Michigan Part C *Early On*®

Annual Performance Report, Indicator 11

State Systemic Improvement Plan (SSIP)

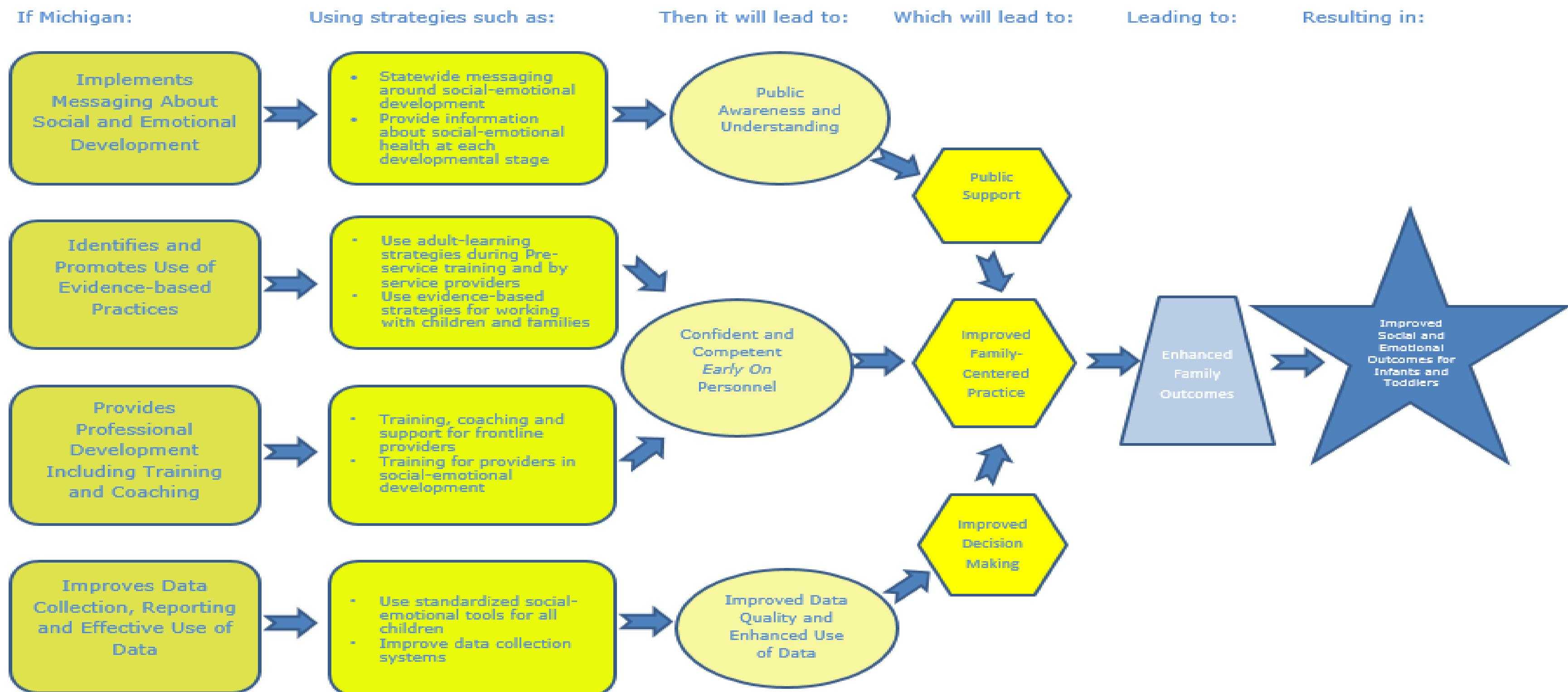
Phase III

April 1, 2020

Section 1: Theory of Action

Michigan's Theory of Action was developed during Phase I of the SSIP and progress has been made through the implementation of activities within four pilot sites. Data from the Family Survey, Service Provider Survey, the Michigan Student Data System (MSDS), Key Informant Interviews, a dissertation, and other surveys provide evidence to show positive results in the stage of Enhanced Family Outcomes. Work continues to move Michigan Part C toward improving child outcomes and is detailed in the report.

Figure 1.1: Michigan's SSIP Theory of Action



Section 2: Status of the State-identified Measurable Result (SiMR)

The following table shows Michigan's SiMR over the past five years.

Table 2.1: Michigan's Part C SiMR Data

Current SiMR:
Has the SiMR changed since the last SSIP submission? No

If "Yes," provide an explanation for the change(s) including the role of stakeholders in decision-making. N/A

Progress toward the SiMR (see first bullet under Section 2 instructions):

	Baseline Data 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
FFY Target		38.0%	40.0%	42.9%	46.3%	51.6%	51.6%
FFY Data (Actual)	40.4%	41.87%	44.5%	44.71%	41.49%	40.44%	

Has the SiMR baseline data changed since the last SSIP submission? No

If "Yes," provide an explanation for the change including the role of stakeholders in decision-making. N/A

Have SiMR targets changed since the last SSIP submission? No

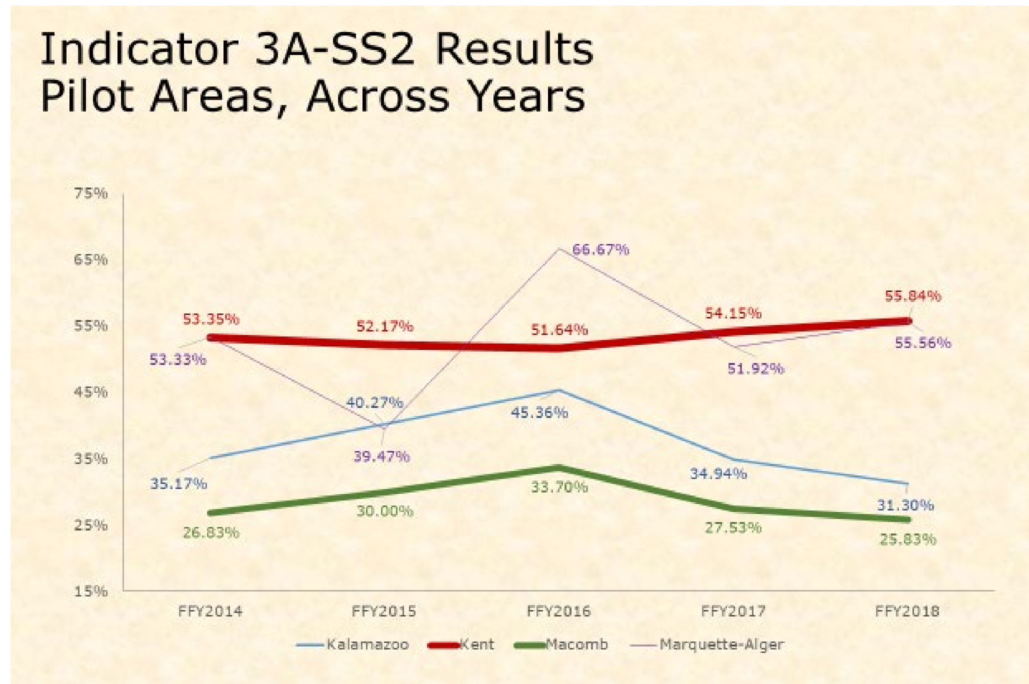
If "Yes," provide an explanation for the change including the role of stakeholders in target setting. N/A

If applicable, describe any data quality issues specific to the SiMR data and include actions taken to address data quality concerns or check N/A if no data quality concerns were identified for the reporting period. N/A

SiMR Progress

The SiMR target was not met this year. However, the decline (1.05 percentage points) was not as steep as in the previous year (3.22 percentage points). Within the four pilot sites Kent Intermediate School District (ISD) and Marquette-Alger Regional Educational Service Agency (RESA) increased their child outcomes while Macomb ISD and Kalamazoo RESA both experienced a decrease in child outcomes.

Figure 2.2: Michigan Part C SiMR Results Federal Fiscal Year (FFY) 2014-2018



Some possible explanations for not meeting the SiMR target include:

➤ Statewide the child outcomes reporting rate has increased.

The statewide reporting rate, calculated by Wayne State University using data from MSDS, for matched entry and exit Child Outcome Summary (COS) ratings has risen since 2014:

- 2014- 58.9%
- 2015- 63.0%
- 2016- 71.5%
- 2017- 75.5%
- 2018- 78.3%

Within the four pilot service areas, the reporting rate for matched entry and exit COS ratings has also increased:

- 2014- 76.7%
- 2015- 70.2%
- 2016- 88.9%
- 2017- 93.1%
- 2018- 93.8%

Increasing the quantity of data was an outcome for the SSIP work. Reasons for the increased reporting rate are attributed to:

- Data improvements made to include Chase reports which flag missing data elements and result in a greater number of completed exit COS ratings.

- Training with the pilot service areas around the child outcomes rating process. According to data from the Key Informant Interviews and SSIP Survey, staff report that training has influenced how they integrate the child outcomes into their overall process with families. Staff are also participating more as a team in determining a COS rating, involving families in the process in a more meaningful way, and are receiving ongoing feedback from their supervisor or *Early On* coordinator.

➤ Significant growth in total number of children served across years.

According to the Part C/*Early On* period count, the number of children receiving services increased from 18,357 in FFY 2013 to 22,229 in FFY 2018. Within five years, *Early On* is serving roughly 4,000 more children.

➤ Significant growth in number of children eligible for Michigan Mandatory Special Education (MMSE) (a subset of the *Early On* population) reported in COS rating sample.

The number of children eligible for MMSE, a subset of children with more significant delays, included in the COS rating sample increased steadily since FFY 2013, indicating that *Early On* has been serving more children with significant delays. This aligns with a change in Part C eligibility criteria in FFY 2013 from any delay to requiring a 20 percent delay. Correspondingly, a greater percentage of children currently enrolled in Part C were rated to be more significantly delayed at the time of entry compared to children enrolled five years ago. Additionally, in the pilot sites, a statistically significantly higher percentage of children were eligible for MMSE than the statewide sample (74 percent in the pilot sites vs 54 percent statewide in FFY 2018). These children are also less likely to exit functioning within age expectations, compared to their peers who were eligible for Part C only, leading to lower results on the SiMR. The percentage dropped statistically significantly from FFY 2013 to FFY 2018 on all three Annual Performance Report (APR) child outcome indicators, impacting Indicator 3A, Summary Statement 2 results.

Section 3: Executive Summary

Outcomes achieved:

- Established readiness factors for local service areas and providers planning to embark on supporting families in social emotional learning.
- Determined supports needed at both state and local levels to promote provider confidence and competence.
- Families reporting enhanced family outcomes.
- Improved data and enhanced use of data for decision making.

Outcomes were defined, evaluated, and measured

Michigan's major accomplishments and focus this past year have centered around collecting, analyzing, and making decisions based on data; sources include:

1. Innovating through Partnership for Improved Outcomes in Part C/Early Intervention, Sondra Stegenga (2019) dissertation. The aim was two-fold:
   a. To examine feasibility, acceptability, and appropriateness of initial implementation of an evidence-based practice (early social emotional assessment use) within early intervention/Part C systems in the pilot phase.
   b. To examine usage rates/uptake of the evidence-based practice (early social emotional assessment use) relative to key drivers and determinants (supports and barriers).

2. Annual Statewide Part C Family Survey (NCSEAM) including 19 additional questions around social emotional development.

3. Statewide Service Provider Survey designed to better understand:
   - service providers' knowledge of social emotional development;
   - specific types of family-centered practices used to promote positive social emotional development; and
   - types of support or training service providers want around social emotional development.

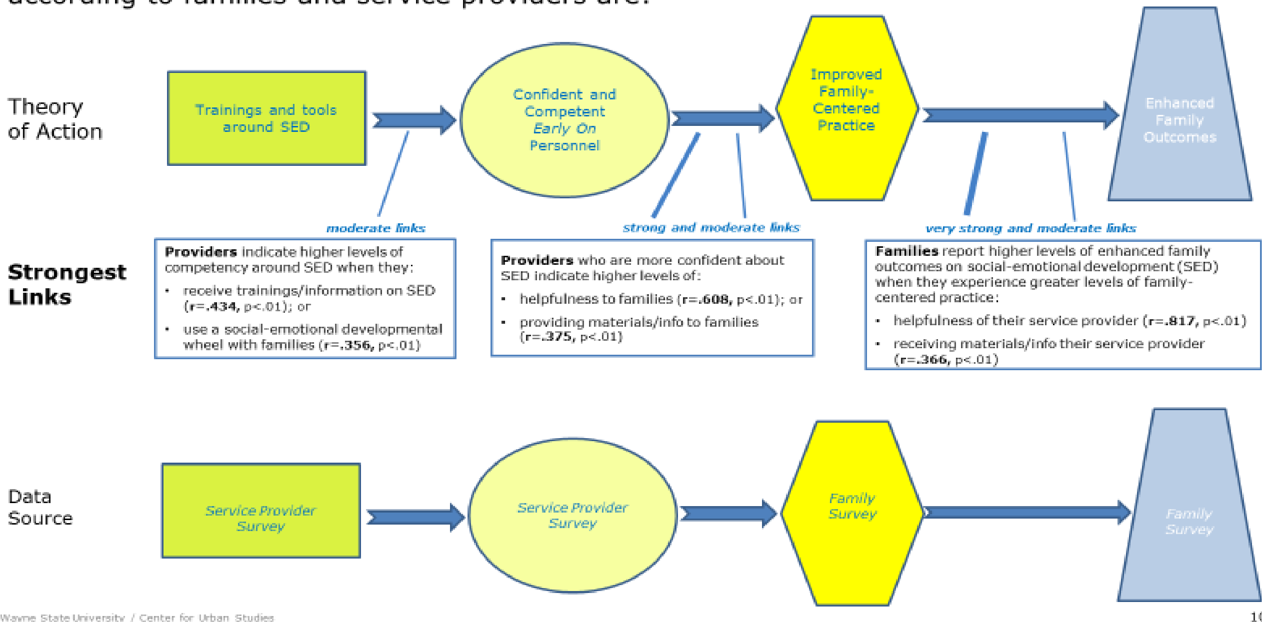
Recommendations from Ms. Stegenga's dissertation suggest that willingness to participate is a strong factor in success and creating a feasibility survey prior to selection of service areas for the next phase can provide data in terms of readiness. Data also suggest the need for consistency in implementation of activities, such as the electronic Devereux Early Childhood Assessment (eDECA) and the Social Emotional Developmental wheels; therefore, fidelity checklists are being developed for the Initial Implementation phase.

Data from the Statewide Service Provider Survey (measured practice) and the Family Survey (measured outcomes) showed that practice is positively linked to outcomes. This confirmatory evidence will be used to identify potential service areas with varying levels of practice and outcomes to assess the impact of intervention strategies.

Relate the outcomes to the State's Theory of Action

The Service Provider and Family surveys link to the Theory of Action as shown in Figure 3.1.

Figure 3.1



The activities of collecting, reviewing, and analyzing leads to the outcome of enhanced decision-making. This ties to the Theory of Action under Improves Data Collection, Reporting, and Effective Use of Data leading to Improved Decision Making.

How the State's system was positively impacted by the outcome
Collecting, analyzing, and making data driven decisions will positively impact the system in many ways. Service areas selected for Initial Implementation will have the advantage of lessons learned from the pilot phase and will have adequate staffing, support, and funding in place. More service areas will be trained in foundational knowledge through the Pyramid Model trainings, Devereux Early Childhood Assessment Infant/Toddler (DECA-I/T) training, eDECA training, and have materials available to support staff and families. With fidelity measurements in place, activities will be implemented with consistency which will lead to improved data and decision making.

Role of stakeholders in implementation and evaluation of the activity
Stakeholder involvement includes service providers in every service area across the state being invited to share their expertise through the Statewide Service Provider Survey (1,094 surveys sent and 507 responded). The Family Survey went to every family (nearly 8,000) enrolled in *Early On* as of April 1, 2019, and about 3,000 families completed the survey. Both surveys had a response rate of approximately 40 percent. The Michigan Interagency Coordinating Council (MICC) was involved in discussions through SSIP presentations at each MICC quarterly meeting, and the Parent Involvement Committee (PIC) of the MICC played a role in helping to develop questions for the surveys and ensure readability. The pilot site coordinators

and service providers were interviewed and took part in research done by Ms. Stegenga, and also reviewed and provided critical input into the development of the fidelity checklists for the eDECA and Social Emotional Developmental wheels.

How the outcome is necessary for achieving and/or sustaining the SiMR
Continuing to gather and analyze data is necessary to achieve positive child and family outcomes across the state and improve the SiMR.

SSIP activities continued from the previous year ensured staff were well trained around four overarching strategies. The strategies are further explained in Section 4- Status of Infrastructure Improvement Strategies.

1. **Build on training from previous years to increase service providers' confidence and competence in social emotional development in the pilot sites through:**
    Center on the Social Emotional Foundation for Early Learning (CSEFEL) Pyramid Model Train the Trainer series with coaching, combined with DECA-I/T and eDECA training, implementation, and support.

2. **Integrate COS measurement into the *Early On* process.**
    Continue developing the Birth to Five Child Outcome Summary (COS) Process Manual to support the integration of child outcomes into the *Early On* process.

3. **Increase the quantity and quality of child outcomes data in MSDS and local Student Information Systems (SIS).**
    Based on the Chase reports model, develop an *Early On* Child Outcomes Data Manual to be used to improve the quantity and quality of data.

4. **Continue distributing the message around the importance of social emotional development.**
    Provide guidance and collect data on the effectiveness of the Social Emotional Developmental wheels.

Contextual information that may have impacted implementation and evaluation activities since the last SSIP submission (e.g., leadership turnover, impact of natural disasters, new resources)
Michigan Part C pilot sites have undergone major leadership turnover over the past few years. Three of the four pilot sites have had a new *Early On* coordinator since agreeing to be a pilot site. For one of those sites, this is the third coordinator in four years. While the coordinator remained constant at the fourth pilot site, five out of eight service providers left their positions. Since the fourth service area is very small, the turnover rate was 63 percent and since the new staff had to be retrained, it required additional time. As a result of local turnover, momentum for doing the SSIP work decreased, we had to continually work to bring new staff members up to speed, and implementation was not as successful as it could have been.

At the state level, the longtime State Part C coordinator retired in 2018. One of the Michigan Department of Education's (MDE) three full-time consultants experienced

a serious medical issue and is on leave until summer 2020. She was the child outcomes lead. The director of the Office of Great Start, where *Early On* is housed, retired in January 2020. The new State Part C coordinator is filling two important roles: the role of interim director and the role of Part C coordinator. The *Early On* team is functioning with two full time consultants, one part time analyst, and one part time contractor.

At the national level, Michigan Part C relied heavily on the support from the National Center for Systemic Improvement (NCSI). The technical assistance they provided was very beneficial to the SSIP leads and staff because NCSI brought the 15 states focusing on social emotional outcomes together twice a year and provided countless resources and connections. NCSI was not funded to continue with Part C; therefore, the support, guidance, and connections with other states is not in place to help guide the SSIP work.

Section 4: Status of Infrastructure Improvement Strategies

1. **Build on the training from previous years to increase service providers' confidence and competence in social emotional development in the pilot sites through:**

   A. **CSEFEL Pyramid Model Train the Trainer Series with Coaching**

   Additional details for major activities
   The Pyramid Model Train the Trainer series with coaching is a conceptual framework of evidence-based practices for promoting infants' and toddlers' healthy social emotional development. 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 infants and toddlers. The Pyramid Model was developed by two national, federally-funded research and training centers: CSEFEL and Technical Assistance Center on Social Emotional Intervention for Young Children. These centers' faculty represent nationally recognized researchers and program developers in the areas of social skills and challenging behavior. Based on over a decade of evaluation data, the Pyramid Model has shown to be a sound framework for early care and education systems.

   Accomplishments
   The Michigan Department of Health and Human Services (MDHHS) Infant and Early Childhood Mental Health consultant is trained as a trainer in the Pyramid Model and utilized the framework to design one 60-minute training on infant and toddler social emotional milestones and strategies for at home, one 90-minute training on infant/toddler attachment and strategies to foster secure adult-child relationships, and two webinar-based trainings with coaching calls delivered to the pilot service areas. There were eight webinars and three coaching calls. Each webinar and coaching call were one hour in

length. The format was further modified to meet the needs of the individual service area providers needs based on input from the *Early On* coordinators.

Progress on improvement strategy
Service providers continue to receive training through the Pyramid Model Train the Trainer series with coaching facilitated by the MDHHS Infant and Early Childhood Mental Health consultant. As new service areas are invited to participate in the Initial Implementation cohort, modules will be scheduled, and new service providers will begin training for approximately an 18-month commitment.

Expected impact on the SiMR, data collected to determine progress/evaluate outcomes, and next steps
Continuing to provide Pyramid Model Train the Trainer series with coaching will have a positive impact on the SiMR because by improving confidence and competence of service providers there will be improved family-centered practice. Data below from the Family Survey confirms that when parents agreed that their provider was knowledgeable about social emotional outcomes, they were more likely to report enhanced family outcomes. The difference between those parents who answered ‘yes’ was statistically significantly higher on every response.

Table 4.1: Michigan Part C Family Survey Data 2020

Family-centered practice helps families nurture their children’s social-emotional development

Parents who agreed that their **provider is knowledgeable** about social-emotional development were more likely to report enhanced family outcomes.

Q42: I feel my *Early On* provider is knowledgeable about social emotional health and behavior.

enhanced family outcomes	*Over the past year, Early On services have helped me and/or my family:*	If agree to Q42, percent agreeing to outcome statement*	If disagree to Q42, percent agreeing to outcome statement*
Knowledge and confidence	30. define what social and emotional health is.	84.1%	13.4%
	31. learn more about my child's social and emotional development and what to look for as they grow.	91.3%	21.9%
	32. feel confident in my ability to recognize social-emotional health in my child (e.g., express emotions, respond to others, engage in play, etc.).	93.0%	28.6%
	33. identify activities that I can do to support social-emotional health for my child (e.g. soothing, calming activities, establishing routines, teach problem solving skills, etc.).	92.0%	26.5%
	34. recognize the importance of my parent-child relationship to all areas of development.	96.7%	43.3%
	35. know the importance of talking with my child in a soothing and comforting tone.	94.3%	33.3%
	41. feel more confident addressing behavior that challenges me (e.g. tantrums, biting, etc.)	89.9%	21.3%
Parent-child interaction	36. help my child to calm down and recover when he/she feels sad or anxious.	88.2%	15.5%
	37. pay more attention to my child's feelings and emotions (e.g. happy, sad, anxious, etc.).	91.4%	18.8%
	38. increase the amount of quality eye contact and face-to-face time with my child (cooing and babbling together, playing during floor time, etc.).	93.1%	36.5%
	39. talk with my child about feelings and emotions (e.g. "I see your tears and I know daddy leaving made you feel sad," "I see that big smile- you are happy mommy is home!").	88.0%	21.9%
	40. respond quickly to my child's needs (pick them up when they cry, laugh together, smile back and forth with my infant...)	92.1%	28.7%

2019 *Early On* Annual Family Survey

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* The difference between the YES and NO percentages is statistically significant on all outcome questions.

The next steps for this strategy are to offer the Pyramid Model Train the Trainer series with coaching to service areas as part of Initial Implementation.

Resulting State System Improvements and Efforts to Ensure Sustainability

The state system is improved because early intervention service providers are trained in foundational and in-depth knowledge about social emotional development. Through coaching, service providers are supported to implement new strategies with families, report back to the monthly webinars, share how the intervention went, and receive support.

MDE partners with MDHHS and provides funding for the role of the Mental Health consultant, which makes this work sustainable. Furthermore, since the Pyramid Model Train the Trainer webinars build capacity by training the participants, it is also more sustainable.

Leveraging Infrastructure Improvements Beyond the SiMR

MDE and MDHHS have a strong partnership which positively impacts the SSIP. In addition to supporting SSIP work, the MDHHS Mental Health consultant also facilitates the Pyramid Model Train the Trainer series with coaching for service areas across the state who are not part of the Initial Implementation cohort. Having this training in place contributes to a strong infrastructure and deepens foundational knowledge about the importance of social emotional health statewide.

Plans for Scale-Up

The Pyramid Model Train the Trainer series and coaching calls will be scaled up during the Initial Implementation phase. The training will be provided to the selected cohort as a series of modules offered as five webinars on typical and atypical social emotional development of infants and toddlers, covering topics such as temperament, attachment, nurturing environments and more, using the national Pyramid Model modules enhanced with DECA strategies. Additionally, coaching occurs within webinars to provide a peer-to-peer learning community for sharing successes, barriers, and ideas for using information from the webinars. Each module is 1 hour and 45 minutes and will include 75 minutes of content and interactive learning and 30 minutes of coaching on the use of resources and interventions shared. The training is a six-month commitment.

B. DECA-I/T and eDECA Training, Implementation, and Support

Additional details for major activities

The DECA was identified as a tool to assist service providers in implementing effective social emotional relationship-based support for families. The DECA is a standardized, strength-based assessment of child protective factors including attachment, initiative, and self-regulation. It consists of a questionnaire completed with the family and service provider. The questionnaire is then scored and if the child scores below his/her

developmental age, strategies are generated for the family to use to help increase the child's social emotional development.

A state level eDECA license and child level test administrations were purchased to support implementation in the four pilot service areas. eDECA ongoing training and support were provided by MDHHS Early Childhood Mental Health consultant.

Accomplishments include:

- An increase in the number of children who have received an eDECA assessment.
- An increase in the number of service providers trained and using the eDECA with families.
- The process of completing an eDECA with families was valuable.

Progress on improvement strategy

Service providers continue to receive training on the DECA, through the MDHHS Infant and Early Childhood Mental Health consultant. Once service providers completed the webinars on how to use the eDECA, they received support on implementing the eDECA since this was combined with the Pyramid Model Train the Trainer series with coaching.

Expected impact on the SiMR, data collected to determine progress/evaluate outcomes, and next steps

The eDECA has had an impact on the SiMR. Data from the eDECA system shows an increase in the number of children with an eDECA assessment. As of January 2020, there are 667 children in the eDECA system, up from 491 from a year ago. In addition, there are 227 providers trained and implementing the eDECA; an increase from 188 last year. When families answered 'yes' to filling out a social emotional questionnaire, they reported statistically significantly higher family outcomes, as seen below for every item measuring enhanced family outcomes on social emotional development.

Table 4.2: Michigan Part C 2019 Family Survey

Family-centered practice helps families nurture their children's social-emotional development

Parents completing a **social-emotional questionnaire** were more likely to say that *Early On* helped them enhance their knowledge, confidence, and parent-child interaction.

Q26: I completed a social-emotional questionnaire for my child.

enhanced family outcomes	*Over the past year, Early On services have helped me and/or my family:*	If YES to Q26, percent agreeing to outcome statement*	If NO to Q26, percent agreeing to outcome statement*
Knowledge and confidence	30. define what social and emotional health is.	89.9%	53.5%
	31. learn more about my child's social and emotional development and what to look for as they grow.	92.9%	69.9%
	32. feel confident in my ability to recognize social-emotional health in my child (e.g., express emotions, respond to others, engage in play, etc.).	93.5%	75.6%
	33. identify activities that I can do to support social-emotional health for my child (e.g. soothing, calming activities, establishing routines, teach problem solving skills, etc.).	92.5%	75.0%
	34. recognize the importance of my parent-child relationship to all areas of development.	95.2%	86.1%
	35. know the importance of talking with my child in a soothing and comforting tone.	93.8%	80.6%
	41. feel more confident addressing behavior that challenges me (e.g. tantrums, biting, etc.)	89.8%	70.7%
Parent-child interaction	36. help my child to calm down and recover when he/she feels sad or anxious.	89.0%	68.1%
	37. pay more attention to my child's feelings and emotions (e.g. happy, sad, anxious, etc.).	91.2%	72.0%
	38. increase the amount of quality eye contact and face-to-face time with my child (cooing and babbling together, playing during floor time, etc.).	91.5%	82.1%
	39. talk with my child about feelings and emotions (e.g. "I see your tears and I know daddy leaving made you feel sad," "I see that big smile- you are happy mommy is home!").	89.6%	67.3%
	40. respond quickly to my child's needs (pick them up when they cry, laugh together, smile back and forth with my infant...)	92.3%	76.3%

2019 *Early On* Annual Family Survey

* The difference between the YES and NO percentages is statistically significant on all outcome questions.

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Additional work will be done around developing and fine-tuning strategies for parents to use with their children, as was learned through Ms. Stegenga's dissertation.

In addition, next year the service areas selected for Initial Implementation will use fidelity checklists (one for the *Early On* coordinator and one for the service provider) with the eDECA to allow for more consistency across users. The fidelity checklists will examine whether a service area is following implementation practices in the areas of infrastructure, training, assessment, planning, supervision/oversight, and follow up which will promote fidelity. As part of the Pyramid Model Train the Trainer series with coaching, the eDECA will be included. Once the fidelity checklists are in place, additional data will be collected to determine if the use of the eDECA is associated with greater gains in child outcomes on social emotional development.

Resulting State System Improvements and Efforts to Ensure Sustainability

The state system is improved because the DECA and eDECA assessment tools help identify children with social emotional delays so that appropriate strategies can be implemented to address improving social emotional outcomes for infants, toddlers and their families. By discussing strategies to enhance the child's social emotional development with the family, there is greater likelihood the family will try out the strategies with their child.

The eDECA is sustainable because MDHHS and MDE purchased a state license and has a stock of test administrations to be used with the next cohort during Initial Implementation. The DECA-I/T is sustainable because MDE and MDHHS have interagency agreements in place to ensure the mental health consultant has a workplan in place to carry out the support needed for the SSIP.

Leveraging Infrastructure Improvements Beyond the SiMR

MDE and MDHHS have a strong partnership which positively impacts the SSIP. In addition to supporting SSIP work, the MDHHS mental health consultant also facilitates the DECA-I/T and eDECA trainings and the state license is shared between MDE and MDHHS.

Local applications through 54d funding showed that many service areas are interested in using funds for the eDECA.

Plans for Scale-Up

The DECA-I/T will be scaled up in connection with the Pyramid Model Train the Trainer series with coaching as part of the next phase—Initial Implementation.

The DECA-I/T training is offered as a one day, in person training or it can be completed virtually by certified trainers based on the DECA-I/T program. The DECA-I/T is a strength-based assessment and planning system for children ages four weeks up to 36 months. Based on resilience theory, this comprehensive system is made up of a five-step approach designed to support early childhood teachers, mental health professionals, home visitors, and families in their goal of helping children develop healthy social emotional skills and reduce challenging behaviors. Central to the DECA-I/T is the DECA, a standardized, strength-based assessment of within-child protective factors including Attachment, Initiative, and Self-regulation.

The eDECA is a web-based application that allows for assessment ratings to be entered online. It completes all scoring, generates reports, and provides strategies for providers to use with families or to offer to families. All information is stored in a secure database.

Staff members in the selected cohort who participate will commit to:

- Attending a minimum of 90 percent of required Pyramid Model Train the Trainer series (can miss one but must listen to recording).
- Utilizing strategies discussed and coming prepared to share experiences during the next webinar.
- Completing training on the DECA tool administration and use by a certified trainer before implementation and every two years thereafter by completing a booster training available on the *Early On* Training and Technical Assistance (EOT&TA) website.
- Becoming familiar with and using the eDECA system.

Early On coordinator and/or leadership team commits to:

- Supporting staff with attendance at trainings and completion of online trainings.

2. **Integrate COS measurement into the *Early On* process.**
   Continue developing the Birth to Five COS Process Manual to support the integration of child outcomes into the *Early On* process.

Additional details for major activities

The Birth to Five COS Process Manual was designed to support service providers in understanding the importance of the three child outcomes and how to integrate the use of the outcomes into the Individualized Family Service Plan (IFSP) process. By integrating into the IFSP process the intent is to make the COS process more meaningful to providers and parents. This manual supports the birth to five child outcomes training that is currently offered to providers.

The intent of this manual is to take the beginning steps toward increasing the quality of child outcome data being reported.

Accomplishments

A team of training and technical assistance staff from *Early On* and 619, MDE *Early On* consultants and the State Part C coordinator worked together to create a manual that encompassed evidence based and best practices from across the county for the COS process. Once finalized, the training and technical assistance team will integrate the manual into the Birth to Five child outcomes training to educate the field on how to effectively incorporate the summary determination into the *Early On* process.

Progress on improvement strategy

Progress includes the draft manual being created by EOT&TA and submitted to MDE's *Early On* team for review. The review by the MDE team will ensure the information is correct for Michigan.

Expected impact on the SiMR, data collected to determine progress/evaluate outcomes, and next steps

Having a manual in place that supports the child outcomes training will impact the SiMR, which ultimately is to increase child outcomes. During the next phase, Initial Implementation, the SiMR targets will be revised since the past SiMR

results focused on child outcomes based on only the four pilot sites, and six to ten new service areas will be selected, resulting in a new SiMR target.

Connecting child outcome data to the *Early On* process, beginning with the IFSP, is critical for service providers across the state to see the importance of the COS measurement process. During SSIP Phase I and II, survey data showed that service providers valued the IFSP process much more than the COS process. The manual and trainings are an attempt to link the two so that the COS measurement process is embedded into the *Early On* process.

Next steps include finalizing the manual and using it as part of the child outcomes trainings within the next phase, Initial Implementation, but also across the state for all service areas that receive child outcomes training.

Resulting State System Improvements and Efforts to Ensure Sustainability

The state system will be improved because the Birth to Five COS Process Manual is the first step in integrating the outcomes measurement into the IFSP process. Michigan is working toward creating integrated processes in which evaluation and assessment information gathered are used for both purposes (IFSP development and determination of a COS rating) with families informed and asked to participate in the outcomes rating. It is anticipated that the integration will result in more accurate IFSPs and child outcomes measurements, increased involvement in and understanding of the processes by the families, more functional child outcomes on the IFSP, and improved monitoring of individualized outcomes over time.

Once the manual is finalized, incorporating it into child outcomes trainings will be a natural fit and easily sustainable.

Leveraging Infrastructure Improvements Beyond the SiMR

The child outcomes trainings are for service providers who work with children age birth to five, which includes children in *Early On* as well as Part B Section 619. By developing the Birth to Five COS Process Manual, there will be a positive impact and more accurate ratings for children in *Early On* as well as for those who are in Part B Section 619 programs.

Plans for Scale-Up

The Birth to Five COS Process Manual will be incorporated into child outcomes trainings for the Initial Implementation as well as for service areas that request the training, statewide.

3. **Increase the quantity of child outcomes data in MSDS and local SIS.**

    Based on the Chase reports model, develop an *Early On* Child Outcomes Data Manual to be used to improve the quantity of data collection.

Additional details for major activities

The *Early On* Child Outcomes Data Manual will focus on *Early On* data collection, submission, reporting, and analysis for improvement of APR Indicator 3/Child Outcomes.

The pilot service areas implemented a system for obtaining missing data for a child, called a Chase report, which helped track matched entry and exit COS data. Based on the success of the Chase report process, an *Early On* Child Outcomes Data Manual was created. The manual details the Chase report process and is intended to better assist service areas in improving the quantity of data collected.

Progress on improvement strategy

The *Early On* Child Outcomes Data Manual is in the final stages of development. Once the first draft is complete, the manual will be submitted to stakeholders, including the pilot service areas, for review. The manual is intended to be used as a resource to monitor and implement a system to track entry and exit COS data to improve the reporting rate across the state. Once complete and released to the field, training and technical assistance will be provided to assist service areas in implementation to improve quantity of COS data collection.

This manual will be used as a resource in the next phase, Initial Implementation, by service areas to increase COS reporting rate.

Expected impact on the SiMR, data collected to determine progress/evaluate outcomes, and next steps

Through implementing the Chase reports, the quantity of data increased, the sample size increased, and the goal of improving the quantity of data was met.

Table 4.3: Michigan Part C COS Reporting Rates for Pilot Sites

Indicator 3
COS Reporting Rates – Pilot Areas

Pilot areas continue to outpace the State reporting rate.

	FFY 2014			FFY 2015			FFY 2016			FFY 2017			FFY 2018		
	Expected Exit COS*	Submitted Exit COS	Report-ing Rate	Expected Exit COS*	Submitted Exit COS	Report-ing Rate	Expected Exit COS*	Submitted Exit COS	Report-ing Rate	Expected Exit COS *	Submitted Exit COS	Report-ing Rate	Expected Exit COS *	Submitted Exit COS	Report-ing Rate
STATE	*7,009*	*4,127*	***58.9%***	*6,615*	*4,169*	***63.0%***	*7,134*	*5,100*	***71.5%***	*7,816*	*5,902*	***75.5%***	***8,097***	***6,336***	***78.25%***
Across 4 Pilot Areas	*1,411*	*1,082*	***76.7%***	*1,333*	*936*	***70.2%***	*1,457*	*1,295*	***88.9%***	*1,598*	*1,487*	***93.1%***	*1,545*	*1,449*	***93.8%***
Kalamazoo	228	145	63.6%	200	149	74.5%	226	194	85.8%	284	249	87.7%	275	246	89.5%
Kent	586	523	89.2%	589	529	89.8%	649	608	93.7%	693	663	95.7%	666	625	93.8%
Macomb	546	369	67.6%	495	220	44.4%	526	460	87.5%	550	523	95.1%	543	542	99.8%
Marquette-Alger	51	45	88.2%	49	38	77.6%	56	33	58.9%	71	52	73.2%	61	36	59.0%

In studying the data, we learned that by increasing the quantity of matched entry and exit COS data, the SiMR data decreased. At the start of the SSIP, the statewide COS reporting rate was 58.9 percent. It was necessary to increase the quantity of the data being reported for a more accurate representation. Through implementation of child outcomes training and the Birth to Five COS Process Manual, the issue of increasing the quality of data will be addressed.

Resulting State System Improvements and Efforts to Ensure Sustainability

As seen in Table 4.3 above, at the beginning of the SSIP work the reporting rate in the pilot service areas was 76.7 percent and in the most recent year, FFY 2018, the reporting rate increased to 93.8 percent. This increase is attributed to better tracking of the entry and exit COS by using the Chase report process. By developing the *Early On* Child Outcomes Data Manual, sharing it statewide, and providing training expectations are that child outcome reporting rates will increase.

Leveraging Infrastructure Improvements Beyond the SiMR

The *Early On* Child Outcomes Data Manual aligns with the work of the SSIP to increase the quantity of data collected. The manual will be used statewide by local data entry staff. It addresses MSDS data as well because the first three sections of the manual focus on MSDS and its use as a vehicle for collecting and reporting COS data. The manual begins with the system expectations for the three snapshot MSDS data collections, then describes how the collected data is processed, and suggests ways that local data staff can prepare for the collections. The last section details the procedures for reporting and analyzing the Part C assessment data. Several appendices are provided for additional assistance in understanding the COS data system.

The manual is meant to augment the Birth to Five COS Process Manual, which is intended to increase the quality of data collected. It could also impact the Part B Section 619 system in terms of child outcome ratings being more accurate as a result of data improvements made to the Part C system.

Plans for Scale-Up

The *Early On* Child Outcomes Data Manual will be incorporated as part of the Initial Implementation phase. The manual will benefit the system because it will be distributed statewide, along with a webinar so that all service areas can start increasing the quantity of data collected.

4. **Continue distributing the message around the importance of social emotional development.**

    Provide guidance and collect data on the effectiveness of the Social Emotional Developmental wheels.

Additional details for major activities

Social Emotional Developmental wheels were provided as one of many supports and tools to providers. The Michigan Association for Infant Mental Health (MI-AIMH) *Baby Stages* wheel (English, Spanish, and Arabic) (www.mi-aimh.org)

and the Zero to Three *Behavior Has Meaning* wheel (www.zerotothree.org) were distributed to each of the pilot service areas using Support to the *Early On* Field grant funds. Wheels were distributed in July 2017 and again December 2018 to February 2019. Distribution was based on data from www.earlyondata.com, using the local service areas total period count for one year, as well as preference for use of the wheels and perceived appropriate audience for each wheel.

Table 4.4: Michigan Part C Pilot Service Area Developmental Wheel Distribution December 2018 to February 2019

Service Area	Mi-AIMH Wheel	Zero to Three Wheel
Kalamazoo RESA	575	500
Kent ISD	1,425	1,200
Macomb ISD	1,000	800
Marquette-Alger RESA	225	200

The wheels included information about developmental milestones related to social emotional development and the meaning of specific behaviors in young children. The wheels were noted as a valuable resource, especially when used to start a conversation or to address a parent concern.

Progress on improvement strategy
Progress for the wheels includes the continued use within the pilot service areas. In addition, a fidelity checklist is being developed that will serve as a guide for use as this activity is scaled up. The fidelity checklist will include suggestions for use with families based on lessons learned from the pilot service areas.

Expected impact on the SiMR, data collected to determine progress/evaluate outcomes, and next steps
The wheels have an impact on the SiMR. Since they are used by the service providers with families, the goal is that the knowledge learned from families will have a direct impact on their child's social emotional development. The data collected from the 2019 Family Survey shows that families who said they received materials and information were more likely to report enhanced family outcomes as exhibited in the chart below.

Table 4.5: Michigan Part C Family Survey Data and Service Provider Survey

Family-centered practice helps families nurture their children's social-emotional development

Parents who said they received **materials and information** were more likely to report enhanced family outcomes.

Q28: I received materials and information about social-emotional development.

enhanced family outcomes	*Over the past year, Early On services have helped me and/or my family:*	If YES to Q28, percent agreeing to outcome statement*	If NO to Q28, percent agreeing to outcome statement*
Knowledge and confidence	30. define what social and emotional health is.	93.5%	42.3%
	31. learn more about my child's social and emotional development and what to look for as they grow.	96.0%	59.3%
	32. feel confident in my ability to recognize social-emotional health in my child (e.g., express emotions, respond to others, engage in play, etc.).	96.2%	66.7%
	33. identify activities that I can do to support social-emotional health for my child (e.g. soothing, calming activities, establishing routines, teach problem solving skills, etc.).	95.6%	66.5%
	34. recognize the importance of my parent-child relationship to all areas of development.	97.4%	81.7%
	35. know the importance of talking with my child in a soothing and comforting tone.	96.1%	73.8%
	41. feel more confident addressing behavior that challenges me (e.g. tantrums, biting, etc.)	93.2%	65.0%
Parent-child interaction	36. help my child to calm down and recover when he/she feels sad or anxious.	93.1%	62.0%
	37. pay more attention to my child's feelings and emotions (e.g. happy, sad, anxious, etc.).	94.5%	68.3%
	38. increase the amount of quality eye contact and face-to-face time with my child (cooing and babbling together, playing during floor time, etc.).	93.9%	76.8%
	39. talk with my child about feelings and emotions (e.g. "I see your tears and I know daddy leaving made you feel sad," "I see that big smile- you are happy mommy is home!").	91.6%	63.1%
	40. respond quickly to my child's needs (pick them up when they cry, laugh together, smile back and forth with my infant...)	94.8%	71.6%

2019 *Early On* Annual Family Survey

* The difference between the YES and NO percentages is statistically significant on all outcome questions.

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Service providers who report using the wheels are more likely to feel more competent and confident. The wheels were one piece of the information readily available to service providers to share with families.

Since the Family Survey is done annually, data will continue to be collected and analyzed to determine if the wheels continue to be beneficial to families. The wheels will be used in the next phase, Initial Implementation.

Resulting State System Improvements and Efforts to Ensure Sustainability

The state system is improved as a result of the wheels because:

- Families feel more knowledgeable because they know more about social emotional developmental milestones and behaviors related to social emotional. They also have strategies to address difficult behaviors, in part due to the Zero to Three wheel.
- Service providers feel more confident and competent to have the sensitive conversation around social emotional development. The Zero to Three wheel helps address challenging behaviors and solutions they can support families in implementing. The MiAIMH wheel shows developmental milestones which

service providers and families can discuss and generate doable strategies for improvement together.

In terms of sustainability for the wheels, MDE has purchased 35,000 of the Zero to Three *Behavior Has Meaning* wheels and 50,000 of the MiAIMH *Baby Stages* wheels to be used in the Initial Implementation cohort. The period count for children in *Early On* is roughly 23,000 so there will be an adequate number of wheels for Initial Implementation. After the supply is exhausted, service areas will be supported to purchase wheels through a bulk order, lowering the price.

Service areas selected for the Initial Implementation cohort will complete a criteria checklist, and funding beyond the initial supply for the wheels is included as a cost so that service areas can make the decision if this is right for them.

Leveraging Infrastructure Improvements Beyond the SiMR
MDE partnered with MiAIMH to purchase the *Baby Stages* wheels at a discounted rate. When the supply runs out, MDE will work with MiAIMH to purchase a bulk order to reduce the burden on local service areas.

Plans for Scale-Up
Both varieties of the social emotional developmental wheels will be used in the Initial Implementation cohort. The service areas selected for Initial Implementation will utilize the wheels in connection with the other trainings and supports. The fidelity checklist will accompany the wheels so there is consistency in the way the wheels are shared.

Section 5: Status of Evidence-Based Practices

Specific evidence-based practice(s) is identified and the State explains how it is necessary to achieve the SiMR.
Two evidence-based practices have been implemented and include the Pyramid Model Train the Trainer series with coaching and the DECA-I/T. Over the past year, they have been combined into a series of trainings to give service providers foundational and in-depth knowledge about social emotional development, as well as a community of support for discussing implementation of the DECA.

Since the pilot site service providers were trained in the DECA-I/T and eDECA in past years, the ongoing support for the DECA is included as part of the Pyramid Training. The DECA-I/T is research-based, nationally standardized, reliable, and valid. The eDECA is the electronic version of the DECA-I/T that is part of a web-based platform. It is a behavior rating scale which is completed by the parent with the provider. It provides an assessment of the child protective factors central to social emotional health and resilience. Once the assessment is complete and the results entered into the electronic platform, the providers receive strategies to introduce to the family to improve social emotional health and resilience.

This combined training series is necessary to achieve the SiMR because this is the platform for working intensively with service providers so they are knowledgeable about social emotional health, learn and share about the DECA, support each other

through coaching, and participate in a supportive community of learners and teachers.

Over the past year, 38 providers were trained in the Pyramid Model Train the Trainer series and approximately 150 providers were trained in the DECA-I/T.

Describe the professional development activities implemented to support the knowledge and use of selected evidence-based practices that occurred since the last SSIP submission and any data collected to inform decisions about additional professional development and/or coaching.

To support the implementation and use of the DECA-I/T and the electronic platform, 30-minute technical assistance (TA) conference calls, facilitated by the MDHHS Infant and Early Childhood Mental Health consultant, were offered monthly to administrators as well as providers that covered the following information:

1. Get signed up for use of the eDECA system,
2. Engage in a short orientation to the eDECA system,
3. Troubleshoot barriers and address questions, and
4. Learn about more advanced aspects of the system not covered in orientation.

If administrators and/or providers were not able to attend the scheduled conference calls, the MDHHS Infant and Early Childhood Mental Health consultant was available for TA at different times as well.

The MDHHS Infant and Early Childhood Mental Health consultant continues to offer the CSEFEL Pyramid Model Train the Trainer series with coaching to service areas statewide.

Describe the State's efforts to evaluate practice change and any data collected to assess practice change.

Data from the Service Provider Survey and Family Survey were compared and cross-walked, since the questions were the essentially the same. Findings include:

- The Service Provider Survey and Family Survey data support the Theory of Action because it was tested with two key stakeholder groups—families and service providers.
- Materials, information, and family-centered services are highly associated with increased family outcomes.
- Family centeredness around social emotional development is important.
- Next steps should include supporting service providers through training to enhance these principles and put information and knowledge in the hands of parents.

Families from the pilot sites report higher family outcomes on all items below and were statistically significantly more positive on nine of the 12 enhanced family outcome items, when compared to families from the other 52 service areas.

Table 5.1: Michigan Part C Comparison of Family Survey Data, families in pilot sites versus other service areas

Early On Survey on SED: **Families**
Enhanced family outcomes on social-emotional development

Compared to the responses of parents from the other 52 service areas, parents in the Pilot sites were statistically significantly more likely to indicate enhanced family outcomes on 9 of the 12 items.

enhanced family outcomes	**Family Survey:** Over the past year, *Early On* services have helped me and/or my family……. (n=2,965)	4 Pilot Sites (n=616)	Other 52 Service Ares (n=2,349)
Knowledge and confidence	30. define what social and emotional health is.	82.8%	79.1%
	31. learn more about my child's social and emotional development and what to look for as they grow.	**90.8%***	**86.0%***
	32. feel confident in my ability to recognize social-emotional health in my child (e.g., express emotions, respond to others, engage in play, etc.).	**92.3%***	**88.2%***
	33. identify activities that I can do to support social-emotional health for my child (e.g. soothing, calming activities, establishing routines, teach problem solving skills, etc.).	**91.1%***	**87.2%***
	34. recognize the importance of my parent-child relationship to all areas of development.	**95.3%***	**92.5%***
	35. know the importance of talking with my child in a soothing and comforting tone.	**93.3%***	**89.9%***
	41. feel more confident addressing behavior that challenges me (e.g. tantrums, biting, etc.)	**89.0%***	**85.0%***
Parent-child interaction	36. help my child to calm down and recover when he/she feels sad or anxious.	86.7%	83.5%
	37. pay more attention to my child's feelings and emotions (e.g. happy, sad, anxious, etc.).	**90.6%***	**86.8%***
	38. increase the amount of quality eye contact and face-to-face time with my child (cooing and babbling together, playing during floor time, etc.).	**92.1%***	**89.0%***
	39. talk with my child about feelings and emotions (e.g. "I see your tears and I know daddy leaving made you feel sad," "I see that big smile- you are happy mommy is home!").	88.2%	83.3%
	40. respond quickly to my child's needs (pick them up when they cry, laugh together, smile back and forth with my infant…)	**91.0%***	**87.9%***

* The difference between the pilot sites and other service areas is statistically significant (p<.05).

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Describe the State's efforts to evaluate fidelity of implementation for selected evidence-based practices including fidelity data and decision-points.
During the next phase of the SSIP, Initial Implementation, Michigan will incorporate fidelity checklists for *Early On* coordinators and providers to use in implementing the DECA, eDECA, and reporting processes. Michigan has also developed quick feasibility surveys to be used after the DECA and eDECA training to troubleshoot potential issues with implementation.

If applicable, describe how the State will scale-up the use of selected evidence-based practices (not applicable if already implemented statewide).
Michigan will continue to use the Pyramid Model Train the Trainer series with coaching and the DECA as we move to Initial Implementation.

Section 6: Stakeholder Engagement

Michigan disseminates information about the SSIP's implementation and evaluation activities to stakeholders through face-to-face meetings, webinars, conference calls, telephone calls, social media outreach, and email messages.

The MICC is a key stakeholder group that meets in person quarterly, and at each meeting members receive an SSIP presentation and engage in conversation about activities taking place. The MICC's PIC is engaged in SSIP updates and discussions at their meetings, which occur every six weeks.

The SSIP Committee met in person on February 14, 2019; May 2, 2019; and September 5, 2019. The SSIP Committee is comprised of *Early On* coordinators and local parents from the pilot service areas, MICC parents who mentor and support the local SSIP parents, MDE *Early On* staff, the State Part C coordinator, the Office of Great Start/Early Childhood Development and Family Education director, evaluators from Wayne State University, Clinton County RESA Office of Innovative Projects staff including the director, training and TA manager, social media manager, TA specialists, and data manager. During face-to-face meetings, stakeholders share successes and challenges, support each other through problem solving, participate in activities related to the three workgroups, and deepen relationships through the face-to-face connection.

Community of Practice (CoP) calls occurred through August 2019 for state and local parents who continue to provide relevant feedback to the SSIP process and help to shape the activities to be accomplished.

The Implementation Committee met via webinar through August 2019. Membership consists of the pilot service areas' *Early On* coordinators, one lead from each workgroup, the TA specialists who work with EOT&TA assigned to each of the pilot sites, the four state parents, the SSIP leads, and the MDHHS Early Childhood Mental Health consultant. These webinars are an opportunity for pilot sites to share status of implementation and learn from each other. Beginning in September 2019, the CoP and Implementation Committee did not meet to allow the State Coordination and Evaluation Committee to study the data from the past years and make a plan for scale up and how to involve the current pilot sites. Meeting minutes and updates were sent to both groups after each State Coordination and Evaluation Committee meeting to keep members knowledgeable about the work taking place at the state level.

Opportunities for stakeholder input on SSIP implementation and evaluation activities

Since SSIP presentations are part of every MICC meeting, the stakeholders participate in discussions and provide recommendations about data when they become available, such as data for APR indicators, the SSIP SiMR data, the COS reporting rate data, and other survey data. MICC members, including parents, will participate in the newly formed Data Ad Hoc Committee beginning in January 2020 to provide recommendations to MDE around the future targets for the Results Indicators in the APR, including the SSIP. At the November 2019 MICC meeting, members reviewed and accepted all APR data and targets and in addition recommended MDE keep the Results Indicator and SSIP targets the same as they were in 2018 for FFY 2019. The Data Ad Hoc Committee will recommend targets through 2024.

The Messaging workgroup sought input from the PIC regarding a series of advertisements. The parents provided feedback about which taglines, fonts, images, and messages would be most successful with other families. The Messaging workgroup went with the recommendations of the PIC and the ads were distributed in the pilot sites.

A Statewide Service Provider Survey was conducted in 2019. The purpose of the survey was to learn specific family-centered practices that providers are using that contribute to positive social emotional outcomes, as well as types of supports that are needed to promote social emotional development with families. The information learned from 507 service providers will be considered when deciding which activities will be scaled up and which service areas are ready for implementation of the activities.

Section 7: Plans for Next Year

Initial Implementation Cohort
The next phase of the SSIP includes the selection of six to ten service areas who have completed the Child Outcomes Birth to Five (0-5): *Early On* & Preschool Special Education training since 2017. The updated training focuses on working with infants, toddlers, and their families to determine an accurate child outcome summary (COS) rating, building foundational knowledge around social emotional development, and incorporating the COS into the IFSP process.

The service areas selected for this cohort will complete an application/criteria checklist to determine readiness and their desire to be part of the Initial Implementation cohort. They will begin implementing activities and strategies based on what was learned during the first five years of the SSIP.

The Initial Implementation cohort is expected to begin in the summer of 2020 and continue for 18 months. Activities to be implemented include:

- Pyramid Model Train the Trainer series and coaching;
- Training on and access to the eDECA—including the state license, electronic assessments, and fidelity checklists;
- Virtual CoP meetings for *Early On* coordinators;
- Materials with messages about the importance of social emotional development, which include Social Emotional Developmental wheels (MiAIMH *Baby Stages* and Zero to Three *Behavior Has Meaning*) and Growth Charts for use with families in *Early On*, along with fidelity checklists;
- Birth to Five COS Process Manual and webinar to support the integration of child outcomes into the IFSP process; and
- *Early On* Child Outcomes Data Manual and webinar to be used to improve the quantity of data.

Expectations after the 18-month implementation:

- Continue the implementation of the DECA/eDECA with fidelity with identified families.
- Continue integration of COS into the IFSP process.

Universal activities to be offered statewide include:

- *Early On* Child Outcomes Data Manual and webinar to be used to improve the quantity of data.
- Birth to Five COS Process Manual and webinar to support the integration of child outcomes into the IFSP process. In addition, Child Outcomes training

will be provided to those service areas who haven't had the revised training, with a roll out plan to ensure all service areas are trained within five years.

Anticipated challenges could be around timelines and coordination of activities. Due to staff shortages at the state level mentioned earlier in the report, there could be delays in having the next cohort up and running by summer 2020. Also, there are a lot of activities to coordinate and measure and implementing them all succinctly could pose a challenge. Furthermore, effects from the COVID-19 pandemic will likely have an impact on activities and timeline being met as planned.

Michigan Part C relied on and benefitted from the partnership with NCSI; however, since NCSI no longer provides support to Part C, Michigan is interested in receiving guidance from other national TA centers around social emotional outcomes and the SSIP work.