

## Michigan Part C State Systemic Improvement Plan (SSIP) Action and Evaluation Plan

### SSIP State Coordination and Evaluation Committee, Role and Organization Represented

Member	Role	Organization
Christy Callahan	Director, Office of Innovative Projects (OIP), <i>Early On</i> Training & Technical Assistance (EOT&TA)	Clinton County Regional Educational Service Agency (CCRESA)
Jen Champagne	Training and Technical Assistance Manager, OIP	CCRESA/ EOT&TA
Laura Goldthwait	<i>Early On</i> Consultant	Office of Great Start (OGS)/Michigan Department of Education (MDE)
Charo Hulleza	Evaluator	Qualitative Compliance Information Project, Wayne State University
Kelly Hurshe	<i>Early On</i> Consultant	OGS/MDE
Allan Knapp	Part C Data Manager, OIP	CCRESA/EOT&TA
Jenny Koenigsknecht	Marketing Specialist, OIP	CCRESA/EOT&TA
Mary Mackrain	Mental Health Specialist, Trainer	Michigan Department of Health and Human Services (MDHHS)
Colleen O'Connor	<i>Early On</i> Consultant	OGS/MDE
Barb Schinderle	SSIP Coordinator, MICC Staff Liaison	OGS/MDE
Jonnie Taton	Director, Early Childhood Development and Family Education	OGS/MDE
Janet Timbs	<i>Early On</i> Manager	OGS/MDE
Luna Xuan	Evaluator	Qualitative Compliance Information Project, Wayne State University

### 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.

### Strategies for 2022-2023

1. Provide training and support to increase service providers' confidence and competence in social emotional development.
  - Pyramid Model Trainings and ongoing coaching from MDHHS Mental Health Consultant
  - Community of Practice (CoP) Calls for Cohort Leads provided by MDE and MDHHS.
  - DECA and eDECA ongoing training and support provided by MDE and MDHHS.
  - Utilize the Birth to Five COS Process Manual in conjunction with child outcomes trainings offered by EOT&TA through the OIP at CCRESA.

2. Provide resources and support for data improvements related to child outcomes.
  - Encourage use of the Michigan *Early On* Child Outcomes Data Manual as a support for data collection, submission, reporting and analysis related to child outcomes.
  - Encourage and support use of vendor provided chase reports or similar tools for tracking completion of entry and exit COS ratings.
  - Explore need for additional resources and supports related to child outcomes data.
  - Provide COS reporting rate flow charts with aggregate data and child level data to service areas to identify and develop process improvement strategies.
  
3. Provide messaging around the importance of social emotional development.
  - Develop and disseminate key social emotional and communication resources for families.
  - Collaborate with Wayne State University to evaluate data related to additional social emotional questions added to the Family Survey.

### **Strategy 1**

#### **Provide training and support to increase service providers' confidence and competence in social emotional development.**

#### **Pyramid Model Trainings and ongoing coaching from MDHHS Mental Health Consultant:**

##### Short Term

- Providers in cohort participate in Pyramid Model Trainings (five modules).
- Providers gain an understanding of social emotional milestones.

##### Intermediate/Long Term

- Providers are able to identify and describe strategies for building social emotional health.
- Providers report an increased sense of confidence and competence when working with families related to social emotional development.
- Providers are able to support parents in forming and sustaining relationships with their children and creating a positive social emotional climate.
- Providers will be able to use a relationship-based approach with families.

#### **Community of Practice Calls:**

##### Short Term

- *Early On* Coordinators/SSIP Leads participate in CoP calls on a monthly basis.

##### Intermediate/Long Term

- *Early On* Coordinators/SSIP Leads are able to connect with each other, share and discuss data, trouble shoot any issues, and support work of the eDECA.
- SSIP office hours are provided for cohort members to address individual needs, questions, technical assistance, and ongoing coaching and support in between scheduled CoP calls.

**DECA and eDECA ongoing training and support provided by MDE and MDHHS:**

Short Term

- *Early On* Coordinators support providers in using the eDECA as an informative tool to work with families related to social emotional health.
- Providers begin to implement the utilization of the eDECA when working with families related to social emotional health.
- Technical assistance, CoP calls and SSIP office hours are provided to build upon administrators’ and providers’ competence and confidence using the system and available strategies.

Long Term

- Providers routinely utilize the eDECA with families related to social emotional health.
- 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.

**Utilize the Birth to Five COS Process Manual in conjunction with child outcomes trainings offered by EOT&TA through the Office for Innovative Projects at Clinton County RESA:**

Short term:

- The manual is completed and utilized during Child Outcomes trainings.

Long term:

- The manual assists providers in understanding the requirements and important processes related to the child outcomes process.
- The manual is used in conjunction with individual service area child outcomes data during training to conduct a deeper data dive and identify trends, areas for improvement, and potential technical assistance needs for process improvement.

**Evaluation Plan**

Strategy/Activity	Measurement/Data Collection Method	Timelines (Projected Initiation and Completion Dates)
Pyramid Model Trainings and coaching	<ul style="list-style-type: none"> <li>• Ongoing evaluation during and after trainings completed by Mary Mackrain</li> <li>• Module competency quiz</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• Ongoing</li> </ul>
CoP calls with Coordinators/SSIP Leads	<ul style="list-style-type: none"> <li>• Attendance records, dates of calls, feedback recorded in minutes from each call, office hours</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly, ongoing</li> </ul>
DECA and eDECA trainings	<ul style="list-style-type: none"> <li>• Attendance records, dates of training, number of assessments completed, child assessment data reports</li> <li>• eDECA Fidelity Checklist Survey</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• Ongoing – Three times per year</li> </ul> <p>Baseline fidelity checklists: December 2021- completed January 2022                      Completed in April 2022                      Completed in October 2022                      Completed January 2023                      To be completed in June 2023                      To be completed in October 2023                      To be completed in January 2024</p>

Strategy/Activity	Measurement/Data Collection Method	Timelines (Projected Initiation and Completion Dates)
Birth to Five COS Process Manual	<ul style="list-style-type: none"> <li>Tracking number of local service areas and number of providers in attendance at Child Outcomes trainings which include guidance on use of manual.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>

## Strategy 2

### Provide resources and support for data improvements related to child outcomes.

#### A. Encourage use of the Michigan *Early On* Child Outcomes Data Manual as a support for data collection, submission, reporting and analysis related to child outcomes:

##### Short Term

- Trainers will introduce and encourage use of the manual during Child Outcomes trainings.
- Data manager will provide reminders and encourage use of the manual during data webinars.

##### Intermediate/Long Term

- Local service areas timely and accurately report all COS entry and exit ratings.
- Reporting rate for matched entry and exit COS rating data improves at both the local and state level.

#### B. Encourage and support use of vendor provided chase reports or similar tools for tracking completion of entry and exit COS ratings:

##### Short Term

- Data manager will provide reminders and encourage use of vendor provided chase reports or similar tools during data webinars.
- Trainers will encourage use of vendor provided chase reports or similar tools during Child Outcomes trainings.

##### Intermediate/Long Term

- Data personnel and *Early On* Coordinators/SSIP Leads adopt use of chase reports or similar tools.
- Data personnel and *Early On* Coordinators/SSIP Leads regularly run reports to check on completeness of COS entry and exit rating data.

#### C. Explore need for additional resources and supports related to child outcomes data:

##### Short term:

- Personnel in local service areas have opportunities to express needs related to collection, submission, reporting and analysis of child outcomes data.
- Personnel in local service areas feel supported regarding collection, submission, reporting and analysis of child outcomes data.

##### Intermediate/Long term:

- COS data in Michigan Student Data System (MSDS) and local Student Information Systems (SIS) reflect increased completeness and accuracy.
- Personnel in local service areas use COS data to plan for continuous quality improvement of the system.

**Evaluation**

<b>Strategy/Activity</b>	<b>Measurement/Data Collection Method</b>	<b>Timelines (Projected Initiation and Completion Dates)</b>
Michigan <i>Early On</i> Child Outcomes Data Manual	<ul style="list-style-type: none"> <li>• Number of trainings, local service areas attending, and participants/training data from EOT&amp;TA</li> <li>• Number of data webinars with content included and number of attendees/webinar data from EOT&amp;TA</li> <li>• Percent of children with Initial IFSPs reported with an entry COS rating and percent of exiting children reported with an exit COS rating/MSDS data</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly reports</li> <li>• After each of three MSDS collection periods</li> <li>• Periodic review of reporting rates</li> </ul>
Chase reports or similar tools	<ul style="list-style-type: none"> <li>• Number of trainings, local service areas attending, and participants/training data from EOT&amp;TA</li> <li>• Number of data webinars with content included and number of attendees/webinar data from EOT&amp;TA</li> <li>• Add COS reporting rate to the Data Profiles at <a href="http://earlyondata.com">earlyondata.com</a></li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly reports</li> <li>• After each of three MSDS collection periods</li> <li>• Completed</li> </ul>
Additional resources and supports	<ul style="list-style-type: none"> <li>• Numbers and types of opportunities for local service area personnel to share needs/log of opportunities</li> <li>• WSU provide a child-level list to each service area showing the details for their Indicator 3 results.</li> <li>• Data on satisfaction with support and use of child outcomes data for planning</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing log</li> <li>• Ongoing, annually</li> <li>• Develop a survey to see how useful support is (EOT&amp;TA, Data manual, WSU PP reports, etc.)</li> </ul>

**Strategy 3**

**Provide messaging around the importance of social emotional development to families and providers.**

**Develop and disseminate key social emotional and communication resources for families and providers:**

Short term:

- Families are able to recognize signs of social emotional health and identify activities to support it.
- 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.

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.

**Collaborate with Wayne State University to evaluate data related to additional social emotional questions added to the Family Survey:**

Short term

- Nineteen additional questions related to social emotional development were added to the family survey.

Long term:

- Collect data on the nineteen additional social emotional development questions and review cohort site data.

**Evaluation**

Strategy/Activity	Measurement/Data Collection Method	Timelines (Projected Initiation and Completion Dates)
Develop and disseminate key social emotional and communication resources for families and providers.	<ul style="list-style-type: none"> <li>• Post 50 messages about social emotional development on social media (Facebook, Instagram, and Twitter) per quarter and use analytics to monitor trends for additional messaging.</li> <li>• Collaborate with MDHHS Mental Health Consultant to develop at a minimum four messages per year around social emotional development to share with families and providers.</li> <li>• Disseminate SE Wheels to each service area in the cohort(s).</li> <li>• Collect data for SE Wheels through the fidelity checklist survey, three times per year.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• Ongoing</li> <li>• Ongoing</li> <li>• Ongoing</li> </ul>
Collaborate with Wayne State University to evaluate data related to additional social emotional questions added to the Family Survey.	<ul style="list-style-type: none"> <li>• Review family survey data annually, identify trends, and strategize about improvement activities as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>