

Michigan Part C *Early On*[®]
State Systemic Improvement Plan
(SSIP)

Phase III, Year 2 Report

April 2, 2018



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State Systemic Improvement Plan (SSIP) Overview

Michigan Part C Early Intervention System (*Early On*)

The Michigan Department of Education (MDE) is the lead agency for the implementation of Part C of the Individuals with Disabilities Education Act (IDEA) in Michigan (commonly known as *Early On*). Leadership for *Early On* is located in the Office of Great Start/Early Childhood Development and Family Education (OGS/ECD&FE). MDE collaborates extensively with the Michigan Department of Health and Human Services (MDHHS) and the Michigan Interagency Coordinating Council (MICC), the state interagency coordinating council.

There are 56 intermediate school districts (ISDs) responsible for the administration of *Early On* across the state. Each local early intervention program is required to have a Local Interagency Coordinating Council (LICC) to provide advice for its system of services. The LICCs are patterned after the MICC, requiring representative stakeholders as well as parent membership.

A Michigan Part C comprehensive general supervision system is in place to assist in achieving improved results for infants and toddlers with disabilities and/or a developmental delay and their families. As of October 2017, the cumulative child count was 21,478 and the snapshot count was 10,527, reflecting an identification rate of 3.09 percent for birth to age three.

The statewide data for Annual Performance Report (APR) indicators are collected in the Michigan Student Data System (MSDS), created primarily for handling K-12 educational reporting from the state to federal government agencies. Each of the 56 ISDs maintains its own *Early On* Student Information System (SIS) for tracking child activities and services. Some SIS implementations are stand-alone, and others connect with Special Education and/or General Education student tracking. The SIS implementations operate in real time; MSDS does not.

The Michigan Mandatory Special Education Act is a state law passed in 1971, ensuring special education to resident children with disabilities from birth to age 26. Services provided under this act are known as Michigan Mandatory Special Education (MMSE). Michigan is a "birth mandate" state, and as such provides support and/or services to individuals from birth to age 26 who meet the eligibility definitions put forth in Michigan Administrative Rules for Special Education (MARSE) under the Michigan Compiled Laws. Services must be at no cost to the family. MMSE eligibility criteria are narrower than those for *Early On* and thus any child birth to age three who qualifies under MMSE is also eligible for *Early On*. Currently, statewide, 37.05 percent of infants and toddlers in *Early On* are also eligible for services through MMSE.

Highlights from Phase I, II, and III

Approximately 50 stakeholders were part of the SSIP Committee and participated in various stages during each phase of the SSIP. Representation from the following perspectives included: MICC members; parents; service providers from urban and rural districts; *Early On* Coordinators from urban and rural districts; Part C contractors responsible for public awareness, the comprehensive system of

personnel development (CSPD), and data management from the Office of Innovative Projects at Clinton County Regional Educational Service Agency (RESA); Part C evaluation contractors from the Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU); Michigan Alliance for Families at The Arc Michigan, which is also the Parent Training and Information Center (PTI); interagency partners from MDHHS; experts in the field of social emotional development; the MDE Race to the Top Early Learning Challenge project manager; a coordinator from a local Great Start Collaborative; a Part B, Section 619 representative from MDE; a representative from the Michigan Association of Administrators of Special Education (MAASE); a representative from higher education (offering pre-service education and training); a representative from the Autism Alliance of Michigan; SSIP leads for Office of Special Education/Part B; the Director of OGS/ECD&FE, the State Part C Coordinator, and MDE Part C staff.

During Phase I, the SSIP Committee met monthly and completed a thorough data analysis, infrastructure analysis, and root cause analysis. Data from these analyses pointed towards the need to focus on improving social emotional development for infants and toddlers. Stakeholders recommended selecting four pilot service areas to implement evidence-based activities related to improving social emotional development. The criteria used to select the four pilot service areas were:

- Geographic representation,
- Demographic representation,
- Performance data and quality, and
- Professional development history.

The stakeholder group recommended the following State Identified Measurable Result (SiMR): **To increase the social and emotional outcomes for infants and toddlers in the pilot service areas as measured by Indicator 3a, Summary Statement 2, by 11.2 percentage points by 2018.** Targets were set through 2018 and have been exceeded for the past three years.

The Theory of Action was developed, and three major areas of focus were put into place:

- Messaging: Sharing a consistent message about the importance of social emotional development.
- Evidence-Based Practices: Focusing on activities that build solid foundational knowledge to increase competence and confidence in the service providers, including training and coaching.
- Data: Improving the quantity and quality of data.

Workgroups were established for each of these three areas, included multiple stakeholders, and met regularly throughout Phase II.

An important activity, completed early in Phase II, was a comprehensive survey to the four pilot service areas and four beta sites to gather information about social emotional development and to learn more about how the child outcomes summary (COS) measurement is implemented.

Key findings from the SSIP survey:

- Foundational knowledge about social emotional development is needed to build competence and confidence in early intervention providers.
- Build coaching into professional development opportunities to ensure evidence-based strategies are fully implemented.
- The COS process feels separate and becomes 'just one more thing to do' and families are under-utilized in this process.
- Include more information about social emotional development in marketing materials.
- Determine multiple modalities for delivering key messages around the importance of social emotional development.

Foundational trainings were not part of the original plan, but by honoring the survey data, Social Emotional Trainings were developed and put into place for each pilot service area and were delivered by experts in social emotional development and infant mental health.

Survey data around the COS led the Core Team (see 2018 Action Plan for list of Core Team members) to develop a strategy to embed the COS into the *Early On* process. The Evidence-Based Practices (EBP) workgroup has taken on this activity.

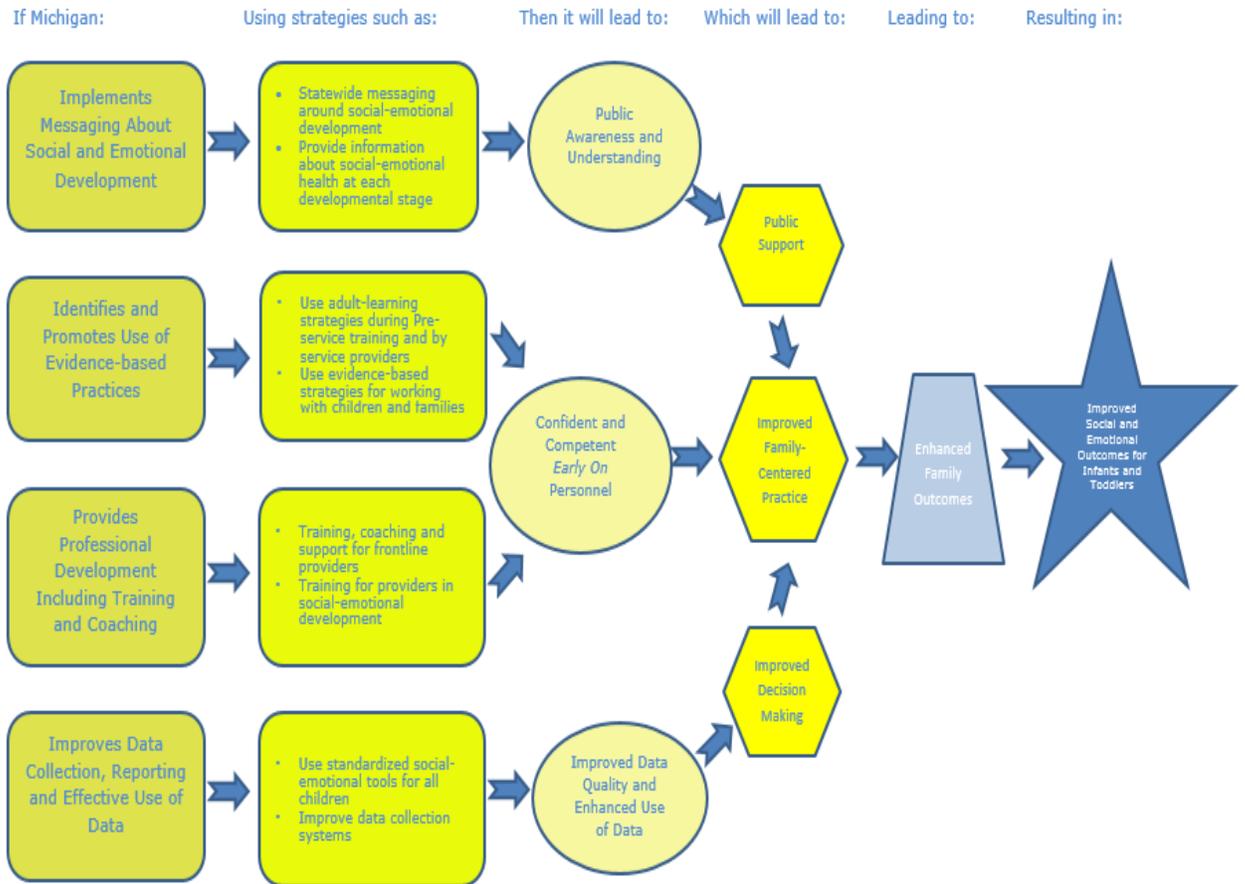
Phase III, year 1 was spent implementing many activities and beginning to gather data. Activities included:

- Three of the four social emotional trainings were held;
- eDECA-I/T webinars and follow up coaching calls took place at each pilot site;
- Community of Practice (CoP) calls occurred for coordinators and parents;
- Chase Reports were developed to improve the quantity of exit COS reports;
- Research was done around integrating the COS into the *Early On* process;
- Groundwork was laid for distributing a consistent message around the importance of social emotional development;
- A social media campaign was launched on Facebook and Twitter to share information about social emotional development;
- Materials were updated to include information about social emotional development; and
- Local parents joined the pilot service area teams and began participating on CoP calls.

In addition to the activities implemented, relationships and connections were built over the past three years. Data from the CoP calls and face-to-face trainings confirm that trust is present among the SSIP Committee members, and relationships and connections are important for achieving positive social emotional outcomes.

A. Summary of Phase III

1. Theory of action or logic model for the SSIP, including the SiMR



The SiMR is:

To increase the social and emotional outcomes for infants and toddlers in the pilot service areas as measured by Indicator 3a, Summary Statement 2, by 11.2 percentage points by 2018.

Baseline data 2013	Target 2014	Target 2015	Target 2016	Target 2017	Target 2018
40.4%	38.0%	40.0%	42.9%	46.3%	51.6%
	Data: 41.87	Data: 44.55	Data: 44.71		

The SiMR target was met this year due to an emphasis on social emotional development.

2. The coherent improvement strategies or principal activities employed during the year, including infrastructure improvement strategies

- a) Build on the training from previous year to increase service providers' confidence and competence in social emotional development in the pilot service areas through:
 - Center on the Social Emotional Foundation for Early Learning (CSEFEL) trainings, social emotional webinar series, ongoing coaching from MDHHS Early Childhood Consultant.
 - Community of Practice (CoP) Calls and in February 2018 shifted to the formation of the Implementation Committee.
 - eDECA-I/T ongoing training and support provided by MDHHS Early Childhood Consultant.

- b) Integrate COS measurement into the *Early On* process.
 - Continue work with pilot service areas to determine opportunities for integration, resources, ideas, and support from National Technical Assistance (TA).
 - *Early On* Coordinators complete Individualized Family Service Plan (IFSP) Integration Tool developed by Early Childhood Technical Assistance (ECTA) Center to assess where their local system is in integration of the COS.
 - Workgroup established to revise COS form for pilot service areas and Child Outcomes manual.
 - COS form prototype designed.
 - Research and creation of a Birth to Five Child Outcomes manual has begun.

- c) Provide training to support *Early On* Coordinators to increase their confidence and competence as leaders.
 - Conduct Leading by Convening training to state team and *Early On* Coordinators to increase confidence and competence as leaders.
 - Introduction of Continuous Quality Improvement (CQI) cycles through Plan, Do, Study, Act (PDSA) process.

- d) Continue to lay groundwork for data improvements.
 - Increase completeness and accuracy of COS data in MSDS and local SIS by providing support to pilot service areas.

- e) Continue to lay groundwork for messaging distribution.
 - Develop and print or post key social emotional and communication resources for families.
 - Collaborate with WSU to collect baseline data in the Family Survey.
 - Align message for providers with EBP workgroup and distribute to pilot sites.

Since increasing social emotional outcomes was selected as the focus of the SSIP, many improvement strategies and activities occurred within the state.

Prior to the implementation of Phase III of the SSIP, Michigan recognized the need to support the early intervention personnel throughout the state to promote the social emotional development of the infants and toddlers they serve. As a result, Michigan has implemented professional development universally – accessible to everyone, including SSIP pilot service areas – throughout the state. While Michigan continues to see improved performance on the SiMR in the pilot service areas, universal activities related to social emotional development may also be contributing to the improvement. Michigan has intentionally provided professional development opportunities related to supporting social emotional outcomes since 2014.

2017 Statewide *Early On* Conference:

The 2017 *Early On* Conference, Fill Your Bucket: Connect, Build, Strengthen, and Reflect took place on November 15 and 16, 2017. The pre-conference held on November 14 offered five full-day workshops focused on a variety of topics, among them being a session on children in the foster care system and addressing their social emotional needs. A total of 347 participants attended the pre-conference. The conference featured keynote speaker Diana LaRocco on 'Leading in Early Intervention.' Sessions on attachment, resilience, challenging behavior, maternal responsiveness, and communication concerns were offered with focus on social emotional development. The closing keynote speakers, Dr. Scott Becker and Ms. Aislinn Sapp, provided an overview of the issues related to technology and child development, highlighting the risk of social emotional neglect due to high uses of technology by parents as well as infants and toddlers. A total of 615 participants attended the conference.

A poster titled, "Improving Social Emotional Outcomes, Michigan State Systemic Improvement Plan (SSIP)" showcased SSIP work at the most recent *Early On* Conference.

Improving Social Emotional Outcomes Michigan Part C State Systemic Improvement Plan (SSIP)

SOCIAL EMOTIONAL DEVELOPMENT



Social emotional development is the foundation for ALL LEARNING.

Did you know that for babies and toddlers, social emotional health is as important as ABCs and 123s? Social emotional health is forming strong relationships, developing empathy and managing emotions.

Without these skills children have trouble making friends and solving problems, difficulties learning and reading, and are more likely to drop out of school. The research is clear: social emotional skills enable children to thrive in their families, and ultimately succeed in school and life.

PILOT SITES

Michigan invited four service areas to pilot strategies during the second phase of the SSIP, based on multiple data sources that relate to the State Identified Measurable Result.

Kalamazoo Regional Service Agency

Kent Intermediate School District

Marquette-Alger Regional Service Agency

Macomb Intermediate School District



KEY FINDINGS FROM SSIP SURVEY



- Foundational knowledge about social emotional development is needed to build competence and confidence in early intervention providers
- Build Coaching into professional development opportunities to ensure evidence based strategies are fully implemented.
- The COS process feels separate and becomes, 'just one more thing to do'; and families are under-utilized in this process.
- Include more information about social emotional development into marketing materials.
- Determine multiple modalities for delivering key messages around the importance of social emotional development.

STRATEGIES

DATA: Increasing the completeness and accuracy of COS data in the Michigan Student Data System (MSDS):

- Develop Chase reports within each Student Information System which will increase the quantity of data and lead to greater response rate and number of exit COS scores obtained
- Review the data to ensure its accurate and of high quality
- Analyze the data and present the data so that it's easily understood

Messaging: Distributing key messages around social emotional development to increase awareness:

- Key Messaging Documents based on content from the Social Emotional Trainings
- Social Emotional Developmental Wheels
- Updated Family Guidebook to include social emotional developmental milestones
- Facebook and Twitter to share information about #socialemotional development
- Mi-AIMH Conference- partnering with Mi-AIMH to place a self-care advertisement in the Infant Crier

Evidence Based Practices: Activities focus on building solid foundational knowledge in social emotional development to increase provider competence and confidence when working with children and families:

- A professional development plan around social-emotional development
- eDECA webinars and implementation
- Community of Practice Calls to support ongoing implementation
- Integrating the Child Outcomes Summary (COS) into the *Early On* system

The poster begins with “Why we’re doing this” which includes “social emotional development is the foundation for ALL learning,” along with the elevator speech developed by the Messaging workgroup.

It then flows into “How we’re doing this” which shows the four pilot service areas: Kalamazoo RESA, Kent ISD, Macomb ISD, and Marquette Alger RESA.

Next, the poster summarizes results from the SSIP Phase II survey, indicating the need for increased foundational training, increased coaching, embedding the COS into the *Early On* process, and various messaging modalities.

The over-arching strategies are listed and explain “What we’re doing” across the three SSIP workgroups and their focus:

- **Data-** improving the quantity and quality of data.
- **Messaging-** sharing a consistent message about the importance of social emotional development.
- **EBP-** focusing on activities that build solid foundational knowledge to increase service providers’ competence and confidence.

The poster session helped inform 615 conference attendees about the SSIP work around social emotional outcomes, and as a result, duplicate posters were printed for each pilot service area. The pilot service areas have, and are sharing, the posters with their staff, administration, parents, and at LICC meetings.

An SSIP breakfast session was held during the conference for all providers, staff, and parents involved in the pilot service area work. During the session, each pilot service area reviewed and evaluated their current child outcomes data, discussed how the SSIP poster could be shared, and had a chance to connect with each other.

Social Emotional Trainings:

It was determined through the SSIP survey, administered to the four pilot service areas during Phase II, that foundational training around social emotional development was needed to increase providers' confidence and competence. A full-day training was delivered by experts in social emotional development and infant mental health. The goal of the training was to increase participants' understanding of secure and insecure attachment, key concepts of family-centered practice related to social emotional development, and how caregiver relationships influence social emotional development. Additional goals include increasing participants' knowledge in the categories of attachment, the role of the service provider, the role of the parent, and the importance of parents' capacity for reflection. This past year, the final pilot service area, Marquette-Alger RESA, received its training and data are now available for all four sites.

CSEFEL trainings, social emotional webinar series, and ongoing coaching calls:

CSEFEL is focused on promoting the social emotional development and school readiness of young children birth to age five. The training modules related to infants and toddlers are called 'Promoting Social and Emotional Competence.' These modules were designed based on input gathered during focus groups with program administrators, training and technical assistance providers, early educators, and family members about the types and content of training that would be most useful in addressing the social emotional needs of young children. The content of the modules is consistent with evidence-based practices identified through a thorough review of the literature. MDHHS Early Childhood Consultant, Mary Mackrain, MEd, is trained as a trainer for these modules. Mary utilized the content of the CSEFEL modules and designed two series of webinar-based trainings with coaching calls to be delivered to the pilot service areas. The webinar format was further modified to meet the needs of the individual service areas and their providers based on input from the *Early On* Coordinators. Training delivery began in August 2017 and continues through May 2018.

CoP Calls for Coordinators and Parents:

CoP calls were held regularly for pilot site *Early On* Coordinators, TA specialists, the Messaging workgroup chair, the TA manager, and the SSIP coordinator. Additional team members and content experts were invited to participate depending on the topic of the call.

CoP calls were also held for the four state SSIP parents assigned to each pilot service area along with the SSIP coordinator. In addition to the state parents, each of the pilot service areas identified a lead local parent to be part of their local SSIP team. The local parents began participating in the CoP calls this year.

The purpose of the CoP calls is to provide a learning community for pilot service areas to share ideas, learn from each other, and be supportive of each other through the implementation of SSIP activities.

Electronic Devereux Early Childhood Assessment for Infants and Toddlers (eDECA-I/T):

The eDECA-I/T was identified as a tool to assist service providers in implementing effective social emotional relationship-based support for families. The eDECA-I/T is a standardized, strength-based assessment of child protective factors including attachment, initiative, and self-regulation. The eDECA-I/T is the electronic version of the DECA-I/T. A state level eDECA-I/T license and child level test administrations were purchased to support implementation in the four pilot service areas.

To train the providers, a face-to-face training or a webinar was offered on the DECA-I/T tool as a precursor to pilot service areas implementing the eDECA-I/T. Two webinars on the eDECA-I/T were conducted by MDHHS Early Childhood Consultant, Mary Mackrain; one webinar for administrators and one for service providers.

The training series contained:

Training 1: DECA-I/T Training

This 90-minute webinar or face-to-face training focused on the DECA-I/T tool development, administration, interpretation, use of results, and understanding pre-test and post-test measurements.

Training 2: eDECA-I/T orientation for **Administrators**

This 45-minute virtual orientation introduced administrators to the eDECA-I/T system. Administrators learned how to create users of the system, export data, and how to manage caseloads and users over time.

TA was provided to *Early On* Coordinators to help increase competence and confidence in using the online system, supporting providers in relation to the system and how to troubleshoot issues as needed.

Training 3: eDECA-I/T orientation for Front-line staff (Service Providers)

This 45-minute virtual orientation introduced front-line staff to the eDECA-I/T system. Staff learned how to enter children into the eDECA-I/T system, complete an eDECA-I/T, create reports, share results and strategy tools with families, and evaluate progress.

After completion of the webinar series, each of the pilot service areas began using the eDECA-I/T with infants and toddlers and their families eligible for *Early On*. As of March 2018, 190 users have completed the eDECA-I/T training.

Integrating the COS into the *Early On* process:

Research around integrating the COS measurement into the *Early On* process began last year by utilizing the resources available through the Integrating Outcomes into the IFSP/IEP Learning Community, the ECTA Center, and from other states. It was determined that national TA support was needed to help plan the installation and implementation stages of integrating the COS measurement into the *Early On* process. Megan Vinh and Kathi Gillaspay, facilitators of the Integrating Outcomes into the IFSP/IEP Learning Community, were contacted and provided resources with ideas of potential next steps.

Based on the outlined plan provided by Megan and Kathi, *Early On* Coordinators in the pilot service areas were asked to complete the IFSP Integration Tool to examine current practices, identify priorities, and help guide them through an examination of their current IFSP process. This activity was conducted at the June 2017 face-to-face meeting. In small groups, the *Early On* Coordinator, TA specialist, and MDE consultant reviewed and completed the tool. Afterward, groups shared what next steps would need to happen at the state level to move this process forward. In the large group discussion related to this tool, *Early On* Coordinators reported that creation of a state COS form prototype with embedded documentation of how the scores were derived would be helpful for the pilot sites to begin implementing and providing feedback.

A COS form prototype has been designed and work on revising the current Child Outcomes Manual has begun as a result of this meeting.

Leading by Convening and CQI Training:

A stakeholder meeting was held January 23, 2018, bringing the four pilot service area teams together for a day to participate in a Leading by Convening activity, reflect on activities completed over the past year, develop an action plan moving forward, and begin understanding the CQI cycle of PDSA. Patrice Linehan from the National Center for Systemic Improvement (NCSI) facilitated the Leading by Convening Activity titled, "A Quick Chronology of Engagement." This activity encouraged teams to reflect

on all the work they've accomplished to date and to celebrate the deeper family engagement work that is happening in each area.

Dr. Julia Heany and Jessie Jones, MPA, from the Michigan Public Health Institute (MPHI) facilitated the CQI cycle. The focus was to identify key drivers and activities to continue improving social emotional outcomes for children and families.

Groundwork for Data improvements:

Data quality improvements include the development and implementation of a Chase Report. Meetings were held with data representatives within the pilot service areas to discuss tools being used to ensure that all appropriate children are receiving entry and exit COS measurement ratings, dubbed Chase Reports – chasing the missing data pieces. The Chase Reports help districts identify records that are incomplete, which will help increase the entry and exit COS measurement reporting rate.

Groundwork for Messaging distribution improvements:

The Messaging workgroup engaged in multiple activities and laid foundational work around building a succinct message about the importance of social emotional development, focusing on:

- Developing, printing, or posting key social emotional and communication resources for families.
- Collaborating with WSU to collect baseline data in the Family Survey.
- Aligning key messages for providers with EBP workgroup and distributing to pilot service areas.

3. The specific evidence-based practices that have been implemented to date

The four pilot service areas are implementing at least three specific practices to support the SiMR: enhanced supports to families through use of the eDECA-I/T; communication with families using social emotional development wheels; and improved data collection practices.

- a) The eDECA-I/T provides a process which supports the assessment of the infant's or toddler's social emotional development and then provides early interventionists and families with strategies for building on existing skills and strengthening areas of need. Pilot service areas are beginning to utilize the eDECA-I/T with families.
- b) The Michigan Association for Infant Mental Health (Mi-AIMH) "Baby Stages" developmental wheel and the Zero to Three "Behavior Has Meaning" wheel offer milestones for social emotional development. Providers in the four pilot service areas are using these wheels to discuss social emotional development with parents. The activity is currently under evaluation.
- c) The Data workgroup is working with four pilot areas to implement Chase Reports in order to understand how complete their data are and then

implement strategies for ensuring maximum collection of exit child outcome summaries.

To support these practices, the following strategies, from the description in previous section, have been implemented to date.

- *Early On* Conference, November 2017
- Social Emotional Trainings, 2016-2017
- CSEFEL webinars and coaching calls, 2017-ongoing
- CoP calls, 2016-2017
- The DECA-I/T and eDECA-I/T webinars, coaching calls, and implementation, 2016-ongoing
- Integrating the COS into the *Early On* process, 2017-ongoing
- Provide training to support coordinators to increase their confidence and competence as leaders, 2018
 - Leading by Convening
 - CQI training
- Data improvements including development and implementation of the Chase Reports, 2017
- Continued use of social media platforms such as Facebook and Twitter as a strategy to share the importance of social emotional health and self-care, 2016-ongoing
- Purchased, distributed, and evaluated the effectiveness of Mi-AIMH Baby Stages Wheel and the Zero-to-Three Behavior Has Meaning Wheels, 2017
- Updated the Social Emotional Companion Guide for Providers and formatted to be compliant with the Americans with Disabilities Act (ADA), 2017
- Developed key messages documents from each of the Social Emotional Trainings and formatted to be ADA compliant, 2017
- Reviewed materials to identify opportunities to update in order to include social emotional information
 - Updated and printed the *Early On* Growth Chart to include social emotional milestones, 2017; disseminated to pilot service areas
 - Updated Physicians Guide to include child outcomes information
 - Updated Family Guidebook to include information about child outcomes
- Developed an elevator speech to use with the public to encourage better understanding of the importance of social emotional development
- Developed sample social emotional messages for local service areas to share with parents through newsletters, email, or social media platforms, March 2017
- Placed a self-care advertisement called "Breathe" in the Mi-AIMH 2017 Conference brochure, July 2017
- Purchased an extended license for 12 photographs for pilot service areas to use to develop social emotional messages, July 2017
- In collaboration with WSU, developed questions to place into the *Early On* Family Survey to measure potential impact of SSIP activities, 2018

4. Brief overview of the year’s evaluation activities, measures, and outcomes

The following activities were implemented and measured:

- Social Emotional Trainings
- CSEFEL training series*
- CoP calls
- eDECA-I/T
- Leading by Convening and CQI training
- Chase reporting rates
- Social Media Platform
- Annual Performance Report Indicators 3 and 4

The outcomes for each activity are listed below.

The Social Emotional Trainings were conducted by experts with vast knowledge of social emotional development and infant mental health. The trainers were:

- Dr. Prachi Shah, University of Michigan Pediatric Developmental & Behavioral Specialist, C.S. Mott Children's Hospital
- Marian Orihel, M.Ed. Infant Mental Health Specialist, IMH-E (III)
- Julie Ribaldo, LMSW, ACSW, Clinical Associate Professor, IMH-E (IV), Infant Mental Health Distinguished Mentor, University of Michigan School of Social Work

The dates of the trainings were:

Kent ISD/98 participants	Aug. 29, 2016	Dr. Prachi Shah
Macomb ISD/40 participants	Jan. 16, 2017	Marian Orihel
Kalamazoo RESA/16 participants	Feb. 3, 2017	Julie Ribaldo
Marquette-Alger RESA/11 participants	June 21-22, 2017	Marian Orihel

Each training consists of a pre-test, post-test, and a three-month follow-up survey. WSU assisted MDE with analyzing the data.

The Core Team studied evaluation data from the four pilot service areas' trainings and determined the need for follow-up training and coaching to aid in greater comprehension and application of the material presented. Data show that participants' knowledge increased after receiving training, but the level of knowledge did not carry over at the three-month follow-up survey. Social Emotional Training data can be found in Appendix A.

To assist with retention of the information learned during the Social Emotional Trainings, service areas are being offered CSEFEL trainings and Social Emotional Trainings with MDHHS Early Childhood Consultant, Mary Mackrain. These trainings are currently in process and data will be shared at their completion.

CoP calls occurred on the following dates for the *Early On* Coordinators and the SSIP parent representatives:

Early On Coordinators:

April 13, 2017
May 11, 2017
July 13, 2017
Oct. 12, 2017
Dec. 14, 2017

Parents:

May 12, 2017
June 9, 2017
July 14, 2017
Sept. 8, 2017
Oct. 13, 2017
Nov. 10, 2017
Dec. 15, 2017
Jan. 19, 2018

Surveys were administered in January 2018, via SurveyMonkey, to the *Early On* Coordinators and parents to determine the effectiveness of the CoP. Each group had a 100 percent response rate.

Data from the *Early On* Coordinators CoP reflected that more structure, information, and guidance from the state was desired. Data from the *Early On* Coordinator's CoP can be found in Appendix B.

The Parents CoP data show that the calls were meeting the needs of the group, and parents were feeling more informed and connected to the work and each other. Data from the Parents' CoP can be found in Appendix C. In addition, local SSIP parents have begun to participate in the calls. The addition of the local parents began in October 2017, and information has been shared by the local parents that has aided the Messaging workgroup in modalities for sharing information. The EBP workgroup has also learned from the parents about the impact of the eDECA-I/T and its effectiveness with families.

Based on this information, the Core Team proposed a new committee structure, listed on page 20, to meet the needs of the pilot service area coordinators, parents, and staff moving forward.

The eDECA-I/T was identified as a tool to assist service providers in implementing effective social emotional relationship-based support for families. The eDECA-I/T is a standardized, strength-based assessment of child protective factors including attachment, initiative, and self-regulation.

Trainings were completed at each of the pilot service areas:

Kalamazoo RESA:

- December 13, 2016 - DECA-I/T training conducted for 42 participants
- March 7, 2017 - eDECA-I/T administrator training conducted for 2 administrators
- March 8, 2017 - eDECA-I/T training conducted for 23 service providers

Kent ISD:

- October 5, 2016 - DECA-I/T training conducted for 118 participants
- November 10, 2016 - eDECA-I/T administrator training conducted for 2 administrators
- November 30, 2016 and December 12, 2016 - eDECA-I/T training conducted for 118 participants

Macomb ISD:

- December 2, 2016 – DECA-I/T training conducted for 36 participants
- January 6, 2017 - eDECA-I/T training conducted for 32 service providers
- January 20, 2017 - eDECA-I/T administrator training conducted for 4 administrators

Marquette-Alger RESA:

- December 15, 2016 – DECA-I/T training conducted for 9 participants
- January 12, 2017 - eDECA-I/T training conducted for 7 service providers
- February 23, 2017 - eDECA-I/T administrator training conducted for 2 administrators

The DECA-I/T assessment tool was implemented in service areas after the completion of the training. Individualized coaching follow-up to the service areas continues to be provided by Mary Mackrain. As of March 2018, there are 333 infants and toddlers with IFSPs in the eDECA-I/T system.

The Leading by Convening and CQI training took place January 23, 2018. A group of 25 stakeholders comprised of local *Early On* Coordinators in the four pilot service areas, CSPD staff, TA specialists, WSU staff, MDE staff, and MICC parents. Facilitators for the day were Patrice Linehan from NCSI, and Julia Heany and Jessie Jones from MPHI. Surveys were distributed at the end of the meeting and results showed that the participants valued the Chronology of Engagement activity and enjoyed the time to reflect on all the work completed, the connections and relationships built, and the supports offered from the state. Evaluations showed that more training is needed around CQI so that activities can be evaluated using the PDSA process at the local level. Data from the Leading by Convening and CQI training can be found in Appendix D.

Over the past four years, the number of children reported as exiting in 618 data has increased; and both the state (71.5 percent) and the pilot service areas (88.9 percent) have increased. This is in part due to the Chase Reports being implemented within the pilot sites.

Another reason for this increase is due to the Birth to Five Child Outcomes training and focused TA to the pilot service areas in Child Outcomes. Over the past four years, 155 participants from Kent ISD, 16 participants from Kalamazoo RESA, and 22 participants from Marquette-Alger RESA attended Birth to Five Child Outcomes training, and 116 participants from Macomb ISD have participated in focused TA around Child Outcomes.

Indicator 3 COS Reporting Rates – Pilot Areas

	FFY 2013			FFY 2014			FFY 2015			FFY 2016		
	Expected Exit COS*	Submitted Exit COS	Reporting Rate	Expected Exit COS*	Submitted Exit COS	Reporting Rate	Expected Exit COS*	Submitted Exit COS	Reporting Rate	Expected Exit COS*	Submitted Exit COS	Reporting Rate
STATE	6,560	2803	42.7%	7009	4,127	58.9%	6,615	4,169	63.0%	7,134	5,100	71.5%
Across 4 Pilot Areas	1,256	915	72.9%	1,411	1,082	76.7%	1,333	936	70.2%	1,457	1,295	88.9%
Macomb	523	366	70.0%	546	369	67.6%	495	220	44.4%	526	460	87.5%
Kent	536	449	83.8%	586	523	89.2%	589	529	89.8%	649	608	93.7%
Kalamazoo	142	73	51.4%	228	145	63.6%	200	149	74.5%	226	194	85.8%
Marquette-Alger	55	27	49.1%	51	45	88.2%	49	38	77.6%	56	33	58.9%

* MSDS count



Through the use of Social Media, Facebook, and Twitter, the intent is to support connection of individuals to information about the importance of social emotional development, thus promoting awareness of this crucial domain of development in infants and toddlers. Currently there are 5,389 Facebook followers, 94 percent are women and 5 percent men, ages 35 to 44. A total of 34 Facebook posts were shared with combined reach equaling 64,847 (not necessarily unique individuals).

The *Early On* Michigan Instagram page has 244 followers, 92 percent are women and 8 percent are men. Eleven Instagram posts were shared resulting in 282 likes and 174 video views. Through Twitter, there are currently 1,415 followers, most are ages 55 to 64. A total of 19 tweets were posted and retweeted 170 times. Social Media analytic data can be found in Appendix E.

The Messaging workgroup purchased the Mi-AIMH *Baby Stages* wheel and the Zero to Three *Behavior Has Meaning* wheel for the four pilot service areas using the "Support to the *Early On* Field" grant funds. Wheels were distributed in July 2017. Distribution was based on data from www.earlyondata.com, using the local service areas' total period count for one year (7/1/15–6/30/16), as well as preference for use of the wheel and perceived appropriate audience for each wheel.



Mi-AIMH and Zero to Three Developmental Wheels

Service Area	Mi-AIMH Wheel	Zero-to-Three Wheel
Kent ISD	1,300	100
Marquette RESA	100	0
Kalamazoo RESA	350	50
Macomb ISD	650	100

Pilot service area developmental wheel distribution

The Messaging workgroup is evaluating the effectiveness of the wheels through a provider survey questionnaire, launched in January 2018. The deadline for completion of the survey is March 31, 2018.

The Family Survey provides data for APR Indicator 4 and is distributed each spring by the QCIP at WSU. In spring 2018, additional questions will be included to gather data about social emotional development and to understand potential impact of all SSIP-related activities. These questions will be asked of parents whose children receive services in the four pilot service areas, as well as the four beta sites. The beta sites will serve as a 'control group' or comparison site since SSIP activities have not been implemented in these service areas. Beta sites also participated in the Phase II SSIP survey. This information will serve as baseline data.

The SSIP Parents CoP discussed the use of the wheel and considered additional resources to support families who may prefer the use of technology. Parents suggested the creation or use of an app, so that

information about social emotional developmental milestones is easily available. Members of the Messaging workgroup suggested the new Centers for Disease Control and Prevention (CDC) Milestone Tracker mobile app, which features all domains of development, including social emotional. The SSIP Parent CoP will test the app and provide additional input. Based on their reaction to the app, the Messaging workgroup will consider whether to test and evaluate this activity within the pilot service areas.

APR data for Indicator 3 have been evaluated. As a state, Michigan met two of the six targets.

► **Indicator 3:** Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Summary Statement 1: Of those infants and toddlers who entered Part C below age expectations in each outcome, the percent who substantially increased their rate of growth by the time they exited.

<u>FFY 2016 Data</u>	<u>Target</u>
APR 3A: 76.49%	APR 3A: 75.9%
APR 3B: 80.04%	APR 3B: 80.1%
APR 3C: 80.40%	APR 3C: 79.4%

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each outcome by the time they exited.

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

<u>FFY 2016 Data</u>	<u>Target</u>
APR 3A: 54.06%	APR 3A: 60.7%
APR 3B: 48.33%	APR 3B: 53.0%
APR 3C: 50.29%	APR 3C: 59.8%

SiMR Data Note: The four pilot service areas' data for Indicator 3a, Summary Statement 2, are the focus of the SiMR. *The target was exceeded in this area.*

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each outcome by the time they exited.
A. Positive social-emotional skills (including social relationships);

FFY 2016 Pilot Service Areas

<u>Data</u>	<u>Target</u>
APR 3A: 44.71%	APR 3A: 42.9 %

Another positive trend is in the family outcomes data collected in APR Indicator 4. While the state met the targets, three of the four pilot service areas exceeded the targets for this indicator.

Indicator 4: Family Outcomes Data from pilot service areas

Rasch Score				4a. Families Know Their Rights	4b. Families Effectively Communicate Their Child's Needs	4c. Families Help Their Child Develop and Learn	
Survey Year	2015	2016	2017	2017			
FFY	FFY2014	FFY2015	FFY2016	FFY2016			
State Average Score	620	619	618	State Target	59.00%	54.00%	78.00%
Kalamazoo	633	573	612	State Performance	69.21%	62.73%	84.14%
Kent	622	629	639	Kalamazoo	73.75%	63.75%	85.00%
Macomb	635	635	631	Kent	76.87%	70.82%	89.68%
Marquette-Alger	638	708	626	Macomb	72.93%	68.56%	86.46%
				Marquette-Alger	58.33%	58.33%	91.67%

By improving confidence and competence in social emotional development, *Early On* personnel will improve support provided to families related to parent/child interaction which will lead to enhanced family-centered practices and improved performance on the family outcomes indicators.

5. Highlights of changes to implementation and improvement strategies

As a result of implementing improvement strategies, changes were made. Based on feedback from CoP data, the structure of the SSIP Committees was changed. With this change, one important element to consider is the importance of communication between the committees. The communication strategy includes a standard meeting template, that intentionally has members:

- Review minutes from other committees and discuss the next steps, and

- As part of the wrap up, list what decisions have been made, the next steps, and who does what by when.

The new SSIP Committee structure is:

- A **State Coordination and Evaluation Committee** replaces the Core Team.

Purpose: To have dedicated time to discuss progress made by each workgroup and how to integrate the work of these groups when needed. This committee will also look at the evaluation component for each activity and determine what activities are appropriate for scaling up. The committee will regularly review and evaluate data.

Membership:

Workgroup leads, MDE leads, WSU evaluation staff

- An **Implementation Committee** replaces the *Early On* Coordinators' CoP calls.

Purpose: According to Phase II survey results, the pilot service areas requested direct guidance from the state. The CoP calls weren't meeting everyone's needs and *Early On* Coordinators requested a more structured meeting. This would allow them to share how things are going, but also have input from each workgroup lead, and keep the TAs and parents informed and involved.

Membership:

Pilot service area *Early On* Coordinators, TA specialists, workgroup leads, SSIP lead, state SSIP parents, MDHHS contractor, MPHI staff

- **Full SSIP Committee**
Beginning with the May 10, 2018 MICC meeting, the second half of the day will be used for a full SSIP Committee meeting, inviting members from both committees to meet face-to-face (or via phone). This full committee would meet quarterly the same day as the MICC meeting.

Purpose: Keep the communication going, provide updates, allow time for workgroups to meet as needed.

- **Parent CoP**
The parent CoP calls would continue since local parents are now part of these calls and data show the calls are important to the parents.

Another data driven decision came from the Social Emotional Training evaluations. Data show that one face-to-face training is not enough to sustain understanding or knowledge learned. To address this finding, the EBP co-leads worked with MDHHS to amend the existing Interagency grant

workplan to provide CSEFEL webinars and coaching calls. As mentioned earlier in the report, the CSEFEL trainings and coaching calls are occurring regularly. Additionally, in January 2018 MDHHS utilized grant funds to contract with Julia Heany of MPHI to conduct the COI cycles.

To determine if the numerous activities have been effective, the SSIP survey from Phase II will be re-administered to the original participants during the spring/summer of 2018.

B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress

a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed.

In moving forward with SSIP work, the plan and timeline is as follows:

- (1) Build on the training from previous year to increase service providers' confidence and competence in social emotional development in the pilot service areas through:
 - CSEFEL trainings, social emotional webinar series, ongoing coaching from the MDHHS Early Childhood Consultant, 2017-ongoing
 - CoP calls and in February 2018 shifted to the formation of Implementation Team, 2016-ongoing
 - eDECA-I/T ongoing training and support provided by MDHHS Early Childhood Consultant, 2016-ongoing
- (2) Integrate COS measurement into the *Early On* process.
 - Continue work with pilot service areas to determine opportunities for integration, resources, ideas, and support from National TA, 2017-ongoing
 - *Early On* Coordinators complete IFSP Integration Tool developed by ECTA Center to examine current practices, identify priorities and help guide them through an examination of their current IFSP process, June 2017
 - EBP workgroup established to revise COS form for pilot service areas and Child Outcomes manual, July 2017-ongoing
 - COS form prototype designed
 - Research and creation of a Birth to Five Child Outcomes manual has begun

- (3) Provide training to support *Early On* Coordinators to increase their confidence and competence as leaders.
 - Conduct Leading by Convening training to state team and Coordinators to increase confidence and competence as leaders, January 2018
 - Introduction of CQI cycles through PDSA process, February 2018-ongoing
- (4) Continue to lay groundwork for data improvements.
 - Increase completeness and accuracy of COS data in MSDS and local SIS by providing support to pilot service areas, 2017-ongoing
- (5) Continue to lay groundwork for messaging distribution.
 - Develop and print or post key social emotional and communication resources for families, 2017-ongoing
 - Collaborate with WSU to collect baseline data in the Family Survey, 2018-ongoing
 - Align message for providers with EBP workgroup and distribute to pilot service areas, 2017-ongoing

All activities listed have been carried out or are in the process of being carried out with fidelity, according to the timeline listed in the Action Plan.

b) Intended outputs that have been accomplished as a result of the implementation activities.

The following activities were implemented and measured:

- Social Emotional Trainings
- CoP calls
- eDECA-I/T
- Leading by Convening and CQI training
- Chase reporting rates
- Social Media Platform

The 2017 *Early On* statewide conference with a theme of social emotional development provided a broad awareness of the importance of social emotional development to multiple stakeholders: providers, early interventionists, teachers, administrators, and parents, with 615 participants. Overall, 97 percent of participants felt the conference was 'Good' or 'Excellent.' Some comments that were made include:

- "Outstanding"
- "Great presenters"
- "I appreciate the variety of presentations available as well as the content"

Of those that attended the SSIP breakfast session, 64 percent felt the session met their needs. Outputs include an activity from the Messaging workgroup which was the development and distribution of the SSIP

posters to each pilot service area. This will aid in helping to inform others in the pilot service area about the work related to social emotional development.

As a result of the Social Emotional Trainings, 165 staff were trained in the four pilot service areas. The trainings helped to build competence and confidence in staff through the learning of foundational knowledge about social emotional development. An output included adding CSEFEL training series and follow up coaching calls to help solidify the knowledge learned from the trainings. The intended result of the CSEFEL training series and follow up coaching calls is to increase confidence and competence in social emotional development. These activities are still in process and evaluation data with outputs and results are not yet available.

Another output was the development of key messages from each training being distributed to service providers and staff within each pilot service area.

Through CoP survey data from *Early On* Coordinators, it was learned that the structure of the CoP calls were not meeting their needs. While coordinators enjoyed the chance to connect and build relationships, they asked for more structure and information related to their work plans. As a result, the Implementation Committee was formed. Membership on this committee includes the pilot service areas' *Early On* Coordinators, one lead from each workgroup, the TA specialists, the four state parents, the SSIP leads, the MDHHS social emotional consultant, and MPHI consultant. Expanding the committee and structuring the agenda would allow the *Early On* Coordinators to share how things are going, have input from each workgroup lead, and keep the TAs and parents informed and involved.

Survey data from the parents' CoP calls show that the calls are very relevant to their roles as state SSIP parents, they help them feel connected, and parents have greater knowledge about the SSIP work. In October 2017, the four local SSIP parents were invited and began participating on the CoP calls. The state parents started by sharing basic information about the focus of the SSIP and discussed some of the activities that are being implemented in the pilot service areas, such as the eDECA-I/T and the distribution of the social emotional developmental wheels. The local parents provided critical insights into the use of the wheels and recommended an app that parents could download to receive developmental milestone information. This information was shared with the Messaging workgroup for possible promotion to the pilot service areas. In addition, local parents who had not yet received an eDECA-I/T evaluation for their child, followed up with their *Early On* Coordinator to request one. The relationships are being established and nurtured through the CoP calls and they will be continued through the next year.

The work around the integration of the COS measurement into the *Early On* process is in the exploration phase as resources and data are gathered from across the country. This year work began in the installation phase with the design of a new prototype COS form to be piloted for feedback in pilot service areas. Additional work around exploration and installation will continue as materials are introduced in the pilot service areas.

The DECA-I/T assessment tool and the eDECA-I/T system were implemented in service areas after the completion of the training. Individualized coaching follow-up to the service areas continues to be provided by MDHHS Early Childhood Consultant, Mary Mackrain. As of March 2018, 190 users have been trained and all of them are utilizing the eDECA-I/T. There have been 333 new infants and toddlers with IFSPs entered into the system.

The purpose of the Chase Reports is to identify missing data elements or records needed for COS submission, providing targets to “chase” down to complete the data picture. The intended result is to increase the percentage of child records that have both an initial and exit COS scores.

Through use of social media, Michigan’s intent is to support and promote the connection of individuals to information about the importance of social emotional development. As of March 2018, there are 5,389 Facebook followers, 94 percent are women and 5 percent men, ages 35 to 44. A total of 34 Facebook posts were shared with combined reach equaling 64,847 (not necessarily unique individuals).

The *Early On* Michigan Instagram page has 244 followers, 92 percent are women and 8 percent are men. Eleven Instagram posts were shared resulting in 282 likes and 174 video views. There are currently 1,415 followers on Twitter, most are ages 55 to 64. A total of 19 tweets were posted and retweeted 170 times.

In looking at the outputs, many state efforts were put into place around social emotional development. This may have had an impact on meeting the SiMR target.

2. Stakeholder involvement in SSIP implementation

a) How stakeholders have been informed of the ongoing implementation of the SSIP.

The MICC meets quarterly, and at each meeting members receive an SSIP presentation containing information about all activities taking place. The Parent Involvement Committee (PIC) of the MICC also receives SSIP updates at their meetings, which occur every six weeks.

The SSIP Committee met in person on June 19, 2017. This day served as a pilot service area work day and enabled the local teams to meet with

Mary Mackrain, MDHHS Early Childhood Consultant, to discuss and begin to schedule the CSEFEL training series with follow-up coaching calls. State SSIP parents also attended this meeting and participated in a focus group with the Messaging workgroup to determine effective strategies for reaching families. The EBP workgroup introduced the IFSP Integration Tool to *Early On* Coordinators. They were asked to complete this tool to examine current practices, identify priorities and help guide them through an examination of their current IFSP process. The Data workgroup met with each *Early On* Coordinator and discussed data sets needed for the COS.

On January 23, 2018, the Leading by Convening/CQI training was held and the SSIP Committee met for a full day of reflecting, working, sharing, learning, and planning for the upcoming year. Stakeholders included the local *Early On* Coordinators from the four pilot service areas, CSPD staff, TA specialists, WSU staff, MDE staff, and MICC parents. Facilitators for the day were Patrice Linehan from NCSI and Julia Heany from MPHI.

Members from the EBP, Messaging, and Data workgroups met multiple times throughout the year. Membership includes the ECD&FE Director, the Part C State Coordinator, MDE *Early On* staff, CSPD contractors, data contractors, parents, interagency partners from MDHHS, MICC members, faculty from universities, Parent Training and Information Center (PTI)-Michigan Alliance for Families staff, Mi-AIMH Director, and *Early On* Coordinators.

CoP calls occurred regularly for *Early On* Coordinators and state and local parents who continue to provide relevant feedback to the SSIP process, and help to shape the activities to be accomplished.

Staff from pilot service areas have been involved and participated in the Social Emotional Trainings, the DECA-I/T trainings, eDECA-I/T webinar series, CSEFEL training series, and coaching calls.

b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

CoP calls are an avenue to provide direct feedback and guidance around the SSIP. Both CoPs were surveyed, and the results of the survey are discussed on page 14 of this report. Hearing what was working well and what could be improved became evident by surveying the participants. As a result, the structure of SSIP committees was changed to accommodate the needs of stakeholders. The stakeholders also stressed the importance of two-way communication with the new committee structure. A meeting template was designed to ensure communication and next steps are conveyed to all members on the committees.

Membership on the Core Team consists of MDE *Early On* staff, the ECD&FE Director, the Part C State Coordinator, the SSIP Coordinator,

CSPD contractors, an MICC parent, and a pilot service area *Early On* Coordinator who is also the MICC Co-Chairperson. Having a diverse group of stakeholders on the Core Team has been beneficial. The voice of the *Early On* Coordinator has been instrumental in the planning of SSIP meetings to ensure the needs of the pilot service areas are being addressed, and the staff of the pilot service areas are not feeling overwhelmed. The parent member is a strong advocate and ensures families' needs stay at the heart of the work. Beginning January 2018, the Implementation Committee will consist of all four *Early On* Coordinators and all four state SSIP parents to ensure even more stakeholder voice is at the table.

C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan.

a) How evaluation measures align with the theory of action.

Michigan's outputs aligned with the Theory of Action. The four areas of the Theory of Action include:

- (1) Implements messaging around social emotional development
Output: Social Media Analytics data from *Early On* Facebook page, Instagram, and Twitter.
- (2) Identifies and promotes the use of evidence-based practices
Outputs: Social Emotional Trainings, Leading by Convening and CQI trainings, research and implementation on evidence-based practices related to CSEFEL training series and coaching calls, CoP calls for *Early On* Coordinators and parents, DECA-I/T training, eDECA-I/T webinars, and implementation.
- (3) Provides professional development including training and coaching
Outputs: Social Emotional Trainings, research and implementation on evidence-based practices related to CSEFEL training series and coaching calls, CoP calls for *Early On* Coordinators and parents, DECA-I/T training, eDECA-I/T webinars and implementation, statewide conferences around the theme of social emotional development.
- (4) Improves data collection, reporting and effective use of data
Output: Increasing the quantity and quality of exit COS measurement reports.

b) Data sources for each key measure

Outputs	Data source
Statewide conference with theme of social emotional development	Attendance records, session evaluations, overall conference evaluation
Social Emotional Trainings	Sign in sheets, pre-test, post-test, three-month post-test
CoP Calls	Minutes from each call, informal feedback from participants, survey data
DECA-I/T trainings and eDECA-I/T Webinars	Attendance records, webinar dates, number of children with eDECA-I/T evaluations, number of users utilizing the system
Leading by Convening and CQI Training	Evaluation data from meeting
Increasing quantity of exit COS measurement reports	MSDS data, WSU data
Social Media: Facebook, Instagram, and Twitter	Social Media analytics data

c) Description of baseline data for key measures

2017 Early On Conference

There were 615 participants in attendance at the 2017 *Early On* Conference. The conference had a theme of social emotional development and reached a broad audience, which included service providers, teachers, administrators, and parents. In addition, an SSIP poster was presented during the poster session which provided information and led to discussion with attendees. An SSIP breakfast session was held for pilot service areas, their staff, and parents which provided an opportunity for connection, sharing of the SSIP poster which resulted in each pilot service area receiving a poster to share with their local service area staff and LICCs, and a first look at their 2016 child outcome data. Overall, 97 percent of participants felt the conference was 'Good' or 'Excellent.' Of those that attended the SSIP breakfast session, 64 percent felt this session met their needs.

Social Emotional Trainings

Data from the SSIP Phase II survey prompted the design of Social Emotional Trainings. Particularly through open-ended questions, numerous service providers stated that they felt they were not equipped to support families in the area of social emotional development. They stated that they needed more training to increase their confidence and competence in this area.

In 2016-2017, EOT&TA administered the pre-test to 145 participants; 130 of these participants also completed the post-test, and 46 of them completed the three-month follow-up survey. Pre-test to post-test and

post-test to follow-up survey results are only compared for matched pairs and used in the analyses.

Participants were asked to rate their current level of understanding in a number of areas related to social emotional development, using a 4-point Likert scale where 1 is 'No/Minimal understanding' and 4 is 'Advanced understanding.' For all six items, there was a statistically significant increase in the level of understanding from pre-test to post-test results. After the training, participants' average level of understanding was above 3 ("moderate understanding") for all six items.

However, the increased level of understanding was not retained three months after the training. More specifically, lower levels of understanding were found on all six items from post-test to follow-up test results. One item had a statistically significant decrease which was in the understanding between the difference in secure and insecure attachment behaviors.

Participants were asked the same set of ten statements regarding their knowledge of social emotional development. A similar pattern held true at the three-month follow-up test. There were increases on nine of the ten items from pre-test to post-test. Of the nine, five were increases of statistical significance. There were decreases in seven out of ten items from post-test to follow-up test with two of these being statistically significant [Infant mental health is synonymous with healthy social emotional development and the four categories of attachment are secure, avoidant, resistant, and disorganized].

CoP Calls

Baseline data for the CoP calls can be found on page 14 of this report. Minutes were taken during each CoP call and reflect the date, time, and number of participants. Additional data were collected via SurveyMonkey. Data from the *Early On* Coordinators CoP show that more structure, information, and guidance from the state was desired.

The Parents CoP data show that the calls were meeting the needs of the group, and parents were feeling more informed and connected to the work and each other. In addition, local SSIP parents have begun to participate in the calls. The inclusion of the local parents began in October 2017. The state parents are mentoring the local parents and helping them to understand the function of an LICC, the work Michigan is doing around the SSIP, and offering additional opportunities for leadership. The local parents are also bringing resources and innovative ideas to the CoP by sharing insights that are integral to the work of the Messaging workgroup. The EBP workgroup has also learned from the parents about the impact of the eDECA-I/T and its effectiveness with families.

Based on this information, the Core Team proposed a new committee structure, listed on page 20, to meet the needs of the pilot service area coordinators, parents, and staff moving forward.

DECA-I/T training and eDECA-I/T webinar series baseline data

Follow up support was provided around the use of the eDECA-I/T tool and strategies to be used with families, as needed. Kent ISD received support during a training day on August 22, 2017. Macomb ISD received support during training sessions for the CSEFEL modules on October 20, October 27, November 10, and December 1, 2017. The MDHHS Early Childhood Consultant worked one-on-one with administrators and staff in Macomb ISD, Marquette-Alger RESA, and Kalamazoo RESA. The number of children with an eDECA-I/T evaluation rose from 0 to 333 from completion of the trainings in 2017 to February 2018. The trainings' effectiveness is demonstrated by the number of trainees utilizing the eDECA-I/T tool. Currently, of the 190 users trained, all of them are utilizing the eDECA-I/T.

Leading by Convening and CQI Training

This one-day training was held January 23, 2018. MPHI distributed an evaluation after the training that captured: the roles of stakeholders in attendance, the highlights of the training, how the training could have been improved, participants' thoughts about the Leading by Convening portion of the training, participants' ability in results of the Leading by Convening training, what would be the most effective process for continuing to develop the key driver diagram, what supports are needed to begin testing change ideas, and additional comments. Results showed that the participants valued the Chronology of Engagement activity and enjoyed the time to reflect on all the work completed, the connections and relationships built, and the supports offered from the state. Evaluations showed that more training is needed around CQI so that activities can be evaluated using the PDSA process at the local level.

Increasing the quantity and quality of exit COS measurement reports baseline data

Data for the number of children exiting with entry and exit COS measurement scores, as well as the reporting rate, can be found on page 16. Baseline data come from MSDS and have increased substantially since 2013. As a state, the exit COS reporting rate has increased from 42.7 to 71.5 percent. Within the four pilot service areas during that same timeframe, data have shown an increase from 72.9 to 88.9 percent.

The Data workgroup will be collaborating with the other workgroups in modifying the COS Manual, and with the Part C – 619 Data Linking cohort group to share methods for "data dives," assisting local service areas in examining their data.

Social Media Analytics

The Messaging workgroup developed, created, and shared 34 Facebook posts using the hashtag #socialemotional from April 2016 to February 2017 on the *Early On* Michigan page found at:

[facebook.com/earlyonmichigan](https://www.facebook.com/earlyonmichigan). The most popular posts share data, facts, resources, and tips. Two of the most popular social emotional posts were:

- Teaching Your Toddler Social Skills: 15 Steps to Success- reached 3,099 people
- Talking is Teaching- reached 3,391 people

All posts are now developed in a manner so that content is available in an ADA compliant format. Posts can be read using various screen readers by visiting: https://www.1800earlyon.org/social_media.php.

d) Data collection procedures and associated timelines

Data for the annual Indicator 3 APR submission are provided through three MSDS collections – Fall (October), Spring (February), and End of Year (June 30). Each service area submits specified data for *Early On* children in each collection; these data submissions meet extensive business rule edits before being certified. The resulting state report of child level data is made available three to four months after the collection count date. A copy of the state report is used by the Part C Data Manager for the Table 618 Child Count and Exit submissions, as well as APR Indicators 1, 2, 5, 6, 7, and 8. A copy of each of the three state reports is used by WSU to calculate Indicator 3. The final report for the school year is received in early September. The calculations for the APR are completed by December, for the APR report due in February.

Each MSDS report contains demographic and location information on each child, plus a record of each entry, annual, and exit COS form submitted. Matches across collections and service areas are done via the Unique Identifier Code (UIC). For each child who exits *Early On* during a given time period, the earliest entry COS measurement is matched with the latest exit (or Annual) COS measurement for Indicator 3 calculations. In cases where the child has moved, the calculation is assigned to the exiting service area.

For the Social Emotional Trainings, a pre-test was administered before each training, a post-test was administered after each training, and a three-month follow-up test was administered at the appropriate time after the training. These data were collected to assist in determining the increase of knowledge acquisition, self-confidence, and self-competency over time. An increase in knowledge acquisition, self-confidence, and self-competency items was based on a statistically significant increase in scores between the pre-test and post-test, as well as, between the post-test and the three-month follow-up test.

To determine effectiveness of the *Early On* Coordinator and Parent CoP calls, a survey was distributed via SurveyMonkey in January 2018. One hundred percent of the CoP members responded within one week and data were exported and analyzed by the Core Team, as well as, Wayne State University.

The eDECA-I/T data are collected based on the number of users utilizing the tool. Currently, 190 users have been trained and all are utilizing the eDECA-I/T.

Leading by Convening and CQI training data were distributed to participants and collected after the meeting on January 23, 2018. The evaluations were summarized and distributed to the State Coordination and Evaluation Committee for further study and analysis.

Work using Chase Reports is completed on an individual basis with data personnel at each pilot service area. Data personnel at the pilot service areas are asked to complete a template and return it to the State Data Manager or to provide a data set which the State Data Manager could use in completing the template. Pilot service areas use the results of the Chase Report to identify missing data and plan for ensuring completeness of future data. The State Data Manager maintains a copy of the reports for comparison to future runs of the reports. Initial work with the final pilot service area is planned for this year. A second run for comparison is also planned for this year.

Use of the social media platforms allows for instantaneous tracking of posts, responses, and reach in an ongoing manner. For each post, Facebook provides analytics for reach, which is the number of people who have viewed the post. Instagram tracks views and Twitter tracks "likes" and re-tweets.

e) [If applicable] Sampling procedures

Not applicable.

f) [If appropriate] Planned data comparisons

Not applicable.

g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements

The State Coordination and Evaluation Committee was formed in January 2018 and will meet monthly. Membership includes: Workgroup leads, MDE leads, and Evaluation staff from WSU. Their task is to review, analyze, and make recommendations based on each activity evaluated. The CQI cycle of PDSA will be considered for each activity. This work will assist in the decision on how to best scale up activities statewide.

2. How the State has demonstrated progress and made modifications to the SSIP as necessary

a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR

Data from the Social Emotional Training evaluations show that one face-to-face training is not enough to sustain understanding or knowledge learned. To address this finding, the EBP co-leads worked with MDHHS to amend the existing Interagency grant workplan to provide CSEFEL webinars and coaching calls. As mentioned earlier in the report, the CSEFEL trainings and coaching calls are occurring regularly. Additionally, in January 2018, MDHHS utilized grant funds to contract with Julia Heany from MPHI to conduct the COI cycles.

The CoP calls were evaluated and information shared from the *Early On* Coordinators led to the development of a new committee structure, as outlined on page 20 of this report.

A change in practice occurred which resulted from an activity shared during the *Early On* Conference's SSIP breakfast session. MDE and WSU put together presentations for each of the pilot service areas with their most recent APR Indicator 3 data from Federal Fiscal Year (FFY) 2016. The presentations contained comparisons between the pilot service areas and the state in terms of reaching the state targets, eligibility, reporting rate, and data trends.

In the past, this information was not made available until the spring. Feedback from the pilot service areas and TA specialists was very positive and prompted the production of presentations for all 56 service areas; and the data will be shared with each of them much sooner. In addition, APR Indicator 4 Family Outcome data will be shared in this manner. The purpose of sharing this information sooner and in more depth is to assist the service areas in a more comprehensive review of their data as well as beginning improvement activities in a more timely manner.

b) Evidence of change to baseline data for key measures

Michigan did not change its baseline data.

c) How data support changes that have been made to implementation and improvement strategies

Section 2a above outlines changes that have been made to implementation and improvement strategies.

d) How data are informing next steps in the SSIP implementation

Data around COS measurement reporting rates show that Michigan is moving in a positive direction in this area. The Data workgroup will continue work around the implementation of Chase Reports to aid in ensuring children's records are complete and entry and exit COS measurement ratings are entered into the data system.

As mentioned earlier, data from the Social Emotional Trainings informed additional learning through the CSEFEL training series and coaching calls. Data from CoP surveys informed the need for a new SSIP Committee structure.

e) How data support planned modifications to intended outcomes (including the SiMR)—rationale or justification for the changes or how data support that the SSIP is on the right path

For the past three years, SiMR data increased and targets were met. With the formation of the State Coordination and Evaluation Committee, a deeper look will be taken at the targets for FFY 2017 and 2018, as well determining if planned activities are adequate to reach the targets in the coming years.

3. Stakeholder involvement in the SSIP evaluation

a) How stakeholders have been informed of the ongoing evaluation of the SSIP

Evaluation of activities has been shared verbally and electronically with stakeholders through quarterly MICC meetings, SSIP Committee meetings, PIC meetings, and CoP calls. Data have also been shared through web-based platforms such as Trello and Google Docs.

b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

Stakeholders were involved during the Core Team meetings, CoP calls, at MICC and PIC meetings, and participated in discussions around evaluation of SSIP activities. The local *Early On* Coordinators and MICC parents offer valuable input around timelines of activities and whether or not an activity would be beneficial to the service area and families.

D. Data Quality Issues

1. Data limitations that affected reports of progress in implementing the SSIP and achieving the SiMR due to quality of the evaluation data

a) **Concern or limitations related to the quality or quantity of the data used to report progress or results**

MSDS does not provide access to real-time data. Data are collected through MSDS three times per year. The state data report, which combines data for each of the 56 service areas, is available three to four months after the collection date. As a result, data are for events, such as IFSPs and exits, that occurred three to eight months prior. With this timeliness limitation, MDE is starting to work with local SISs for evaluation reporting. There is also the possibility of working with the seven different SIS software vendors to add needed data fields to the systems.

Information gained from the SSIP Phase II survey indicated many service providers lack an understanding of the COS measurement and how it is used in the APR Indicator 3 reporting. Child Outcomes Trainings, the updated Child Outcomes Manual, and embedding the COS into the *Early On* process are activities to address the lack of understanding about the COS measurement.

WSU has provided data and assistance as needed. Their support is instrumental in the SSIP evaluation and they will be members of the State Coordination and Evaluation Committee.

b) **Implications for assessing progress or results**

The importance of working with local SIS programs is critical to obtain real-time data to monitor progress and results. These data would also be important in regard to planning next steps and activities to work towards improving social emotional outcomes for infants, toddlers, and their families.

Additional supports will be implemented, such as child outcomes trainings, the COS prototype, and the rewriting of the COS manual will ensure the COS measurement rating process is understood and administered with fidelity.

Evaluators from WSU are part of the State Coordination and Evaluation Committee and will provide data analyses on the implemented activities. The State Coordination and Evaluation Committee will be better able to track progress and provide targeted assistance where additional supports are needed.

c) Plans for improving data quality

The implementation of Chase Reports will help ensure child records are complete. This will improve the quantity as well as the quality of data collected.

By embedding the COS measurement into the *Early On* process, providing training, and working closely with the pilot service areas, it is expected that COS measurement data will improve.

WSU has been conducting the family survey in Michigan for approximately 25 years. Their expertise will be valuable in evaluating data from all activities as they are part of the State Coordination and Evaluation Committee.

E. Progress Toward Achieving Intended Improvements

1. Assessment of progress toward achieving intended improvements

a) Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up

Related to Messaging:

- Additional questions will be added to the Family Survey this spring. The questions will go to families of children in the pilot and beta sites to gather baseline data around the effectiveness of the activities implemented thus far.
- Each service area will receive individually designed reports, developed by WSU, containing their most recent APR Indicator 3 and 4 data. The reports contain comparisons between the service area and the state in terms of reaching the state targets, eligibility, reporting rate, and data trends. The purpose of sharing this information sooner and in more depth, is to assist the service areas in a more comprehensive review of their data, as well as allowing for more time to develop activities to improve their child and family outcomes.

Related to EBP:

- Work is being done to prepare for embedding the COS into the *Early On* process such as child outcomes trainings, the COS prototype, and the rewriting of the COS manual to ensure the COS measurement rating process is understood and administered with fidelity.

Related to Data:

- Improvements to the local data system by implementing Chase Reports and completing data dives.

b) Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects

Activities have been carried out with fidelity and many data points provide evidence, such as MSDS data, Family Survey data, pre-test, post-test, and follow-up survey data, additional survey data, meeting minutes, and attendance records.

The activities are evidence based, provided by highly skilled personnel, and have been evaluated by the Core Team with the support of WSU, and communicated to the MICC.

c) Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SiMR

Intended Outcomes

Strategy 1

Social Emotional Training/CSEFEL training series with ongoing coaching:

Short Term

- Providers in pilot service areas participate in Social Emotional Trainings, CSEFEL training series, and with coaching calls offered through the SSIP initiative.
- Providers have an understanding of social emotional milestones.

Intermediate/Long Term

- Providers are able to identify and describe strategies for building social emotional health.
- Providers report an increased sense of confidence and competence when working with families on social emotional development.
- Providers are able to support parents in forming and sustaining relationships with their children and creating a positive social emotional climate.
- Providers will be able to use a relationship-based approach with families.

Community of Practice Calls:

Short Term

- *Early On* Coordinators and parents participate in CoP calls on a regular basis.

Intermediate/Long Term

- *Early On* Coordinators and parents are supported, and able to connect with each other regarding scaling up activities.

eDECA-I/T system ongoing training and support:

Short Term

- *Early On* Coordinators support providers in using the eDECA-I/T as an informative tool to work with families on social emotional health.
- Providers begin to utilize the eDECA-I/T when working with families.
- TA and coaching calls are provided to build upon administrators' and providers' competence and confidence using the system and available strategies.
- Coaching calls are provided to providers on how to use the strategies and features of the system to enhance services.

Long Term

- Providers utilize the eDECA-I/T on a regular basis with families in *Early On*.
- Providers coach families to recognize opportunities to integrate strategies into their daily routine that support their child's social emotional health.
- Families implement strategies from the eDECA-I/T related to their child's development with the support from their service provider.

Strategy 2

Research resources:

Short Term

- EBP workgroup continues seeking guidance from national TA for support in developing a COS form prototype that supports integration of the COS measurement into the IFSP process.
- EBP workgroup research national resources to revise the Birth to Three and Three to Five Child Outcomes manuals into a single Birth to Five Child Outcomes Manual and guidance documents.

Intermediate/Long Term

- The COS measurement is integrated into the *Early On* process for pilot service areas.
- The Birth to Five Child Outcomes Manual is launched for *Early On* and ECSE 619 field with training and TA support.
- By integrating the COS measurement, COS data are more accurate for children in the pilot service areas.

Strategy 3

Support to EO Coordinators:

Short Term

- Introduce Leading by Convening to state team as a tool to engage stakeholders.
- Utilize Leading by Convening strategies to increase confidence and competence among *Early On* Coordinators.

- Develop and implement the process of using CQI quick cycles to inform and identify opportunities for improvement.

Intermediate/Long Term

- *Early On* Coordinators utilize Leading by Convening strategies with stakeholder groups and providers in their service areas.
- *Early On* Coordinators identify, develop and implement CQI cycles to make decisions and inform the scale up process.

Strategy 4

Data improvements:

Short Term

- Data staff in pilot service areas develop Chase Reports, including a COS Reporting Rate report, to identify and resolve data blockages that are inhibiting submission to MSDS.
- COS data reports will be made available within SIS systems.
- Local service areas will begin using COS data reports.
- Meaningful warnings, error checks, reports, and data fields will be included in MSDS.
- Providers in pilot service areas participate in training for data dive analysis to better understand COS data.

Intermediate/Long Term

- WSU and the Center for Performance and Information (CEPI) staff develop COS Reporting Rate report as evaluation and accuracy checker.
- COS data will become more complete.
- COS data will become more accurate.
- Providers in pilot service areas participate in ongoing TA in data dive analysis to better understand the COS data.
- Personnel in pilot service areas implement the use of COS data to plan for improvement of the system.

Strategy 5

Messaging Distribution:

Short Term

- Families are able to recognize signs of social emotional health.
- Families are able to identify activities to support social emotional health.
- Providers are able to define social emotional health by recognizing typical and atypical milestones of social emotional development in infants and toddlers.
- Providers are able to identify and describe strategies for building social emotional health.

Intermediate/Long Term

- Families are able to select and implement activities to support their child’s social emotional health.
- Providers coach families to recognize opportunities to integrate strategies into their daily routine that support their child’s social emotional health.

d) Measurable improvements in the SiMR in relation to targets

The State Identified Measurable Result (SiMR) is:

To increase the social and emotional outcomes for infants and toddlers in the pilot service areas as measured by Indicator 3a, Summary Statement 2, by 11.2 percentage points by 2018.

Baseline data 2013	Target 2014	Target 2015	Target 2016	Target 2017	Target 2018
40.4%	38.0%	40.0%	42.9%	46.3%	51.6%
	Data: 41.87	Data: 44.55	Data: 44.71		

The SiMR target was met this year.

F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline

SSIP Phase III: April 3, 2018, April 1, 2019

- a) Build on the training from previous year to increase service providers’ confidence and competence in social emotional development in the pilot service areas through:
 - CSEFEL trainings, social emotional webinar series, ongoing coaching from MDHHS Early Childhood Consultant.
 - CoP calls and in February 2018, shift to the formation of Implementation Team.
 - eDECA-I/T ongoing training and support provided by MDHHS Early Childhood Consultant.
- b) Integrate COS measurement into the *Early On* process.
 - Continue work with pilot service areas to determine opportunities for integration, resources, ideas, and support from National TA.
 - *Early On* Coordinators complete IFSP Integration Tool developed by ECTA Center to assess where their local system is in the integration of the COS.
 - Workgroup established to revise COS form for pilot service areas and Child Outcomes manual.
 - o COS form prototype designed.

- Research and creation of a Birth to Five Child Outcomes manual has begun.
- c) Provide training to support *Early On* Coordinators to increase their confidence and competence as leaders.
 - Continue to work with pilot service areas on CQI cycles through PDSA process.
- d) Continue to lay groundwork for data improvements.
 - Increase completeness and accuracy of COS data in MSDS and local SISs by providing support to pilot service areas.
- e) Continue to lay groundwork for messaging distribution.
 - Develop and print or post key social emotional and communication resources for families.
 - Collaborate with WSU to collect baseline data in the Family Survey.
 - Align message for providers with EBP workgroup and distribute to pilot service areas.

2. Planned evaluation activities including data collection, measures, and expected outcomes

EBP activities: After completion of the DECA-I/T training and eDECA-I/T webinar series, each pilot service area began using the eDECA-I/T with infants and toddlers eligible for *Early On* in their service area. Follow-up coaching calls have taken place on the use of strategies to support service providers in implementing effective social emotional relationship-based support for families and technical assistance using the eDECA-I/T. Expected outcomes are that providers gain confidence and competence in utilizing the tool which will result in more children having a DECA-I/T assessment and this assessment being entered into the online system. The online system generates strategies the providers use with families to support social emotional development of their child. Data collected from the eDECA I/T system will provide detailed information related to the number of assessments and growth of children that have had multiple assessments performed over time. Coaching calls will continue to further support providers resulting in families being coached on using the individualized strategies to aid in supporting the social emotional growth of their child. Provider and parent surveys will be used to determine the effectiveness of the activities.

Messaging activities: Messaging activities will be evaluated via surveys to parents. Questions will be added to the National Center for Special Education Accountability (NCSEAM) family survey to determine if Messaging activities had an impact and led to an increase in knowledge about social emotional development. This will occur in the spring of 2018 and data will be considered baseline data. It is expected that by having a solid, well organized Messaging campaign, more providers and parents will be aware of

the importance of social emotional development. However, since implementation of activities is still in the infancy stage, the expected outcomes are that a longer timeframe of implementation will be needed before seeing a positive impact on families.

Data improvements: By targeting training around COS data, it is expected that data quantity and quality will continue to improve. With the addition of Chase Reports, it is likely that a child's data record will be more complete, leading to greater exit COS reporting rates as well as identifying areas for improving child outcomes.

3. Anticipated barriers and steps to address those barriers

Anticipated barriers include staff time and fiscal resources. The CSPD grantee has included SSIP related activities as a considerable portion of their work plan to assist with the implementation of SSIP activities. The MICC established the Fiscal Ad Hoc Committee with the following purpose: to review all available funding sources in light of Michigan's existing system(s), to determine what could or should be pursued, and to develop a fiscal plan for *Early On* – a path to developing a fiscally sound early intervention system. The committee reports to the MICC quarterly with updates as to progress made around the charge.

4. The State describes any needs for additional support and/or technical assistance

Michigan looks forward to continuing to gain knowledge and receive guidance from national TA centers, including the ECTA Center, NCSI, and the Center for IDEA Early Childhood Data Systems (DaSy). Ongoing needs include direct and timely support via phone, email, face-to-face meetings, webinar-based learning opportunities, and in-state TA provided by Michigan's assigned consultant.

Michigan is one of 15 states that participates in the Social Emotional Cross State Learning Collaborative. The Social Emotional Outcome Learning Collaborative utilizes a platform known as Ning. The Ning site, <https://ncisocialemotional.ning.com>, houses resources, recorded webinars, allows states to share materials with each other, and has a special state lead section. This support has been very beneficial, and Michigan will continue to gain information and learn from other states working towards improving social emotional outcomes for infants and toddlers.

The *Early On* state staff have monthly phone conversations with Janine Rudder, Michigan's state contact from the Office of Special Education Programs (OSEP). These calls will continue through the upcoming year and provide an opportunity to share progress and receive feedback on SSIP Phase III work, and to clarify expectations.

Appendix

Appendix A	Social Emotional Training Data
Appendix B	Community of Practice Data, <i>Early On</i> Coordinators
Appendix C	Community of Practice Data, Parents
Appendix D	Leading by Convening and Continuous Quality Improvement Data
Appendix E	Social Media Analytic Data