Michigan Part C *Early On*®

State Systemic Improvement Plan (SSIP)

Phase III Report
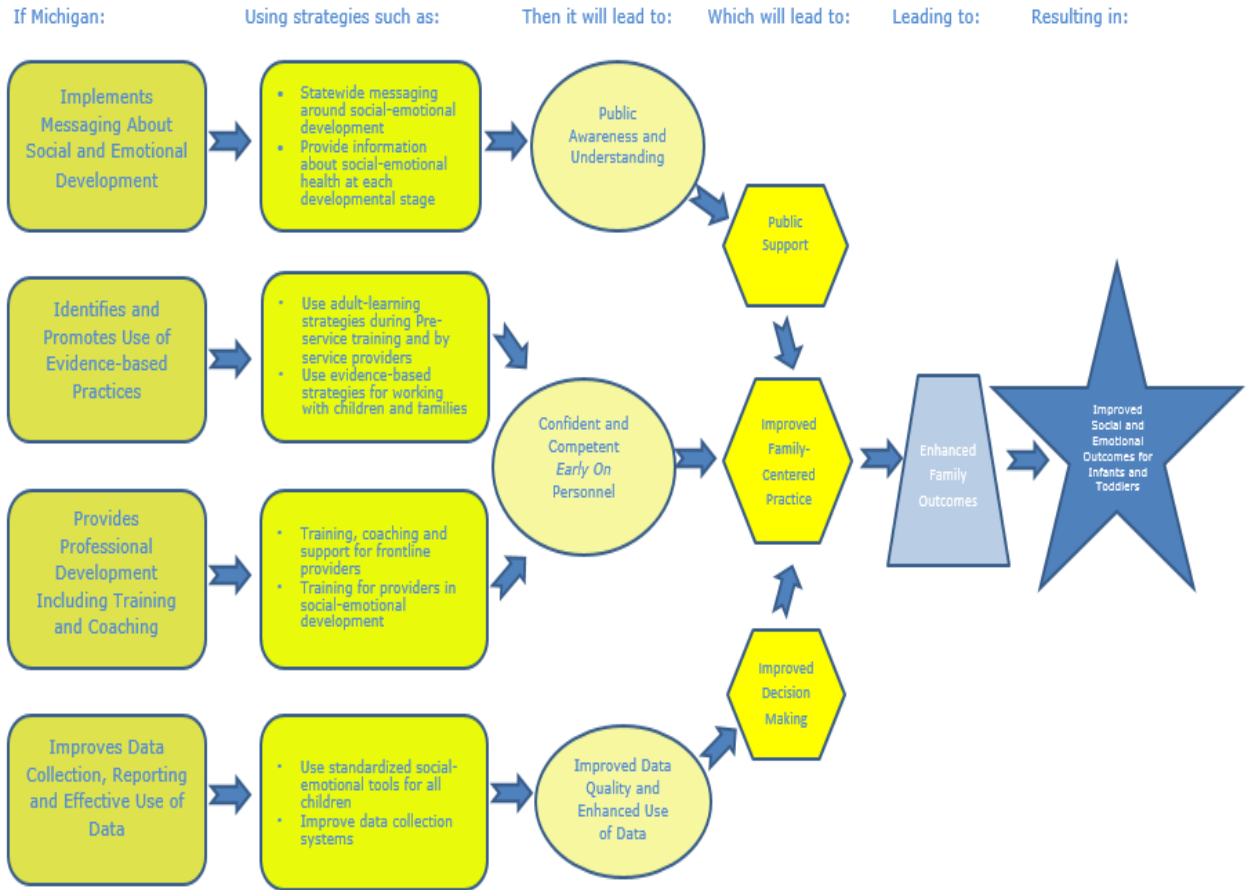
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A. Summary of Phase III

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

The State Identified Measurable Result (SiMR) is:

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

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

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

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

    A. Build a solid foundation in service providers' confidence and competence in social emotional development by:
        i. Statewide Conferences with a social emotional focus
        ii. Social Emotional Trainings.
        iii. Community of Practice (CoP) calls for Coordinators.
        iv. CoP calls for Parents.
    B. Integrate Child Outcome Summary (COS) measurement into the *Early On* process.
        i. Research available resources from other states and national Technical Assistance (TA).
    C. Develop and implement a coaching model to support relationship building.
        i. Explore and define 'Reflective Consultation' model.
        ii. Identify Evidence-Based Practices (EBP) and provide training in implementing effective social emotional relationship-based support for families.
    D. Data Groundwork.
    E. Messaging Groundwork.

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

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

Conferences have included the 2015 *Early On* Conference, *Everyday Heroes and Quality Practices: the Power of Early Intervention*, November 10-12. This conference featured the keynote *Building Parent Capacity to be Available, Mindful, and Responsive*, from M'Lisa Shelden and Dathan Rush. Shelden and Rush focused on the use of promotional strategies to build the capacity of all parents to support attainment of positive social emotional outcomes for young children. The presenters provided an overview of the research to support parent-mediated intervention strategies as well as the importance of parent responsiveness throughout daily life. Coaching as an adult interaction style was highlighted as an evidence-based strategy that can be used by early intervention practitioners to build the capacity of parents.

Pre-Conference sessions included *I'm Not a Social Worker! Why Am I Expected to Be One?* with Janice Fialka and Barbara Corbin and *A Reflective Approach to Supporting Infant and Toddler Social and Emotional Health* by Kristin Tenney-Blackwell, IMH-E®.

Workshop sessions included *The Impact of Trauma on Young Children* with Mary Mueller; *Nurturing Relationships: Supporting the Bond and Social Connections with Music, Movement, Literature, and More* with Gari Stein; and *Trauma-Informed Caregiving: A Trauma-Informed Perspective for Working with and Caring for Infants, Toddlers, and Their Families* with Pamela Green. This conference closed with a two-hour session for all participants *Relationships Count: Supporting the Social Emotional Competence of Infants, Toddlers and Their Families* by Marian Orihel, MA, IMH-E and Jennifer Champagne, Ph.D., IMH-E.

The April 29, 2016, Michigan Division for Early Childhood (MiDEC) Conference featured a theme of *Supporting Social Emotional Foundations for Early Childhood Literacy* with Kristie Pretti-Frontczak, Ph.D., as the opening full-morning keynote.

The MiDEC Conference also offered pre-conference conversations with Dr. Pretti-Frontczak about social emotional development leading up to the conference. After the conference, Dr. Pretti-Frontczak created a landing page of resources and webinars to be used by participants to support ongoing professional development and promote healthy social emotional development.

Other related opportunities included the workshop, *Early Executive Function Skills and Future Learning Success* with Tierney Popp, Ph.D., and the closing keynote *Finding Calm in the Storm: Using a Trauma-Informed Approach to Address Difficult Behaviors* with Jennifer Champagne Ph.D., IMH-E.

It was determined through the SSIP Survey, administered to the four pilot sites during Phase II, that foundational training around social emotional development was needed to increase providers' confidence and competence. The 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 parent's capacity for reflection.

CoP calls were held monthly, and are ongoing, for the pilot site *Early On* Coordinators, Technical Assistance Specialists, the Messaging Workgroup Chair, the Technical Assistance Manager, and the SSIP Coordinator. CoP calls were also held for the four state SSIP parents assigned to each pilot site along with the SSIP Coordinator. The outcome of the CoP calls is to provide a learning community for the SSIP pilots to share ideas, learn from each other, and be supportive of each other through the implementation of the SSIP activities.

Research around integrating the COS measurement into the *Early On* process began this year by utilizing the resources available through the Integrating Outcomes into the IFSP/IEP Learning Community, the Early Childhood Technical Assistance (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 next steps.

In the beginning steps of developing and implementing a coaching model to support relationship building, stakeholders researched many different models of incorporating reflection into practices from Michigan Association of Infant Mental Health (Mi-AIMH) Reflective Supervision/Consultation to Facilitating Attuned Interactions (FAN) to Virginia's Coaching Facilitation resources and other relevant resources.

The Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T) was identified as an evidence-based practice tool that would assist service providers in implementing effective social emotional relationship-based support for families. The DECA-I/T is a standardized, strength-based assessment of child protective factors including attachment, initiative, and self-regulation. The eDECA is the electronic version of the DECA-I/T. MDE purchased a state level eDECA license and child level test administrations to support the four pilot sites with implementation. To train the providers, a face-to-face training on the DECA-I/T tool was offered as a precursor to areas as needed and a series of three webinars were conducted with an expert at the Michigan Department of Health and Human Services (MDHHS). The webinar series contained:

Training 1: DECA-I/T Training
This 90-minute webinar focused on the DECA tool development, administration, interpretation, use of results, and understanding pre- and post-test measurement. This training was for individuals who have not yet used the actual DECA tool or needed a refresher.

Training 2: eDECA orientation for **Administrators**
This 45-minute virtual orientation introduced administrators to the eDECA system. Administrators learned how to create users of the system, export data, and how to manage caseloads and users over time.

Training 3: eDECA orientation for **Front-line staff**
This 45-minute virtual orientation introduced front-line staff to the eDECA system. Staff learned how to enter children into the eDECA system, complete a DECA, run results, create plans, and monitor progress over time.

After completion of the webinar series, each of the pilot sites will begin using the eDECA with infants and toddlers eligible for *Early On* in their service area.

The key goal for the Data workgroup in the initial year of Phase III has been to lay a foundation for increasing the quantity of matched entry and exit COS

measurement ratings received through the Michigan Student Data System (MSDS). To address this, meetings were held with data representatives within the pilot service areas to discuss tools being used to ensure that all appropriate children are receiving entry and exit COS measurement ratings, dubbed Chase Reports – chasing the missing data pieces. The Chase Reports help the districts identify records that are incomplete, which should help increase the entry and exit COS measurement reporting rate.

The Messaging workgroup engaged in multiple activities and laid foundational work around building a succinct message about the importance of social emotional development. There are two target audiences for messaging: service providers and parents; messaging activities primarily target providers first, building awareness and proficiency among them before building expectations for service provision among parents. Activities of the Messaging workgroup from the past year include:
- Synthesized and reviewed data from each of the SSIP pilot surveys to determine messaging mechanisms and supports needed.
- Reviewed Michigan's Social Emotional Toolkit from Project Launch to determine the best way to use this resource.
    - Workgroup members revised the communication plan template to include key probe questions and created a Communications Strategies Worksheet to facilitate the development of an individualized communications plan for each pilot area.
- Identified key resources from Thrive by Five campaign, Zero to Three, Center on the Social and Emotional Foundations for Early Learning (CSEFEL), and the U.S. Department of Education, and utilized large SSIP Committee meetings to gather feedback on selected materials.
- Identified the Social Emotional Development Wheels from Mi-AIMH and Zero to Three as key resources to pilot with providers and parents in service areas.
- Participated in the CoP calls with the *Early On* Coordinators and the Social Emotional Trainings to ensure consistency in work and messages.
- Added a resource page on Social Emotional Development to the 1800EarlyOn.org website, featuring key information, organizations, associations, and support for families of infants and toddlers.
- Developed 20 images and messages related to social emotional development for use on social media platforms.
- Utilized the *Early On* Michigan Facebook page to regularly convey broad messages about the importance of social emotional development in infants and toddlers. The Facebook page posts three times daily with over 4,100 followers.

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

The statewide conferences and Social Emotional Trainings provided to the four pilot sites were all based on evidence-based practices. The DECA-I/T and eDECA are evidence-based tools. Ongoing support is needed to ensure fidelity to the practices by providers.

CoP calls are facilitated based on evidence-based practices for effective learning communities.

The *Early On* Public Awareness and Child Find contractor initiated regular posts to social media, providing content related to the importance of social emotional development and strategies to support that development in infants and toddlers.

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

The Social Emotional Trainings were conducted by experts with vast knowledge of social emotional development and infant mental health. The trainers were:
- Dr. Prachi Shah, University of Michigan Pediatric Developmental & Behavioral Specialist, C.S. Mott Children's Hospital
- Marian Orihel, M.Ed. Infant Mental Health Specialist, IMH-E (III)
- Julie Ribaudo, LMSW, ACSW, Clinical Associate Professor, IMH-E (IV), Infant Mental Health Distinguished Mentor, University of Michigan School of Social Work

The dates of the trainings were:

Kent/98 participants	Aug. 29, 2016	Dr. Prachi Shah
Macomb/40 participants	Jan. 16, 2017	Marian Orihel
Kalamazoo/16 participants	Feb. 3, 2017	Julie Ribaudo
Marquette Alger*	Reschedule TBD	TBD

*Scheduled for February 24, 2017 with Dr. Prachi Shah but canceled due to weather

Each training consists of a pre test, post test, and a three-month follow-up survey. Wayne State University (WSU) is assisting MDE with evaluating the data. Currently, results from the training in Kent County are available. At this time, pre and post-test data from the other trainings are being processed and evaluated by WSU. Additional data are needed to draw conclusions about the effectiveness.

The Core Team studied the evaluation data from one pilot site and discussed the need for follow up coaching after a training to aid in greater comprehension and application of the material presented.

Annual Performance Report (APR) Data for Indicator 3 has 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 2015 Data   Target
APR 3A: 74.82   APR 3A: 75.6%
APR 3B: 79.08   APR 3B: 79.9%
APR 3C: 78.30   APR 3C: 79.2%

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they exited.
- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

FFY 2015 Data   Target
APR 3A: 54.26   APR 3A: 60.6%
APR 3B: 48.79   APR 3B: 52.4%
APR 3C: 49.89   APR 3C: 59.6%

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

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

FFY 2015 Pilot Site
Data   Target
APR 3A: 44.55%   APR 3A: 40.0%

Another positive trend is in the Family Outcomes data, collected in APR Indicator 4. While the state met the targets, three of the four pilot sites exceeded the targets for this indicator.

Indicator 4: Family Outcome Data from pilot service areas

Service Area	Rasch Score 2015 data/ State Avg.	Rasch Score 2016 data/ State Avg.	4a. Families Know Their Rights 2016 data Data/Target/ State avg.	4b. Families Effectively Communicate Their Child's Needs 2016 data Data/Target/ State avg.	4c. Families Help Their Child Develop and Learn 2016 data Data/Target/ State avg.
Kalamazoo	633/620	573/619	57.35/58.80/69.07	52.94/53.80/62.81	73.53/77.80/83.98
Kent	622/620	629/619	72.29/58.80/69.07	65.80/53.80/62.81	87.01/77.80/83.98
Macomb	635/620	635/619	71.96/58.80/69.07	64.49/53.80/62.91	86.92/77.80/83.98
Marquette-Alger	638/620	708/619	89.47/58.80/69.07	89.47/53.80/62.81	94.74/77.80/83.98

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

CoP calls occurred on the following dates for the *Early On* Coordinators and the SSIP Parent representatives.

Early On **Coordinators:**	**Parents:**
July 14, 2016	Aug. 12, 2016
Aug. 11, 2016	Sept. 9, 2016
Sept. 8, 2016	Nov. 11, 2016
Oct. 13, 2016	Dec. 9, 2016
Nov. 10, 2016	Jan. 13, 2017
Dec. 8, 2016	Feb. 10, 2017
March 9, 2017	March 10, 2017

During informal discussions, CoP participants reported feeling more supported in their work and prepared to implement the SSIP activities as a result of their participation in the CoP. Additional surveys will be developed to assess the impact of the CoP in the following year.

The eDECA trainings are underway in the pilot sites. Data are as follows:

Kalamazoo
Training I   DECA-I/T (face to face) Training for **all staff**
Dec. 14, 2016   16 staff trained

Training II   eDECA orientation for **Administrators**
March 7, 2017   2 staff trained

Training III   eDECA orientation for **Front-line staff**
March 8, 2017   15 staff trained

Kent
Training I   DECA-I/T Training for **all staff**
Oct. 10, 2016   50 staff trained
Nov. 16, 2016   15 staff trained
Jan. 26, 2017   10 staff trained

Training II   eDECA orientation for **Administrators**
Oct. 17, 2016   3 Administration staff trained

Training III   eDECA orientation for **Front-line staff**
Nov. 30, 2016   15 staff trained
Jan. 26, 2017   10 staff trained
Feb. 13, 2017   50 staff trained

Macomb
Training I   DECA-I/T Training **for all staff**
Jan. 6, 2017   40 staff trained

Training II   eDECA orientation for **Administrators**
Jan. 13, 2017   5 staff trained

Training III   eDECA orientation for **Front-line staff**
Jan. 20, 2017   40 staff trained

Marquette-Alger
Training I   DECA-I/T Training **for all staff**
Dec. 15, 2016   7 staff trained

Training II   eDECA orientation for **Administrators**
Jan. 12, 2017   2 staff trained

Training III   eDECA orientation for **Front-line staff**
Feb. 23, 2017   7 staff trained

The DECA-I/T and the eDECA are evidence-based practice tools that will assist service providers in implementing effective social emotional relationship-based support for families.

Over the past three years, the number of children reported as exiting in 618 data has increased, however more work is needed in this area to reach the goal of a 70 percent exit COS measurement reporting rate.

Data Year for state of Michigan	# of children reported in C-3 with entry and exit COS ratings	# of children reported as exiting in 618 data	% of children reported in 618 data also reported in C-3
13-14	2,803	8,623	32.51%
14-15	4,127	9,049	45.61%
15-16	4,169	9,333	44.67%

Data Year for the four pilot service areas	# of children reported in C-3 with entry and exit COS ratings	# of children reported as exiting in 618 data	% of children reported in 618 data also reported in C-3
13-14	915	1,297	70.55%
14-15	1,082	1,935	55.92%
15-16	936	1,961	47.73%

5. <u>Highlights of changes to implementation and improvement strategies</u>

The first year of the implementation phase was spent building a foundation of knowledge around social emotional development and developing CoP groups to support ongoing professional development of the *Early On* Coordinators and parent representatives for this work. This was done by providing Social Emotional Trainings in each of the four pilot sites, and continuing the CoP monthly calls, laying the groundwork for data improvements, and laying the groundwork for messaging around the importance of social emotional health.

Research began this year on the resources available through the Integrating Outcomes into the IFSP/IEP Process Learning Community, the Early Childhood Technical Assistance (ECTA) Center, and 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 Learning Community, were contacted and provided resources and ideas regarding potential next steps.

Beginning steps of developing and implementing a coaching model to support relationship building was also started this year. Stakeholders researched many different models of incorporating reflection into practices from Mi-AIMH Reflective Supervision/Consultation to Facilitating Attuned Interactions (FAN) to Virginia's Coaching Facilitation resources as well as other relevant resources.

The DECA-I/T was identified as an evidence-based practice tool that would assist service providers in implementing effective social emotional relationship-based support for families. Face-to-face training was provided, as needed, to pilot sites on the DECA tool as a precursor to the eDECA training. The eDECA is the electronic version of the DECA. MDE purchased a state level eDECA license and child level test administrations to support the four pilot sites with implementation. To train the providers, a series of three webinars were conducted with an expert at MDHHS.

After completion of the webinar series, each of the pilot sites will begin using the eDECA with infants and toddlers eligible for *Early On* in their service area. Follow up coaching calls will be offered on the use of strategies to support service providers in implementing effective social emotional relationship-based support for families and technical assistance using the eDECA tool.

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 the SSIP work, the plan and timeline is as follows:

Phase III first year
The focus of the first year is around data learned through the Phase II SSIP survey.

1. Build a solid foundation in service providers' confidence and competence in social emotional development in the pilot sites through:
   - Social Emotional Development Training including parent/child interaction.
   - CoP calls for *Early On* Coordinators.
   - CoP calls for SSIP Parent representatives.
2. Integrate COS measurement into the *Early On* process.
   - Research available resources from other states and national TA.
3. Develop and implement a coaching model to support relationship building.
   - Explore and define 'Reflective Consultation' model.
   - Identify EBP and provide training in implementing effective social emotional relationship-based support for families.
4. Lay groundwork for Data improvements.
5. Lay groundwork for Messaging distribution.

Phase III second year
1. Continue any work from first year.
2. Build a solid foundation in service providers confidence and competence in social emotional development in the pilot sites through:
   a. Ongoing support via webinars, coaching calls, and other methods related to social emotional development.
3. Integrate COS measurement into the *Early On* process.
   a. Work with pilot sites to determine opportunities for integration, utilizing resources, ideas, and support from national TA.
4. Develop and implement a coaching model to support relationship building.
   a. Define coaching model or reflective consultation/practice to be embedded into work.
   b. Create a system to provide TA support as follow up for training to ensure and support implementation.

5. Improve quantity and quality of MSDS, Power School-Special Education (formerly known as Tienet), and PCG data.
6. Align Message for providers with EBP workgroup and distribute to pilot sites.

Phase III third year
1. Continue any work from first and second year.

An important cornerstone for this work is that providers feel confident and competent in their knowledge of social emotional development in relation to the parent/child relationship. Through the evaluation of data from the SSIP Phase II survey, it was discovered that service providers in the pilot sites do not feel confident or competent in this area. Therefore, an addition to the plan was to move the system toward fostering healthy social emotional development of infants and toddlers through the implementation of evidence-based practices to support nurturing parent/child interactions. Beginning steps included providing training on social emotional development and foundational parent/child interaction skills. This is still in the process of being completed.

Building a local team has been accomplished in each pilot site. The team consists of the local *Early On* Coordinator, a TA Specialist, the MDE Consultant, and an Michigan Interagency Coordinating Council (MICC) parent. A meeting was held in January 2017, bringing all four pilot site teams together for a day to reflect on activities completed over the past year and to develop an action plan moving forward. Stakeholders reported the day was beneficial and a lot was accomplished during the meeting.

Research continues regarding the opportunity to include questions about social emotional development in the Family Survey as an evaluation measure. WSU has been contacted to consider how to move forward with this work.

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

The multiple statewide conferences with a theme of social emotional development provided a broad awareness of the importance of social emotional development to multiple stakeholders: providers, teachers, administrators, and parents, for both early intervention and preschool special education, with approximately 600 participants at the 2015 *Early On* Conference and 275 participants at the 2016 MiDEC Conference.

As a result of the Social Emotional Trainings, 152 staff were trained with additional staff being trained in the near future.

CoP calls had a positive impact on *Early On* Coordinators and parents who reported feeling more supported.

As a result of researching resources and inquiring with national TA staff for support, national TA will be provided to support the integration of the COS measurement into the *Early On* process.

As a result of identifying the DECA-I/T as an evidence-based practice tool that assists service providers in implementing effective social emotional relationship-based support for families, an in person DECA-I/T training was provided to 16 staff, and 150 staff were trained in the eDECA webinar series. The pilot sites are beginning implementation of the eDECA this year.

The Data Contractor met with each pilot site's *Early On* Coordinator and data entry staff to discuss the concept and potential content to build a Chase Report. The Chase Report will identify missing data fields, incomplete data entry, and other barriers that prevent records from being complete. The Chase Report will help increase the quantity of exit COS reports.

Messaging created and shared 29 posts on the *Early On* Facebook page and eight on Twitter related to social-emotional development.

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

2. Stakeholder involvement in SSIP implementation

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

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

On January 30, 2017, the SSIP Committee met for a full day of reflecting, working, sharing, learning, and planning for the upcoming years. Stakeholders included the local *Early On* Coordinators in the four pilot service areas, CSPD staff and TA Specialists, the Child Find/Outreach Coordinator, MDE staff, and MICC parents.

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

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

Staff from local pilot sites have been involved and participated in the Social Emotional Trainings as well as the DECA-I/T and eDECA webinar series.

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

The Phase II SSIP survey data highlighted service providers lack of a solid foundation in having the confidence and competence in social emotional development. The SSIP Committee felt this was a cornerstone to any future success and added the strategy to address this issue.

Social Emotional Trainings, including parent/child interaction, were provided in three of the four pilot sites. The goal was to ensure all staff working with families have increased confidence and competence in social emotional development. Ongoing professional development is being planned for implementation in the spring.

Membership on the Core Team consists of MDE *Early On* staff, the ECD&FE Director, the Part C State Coordinator, the SSIP Coordinator, CSPD contractors, an MICC parent, and a pilot site *Early On* Coordinator who is also the MICC Co-Chairperson. Having a diverse group of stakeholders on the Core Team has been beneficial. The voice of a pilot site coordinator has been instrumental in the planning of SSIP meetings to ensure the needs of the pilot sites are being addressed, and the staff of the pilot sites are not feeling overwhelmed. The parent member is a strong advocate and ensures families' needs stay at the heart of the work.

C. Data on Implementation and Outcomes

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

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

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

1. Implements messaging around social emotional development
Output: Posts on *Early On* Facebook page.

2. Identifies and promotes the use of evidence-based practices
Outputs: Social Emotional Trainings, research on reflective supervision/consultation, research on tools and resources for integration of the COS measurement, research on evidence-based practices related to reflective supervision/consultation and coaching, DECA-I/T training, eDECA webinar series, and CoP calls for *Early On* Coordinators and parents.

3. Provides professional development including training and coaching
Outputs: Social Emotional Trainings, research on reflective supervision/consultation, research on tools and resources for integration of the COS measurement into the *Early On* process, research on evidence-based practices related to coaching, DECA-I/T training, eDECA webinars, CoP calls for *Early On* Coordinators and parents, multiple statewide conferences

around the theme of social emotional development, and increasing the quantity of exit COS reports.

4. Improves data collection, reporting and effective use of data
Output: Increasing the quantity of exit COS measurement reports.

b. Data sources for each key measure

Outputs	Data source
Statewide conferences with theme of social emotional development	Conference brochures, attendance records
Social Emotional Trainings	Sign in sheets, pre test, post test, three-month post test
CoP Calls	Minutes from each call, informal feedback from participants
eDECA Webinars	Attendance records, webinar dates
Increasing quantity of exit COS measurement reports	MSDS data, WSU data
Facebook posts	Facebook analytics

c. Description of baseline data for key measures

Statewide Conferences baseline data
There were approximately 600 people in attendance at the 2015 *Early On* Conference, and 275 attendees at the 2016 MiDEC Conference. Both conferences had a theme of social emotional development and reached a broad audience, which included service providers, teachers, administrators, and parents; for both early intervention and preschool special education.

Social Emotional Trainings baseline data
Data from the SSIP Phase II Survey prompted the design of Social Emotional Trainings. Particularly through open-ended questions, numerous service providers stated that they were not equipped to support families in the area of social emotional development. They also stated that they needed more training and ongoing coaching around social emotional development.

Evidence that each Social Emotional Training occurred is available through attendance records. Currently, data are available for one pilot site. Two other trainings took place in January and February, and data have not yet been analyzed. The last training was scheduled for February 24, 2017, but due to weather was canceled and will be rescheduled in the near future. Once data from all four pilot sites are evaluated, next steps will be determined.

Data from Kent are available on the analysis of the pre test, post test, and three-month follow-up post test. Additional data are needed to draw conclusions about the effectiveness.

To successfully embed the COS measurement into the *Early On* process, service providers need to understand social emotional development and how it relates to the COS measurement. Further training and technical assistance are needed to achieve this goal.

CoP Calls
Baseline data for the CoP calls can be found on page 8 of this report. Minutes were taken after each CoP call and reflect the date, time, and number of participants. Additional data will be collected in the upcoming year, via Survey Monkey, to determine the effectiveness of the CoP calls.

DECA-I/T training and eDECA webinar series baseline data
Data are available on pages 8 and 9 of this report and include the dates the training and webinar series occurred, as well as the number of participants. Follow up coaching calls will be provided to support the use of the eDECA tool and strategies with families. Effectiveness of the trainings will be demonstrated by the use of the eDECA tools and strategies with families.

Increasing the quantity of exit COS measurement reports baseline data
Baseline data for the number of children exiting with entry and exit COS measurement scores, as well as the reporting rate, can be found on page 10 of this report. Baseline data come from MSDS. While the number of children exiting Part C with entry and exit COS scores increased, there is still room for improvement if Michigan's goal is to reach a 70 percent reporting rate.

Facebook posts
Developed, created, and shared 27 Facebook posts from April 2016 to February 2017 on the *Early On* Michigan page found at: facebook.com/earlyonmichigan, using the hashtag #socialemotional. The most popular posts share data, facts, resources, and tips. The posts with the most shares and reach include both a picture and data/facts. Two of the most popular social emotional posts included the Social-Emotional Development Guide created by Brooke's Publishing and the Ages and Stages Questionnaire-Social-Emotional (ASQ-SE2). They had 119 reactions, comments, and shares, and reached 2,896 people. The other most popular post was created with an infographic shared by Zero to Three. This post shared information about talking with your children to boost brain development. It had 79 reactions, comments, and shares, and reached 2,696 people. This information can be used to create future posts on various social media platforms. All posts are now developed in a manner so that content is available in an Americans with Disabilities Act (ADA) compliant format. Posts can be read using various screen readers by visiting: https://www.1800earlyon.org/social_media.php.

d. Data collection procedures and associated timelines

The data for the annual Indicator 3 APR submission are provided through three MSDS collections – Fall (October), Spring (February), and End of Year (June 30). Each service area submits specified data for *Early On* children in each collection; the 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 Table 618 Child Count and Exit submissions, as well as APR Indicators 1, 2, 5, 6, 7, and 8. A copy of each of the three state reports is used by WSU to calculate Indicator 3. The final report for the school year is received in early September. The calculations for the APR are completed by December, for the APR report due in February.

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

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

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

Data from evidence-based activities are reviewed by the Core Team and shared with the MICC. During data review, progress is being assessed toward intended outcomes.

Data collected on the Social Emotional Trainings will assist the EBP workgroup in determining the effectiveness of the training, additional training and/or technical assistance support that is needed, and considerations for scaling up.

Learning from Facebook analytics will be used to understand the success of posts and inform the creation of new posts moving forward.

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**

Phase II SSIP Survey data were analyzed and reflected a need for foundational training before moving into other activities. This activity was not part of the original plan, but by honoring the data, Social Emotional Trainings were developed and put into place for each pilot site.

Data reports from Kent are available on the analysis of the pre test, post test, and three-month follow-up post test. Additional data are needed to draw conclusions about the effectiveness.

COS measurement exit data were evaluated and it was discovered that while the quantity of COS measurement exit reports increased, Indicator 3 data for child outcomes did not increase. Increasing the response rate was a goal for Michigan and efforts continue to obtain even more exit COS measurement reports as the data system improvements are made, such as the Chase Reports.

   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**

Data from the SSIP Phase II Survey prompted the design of Social Emotional Trainings. Particularly through the open-ended questions, numerous service providers stated that they were not equipped to support families in the area of social emotional development. They also stated that they needed more training and ongoing coaching around social emotional development.

Information that came through very strongly from the SSIP Phase II survey was around the COS measurement process. Feedback included there is a disconnect between the collection of the COS measurement data and the implementation of the IFSP with children and families.

To successfully embed the COS measurement into the *Early On* process, service providers need to understand social emotional development and how it relates to the COS measurement. Further training and technical assistance are needed to achieve this goal. Before starting to embed the COS measurement into the *Early On* system, the EBP workgroup determined, with support of the Core Team, that focusing on confidence and competence had to be done first, hence the Social Emotional Trainings.

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

Data around COS measurement reporting rates show that additional work is needed in this area. While Michigan has made slight improvements over the past few years, increasing our COS measurement reporting rate is a goal. The Data workgroup will work around the development 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.

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

Preliminarily our SiMR data are showing signs of increasing which is encouraging. However, Michigan has only just begun to implement a few activities; and each activity in the upcoming year will have to be evaluated closely for signs that Michigan is on the right path.

3. Stakeholder involvement in the SSIP evaluation

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

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

On January 30, 2017, the SSIP Committee met for a full day of reflecting, working, sharing, learning, and planning for the upcoming years. Stakeholders include the local Part C Coordinators, CSPD staff and TA Specialists, MDE staff, and MICC parents.

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

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

Stakeholders were involved during the Core Team meetings, CoP calls, and at MICC 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.

D. Data Quality Issues

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

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

MSDS does not provide access to real-time data. Data are collected through MSDS three times per year. The state data report, which combines the data for each of the 56 service areas, is available three to four months after the collection date, which means the data are for events, such as IFSPs and exits that occurred three to eight months prior. With this timeliness limitation, MDE is turning to the local Student Information Systems (SIS) 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.

As learned through the SSIP Phase II survey, many service providers who are collecting COS measurement data, used in APR Indicator 3 reporting, have expressed a desire for more training and greater understanding of the COS measurement.

WSU has provided data and assistance as needed thus far. However, their support will be instrumental in the SSIP evaluation, and steps are being taken to bring them on board. Their workplan is also being evaluated to ensure they can support the SSIP evaluation work moving forward.

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

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

Additional supports to ensure the COS measurement rating process is understood and administered with fidelity will be implemented. There may be a variance in overall COS measurement ratings due to the focus.

WSU will be utilized more which will improve the process for evaluating SSIP activities by applying the scientific method around Implementation Science. MDE will be better able to track progress and provide targeted assistance where additional supports are needed.

    c. **Plans for improving data quality**

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

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

WSU has been conducting the family survey in Michigan for approximately 20 years. Their expertise will be valuable in evaluating data from the Social Emotional Trainings, DECA-I/T trainings, and eDECA webinars. They will also be involved with the embedding of the COS measurement into the process.

E. Progress Toward Achieving Intended Improvements

1. <u>Assessment of progress toward achieving intended improvements</u>

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

Related to Messaging:
- Incorporated messages related to social emotional development into regular feed of Facebook and Twitter posts.
- There is a need to develop a Communications Plan related to the SiMR for each pilot area.
- Additional funding may be needed for messaging resources.

Related to EBP:
- Working on mechanism for sustaining learning after participation in the Social Emotional Training, the DECA-I/T training, and the eDECA webinar series.
- Developed CoP for SSIP pilot service areas so that they feel supported while building competence and confidence related to the new practices and SSIP implementation requirements.

Related to Data:
- Improvements to the local data system to include Chase Reports.

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

At this time, activities are only beginning to be carried out. The activities are evidence based, provided by highly skilled personnel, and will be evaluated by the Core Team with the support of WSU, and communicated to the MICC.

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

Intended Outcomes
Strategy 1

Social Emotional Trainings:

Short Term
- Providers in pilot sites participate in Social Emotional Trainings offered through the SSIP initiative.
- Providers are able to define social emotional health by recognizing secure and insecure attachment in the parent/child relationship.
- Providers received foundational resources for reference as part of the training.

These outcomes are in process of being achieved. Attendance records show the number of participants and dates trainings occurred.

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.

The Intermediate/long term goals require additional follow-up training, based on the pre test, post test, and three-month follow-up data.

Community of Practice calls:
Short Term
- *Early On* Coordinators and parents participate in the CoP calls on a regular basis.

This outcome has been achieved.

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

This outcome will continue to be addressed.

Strategy 2

Research resources:

Short Term
- The EBP workgroup will request guidance from national TA for support in developing potential steps for implementation.

This outcome has been achieved.

Intermediate/Long Term
- Identify recommended steps for implementation of the COS measurement into the *Early On* process for pilot sites.

The intermediate/long-term goal requires additional follow up by the EBP workgroup and pilot sites.

Strategy 3

Reflective Consultation:

Short Term
- Compile evidence-based research on Reflective Supervision and other reflective practices.

This outcome has been achieved.

Intermediate/Long Term
- Determine framework for reflective consultation/coaching model based upon research and stakeholder feedback.
- Implement framework within the pilot sites.

The intermediate/long-term goals require additional follow up by the EBP workgroup.

Evidence-Based Practices:

Short Term
- DECA-I/T training and the eDECA webinar series are offered as a tool for implementing and promoting EBP in the pilot sites.
- Administrators and providers in the pilot sites participate in the DECA-I/T training and the eDECA webinar series offered through the SSIP initiative.
- Administrators set up the local service area's system for entering data into the eDECA system.
- Providers facilitate the use of eDECA assessment with families.

The first outcome was achieved, as all trainings and webinars took place. Pilot service areas are in the process of implementing the eDECA with families enrolled in *Early On*.

Intermediate/Long Term
- 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 related to their child's development with the support from their service provider.

These outcomes will be achieved after the eDECA is implemented, and follow up trainings, webinars, coaching calls, and technical assistance is provided.

Strategy 4

Data improvements:

Short Term
- Data staff in pilot sites see the benefit and 'buy in' to developing Chase Reports, including a COS Reporting Rate Report, to identify data blockages that are inhibiting submission to the MSDS.

This goal has been accomplished.

Intermediate/Long Term
- WSU and CEPI staff develop COS Reporting Rate Report as evaluation and accuracy checker.

The intermediate/long-term goals will be more fully addressed in the next year as the Data workgroup begins implementation of the Chase Reports and training. Initial meetings have occurred with each pilot site, but outcomes are still in progress.

Strategy 5

Messaging Distribution:

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

Providers are able to identify and describe strategies for building social emotional health.

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

The short-term goals for providers have begun to be addressed through the Social Emotional Trainings. However, the Messaging work is still under development and will be implemented in the upcoming year. Therefore, the remainder of the short term and intermediate/long term goals will be reviewed after the Messaging activities are launched.

d. Measurable improvements in the SiMR in relation to targets

The State Identified Measurable Result (SiMR) is:

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

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

The SiMR target was met this year.

F. Plans for Next Year

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

Three reporting periods for SSIP Phase III: April 3, 2017, April 1, 2018, April 1, 2019

Phase III second year: Timeline - April 4, 2017-March 31, 2018
1. Continue any work from first year.
2. Build a solid foundation in service providers confidence and competence in social emotional development in the pilot sites through:
   - Ongoing support via webinars, coaching calls, and other methods related to social emotional development.
3. Integrate COS measurement into the *Early On* process.
   - Work with pilot sites to determine opportunities for integration, utilizing resources, ideas, and support from national TA.
4. Develop and implement a coaching model to support relationship building:
   - Define coaching model or reflective consultation/practice to be embedded into work.
   - Create a system to provide TA support as follow up for training to ensure and support implementation.
5. Improve quantity and quality of MSDS, Power School-Special Education (formerly known as Tienet), and PCG data.
6. Align messages for providers with EBP workgroup and distribute to pilot sites.

Phase III third year: Timeline - April 2, 2018-March 31, 2019
Continue any work from first and second year.

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

Social Emotional Trainings: Each pilot service area will be given a three-month post test to identify if information learned in the trainings was retained. The timeline for this is:

Kent: Initial training Aug. 2016
Three-month post test, Nov. 2016

Macomb: Initial training Jan. 2017
Three-month post test, April 2017

Kalamazoo: Initial training Feb. 2017
Three-month post test, May 2017

Marquette-Alger: Initial training scheduled for Feb. 24, 2017, was canceled due to weather and will be rescheduled.
Three-month post test, TBD

It is expected that foundational knowledge, self-confidence, and self-competence around social emotional development will be gained. With follow-up training and technical assistance, this knowledge will be integrated into working with infant/toddlers and their families. This is a precursor to embedding the COS measurement into the *Early On* process.

CoP calls: Each local *Early On* Coordinator and state SSIP parent will complete a survey on the usefulness of the CoP calls and what their additional needs are around implementing the SSIP. This will take place spring/summer 2017 and be ongoing. It is expected that participants continue to feel supported through the SSIP work.

DECA-I/T training and eDECA webinar series: After completion of the DECA-I/T training and eDECA webinar series, each of the pilot sites will begin using the eDECA with infants and toddlers eligible for *Early On* in their service area. Follow-up coaching calls will be offered on the use of strategies to support service providers in implementing effective social emotional relationship-based support for families and technical assistance using the eDECA tool.

Messaging activities: Messaging activities will be evaluated via surveys to service providers and parents. Questions will be added to the National Center for Special Education Accountability (NCSEAM) family survey to determine if Messaging activities have had an impact and led to an increase in knowledge about social emotional development. This will occur in the spring of 2018. 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.

Data improvements: By targeting training around COS data, it is expected that data quantity and quality will 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 resources in terms of staff time and fiscal. 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.

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

Michigan has gained valuable resources and support from TA personnel from the ECTA Center, DaSY, and NCSI. Core Team members participate in the Social Emotional Cross State Learning Collaborative (SE-CSLC). Participation included monthly webinars, calls, and two cross state learning collaborative meetings in Phoenix, Arizona and Dallas, Texas. These opportunities allowed staff to learn and share with other states focusing on social emotional outcomes as well as have access to national resources and technical assistance around many topics.

In the past year, Michigan received assistance from the TA centers (ECTA, DaSY, NCSI) around specific topics, such as family outcomes and the Rasch analysis process, child outcomes, and embedding the COS measurement into the IFSP. Michigan will continue to work with national TAs around embedding the COS measurement into the process and embedding reflective practices into existing activities.

Michigan was selected to participate in the Infant and Toddler Coordinator's Association (ITCA) Fiscal Initiative, which is a partnership between ITCA and the NCSI to build capacity to support Part C fiscal infrastructure. An MICC Ad Hoc Committee was formed and received intensive technical assistance to form a strategic approach to Part C fiscal planning and implementation. As Michigan moves forward implementing the fiscal plan, additional ITCA support may be needed.

Michigan benefited from several phone conversations with Janine Rudder, Michigan's state contact from the Office of Special Education Programs. These calls provided an opportunity to share progress with the SSIP Phase III work, receive feedback on the work, and to clarify expectations. Monthly calls are set up so that a communication mechanism is in place gaining and providing information.

An area for which Michigan currently has a perceived need for technical assistance is in relation to Implementation Science, including operationalizing the stages and phases of implementation. Michigan also will be seeking technical assistance about the Continuous Quality Improvement Process, including the Plan, Do Study, Act cycle.

Early On looks forward to continuing to gain knowledge and guidance from the various national technical assistance opportunities and resources as they become available. Ongoing needs include direct and timely support via phone, email, and webinar-based learning opportunities with technical assistance providers at the national level.