FFY 2019 Indicator B-17/C-11 Annual Performance Report (APR) Optional Template

Section A: Data Analysis

What is the 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 2020.

Has the SiMR changed since the last SSIP submission? Yes

If "Yes", provide an explanation for the change(s), including the role of stakeholders in decision-making. (Please limit your response to 1600 characters without space).

The change involved extending the reporting year from 2018 through 2020. Recommendations by stakeholder groups were shared with Michigan's IDEA Part C program staff. The State Coordination and Evaluation Committee, the state-level leadership committee for the SSIP, discussed and reviewed SiMR data. After a careful data review, the committee recommended that the goal of increasing the target by 11.2 percentage points be maintained through 2020. The Michigan Interagency Coordinating Council (MICC) also reviewed data related to the State Systemic Improvement Plan **(**SSIP) and was in support of continuing with the SiMR and extending the date through 2020.

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Baseline Data: 40.4% (370/915) FFY 2013

Has the SiMR target changed since the last SSIP submission? No

FFY 2018 Target: 51.6%   **FFY 2019 Target**: 51.6%

FFY 2018 Data: 40.44% (586/1449)   **FFY 2019 Data:** 43.17% (638/1478)

Was the State's FFY 2019 Target Met? No

Did slippage[1] occur? No

If applicable, describe the reasons for slippage. (Please limit your response to 1600 characters without space). N/A

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[1] The definition of slippage: *A worsening from the previous data AND a failure to meet the target.* The worsening also needs to meet certain thresholds to be considered slippage:
1. For a "large" percentage (10% or above), it is considered slippage if the worsening is more than 1.0 percentage point. For example:
    a.   It is not slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 32.9%.
    b.   It is slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 33.1%.
2. For a "small" percentage (less than 10%), it is considered slippage if the worsening is more than 0.1 percentage point. For example:
    a.   It is not slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 5%.
    b.   It is slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 4.9%.

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Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* **that demonstrates progress toward the SiMR?** Yes

If "Yes", describe any additional data collected by the State to assess progress toward the SiMR. (Please limit your response to 1600 characters without space).

Michigan's theory of action hypothesizes that strategies embedded in the SSIP plan will lead to enhanced family outcomes which will then lead to improved child outcomes. The following data demonstrate progress that aligns with this hypothesis.

Early On® Family Survey Data- Indicator 4:
All targets were met for FFY 2019 and increased from FFY 2018.

Indicator	Targets	FFY 2019 Data	FFY 2018 Data
APR 4A	59.4%	73.35%	71.20%
APR 4B	54.4%	66.59%	64.86%
APR 4C	78.4%	87.22%	85.33%

Additional questions were added to the National Center for Special Education Accountability Monitoring (NCSEAM) survey to collect data around social emotional outcomes to determine if the SSIP activities had an impact on family outcomes. Analyses revealed that parents' scores on the 12 SSIP items measuring impact of social emotional development were highly correlated with their scores on the 22-item Impact on Family Scale measuring Indicator 4. This demonstrates strong concurrent validity between the two measures, indicating that impact on social emotional development is associated with positive impact on families.

Child Outcomes Data- Indicator 3:
Summary Statement 2a is the focus of Michigan's SiMR. The percent of infants and toddlers who were functioning within age expectations by the time they exited the program increased. Statewide data for FFY 2019 were 55.05%, which is a statically significant increase from 53.24% in FFY 2018.

Child Outcome Summary (COS) Reporting Rates:
The statewide reporting rate for matched entry and exit COS ratings as calculated by Wayne State University, utilizing data from the Michigan Student Data System, has risen yearly since 2014 (58.9%).

Reporting Rates	FFY 2018	FFY 2019
Statewide	78.3%	78.6%
Pilot Sites	93.8%	94.14%

Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? No

If "Yes", describe any data quality issues specific to the SiMR data and include actions taken to address data quality concerns. (Please limit your response to 3000 characters without space). N/A

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? Yes

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator;

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(2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection. (Please limit your response to 3000 characters without space).

When Michigan issued a stay-at-home order in March 2020 in response to COVID-19, local service areas struggled with how to complete COS ratings and assessments in a virtual environment or when they could not meet with families in person. This pandemic had the potential to impact the completeness and validity of COS rating data. If providers found themselves unable to complete the child outcomes assessments, the completeness of entry and exit ratings would be impacted. If providers did not have tools and procedures that provided valid and reliable ratings when completed with remote methods, the validity and reliablity of data would be impacted.

The following steps were taken to mitigate the impact of COVID-19:
- The combined *Early On* and ECSE webinars provided a regular open two-way communication loop between Michigan's IDEA Part C program staff, *Early On* Training and Technical Assistance (EOT&TA), and local administrators and providers.
- Community of Practice (CoP) meetings held by EOT&TA provided opportunities for local administrators to problem-solve with each other and with state technical assistance specialists.
- Technical assistance specialists attended national technical assistance offerings and gathered resources. Information and resources were then used to support local service areas during the pandemic.
- Resources were posted on EOT&TA's website to provide continuous access.

These strategies provided support to local early intervention service areas to avert the impact on completeness and validity of data. These proactive steps allowed Michigan to collect complete and valid data.

Section B: Phase III Implementation, Analysis and Evaluation

Is the State's theory of action new or revised since the previous submission? No

If "Yes", please provide a description of the changes and updates to the theory of action (Please limit your response to 1600 characters without space).

Did the State implement any <u>new</u> (previously or newly identified) infrastructure improvement strategies during the reporting period? Yes

If "Yes", describe each <u>new</u> (previously or newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved. (Please limit your response to 1600 characters without space).

Due to COVID-19, providing statewide support and guidance was the priority. The SSIP implemention cohort was rescheduled for November 2020.

Combined *Early On* and Special Education Webinar Updates: These interactive webinars began in April 2020 and are ongoing. EOT&TA and Michigan's IDEA Part C program staff co-host the webinars and learned the needs of the field which helped to gauge when the timing was right for implementing the next SSIP cohort.

Short-term outcome: To identify a way to share information with the field in a timely manner.

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Intermediate outcome: To provide guidance, information, and support to the field during the COVID-19 pandemic.

Reflective Leadership Series: *Early On* coordinators were offered the opportunity to participate in a reflective leadership series, offered by the Michigan Department of Health and Human Services (MDHHS) early childhood mental health consultant, designed to strengthen their reflective practice skills to support their staff who work directly with families.

Short-term outcome: To provide training for *Early On* coordinators so they can support service providers in processing and sharing their current experiences.
Intermediate outcome: To improve reflective practices among service providers.

SSIP Implementation Cohort Design: Develop a plan for scaling up evidence-based practices implemented during the pilot phase using a cohort model. The design includes selecting which activities will be included, a process for selecting service areas for participation, developing evaluation components, and timelines.

Short-term outcome: A framework that fits within the capacity and resources available to improve social emotional outcomes for infants, toddlers, and families.
Intermediate outcome: A plan for moving towards providing the evidence-based practices to additional service areas statewide.

Provide a summary of each infrastructure improvement strategy that the State <u>continued</u> to implement in the reporting period, including the short-term or intermediate outcomes achieved (Please limit your response to 3000 characters without space).

A Pyramid Model training series was offered statewide in the spring of 2020 during the beginning of the pandemic. The Pyramid Model training series with coaching supports providers in using the Pyramid Model. The Pyramid Model is a conceptual framework of evidence-based practices for promoting infants' and toddlers' healthy social emotional development. These five 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. Based on over a decade of evaluation data, the Pyramid Model has shown to be a sound framework for early care and education systems.

Short-term outcomes: Service providers who have participated in the Pyramid Model trainings have an understanding of social emotional milestones.
Intermediate outcomes: Providers have increased access to new social emotional strategies and resources and are able to share them with families.

Electronic Devereux Early Childhood Assessment for Infants and Toddlers (e-DECA I/T) Training and Implementation
The DECA was identified as a tool to assist service providers in implementing effective social emotional relationship-based supports 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. If the child scores below his/her developmental age, strategies are generated for the family to implement to increase the child's social emotional development.

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A state level e-DECA license was renewed and additional child level tests were purchased to support implementation in the SSIP implementation cohort. Michigan's IDEA Part C program continued the contract with the MDHHS early childhood mental health consultant to provide professional development and support for continued use of the e-DECA system.

Short-term outcomes: Service providers are trained in using the e-DECA as an informative tool to work with children and families on social emotional health.
Intermediate outcomes: Service providers utilize the e-DECA on a regular basis with families, provide coaching to families to recognize opportunities to integrate strategies into their daily routines that support their child's social emotional health.

Birth to Five COS Process Manual Development
The manual is 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.

Short-term outcomes: Finalize the Birth to Five COS Process Manual.
Intermediate outcomes: Use the manual as part of the child outcomes trainings.

Early On **Child Outcomes Data Manual Development**
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 and quality of COS data collection.

Short-term outcomes: Finalize the *Early On* Child Outcomes Data Manual.
Intermediate outcomes: To improve the quantity and completeness of data.

Provide a description of how the State evaluated outcomes for each improvement strategy and how the evaluation data supports the decision to continue implementing the strategy. (Please
limit your response to 3000 characters without space):

Early On **and Special Education Combined Webinars**
Michigan evaluated the outcomes for the 14 webinars held from April - November 2020, examining attendance records, survey data, and feedback during the webinars. An average of 87 service providers participated in each webinar. Topics were geared toward providing support and guidance during the pandemic and included: state and federal guidance, executive orders, the Governor's Emergency Education Relief funding, contingency plans, guidance around referrals, interim IFSPs, electronic signatures, evaluations, and transitions.

The webinars provided two-way communication, allowing for sharing successes, and challenges. *Early On* providers overwhelmingly stated the webinars were helpful and made them feel more confident in providing services through the pandemic.

Reflective Leadership Series
Evaluation for the reflective leadership series was conducted via pre- and post-tests. Data show that participants knowledge around supporting their staff increased substantially, they found the information useful, the teaching was done at the right level, the webinars held their attention, and their overall satisfaction was
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very high. The SSIP Committee will determine if this series will be repeated within the SSIP implementation cohort or offered statewide.

SSIP Implementation Cohort
Objectives were met for the cohort, as 12 service areas were selected to work with Michigan's IDEA Part C program to implement activities designed to increase social emotional outcomes for infants, toddlers, and their families. All participants in the cohort were trained to use the e-DECA and have started using it with a select group of children. Pyramid Model trainings are scheduled and will take place through April 2021. CoP calls began in January and are scheduled through spring 2022.

Pyramid Model Training
By examining statewide Pyramid Model training pre- and post-test data from September 2020, the trainings were successful and worth repeating. Participants demonstrated a substantial increase in knowledge of social emotional milestones of children 0-3, growth and implementation of practices, increased access to social emotional resources and strategies, and an increase in sharing strategies with families.

e-DECA Training and Implementation
The decision to move forward with use of the e-DECA was based on provider feedback during the pilot phase and the service provider survey in 2019. The pilot service areas continued to use the e-DECA throughout the past year. Due to COVID-19, the expansion of using the e-DECA with additional service areas was put on hold. As of January 2021, 124 service providers in the cohort have been trained in using the e-DECA and 60 new children have been entered into the system.

The Birth to Five COS Process Manual Development
The Birth to Five COS Process Manual is in the final stages of approval at the Michigan Department of Education (MDE). Once approved, it will be utilized in conjunction with child outcomes trainings offered by EOT&TA through the Office for Innovative Projects at Clinton County Regional Education Service Agency. Outcomes will be evaluated for ongoing use and improvement.

The *Early On* Child Outcomes Data Manual Development
The *Early On* Child Outcomes Data Manual is in the final stages of approval at MDE. Once approved, it will be released to the field along with training and technical assistance. Outcomes will be evaluated to determine if the quantity and quality of data improved.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period. (Please limit your response to 3000 characters without space)**:**

***Early On* and Special Education Combined Webinars**
Using ongoing feedback, decisions will be made regarding appropriate frequency, format, and topics for the webinars. Anticipated outcomes include supporting the field and having a mechanism for two-way communication between the state and local service areas.

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Reflective Leadership Series
The State Coordination and Evaluation Committee is in the process of determining if this activity will be continued during the next reporting period.

SSIP Implementation Cohort Design
Michigan's IDEA Part C program will continue working with the SSIP implementation cohort through May 2022. Activities include training on and implementing the e-DECA, training through five modules on the Pyramid Model, hosting monthly CoP calls for the cohort leads from each of the 12 service areas, and providing social emotional messaging materials to share with families. Anticipated outcomes include increased use of the DECA and e-DECA, increased use of data to improve practices, increased service provider knowledge and confidence in recognizing and supporting social emotional development, increased use of social emotional strategies to use with families, and improved social emotional outcomes for infants, toddlers, and their families. The State Coordination and Evaluation Committee will also discuss when to start phasing in the next cohort, using the same activities.

Did the State implement any <u>new</u> (previously or newly identified) evidence-based practices? No

If "Yes", describe the selection process for the <u>new</u> (previously or newly identified) evidence-based practices. (Please limit your response to 1600 characters without space): N/A

Provide a summary of the <u>continued</u> evidence-based practices and how the evidence-based practices are intended to impact the SiMR. (Please limit your response to 1600 characters without space):

The implementation of evidence-based practices (EBPs) will continue through the SSIP implementation cohort which includes 124 providers from 12 local service areas. Participation in this cohort includes use of the e-DECA system. The e-DECA system involves a social emotional questionnaire and strategies for providers to introduce to the family, thereby supporting them with advancing their child's social emotional development. The e-DECA supports family-centered practices, family capacity-building practices, and family and professional collaboration. Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development. Bundled with use of e-DECA is the use of the Pyramid Model trainings, which also supports use of EBPs. Current family survey data supports the theory of action demonstrating that family-centered social emotional developmental materials and information result in higher outcomes for children and families. Family survey data identifies a strong correlation between families who report having a knowledgeable service provider and higher family outcomes. The Pyramid Model provides additional resources necessary to build more competent and confident service providers.

Three of the four local service areas that served as pilot sites are participating in this cohort. SiMR data continue to be collected from these pilot sites. Continued service area participation will result in further enhancement of their implementation of EBPs through ongoing use of the e-DECA system and Pyramid Model strategies which will translate into progress toward the SiMR target.

Describe the data collected to evaluate and monitor fidelity of implementation and to assess practice change. (Please limit your response to 1600 characters without space)*:*

Two fidelity checklists were developed and implemented for the e-DECA in December 2020. One was for *Early On* coordinators and one was for service providers, completed via a quarterly survey. The purpose of the checklists was to improve implementation of the e-DECA and monitor progress aligned with each service area.

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Baseline data were collected in December 2020. All 12 *Early On* coordinators participating in the cohort completed the checklist around infrastructure, training, collection and use of data, planning and supervision, and oversight. At the time of the survey, most coordinators were still orienting their staff to the process. Seventy-seven service providers completed their checklist around training, assessment, sharing results, planning, implementation, and follow up. At the time of the survey, most providers answered 'not yet' when asked if they were working with families and sharing strategies. Since the cohort had been up and running for one month, the first quarter fidelity checklist data will serve as baseline data. Each quarter, the data will be evaluated by the State Coordination and Evaluation Committee to see if adjustments need to be made for greater improvement.

Describe the components (professional development activities, policies/procedures revisions, and/or practices, etc.) implemented during the reporting period to support the knowledge and use of selected evidence-based practices. (Please limit your response to 1600 characters without space):

Professional development for the e-DECA was provided by the MDHHS early childhood mental health consultant and included a 30-minute orientation to the e-DECA system, followed by a 90-minute e-DECA assessment training. All service providers and *Early On* coordinators in the cohort completed the trainings by February 2021. Trainings were also recorded and saved on a shared Google Drive. Monthly CoP calls facilitated by MDHHS and Michigan's IDEA Part C staff provide additional technical assistance for the cohort. Members discussed population priorities across the sites, reviewed and discussed fidelity elements, explored data, and shared successes and struggles. Each service area selected a group of children with whom to use the e-DECA, and parameters were put in place for how often the e-DECA assessment would be completed. Cohort programs utilized fidelity checklists to ensure reliability with the tool.

Support for use of the Pyramid Model included a training series provided by the MDHHS early childhood mental health consultant consisting of five webinars on the 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. Coaching occurred within these webinars to provide a peer-to-peer learning community for sharing successes, barriers, and ideas for using information from the webinars. Each module is one hour and 15 minutes and includes 55 minutes of content and interactive learning and 20 minutes of coaching on use of resources and interventions shared.

Section C: Stakeholder Engagement

Describe the specific strategies implemented to engage stakeholders in key improvement efforts. (Please limit your response to 3000 characters without space):

SSIP presentations are part of quarterly MICC meetings and Parent Involvement Committee meetings. During these meetings, stakeholders participate in discussions and provide recommendations about data when they become available, such as data for APR indicators, SSIP SiMR data, COS reporting rate data, and other survey data. MICC members, including parents, participated in the newly formed Data Ad Hoc Committee which met from January 2020 to October 2020 to provide recommendations to Michigan's IDEA Part C staff around the future targets for the results indicators in the APR, including the SSIP. At the November 2020 MICC meeting, members reviewed and accepted all APR data and targets and in addition recommended that the results indicator and SSIP targets remain level with 2019 for FFY 2020 targets. The Data Ad Hoc Committee will recommend targets through 2025.

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Stakeholder engagement included the SSIP implementation cohort with 124 coordinators and providers from 12 service areas. During monthly CoP calls, members shared data, successes, and barriers with each other as well as provided information to their Local Interagency Coordinating Councils (LICCs).

Through the *Early On* and Special Education combined webinars, an average of 87 stakeholders participated regularly in each webinar and engaged in two-way communication about topics related to early intervention.

Were there any concerns expressed by stakeholders during engagement activities? Yes

If "Yes", describe how the State addressed the concerns expressed by stakeholders. (Please limit your response to 1600 characters without space)*:*

The SSIP implementation cohort was originally scheduled for April 2020. When the pandemic stay-at-home order went into effect on March 24, 2020, Michigan's IDEA Part C staff pivoted to provide statewide support. One activity included the Tele-Tuesday webinars, which later became the *Early On* and Special Education combined webinars. Through this platform, stakeholders shared that they were feeling overwhelmed and were not ready to take on additional activities related to SSIP and the implementation cohort. Input provided by stakeholders informed leadership at Michigan's IDEA Part C program regarding the type of support and guidance needed to best support infants, toddlers, and their families. In the fall of 2020, *Early On* coordinators and service providers shared they were ready to begin focusing on the SSIP implementation cohort. Twelve service areas were invited to be part of the work, and it began in November 2020. This cohort will continue through May 2022.

If applicable, describe the action(s) that the State implemented to address any FFY 2018 SPP/APR required OSEP response. (Please limit your response to 3000 characters without space): N/A

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