

**NOTICE TO ALL APPLICANTS:
EQUITY FOR STUDENTS, EDUCATORS, AND OTHER PROGRAM
BENEFICIARIES**

Section 427 of the General Education Provisions Act (GEPA) ([20 U.S.C. 1228a](#)) applies to applicants for grant awards under this program.

ALL APPLICANTS FOR NEW GRANT AWARDS MUST INCLUDE THE FOLLOWING INFORMATION IN THEIR APPLICATIONS TO ADDRESS THIS PROVISION IN ORDER TO RECEIVE FUNDING UNDER THIS PROGRAM.

Please respond to the following requests for information:

1. Describe how your entity's existing mission, policies, or commitments ensure equitable access to, and equitable participation in, the proposed project or activity.

The Bureau of Child Development Services (BCDS), also known as First Steps, is Indiana's lead agency for the Federal Part C program. BCDS serves a diverse population of infants and toddlers with disabilities and their families. The BCDS/First Steps mission, vision, and values indicate the program's commitment to ensuring equitable access to and equitable participation in the State's Part C program:

Mission

To partner with Hoosier families whose young children are experiencing developmental delays and connect them with services that help them promote their child's development.

Vision

All Indiana families have a strong foundation to advocate for their infants and toddlers to grow and flourish to their highest potential.

Values

Indiana First Steps seeks to provide services that are:

- Family centered
- Strengths-based
- Relationship-based
- Holistic
- Culturally competent
- Routines-based
- Individualized

Further, the Indiana First Steps Early Intervention Policy Manual articulates a commitment that "services shall be family-centered, inclusive, culturally competent and provided in the family's native language" and that, as part of the Indiana Family and Social Services Administration, the program "does not discriminate on the basis of race, color, creed, sex, age, disability, national origin or ancestry."

Finally, within Indiana's annual State Performance Plan / Annual Performance Report (SPP/APR), State Systemic Improvement Plan (SSIP), Indicator 11 reporting, the BCDS

continues to demonstrate its commitment to ensuring equitable access to and equitable participation in the State's Part C program.

2. Based on your proposed project or activity, what barriers may impede equitable access and participation of students, educators, or other beneficiaries?

The Bureau of Child Development Services has formally invested several years into the identification, planning, and breaking down of barriers to equitable access to early intervention services. These efforts began in 2014 with phase I of Indiana's State Systemic Improvement Plan (SSIP) where Indiana reviewed data disaggregated by gender, eligibility, race, and family socioeconomic status as it pertains to child outcomes in the three outcome areas monitored through the Annual Performance Report. Three categories of barriers to access and participation were identified: race, socioeconomic status, and data quality. Each of these overarching categories encompass a variety of barriers which Indiana continues to invest in strategizing around and breaking down to ensure the early intervention system is providing equitable access to services to all children and families throughout the state.

3. Based on the barriers identified, what steps will you take to address such barriers to equitable access and participation in the proposed project or activity?

Indiana has committed to the following strategies to address identified barriers within each overarching category as listed above that exist within its system to ensure equitable access and participation. Additional information of the improvement strategies and expected interim outcomes can be found in the Theory of Action.

Improvement Strategy 1: Family Assessment improvement strategies work to identify and address barriers experienced by families due to low SES and data quality. Data indicated a barrier to equitable access to services because Indiana was not able to glean meaningful information from the Family assessment tool such as needed connections to social service programs and daily routines. Quick action was taken through implementing new required training for service coordinators in 2015. Since that time, Indiana has seen a significant change in the quality of responses resulting in more meaningful conversations with families about their wants and needs for their child. This training will continue to be required for all new coordinators to ensure that family assessments are completed with high fidelity.

Improvement Strategy 2: Evidence-Based Practice Family Guided Routines Based Intervention (FGRBI) implementation addresses barriers to better understanding the needs of families and how to serve them. FGRBI is an approach that incorporates the IDEA, Part C legal mandates and guidelines to promote child-directed learning in functional everyday routines and activities with families and caregivers in order to best influence developmental outcomes for young children. The first cohort began in 2022. Indiana plans to have providers within each agency trained in this model by 2025 with the goal to have a system where the majority of, if not all, providers are trained in FGRBI and a sustainable process for training all new providers entering the system.

Improvement Strategy 3: Service Coordination improvement strategies address barriers to better understand the needs of families and how to serve them. The state partners with the Institute for Human Development at the University of Missouri-Kansas City as well as the Indiana Institute on Disability and Community at Indiana University to examine best practices around Service Coordination. The state continues to identify and embed integration of the LifeCourse framework

into IFSP activities by service coordinators to better assess family needs and strengths, enhance family advocacy skills, assist with conflict resolution, and transition planning. Additionally, the state is engaged in the continuous quality improvement activity of development and revision of training curriculum for Service Coordinators which is in alignment with Division for Early Childhood’s Recommended Practices, Knowledge and Skills for Service Coordinators, Family Guided Routines Based Intervention, and LifeCourse principles.

Improvement Strategy 4: Data Based Decision Making/Continuous Quality Assurance will provide data through the system, EIHub, allowing Indiana to query reports to better understand types of services rendered as compared to what is being written and authorized in an IFSP, which providers are providing these services, and how we as a state can address provider shortages in meaningful ways. The Provider Enrollment and Management system allows for providers and agencies to enroll into the system and keep track of requirements more easily. It also allows the state to capture a variety of data to support the understanding of where providers serve, how many in each discipline, where they came from (education), and a variety of other demographics when enrollees are open to sharing them. From this data we can analyze child outcomes and draw on opportunities to better serve subgroups.

Improvement Strategy 5: Equity improvement strategies provide a lens to identify how children and families are served based on race, as identified as an area for growth above. Indiana is actively engaged in the development and distribution of accessible child find materials, implementation of marketing campaigns focused on the recruitment of a diverse work force, and continued equitable expansion of access to early intervention services via teleintervention.

*<https://www.in.gov/fssa/firststeps/files/ToA.pdf>

4. What is your timeline, including targeted milestones, for addressing these identified barriers?

Data are collected and analyzed annually to ensure Indiana remains focused on the inequities and barriers to access and outcome achievement and are reflective of the true landscape of the children and families served. With quarterly stakeholder engagement, Indiana has targets set within the SSIP which are used to determine the effectiveness of the identified improvement strategies and evidence-based practices as they pertain to social emotional outcomes for children entering the program below same-aged peers and exiting having made substantial growth. This is also the State Identified Measurable Result. This data coupled with improvement strategy 4: Data-based Decision Making/Continuous Quality Improvement, are utilized to identify gaps needing to be addressed as they pertain to program access.

FFY	2021	2022	2023	2024	2025
Target	52%	52%	52.5%	52.75%	55%

Additional information about Indiana’s work to ensure equitable access and participation in services and historical and future planning, can be found in the Annual Performance Report located in the State Systemic Improvement Plan (Indicator 11).

Notes:

1. Applicants are not required to have mission statements or policies that align with equity in order to submit an application.
2. Applicants may identify any barriers that may impede equitable access and participation in the proposed project or activity, including, but not limited to, barriers based on economic disadvantage, gender, race, ethnicity, color, national origin, disability, age, language, migrant status, rural status, homeless status or housing insecurity, pregnancy, parenting, or caregiving status, and sexual orientation.
3. Applicants may have already included some or all of this required information in the narrative sections of their applications or their State Plans. In responding to this requirement, for each question, applicants may provide a cross-reference to the section(s) and page number(s) in their applications or State Plans that includes the information responsive to that question on this form or may restate that information on this form.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1894-0005. Public reporting burden for this collection of information is estimated to average 3 hours per response, including time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain a benefit. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this individual collection, send your comments to ICDocketMgr@ed.gov and reference OMB Control Number 1894-0005. All other comments or concerns regarding the status of your individual form may be addressed to either (a) the person listed in the FOR FURTHER INFORMATION CONTACT section in the competition Notice Inviting Applications, or (b) your assigned program officer.