

## **First Steps Interagency Coordinating Council Meeting Minutes May 9, 2018**

The meeting was called to order at 10:05

### **Welcome and Introductions**

Members of the council introduced themselves.

In attendance: Barb Blain, Porsha Boney, Karen Carradine, Edward Clere, Sara Cummins, Thomas Fisher, Mariann Frigo, Kelsey Harmer, Dorene Hoops, Tammy Maples, Cathleen Ninealtevogt, Nicole Norvell, Danny O'Neill, Jennifer Owens, Shirley Payne, Brittnee Smith, Jake Stein, Stacey Williams

### **Approval of January 10, 2018 Minutes**

Minutes were approved unanimously.

### **Review of DRAFT Orientation Manual/Standard Operating Procedures**

The draft of the Interagency Coordinating Council Orientation Manual was reviewed and comments/suggestions were solicited.

- The pertinent sections of the correct Indiana Code for the establishment and operation for the ICC can be found at the end of the minutes.
- Further suggestions, comments, requests can be sent to Sue Dixon at [sudixon@indiana.edu](mailto:sudixon@indiana.edu).

### **Elect Vice-Chairperson & Establish Executive Committee**

Danny O'Neill, chairperson, deferred these votes until the August meeting. He asked members of the council to be prepared to nominate, volunteer and vote at the next meeting.

### **First Steps Updates**

Christina Commons presented a PowerPoint of the state updates. PowerPoint is attached to the minutes...please refer to it for details.

She started with a brief overview of Part C of the Individuals with Disabilities Education Act (IDEA), followed by a close-up of the First Steps Early Intervention System.

- She reviewed the regional service delivery structure which is divided into none service regions called clusters
- Program services data was shared, including:
  - The number of children served annually from 2012-2017;
  - The growth in the number of children served from 2008-2017;
  - Substance exposure referral data from 2008-2017, and
  - CHINS cases filed.
- Program Fiscal Data included:
  - Fund recovery flow;
  - Revenue sources for state fiscal year 2017;
  - The amount spent on behalf of children annually from 2012-2017;
  - The total paid for services in state fiscal year 2017;

- Total spent per service type in state fiscal year 2017; and
  - The number of children receiving each service type.
- Christina discussed the Fiscal Analysis which began on January 1<sup>st</sup> with the goal of better understanding of all revenue sources and expenses in order to improve the program's fiscal administration and health
- First Steps state team has created more state-level partnerships with entities such as the Indiana Department of Child Services, Indiana State Department of Health, Indiana Department of Education and the Indiana Family and Social Services Administration
- The following questions were asked during the State Update. Questions can be directed to Christina Commons.
  - Will a copy of presentation be provided?
  - If there is a 10k increase in CHINS cases but only 3k increase in children served by First Steps, does this mean that children aren't being referred?
  - What is meant by vision services? (A: optometry and ophthalmology)
  - Request to recap what is required by HB1317 and how it compares to PCG SOW
    - Will there be enough substance use data to make meaningful projections?
  - Is FS data available by region?
  - Additional information requested re: opportunities to leverage Medicaid more/better
  - Do we still require parental consent to access families' Medicaid? Is this a barrier?
  - Why is the volume of speech therapy a concern?
  - How does our service utilization/spend data compare with other states?
  - How is pay/chase reported? – i.e. do we report what is spent and what is recovered separately

### **Update on the First Steps State Systemic Improvement Plan**

Early Childhood Center, Indiana Institute on Disability and Community presenting PowerPoint following minutes...please refer to it for details

- Michael Conn-Powers began by discussing the National Implementation Research Network's framework within which the Early Childhood Center is working
- Janet Ballard outlined the Annual Performance Review practices that were the focus of the ongoing quality review (child find, natural environments, timely services, impact, and transition) and presented the number of clusters meeting criteria.
- Michael continued the presentation with slides comparing Indiana's performance on the OSEP (Office of Special Education Programs) outcomes with national statistics.
- Janet described the Continuous Quality Improvement process.
- Michael followed this with the State Systemic Improvement Plan (SSIP) data comparing improvements by race and family income. These were the only two groups that had statistically significant results. He presented the State-identified Measurable Result (SiMR): increase in the percentage of low income children and African American children showing greater than expected growth in all three child outcomes, but particularly social-emotional development. It was pointed out that Indiana has a more difficult time achieving substantial growth because we accept children with a 25% delay as opposed to many states whose cut-off is 50%.
  - Jennifer Owens wondered if the Exit Assessment training may have caused data inconsistencies

- Nicole Norvell commented that the numbers of children who were eligible due to speech reasons may answer some of the questions on why we aren't making gains.
- Edward Clere asked about standard deviations in the data, and Michael Conn-Powers assured him that he would do the analysis on this for the next meeting.
- Michael assured the group that they could trust the quality of the data.
- Edward Clere further commented that the system is based on scarce resources and that value is placed on directing resources that make easier gains when it possibly should be directed toward more complex cases.
- Shirley Payne added that we don't always have the full "why". We don't know if a child is more delayed or if we are up to family capacity in what we offer.
- Katie Herron and Ali Danch concluded the presentation with a discussion of the evidence-based practices that were being addressed in the SSIP, and how the professional development approached the topics.
- Katie and Ali concluded the presentation with a summary of the rapid improvement cycles that are part of the continuous quality improvement plan, conversations among the ICC, and a request for ongoing involvement.
  - Karen Carradine commented that peer coaching was a dynamic model versus supervisor coaching
  - Nicolle Norvell asked about the fiscal implications of the model. Head Start has good data about practice-based coaching. She asked if it is sustainable for SPOEs and agencies to give up that amount of time. Are there implications for other obligations that First Steps is responsible for?
  - Michael Conn-Powers added that there is a tension between the cost and the data that shows change happens with coaching.
  - Dorene Hoops asked if the ICC would have the chance to have input on the content.
    - Questions or comments on professional development can be directed to Katie Herron at [kgherron@indiana.edu](mailto:kgherron@indiana.edu).
  - Barb Blain commented that it might be important to also train a group that didn't volunteer
    - Christina Commons responded that as the data about change came out, the groups who had been reluctant previously are turning up in droves.

**ICC meeting dates for 2018 on Wednesday are as follows:**

**August 8**

**November 14**

Meetings will be held at Choices Coordinated Care Solutions which is located at 7941 Castleway Dr., Indianapolis, IN 46250

**Meeting dates for 2019**

- Representative Clere proposed that we hold six meetings as opposed to four and then cancel if we don't have a full agenda, it being easier to cancel a meeting than to find time to hold an extra meeting if needed.
- Jake Stein commented that we might risk a more sporadic attendance if we have too many meetings.
- Karen Carradine suggested that we Skype the January meeting if weather became an issue. Christina offered a conference call connection.

- Stacy Williams offered that it might be easier to move initiatives forward if we met more often.
- It was decided that the ICC would schedule six meetings in the next calendar year on the second Wednesday of the month, pending availability of space. The council may not meet all six times, but the feeling was that it is easier to cancel a meeting if not needed than to schedule an extra meeting. **Meeting dates for 2019 are: January 9, March 13, May 8, July 10, September 11, and November 13.**
- *The ability to meet six times will be an executive board decision based on need and availability of funds.*

### **Public Comment**

There were no questions/comments from either the ICC or the audience.

### **Adjourn**

Meeting was adjourned at 2:30.

### **Addendum**

An ICC member submitted questions following the meeting regarding the pausing of the subcommittees last year, a topic that had been presented during the review of the Orientation Manual/Standard Operating Procedures. There were four committees in place at that time.

- Much of the work that the **Provider Availability Subcommittee** completed informed the new policy manual.
- The **Child and Family Assessment Subcommittee** finalized the family assessment, piloted the tool, and supported the training development for SCs.
- The **Policy Subcommittee** assisted the First Steps state office in getting the rule promulgation off the ground as well as contributed to the policy manual. The First Steps state office and FSSA legal department are working on the rule.
- The **Service Delivery and Training Subcommittee** assisted in getting the DSP reviewed and made recommendations for re-writing this training. The work of this subcommittee is also reflected in the new policy manual.

Reinstatement of committees is at the discretion of the ICC if and when the need arises.

## **2017 Indiana code**

### **IC 12-12.7-2-2" Council"**

Sec. 2. As used in this chapter, "council" refers to the interagency coordinating council established by section 7 of this chapter.

*As added by P.L.93-2006, SEC.11.*

### **IC 12-12.7-2-3"Early intervention services"**

Sec. 3. (a) As used in this chapter, "early intervention services" means developmental services that meet the following conditions:

- (1) Are provided under public supervision.
  - (2) Are designed to meet the developmental needs of infants and toddlers with disabilities in at least one (1) of the areas specified in section 4(a)(1) of this chapter.
  - (3) Meet all required state and federal standards.
  - (4) Are provided by qualified personnel, including the following:
    - (A) Early childhood special educators, early childhood educators, and special educators.
    - (B) Speech and language pathologists and audiologists.
    - (C) Occupational therapists.
    - (D) Physical therapists.
    - (E) Psychologists.
    - (F) Social workers.
    - (G) Nurses.
    - (H) Nutritionists.
    - (I) Family therapists.
    - (J) Orientation and mobility specialists.
    - (K) Pediatricians and other physicians.
  - (5) To the maximum extent appropriate, are provided in natural environments, including the home and community settings in which children without disabilities participate.
  - (6) Are provided in conformity with an individualized family service plan adopted in accordance with 20 U.S.C. 1436.
- (b) The term includes the following services:
- (1) Family training, counseling, and home visits.
  - (2) Special instruction.
  - (3) Speech and language pathology, audiology, and sign language and cued language services.
  - (4) Occupational therapy.
  - (5) Physical therapy.
  - (6) Psychological services.
  - (7) Service coordination services.
  - (8) Medical services only for diagnostic, evaluation, or consultation purposes.
  - (9) Early identification, screening, and assessment services.
  - (10) Other health services necessary for an infant or a toddler to benefit from the services.
  - (11) Vision services.
  - (12) Supportive technology services.
  - (13) Transportation and related costs that are necessary to enable an infant or a toddler and the infant's or toddler's family to receive early intervention services.

*As added by P.L.93-2006, SEC.11. Amended by P.L.210-2015, SEC.26.*

### **IC 12-12.7-2-4"Infants and toddlers with disabilities"**

Sec. 4. (a) As used in this chapter, "infants and toddlers with disabilities" means individuals from birth through two (2) years of age who need early intervention services because the individuals meet the following conditions:

- (1) Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in at least one (1) of the following:
  - (A) Cognitive development.
  - (B) Physical development.

- (C) Communication development.
- (D) Social or emotional development.
- (E) Adaptive development.

(2) Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

(b) The term may also include, under rules adopted by the division, individuals from birth through two (2) years of age who are at risk of having substantial developmental delays if early intervention services are not provided.

*As added by P.L.93-2006, SEC.11.*

#### **IC 12-12.7-2-5Purposes of chapter**

Sec. 5. The purposes of this chapter are as follows:

- (1) To enhance the development and minimize the potential for developmental delay of infants and toddlers with disabilities.
- (2) To reduce educational costs to the state by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age.
- (3) To minimize the likelihood of institutionalization and maximize the potential for independent living of individuals with disabilities.
- (4) To enhance the capacity of families to meet the special needs of infants and toddlers with disabilities.
- (5) To comply with 20 U.S.C. 1431 through 1444.

*As added by P.L.93-2006, SEC.11. Amended by P.L.210-2015, SEC.27.*

#### **IC 12-12.7-2-6Administration and supervision; financial responsibility**

Sec. 6. (a) The division shall do the following:

- (1) Carry out the general administration and supervision of programs and activities receiving assistance under this chapter, monitor programs and activities implemented by the state, regardless of whether the programs and activities are receiving assistance under this chapter, and ensure that the state complies with 20 U.S.C. 1431 through 1444 in implementing this chapter.
- (2) Identify and coordinate all available resources from federal, state, local, and private sources, and use all applicable resources to the full extent of the resources.
- (3) Develop procedures to ensure that early intervention services are provided to infants and toddlers with disabilities and their families in a timely manner pending the resolution of disputes among public agencies and providers.
- (4) Resolve disputes within an agency or between agencies.
- (5) Enter into formal interagency agreements that define the financial responsibility of each agency for paying for early intervention services consistent with Indiana law and procedures for resolving disputes, including all additional components necessary to ensure meaningful cooperation and coordination.
- (6) Develop and implement utilization review procedures for services provided under this chapter.

(b) The state shall designate an individual or entity responsible for assigning financial responsibility among appropriate agencies under this chapter.

*As added by P.L.93-2006, SEC.11. Amended by P.L.210-2015, SEC.28.*

#### **IC 12-12.7-2-7Establishment of council**

Sec. 7. The interagency coordinating council is established.

*As added by P.L.93-2006, SEC.11.*

#### **IC 12-12.7-2-8Membership**

Sec. 8. (a) The council consists of at least fifteen (15) but not more than twenty-five (25) members appointed by the governor as follows:

- (1) At least twenty percent (20%) of the members must be individuals who:
  - (A) are parents, including minority parents, of infants or toddlers with disabilities or of children who are less than thirteen (13) years of age with disabilities; and
  - (B) have knowledge of or experience with programs for infants and toddlers with disabilities.

At least one (1) of the members described in this subdivision must be a parent of an infant or toddler with a disability or of a child less than seven (7) years of age with a disability.

- (2) At least twenty percent (20%) of the members must be public or private providers of early intervention services.

- (3) At least one (1) member must be a member of the general assembly.
- (4) Each of the state agencies involved in the provision of or payment for early intervention services to infants and toddlers with disabilities and their families must be represented by at least one (1) member. The members described in this subdivision must have sufficient authority to engage in policy planning and implementation on behalf of the state agency the member represents.
- (5) At least one (1) member must be involved in personnel preparation.
- (6) At least one (1) member must:
  - (A) represent a state educational agency responsible for preschool services to children with disabilities; and
  - (B) have sufficient authority to engage in policy planning and implementation on behalf of the agency.
- (7) At least one (1) member must represent the department of insurance created by [IC 27-1-1-1](#).
- (8) At least one (1) member must represent an agency or program that is:
  - (A) located in Indiana; and
  - (B) authorized to participate in the Head Start program under 42 U.S.C. 9831 et seq.
- (9) At least one (1) member must represent a state agency responsible for child care.
- (10) At least one (1) member must represent the office of Medicaid policy and planning established by [IC 12-8-6.5-1](#).
- (11) At least one (1) member must be a representative designated by the office of coordinator for education of homeless children and youths.
- (12) At least one (1) member must be a state foster care representative from the department of child services established by [IC 31-25-1-1](#).
- (13) At least one (1) member must represent the division of mental health and addiction established by [IC 12-21-1-1](#).

(b) To the extent possible, the governor shall ensure that the membership of the council reasonably represents the population of Indiana.

*As added by P.L.93-2006, SEC.11. Amended by P.L.160-2012, SEC.30.*

#### **IC 12-12.7-2-9 Appointment and terms of council members**

Sec. 9. (a) The governor shall make the initial appointments under section 8 of this chapter with staggered terms and subsequent appointments for terms of three (3) years.

(b) A council member may be reappointed for succeeding terms.

*As added by P.L.93-2006, SEC.11.*

#### **IC 12-12.7-2-10 Chairperson**

Sec. 10. (a) The governor shall:

- (1) designate a member of the council to serve as the chairperson of the council; or
- (2) require the council to designate a chairperson from within its membership.

(b) A member of the council who is a representative of the division may not serve as chairperson of the council.

(c) A chairperson may be reappointed for succeeding terms.

*As added by P.L.93-2006, SEC.11.*

#### **IC 12-12.7-2-11 Called meetings**

Sec. 11. Any of the following may call a meeting of the council:

- (1) The governor.
- (2) The chairperson of the council.

*As added by P.L.93-2006, SEC.11.*

#### **IC 12-12.7-2-12 Vacancies**

Sec. 12. The governor shall fill vacancies on the council.

*As added by P.L.93-2006, SEC.11.*

#### **IC 12-12.7-2-13 Frequency of meetings**

Sec. 13. The council shall meet at least quarterly each year.

*As added by P.L.93-2006, SEC.11.*

#### **IC 12-12.7-2-14 Budget; use of funds**

Sec. 14. The council may prepare and approve a budget using funds under this chapter to do the following:

- (1) Conduct hearings and forums.
- (2) Reimburse members of the council for reasonable and necessary expenses for attending council meetings and performing council duties, including child care for the members who are representatives of parents.
- (3) Pay compensation to a member of the council if the member is not employed or is required to forfeit wages from other employment when absent from the other employment due to the performance of council business.
- (4) Hire the staff and obtain services that are necessary to carry out the council's functions.

*As added by P.L.93-2006, SEC.11.*

#### **IC 12-12.7-2-15 Powers and duties**

Sec. 15. The council shall do the following:

- (1) Advise and assist the division in the performance of the responsibilities set forth in section 6 of this chapter, particularly the following:
  - (A) Identification of sources of fiscal and other support for services for early intervention programs.
  - (B) Use of existing resources to the full extent in implementing early intervention programs.
  - (C) Assignment of financial responsibility to the appropriate agency.
  - (D) Promotion of interagency agreements.
  - (E) Development and implementation of utilization review procedures.
- (2) Advise and assist the division in the preparation of applications required under 20 U.S.C. 1431 through 1444.
- (3) Prepare and submit an annual report to the governor, the general assembly, and the United States Secretary of Education by November 1 of each year concerning the status of early intervention programs for infants and toddlers with disabilities and their families. A report submitted under this subdivision to the general assembly must be in an electronic format under [IC 5-14-6](#).
- (4) Periodically request from the agencies responsible for providing early childhood intervention services for infants and toddlers with disabilities and preschool special education programs written reports concerning the implementation of each agency's respective programs.
- (5) Make recommendations to the various agencies concerning improvements to each agency's delivery of services.
- (6) Otherwise comply with 20 U.S.C. 1441.

*As added by P.L.93-2006, SEC.11. Amended by P.L.210-2015, SEC.29.*

#### **IC 12-12.7-2-16 Advice and assistance regarding other services**

Sec. 16. (a) To the extent that the services are appropriate, the council shall advise and assist the department of education regarding the transition of toddlers with disabilities to preschool special education services under [IC 20-35](#).

(b) The council may advise and assist the division and the department of education regarding the provision of appropriate services for children who are less than six (6) years of age.

*As added by P.L.93-2006, SEC.11.*

