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| StateSeal.JPG | **RFP-23-73695 –System Point of Entry (SPOE)**  **Attachment F – Technical Proposal Template** | |
| **Respondent:** | | Blue River Services, Inc. |
| **Region(s):** | | Cluster F & Cluster I |
| **Instructions:**  Request for Proposal (RFP) 23-73695 is a solicitation by the State of Indiana in which organizations are invited to compete for a contract amongst other respondents in a formal evaluation process. Please be aware that the evaluation of your organization’s proposal will be completed by a team of State of Indiana employees and your organization’s score will be reflective of that evaluation. The evaluation of a proposal can only be based upon the information provided by the Respondent in its proposal submission. Therefore, a competitive proposal will thoroughly answer the questions listed. The Respondent is expected to provide the complete details of its proposed operations, processes, and staffing for the Scope of Work detailed in the RFP document and supplemental attachments. Respondents can submit one Technical Proposal for all regions they are bidding on. To the extent the Respondent utilizes different practices, structure, or procedures in different regions, please ensure that information is included in both Section 1 and wherever else applicable.  Please review the requirements in Attachment K, Scope of Work (SoW), carefully. Please describe your relevant experience and explain how you propose to perform the work. For all areas in which subcontractors will be performing a portion of the work, clearly describe their roles and responsibilities, related qualifications and experience, and how you will maintain oversight of the subcontractors’ activities.  Please use the yellow shaded fields to indicate your answers to the following questions. The yellow fields will automatically expand to accommodate content. Every attempt should be made to preserve the original format of this form. **A completed Technical Proposal is a requirement for proposal submission. Failure to complete and submit this form may impact your proposal’s responsiveness.** Diagrams, certificates, graphics, and other exhibits should be referenced within the relevant answer field and included as legible attachments. | | |

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| **1** | **SoW Sections I, II, III, IV, and V Introduction, Goals and Background, and Mandatory Respondent Qualifications/Exclusions to Bid**  Provide an overview of your proposal and describe how you currently meet and/or propose to meet the requirements in SoW Sections I, II, III, IV, and V including, but not limited to, the specific elements highlighted below:   * Describe why you are best suited to provide these services to the State. * Describe any notable accomplishments for your company you feel would be relevant to this proposal. * Provide an executive summary of your proposed approach to deliver the Scope of Work and at a high level, demonstrate your understanding of the SPOE’s program goals. * Describe and demonstrate your familiarity and experience with Indiana’s Bureau of Child Development Services First Steps program, including the federal and State policy governing this program. * Describe your experience providing case management services for early intervention or related programs, including any experience specific to providing services for children. * Describe any region-specific practices you will employ for each region you are bidding on. * Describe any region-to-region differences in your operations, structure, or procedures. * Describe how you meet and/or adhere to each of the Mandatory Respondent Qualifications/Exclusions to Bid. |
| * Blue River Services, Inc. (BRS) was an integral participant in the initial implementation of the System Point of Entry and Systems Coordination services for Crawford, Harrison & Washington counties in 1997 and has been selected to administer SPOE/LPCC every contract year thereafter. We are dedicated to ensuring the success of the First Steps program in Indiana. * Scott County was added to the original service area of Crawford, Harrison & Washington in 2002. In 2004, Clark, Floyd & Orange counties were added through a competitive bid process. The agency was then again selected to be the System Point of Entry during the competitive bid process in 2006, when those seven counties were merged with Dubois, Gibson, Perry, Pike, Posey, Spencer, Vanderburgh & Warrick counties to form Cluster I. Service Coordination services were brought into the SPOE at that time as well. In 2011, Eligibility Determination Teams also came to be administered by the SPOE. That same year BRS was selected through a competitive bid process to retain Cluster I and add on Cluster F. We then began serving Clay, Daviess, Greene, Knox, Martin, Owen, Parke, Putnam, Sullivan, Vermillion & Vigo counties. We are proudly committed to serving all the families in these 26 counties through July 1, 2027, and beyond. * We understand and will meet the activities as listed in the Scope of Work and Key Objectives. We believe every child and family is entitled to the highest quality services. The first point of contact a family has with the First Steps program is through the SPOE. We respond to all referrals and conduct most all meetings in the family’s home (unless family requests other location or teleintervention service). Early Intervention records are updated timely in the State’s EI Hub and documents not uploaded there are maintained by BRS in electronic format. Service Coordinators collaborate with Eligibility Determination Team members to review assessments and evaluations necessary to determine eligibility. Individualized Family Service Plans (IFSPs) are just that, tailored to the individual needs of each child and family with family-centered services on the plan and IFSPs are written timely. Service Coordinators provide ongoing review of the IFSP, meeting face-to-face with families at minimum of one time every six months. Often times they meet with families more frequently. Service Coordinators begin discussing transition from the First Steps program at the time they enter the program. It is our responsibility to prepare families for what comes next after First Steps services end the day before their child’s third birthday.   The Local Planning and Coordinating Councils play an important role in the success of the First Steps system. Their input on the needs of local communities and role in referring children to the program is vital. Our relationships with our community partners and referral sources in each of the 26 counties of Clusters F & I is a real strength of Blue River Services and its staff.   * BRS adheres to all FSSA/DDRS/BCDS State policies and procedures, Part C of the Individuals with Disabilities Education Act, the Health Insurance Portability and Accountability Act as well as the Family Educational Rights and Privacy Act regulations. The First Steps Policy Manual governs services and our staff meet the personnel credentialing requirements listed in the manual. * Blue River Services, Inc. has provided Indiana First Steps Service Coordination case management services since July 1, 2006. * We do not have region specific practices in our current operation of Cluster F & Cluster I. We worked hard after bringing on Cluster F in 2011 to ensure all families in all regions have access to the same high quality SPOE and Service Coordination services. Uniform operations and procedures have helped us to provide equitable services to families in all our counties no matter the size of the population in the county. Too often, we saw that smaller populated and/or rural counties would have access to fewer services and we have worked hard to make access to SPOE, Service Coordination and Eligibility Determination Team services equitable for all. * We do not have region-to-region differences in our operations, structure or procedures. * BRS meets the following mandatory minimum qualifications: * Currently provide case management or service coordination services to birth to age three populations in the public sector - we currently administer the SPOE/LPCC contract for Clusters F & I and, as such, do provide Service Coordination to the birth to age three population. * Have experience providing case management or service coordination service in the last five (5) years - BRS has provided First Steps Service Coordination services for the last 11.5 years. * Not be a service provider of First Steps services in the same region that the Respondent’s proposal addresses - BRS is not a service provider of ongoing First Steps services. | |
| **2** | **SoW Section VI. A. 1-5 – SPOE Functions of Referral and Intake, Record, Evaluation and Assessment, Eligibility Determination**  Describe how you plan to execute SoW section VI.A.1, VI.A.2, VI.A.3, VI.A.4, and VI.A.5 in their entirety and in alignment with State laws and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Describe how you will accept and respond to referrals. * Explain how you will conduct intake activities. * Describe how you will ensure team collaboration and communication. * Describe how you will coordinate the application and enrollment of families to other programs. * Describe how you will work with State technology and databases to ensure complete and updated electronic EI Records. * Explain how you will conduct eligibility determination activities. |
| The System Point of Entry and the services it provides are vital to families coming into the program. The Service Coordination (SC) and Eligibility Determination (ED) Team staff are responsible for the family’s first introductions into early intervention services.   * Referrals to both Cluster F & Cluster I are accepted via fax, phone and email. Each Cluster publishes toll-free phone and fax numbers which are housed at the primary SPOE office in each Cluster (Cluster F’s primary SPOE office is in Terre Haute, while I’s is located in New Albany). All referrals are logged and data entered into the EI Hub database system while at the same time being assigned to a Service Coordinator (SC). All referrals received by 4:00 pm are entered and assigned the same day. Referrals are distributed to SC staff multiple times throughout the day. When the referral is received by the (SC), he or she contacts the family within 2 business days. On that first call they verify all information already entered into EI Hub as well as enter more information provided through phone interview with the family. The SC then schedules a face-to-face intake visit and begins the process of eligibility determination.   If the family is not reached by phone on the first try, a letter which gives the family 10 days to respond is sent along with a copy of procedural safeguards information. The SC will attempt at least two additional phone calls to the family. If the family does not respond within 10 days, the SC then completes the Ongoing Record Termination form and the referral is closed in EI Hub. If the family is reached but declines to proceed with the enrollment process, the SC mails a declined to participate letter to the family along with a developmental checklist. The SC completes the Ongoing Record Termination form and file the referral is closed in EI Hub. If the family is reached and an intake meeting is scheduled, the SC sends a confirmation of appointment letter to the family if time allows for mailing.   * Intake meetings are conducted in the family’s primary language or other mode of communication. BRS does have on staff a Spanish-speaking Coordinator to meet the needs of our Latino families. In all other cases we utilize interpreters. At the initial intake meeting, the SC completes all paperwork in the Intake Packet including obtaining written parental consent to proceed. The SC reviews and provides the family with a copy of the “Families Always Have Rights” procedural safeguards brochure in which families are given notice of their right of confidentiality, the FS Family Handbook and a variety of other information and resources. Agency fliers are given to the family and family is asked to select their Ongoing Provider Agency at this time. If family requests time to research the Agencies this is allowed. As follow up to the intake meeting, the SC gathers required documentation needed for the assessment and eligibility process which may include assessment reports, informed clinical opinion documentation, medical records, and/or other documents to support the child’s development. In 2023 Service Coordinators will begin using EI Hub live in family homes which will allow for client and service data to be entered into the EI Hub database system in real-time, eliminating many of the current electronic forms. When an internet connection cannot be established while in a family home, data shall be entered no more than two business days after the intake meeting occurs. * The scheduling of the assessment begins the communication process between the ED Team and Service Coordinators. Coordinators provide consistent, timely information to the Team members for each child which includes: a Request for Assessment form, developmental & social history, and any other existing information about the child’s developmental and medical status. ED Team members are responsible for submitting all assessment reports and related documents to the Service Coordinators. All staff are provided with email and cell phone rosters, which they often use to engage in further communication. * Service Coordinators initially make referrals to other programs and assist families based upon their individual needs as reported during the screening and parent interview portion of the intake process. They later provide assistance to families on an ongoing basis as their needs change throughout the length of time they are enrolled in the First Steps program. Common programs for which information and assistance are provided is Hoosier Healthwise/Medicaid, Children’s Special Health Care Services and waiver services. Coordinators have access to a wealth of local community resources to be shared with families as needed and as appropriate. SCs make every effort to collaborate with Department of Child Services (DCS) Case Managers when children involved in substantiated cases of abuse, neglect and/or exposed to illegal substances. * The State’s casement database system, EI Hub, is utilized as the case management system for entry of the child’s electronic early intervention record. Documents are uploaded into this system as allowed. Records not uploaded into the EI Hub data base are stored locally on a secure, encrypted Synology server. These currently include meeting notifications, IFSPs, IFSP reviews, evaluation and assessment reports, progress reports, meeting notes, documentation of activities by Service Coordinators and team correspondence. * The Service Coordinator (SC) gathers required documentation needed for the assessment and eligibility process which may include assessment reports, informed clinical opinion documentation, medical records, and/or other documents to support the child’s development. The SPOE ensures that a multidisciplinary Eligibility Determination (ED) Team reviews the materials assembled prior to conducting the evaluation utilizing the Assessment, Evaluation and Programming System (AEPS). This tool has been chosen by the State for use by all ED Teams in Indiana. After the ED Team has completed the evaluation and assessment report, authorizations for the evaluation are entered in EI Hub by SPOE clerical staff. ED Team members assist in eligibility determination along with the other members of the IFSP Team (parent(s), Service Coordinator, primary medical provider). The SC ensures that all appropriate information is available prior to the eligibility and IFSP Team meetings. Parents are again informed of their procedural safeguards related to eligibility determination and IFSP development at this time. The SC completes the Eligibility Determination Record form at the eligibility meeting. Coordinators inform parents of their options and rights if a child is determined eligible but not in need of services or determined not eligible. | |
| **3** | **SoW Section VI. A. 6-8 – SPOE Functions of Ongoing Service Coordination, and Quality Assurance, and Individual Family Service Plan (IFSP)**  Describe how you propose to execute SoW Sections VI.A.6, VI.A.7 and VI.A.8 in their entirety and in alignment with State laws and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Describe how you will educate and assist families in the identification of services and supports that best meet the unique needs of the child and family as well as the identified IFSP outcome(s). * Describe the strategies that you will utilize to ensure team participation and collaboration among IFSP team members. * Explain how you will conduct IFSP activities. * Describe how service coordinators will be assigned to meet the needs of families. * Explain your plan to ensure access to timely and appropriate services that will meet the needs of families. * Describe what procedures will be implemented to ensure families are contacted regularly. * Describe your plan to maintain any records, note, or files that are not housed in the State’s EI Hub. * Describe any tools you will provide to staff. * Describe what strategies you will utilize to support ongoing communication among early intervention professionals, families, and State staff. * Explain your plan to address inquiries, concerns, and complaints. * Describe the strategies you will utilize to monitor quality assurance for each of the following SPOE functions: a) referral, b) intake, c) record, d) evaluation and assessment, e) IFSP, f) ongoing service coordination, and g) administration. * Explain how you plan to collaborate and communicate with BCDS regarding quality improvement activities. |
| * Service Coordinators begin educating families on First Steps services from their very first contact with the family. Each family is emailed an informational packet in advance of the intake meeting. A paper copy is then offered to families at the meeting as well, and the SC reviews each document at that time. Several documents in it are intended to inform families of services and the IFSP process. *Understanding the First Steps Early Intervention System: A Family Handbook* walks families through the referral, intake, evaluation and assessment, eligibility and IFSP development processes. It explains that the family’s priorities, concerns and resource needs guide the development of the IFSP which includes outcomes. It also gives a description of each early intervention service that could be provided by First Steps. *Understanding my Child’s AEPS Report* explains the scoring process for the AEPS administered by the ED Team. It assures families that we will provide information about child development and other resources available in each community whether or not the child is eligible for the program. *Preparing for your IFSP* is intended to help parents by asking them to consider areas of strength for their child, areas of concern, goals they have for their child, location where services will best fit into the family routine and other services, training or information the family may need. All of this supports the family’s input into development of a plan with outcomes tailored specifically to their child and family. The SC educates the family on the timeline established which requires the SPOE to develop the IFSP within 45 calendars of referral. The requirement to then begin ongoing services as written on the IFSP within 30 days is also explained to the family. * Upon completion of the assessment, the Ongoing Provider Agency (Agency) chosen by the family is notified of the referral and conversations begin. The SC begins discussion of possible services and supports with the ED Team and Agency. Upon determination of a child’s eligibility, those possible services and supports are reviewed in detail and decisions on service(s) are made at the IFSP meeting, taking the family’s input into highest consideration. The SC maintains regular monthly contact with the family thereafter which is documented on State-approved forms. The SC utilizes all modes of communication (phone, email, text, US mail) to maintain communication with IFSP team members. Communication among IFSP team members is vital and the Service Coordinator acts as the hub for those connections. * IFSP activities are conducted prior to, during and after the eligibility and IFSP meetings. Eligibility is determined based upon evaluation and assessment reports, informed clinical opinion, medical records, and ultimately an eligibility meeting with the family. Upon determination of a child’s eligibility, an Individualized Family Service Plan (IFSP) is developed during a face-to-face meeting with the family, in accordance with the family’s concerns and priorities for their child, to include outcomes and appropriate services to achieve those outcomes identified by the family. Once the plan is written, authorizations for the chosen Agency are established in EI Hub and the plan is disseminated to the Agency. Every six months (at minimum) plans are reviewed and updated by the family, provider(s) and SC. In 2023, Service Coordinators will begin using EI Hub live in family homes which will allow for client and service data to be entered into the EI Hub database system in real-time, eliminating many of the current electronic forms. When an internet connection cannot be established while in a family home, data shall be entered no more than two business days after the eligibility and IFSP meetings occur. * Service Coordinators are assigned by the clerical staff, primarily based upon geography. All referrals are logged and data entered into the EI Hub database system by the clerical staff while, at the same time, being assigned to an SC in EI Hub. All referrals received by 4:00 pm are entered and assigned the same day. Referrals are distributed to SC staff multiple times throughout the day. If a family should express a conflict with the SC at any time during their tenure in the program (this does happen, although infrequently) then a new SC would be assigned by the Manager. Managers review caseload sizes monthly to ensure they are balanced amongst the staff. With an influx of children over the last two years, caseload sizes have grown above the recommended size and we are seeking an increase in funding to hire more Service Coordinators in order to reduce caseloads to approximately 65 children per Service Coordinator. This is reflected in the Cost Proposals. * Service Coordinators are tasked with documenting the timely start of services as written on the Individualized Family Service Plan (IFSP). They utilize a variety of methods to verify the start date of services including phone calls and/or emails to ongoing providers, families as well as the Agency staff. These activities begin to take place prior to the 30th day after the IFSP to allow adequate time for the SC to assist the families and/or provider if there is an issue with delivering the service. When services cannot begin timely, families are given information on other therapy service providers in their community. The Service Coordinator makes regular inquiries of all Agencies in the Cluster to see if anyone can assign an ongoing provider. The SC makes extra contacts with families each month to keep them informed as they await a service provider.   Service Coordiantors conduct timely 6 month and annual reviews with families to monitor IFSP service delivery. SCs also conduct transition meetings during the specified timeframe (90-270 days prior to the child’s third birthday). The exception to this rule is the child who is referred after the timeframe. Those meetings are held in conjunction with the Initial IFSP. The transition packet is completed at this time.   * Our local practice is to make contact with all families every month. This could be via phone, email, text or US Mail. Managers conduct monthly supervision meetings with each SC where Managers and SCs can discuss any issues or concerns they may have about a hard-to-reach family. In addition, with the IFSP review process, families are seen face-to-face at least every six months (or more often if needed). * Records, notes and files that are not stored in EI Hub are securely stored electronically on a secure, encrypted Synology server stationed onsite at Blue River Services, Inc. This server houses the early intervention record for every child in the program. State Staff and Quality Assurance personnel contracted by the State have successfully been able to access records remotely for review. We collaborate with BCDS Staff and their chosen Quality Review contractors in this process. * All staff are provided with a variety of tools to assist in completion of their duties. Service Coordinators and ED Team staff are issued iPads for use in homes with families. They use the iPads to complete all required forms electronically. These forms are uploaded and stored in the Synology server. Additionally, each SC is issued a laptop for use. Current laptop usage is mainly in the office. In 2023 as Service Coordinators begin using EI Hub live in family homes, they will utilize the laptops in home visits as well. Management Team members have iPads and laptops as well. Clerical staff have desktop computers with dual monitors to allow for viewing of electronic records and the EI Hub database system simultaneously. All home visitation staff are required to carry a cell phone. Staff can choose to receive a monthly stipend for using their own personal device or BRS will provide a phone for business use. * Service Coordinators use a variety of methods to engage families, providers and team members in the ongoing communication process: face-to-face meetings, phone, fax, email, text and US mail. Coordinators are trained in the importance of recording all contact made with and on behalf of families in order to ensure there are accurate records of the work being done. Quarterly, the SPOE/LPCC holds a meeting for Agency representatives and SPOE Management Team members to discuss issues and/or progress in each of the Clusters. These meetings are beneficial for all parties and allows for networking among Agencies. Communication with State staff is vital to the success of the First Steps program and conducted via email, phone and face-to-face meetings. The positive relationship between State staff and SPOEs is greatly appreciated. * Inquiries are first addressed by the person receiving the inquiry. If that person is unable to assist then it is sent to the next person within the hierarchy of the Management Team. Concerns and Complaints are addressed by members of the Management Team. Ongoing Provider Agencies are notified when their staff are involved and given an opportunity to resolve the issue. The process for addressing concerns & complaints within each Cluster is included with this proposal (BRS Attachment 7\_Complaint and Concern Process). In the case of a Complaint the is notified within 2 days of SPOE/LPCC’s receipt of Complaint. * We implement the following quality assurance strategies:   a & b) All referrals are sent to the SPOE office where designated clerical staff enter all known referral information into the EI Hub database, note the Child ID number and assign Service Coordinator based upon geography. The referral is logged into an Excel spreadsheet and the referral is then disseminated to the SC. This Excel log is emailed to Managers every Friday and becomes a check and balance for them to ensure all referrals receive follow up. Managers review assigned referrals and monitor the intake process with SC staff during supervision.  c) Managers work one-on-one with staff on issues that are revealed during record reviews and monthly supervision discussions. Clerical staff review electronic records as they access them for filing to see that required documents are included in the file.  d) The Assessment Team Supervisor provides follow up and training on issues for the ED Team staff. The Supervisor also works as a backup Developmental Therapist and occasionally completes assessments. This allows her to pair with Assessment Team members and observe their actions while in families’ homes. Annually, parents are surveyed regarding their experience with the Assessment Team. The Family Services Administrative Assistant reviews billing logs submitted by ED Teams staff each pay period (bi-weekly). These are compared to the first page of the assessment form to ensure all forms are signed by the family and that the number of units claimed for billing matches the assessment form.  e) Initial IFSPs, Annual IFSPs, 6 Month Reviews and Transition Meetings are reviewed and this review data is shared with all Management Team members and allows the Managers to work one-on-one with staff on issues that are revealed during record reviews.  f) The First Steps Managers review documentation logs to ensure service coordination services are being delivered and documented appropriately. Managers are regularly available on-site at the seven office locations to offer further support. Monthly supervision sessions are held with each staff member in order to review caseload needs and promote personnel skill development. Annually, parents are surveyed regarding their experiences with their Service Coordinator. The Quality Assurance and Supervision Plan is included with this proposal (BRS Attachment 15\_QA-Supv Plan) further detailing these activities.  g) The First Steps program components (SPOE/SC, LPCC & ED Team) are set up as separate programs in the Sage100 accounting software. This enables us to process income statements monthly for each program. We also track utilization of the contract budget monthly. Expenditures are sent from the Fiscal Department to the Director monthly. Expenses are directly tied back to each line item in the budget for careful monitoring. This information is shared with each Cluster’s Local Planning and Coordinating Council at their quarterly meetings.   * Blue River Services, Inc. has a positive relationship with the staff at BCDS. We understand that the quality improvement process and resulting activities are undertaken with the intent of collaboration and learning from any mistakes. We do not feel that this is a punitive process. We understand we can request a meeting for assistance at any time with BCDS or Quality Review contracted staff. We perform and report on all improvement activities in the timeframes required by BCDS. | |
| **4** | **SoW Sections VI. A. 9, VI. B., and VI. C. – Conference Attendance and Professional Development, Community Presence, and SPOE Staff Requirements**  Describe how you propose to execute SoW Section VIA.9, VI.B.1, VI.B.2, VI.B.3, and VI.C in their entirety and in alignment with State laws, and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Describe your annual professional development plan, including any conferences you plan to attend during the fiscal year. * Describe how you will ensure that the SPOE’s presence is known and available in the community, including whether you plan to maintain a physical or virtual office presence.   + If you plan to maintain a virtual office, describe your approach to developing a Virtual SPOE Presence Plan. Please specify the outreach methods you will utilize as part of your Virtual SPOE Presence Plan.   + If you plan to maintain a physical office, explain how your proposed office location(s), functions, and staffing will support the responsibilities of the SPOE. * Describe your overall staffing plan to fulfill all SPOE roles and responsibilities outlined in the Scope of Work. * Please submit an organizational staffing chart and job descriptions for each of your proposed positions, including how activities will be supported by each position and where the positions will be stationed, if applicable. * Please describe your staff’s experience with providing case management services for early intervention or related programs, including resumes for all key or leadership staff. * Describe your plan to recruit, hire, and retain qualified staff. * Describe your plan for onboarding, training, and monitoring service coordinators. |
| * Staff participate in professional development opportunities throughout the year. On June 8 & 9, 2022, 27 BRS staff attended the annual First Steps Conference. We have had staff attend the conference each year that it has been offered. We will have Management Team staff and Service Coordinators attending again in 2023. Also in 2023, the Director of Family Services will attend a national early intervention or early childhood conference, the specific one to be determined. Service Coordinators, ED Team staff and Management Team staff participate in a variety of webinars throughout the year as well. The First Steps National Webinar series has been well attended and very helpful for our staff’s professional development. Other topics of recent webinars include Family Guided Routines Based Interventions (FGRBI), Time Management and Organizational Strategies for Service Coordinators, and a focus group for ED Team staff to discuss the current child assessment tool and practices. We will continue with webinars in 2023. Additionally, we look forward to the implementation of the LifeCourse Framework in 2023. All staff met, and typically exceeded, the minimum number of professional development hours to obtain or maintain their First Steps Early Intervention Credential. * Blue River Services, Inc. maintains seven physical offices spread throughout the 26 county service areas. Offices are equipped with standard technology that allows for scanning of documents. Contact information for each location is available on the local website. The primary SPOE office locations are listed on the State website maintained by FSSA/BCDS. The Cluster F primary SPOE is housed at 4130 S. 7th Street in Terre Haute in an office that is fully accessible and meets ADA accessibility standards. A satellite office in Cluster F is located in Washington. The independent identity of First Steps of West Central Indiana is how the program is known and advertised in the communities throughout Cluster F. The Cluster I primary SPOE is housed at 215 E. Spring Street in New Albany in an office that is fully accessible and meets ADA accessibility standards. Satellite offices are located in Corydon, Evansville, Ferdinand and Salem. The independent identity of First Steps of Southern Indiana is how the program is known and advertised in the communities throughout Cluster I. All clerical staff, Service Coordinators and Management Team members work from one of these seven office locations. The primary SPOE office phones are answered by dedicated SPOE staff. Normal business hours are Monday – Friday from 8:00 am – 4:00 pm local times. BRS observes 11 holidays per year in which the offices are closed.   The SPOE and LPCC staff have strong partnerships throughout the 26 counties of both Clusters with local referral sources and community partners, including WIC offices, Health Families programs, local Health Departments, pediatricians, Head Start and Early Head Start programs, child care resource and referral providers and the local Department of Child Services office. These relationships ensure we are reaching families through our community partners. Annually, we disseminate a referral source survey at which time we offer to schedule onsite training for our partners. These trainings contain general information to ensure an understanding of the First Steps program including how to make a referral and the services available to children and families.   * Blue River Services, Inc. ensures the ongoing supervision and adherence to personnel policies of the First Steps staff including the Director, LPCC Coordinators, SPOE Supervisor, First Steps Managers, Assistant Managers, Service Coordinators, ED Team staff and clerical support staff. No SPOE personnel supervise ongoing EI providers. SPOE staff act in accordance with established regulations, procedures and guidelines. Staff meet the credentialing guidelines appropriate for their enrolled discipline.   BRS will staff the following positions, as employees of Blue River Services, Inc., most of whom are 1.0 FTE unless otherwise indicated, in order to ensure that all responsibilities outlined in the Scope of Work are fulfilled:  1 – Director of Family Services (0.93 FTE) who directly supervises the SPOE Supervisor, LPCC Coordinators and the Family Services Administrative Assistant 1 – SPOE Supervisor who directly supervises the First Steps Managers, Clerical Assistants and Data Entry Clerks 1 – Assessment Team Supervisor (0.75 FTE) who directly supervises all ED Team therapists and Clerical Associates who are responsible for scheduling of ED Team appointments 3 – First Steps Managers who directly supervise all Service Coordinators and Assistant Managers 3 – Assistant Managers who provide service coordination and take the lead in training new SCs 33 – Service Coordinators 2 – Clerical Assistants 2 – Clerical Associates 2 – Data Entry Clerks (1.94 FTE) 1 – Family Services Administrative Assistant (0.74 FTE) 2 – LPCC Coordinators (1.64 FTE) 15 – Developmental, Occupational, Physical and Speech-Language Therapists (4.75 FTE in total, with 2 being substitutes only called upon when needed for extra coverage)  Additionally, Since 2011, we have contracted with Easter Seals Rehabilitation Center, Inc. (ESRC) for additional ED Team members to cover four counties in the central portion of Cluster I in Service Area I3. ESRC is an approved First Steps Provider Agency in Cluster I Service Areas I1 and I2, therefore this is not a conflict of interest. They provide evaluation, assessment and Eligibility Determination Team services in accordance with all FSSA/DDRS/BCDS State policies and procedures, Part C of the Individuals with Disabilities Education Act, the Health Insurance Portability and Accountability Act, the Family Educational Rights and Privacy Act regulations as well as policy and procedures established for ED Teams by BRS. They are compensated per billable unit from ED Team fee for service revenue (they are not compensated with funding from this RFP 23-73695). They provide:  2 – Occupational Therapists (FTE 0.6) 1 – Physical Therapist (FTE 0.4) 1 – Speech-Language Therapist (FTE 0.2)  These individuals are highly experienced and have provided ED Team evaluation and assessment services since the formation of ED Teams in Indiana. The Director of Family Services receives and reviews all requests for reimbursement of billable units. The Director coordinates oversight of these therapists with the Vice-President of Clinical Services at ESRC. We appreciate this partnership with ESRC.  An indication from the subcontractor of their willingness to carry out these responsibilities is included with this proposal as well as a copy of their certificate of incorporation (BRS Attachment 11\_ESRC statement\_documents). A copy of the executed contract is also included with this proposal (BRS Attachment 12\_ESRC subcontract).   * The First Steps Organizational Chart is included with this proposal (BRS Attachment 13\_First Steps Organizational Chart). Job descriptions are also included with this proposal (BRS Attachment 14\_Job Descriptions). The Organization Chart indicates the chain of command and at which office location each position is stationed. The job descriptions are thorough and indicate the activities supported by each position. Service Coordinator duties align with the expectations as listed in the Scope of Work. * We strive to hire Service Coordination staff who have case management or similar experience. When this is not possible, we look for other experience working with families, children and/or persons with disabilities. The current job market is extremely competitive and many employers similar to BRS are seeking the same type of candidates with Bachelor’s degrees. Our Management Team has many years of experience providing First Steps services. All began as Service Coordinators, as you will see in the resumes included with this proposal (BRS Attachment 16\_Resumes). We are also fortunate to have a depth of experience in our Service Coordination staff with our most tenured SC having provided First Steps services for 25 years. Our SC staff’s experience is invaluable in the training and mentoring of new Service Coordinators. * Our Cost Proposals do include funding requests for higher wages than what is currently paid in order to help us recruit, hire and retain qualified staff. At BRS, we believe in investing in our staff. The bulk of the budget is dedicated to personnel costs. The job market has changed dramatically in the last two years and we need to once again have a competitive salary that is in line with other case management programs in our communities (such as BDDS Case Managers).   At Blue River Services, Inc. we run a variety of programs to recognize employees so they feel valued and are retained. The quarterly Rising Star Award recognizes newer employees in their first six months of employment who are succeeding in their role. The You Rock program is for all employees to nominate a co-worker for a job well done at any time. The quarterly Super Star Award is given to a seasoned staff member who has been with BRS for 5+ years. Additionally, Certificates of Appreciation signed by the CEO and Director of Family Services are given to every employee each year in their month of hire to recognize their years of dedication and service. With this they are also given a certificate to redeem for an item of clothing from BR Grafix, our in-house screen-print shop. Items range from a t-shirt to a fleece jacket printed or embroidered with the BRS or First Steps program logo.   * Each Service Coordinator completes extensive training and job shadowing prior to assuming a caseload of families to serve. New SC personnel are trained via BRS new employee orientation, State required training courses posted in EI Hub, on the job training with Managers and Assistant Managers and peer shadowing. Each new SC completes the training courses required to obtain their Initial Early Intervention Credential. Managers are regularly available on-site at the seven office locations to offer further training and support as their training period continues. Monthly supervision sessions are held with each SC staff member in order to review caseload needs and promote personnel skill development. These are often held more often, as needed, to support new staff. | |
| **5** | **SoW Section VII – Local Planning and Coordinating Council (LPCC) Requirements**  Describe how you propose to execute SoW Section VII in its entirety and in alignment with State laws, and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Detail your specific goals related to public awareness and child find as well as your plan to meet them. * Describe the strategies you will utilize to conduct public awareness and child find activities within the region. Please include an activity calendar with the narrative response. * Explain how ongoing communication will be facilitated with parents, service providers, local referral sources, and local education agencies to increase awareness of local resources and program information. * Describe how you will maintain the regional website. * Describe how you plan to increase access to family resources. * Outline the types of transition activities you will conduct and when the activities will occur. Please include an activity calendar with narrative response. * Describe your plan to maintain and staff the LPCC. * Describe the experience and qualifications of your fully dedicated LPCC coordinator(s). * Describe your plan to conduct recruit LPCC recruitment activities, including how you will build relationships with local schools and higher education institutions, and participate in career fairs |
| * In both Clusters F & I our goal is to continue to meet or exceed the goals set forth in the Key Objectives for the number of children to be served ages birth – 1 year old and birth – 3 years old. Referrals are made from a variety of community partners and referral sources to help us in meeting these goals. We will continue outreach and marketing efforts in each county such as:   1. Contact physicians and hospitals in each cluster county and provide training, referral information and developmental checklists to distribute to families. 2. Contact local Department of Child Services offices and provide training, referral information, and developmental checklists to distribute to families. 3. Contact WIC, Head Start, Early Head Start, and Healthy Families to provide training, referral information, and developmental checklists. Memoranda of Agreements (MOAs) are currently in place with many of these programs and will be maintained. 4. Contact local Health Departments and leave brochures for families. 5. Contact local daycares with referral information and developmental checklists. 6. Attend community events to promote and educate the community about First Steps. 7. Target areas specific for children under 1 year of age.   * Strategies for public awareness and child find activities include making in-person visits to referral sources, attendance at various local community councils, and participation in local events such as baby fairs held throughout the year, WIC World Breastfeeding Celebration events held annually in August and Prevent Child Abuse Awareness Months held annually in April. We maintain a monthly activity calendar specific to each Cluster to correspond with the above activities and community events. Emphasis is placed on maintaining semi-annual contacts with the above agencies, as well as, focusing on areas that are showing a decline in monthly referrals. Each county is also targeted at least one time per year for a blitz marketing campaign of all community partners and referral sources in the county during that month. The activities calendar is organized by Objective as listed in the Key Objectives to ensure all Objectives are met. Cluster F’s calendar is included with this proposal (BRS Attachment 1\_Activies Calendar Cluster F) as is Cluster I’s calendar (BRS Attachment 2\_Activities Calendar Cluster I). * Communication with parents is facilitated through ongoing contacts via Service Coordinators, parent attendance at the LPCC and transition meetings and attendance at local events. The Parent Handbook given to families at the intake meeting contains information on the Local Planning and Coordinating Council. Information on how to participate on the Council is also included. Service providers obtain information through trainings, required Agency staff meetings, LPCC meetings and community involvement. Local referral sources are contacted frequently as described above. Regular contact is maintained with all Local Education Agencies (LEA) through email, LPCC meetings and annual transition trainings sponsored by the SPOE. * The website for First Steps of Southern & West Central Indiana is maintained with assistance from program development staff at the BRS administrative office. The Director of Family Services also has access and makes regular updates to the website. * A variety of local agencies serving the 26 counties of Clusters F & I maintain family resource lists. These are shared with all Service Coordinators who do a great job in turn sharing resource information with families. Each SC has developed their own list of most frequently requested resources as well. Indiana 211 is available statewide and this is a valuable resource to be shared with families as well. For families without phone service, the SC can provide assistance in making the call during a home visit. * Transition Committee meetings are held quarterly in Cluster F. Cluster I has a West Transition Committee and an East Transition Committee. Both meet quarterly as well. Transition activities include hosting LEA/Head Start/Early Head Start transition trainings for every county. These training dates occur throughout the school year. These dates are listed on the activity calendars referenced in the middle of the previous page. In addition, LPCC Coordinators ensure all MOAs are up to date with transition partners (LEA/Head Start). * The LPCC Coordinator positions are employees of Blue River Services, Inc. The Cluster I position is full-time while the Cluster F position is 24 hours per week. With the difference in size of the two Clusters we have found these to be the appropriate number of hours to achieve the Key Objectives and meet the project activities listed in the Scope of Work. * The fully dedicated LPCC Coordinator for Cluster F has been working for the First Steps program for nearly 10 years. The first nine were spent as a Service Coordinator and the last year has been in the role of LPCC Coordinator. We have found that former Service Coordinators make excellent LPCC Coordinators. The Cluster I position is currently vacant and we are receiving resumes, interviewing and will be hiring to fill it. In an effort to receive appropriate candidates for the position, we did change the formal name of the position from LPCC Coordinator to Public Relations Coordinator. Although we in First Steps know what an “LPCC” is, potential candidates reviewing the title posted on job boards did not know what the title meant. For the purposes of clarity within this proposal, we continue to refer to LPCC Coordinator here. In the meantime, LPCC duties in Cluster I are being conducted by the Director of Family Services and SPOE Supervisor who each have over 20 years of experience working in the First Steps program. They are responsible for ensuring the training of new LPCC hires.   LPCC Coordinators network at local human service council meetings, community events and fairs to develop relationships with community partners. Many of our Local Planning and Coordinating Council members are recruited this way. Parents are given information on LPCC participation in the Parent Handbook. At least once per year, SCs also distribute a letter from the LPCC Coordinator to families encouraging them to attend LPCC meetings. We strive to meet the requirements set forth for the 8 categories of community stakeholders that should participate on the Councils. Bylaws for Cluster F & Cluster I are established yearly which include a participation agreement signed by LPCC members. Meeting attendance is tracked to monitor participate and ensure voting rights. Meeting dates are posted on the local website and reminder emails are disseminated to LPCC members and community partners in advance of each meeting.  The LPCC Coordinators have done classroom presentations with local higher education institutions such as Indiana State University, Saint Mary-of-the-Woods College and Ivy Tech. In 2023, LPCC Coordinators will make contact with additional colleges and universities. The Director, SPOE Supervisor, LPCC Coordinator and Managers all have experience participating in college career fairs as well as local job fairs, and our participation in these events will continue for both Clusters F & I. | |
| **6** | **SoW Section VIII – Data Requirements**  Describe how you propose to execute SoW Section VIII in its entirety and in alignment with State laws, and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Describe how you will ensure initial early intervention files and electronic records are uploaded to EI Hub within two (2) days of an activity occurring. * Describe the process you will use to ensure that the data and documentation entered into EI Hub are both accurate and complete. * Describe your plan to monitor data entries and report errors to the State within seven days, if necessary. * Describe how you will safeguard any records not uploaded to EI Hub in accordance with State guidelines, Family Educational Rights and Privacy (FERPA) regulations, and Protected Health Information (PHI) regulations. |
| * In 2023, Service Coordinators will begin using EI Hub live in family homes which will allow for client and service data to be entered into the EI Hub database system in real-time, eliminating many of the current electronic forms. When an internet connection cannot be established while in a family home, our policy will be that data shall be entered no more than two business days after the meeting occurs. As more processes are built into EI Hub the data entry process will become even faster than two business days. * The First Steps Management Team is currently developing new quality assurance practices centered around verification of information entered into EI Hub by Service Coordinators. At minimum Managers will review a sample number of records in supervision sessions with each SC every month. Uploaded cost participation documentation will be verified as being complete in the document library. Quarterly, the SPOE Supervisor and/or Director will pull a sample for each Cluster for review and verification as well. * Errors in data entry that are found through the review of information entered into EI Hub will be reported to the State, as applicable, within seven days. * Early intervention records are stored locally in a secure, encrypted Synology server. All computers with direct access to the server are secured with password protection. Records transmitted via email are secured with automatic encryption in Office 365. Every email account that transmits records has this setting applied so that every email sent with the PDF attached records is encrypted every time. This encryption carries through the email thread should the email be forwarded to someone else. All computers are protected by up-to-date Antivirus software and firewalls. We will attend any State security and privacy training(s) if requested by the State. | |
| **7** | **SoW Section IX and Attachment B1 – Corrective Action and Key Objectives**  Describe how you propose to execute SoW Section IX in its entirety and in alignment with State laws, and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Please demonstrate your understanding of and indicate that you agree to comply with the corrective action requirements described in Section IX. * List any corrective actions that you have been subject to in the past five (5) years for services similar to those described in this RFP. Additionally, please describe what measures you will take to address and prevent corrective action throughout the Contract term. * Please describe any lessons learned from previous Corrective Actions, sanctions, or formal complaints. * Describe how you plan to meet each of the five Key Objectives described in Attachment B1. * For each Key Objective, describe your ability to perform each of the SPOE Project Activities, LPCC Project Activities, and meet the associated Metrics. * Outline your data collection practices, including any software utilized for data collection, cleaning, and analysis. |
| * Blue River Services, Inc. understands and agrees to comply with all corrective action requirements listed in the Scope of Work, Section IX. * In the last five years, we have received two complaints that resulted in correction action from BCDS. The first, in December 2019 occurred in Cluster F. It was in regards to going over the 45-day timeline for timely development of IFSP and being over the 30-day timeline for start of services as written on the IFSP. The second instance occurred in Cluster I in May 2022. It was in regards to going over the 30-day timeline for start of services as written on the IFSP.   From these we implemented measures to address and prevent it from occurring again. Those measures include:   * High levels of communication with families, relative to each individual family’s needs and expectations * Thorough documentation of service coordinator activities, including all communication and any efforts to identify and coordinate services and ensure timely delivery of services * Communication with Ongoing Provider Agencies prior to the development or revision of IFSPs to ensure appropriate identification of services on the IFSP * Effective supervision, monitoring and management of the above   BRS does not have any current corrective action plans in place with BCDS.   * Communication is the key lesson learned from previous Corrective Actions, sanctions or formal complaints. People want to know that someone really listened to their concerns and that they were heard. Families, especially those awaiting the start of First Steps services, need to be informed of each step in the process along the way to securing those services. They want to hear from Service Coordinators and Provider Agencies, especially when their child does not yet have an assigned provider to deliver the services as written on the IFSP. * Blue River Services, Inc. understands the Key Objectives, Metrics and Project Activities. Throughout this document, we describe in detail how we currently meet or will meet these objectives and carry out the project activities. Here is a summary of additional information:   Objective 1: Increase the number of infants and toddlers receiving early intervention services.   * Currently the System Points of Entry are unable to access data reports in EI Hub to measure number of children under age 1 being served. If this function is not restored then the SPOE will develop a local tracking system in order to gather and calculate this data. * The SPOE does have Service Coordinators report on the last day of each month the numbers of children served with an IFSP on their caseload. This data will be used to measure the percent of children birth to age 3 being served in each Cluster. * We current track in Excel the primary referral source for every referral of a child under age 1 in each Cluster and this will continue. We are hopeful that a referral source report will be made available in EI to allow for tracking for all children. * LPCC Memorandums of Agreement (MOA) with referral sources will be kept current and SPOE policies will align with the content of those MOAs. * LPCC Coordinators analyze the referral source reports and tailor marketing, child find activities, and LPCC membership outreach accordingly. * Outreach and marketing activities with specific referral sources and community partners are detailed in item #5 above. * The local website for First Steps of Southern & West Central Indiana will continue to be maintained.   Objective 2: Ensure that the First Steps program is responsive to the needs of children and families.   * The metrics for this objective are formally measured annually by the State Quality Assurance Staff and Contractors. * BRS will continue to maintain a fully functioning ED Team for Clusters F & I in order to evaluate children in a timely manner to allow for eligibility and IFSP meetings to be held no later than 45 days from referral. * Service Coordination will be provided in accordance with FSSA/DDRS/BCDS State policies and procedures, Part C of the Individuals with Disabilities Education Act, the Health Insurance Portability and Accountability Act as well as the Family Educational Rights and Privacy Act regulations. The Service Coordinator will act as the hub for IFSP team communications and facilitate collaboration amongst all team members following all policies stated in the previous point. The SC will implement all IFSPs and Review of IFSPs in the required timelines, including distribution of referral information to Provider Agencies to allow for the timely start of services within 30 days of the IFSP date. * SCs will continue to provide justification for services occurring outside of the child’s natural environment, after first having explored all options for natural environment settings. * The SPOE Supervisor, LPCC Coordinator and/or Director will continue to forward complaints to the State office within two business days of receipt at the SPOE. * LPCC Coordinators facilitate discussion of provider recruitment and availability amongst Provider Agencies at the quarterly provider agency meetings in each Cluster. SPOE and LPCC staff offer recommendations and strategies for improvement as necessary.   Objective 3: Ensure each eligible infant, toddler, and their family experience a smooth exit from early intervention services, including a smooth transition when children move from First Steps to preschool or other services.   * The metrics for this objective are formally measured annually by the State Quality Assurance Staff and Contractors. * Every child exiting the program will have a completed transition packet documenting the transition conference was held timely and in accordance with State policy including at Initial IFSP for children referred after 29 months of age. * Memorandums of Agreement (MOA) with Local Education Agencies and Head Start/Early Head Start programs will be kept current and SPOE policies will align with the content of these MOAs. * The LPCC Transition Subcommittees will identify transition training needs in each Cluster and review transition data, identifying strategies for improvement as needed. * Transition Trainings will occur in every county with Local Education Agencies, Head Start/Early Head Start, Service Coordinators, families and ongoing providers to be invited.   Objective 4: Increase and improve communication and collaboration among all early intervention stakeholders in the cluster(s).   * We will continue to hold quarterly LPCC meetings meetings in each Cluster. * Strive for membership to meet the defined stakeholder categories as well as SPOE and LPCC staff participation. Consistent parent participation is the area we will improve in 2023. * Provider Agency meetings will continue to be held each quarter. Policies and procedures for working together with SPOE staff are the main points of discussion at each meeting. Provider availability discussion are a big part of that and will continue to be an important focus. * The Director of Family Services is currently a member of the State Interagency Coordinating Council (ICC), a member of the ICC Executive Council and participates on the Advocacy Workgroup. * We will continue to offer a screening for children under age 3 who have substantiated cases with the Department of Child Services. * Collaborate with State staff on outreach and engagement activities and participate in statewide LPCC Coordinator meetings.   Objective 5: Adhere to operational requirements; maintain documentation to meet State policy and State and federal regulations; and support First Steps program improvement.   * The metrics for this objective are formally measured annually by the State Quality Assurance Staff and Contractors. * We will continue to respond timely (not more than 2 days) to requests for information from the State office. * BRS and all SPOE/LPCC/SC/ED Team staff adhere to FSSA/DDRS/BCDS State policies and procedures, including First Steps Early Intervention Policy Manual, as well as Part C of the Individuals with Disabilities Education Act, the Health Insurance Portability and Accountability Act and the Family Educational Rights and Privacy Act regulations. * Retain the independent identities of First Steps of Southern Indiana and First Steps of West Central Indiana with a primary SPOE office located in each Cluster. All additional office requirements will continue to be met. * Data entry and record keeping requirements will continue to be met as described throughout this document. We will continue to utilize securely encrypted email. * Notification to families, IFSP teams and Provider Enrollment will continue to occur when a Service Coordinator is no longer employed with the SPOE. * The LPCC Coordinator will continue to maintain all LPCC and subcommittee meeting minutes, rosters and attendance and monthly activity report of activities.   Blue River Services, Inc. does not engage in these prohibited activities:   * Holding a contract with First Steps for Quality Review services * Providing ongoing early intervention services, except those outlined in the scope of work. * We have traditionally utilized the reports included in the State database system for data collection and analysis. It is our hope that reports are soon included in the current EI Hub database system. Additionally, Service Coordinators report to the SPOE Supervisor monthly the number of referrals they received, intake meetings completed, Initial IFSP meetings completed and current number of children on their caseload as of the last day of the month. The LPCC Coordinators collect all referrals on children under age 1 and compile this data monthly in an Excel spreadsheet. They review and analyze this data to help direct public awareness and child find needs in each county. | |
| **8** | **Diversity, Equity, and Inclusion (DEI)**  Describe how your company will prioritize DEI across all considerations and decisions made. Your response should include, but not be limited to, the specific elements highlighted below:   * Describe your understanding of the demographics of each region in which you are proposing services. * Demonstrate your experience meeting the unique needs of under-resourced populations. * Describe how you will identify under-resourced populations and detail how you will provide services to support those identified. * Describe the specific methods you will employ to promote services to under-resourced populations. |
| Blue River Services, Inc. prioritizes Diversity, Equity and Inclusion (DEI) in all areas of the agency’s programming. Our Cultural Competency, Diversity, and Inclusion Plan is included with this proposal (Attachment 9\_Cultural Competency, Diversity and Inclusion Plan). It details our Policy Statement and Definitions. It also expresses our belief that cultural competence is a process, not an end point. As people become increasingly aware of the cultures in our environment, their services will be tailored in ways that do not require processes and planning. An organization which is fully competent is continuously evolving in their understanding.  A sample of planned activities to enhance cultural competency is included here:   * Ensuring that leadership/personnel are educated and acknowledge the value of the diverse cultural and linguistic differences in the organization and the population they serve. * Providing a framework for employees to learn concepts and characteristics of culture by training employees at new hire orientation and annually on cultural competency, diversity and inclusion. * Determine that the appropriate processes and tools are available to meet the unique communication and language barriers that exist in the populations. * Additional activities are included in the Plan. * Given the vast geographic region of the First Steps program, the SPOE/LPCC serves many diverse areas as well as others that are less diverse. For example, using race statics from the US Census Bureau dated July 1, 2021, the majority of Cluster F counties are predominately White. An example of this is Greene County whose population identifies as 97.6% White, 0.3% Black, 0.4% American Indian and Alaska Native, 0.4% Asian and 1.2% Two or More Races. Of those, 2.0% identify as Hispanic or Latino. The most diverse county is Vigo County. The population there identifies as 87.4% White, 7.3% Black, 0.4% American Indian and Alaska Native, 2.2% Asian 0.1% Native Hawaiian and Other Pacific Islander and 2.6% Two or More Races. Of those, 3.0% identify as Hispanic or Latino. Overwhelmingly the counties of Cluster F are rural.   Cluster I has more urban and suburban areas but the majority of the counties are rural. There is somewhat more diversity than in Cluster F. For example, using race statics from the US Census Bureau dated July 1, 2021, Vanderburgh County’s population identifies as 84.8% White, 10.1% Black, 0.3% American Indian and Alaska Native, 1.4% Asian, 0.3% Native Hawaiian and Other Pacific Islander and 3.0% Two or More Races. Of those, 3.1% identify as Hispanic or Latino. The population of Clark County identifies as 86.8% White, 8.5% Black, 0.5% American Indian and Alaska Native, 1.3% Asian, 0.1% Native Hawaiian and Other Pacific Islander and 2.9% Two or More Races. Of those, 6.0% identify as Hispanic or Latino.   * Our staff have experience serving a wide variety of families whose family structure and demographics may be very different from their own. We expect all staff to be respectful of cultural differences while a guest in family homes. They are there to offer resources and support to families. We have a Spanish-speaking Service Coordinator to work with the population of people who only speak Spanish. Recently we have seen an influx of referrals for children whose families speak Haitian Creole. We utilize an interpreter service for communicating with these families. Staff are exploring local resources for these families. We are committed to learning more about the culture and customs of Haiti.   Additionally, Clusters F and I serve many low-income families. Service Coordinators have resource lists readily available to share with families that includes information such as childcare assistance, food assistance, medical/dental/prescription resources, mental health services, transportation and housing assistance.   * US Census data will be utilized to identify under-resourced populations along with input from LPCC Council members who are often the best experts at knowing the populations and needs of those populations that live in each county. Referrals will be analyzed to ensure representation from all areas of each county. * Once an under-resourced population has been identified, public awareness and child find activities will be tailored to the unique population, community or culture being targeted. In-person visits at the places where the identified people are found are important. Providing information in easy to read handouts and in a person’s native language are important strategies as well.   We truly believe that every child, family and person served is unique. Our motto at Blue River Services, Inc. is “People Serving People”. We strive to reach this by providing exceptional services at all stages of life and level of ability. | |