving results (and the quality of the data collected). This ongoing data collection and reporting system can be easily leveraged to pinpoint and disaggregate outcome results across several variables, and provide individualized feedback to regional and local programs.

Indiana University, the state's contractor for ongoing quality review and outcome data collection and analyses, has been tasked with providing web-based data dashboards that will provide easy to understand data visualizations of First Steps children and families, services, and impact. The goal of this effort is to provide the state, and eventually regional and local programs, with an ongoing picture of the state's impact on children and families. This system would enable state and local decision makers to easily disaggregate the outcome data to determine if impact is felt equitably across all children and families. This data system, along with professional development to support its use, would be used to inform the development and implementation of improvement strategies designed to improve results for children receiving early intervention services. Currently, these analyses are provided to the state and regional programs via individual electronic reports. This data is included in the annual quality improvement plans of regional programs, and their required quarterly reports to the state.

What improvements will need to be made to the data system component to improve results for children and youth with disabilities?

The current data system has not been uniformly leveraged to assist both regional and local programs in evaluating improvement strategies and their impact on children and families. In addition, professional development efforts are needed to provide the tools and shape the culture of local and regional programs to become more evidence-based in their decision-making. Finally, as data on services and assessment results are increasingly used for making major programmatic decisions, there is an ongoing need to improve the quality and accuracy of the data that is collected and reported by ongoing providers and agencies. The current case management database is funded to build a number of enhancements (most notably new data reports), which may be leveraged to create more readily accessible and enhanced reporting tools for ongoing programmatic monitoring of SiMR-related data, both at a local level as well as state-wide.

Component	Monitoring and Accountability

Provide a brief description of the state's accountability system. Include core components and essential functions.

The state contracts with Indiana University to conduct the First Steps Quality Review process. Each fall, IU staff conducts an onsite visit in all regional offices to review child files for quality and compliance measures approved by the lead agency. A sample of files is reviewed. Indiana University staff review a minimum of 20 files in each focus area (e.g., initial IFSPs, annual IFSPs, transitions) at each regional office to capture a representation of the children being served in that particular region. State finding letters of non-compliance are developed from the onsite visit data. If the regional office falls below 96% for a state or federal indicator, the regional office is required to develop a Quality Improvement Plan listing how it will implement strategies to meet compliance and/or improve quality. This plan lists possible reasons for the data issues and what the plan of action will be for that quarter to try to improve the data.

During the other quarters of the year, the regional offices must submit internal data to the Indiana University's Quality Review team. If the regional office continues to fall below 96%, the regional office is required to continue its Quality Improvement Plan and update its strategies and any progress made towards compliance.

The state leadership is kept informed by regular face-to-face meetings and by the submission of quarterly data from the regional offices. Any Quality Review results are shared with the state leaders before being sent out to the regional offices.

This quality review process and the regional programs quarterly progress reports are the state's primary mechanisms for determining if improvement activities are implemented with fidelity and leading to desired change. The data analysis is used to look for trends in regions along with state trends. The regional offices are required to submit Quality Improvement Plans quarterly listing targeted areas of improvement and if any improvement has occurred during the past quarter. The regional offices are encouraged to collaborate with each other and hold monthly meetings to address issues.

Some data such as Timely Services, 45 days and child and family outcomes are collected monthly. Other data is collected on a quarterly basis.

The results of First Steps Quality Review system are shared at the regional within the region's Local Planning and Coordinating Councils. Monitoring and quality review data are shared annually at the state level with the SICC as part of the APR process. Family members, provider agencies, and other state/local agency members are part of each of these groups. In addition, all state and local meetings are public meetings with an open door policy.

Additionally, each regional cluster SPOE is funded through state performance-based contracts. These contracts have additional reporting components that closely relate, and in some instances, align with current compliance measures, and other state-identified targets with thresholds for release of performance dollars. Each regional cluster SPOE must report compliance adherence to these contract measures at least twice a year. For example, while the child outcome measures themselves are not measured/monitored via this particular mechanism, timely and accurate data entry of the outcome information is a component that is monitored.
How can the state's accountability system be leveraged to improve results? In the past two years, and in conjunction with the federal government's move to *results driven accountability*, First Steps has begun to revise its ongoing quality review/monitoring efforts to begin looking at the quality (and compliance) of local practices and services. In addition, it supported expanding efforts to take advantage of its strong data system and examine local program impact on children and families across several important dimensions (demographic, geographic, and services). Given the possible SiMRs that Indiana is proposing, the state can easily modify and leverage the current Quality Review system to improve its impact on all children and families.
What improvements will need to be made to the monitoring and accountability system component to improve results? 1. What revisions will need to be made in the state's monitoring and accountability system to support the state's SSIP? As the state's SSIP process is put into place, including the proposed SiMRs, the *indicators* and practices currently examined through the state's Quality Review system will need to be revised. Fortunately, the Quality Review system has put into place the culture and mechanisms that will allow this to easily occur. Each regional cluster SPOE is operationalized via performance-based contracts. These contracts will be revised/renewed in the late fall of 2015, providing an opportunity to include indicators or measures to enhance and support the initiatives currently being proposed to implement Indiana's SSIP.

Component	Professional Development / Technical Assistance

<u>Provide a brief description of the state's system of providing professional development.</u>

Beginning in 1997, First Steps established the development of a unified training system, bringing together multiple agencies and universities to provide ongoing professional development and technical assistance to families and early intervention professionals. In 2004, First Steps decided to fund only one agency with the task of providing all professional development activities. From 2004 through 2014, one agency has received funding from First Steps to manage/coordinate all professional development for early intervention providers. This entity was responsible for the development of trainings and finding relevant trainings for all First Steps Providers. Providers are required to maintain credentialing through trainings annually. The contract for this entity ended in December 2014 and First Steps is working to put a new professional development system into place, one in which local agencies may be asked to take on a greater role of insuring professional development opportunities are in place for its providers and employees.

Professional development activities are the responsibility of the individual providers enrolled in the First Steps system. Each provider must meet the criteria for their specific licensure through the state's professional licensing agency. Each individual provider must credential within 2 years of enrollment and maintain credentialing annually with training hours. Each enrolled provider must complete Direct Service Provider (DSP) Orientation 101 before enrolling in the First Steps system. Two additional DSP trainings (DSP 102 and 103) must be completed during the first year of enrollment. There are no guidelines as to what trainings each provider should take after the DSP Orientation 101, 102 and 103 are completed.

Each provider must enroll in the First Steps system through an approved provider agency. It is the responsibility of the agency director and or support staff to provide any technical assistance or coaching needed for the providers enrolled under their agency. The agency is required to have scheduled staff meeting at least semi-annually. Currently, these efforts are not directly monitored and stakeholder input as part of the SSIP process suggests there is considerable variation in provider agency compliance with these requirements.

The state has had a First Steps personnel guide for many years that list the services provided by First Steps and the requirements for professionals to enroll in the First Steps system. This guide is updated as needed. This guide exists as the state's personnel standards.

How can the state's professional development system be leveraged to improve results for children and youth with disabilities?

Currently, the professional development system for First Steps is undergoing major revision from what has occurred for the past 10 years. The funds that have been used to support professional learning will continue to be leveraged for that purpose, and can be used to support specific improvement activities identified in Indiana's SSIP.

What improvements will need to be made to the professional development system component to improve results?

There are several potential improvements that can be made to Indiana's professional development system to improve results. First, there is a need to align professional development efforts with the quality review and outcome evaluation efforts and findings the state currently supports. Indiana will be modifying the state's comprehensive system of professional development to address several program changes and provider needs within the early intervention system. Previously, all providers were required to obtain many of their required trainings for program credentialing in a central location in the state. While this provided consistency, it created significant barriers for provider recruitment in counties along the borders of the state due to the notable time to travel to these training events. Indiana will redesign the training system to provide consistent, approved content via central oversight, with a focus on more localized delivery mechanisms and training resources.

Second, there is a need to put in place consistent, statewide training on the proposed data quality and improvement strategies in Indiana's SSIP, such as delivering early intervention services in culturally competent ways, an area of needed professional development most frequently identified during meetings with stakeholders. These professional development efforts need to take place in all corners of the state, make use of consistent knowledgeable trainers and training content to insure consistency in the message and practices targeted- a practice that was not commonly carried out in the previous professional development system. In addition, it is important that the state put in place onsite coaching resources to support regional and local agencies willing to invest in implementing the improvement strategies with fidelity.

One last area of improvement is to work with the state institutes of higher education to recruit and train more diverse professionals and from more diverse family backgrounds for early intervention service provision. Participation at the state and regional meetings indicate that most ongoing service providers are White women who have not come from a family background in poverty.

2 (c) Current State-Level Improvement Efforts and Initiatives

A major state-level improvement effort that First Steps initiated last year was to revise its Evaluation and Quality Review contracts to focus more on outcomes data and continuous quality improvement. Both contracts are with Indiana University and our state's University Center for Excellence in Developmental Disabilities. Over the past year, this contractor has begun to provide our regional System Points of Entry offices with additional data analyses focus on improving both data quality and promoting more data-based decision making. That work is complemented with the work of onsite reviewers who collect and analyze much of the data that is a part of this state's Annual Performance Report. In a shift away from focusing on procedural compliance monitoring and corrections, this project has attempted to implement more of a continuous quality improvement process in which the SPOEs submit annual Quality Improvement Plans and quarterly progress reports and plan revisions based on the data Indiana University and the SPOEs collect.

2 (d) Stakeholder Involvement

- **Developing Phase 1**

Indiana's First Steps program sought out and provided numerous opportunities for stakeholders to provide input into Indiana's Part C SSIP. These opportunities included quarterly meetings of the State Interagency Coordinating Council (SICC), regional meetings in eight of the state's nine regions/clusters, and an online survey for First Steps families and providers.

State Interagency Coordinating Council Meetings

The State Interagency Coordinating Council are Indiana's primary stakeholders involved in developing Phase I of Indiana's SSIP. The members, including their roles and affiliations, are presented below. During three quarterly meetings (May 4, 2014; November 12, 2014; and January

Name	Representing	
Ann Arvidson	Agency	Foster Care, Indiana Department of Child Services
Melanie Brizzi	Agency	Bureau of Child Care, Division of Family Resources, FSSA
Dawn Downer	Agency	Division of Disability & Rehabilitative Services, FSSA
Donna Driscoll	Provider	Bright Beginnings, Inc., Fort Wayne
James Elicker	Higher Ed	Purdue University, Lafayette
Christina Furbee	Agency	Preschool, Special Education Services, IDOE
Andrea Gilkison	Parent	Parent, Lafayette
Becky Haymond	Provider	First Steps-South East, Thrive Alliance, Columbus
Paul Hyslop	Agency	Indiana Department of Insurance
Beckie Minglin	Agency	Head Start Collaboration Office, Division of Family Resources, FSSA
Danny O'Neill	Parent	Parent, Fort Wayne
Shirley Payne	Agency	Children's Special Health Care Division, ISDH
Cathy Robinson	Agency	First Steps Director, Division of Disability & Rehabilitative Services, FSSA
Julie Smart (formerly Michael Williams)	Agency	Student Services, McKinney-Vento Homeless, IDOE

Jamie Stormont-Smith	Provider	Therapies at Play, Lafayette
James Vento	Provider	Easter Seals Crossroads, Indianapolis
MaryAnn West	Agency	Healthy Families, Indiana Department of Child Services, FSSA
Vacant	Parent	
Vacant	Parent	
Vacant	Legislative	Indiana General Assembly
Vacant	Agency	Office of Medicaid Policy & Planning, FSSA
Vacant / (formerly Skye Berger)	Agency	Child and Adolescent Services, Division of Mental Health & Addictions, FSSA

14, 2015), 65-79% of the SICC members met with the state's evaluation and quality review contractor. The May 2014 meeting introduced SICC members to many of the analyses presented in this SSIP, and solicited their comments and requests for additional analyses to determine possible areas of concern. The November 2014 meeting presented additional analyses and invited members to discuss possible areas of concern and root causes. The January 2015 meeting of the SICC asked members to make recommendations concerning proposed State-identified Measurable Results and to assist the state in conducting its infrastructure analyses.

In addition to members of the SICC, First Steps agency administrators were invited to attend the November 2014 and January 2015 meetings, and were included in SICC discussions and workgroup activities. Fourteen provider stakeholders attended the November meeting and 16 provider stakeholders attended the January meeting.

First Steps has reached out to Indiana Head Start State Collaboration Office and Healthy Families Indiana, who offer home visiting, and both programs are willing to develop plans for working together to coordinate care. We hope to collaborate on how we can better serve low-income families.

Regional Meetings of Local Planning and Coordinating Councils

From December 2014 through March 2015, First Steps held a series of 9 regional meetings with Local Planning and Coordinating Councils (LPCC) in eight of the nine First Steps regions/SPOEs (a scheduling error prevented meeting with the ninth LPCC). One hundred and three local planning council members made up of First Steps providers, local education agency preschool staff, SPOE (System Point of Entry) administrators and staff, representatives from other community agencies (e.g., Head Start, Healthy Families), and a few family members including the Director of IN*Source (Indiana's Parent and Information Training Agency) attended these nine meetings. During these meetings, we presented a summary of the data analyses and the State-identified Measurable Result. We then asked participants to provide input concerning possible root causes and First Steps' infrastructure in terms of identifying possible barriers and improvement strategies. All comments were recorded.

Following the last regional meeting, the First Steps evaluation and quality review contractor conducted simple thematic analyses of the comments and embedded recurring comments into the Infrastructure Analyses above. The table summarizing this analysis is presented below.

Category	Strengths of First Steps Program (ICC)	Improvements For First Steps Program (ICC	Improvements For First Steps Program (Regional Meetings)
WORKFORCE PERSONNEL	1. Providers-dedicated, skilled licensed, caring professionals 2. Collaboration with community partners LPCC members 3. Program support and communication between all program personnel 4. Good networking system in place for FS to work with other agencies in the community	1. Recruit providers of color 2. Training System- need one in place to provide consistent training topics-Oversight 3. Training on Family Engagement and how to do it with the families we work with in the FS system. 4. Understand the cultural diversity of the families we serve	1. Need for increasing the number of FS providers of color 2. Lack of collaboration and coordination among team members to address complex family needs 3. Families in poverty struggle to meet basic needs and must devote considerable time/attention to meeting those needs 4. FS does not help families address basic needs
FISCAL	1. Fiscally responsible contractors 2. Many pots of money First Steps can draw from 3. Good system set up for billing for FS services (PAM) 4. Increase provider rates will help with retention of good providers 5. Large portion of money allocated to direct services	1. Rate cuts keep happening for providers 2. Better reimbursement from insurance companies 3. Everyone working with a smaller budget (SPOEs, Agencies, LPCC) 4. Need more Service Coordinators to better meet the family needs 5. More incentive for families to participate	1. Changes in SC caseloads and work responsibilities prevent relationships and helping families in need 2. Difficult to provide high intensity services to families with high intensity needs 3. Partnerships with Early Head Start/Community Child Care Centers and homes to provide group options 4. Increasing capacity of FS to assist families in meeting basic needs 5. Families may not understand role and importance of First Steps (and we may not be doing a good job informing them)
GOVERNANCE	1. Communication between SPOEs and SPOEs and LPCCs 2. SPOE agency consistency-longevity 3. Good State staff 4. Consistency between clusters	1. Need a standard curriculum 2. Determine stability of family and how to meet needs to free them to work with the child 3. Cultural diversity training for all First Steps personnel (SCs, Assessment teams, on-going providers) 4. Training System	1. FS providers may not be using a common clear curriculum and framing program in terms relevant to families (e.g., school readiness) 2. Partnerships with other Home Visiting Programs (e.g., Healthy Families) 3. Need for professional development in the area of cultural competence. Cultural differences (racial, economic) between families and FS providers and service models

Category	Strengths of First Steps Program (ICC)	Improvements For First Steps Program (ICC	Improvements For First Steps Program (Regional Meetings)
QUALITY STANDARDS	1. SPOEs and agencies have a lot more contact-Good Communication 2. Agencies choose high quality therapists to enroll 3. QR Visits-Internal file reviews 4. Improved provider support structure with agency set up 5. Introduction of agencies to facilitate communication between providers and SPOE 6. Focusing on strategic targeted improvement instead of compliance only	1. Poor communication between Assessment Teams and on-going providers 2. Are current outcomes aligned with evidence-based practices 3. Quality outcome expectations-Need training 4. Need to utilize Social Work services to help our families 5. Opportunities for all SCs training staff to get together and share ideas 6. Providers are still providing clinical based therapy in the home setting	1. Increase collaboration and coordination among FS providers (greater teaming) 2. FS focus on child outcomes may conflict with family needs 3. Best practice document: Define how FS can/should engage families 4. Families are not engaged in their child's FS program 5. Best practice document: Emphasize the Learning Occurs All the Time

Online Survey of First Steps Families and Providers

Finally, an online survey was posted for First Steps stakeholders to complete a simple survey requesting their input concerning root causes and suggested improvement strategies for addressing the state's proposed SiMR. Seventy-three stakeholders responded, including 25 family members and 48 providers. A thematic analysis of these survey responses was conducted and recurring themes were included in this plan's analysis of root causes and First Steps' infrastructure. A table summarizing the results from the online survey is presented below.

Why do you think African American children do less well than other groups of children?	Number of People
Families are not as involved (e.g. do not do homework and targets, cancel sessions) due to stressful life events (e.g. single parent homes, low levels of consistency, do not follow hands free behavior plan, DCS battles, unsafe living conditions).	30
These families tend to be lower socioeconomic status and may have other priorities to meet their basic needs	21
Lack of resources (books and family interaction, healthcare, support)	11
Different expectations (cultural bias, societal stigma), cultural norms/differences, and less importance of meeting developmental milestones	11
Insufficient understanding of potential impact (e.g. due to lack of parental education)	10
First Steps is not accessing the community (i.e. lack of providers of color	2

Why do you think children from low income families do less well than less poor children?	Number of People
Policies and Procedures?	
Stressors associated with poverty (i.e. nutrition)	6
Lack of parental education (not reporting delays soon enough, do not know rights)	5
Lack of Parental Involvement (not making the time, don't understand their responsibilities)	5
Other (services should be in school, cultural biases)	2
Partnerships with other agencies?	
Lack of partnerships with other social service programs	6
Lack of understanding parental understanding/involvement	3
Resources for parental education	3
Lack of resources	2
Service Models?	
Lack of resources (money, support, books, toys, parental education)	5
Setting of therapy (home environments are not stable)	3
Lack of Parental Involvement	3
Dosage of therapy (2x/week)	1
Professional Development?	
Lack of Parental Education	2
Providers lack of training to work with these families	1
Stressors associated with poverty	1

What do you think First Steps could do to improve the outcomes for these children?	Number of People
Increase Parental Motivation and Education (parental orientation video, positive parenting styles, parent training courses, information about developmental levels, provide rewards, specific to disability)	30
Social Service Connections (social worker attend home to check in, financial planning, transportation nutritional information, toys for families, get FS name out, partner with pediatricians for early identification)	18
Programmatic Policies (more involved Service Coordinators, Attendance, setting, speed up initiation process)	10
Dosage of therapy (2x/week)	4
Provider training in how work with these families	3
Stressors associated with poverty (child's development may not be a priority)	3
Parent to Parent Support	2

- **Developing and implementing Phase 2**

Developing and implementing Phase 2 of First Steps' SSIP will continue to be a strong collaborative effort, and will heavily involve the State Interagency Coordinating Council, the Directors of the nine Regional System Points of Entry, members of the Local Planning and Coordinating Councils, and the state's contractors for evaluation, quality review, and professional development.

Component 3: State-identified Measurable Results for Infants and Toddlers with Disabilities and their Families

What is your potential SiMR?	1. Increase the percentage of low income and African American children showing greater than expected growth in all three child outcomes, but particularly social-emotional development.
What from your broad data analysis supports the identification of this area as a potential SiMR?	Proportionally fewer African American children and children in poverty experience positive child outcomes when compared with White children. A greater percentage of these two groups of children continue to need specialized services after First Steps; and a greater percentage of these families withdraw or discontinue participation in First Steps services. When children have greater needs (e.g., medical conditions), there are no differences in child outcomes, but there is a greater proportion of African American families withdrawing/discontinuing services. These findings are generally consistent across all regions of the state.

What from your infrastructure analysis, including strengths and <u>challenges</u> of system components, supports the identification of this as a potential SiMR?	From numerous stakeholder discussions and focus groups, practitioners have repeatedly identified the following challenges in the current First Steps system that supports these potential SiMRs. • Many families with lower incomes or who are culturally different from most First Steps providers appear less engaged with the First Steps system and its services. This engagement is often a result of families needing to focus all of their time and energies in meeting the basic needs of their family; • Cultural differences in values and expectations between families and First Steps providers may contribute to a lack of trust and possible insensitivities on the part of providers. Most First Steps service providers are White and do not come from a family background of lower income. In addition, because of the limited professional development in the area of cultural competence, First Steps providers may not have the knowledge and skills to accommodate their strategies and requests to match family goals and expectations. • Fiscal constraints and budget cuts in First Steps may also be a contributing factor in families dropping out or becoming minimally engaged with their First Steps providers. • Budget reductions also resulted in increases in service coordinator caseloads, which, paired with corresponding increases in administrative responsibilities, may have diminished their capacity to build relationships with families and to provide more intense family support services. • Given the exceptional needs and issues experience by families living in poverty, including most African American families in First Steps, First Steps may be doing little to assess and address family concerns and resource needs outside of their child's learning. First Steps is not utilizing consistent tools and protocols for assessing these family needs. • IFSP outcomes, services, and service models exclusively target children's learning and development and do not generally focus on helping the family to connect with needed resources. Nor do current service models focus on helping these families support their child's learning within their family's context, leading to a greater unlikelihood that families carry out recommended activities.

Are there current initiatives in your state that are related to this potential SiMR? Are you connected to them?	• There are other state initiatives occurring that have considerable experience working with these populations (e.g., Healthy Families, Early Head Start, Nurse/Family Partnerships). First Steps has had discussions with representatives from these initiatives.
Are there resources (e.g. funding, expertise) in your state that can be leveraged to address this potential SiMR? Are they equitably distributed?	• First Steps allocates a portion of their funds to support professional development and technical assistance activities. Those funds could be leveraged to address the SiMRs. • First Steps currently contracts with a state university to conduct its quality review/monitoring and outcome/data analyses. Part of the quality review process is to support both compliance and quality practices in the nine regional programs funded by First Steps. Future quality review efforts could be leveraged to emphasize the SiMRs.
How did information from your in-depth data and infrastructure analysis help you confirm or further refine this as a SiMR (e.g. What's working? What's not working?)?	• In-depth data analyses were used to identify specific sub-populations of children and families who were experiencing the least gains from First Steps. The infrastructure analysis helped to identify how changes in First Steps over the past 8 years may have contributed to the need to address the SiMRs. It appears that for children in low-income families, and particularly African American families, there are unique challenges that are not adequately addressed, possibly due in part to major cost cutting the state program has had to undertake over the past 6 years.
Is this a priority in your state? Is there leadership commitment to making this change?	• The First Steps office and the Division of Disability and Rehabilitative Services (DDRS) have identified addressing the proposed SiMRs as a priority for First Steps. Leadership from DDRS and First Steps have committed to making changes to improve results for these children and families. Divisional leaders have been involved in discussions around the SiMR, and updates have been regularly provided to the Governor's office regarding Indiana's Part C program and this specific SSIP initiative.

Is there stakeholder support or buy in on the part of partner agencies, practitioners, families, legislature, advocacy groups, and administrators?	• Numerous state and regional stakeholder meetings have been conducted to discuss the analyses, the proposed SiMRs, and needed improvements. These stakeholder meetings, including the SICC, have involved family members, practitioners, administrators, and partner agencies. There appears to be strong support for addressing the proposed SiMRs.
Are there regions, districts, and/or programs in the state that have effectively addressed this issue where you could scale-up success or learn more about what works?	The current data quality issues make direct comparisons among programs and regions difficult to determine if there are sites that are more effective. Once the new data procedures are put into place, these analyses can be conducted. During the regional stakeholder meetings (and communicated in the online survey), it was noted that some regions and/or providers differed in terms of how the problem (SiMR) was framed. While many were quick to identify families and their level of engagement as the root cause, there were some regions/providers who recognized that current practices and service models were failing to successfully engage all First Steps families. In those regional meetings, there was a higher frequency of suggestions that focused on the need to re-examine First Steps services, to access professional development on strategies for working with diverse families, and the need to cultivate better partnerships with other home visiting programs. These differences in perceptions concerning root causes and who/what needed to change highlight the need for strong professional development. It also highlights regions/programs who may be more willing to adopt new practices and service models.
Is the SiMR feasible? Can it be addressed in 2-4 years?	The proposed SiMR's are feasible, but dramatic changes in these populations will most likely take longer than 2-4 years.

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

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.

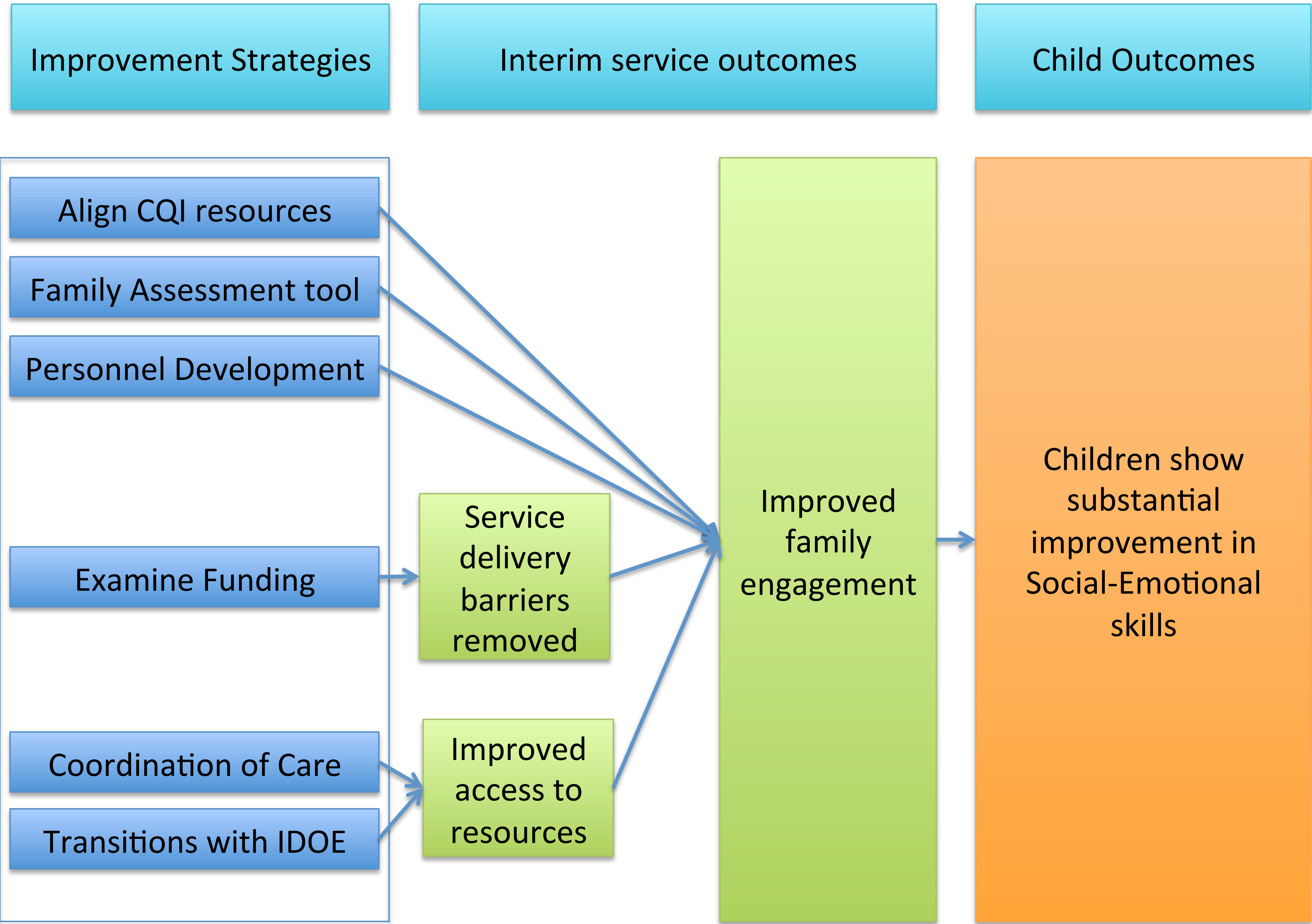
All strategies are aimed at building the capacity of local programs and providers to deliver the services needed by the two target subpopulations. The third strategy focuses on enhancing the knowledge and skills of providers to carry out culturally competent, evidence-based practices. The second strategy 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.



Theory of Change