Michigan Part C *Early On*®

State Systemic Improvement Plan (SSIP)

Phase III, Year 3 Report

April 1, 2019

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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 2018, the cumulative child count was 22,510 and the snapshot count was 11,025, reflecting an identification rate of 3.26 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 the 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*. As of October 2018, statewide, 37.49 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 OGS/ECD&FE Director, 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 toward 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.

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 (EBP): 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 comparison 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 2015 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. They were implemented during 2017 and served as the foundation for increasing confidence and competence in service providers in the pilot service areas.

Survey data around the COS rating led the Core Team to develop a strategy to embed the COS rating into the *Early On* process. The EBP workgroup has taken on this activity. This activity is continuing through Phase III.

The first three years of Phase III were spent implementing many activities and collecting data:
- Four face-to-face social emotional trainings were held;
- Electronic Devereux Early Childhood Assessment - Infant/Toddler (eDECA-I/T) webinars and follow up coaching calls took place at each pilot site and the eDECA continues to be used with families to support social emotional health;
- The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) trainings occurred and are ongoing;
- Community of Practice (CoP) calls occurred for pilot site *Early On* Coordinators;
- CoP calls occurred for state and local SSIP parents and are ongoing;
- Chase Reports were developed to improve the quantity of COS ratings;
- Research was done around integrating the COS rating process into the *Early On* process;
- Groundwork was laid, and numerous materials were distributed to provide a consistent message around the importance of social emotional development;
- A social media campaign was launched on Facebook, Instagram, and Twitter to share information about social emotional development;
- Infrastructure changes occurred and the formation of the Implementation Committee and State Coordination and Evaluation Committee were put in place. In addition, quarterly face-to-face SSIP meetings were held;
- The 2018 Phase III SSIP Survey to pilot and comparison sites was completed;

- Social emotional developmental wheels were distributed to the pilot sites for providers to share with families.
- Nineteen questions were added to the Family Survey around social emotional development for the pilot and comparison sites;
- Staff from the Michigan Public Health Institute (MPHI) were contracted to provide evaluation support and conduct Key Informant Interviews with the pilot site coordinators and staff; and
- A partnership with Sondra Stegenga (Ph.D. Student, University of Oregon) to research scale up feasibility for SSIP activities began in 2018 and will continue through May 2019.

In addition to the activities implemented, relationships and connections were strengthened over the past four years. Data from the SSIP Survey, Key Informant Interviews, and Family Survey have provided some 'golden nuggets' and confirm that when parents receive information about social emotional development and are provided family-centered services and support, they are more likely to report higher levels of family outcomes. The correlation of the data provided evidence that Michigan is making progress on the Theory of Action and is moving closer to achieving increased child outcomes.

Nuggets: *What we know so far….. In a Nutshell*

	Source
Parents getting **information and support** on social emotional development report higher levels of enhanced family outcomes (increased knowledge/confidence, increased parent-child interaction).	Family Survey
Parents reporting **helpfulness of their providers** on social emotional development also report higher levels of enhanced family outcomes.	Family Survey
Enhanced family outcomes on social emotional development linked to statewide measure on Family Impact (Indicator 4).	Family Survey
Providers view training as useful, increasing their level of engagement in the COS rating process and in the use of eDECA.	SSIP Survey, KII
There is room for improvement regarding the COS process and the use of eDECA.	SSIP Survey, KII
The child outcomes reporting rate increased by nearly 16 percentage points in the past three years.	MSDS

A. Summary of Phase III

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

Our SSIP Theory of Action
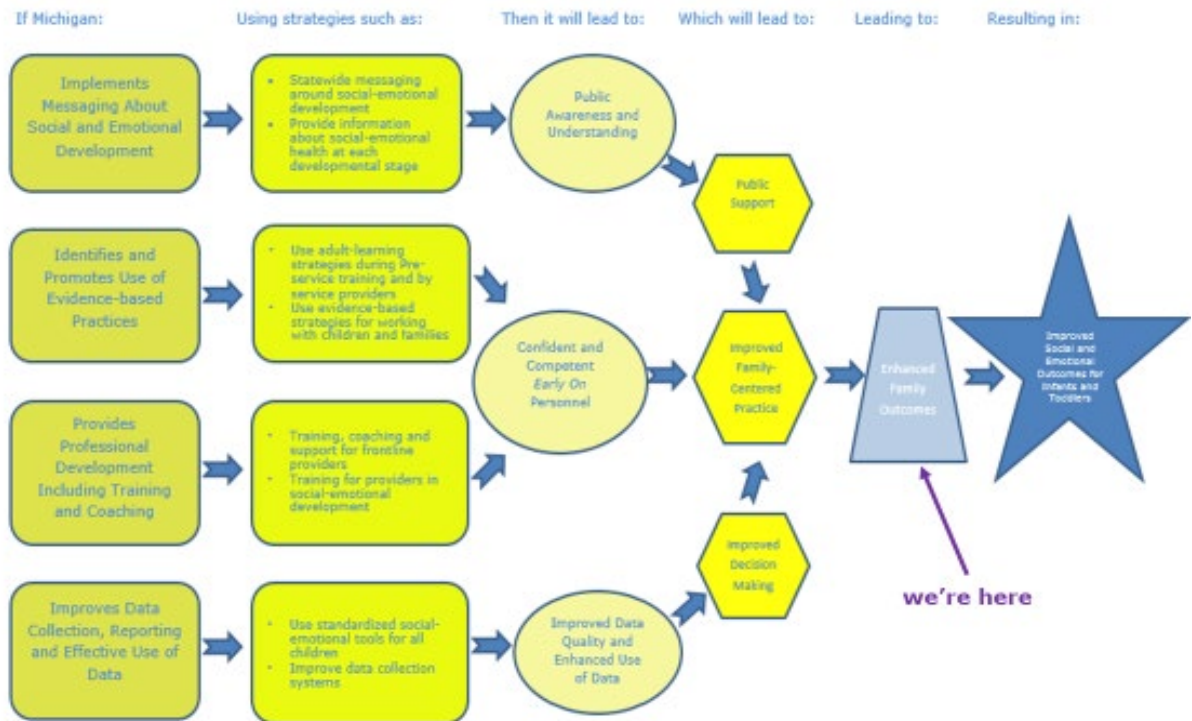
Wayne State University / Center for Urban Studies

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% Data: 41.87	40.0% Data: 44.55	42.9% Data: 44.71	46.3% Data: 41.49	51.6%

The SiMR target was not met this year. Some possible explanations for not meeting the SiMR target include:

➤ *__Statewide the child outcomes reporting rate has increased overall.__*
The statewide reporting rate for matched entry and exit COS ratings was 75.5 percent for Federal Fiscal Year (FFY) 2017; representing a 4 percent increase from last year.

Within the four pilot service areas, the reporting rate for matched entry and exit COS ratings for FFY 2017 was 93.1 percent, which is a 4.2 percent increase from FFY 2016. Reasons for the increased reporting rate may be due to multiple factors:
- Data improvements were made to include Chase Reports, which flag missing data elements and resulted in a greater number of completed exit COS ratings.
- Training continues 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.

Data

Child Outcomes reporting rate increased by over 16 percentage points Statewide in the last three years.

The Pilot sites continue to outpace the Statewide rate each year.

	FFY 2014			FFY 2015			FFY 2016			FFY 2017		
	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%
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%
Kalamazoo	228	145	63.6%	200	149	74.5%	226	194	85.8%	284	249	87.7%
Kent	586	523	89.2%	589	529	89.8%	649	608	93.7%	693	663	95.7%
Macomb	546	369	67.6%	495	220	44.4%	526	460	87.5%	550	523	95.1%
Marquette-Alger	51	45	88.2%	49	38	77.6%	56	33	58.9%	71	52	73.2%

* MSDS count

➤ *__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 21,904 in FFY 2017.

This approximately 20 percent increase means that the *Early On* system has been continuously serving an increasing number of children each year.

➤ ***Significant growth in number of children eligible for 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. This indicates that *Early On* has been serving more children with significant delays. These children are less likely to exit functioning within age expectations, compared to their peers who were eligible for Part C only.

➤ ***Increased number of children with more severe delays at entry.***
In addition to the increasing number of children eligible for MMSE, there has been a statistically significant decline across years on the percent of those who came in functioning at age expectations. The percentage drop was statistically significant from FFY 2013 to FFY 2017 on all three APR child outcome indicators, impacting Indicator 3A2 results. This means that children currently enrolled in Part C were rated to be more significantly delayed at the time of entry compared to five years ago, which is also consistent with the change of Part C eligibility criteria in FFY 2013.

In conclusion, the increasing number of children served in Part C (especially the increased number of children eligible for MMSE) and the more significant delays children were experiencing when they enrolled in Part C have all likely contributed to the declining trend of the child outcome results in social emotional development seen in this year. Another possible explanation is the variation in the sample characteristics of those for whom a completed exit COS rating is submitted. The COS reporting rate is rising, so Michigan could have a more representative sample that is different from the baseline years, resulting in the decline in child outcomes.

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

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

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, and ongoing coaching were provided by the MDHHS Early Childhood Mental Health Consultant, Mary Mackrain, M.Ed.
- eDECA-I/T ongoing training and support were provided by MDHHS Early Childhood Mental Health Consultant, Mary Mackrain, M.Ed.
- The 2018 Phase III SSIP Survey was distributed to *Early On* Coordinators and service providers in the pilot and comparison sites.

- MPHI conducted Key Informant Interviews in the pilot sites to learn about the effectiveness of the CSEFEL trainings, the eDECA, and the social emotional developmental wheels.

b) Integrate COS rating measurement into the *Early On* process.
  - Continue to gather resources, ideas, and support for integration from national technical assistance (TA) centers.
  - Workgroup established to create a Birth to Five Child Outcomes Summary Process Manual.
    o Birth to Five Child Outcomes Summary Process Manual is near completion.
    o COS rating form revisions are complete and will be piloted this next year.

c) Provide TA to support *Early On* Coordinators to increase their confidence and competence as leaders.
  - Infrastructure changes were made to include face-to-face quarterly SSIP meetings, and monthly Implementation Committee meetings.

d) Continue to lay groundwork for data improvements.
  - Increase completeness and accuracy of COS rating 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.
  - Align message for providers with EBP workgroup and distribute to pilot sites.
  - Plan for, distribute, and collect data on the effectiveness of the social emotional developmental wheels in the pilot sites.
  - Collaborate with WSU by incorporating 19 additional questions to the Family Survey in the pilot and comparison sites to measure growth in families around social emotional development.
  - Finalize the inclusion of child outcomes in materials for parents, including the *Early On* Michigan Family Guidebook.

Prior to the implementation of SSIP Phase III, 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. Michigan has intentionally provided professional development opportunities related to supporting social emotional outcomes since 2014.

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. Although the trainings were completed in 2017, future activities have been built off this foundational knowledge.

<u>CSEFEL trainings, social emotional webinar series, and ongoing coaching calls:</u>
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 TA 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. Ms. Mackrain is trained as a trainer for these modules and utilized the content of the CSEFEL modules to design 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 continued through May 2018.

<u>eDECA-I/T:</u>
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 Devereux Early Childhood Assessment - Infant/Toddler (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 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 the MDHHS Early Childhood Mental Health Consultant; one webinar for administrators and one for service providers.

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 December 2018, 188 users are using the eDECA-I/T with families.

Phase III SSIP Survey, Appendix A
After two years of implementing activities around social emotional development in the four pilot service areas, a second SSIP survey (May-August 2018) was distributed to *Early On* Coordinators and service providers in the pilot and comparison sites. The goal of the survey was to learn if the activities have increased knowledge and influenced practice.

MPHI/Key Informant Interviews, Appendix B
Key informant interviews were conducted with nine *Early On* staff from the pilot sites. Each of the pilot sites were represented, and respondents included both coordinators and providers with a variety of professional backgrounds. The interviews took 40-60 minutes to complete and were guided by a series of open-ended questions to learn about the effectiveness of the CSEFEL trainings, the eDECA, and the social emotional developmental wheels.

Integrating the COS into the *Early On* process
In 2017, research around integrating the COS measurement into the *Early On* process began 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 Gillaspy, 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 Ms. Vinh and Ms. Gillaspy, *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.

To date, the COS rating form prototype has been updated for compliance with Section 508 of the Rehabilitation Act and will be piloted soon. A new Birth to 5 Child Outcomes Summary Process Manual has been created that addresses child outcomes for Part C and Part B 619. This manual is in the final stages of completion.

Infrastructure Changes
● Face-to-face SSIP meetings took place quarterly. All stakeholders in Phase III were invited, approximately 30 people, including membership from the Parent CoP, Implementation Committee, and State Coordination and Evaluation Committee.

- The Implementation Committee, comprised of pilot site *Early On* Coordinators, Workgroup leads, TA specialists, SSIP leads, state SSIP parents, the MDHHS contractor, and MPHI staff met regularly.
- CoP calls were held regularly for state and local SSIP parents.
- The State Coordination and Evaluation Committee, comprised of Workgroup leads, MDE leads, and WSU evaluation staff met monthly.

Groundwork for data improvements:
Data quality improvements include the development and implementation of a Chase Report, so named to signify chasing 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. After meeting with data representatives within the pilot service areas and comparing local data to WSU's APR Indicator 3 results, the white paper explaining the Chase Reports was augmented to include potential reasons why the local counts would differ from the WSU published numbers.

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.
- Aligning key messages for providers with EBP workgroup and distributing to pilot service areas.

Social emotional developmental wheels, Appendix C and D
These wheels were provided as one of many supports and tools to providers. The Michigan Association for Infant Mental Health (MI-AIMH) *Baby Stages* wheel (www.mi-aimh.org) and the Zero to Three *Behavior Has Meaning* wheel (www.zerotothree.org) were distributed to each of the pilot sites. 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 an especially valuable resource, especially when used to start a conversation or to address a parent concern.

Additional questions to the Family Survey, Appendix E
Questions were added to the annual Family Survey to evaluate the effectiveness of the social emotional content families received, including the use of a social emotional assessment and materials, and providers perceived effectiveness in providing supports in this area of development. Our intent was to measure whether these activities had an influence on the following goals:
- 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 identify and describe strategies for building social emotional health.

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

Through this evaluation there was evidence that the activities to support social emotional outcomes positively affected family outcomes ratings (see data shared later in this report).

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 developmental 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 utilizing the eDECA-I/T with families.
b) The *Baby Stages* and the *Behavior Has Meaning* wheels were used by service providers and shared with families in the four pilot service areas.
c) The Data workgroup is working with the four pilot service 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 have been implemented to date.
- Face-to-face social emotional trainings, 2016-2017
- CSEFEL webinars and coaching calls, 2017-ongoing
- CoP calls, 2016-ongoing
- The DECA-I/T and eDECA-I/T webinars, coaching calls, and implementation, 2016-ongoing
- Integrating the COS rating into the *Early On* process, 2017-ongoing
  o Creating a Birth to 5 Child Outcomes Summary Process Manual
  o Providing training in Birth to 5 Child Outcomes
- Provide training to support coordinators to increase their confidence and competence as leaders, 2018-ongoing
  o Leading by Convening
  o Continuous Quality Improvement (CQI) training
  o Implementation Committee meetings
- Data improvements including development and implementation of the Chase Reports, 2017-ongoing

- 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 the Mi-AIMH *Baby Stages* and Zero to Three *Behavior Has Meaning* social emotional developmental wheels, 2017-ongoing
- 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 for compliance with Section 508 of the Rehabilitation Act, 2017
- Reviewed materials to identify opportunities to update in order to include social emotional information
  - Updated, printed, and disseminated the *Early On* Growth Chart to include social emotional milestones, 2017
  - Updated Physicians Guide to include child outcomes information
  - Updated Family Guidebook to include child outcomes information
- 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, 19 questions were added to the *Early On* Family Survey to measure potential impact of SSIP activities, 2018
- Conducted a Phase III SSIP Survey to evaluate effectiveness of SSIP activities, 2018
- Contracted with MPHI to conduct Key Informant Interviews to gain more in-depth information from the pilot sites, 2018
- Formed a partnership with Sondra Stegenga (Ph.D. Student, University of Oregon) to research scale up feasibility for SSIP activities, began in 2018 and will continue through May 2019

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

The following activities were implemented and measured:
- CSEFEL training series
- eDECA-I/T ongoing training and implementation
- Phase III SSIP Survey
- Key Informant Interviews
- Integrating the COS rating
- Infrastructure changes involving committee restructuring
- Data improvements, including Chase Reports

- Social media platform
- Social emotional developmental wheels
- Family Survey with additional social emotional questions
- APR Indicators 3 and 4

The activities, measures, and outcomes are listed.

CSEFEL trainings with the MDHHS Early Childhood Mental Health Consultant were provided to pilot service areas. The goal was to build upon the foundational face-to-face trainings provided in 2017 and build in reflective practices.

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.

Initial trainings were completed with each of the pilot service areas in 2016-17. Training and TA support continues to be provided to pilot site administrators and service providers on an ongoing basis. The DECA-I/T assessment tool was implemented in service areas after the completion of the training. Individualized coaching follow up to service areas continues to be provided by the MDHHS Early Childhood Mental Health Consultant. As of January 2019, there are 491 infants and toddlers in the eDECA-I/T system.

Phase III SSIP Survey
To determine the effectiveness of implemented activities, the survey from Phase II was re-administered to the same respondents, when possible. The survey was conducted, via SurveyMonkey, from May-August 2018. The QCIP team from WSU provided an analysis of the survey, Appendix H, to compare the responses between the pilot sites and the comparison sites, noting statistically significant differences between the groups as well as comparing responses from the original SSIP survey from 2015 to the 2018 SSIP survey responses.

Pilot Sites	N	Comparison Sites	N
Kalamazoo RESA	14	Eastern Upper Peninsula ISD	4
Kent ISD	60	Ingham ISD	33
Macomb ISD	51	Newaygo Co. RESA	1
Marquette-Alger RESA	9	Traverse Bay Area ISD	2
Total	134	Total	40

Findings include:
Respondents in the pilot sites reported statistically significantly higher scores than the comparison sites on the following items:
- Received information or training about social emotional development within the last six months to year.
- The information and training have been useful in supporting work with families related to social emotional development.

- Received training about the COS within the last six months to year and it influenced what they do.
- Received ongoing feedback/reflective supervision from a supervisor or *Early On* Coordinator.
- Significantly more providers in the pilot sites used the eDECA versus the DECA-I/T.

Related to the COS process:
- The pilot respondents involved other professionals in determining the child's COS rating and felt the information considered resulted in a more accurate rating.
- The pilot site respondents' answers were statistically significantly higher on items that showed they feel the COS rating is a useful activity and leads to the development of more functional outcomes on the child's IFSP.

When comparing the pilot site respondents to the Phase II survey, they:
- Have received more training on social emotional development and the COS rating.
- Have participated in more COS ratings.
- Have received more ongoing feedback from a supervisor or *Early On* Coordinator.

Key Informant Interviews, conducted by MPHI
The evaluation was designed to supplement and contextualize survey data collected as part of the broader SSIP evaluation. Key Informant Interviews were conducted with nine *Early On* staff from the pilot sites. Each of the pilot sites was represented, and respondents included both coordinators and providers with a variety of professional backgrounds. The interviews took 40-60 minutes to complete and they were guided by a series of open-ended questions.

Findings include:
General findings
- Participants described the DECA-I/T, eDECA-I/T, and CSEFEL training and TA they received as informative and helpful.
- They especially appreciated opportunities for face-to-face support, in-person training, the use of concrete examples, and receiving tools they could put into immediate practice.
- The eDECA-I/T, CSEFEL trainings, and the social emotional developmental wheels gave the providers more confidence to discuss social emotional development with families in a non-judgmental way.

eDECA-I/T and DECA I/T findings
- Providers appreciated having the eDECA-I/T tool available for use with families. They also appreciated the efficiency of the eDECA's scoring and reporting functions which increases the use of the tool.
- Providers appreciated the utility of the DECA-I/T and eDECA-I/T for beginning conversations on social emotional development with families

through an objective measurement tool that they felt could alleviate what families might see as providers judging their parenting choices.

● Providers noted that the number of strategies included in the eDECA-I/T can be overwhelming, and the suggestions listed within the system cannot be directly handed to families. Providers wondered if it would be possible for the system to suggest a smaller number of strategies as a starting point.

CSEFEL trainings findings
Participating coordinators and providers appreciated the foundational knowledge provided through the CSEFEL series of webinars. While participants noted there was an "overwhelming" amount of information provided through the webinars, they ultimately thought it was good information and found participation "well worth" their time. Both groups appreciated the terminology and wording provided in the training because they felt it prepared them to have successful conversations with families.

Social emotional developmental wheels findings
The wheels helped providers start conversations with families around social emotional development. Providers like the wheels and requested more of them.

Integrating the COS Rating Process
To date, the COS rating form prototype has been updated for compliance with Section 508 of the Rehabilitation Act and will be piloted soon. A new Birth to 5 Child Outcomes Summary Process Manual has been created that addresses child outcomes for Part C and Part B 619. This manual is in the final stages of completion.

Infrastructure changes involving committee restructuring
Infrastructure changes were made in 2018 based on survey data. While the pilot site 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 consists of the pilot service areas' *Early On* Coordinators, one lead from each workgroup, the TA specialists, the four state parents, the SSIP leads, the MDHHS Early Childhood Mental Health Consultant, and MPHI staff. The Implementation Committee met on the following dates:

● March 15, 2018
● April 12, 2018
● June 14, 2018
● October 11, 2018
● November 15, 2018
• December 13, 2018

To determine if the new structure of the Implementation Committee was meeting needs of members, a survey was administered in January 2019. Results show the Implementation Committee would benefit from more

specific guidance from the State Coordination and Evaluation Committee about their action plans, next steps, and the big picture for SSIP. The eDECA-I/T and CSEFEL trainings and social emotional developmental wheels received have been helpful. The resources and information they received has been shared within their local service areas. Participants felt it's hard for them to keep up with the work of the SSIP and it seems like one more thing much of the time. The State Coordination and Evaluation Committee will work with the Implementation Committee to develop some strategies to better meet their needs.

The structure of the Parent CoP did not change since data from the 2018 survey showed that the calls are very relevant to their roles as state SSIP parents, help them feel connected, and have greater knowledge about the SSIP work. This year the local SSIP parents began participating in the calls, along with the state parents.

CoP calls occurred on the following dates for the state and local SSIP parent representatives:
● January 19, 2018
● February 16, 2018
● March 16, 2018
● April 13, 2018
● May 11, 2018
● June 8, 2018
● August 10, 2018
● September 7, 2018
● October 4, 2018
● November 1, 2018
● December 6, 2018

Local parents provided critical insights and suggestions into the use of the social emotional developmental wheels and the eDECA-I/T. A survey was conducted in January 2019 to determine if the Parent CoP calls were still meeting everyone's needs. Parent members of the CoP report the calls are relevant to their role as an SSIP parent and are meeting their needs by providing a venue to share experiences and receive feedback on priorities and issues. Parents trust each other, have developed new relationships, and are comfortable sharing their challenges, past failures, accomplishments, and successes. They feel supported, have access to resources, and have shared information and resources at their LICC meetings and with other families. Suggested improvements to the CoP include rapport building activities, especially for new members, and clear direction about roles and responsibilities of members.

Another infrastructure change involved the Core team becoming the State Coordination and Evaluation Committee. The purpose is to have dedicated time to discuss progress made by each workgroup and how to integrate the work of these groups when needed. This committee would also look at the

evaluation component for each activity and determine what activities are appropriate for scaling up. The committee will review and evaluate data regularly. WSU data evaluators joined the committee in addition to MDE *Early On* staff; the OGS/ECD&FE Director; the Part C State Coordinator; and the Clinton County RESA Office of Innovative Projects Director, Training and TA Manager, Public Awareness Supervisor, and Data Manager.

The State Coordination and Evaluation Committee met:
- January 16, 2018
- February 20, 2018
- March 20, 2018
- April 17, 2018
- May 15, 2018
- June 19, 2018
- July 17, 2018
- August 21, 2018
- September 18, 2018
- October 16, 2018
- November 20, 2018

A survey was completed in January 2019 and members reported the State Coordination and Evaluation committee structure has been successful, allowing a space to think through issues, coordinate, and consider data on a regular basis. It has helped to move the SSIP work forward and there is trust and support amongst the members. The committee could be improved by utilizing webinars, consulting with an expert around scale up, and more detailed communication to the pilot sites around the overall SSIP plan.

The full SSIP Committee met face to face on the following dates:
- May 10, 2018
- September 13, 2018
- February 14, 2019

The purpose of the in-person meetings is to build stronger connections, promote on-going communication, provide updates, and allow time for pilot site teams and workgroups to meet as needed. Survey data conveyed that participants prefer face-to-face meetings over conference calls or webinars. When face-to-face meetings are not possible, strategies will be discussed to help participants stay focused and involved in the meetings.

Data improvements/Chase Reports
Over the past four years, the number of children reported as exiting in 618 data has increased; and both the state (75.5 percent) and the pilot service areas (93.1 percent) have increased. This is in part due to the implementation of Chase Reports 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 five years, 200 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 participated in focused TA around child outcomes.

Social media platform, Appendix F

Using social media, Facebook, Instagram, 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. As of December 31, 2018, there are 7,241 Facebook followers, 95 percent are women and 5 percent are men; 34 percent of followers are ages 35 to 44; and 29 percent are ages 25-34. A total of 22 Facebook posts regarding social emotional development were shared with a combined reach equaling 78,714 views (not necessarily unique individuals).

The *Early On* Michigan Instagram page has 399 followers, 92 percent are women and 8 percent are men. Thirteen Instagram posts were shared resulting in 189 likes and 480 video views. Through Twitter, there are 1,471 followers, 74 percent of whom are women. A total of 17 tweets were posted.

Social emotional developmental wheels

The Messaging workgroup purchased the Mi-AIMH *Baby Stages* (English, Spanish, and Arabic) and Zero to Three *Behavior Has Meaning* wheels for the four pilot service areas using the Support to the *Early On* Field grant funds. Wheels were distributed in July 2017 and again in December 2018-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 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
Kalamazoo RESA	575	500
Kent ISD	1,425	1,200
Macomb ISD	1,000	800
Marquette-Alger RESA	225	200

Pilot service area developmental wheel distribution December 2018 to February 2019

The Messaging workgroup evaluated the effectiveness of the wheels through a provider survey, January-March 2018. Based on survey data, additional wheels were ordered, infographics were created to display data, and a companion guide with lessons learned was created.

The SSIP Parents CoP discussed the use of the wheels and considered additional resources to support families who may prefer the use of technology. Parents tested and recommended the following apps:
● text4baby - https://www.text4baby.org
● vroom - https://www.vroom.org/
● The Center for Disease Control and Prevention's (CDC) Milestone Tracker App - https://www.cdc.gov/ncbddd/actearly/milestones-app.html

Family Survey with additional social emotional questions
The Family Survey provides data for APR Indicator 4 and is distributed each spring by the QCIP at WSU. In spring 2018, 19 questions were added to gather data about social emotional development and to understand the potential impact of all SSIP-related activities. These questions were asked of parents whose children received services in the four pilot service areas, as well as the four comparison sites.

Data were obtained from 749 respondents for a response rate of 40.05 percent.

In *Early On,* parents who received information and support on social emotional development and received family-centered practices on social emotional development reported positive family impact, increased knowledge, confidence, and increased positive parent-child interaction.

APR Indicators 3 and 4
APR data for Indicator 3 have been evaluated. As a state, Michigan did not meet the 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.

FFY 2017 Data   Target
APR 3A: 75.19%   APR 3A: 76.2%
APR 3B: 78.72%   APR 3B: 80.3%
APR 3C: 78.24%   APR 3C: 79.5%

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

FFY 2017 Data   Target
APR 3A: 52.15%   APR 3A: 60.8%
APR 3B: 47.27%   APR 3B: 53.6%
APR 3C: 47.54%   APR 3C: 60.0%

SiMR Data Note: The four pilot service areas' data for Indicator 3A, Summary Statement 2, are the focus of the SiMR. *The target was not met this year.*

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 2017 Pilot Service Areas

Data   Target
APR 3A: 41.49%   APR 3A: 46.3%

A 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

Survey Year 2018 FFY 2017	4A. Families know their rights	4B. Families effectively communicate their children's needs	4C. Families help their children develop and learn
State Target	59.2%	54.2%	78.2%
State Performance	71.12%	64.75%	84.06%
Kalamazoo RESA	66.2%	59.15%	74.65%
Kent ISD	76.73%	70.20%	88.57%
Macomb ISD	75%	69.91%	91.67%
Marquette-Alger RESA	75%	70%	100%

It is posited that by their improving confidence and competence in social emotional development, *Early On* personnel feel more equipped and have the tools needed to provide support 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**

Additional Social Emotional Developmental Wheels
As a result of implementing improvement strategies, changes were made. Data collected via SurveyMonkey around the social emotional developmental wheels indicate the wheels gave the providers language to start conversations with families around sensitive social emotional topics. Having the wheels in hand helped providers to have more confidence to have conversations with families about social emotional development more frequently. This allowed the provider and family to address social emotional challenges. The providers highlighted the reduction in stress felt by families when they learned and used strategies to support social emotional development.

The Messaging workgroup moved forward and purchased 8,000 additional social emotional developmental wheels (4,000 Mi-AIMH and 4,000 Zero to Three) to be distributed to the pilot service areas.

2018 family survey data also show when families have information and receive support about social emotional development, they score higher on the National Center for Special Education Accountability (NCSEAM) family survey.

Key Informant Interviews, Deeper Evaluation Data
From January-October 2018, MDE utilized grant funds to contract with MPHI to conduct Key Informant Interviews.

The evaluation was designed to supplement and contextualize survey data collected as part of the broader SSIP evaluation. The interviews were conducted with nine *Early On* staff from the pilot sites. Each pilot site was represented, and respondents included both coordinators and providers with a variety of professional backgrounds. The interviews took 40-60 minutes to complete and were guided by a series of open-ended questions.

The report provided recommendations for continuing with the eDECA I/T, CSEFEL trainings, and distribution of the social emotional developmental wheels, in addition to strategies to consider during scale up.

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 following activities were carried out with fidelity according to the following timeline:

   (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 Mental Health Consultant, 2017-ongoing
      - eDECA-I/T ongoing training and support provided by MDHHS Early Childhood Mental Health Consultant, 2017-ongoing
      - DECA-I/T ongoing training webinars provided by MDHHS Early Childhood Mental Health Consultant, 2017-ongoing
      - The Phase III SSIP Survey was distributed to *Early On* Coordinators and service providers in the pilot and comparison sites, May-July 2018
      - Key Informant Interviews were conducted in the pilot sites to learn about the effectiveness of the CSEFEL trainings, the eDECA-I/T, and the social emotional developmental wheels, MPHI Contractor, January-October 2018

   (2) Integrate COS rating measurement into the *Early On* process.
      - Birth to Five Child Outcomes - Over the past five years, 200 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.
      - Continue to gather resources, ideas, and support for integration from national TA centers.
      - Workgroup established to create a Birth to Five Child Outcomes Summary Process Manual.
        - o Birth to Five Child Outcomes Summary Process Manual is near completion.
        - o COS rating form revisions are complete and will be piloted this next year.

   (3) Provide training to support *Early On* Coordinators to increase their confidence and competence as leaders.

- Infrastructure changes were made to include face-to-face quarterly SSIP meetings and monthly Implementation Committee meetings, January 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
- Align message for providers with EBP workgroup and distribute to pilot sites
- Plan for, distribute, and collect data on the effectiveness of the social emotional developmental wheels in the pilot sites, 2018-ongoing
- Develop infographics and companion guide for the wheels to share data and lessons learned, 2018-19
- Collaborate with WSU by incorporating 19 additional questions to the Family Survey in the pilot and comparison sites to measure growth in families around social emotional development, 2018-ongoing

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

Intended outputs for the following activities have been accomplished.
- CSEFEL trainings
- eDECA-I/T
- Phase III SSIP Survey
- Key Informant Interviews
- Integrating the COS rating process
- Infrastructure changes including restructuring of committees
- Data improvements/Chase Reports
- Messaging
  - Social media
  - Social emotional developmental wheels
  - Family Survey with additional social emotional questions

As a result of the face-to-face social emotional trainings, 165 staff were trained in the four pilot service areas. The trainings helped build confidence and competence in staff through the learning of foundational knowledge about social emotional development. An output included adding the 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 service providers in the area of social emotional development.

The DECA-I/T assessment tool and the eDECA-I/T system were implemented in service areas after the completion of the trainings. Individualized coaching follow up to the service areas continues to be provided by the MDHHS Early Childhood Mental Health Consultant. As of January 2019, 188 users have been trained and all of them are utilizing the eDECA-I/T. January 2019, there are 491 infants and toddlers entered into the system.

The SSIP Phase III Survey resulted in data showing that the activities implemented in the pilot service areas were making a difference. Pages 14-15 of this report discuss the improvements in areas around reflective supervision, trainings, and the COS rating process; from early implementation to current practice.

MPHI conducted Key Informant Interviews which provided the state with a deeper understanding about the importance and utility of the eDECA-I/T, CSEFEL trainings, and social emotional developmental wheels.

Work around the integration of the COS rating measurement into the *Early On* process continues in the exploration phase as resources and data are gathered from national TA centers. This year, work has been completed on the prototype COS form. The Birth to Five Child Outcomes Summary Process Manual is near completion. Both resources await implementation.

Infrastructure changes related to committee restructuring resulted in more face-to-face meetings for the larger SSIP committee, more sharing of experiences between the pilot sites, and more inclusion of state and local parents in the SSIP work.

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 entry and exit COS score. Since the implementation of the Chase Reports, child outcome reporting rates have increased by 16 percentage points.

The intent of messaging through social media is to support the connection of individuals to information about the importance of social emotional development. This year's social media presence increased in terms of audience, posts, shares, and tweets. Audiences increased across all areas:
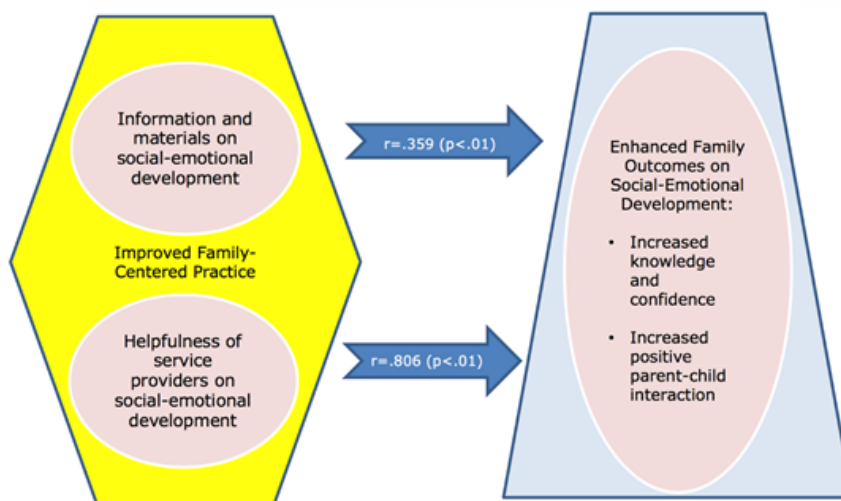● Facebook: 25.5 percent
● Instagram: 38.8 percent
● Twitter: 3.8 percent

Outputs from the social emotional developmental wheels include increasing the comfort level of service providers around having conversations with families about social emotional development. Also, families report using the wheels to check their child's developmental milestones. Providers also report that the topic of social emotional development is discussed more regularly at visits.

To assess the impact of information and support to families regarding social emotional development, and as part of the SSIP, questions were added to the 2018 family survey and were administered across eight service areas (four pilot SSIP sites and four comparison sites). Altogether, 749 families responded to these SSIP items.

- Parents who agreed that their provider helped them on social emotional development were statistically significantly (r=.806, p<.01) more likely to report enhanced family outcomes related to social emotional development.
- Parents who received information and support about social emotional development were statistically significantly (r=.359, p<.01) more likely to report enhanced family outcomes.

	Source
Parents getting **information and support** on social emotional development report higher levels of enhanced family outcomes (increased knowledge/confidence, increased parent-child interaction).	Family Survey
Parents reporting **helpfulness of their providers** on social emotional development also report higher levels of enhanced family outcomes.	Family Survey
Enhanced family outcomes on social emotional development linked to statewide measure on Family Impact (Indicator 4).	Family Survey

Information and materials on social-emotional development

Improved Family-Centered Practice

Helpfulness of service providers on social-emotional development

r=.359 (p<.01)

r=.806 (p<.01)

Enhanced Family Outcomes on Social-Emotional Development:

- Increased knowledge and confidence
- Increased positive parent-child interaction

The implemented activities have produced positive outputs and increased learning on the part of parents.

2. **Stakeholder involvement in SSIP implementation**

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

   Stakeholders are informed through face-to-face meetings, webinars, conference calls, telephone calls, social media outreach, email messages, and collaboration platforms such as Trello and Ning through the National Center for Systemic Improvement (NCSI).

   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 Parent Involvement Committee (PIC) is engaged in SSIP updates and discussions at their meetings, which occur every six weeks.

   The SSIP Committee met in person on May 10, 2018; September 13, 2018; and February 14, 2019; and will continue to meet quarterly through 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 Part C State Coordinator, the OGS/ECD&FE Director, evaluators from WSU, 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.

   CoP calls occurred regularly 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 meets regularly, and membership consists of the pilot service areas' *Early On* Coordinators, one lead from each workgroup, the TA Specialists, the four state parents, the SSIP leads, the MDHHS Early Childhood Mental Health Consultant, and MPHI contractor. These webinars are also an opportunity for pilot sites to share status of implementation and learn from each other.

   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.

Through the Parent CoP calls, feedback was provided that use of the social emotional developmental wheels was valuable, but parents also suggested promoting the use of developmental milestone tracking apps, such as:
● text4baby - https://www.text4baby.org
● vroom - https://www.vroom.org
● CDC's Milestone Tracker App - https://www.cdc.gov/ncbddd/actearly/milestones-app.html

The parents have a good sense of what works for other families, they have tried out the apps and recommended using them in addition to the wheels. The apps were included as part of the Messaging workgroup's wheel distribution plan as a result of the suggestion by the parents.

The pilot site coordinators requested a presentation to share with their local administrators, staff, and LICCs related to SSIP data. The State Coordination and Evaluation Committee developed a presentation and worked closely with the coordinators to ensure it was easy to understand and usable. The coordinators felt comfortable sharing the presentation that had been collectively created and is provided in Appendix H.

The pilot site coordinators also requested a summary/comparison of the data from the two SSIP surveys as well as the pilot and comparison site data. WSU provided this request which can be found in Appendix B.

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.

The Theory of Action is the framework guiding the SSIP strategies, and progress is tracked through the Logic Models, found in Appendix I. Each of the three logic models: Messaging, Evidence-Based Practices, and Data contain specific activities, outputs, measurement of outputs, intermediate outcomes, and measurements of intermediate outcomes. **Please see Appendix I for a larger view of each logic model.**

Messaging Logic Model
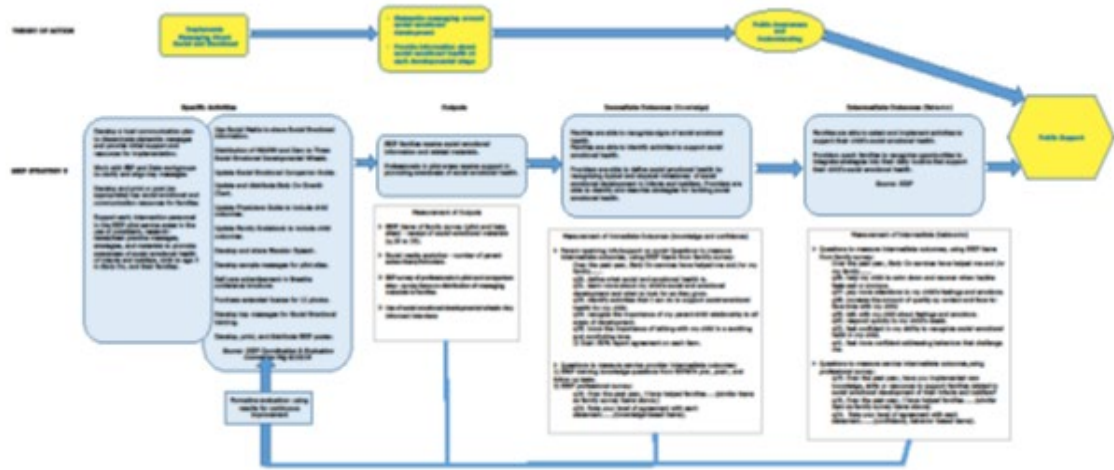
Evidence Based Practices Logic Model
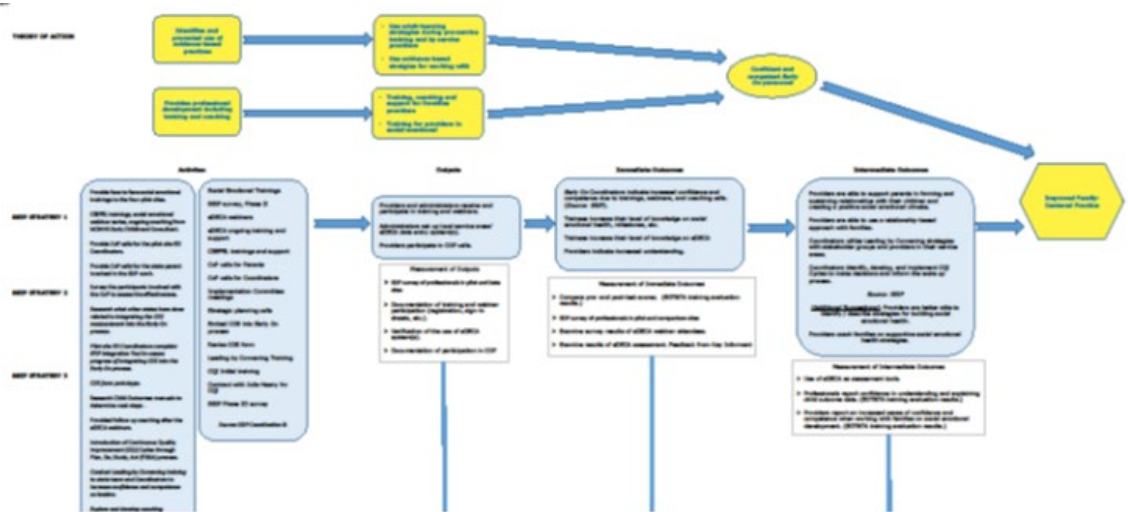
Data Logic Model

b) Data sources for each key measure

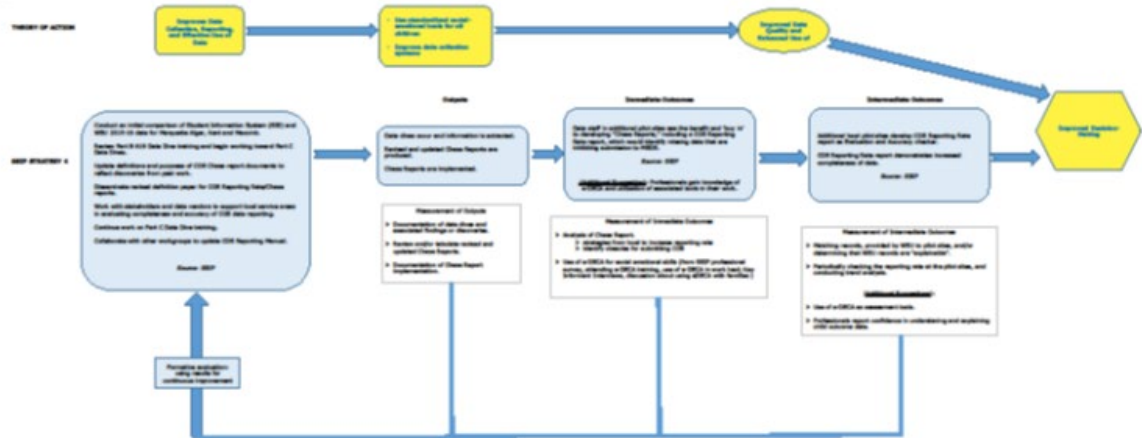| Outputs	Data source
CSEFEL trainings	Attendance records
DECA-I/T trainings and eDECA-I/T Webinars	Attendance records, webinar dates, number of children with eDECA-I/T evaluations, number of users utilizing the system
Phase III SSIP Survey	SurveyMonkey data
MPHI, Key Informant Interviews	In depth interviews with pilot sites
Infrastructure changes related to committee restructuring	SurveyMonkey data, minutes from each meeting, informal feedback from participants
Chase Reports, increasing quantity of exit COS measurement reports	MSDS data, WSU data
Social Media: Facebook, Instagram, and Twitter	Social Media analytics
Social emotional developmental wheels	SurveyMonkey data, Key Informant Interview data
Family Survey with additional social emotional questions	Family Survey data from WSU

c) Description of baseline data for key measures

CSEFEL trainings
The MDHHS Early Childhood Mental Health Consultant continued the CSEFEL trainings from 2017-18 in Macomb ISD. Macomb ISD trained a small group in both series (1 & 2) as train-the-trainers. In fall 2018, Macomb ISD staff that were trained began training other staff in their area. Kalamazoo RESA, Kent ISD, and Marquette-Alger RESA are working toward completing the series.

DECA-I/T training and eDECA-I/T webinar series baseline data
The MDHHS Early Childhood Mental Health Consultant worked one-on-one with administrators and staff in Macomb ISD, Marquette-Alger RESA, and Kalamazoo RESA. From January 2018 to December 2018 there were 47 individuals trained in the DECA-I/T and eDECA-I/T. The effectiveness of the training is demonstrated by the number of trainees utilizing the eDECA-I/T tool. Currently, of the 188 users trained, all of them are utilizing the eDECA-I/T.

Data findings from the SSIP Phase III Survey, include:

Pilot Sites	N	Comparison Sites	N
Kalamazoo RESA	14	Eastern Upper Peninsula ISD	4
Kent ISD	60	Ingham ISD	33
Macomb ISD	51	Newaygo Co. RESA	1
Marquette-Alger RESA	9	Traverse Bay Area ISD	2
Total	134	Total	40

Respondents in the pilot sites reported statistically significantly higher scores than the comparison sites on the following items:
- Received information or training about social emotional development within the last six months to year.
- The information and training have been useful in supporting their work with families related to social emotional development.
- Received training about the COS rating within the last six months to year and it influenced what they do.
- Received ongoing feedback/reflective supervision from a supervisor or *Early On* Coordinator.
- Significantly more providers in the pilot sites used the eDECA-I/T versus the DECA-I/T.

Related to the COS process:
- The pilot respondents involved other professionals in determining the child's COS rating and felt the information considered resulted in a more accurate rating.
- The pilot site respondents' answers were statistically significantly higher on items that showed they feel the COS rating is a useful activity and leads to the development of more functional outcomes on the child's IFSP.

When comparing the pilot site respondents to the Phase II survey, they:
- Have received more training on social emotional development and the COS rating.
- Have participated in more COS ratings.
- Have received more ongoing feedback from a supervisor or *Early On* Coordinator.

MPHI, Key Informant Interviews
Data findings from the interviews include:
- Participants described the DECA-I/T, eDECA-I/T, and CSEFEL training and TA they received as informative and helpful. They especially appreciated opportunities for face-to-face in person training, the use of concrete examples, and receiving tools they could put into immediate practice. Providers described the challenges associated with working with families on social emotional development as feeling more personal and sensitive. They also noted that the process of supporting social emotional development is individualized and nuanced.

- eDECA-I/T and DECA-I/T
  - Appreciated having the eDECA-I/T tool available for use with families.
  - Appreciated the efficiency of the eDECA-I/T's scoring and reporting functions and indicated because of the efficiency, the use of the tool was increased.
  - Appreciated the utility of the DECA-I/T and eDECA-I/T for beginning conversations on social emotional development with families through an objective measurement tool that they felt could alleviate what families might see as providers judging their parenting choices.
  - Providers noted that the number of strategies included in the eDECA-I/T can be overwhelming, and that the suggestions that are listed within the system cannot be directly handed to families. Participants wondered if it would be possible for the system to suggest a smaller number of strategies as a starting point.

- CSEFEL trainings
  Participating coordinators and providers appreciated the foundational knowledge provided through the CSEFEL series of webinars. While participants noted that there was an "overwhelming" amount of information provided through the webinars, they ultimately thought it was good information and found participation "well worth" their time. Both groups appreciated the terminology and wording provided in the training because they felt it prepared them to have successful conversations with families.

- Social emotional developmental wheels
  - The wheels helped providers start conversations with families around social emotional development. Providers like the wheels and requested more of them.
  - The eDECA-I/T and CSEFEL trainings and the social emotional developmental wheels gave the providers more confidence to discuss social emotional development with families in a non-judgmental way.

Infrastructure Changes
To determine if the new structure of SSIP committees was effective, surveys were administered via SurveyMonkey to members of all committees. Results showed the Implementation Committee would benefit from more specific guidance from the State Coordination and Evaluation Committee about their action plans, next steps, and the big picture for SSIP. The eDECA-I/T and CSEFEL trainings and the social emotional developmental wheels have been helpful. The resources and information they received have been shared within their local service areas. Participants shared that it can be difficult to keep up with the work of the SSIP as there are many conflicting priorities. The State

Coordination and Evaluation Committee will work with the Implementation Committee to develop some strategies to better meet their needs.

State and local parent CoP members report the calls are relevant to their role as an SSIP parent and are meeting their needs by providing a venue to share experiences and receive feedback on priorities and issues. Parents trust each other, have developed new relationships, and are comfortable sharing their challenges, past failures, accomplishments, and successes. They feel supported, have access to resources, and have shared information and resources at their LICC meetings and with other families. Suggested improvements to the CoP include rapport building activities, especially for new members and clear direction about roles and responsibilities of members.

Members of the State Coordination and Evaluation committee reported the structure has been successful, allowing a space to think through issues, coordinate, and consider data on a regular basis. It has helped to move the SSIP work forward and there is trust and support amongst the members. The committee could be improved by utilizing webinars for meetings, consulting with an expert around scale up, and providing more detailed communication to the pilot sites around the overall SSIP plan.

Chase Reports, 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, are discussed on page 6 of this report. 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 75.5 percent. Within the four pilot service areas during that same timeframe, data have shown an increase from 72.9 to 93.1 percent.

The Data workgroup will be collaborating with the other workgroups in modifying the COS Data 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 *Early On* Public Awareness contractor developed, created, and shared 22 Facebook posts using the hashtag #socialemotional from January through December, 2018, on the *Early On* Michigan page found at: facebook.com/earlyonmichigan. The most popular posts share data, facts, resources, and tips. The top three social emotional posts were:
- *10 Ways Kids Appear to be Acting Naughty but Actually Aren't* - reached 16,929 people
- *Reading Aloud to Young Children Has Benefits for Behavior and Attention* - reached 9,180 people
- *Why You Should Always Comfort a Child* - reached 6,132 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.

Social Emotional Developmental Wheels
The wheels were provided as one of many supports and tools to providers. They included information about developmental milestones related to social emotional development and the meaning of specific behaviors in young children. The wheels were noted as an especially valuable resource, especially when used to start a conversation or to address a parent concern. Additional information and data are shared on pages 19-20 of this report.

Family Survey with additional questions around social emotional development
SSIP items related to social emotional development on the 2018 family survey included:
- three items asking parents about the information or materials they received from their service providers and from local service areas;
- three questions about their perception of the helpfulness of their service providers; and
- 12 questions on enhanced family outcomes related to social emotional development (i.e., knowledge, confidence, and parent-child interaction).

Tables 1 through 6 display comparisons of the percent of parents who agreed on each of the items measuring enhanced family outcomes (questions 30-41), depending on whether they said Yes or No on questions 26-28 and questions 42-44. For instance, parents reporting they completed a social emotional questionnaire were more likely to **agree** (**92.9%**) that they "define what social emotional health is" (item 30), compared to parents who reported that they did not complete the social emotional questionnaire (**57.9%**). In other words, family-centered practice (information/materials and helpfulness from providers on social-emotional development (items 26-28, 42-44) is positively correlated with enhanced family outcomes (increased knowledge, confidence, and parent-child interaction).

Parents receiving information and support about social emotional development were statistically significantly more likely to report enhanced family incomes related to social-emotional development. See Tables 1-3.

Table 1: Results on SSIP impact items by response to information question (question 26)

*statistically significant, p<.05

Table 2: Results on SSIP impact items by response to information question (question 27)

   *statistically significant, p<.05

Table 3: Results on SSIP impact items by response to information question (question 28)

   *statistically significant, p<.05

Table 1

Over the past year *Early On* services have helped me and/or my family:	Q26. I completed a social-emotional questionnaire for my child.	
	Yes	No
30. define what social and emotional health is.	92.9%*	57.9%
31. learn more about my child's social and emotional development and what to look for as they grow.	95.5%*	74.4%
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.).	96.7%*	78.2%
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.).	96.6%*	73.9%
34. recognize the importance of my parent-child relationship to all areas of development.	97.9%*	84.4%
35.know the importance of talking with my child in a soothing and comforting tone.	96.6%*	78.0%
36. help my child to calm down and recover when he/she feels sad or anxious.	92.4%*	67.3%
37. pay more attention to my child's feelings and emotions (e.g., happy, sad, anxious, etc.).	94.6%*	72.8%
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.).	93.4%*	80.7%
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!").	91.1%*	62.4%
40. respond quickly to my child's needs (pick them up when they cry, laugh together, smile back and forth with my infant…).	94.3%*	76.1%
41. feel more confident addressing behavior that challenges me (e.g., tantrums, biting, etc.).	92.9%*	74.6%

*statistically significant

Table 2

Over the past year *Early On* services have helped me and/or my family:	Q27. I discussed and planned with my provider how to use the results from a social emotional questionnaire.	
	Yes	No
30. define what social and emotional health is.	96.5%*	61.2%
31. learn more about my child's social and emotional development and what to look for as they grow.	97.3%*	75.9%
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.).	98.3%*	80.5%
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.).	98.3%*	75.0%
34. recognize the importance of my parent-child relationship to all areas of development.	98.3%*	86.1%
35. know the importance of talking with my child in a soothing and comforting tone.	97.9%*	76.6%
36. help my child to calm down and recover when he/she feels sad or anxious.	94.8%*	66.9%
37. pay more attention to my child's feelings and emotions (e.g., happy, sad, anxious, etc.).	95.7%*	73.3%
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.).	95.5%*	78.6%
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 care happy mommy is home!").	94.1%*	62.2%
40. respond quickly to my child's needs (picks them up when they cry, laugh together, smile back and forth with my infant…).	96.1%*	74.8%
41. feel more confident addressing behavior that challenges me (e.g., tantrums, biting, etc.).	94.7%*	73.6%

*statistically significant

Table 3

Over the past year *Early On* services have helped me and/or my family:	Q28. I received materials and information about social emotional development.	
	Yes	No
30. define what social and emotional health is.	95.0%*	57.7%
31. learn more about my child's social and emotional development and what to look for as they grow.	97.6%*	74.8%

Over the past year *Early On* services have helped me and/or my family:	Q28. I received materials and information about social emotional development.	
	Yes	No
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.).	97.6%*	81.1%
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.).	98.3%*	73.0%
34. recognize the importance of my parent-child relationship to all areas of development.	98.6%*	86.8%
35. know the importance of talking with my child in a soothing and comforting tone.	98.0%*	79.2%
36. help my child to calm down and recover when he/she feels sad or anxious.	94.6%*	68.1%
37. pay more attention to my child's feelings and emotions (e.g., happy, sad, anxious, etc.).	95.3%*	76.6%
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.).	95.2%*	80.3%
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 care happy mommy is home!").	92.8%*	66.7%
40. respond quickly to my child's needs (picks them up when they cry, laugh together, smile back and forth with my infant…).	96.3%*	76.8%
41. feel more confident addressing behavior that challenges me (e.g., tantrums, biting, etc.).	93.9%*	76.1%

*statistically significant

Parents who said their provider helped them on social emotional development were also statistically significantly more likely to report positive social emotional outcomes. See Tables 4-6.

Table 4: Results on SSIP impact items by response to provider question (question 42)

   *statistically significant, p<.05

Table 5: Results on SSIP impact items by response to provider question (question 43)

   *statistically significant, p<.05

Table 6: Results on SSIP impact items by response to provider question (question 44)

*statistically significant, p<.05

Table 4

Over the past year *Early On* services have helped me and/or my family:	**Q42.** I feel my *Early On* provider(s) is knowledgeable about social emotional health and behavior.	
	Yes	No
30. define what social and emotional health is.	86.9%*	24.2%
31. learn more about my child's social and emotional development and what to look for as they grow.	93.1%*	34.3%
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.).	95.1%*	34.3%
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.).	94.5%*	31.4%
34. recognize the importance of my parent-child relationship to all areas of development.	96.6%*	54.3%
35. know the importance of talking with my child in a soothing and comforting tone.	94.4%*	44.1%
36. help my child to calm down and recover when he/she feels sad or anxious.	90.0%*	22.9%
37. pay more attention to my child's feelings and emotions (e.g., happy, sad, anxious, etc.).	93.1%*	28.6%
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.).	92.8%*	40.0%
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 care happy mommy is home!").	88.1%*	20.0%
40. respond quickly to my child's needs (picks them up when they cry, laugh together, smile back and forth with my infant…).	93.2%*	26.5%
41. feel more confident addressing behavior that challenges me (e.g., tantrums, biting, etc.).	91.3%*	23.5%

*statistically significant

Table 5

Over the past year *Early On* services have helped me and/or my family:	Q43. I feel my *Early On* provider(s) answers questions and shares resources related to support social emotional development.	
	Yes	No
30. define what social and emotional health is.	89.7%*	17.0%
31. learn more about my child's social and emotional development and what to look for as they grow.	95.4%*	28.6%
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.).	97.1%*	35.7%
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.).	96.9%*	25.0%
34. recognize the importance of my parent-child relationship to all areas of development.	97.9%*	53.6%
35. know the importance of talking with my child in a soothing and comforting tone.	96.7%*	41.1%
36. help my child to calm down and recover when he/she feels sad or anxious.	91.8%*	31.5%
37. pay more attention to my child's feelings and emotions (e.g., happy, sad, anxious, etc.).	95.0%*	35.2%
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%*	42.6%
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 care happy mommy is home!").	90.4%*	18.5%
40. respond quickly to my child's needs (picks them up when they cry, laugh together, smile back and forth with my infant…).	95.4%*	30.2%
41. feel more confident addressing behavior that challenges me (e.g., tantrums, biting, etc.).	92.6%*	37.0%

*statistically significant

Table 6

Over the past year *Early On* services have helped me and/or my family:	Q44. I feel my *Early On* provider(s) demonstrates and talks to me about how I can respond to my child and talk about feelings and emotions.	
	Yes	No
30. define what social and emotional health is.	89.8%*	28.8%
31. learn more about my child's social and emotional development and what to look for as they grow.	95.1%*	38.3%
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.).	97.0%*	45.0%
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.).	96.3%*	41.7%
34. recognize the importance of my parent-child relationship to all areas of development.	98.2%*	55.0%
35. know the importance of talking with my child in a soothing and comforting tone.	97.1%*	41.7%
36. help my child to calm down and recover when he/she feels sad or anxious.	92.4%*	29.3%
37. pay more attention to my child's feelings and emotions (e.g., happy, sad, anxious, etc.).	95.0%*	41.4%
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.).	94.1%*	45.6%
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 care happy mommy is home!").	91.2%*	21.4%
40. respond quickly to my child's needs (picks them up when they cry, laugh together, smile back and forth with my infant…).	95.6%*	30.4%
41. feel more confident addressing behavior that challenges me (e.g., tantrums, biting, etc.).	93.2%*	36.2%

d) Data collection procedures and associated timelines

Data for the annual APR Indicator 3 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. Calculations for the APR are completed by December for the APR due in February.

Each MSDS report contains demographic and location information on each child, plus a record of each entry, annual, and exit COS process 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.

To determine effectiveness of the Infrastructure change involving restructuring the committees, a survey was distributed via SurveyMonkey in January 2019. Data were exported and analyzed by the State Coordination and Evaluation Committee, Implementation Committee, and Parent CoP.

The eDECA-I/T data are collected based on the number of users utilizing the tool. Currently, 188 users have been trained and all are utilizing the eDECA-I/T.

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 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.

Use of the social emotional development wheels were evaluated in spring 2018 via SurveyMonkey to pilot sites. Information was evaluated and shared with respondents in order to create a companion guide with lessons learned that will be shared with the pilot sites when they receive additional wheels for distribution.

The Family Survey with additional questions was administered spring 2018. WSU administers the survey and is responsible for analyzing the data which was completed in fall 2018.

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 met monthly throughout the year. Their task is to review, analyze, and make recommendations based on each activity evaluated. The CQI cycle of Plan, Do, Study, Act (PDSA) is 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**

As shared earlier in the report, data from multiple sources were analyzed this year and many interesting findings were identified.

Implementation of evidence-based practices have occurred over the past two years. Activities include face-to-face social emotional trainings, CSEFEL trainings and coaching calls, eDECA-I/T trainings and implementation, data improvements including Chase Reports, a messaging campaign, distribution of social emotional developmental wheels, and support to the coordinators and parents in the pilot service areas. Because staff in the pilot service areas have received training and support, their level of confidence and competence around social emotional development has grown. Staff are now having regular conversations with families at home visits about social emotional development. Staff have more tools in their toolbox to discuss sensitive issues with families in a non-judgmental way. The Family Survey data provide evidence that having knowledgeable providers helps families to feel more confident and knowledgeable as well. Specifically, when parents receive information and support on social emotional development, they report higher levels of enhanced family outcomes. Furthermore, when parents report their service provider was helpful, they also report higher levels of enhanced

family outcomes. Both measures are linked to statewide measures on Family Impact (APR Indicator 4).

Building a stronger infrastructure that included activities listed above has led to improvements in family outcomes. Family outcomes would increase before the state would expect to see an increase in child outcomes. Now that providers have been trained and families are receiving information and support, the expectation is that child outcomes will begin to increase as well. Ongoing training to service providers is needed and will continue.

Data from 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 occurred regularly and are ongoing.

Additionally, in January 2018, MDHHS utilized grant funds to contract with MPHI to conduct CQI cycles of PDSA and Key Informant Interviews. These interviews involved a deeper analysis and open-ended questions with key staff in the pilot service areas. The data from the interviews focused on the eDECA-I/T, CSEFEL trainings, and the social emotional developmental wheels, and showed that these three activities helped the providers have more confidence when discussing social emotional development with families in a non-judgmental way.

A change in practice began last year, based on a request from the pilot coordinators, and will continue this year as well. WSU will again create presentations for each of the 56 service areas with their most recent APR Indicator 3 and 4 data from FFY 2017. The presentations contained comparisons between the service areas 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 beginning improvement activities in a timelier 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 from the social emotional developmental wheels survey, Key Informant Interviews, and SSIP Survey prompted the ordering of 8,000 additional wheels for the pilot and comparison sites (January 2019). In addition, data from the wheels survey were put into a companion guide with lessons learned to be used when distributing the additional wheels.

The correlation between families having information and support about social emotional development and reporting increased family outcomes was statistically significant. Next steps included developing a data presentation for the pilot coordinators to share with their staff, administration, and LICCs so they could celebrate and continue learning, sharing with families, and leaning in to sensitive conversations in a respectful manner.

COS measurement reporting data show that Michigan is moving in a positive direction in this area. The Data workgroup will continue work on 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 face-to-face social emotional trainings informed additional learning through the CSEFEL training series and coaching calls.

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, but this year the target was not met. Possible explanations for not meeting the target were discussed on pages 6-7. The State Coordination and Evaluation Committee believes Michigan is on the right path for increasing child outcomes and moving through the Theory of Action.

3. Stakeholder involvement in the SSIP evaluation

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

As discussed earlier in the report, 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 Ning. A data/evaluation presentation was developed with the pilot coordinators and has been shared locally and with the MICC.

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

As discussed earlier in the report, stakeholders were engaged during Implementation Committee meetings, Parent 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. <u>**Data limitations that affected reports of progress in implementing the SSIP and achieving the SiMR due to quality of the evaluation data**</u>

   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 Phase III SSIP Survey indicated many service providers lack an understanding of the COS rating measurement and how it is used in APR Indicator 3 reporting. The Birth to Five Child Outcomes trainings, an updated COS prototype form, a new Birth to Five Child Outcomes Summary Process Manual, and embedding the COS rating into the *Early On* process from referral to transition are activities to address the lack of understanding about the COS rating measurement and will continue to be implemented over the next year.

   WSU has provided data and assistance regularly. Their support is instrumental in the SSIP evaluation and as 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 are 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 form, and creating a Birth to Five Child

Outcomes Summary Process Manual to ensure the COS rating measurement rating process is understood and administered with fidelity.

Evaluators from WSU are part of the State Coordination and Evaluation Committee and continue to provide data analyses on the implemented activities. They created Logic Models for each of the three workgroups that correlate with the Theory of Action and outline the activities, outputs, measurements, and data sources. The State Coordination and Evaluation Committee can track progress and provide targeted assistance where additional supports are needed, in part due to WSU's support.

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. The number of matched entry and exit COS reports has increased by 16 percentage points over the past three years.

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

WSU has conducted the family survey in Michigan for approximately 25 years. Their expertise is and will continue to 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 were added to the spring 2018 Family Survey. Questions went to families of children in the pilot and comparison sites to gather baseline data around the effectiveness of the activities implemented thus far. For the 2019 Family Survey, the additional questions will be included for all families to gather data to be considered for scale-up activities.
- An additional 8,000 social emotional developmental wheels will be distributed, along with a companion guide to the pilot and comparison sites. MDE was able to secure funding to purchase enough wheels to scale up this activity statewide, when the State Coordination and Evaluation Committee determines the timing is right.
- Each service area in the state 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 in-depth information is to assist the service areas in a more comprehensive review of their child and family outcome data so that improvement activities can be developed.

Related to EBP:
- Work is being done to prepare for further embedding the COS rating into the *Early On* process including development of the Birth to Five Child Outcomes Summary Process Manual to ensure the COS rating measurement process is understood and administered with fidelity.

Related to Data:
- Improvements and slight modifications will continue to be made to the local data systems 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**

Michigan is measuring fidelity of implemented evidence-based activities in many ways.

Qualitative and quantitative measures include:
- Pre, post, and three-month follow up surveys for the face-to-face social emotional trainings were used and provided data which led to additional CSEFEL trainings and follow-up coaching calls.
- Additional questions added to the Family Survey and the SSIP Survey provided data to show that activities implemented around social emotional development made a difference for children and families as well as providers.
- The infrastructure change involving the SSIP committees allowed for increased coordination, communication, data evaluation, and prioritization of activities. The new structure also ensured sharing of information among all teams by using the same template that included highlights and next steps for each committee. The infrastructure change was measured via three surveys, as discussed on pages 32-33.
- Key Informant Interviews with providers in each pilot site provided deeper qualitative information about the eDECA I/T, CSEFEL trainings, and social emotional developmental wheels.
- Sondra Stegenga's work, Appendix J, will evaluate the readiness and effectiveness of the use of eDECA-I/T and provide recommendations around scale up.
- Interim measurements to receive more timely data include reviewing the number of children with eDECA-I/T, which is increasing.
- PDSA cycles are being used for the social emotional developmental wheels, which are also a way to collect data in a timely manner.

Activities have been carried out with fidelity and many data points discussed earlier in this report provide evidence that they are beginning to have the desired effect.

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 face-to-face 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 Meetings:
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 scale 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 strategies when working with families.
- TA and coaching calls are provided to build upon administrators' and providers' competence and confidence using the eDECA-I/T system and available strategies.
- Coaching calls are provided to providers on how to use the eDECA-I/T strategies and features of the system to enhance services.

- Providers utilize the eDECA-I/T strategies 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 will pilot the COS prototype form.
- EBP workgroup will complete the Birth to Five Child Outcomes Summary Process Manual for implementation.

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

Strategy 3

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 4

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 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	Data: 41.49	

The SiMR target was not met this year. Some possible explanations for not meeting the SiMR target are the increasing number of children served in Part C (especially the increased number of children eligible for MMSE) and the more significant delays children are experiencing when they enrolled in Part C have all likely contributed to the declining trend of the child outcome results in social emotional development seen in this year. Another possible explanation is the variation in the sample characteristics of those for whom a completed exit COS rating is submitted. The COS reporting rate is rising, so Michigan could have a more representative sample that is different from the baseline years, resulting in the decline in child outcomes. For a more detailed explanation, please see pages 6-7 of this report.

F. Plans for Next Year

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

   SSIP Phase III: April 1, 2019 - April 1, 2020

   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 Mental Health Consultant.
      ● CoP calls and Implementation Committee.
      ● eDECA-I/T ongoing training and support provided by MDHHS Early Childhood Mental Health Consultant.

   b) Integrate COS rating measurement into the *Early On* process.
      ● Continue to gather resources, ideas, and support for integration from national TA centers.
      ● Workgroup established to create a Birth to Five Child Outcomes Summary Process Manual.
         o Birth to Five Child Outcomes Summary Process Manual is near completion.
         o COS rating form revisions are complete and will be piloted this next year.

   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 data in the Family Survey.
      ● Align message for providers with EBP workgroup and distribute to pilot service areas.
      ● Distribute additional social emotional developmental wheels to pilot and comparison sites.

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 and will continue on the use of strategies to support service providers in implementing effective social emotional relationship-based support for families and TA 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. Families have reported the strategies are helpful and being used with their children. 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.

Michigan Part C formed a partnership with Sondra Stegenga to research scale up feasibility for a few specific SSIP activities, including the eDECA, CSEFEL trainings, and the social emotional developmental wheels. Ms. Stegenga's work began in 2018 and will conclude in May 2019.

Messaging activities: Messaging activities will continue to be evaluated via the NCSEAM family survey to determine if messaging activities had an impact and led to an increase in knowledge about social emotional development. Additional questions were included in the surveys to families in the pilot and comparison sites and will continue again this year. 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 activities: 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 Support to the *Early On* Field 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. As a result of a concerted effort from the Fiscal Ad Hoc, the Michigan *Early On* Foundation, Michigan's Children, and other advocacy efforts, the Fiscal Year 2019 State School Aid Act includes a new line item, Section 54d, providing $5 million in state funding for *Early On* that went into effect October 1, 2018. The funds will help to strengthen supports and services for eligible infants and toddlers and their families, as well as provide system level improvements such as:

- Increase frequency of services to eligible children;
- Increase the intensity of services for eligible children;
- Broaden the array of services provided to eligible children;
- Identify, evaluate, and serve additional eligible children; and
- Enhance the qualifications of personnel providing services (along with an additional focus area).

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. In addition to attending face-to-face State Lead meetings and State Team meetings, NCSI provides several monthly webinar learning opportunities. The Social Emotional Outcome Learning Collaborative utilizes a platform known as Ning. The Ning site (https://ncsisocialemotional.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	**2018 SSIP Phase III Survey**
Appendix B	**Key Informant Interview Report**
Appendix C	**Social Emotional Developmental Wheels Survey- Michigan Association for Infant Mental Health (MiAIMH)**
Appendix D	**Social Emotional Developmental Wheels Survey- Zero to Three**
Appendix E	**Family Survey with additional social emotional questions**
Appendix F	**Social Media Analytic Data**
Appendix G	**State Systemic Improvement Plan *(*SSIP) to Improve Social Emotional Outcomes: Evaluation 'Nuggets'** *What we know so far*
Appendix H	**SSIP Phase III Provider Survey: A Summary of Findings**
Appendix I	**Logic Models for Workgroups**
Appendix J	**Research Project Partnership on Scale Up of eDECA**