



First Steps

*The Newsletter for
Indiana Early Intervention*

**FIRST STEPS
ANNOUNCES
NEW
PROVIDER
RATES**

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First Steps Conference review

***Sold-out event included
something for everyone***

The 2019 First Steps Conference was a huge success! Five hundred Indiana early interventionists and early childhood stakeholders descended upon Bloomington, Ind., on June 13 and 14. The pre-conference session and keynote address presented by Dr. Tweety Yates from the University of Illinois set the tone for this year's event, highlighting the importance of social emotional development in the early years. Break-out sessions covered topics relevant for all attendees and many indicated it was difficult to choose which ones to attend. Themes covered included: ethics in home visiting; family engagement; cultural awareness; Medicaid; oral motor issues; brain development and milestones; language; feeding and oral motor issues; gross motor play; audiology and early hearing detection among many others. The event also included a networking social and poster presentation where researchers from around the state shared their research in child development and early intervention.



Friday opened with motivational words from Division of Disability and Rehabilitative Services Director Kylee Hope. She reminded us the importance of First Steps in the lives of children and their families and the role we play in their LifeCourse and trajectory toward a good life. Christina Commons moderated an informative panel session with state partners and stakeholders who work alongside the First Steps program to provide much needed services for children and families. The panel included program directors from the Department of Education, the Department of Child Services, Healthy Families, Head Start and Nurse Family Partnership. Each partner shared information about their program and how it intersects with First Steps. Conference attendees had the opportunity to text questions and receive answers live from the panel. Dr. Christina Bethell from John Hopkins University addressed Adverse Childhood Experiences and how Indiana fares with the rest of the country during the day's keynote. She shared thoughts on what we can do to help children and families overcome ACES and promote resilience and flourishing.

Thirty-eight First Steps personnel, ranging from data entry specialists, schedulers, managers, service coordinators, assessment team members and ongoing early intervention providers, were honored at the

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First Steps 2019 Conference Panel

conference with the first Excellence in Service Awards for their hard work and dedication to the program. Some of the characteristics shared in their nominations included: being team players and great collaborators; going above and beyond to make sure families are cared for and supported; being resources and mentors for new providers; and being dedicated, compassionate and professional.

Finally, a big thank you to the Indiana University Institute on Disability and Community Early Childhood Center staff, IU conferencing, the First Steps Conference committee and all of our very generous sponsors and exhibitors! Thank you everyone for making this year's conference a tremendous success.

Here is the list of the 2019 First Steps Excellence in Service Award winners:

- | | | |
|-----------------------|-------------------|-------------------|
| Susan Arnold | Denise Cox | Angie McClain |
| Breanna Bacon | Rachel Crowder | Sharon Phelps |
| Rachel Barghouty | Jessica Eckroth | Bobbie Seng |
| Elise Basillette | Monica Fuhs | Rita Spears |
| Stacey Batres-Gramajo | Mary Gorin | Brandy Strubell |
| Michele Bennett | Polly Hines | Christian Swisher |
| Kathryn Bernath | Jayme Horton | Ashley Thompson |
| Donna Bottorff | Tammy Lockyear | Kristin Vincent |
| Angie Burk | Susie Luyster | Stacy Webb |
| Natalie Case | Melissa Killian | Elizabeth Webber |
| Barbara Comer | Alison Kistner | Denise Wiley |
| Adina Coomes | Jennifer Martinez | Teri Williams |



ICC update

The Interagency Coordinating Council members are First Steps stakeholders appointed by the governor. The role of the ICC and its subcommittees is to advise the First Steps office on the state's early intervention system. We believe that adopting a shared vision and shared goals is essential to working together to improve services and outcomes for the children and families we serve.

All ICC meeting dates and minutes are posted on [the DDRS website](#).

2019 ICC meeting dates: **July 10, Sept. 11, Nov. 13.**

All meetings are from 10 a.m. to 2:30 p.m. Eastern Time at:

Choices Coordinated Care Solutions
7941 Castleway Drive
Indianapolis, IN 46250

DDRS—First Steps Indiana statewide profile report

Reporting Period: 04.01.2018–03.31.2019

I. Population Information

Population (U.S. Census Bureau)	6,376,792
Population Growth Percentage (U.S. Census Bureau)	4.0%

II. Child Enrollment & Referral

	Number of Children	Percentage of Children
One-day Count w/ IFSP –0 to 1 year old	1,508	
One-day Count w/ IFSP –All Children	11,512	
Annual Count of Children w/ IFSP	22,592	
Annual Count of Children Served (regardless of IFSP)	26,452	
Average Age at Referral (months)	14	
New IFSP 01/01/2018–12/31/2018	3,052	
Children with Referral to IFSP 45+ Days 01/01/2018–12/31/2018	190	

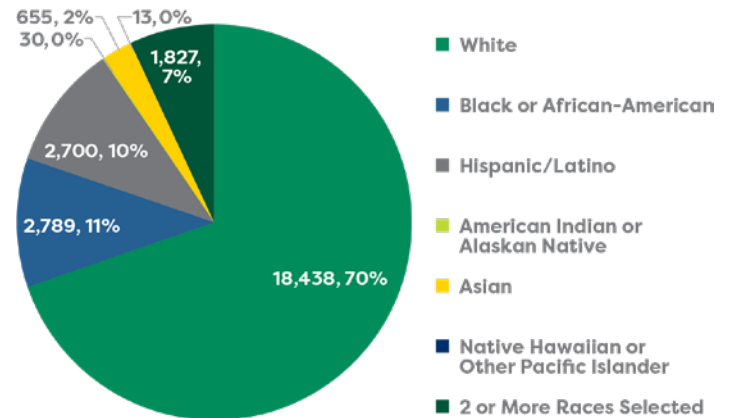
III. Exits

	Number of Children	Percentage of Children
Children Moving to Preschool Special Education	4,983	47%
Children Under 3, Services No Longer Needed	231	2%
Eligible Children Who Declined Services	1,275	12%

IV. Paid Services

Children w/IFSP Served Primarily in the Natural Environment	22,460	99%
Total Amount Paid on Behalf of Children Served	\$40,563,859.29	
Average Paid on Behalf of Each Child Served	\$1,533.49	

V. Race Information



VI. Children Receiving Each Service Type

Service Type	Number of Children Served	Percent Receiving Service
Assistive Technology	191	1%
Audiology	1,035	4%
Developmental Therapy	14,301	54%
Health Services	0	0%
Interpreter Services	370	1%
Medical	0	0%
Nursing	0	0%
Nutrition	352	1%
Occupational Therapy	13,881	52%
Other Services	29	0%
Physical Therapy	13,077	49%
Psychology	161	1%
Social Work	37	0%
Speech Therapy	17,113	65%
Vision	0	0%

Source: First SideHatch Database

Understanding Part C federal indicators

Federal indicator 2: Services provided in the natural environment

As a Part C program, Indiana First Steps is required to provide an annual report to the Office of Special Education Programs. This report is called the State Performance Plan/Annual Performance Report, more commonly referred to as the APR. In the APR, we must report on Indiana's performance of the 11 federal indicators.

In each issue of this newsletter, we will explore a different indicator and the roles First Steps personnel play in meeting compliance for the indicator.

Federal law defines natural environment as "settings that are natural or typical for a same-aged infant or toddler without a disability may include the home or community settings" (34 CFR 303.26).

Additionally, if services are to take place in settings other than the natural environment it must be "determined by the parent and the IFSP Team, [and] only when early intervention services cannot be achieved satisfactorily in a natural environment" (34 CFR 303.126 (b)).

The target for this indicator as set by OSEP is 100%, meaning our goal as a program is to provide all early intervention services in the child's natural environment.

So what does this actually mean?

First Steps is a home visiting program. We are expected to provide services to the child where they spend their time whether that be at home, childcare, the library, local park or other community setting. By providing services to children and families in locations that are part of their everyday routines, we are setting them up to be successful.

While our goal is to always provide services in the child's natural environment, on occasion it just isn't possible. Oftentimes, this is due to the equipment needed to provide the service (e.g., audiology, ophthalmology). In the event that a service cannot be provided in the child's natural environment, the location of the service must be discussed with the parent and IFSP team and recorded as part of the IFSP.

How can you help First Steps meet this target?

SERVICE COORDINATORS

As a service coordinator, you should work with the family and service provider(s) to determine where services will take place and document the location as part of the IFSP. Verify the address of all locations where services may take place (e.g.,

home, grandma's house, childcare center) and make certain releases are on file for any adult other than parents who will be participating in sessions (e.g., babysitter, grandma, childcare provider).

DIRECT SERVICE PROVIDERS

Service providers have the important task of documenting where each service takes place. It is imperative that you document the address of where the session took place and make note of location type (e.g., home, childcare, park) on the face-to-face sheet. This information is used to bill the session to First Steps and is how we track that services taking place in the natural environment.

BILLING PERSONNEL

Those who bill for services have vital role in First Steps. Not only does billing ensure the agency is paid but a lot of that data is used for federal and state reports. In regards to this indicator, it is essential that you choose the most appropriate service location type based on what is reported by the service provider on the face-to-face sheet.

The key to meeting this federal indicator is documentation. Documentation by the service coordinator of the IFSP team discussion on where service(s) will

take place, documentation by the service provider on the location of each session and documentation of location type selected by billing personnel.

If you have questions about the location of services or why natural environment is necessary, please contact your agency/SPOE supervisor.

The 11 indicators

- 1 **Timely service delivery**
- 2 **Services provided in the natural environment**
- 3 **Child outcomes**
- 4 **Family outcomes**
- 5 **Child find (birth-to-1 population)**
- 6 **Child find (birth-to-3 population)**
- 7 **Initial IFSP complete within 45-day timeline**
- 8 **Early childhood transition**
- 9 **Hearing requests resolved**
- 10 **Mediation agreements**
- 11 **State systemic improvement plan**

New provider orientation training information

To access ALL state required training registrations, [click here](#).

Recorded trainings for initial credential

DSP 101	AEPS part 1	Professional Boundaries and Ethics in Home Visiting
SC 101	The Science of Infant Brain Development	
Exit Skills Checklist		

Live webinar trainings

You must be able to access Adobe Connect to view the webinars. Course documents can be downloaded on the First Steps website prior to the training. If you need accommodations for accessibility, email FirstStepsWeb@fssa.in.gov. Follow registration links below.

DSP 102*	DSP 103*
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*For your convenience, DSP 102 and 103 trainings alternate monthly and are offered either mid-morning or early evening. Please check the registration page for specific times. **Please note times will be Eastern Time (ET).**

In-person trainings

SC 102	SC 103	AEPS part 2
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Professional development corner

Looking for online trainings for professional development hours? For a complete list of online webinars and trainings please [visit this page](#). You may also go to [I-LEAD](#) and register for an account. When registering, you will use the category “early intervention provider.” All trainings are free of charge and provide users with a certificate upon training completion. Certificates for all completed trainings are stored in each user’s account under “Reports.” First Steps personnel must keep these certificates in their personal training records for seven years.

If you have questions, contact an I-LEAD representative at **800-299-1627** and choose **option 5**, Monday through Thursday 8 a.m.–7 p.m. or Friday 8 a.m.–5 p.m. EDT.



The importance of service coordination

Quality service coordination is critical to early intervention

Submitted by Debbi Davis

Quality service coordination is critical to the success of early intervention services. So critical, in fact, that service coordination is required under IDEA, Part C for every eligible child and family. The service coordinator's primary role is to ensure that families of eligible children have access to needed services and that procedural safeguards are followed during the delivery of services. This includes acting as a single point of contact for families and coordinating the IFSP team in a way that meets each family's individual needs. The service coordinator empowers the family in making decisions for their child by helping them identify concerns and priorities and by presenting all options in an unbiased manner. The SC then helps the family develop the IFSP based on those priorities and choices. Additionally, the SC works to ensure a cohesive IFSP team, including facilitating communication between team members.

Although the Service Coordinator's responsibilities will vary depending on the specific needs of each family, the following are requirements that must be met for every family.

INTAKE MEETING

All families referred to First Steps wishing to move forward with their enrollment must have an intake meeting to discuss how early intervention may be a benefit to their child and family. The Service Coordinator works with the family to complete the enrollment packet including explaining cost participation requirements, insurance billing, service timelines and required meetings; scheduling an evaluation and assessment; and addressing any other questions or concerns the family has.

FAMILY ASSESSMENT

This is a tool used to help establish the family's concerns, priorities and day-to-day routines. This information is the basis for writing an IFSP that is family-centered and includes child and family outcomes to be addressed within the family's natural routine.

INITIAL IFSP DEVELOPMENT

Eligible families are entitled to have eligibility determined and an IFSP written within 45 calendar days of referral. Most often, the IFSP meeting also includes the discussion of eligibility determination. The service coordinator reviews the assessment report and helps the family understand the results. Once the outcomes are established,

Division of Early Childhood Communities of Practice for service coordinators

The [Service Coordination Community of Practice](#) was created to recognize the value of service coordinators and give these important early intervention team members a professional home. The SC CoP offers service coordinators the opportunities to network with others across the nation, share SC-related resources and tips, and learn about topics relevant to providing high quality service coordination.

the service coordinator will discuss service referral recommendations and decide with the family on which services will best meet the family's needs. Following the IFSP meeting, the service coordinator must obtain the doctor's signature on the IFSP and ensure the provider agency receives a copy of the IFSP. Many times, depending on provider availability, the service coordinator and agency are working together to identify the ongoing provider(s) after the IFSP is written.

REGULAR CHECK-INS

The family and SC create a communication plan of how often the SC will check in with the family to make sure services are addressing the family's concerns and priorities and to find out if new concerns have come up. The SC must contact the family at a minimum of one time per quarter. Ongoing team communication is important to ensure the SC is informed of any potential issues the ongoing provider(s) may be aware of.

SIX-MONTH IFSP REVIEW MEETING

The six-month review meeting must be held as a face-to-face meeting before the end of the sixth month of service. Because providers have the most in-depth knowledge of the child's progress, thorough and timely progress reports are critical to ensuring the service coordinator can complete a comprehensive review with the family.

THIRD QUARTER REVIEW

While not required to be a face-to-face meeting, the third quarter review includes both a review of current services and preparation for the annual IFSP. The SC will work with the family and the SPOE to schedule the annual assessment, collect cost participation and insurance documentation, and prepare the family for the annual assessment and IFSP process. Service providers should be sure the SC is aware of any additional concerns or considerations prior to the annual assessment.

ANNUAL IFSP

If the child meets eligibility guidelines, the annual IFSP must be completed prior to the current IFSP expiration date. The annual IFSP process is similar to the initial IFSP process.

TRANSITION OUT OF SERVICES

The service coordinator starts to prepare the family for their transition from First Steps at the initial IFSP by discussing outside resources, next steps and when services may no longer be needed. Each child aging out of First Steps must have a transition meeting held within 270–90 days prior to the child's third birthday. If the family gives consent, the SC invites the school representative to the transition meeting and attempts to schedule the meeting so the representative can attend. The SC also reviews other community transition options and resources with the family at this meeting. During the last quarter of services, the SC must offer to complete the exit survey with families. The data from the exit survey and exit scores completed by the provider(s) is compiled to determine the state's progress with child and family outcome targets. In addition to the above, the SC routinely handles other issues that come up for families and providers, including: providing written prior notice for all meetings and/or service changes; cost participation and insurance questions; address changes (which may result in an agency change or transfer to another SPOE); changes in living situation; and concerns with consistent attendance.

We are fortunate in Indiana to have a dedicated service coordinator model that ensures families are at the center of service decisions. While the work of the service coordinator is often in the background, it is important for all to understand the work that is required to ensure services can be successfully delivered. Please contact your local SPOE if you have any questions related to service coordination in your cluster and thank you for all that you do for our First Steps families!



Service coordinators: Speak up and share your value!

Make sure you can articulate what you bring to the team

Written by Dana Childress, PhD.

Alice (a service coordinator) joins Jodie (a therapist) on an intervention visit to see Max and his mother. When they walk into the home, Jodie reminds Max's mother that Alice is here and says,

"She's just here to do the paperwork." Alice keeps the smile on her face as she greets the family, but inside is cringing and thinking, "Wait, did she really just say that?!"

EVER BEEN IN ALICE'S SHOES?

Ever had a moment like this during a visit? Maybe a colleague described your job in a less-than-professional light? Or a parent introduced you to someone else in a way that left you feeling like he or she really didn't understand what you do? Unfortunately, this is not an uncommon occurrence for many service coordinators when their team members struggle to understand their role or the importance of service coordination.

UNDERSTANDING THE SERVICE COORDINATOR'S ROLE

Service coordinators are valuable team members who lead early intervention teams. They bring unique expertise to the team that is often misunderstood. It is easier to recognize how a physical therapist brings expertise about motor development or how a speech-language pathologist brings expertise in communication. We tell families all the time that they bring expertise about their child, their daily routines and how their family works. Because the role of service coordinator is unique to EI, it can be less obvious what that role brings. Other team members may see the service coordinator as primarily a "paper-pusher" responsible for documentation and getting forms signed. (In fact, many service coordinators have reported this.) Or, perhaps, families may see the service coordinator as the voice on the phone who calls each month to ask how things are going. If that is all they see or hear, then you can understand how it can be hard to really understand the role of a service coordinator and the value in this work. Because the service coordinator role is less familiar, it's really important for program supervisors and service coordinators themselves to help others understand what they do.

TIPS FOR HELPING OTHERS UNDERSTAND THE VALUE OF YOUR ROLE
Make sure YOU know your own value! If

you are a service coordinator, make sure you can articulate what you bring to the team. Write it down. Come up with a phrase you can use when faced with situations like the one described above. Embrace your role and its importance. What you think about yourself will shine through, especially when you first meet parents and other team members. Here's how Alice explained her role when she first met Max's family:

Example: I'm your service coordinator, which means I am the person who will guide you through the early intervention process. I'm also a resource for you when you want to learn about what's available in the community to help you and your child. I make sure that your EI services are addressing what's important to you. I'll check in regularly to see how things are going and I'm here for you to ask questions anytime.

If you're the supervisor, make sure you can explain the roles of all of your staff and that you educate new staff, contractors and community partners so they understand the value of all team members.

Explain your role using the three family outcomes. I heard this tip on a service coordination webinar and it's a great one. Describe your role to families and others in terms of the three Office of Special Education family outcomes, which include helping families: 1) know their rights; 2) effectively communicate their child's needs; and 3) help their child develop and learn. Here's another example of how Alice could explain her role using the family outcomes.

Example: It's my job to make sure you are aware of your rights as a parent involved in our program. I am also here to help you communicate with the rest of the team anything you want to share, including what you think your child and family need, what's important to you and what you would like to accomplish by being in our

program. We will work together with other members of your EI team to make sure you are learning ways to encourage your child's development throughout the day.

Speak up and share your value. Don't be afraid to speak up and share your value. Try not to take it personally when someone incorrectly explains what you do; most likely, the jab was unintentional. If you find yourself in Alice's shoes, speak up! Use a friendly, professional tone of voice and remind the provider and family of what you do. When you speak up, you educate everyone present, which can be a wonderful thing. Here's what Alice could say in this situation:

Example: Yes, we do have some paperwork to do but I'm here for more than that. I'm looking forward to seeing how Max is doing with learning to sit up on his own. I also love seeing how physical therapy is going and talking with you both about any updates or changes needed to Max's IFSP. I'm responsible for making sure that EI services are working for your family and that you are getting what you and Max need. If there are any questions, I'm here to help with that too.

Show your value. This is an important one. Demonstrate the value you bring to the team, to the visit, and to any interactions with the family and other team members. Be fully present when joining visits. Get involved, share ideas, make observations and offer feedback. This always needs to be balanced with avoiding "taking over" or disrupting the visit, but you have valuable insight to share. You know about child development too. You are an expert in the EI process. You demonstrate your value when you actively participate, guide the EI team and do what you say you will do, meaning that you follow through on your commitments. What you do, as well as what you say, shapes what others know about your work!



Infant Mental Health Endorsement®

What is it?

Infant Mental Health Endorsement (IMH-E)® is a credential that can be earned by anyone working with or on behalf of very young children and their families, with a focus on strengthening and supporting early relationships that are so crucial to a child's social and emotional development.

Endorsement® by Infancy Onward will verify that an applicant has acquired knowledge to promote the delivery of high quality, culturally sensitive, relationship-focused services to infants, toddlers, parents, other caregivers and families.

Who can get it?

Four categories of Endorsement® represent the varied disciplines that contribute to the field of infant mental health.

Infant Family Associate (IFA) - for individuals whose primary focus is **promotion** of infant mental health. This includes child care workers, non-profit coordinators, play group leaders, doulas & midwives, lactation specialists, school counselors, and many others. This category is also available for professionals who may fit into a different category of Endorsement but do not yet meet all of the eligibility requirements.

Infant Family Specialist (IFS) - for individuals whose primary focus is **prevention**. This includes home visitors, family support specialists, First Steps providers, Parent Educators, Inclusion Specialists, NICU nurses, and many others.

Infant Mental Health Specialist (IMHS) - for individuals whose primary focus is therapeutic **intervention**. This includes mental health clinicians, psychologists, marriage and family therapists, licensed clinical social workers, and others.

Infant Mental Health Mentor (IMHM) - for individuals demonstrating **leadership** in the field. This includes a broad range of professionals under three separate designations: Policy, Clinical, and Research/Faculty. Some examples include psychologists, pediatricians, policy specialists, university faculty, and researchers.

How do I earn it?

The specific requirements for Endorsement® vary for each category, however eligibility is based on the level of education, work experiences, in-service training hours pertaining to the promotion of social-emotional development and/or the practice of infant mental health, hours of reflective supervision received from an eligible provider, and three professional reference ratings. The applicant must also be a member of an infant mental association, such as Infancy Onward or the World Association for Infant Mental Health.

Where can I learn more?

For more information about the Infant Mental Health Endorsement®, including how to apply, please visit our website:

www.infancyonward.org

You may direct any additional inquiries to our Director, Becky Gee, by sending an email to beckygee@mhai.net



First Steps

*The Newsletter for
Indiana Early Intervention*



**Division of Disability and
Rehabilitative Services**

**Indiana Family and Social Services
Administration**
Bureau of Child Development Services
402 W. Washington Street, W453
Indianapolis, IN 46204

We would like to include ideas from First Steps providers in upcoming newsletters! If you have an idea that works well with families or an article to share, please submit to: FirstStepsweb.fssa@fssa.in.gov.

Use your computer to read webpages out loud

BrowseAloud is a suite of products that provides online reading support. BrowseAloud reads website content out loud, highlighting each word as it is spoken in a high-quality, human-sounding voice. Click on the BrowseAloud link that appears beside "Accessibility Tools" on the footer of the IN.gov website.

This will launch the BrowseAloud Plus toolbar. This toolbar provides speech at the touch of a button. For more information, visit [BrowseAloud](#).



Upcoming State and National Conferences

- [Institute for Strengthening Families 2019 Conference](#), August 26–28.
- Indiana Deaf-Blind Services [Establishing Communication for Infants and Toddlers Conference](#), September 19.
- Infancy Onward [Annual Conference: Early Childhood Mental Health Consultation](#), September 23. [MORE INFORMATION.](#)
- Division for Early Childhood's [35th Annual International Conference on Young Children with Special Needs and Their Families](#), October 1–4. [REGISTER HERE.](#)
- ZERO TO THREE's [Annual Conference 2019](#), October 2–4. [REGISTER HERE.](#)
- Family Voices third annual [Heart to Heart Conference](#), October 3. [REGISTER HERE.](#)

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