Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

    - Data Analysis;

    - Analysis of State Infrastructure to Support Improvement and Build Capacity;

    - State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;

    - Selection of Coherent Improvement Strategies; and

    - Theory of Action.

Phase II: Plan (which is in addition to the Phase I content (including any updates) outlined above:

    - Infrastructure Development;

    - Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and

    - Evaluation.

Phase III: Implementation and Evaluation (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

    - Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B.   Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

To increase the social and emotional outcomes for infants and toddlers as measured by Indicator 3a, Summary Statement 2, by a half of a percentage point from 52.63% to 53.13% by 2025.

Has the SiMR changed since the last SSIP submission? (yes/no)

YES

Provide a description of the system analysis activities conducted to support changing the SiMR.

The change in the SiMR will measure statewide data for Indicator 3a, Summary Statement 2, rather than data from the four original pilot service areas. The pilot phase of the State Systemic Improvement Plan (SSIP) concluded in 2020. The State Coordination and Evaluation Committee, the state-level leadership committee for the SSIP, studied data from the pilot service areas to determine which activities helped increase social emotional outcomes and which activities did not have as great an impact as expected. The most impactful activities were moved forward with SSIP Cohort 1, which included three of the four pilot service areas, and nine additional service areas.

In addition to the State Coordination and Evaluation Committee, the Michigan Interagency Coordinating Council (MICC) formed and charged the Data Ad Hoc Committee with evaluating the current SiMR, analyzing statewide data, and evaluating current and proposed improvement strategies and activities around improving social emotional outcomes. The Data Ad Hoc Committee met from February 2020 through October 2021. After completing their charge, the Data Ad Hoc Committee presented their recommendation to the MICC in November 2021, and the recommendation was approved.

The State Coordination and Evaluation Committee discussed the recommendation and supported it because the pilot phase included only four service areas, and now the activities around improving social emotional learning have been expanded to nearly a quarter of the state, including many activities that have been scaled up statewide. The plan is to continue scaling up to additional service areas each year until all 56 service areas are utilizing the evidence-based practices associated with improving social emotional outcomes for infants, toddlers, and their families.

Please list the data source(s) used to support the change of the SiMR.

APR Indicator 3a, Summary Statement 2: Measures 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)

Provide a description of how the State analyzed data to reach the decision to change the SiMR.

The State Coordination and Evaluation Committee and the Data Ad Hoc Committee met from February 2020 through October 2021 to analyze data associated with the SSIP to provide recommendations to the MICC and MDE regarding the SiMR and target setting beginning in FFY 2020 through 2025.

The original SiMR focused on implementing and measuring activities within the four pilot service areas around:
-Implementing messaging about social emotional development,
-Promoting the use of evidence-based practices,
-Providing professional development including training and coaching, and
-Improving data collection, reporting, and effective use of data.

After studying and identifying activity impact, the following activities were selected to be scaled up to Cohort 1:
-Provide training and support to increase service providers' confidence and competence in social emotional development.
-Support the cohort through data improvements.
-Provide messaging around the importance of social emotional development.

More information about each activity is listed in the evaluation plan.

Expanding the SiMR to reporting statewide data made sense because the pilot phase has been completed and Michigan Part C is in the process of implementing strategies within more service areas as part of Cohort 1, as well as many statewide activities.

Child Outcomes Data- Indicator 3a, Summary Statement 2a, is the focus of Michigan's SiMR. The percent of infants and toddlers who were functioning within age expectations by the time they exited for FFY 2020 was 52.63%, which decreased due to COVID-19. However, pre-pandemic data from FFY 2019 were 55.05%, which was a statically significant increase from 53.24% in FFY 2018. Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), Michigan's system for reporting family outcomes, provided child outcome trend data and possible scenarios for consideration. Trend data from FFY 2013 to FFY 2018 were reviewed.

Ind. 3a, SS2
Data   Targets
FFY 2013 APR 3A: 54.19% APR 3A: 60.40%
FFY 2014 APR 3A: 54.79% APR 3A: 60.50%
FFY 2015 APR 3A: 54.26% APR 3A: 60.60%
FFY 2016 APR 3A: 54.06% APR 3A: 60.70%
FFY 2017 APR 3A: 52.15% APR 3A: 60.80%
FFY 2018 APR 3A: 53.24% APR 3A: 60.90%

FFY 2019 APR 3A: 55.05% APR 3A: 60.90%
FFY 2020 APR 3A: 52.63% APR 3A: 52.00%

Data from FFY 2020 will serve as baseline data for Indicator 11. Previous baseline data were 40.4% from FFY 2013 for the four original pilot service areas which no longer are the focus of the SiMR.

Please describe the role of stakeholders in the decision to change the SiMR.

Michigan Part C collaborated with multiple stakeholders. Stakeholders represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.

The Data Ad Hoc Committee was comprised of many of the above stakeholders and met six times throughout 2020-2021. Each meeting was spent reviewing and analyzing data for the APR Results Indicators in order to recommend targets through 2025, in addition to Indicator 11 and revising the SiMR. Once the Data Ad Hoc Committee had recommendations, a presentation was given to the MICC and all recommendations were supported and moved forward as MICC recommendations to MDE. The State Coordination and Evaluation Committee also recommended the targets and new SiMR to Michigan Part C staff.

Is the State using a subset of the population from the indicator (*e.g.*, a sample, cohort model)? (yes/no)
NO

Is the State's theory of action new or revised since the previous submission? (yes/no)
NO

Please provide a link to the current theory of action.

https://www.michigan.gov/documents/mde/SSIP_Theory_of_Action_741295_7.pdf

Progress toward the SiMR

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

Select yes if the State uses two targets for measurement. (yes/no)
NO

Historical Data

Baseline Year	Baseline Data
2020	52.63%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	52.00%	52.22%	52.44%	52.67%	52.90%	53.13%

FFY 2020 SPP/APR Data

The number of infants and toddlers who were functioning within age expectations in Indicator 3A Summary Statement 2 by the time they turned 3 years of age or exited the program (d+e)	The number of infants and toddlers who turned 3 years of age or exited the program (a+b+c+d+e)	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
3,481	6,614	55.05%	52.00%	52.63%	N/A	N/A

Provide the data source for the FFY 2020 data.

Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process in the Michigan Student Data System (MSDS) as reported in APR Indicator 3, Summary Statement 2a.

Please describe how data are collected and analyzed for the SiMR.

The data source for APR Indicator 3a, SS2, comes from the Child Outcomes Summary seven-point rating scale. The COS is a standardized method of reporting a child's developmental status using a seven-point COS rating scale. Every child is rated on each of the three child outcome functional areas using the COS seven-point rating scale. Multiple sources of information, such as assessments, IFSPs, and parent input are collected to help determine the child's functioning across the three outcomes to determine the COS ratings. Ongoing assessment information and/or state-approved assessment tool results are used when establishing COS ratings. Impact is based upon the child's progress by comparing his/her developmental status between the entry (collected within 90 days of the referral date) and exit ratings (collected within 90 days prior to exit date and after at least six months of continuous service). Rating differences between the two data points measure change or progress. At exit, the service provider(s) not only rate the child on the seven-point rating scale, but also answer the question with a "yes" or "no" about whether the child acquired any new skills or behaviors. Entry ratings, exit ratings, and answers to the "new skill" questions are all required. If the child's record is missing any of this information, progress data will not be available for this child.

Local service areas submit demographic and assessment information on child entry or exit in Early On through MSDS. Reports are pulled from MSDS and provided to WSU for analysis.

Using the Early Childhood Outcomes (ECO) Center Calculator, progress for each child is then converted into one of the five OSEP categories (A-E), indicating the degree to which the child's status has changed between the time he/she entered and exited Early On.

Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* **that demonstrates progress toward the SiMR? (yes/no)**
YES

Describe any additional data collected by the State to assess progress toward the SiMR.

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

Electronic Deveraux Early Childhood Assessment for Infants/Toddlers (e-DECA):
As of December 10, 2021, 388 service providers have been trained in and are using the e-DECA with 1,298 children and families. Within Cohort 1, data from July 1-Dec. 10, 2021 for pre and post e-DECA assessments show that six children moved from a score of 'area of need' to 'typical' and increased their T score by an average of 6 points as a result of utilizing the
e-DECA strategies with families and putting a greater focus on social emotional needs. The sample size is small due to the time period between pre and post assessments.

Early On Family Survey Data- Indicator 4: All targets were met for FFY 2020, despite increasing the targets and the negative impact from COVID-19.
FFY 2020 Targets
4A 67.31%
4B 61.13%
4C 82.38%

FFY 2020 Data
4A 69.37%
4B 62.92%
4C 83.02%

FFY 2019 Data
4A 73.35%
4B 66.59%
4C 87.22%

FFY 2018 Data
4A 71.20%
4B 64.86%
4C 85.33%

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

Child Outcome Summary (COS) Reporting Rates:
Child outcome ratings are completed when a child enters Early On and when a child exits Early On. Chase Reports were developed to flag a child's record when it was incomplete. Student Information Systems (SIS) vendors added these report options to their electronic systems and several local service areas adopted use of the reports. This helped increase Michigan's overall child outcomes data reporting rate for all exiting children from 32.51% in FFY 2013 to 55.66% in FFY 2019. Although this continues to fall below the 65% threshold used by OSEP when establishing state determinations, it does demonstrate progress. The statewide reporting rate for all exiting children by year is:
FFY 2013 - 32.51%
FFY 2014 - 45.61%
FFY 2015 - 44.67%
FFY 2016 - 54.0%
FFY 2017 - 55.3%
FFY 2018 - 56.55%
FFY 2019 - 55.66%
FFY 2020 - 57.61%

Michigan conducts further analysis of the reporting rate on matched records for children exiting with six months or more of service. When analyzed in this way, the reporting rate increased from 58.9% in 2014 to 79.1% in 2020. Of the 8,365 children who exited during FFY 2020 with at least six months of services, 6,614 had matched entry and exit COS ratings.

The statewide reporting rate for matched entry and exit COS ratings for children who had six months or more of service, as calculated by WSU, utilizing data from the MSDS, has risen yearly since 2014, even during the pandemic:
2014- 58.9%
2015- 63.0%
2016- 71.5%
2017- 75.5%
2018- 78.3%
2019- 78.6%
2020- 79.1%

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

NO

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

YES

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.

General impacts of COVID-19 on Michigan Part C's early intervention system and strategies for mitigation are outlined in the introduction section of the APR. Additionally, the pandemic had specific impacts on child outcomes due to Michigan Part C's ability provide meaningful services to infants, toddlers, and their families. Child outcomes decreased due to technology issues, lack of in-person visits, children not responding well to tele-health visits, and families feeling overwhelmed.

Due to feedback from service providers, the Reflective Leadership Series was not implemented in the past year due to the impact of COVID-19 and challenges in the local service areas dealing with virtual visits, staff shortages, and supporting families. It will be considered for the upcoming year.

Specific steps taken within the SSIP cohort include continuing to conduct virtual trainings and meetings in order to meet the needs of participants in the SSIP cohort during the pandemic.

Section B: Implementation, Analysis and Evaluation

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

YES

If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State's current evaluation plan.

The evaluation plan was updated to reflect current activities taking place within the SSIP cohort and statewide. Changes include providing virtual Pyramid Model Trainings, as well as recorded (rather than in-person) trainings, utilizing the Birth-Five COS Process manual in conjunction with child outcomes trainings, utilizing the COS Data manual for data improvements, and updating timelines. Justification for shifting to virtual Pyramid Model Trainings is due to the cost associated with providing face-to-face trainings and the three-month post surveys to participants did not show as great an impact as was hoped. Michigan Part C moved to providing virtual Pyramid Model Trainings because they include five modules with coaching during and after the trainings, which data show has a greater impact for retaining information learned.
The evaluation plan reflects that the Birth-Five COS Process manual and the COS Data manual are now finalized and are being used in conjunction with trainings and the MSDS data system.

The Evaluation Plan can be found: https://www.michigan.gov/documents/mde/MI_Part_C_SSIP_Action_and_Evaluation_Plan_743918_7.pdf

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

A Pyramid Model Training series was offered statewide in spring 2021. The Pyramid Model Training series, which includes coaching, supports providers in using the Pyramid Model. The Pyramid Model is a conceptual framework of evidence-based practices for promoting infants' and toddlers' healthy social emotional development. These five modules were designed based on input gathered during focus groups with program administrators, training and technical assistance providers, early educators, and family members about the types and content of training that would be most useful in addressing the social emotional needs of infants and toddlers. Based on over a decade of evaluation data, the Pyramid Model has shown to be a sound framework for early care and education systems.

Community of Practice (CoP) calls for cohort coordinators/leads are provided monthly by MDE and MDHHS. The CoP calls provide an opportunity for coordinators/leads to connect with each other, share and discuss data, trouble shoot any issues, and support work around improving social emotional outcomes.

The DECA was identified as a tool to assist service providers in implementing effective social emotional relationship-based supports for families. The DECA is a standardized, strength-based assessment of child protective factors including attachment, initiative, and self-regulation. It consists of a questionnaire completed with the family and service provider. If the child scores below his/her developmental age, strategies are generated for the family to implement to increase the child's social emotional development. Use of the electronic DECA (e-DECA) is being utilized within the cohort.

The Birth to Five COS Process Manual is used in conjunction with child outcomes trainings offered by EOT&TA through the Office for Innovative Projects at Clinton County Regional Educational Service Area. The manual was developed to support service providers in understanding the importance of the three child outcomes and how to integrate the use of the outcomes into the Individualized Family Service Plan (IFSP) process.

The Michigan Early On Child Outcomes Summary (COS) Data Manual is primarily intended as a resource for local service area data staff as they use MSDS to submit Part C entry and exit assessments. The manual also supports improvements in collection, completeness, accuracy, submission, reporting, and analysis of data. The COS Data Manual is a companion to the Michigan Early On Birth through Five (0-5) Child Outcomes Summary Process Manual. The manual describes the data fields and steps involved in submitting assessment information to MSDS and the processing performed at the state level to develop the Indicator 3 Child Outcome percentages. Detailed steps are provided that would allow the local user to mimic the indicator values. A set of appendices supply all the pertinent codes, COS categories and combinations, and a variety of resources for COS data.

One of the process steps for service areas is a suggested set of "Chase Reports" to employ within the local student information system for ensuring all entry and exit COS rating data are submitted to MSDS in a timely fashion.

Social emotional messages and resources for families and providers have been developed and are being utilized.

WSU evaluates data related to additional social emotional questions added to the Family Survey to determine the effectiveness of SSIP related activities.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

Pyramid Model Trainings and ongoing coaching from MDHHS Mental Health Consultant: Systems framework: Professional development
Outcomes achieved
96% of providers gained greater knowledge of social emotional milestones.
98% of providers reported that their access to new social emotional resources and strategies increased due to the training.
100% of providers said their sharing of social emotional strategies with families increased due to the training.

Pyramid Model Trainings support systems change by providing foundational knowledge to service providers about social emotional development, which is necessary to increase child outcomes and achieve the SiMR. It's sustainable because the trainings are offered live and are recorded and made available to service providers in the cohort and will continue to be available as scale up occurs in more service areas.

Community of Practice Calls: Systems framework: Professional development
Outcomes achieved
87% of Early On Coordinators/SSIP leads participated in CoP calls on a monthly basis.
Early On Coordinators/SSIP leads were able to connect with each other, share and discuss data, trouble shoot any issues, and support work of improving social emotional outcomes for infants, toddlers, and families.

CoP calls support systems change be providing monthly check-ins, support, guidance, time for reflection, problem-solving, and reviewing data to make improvements throughout the cohort time period, rather than just at the end. Supporting coordinators and providers is an infrastructure activity that has been ongoing since the inception of the SSIP work and is part of the efforts leading to progress towards the SiMR.

DECA and e-DECA ongoing training and support provided by MDE and MDHHS: Systems framework: Professional development
Outcomes achieved
In one year, the number of service providers trained and implementing the e-DECA with families more than doubled from 124 to 388 providers.
In one year, the number of children with e-DECA assessments increased from 60 to 1,298.

The DECA and e-DECA support systems change by providing an assessment sensitive to detecting delays in social emotional development. The strategies and supports for children and families around social emotional development are in place to impact the SiMR and increase child outcomes. MDE purchased a statewide license and enough assessment tests for use within the local service areas which makes it sustainable without additional costs to service areas.

Utilize the Birth through Five COS Process Manual in conjunction with child outcomes trainings offered by EOT&TA through the Office for Innovative Projects at Clinton County RESA. Systems framework: Professional development
Outcomes achieved
The manual was completed and posted in May 2021.
From June through December 2021, EOT&TA hosted 11 training events with 351 participants, providing a better understanding of the requirements and important processes related to the child outcomes process.

The Birth through Five COS Process Manual was completed in May 2021 and supports current child outcomes trainings and is used in conjunction with the trainings. It will help lead to more accurate child outcome ratings and better data. It is sustainable since it's already developed, available electronically, and in use.

Michigan Early On Child Outcomes Summary Data Manual. Systems framework: Data & professional development and/or technical assistance
Outcomes Achieved
The Michigan Early On Child Outcomes Summary (COS) Data Manual was released in April 2021 and made available throughout the state.

The Michigan Early On COS Data Manual supports the system by ensuring accuracy and quality of data in MSDS, which makes SiMR data more reliable. It's sustainable because it's already developed, available electronically, and in use throughout the state.

Chase Reports. Systems framework: Data
Outcomes Achieved
An informal survey of the 18 local service areas participating in the SSIP cohorts was conducted to collect data on use of Chase Reports or similar tracking tools. Of the 14 local service areas responding to the survey, five are using the vendor offered Chase Reports within their SIS. Four of the five also use additional tools for tracking COS ratings. Seven additional local service areas indicated they do not use the vendor offered reports; however, they do have similar tools or processes in place to ensure that all entry and exit child outcomes ratings are completed and reported. Several local service areas indicated that they plan to add the vendor reports to their process.

COS reporting rates show that the aggregated reporting rate for earlier participants in the SSIP work have a significantly higher COS rating completion

rate than the state overall. The reporting rate for children exiting with six months or more of service for this group of local service areas increased from 76.7% in FFY 2014 to 94.14% in FFY 2019.

The implementation of Chase Reports has supported the system by increasing the matched entry and exit COS ratings, which provides a greater quantity of data. Having more data supports the SiMR because the data are more reliable. It is sustainable because Chase Reports or similar tracking tools have already been developed and are in use across most of the local service areas participating in the SSIP cohorts.

Develop and disseminate social emotional messaging and resources for families and providers. Systems framework: Professional Development
Outcome achieved
3,275 social emotional developmental wheels were distributed to service providers in Cohort 1 and are being used with families to support their knowledge of social emotional milestones and understanding behavior.

Providing statewide messaging about the importance of social emotional development for infants and toddlers supports the system by having a consistent approach to messaging through social media platforms, in print and electronic formats. By sharing consistent messaging, the SiMR is supported. The Social Emotional Developmental Wheels were purchased by MDE and are provided to service areas in the cohort free of charge, which makes them sustainable for the local service areas.

Collaborate with Wayne State University to evaluate data related to additional social emotional questions added to the Family Survey. Systems framework: Data
Outcomes achieved
Nineteen additional questions related to social emotional development were added to the Family Survey.
WSU analyzed data from the additional questions and shared with the State Coordination and Evaluation Committee to determine if SSIP activities had a positive impact on families.

By incorporating additional questions into the Family Survey, the system is supported and gains insightful information as to the connection between family outcomes and social emotional outcomes. It impacts the SiMR and the Theory of Action because before child outcomes improve, family outcomes start to improve as families start reaping the benefits of supported and informed service providers who share information about social emotional development in a family-centered manner. Since the questions are developed and being used, this activity is sustainable.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

YES

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

An SSIP Resource Hub was developed to streamline materials, trainings, and surveys for cohort participants. Information formerly in a shared Google drive was moved to a section of EOT&TA's website. The Resource Hub now contains DECA and e-DECA recorded trainings, Implementation cohort fidelity checklists, and survey links (e-DECA and social emotional wheels), messaging materials, a social emotional toolkit, and resources to support providers. Stakeholders and providers expressed frustration finding and accessing documents in the shared Google drive. This feedback prompted the creation of the Resource Hub on EOT&TA's website. Creating the Resource Hub on EOT&TA's website also allows access to be restricted to only those participating in Cohort 1 or 2. Restricting access helps ensure that use of the materials is supported with the appropriate training, resources, coaching, and technical assistance needed to maintain fidelity. It also assists in data collection and accurate reporting for Indicator 11.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

Next steps for the Pyramid Model Training includes training additional Cohort 1 providers and providers in the six service areas in Cohort 2. Anticipated outcomes include all providers in Cohort 1 and 2 will have completed the Pyramid Model Trainings. In addition, providers will utilize foundational knowledge gained from the trainings and use with families to promote social emotional strategies for improving outcomes.

Next steps for the CoP calls include continuing to meet monthly with Cohort 1 coordinators/leads and begin monthly CoP calls in December 2021 with Cohort 2 coordinators/leads. Anticipated outcomes include continuing to connect with each other, share and discuss data, troubleshoot any issues, and support work around improving social emotional outcomes.

Next steps for the DECA and e-DECA include training additional Cohort 1 providers and providers in the six service areas in Cohort 2. Anticipated outcomes include all providers in Cohort 1 and 2 will have completed the DECA and e-DECA trainings. In addition, providers will utilize the assessment information and e-DECA strategies with families to support and promote social emotional outcomes specific to their child.

Next steps for the Birth to Five COS Process Manual include continuing to utilize it in conjunction with child outcomes trainings offered by EOT&TA through the Office for Innovative Projects at Clinton County RESA. Anticipated outcomes include increased understanding by service providers around the importance of the three child outcomes and how to integrate the use of the outcomes into the IFSP process.

Next steps for the Michigan Early On Child Outcomes Summary Data Manual and Chase Reports include encouragement of use by local service area data personnel to ensure completeness and accuracy of child outcomes data. Efforts will also be made to identify the need for any additional resources or supports related to child outcomes data. An anticipated outcome is the COS reporting rate continues to increase.

Next steps for messaging include the continued implementation of the social emotional wheels to service providers and families in the cohorts. Anticipated outcomes include providers sharing the wheels with families, and families report receiving information around the importance of social emotional development.

Next steps for evaluating the effectiveness of the additional social emotional questions added to the Family Survey include collaborating with WSU to analyze the data. Anticipated outcomes include families report receiving information and materials about social emotional development.

List the selected evidence-based practices implemented in the reporting period:

DECA-I/T and e-DECA
Pyramid Model Trainings (five modules) with coaching

Provide a summary of each evidence-based practice.

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

questionnaire completed with the family and service provider. The questionnaire is scored and if the child scores below his/her developmental age, strategies are generated for the family to use to help increase the child's social emotional development. The e-DECA is the electronic version of the tool. A state-level e-DECA license and child level test administrations were purchased to support implementation through the SSIP cohorts. Ongoing e-DECA training and support were provided by MDHHS Mental Health consultant. Once service providers completed the webinars on how to use the e-DECA, they received support on implementing the e-DECA since this was combined with the Pyramid Model Trainings.

The Pyramid Model Training series with coaching is a conceptual framework of evidence-based practices for promoting infants' and toddlers' healthy social emotional development. These modules were designed based on input gathered during focus groups with program administrators, training and technical assistance providers, early educators, and family members about the types and content of training that would be most useful in addressing the social emotional needs of infants and toddlers. The Pyramid Model was developed by two national, federally-funded research and training centers: The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and Technical Assistance Center on Social Emotional Intervention for Young Children. These centers' faculty represent nationally recognized researchers and program developers in the areas of social skills and challenging behavior. Based on over a decade of evaluation data, the Pyramid Model has shown to be a sound framework for early care and education systems.

Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.

The implementation of evidence-based practices (EBPs) will continue through the SSIP implementation cohort which includes 124 providers from 12 local service areas. Participation in this cohort includes a 90-minute DECA assessment training and e-DECA orientation trainings for coordinators/leads and service providers on how to use the e-DECA system. The e-DECA system involves a social emotional questionnaire and strategies for providers to introduce to the family, thereby supporting them with advancing their child's social emotional development. The e-DECA supports family-centered practices, family capacity-building practices, and family and professional collaboration. Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development. Bundled with use of e-DECA is the use of the Pyramid Model Trainings, which also supports use of EBPs. Pyramid Model Trainings consist of five, 75-minute modules that provide foundational training, case studies, videos, resources, and coaching. Current Family Survey data support the Theory of Action demonstrating that providing family-centered social emotional developmental materials and information result in higher outcomes for children and families. Family Survey data identify a strong correlation between families who report having a knowledgeable service provider and higher family outcomes. The Pyramid Model provides additional resources necessary to build more competent and confident service providers.

Twelve of 56 service areas are participating in Cohort 1. Statewide SiMR data are collected from all service areas across the state and continued participation in cohort activities will result in further enhancement of their implementation of EBPs through ongoing use of the e-DECA system and Pyramid Model strategies which will translate into progress toward the SiMR target.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

Two e-DECA fidelity checklists were developed and implemented in December 2020. One was for Early On coordinators and one was for service providers, completed via a quarterly survey. The purpose of the checklists was to improve implementation of the e-DECA and monitor progress aligned with each service area. Baseline data were collected in December 2020, and subsequent surveys were used to collect data in April, July, and October 2021.

Data from the Coordinator fidelity checklist surveys show that over the past year, service areas in the cohort went from 6% in December 2020 to 86% in December 2021 for using the e-DECA results to improve practice and monitor outcomes. Furthermore, all service areas reported now having infrastructure in place to support and use the e-DECA data.

Data from the Provider fidelity checklist surveys show approximately 84% reported completing assessments with children and sharing the results and strategies with families since being trained in using the e-DECA.

Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

Evaluation data compiled from 80 respondents who took the Pyramid Model Trainings, show that:
96% said their knowledge of social emotional milestones of children birth-age three changed from moderately to very much;
98% reported that their access to new social emotional resources and strategies increased due to the training (73% very much, 25% moderately); and
100% said their sharing of social emotional strategies with families increased due to the training (50% very much, 50% moderately).

When asked how the Pyramid Model Training affected their day-to-day work, one service provider shared that she has a greater focus on the well-being of the family and strengthening the family-child relationship. Other comments included becoming a better listener and observer, noticing more positive interactions during visits, and spending more time exploring emotional development with parents about themselves and their child.

Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.

The e-DECA trainings, implementation, and fidelity checklists as well as the Pyramid Model Trainings will be continued next year with Cohort 1 and Cohort 2 which will include six new service areas and began in December 2021. Cohort 1 is expanding to include additional service providers which will also increase the number of children and families receiving the benefits of the social emotional activities. Those new providers will be trained along with the providers in Cohort 2. By expanding the number of service providers in Cohorts 1 and 2, the goal is to increase service providers' confidence and competence in social emotional development which will lead to increased child and family outcomes, ultimately impacting the SiMR.

Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

N/A

Section C: Stakeholder Engagement

Description of Stakeholder Input

Michigan Part C collaborated with multiple stakeholders who represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social and emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.

The Data Ad Hoc Committee was comprised of many of the above stakeholders and met six times throughout 2020-2021. Each meeting was spent reviewing and analyzing data for the APR Results Indicators, including Indicator 11 and revising the State-identified Measurable Result (SiMR), in order to recommend targets through 2025. Once the Data Ad Hoc Committee had recommendations for targets, a presentation was given to the MICC and all recommendations from the Data Ad Hoc Committee were supported and moved forward to the MDE.

Plans are being made to continue engagement with stakeholders to review data and develop system improvement strategies.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

Stakeholders were engaged in SSIP activities in many ways, including Michigan Interagency Coordinating Council quarterly meetings, Parent Involvement Committee meetings every six weeks, informational webinars to learn more about the SSIP, a cohort welcome call, and monthly CoP meetings with cohort leads.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

YES

Describe how the State addressed the concerns expressed by stakeholders.

During monthly CoP calls and office hours, stakeholder input was shared with MDE and MDHHS around the following topics: difficulty locating information and resources related to the SSIP, a need for recording trainings, requests for the development of documents to make the activities more streamlined, help with the DECA website, and feelings of being overwhelmed due to the pandemic.

MDE and MDHHS took action to meet the needs of stakeholders by working with EOT&TA to develop an SSIP Resource Hub on their existing website. In the past, SSIP materials were housed in a shared Google drive that was difficult to access. Now all materials, links to trainings, recorded trainings, and information are part of EOT&TA's website. The MDHHS Mental Health consultant worked with Deveraux to create separate PDF versions of strategies for families that are easier to share and access, also on the website. The request to develop a checklist of all required trainings was created and is on the website.

MDE is working with EOT&TA to develop continuing education credits for the Pyramid Model Trainings. This would help with the feeling of providers being overwhelmed, because the trainings would satisfy a requirement to obtain State Continuing Education Clock Hours (SCECHs).

During monthly SSIP office hours, MDE and MDHHS consultants provide demonstrations of how to run reports on the DECA website and provide answers to any questions and issues expressed by the cohort members.

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

As part of providing messaging around the importance of social emotional development to families and providers, the use of the social emotional developmental wheels has the potential to impact the SiMR. MDE purchased two different wheels:
Michigan Association for Infant Mental Health (MI-AIMH) Baby Stages Wheel for use when discussing stages of social emotional development and as a resource for social emotional milestones.
Zero to Three Behavior Has Meaning Wheel for use when families indicate a specific concern about behavior.

The service providers in the cohorts will use the wheels with fidelity with families in Early On. To ensure fidelity, fidelity checklist surveys will be used so the wheels are used consistently across service areas.

Family Survey data support the Theory of Action and show that families who receive social emotional developmental materials, such as the wheels, and information in a family-centered way have higher outcomes.

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

Cohort 1 is using the wheels and will complete the fidelity checklists in February 2022 and August 2022. Cohort 2 will begin using the wheels in January 2022 and complete the fidelity checklists in August 2022 and February 2023. As learned through the pilot phase, having the wheels in hand gave the service providers more confidence to discuss social emotional concerns with families. Data show that the wheels helped break down communication barriers and the topic of social emotional development was discussed more often at visits when providers had the wheels to share with families. Family Survey data show that families who received materials and information about social emotional development report higher family outcomes, which could lead to higher child outcomes. Promoting the use of the wheels is one strategy that will be continued as Michigan Part C scales up strategies for improving social emotional outcomes for infants and toddlers.

Describe any newly identified barriers and include steps to address these barriers.

The only barrier identified is that in order to utilize the wheels with fidelity, a fidelity checklist survey will be completed twice a year. Service providers report during the monthly CoP calls that they feel overwhelmed with providing services in general, due to the pandemic. The State Coordination and Evaluation Committee is mindful of the workload already in place and decided to include the wheels, due to the benefit, but only ask the cohort members to complete the fidelity checklist survey twice a year. This activity will be monitored and discussed during monthly meetings to ensure it is not overwhelming the providers.

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

11 - Required Actions