

Indicator 11 – Indiana’s State Systemic Improvement Plan
Phase II – Evaluation Plan

In 2014, Indiana’s First Steps program began working on a State Systemic Improvement Plan (SSIP), a federally required, comprehensive, multi-year plan for improving outcomes for the infants, toddlers, and families it serves. The SSIP is an outgrowth of the Office of Special Education Programs’ (OSEP) vision for *Results-Driven Accountability*, which requires that all program components be aligned in a manner that best supports improving results for children and families. OSEP recognized that the former accountability system placed significant emphasis on procedural compliance and too little on children’s actual learning outcomes. The SSIP represents an effort to balance procedural compliance and program impact.

The SSIP is a multi-year plan organized into three phases. The table below outlines the three phases, timelines, and deliverables. It is adapted from a table included in a presentation by the Early Childhood Technical Assistance Center and the Western Regional Resource Center.

Phase I Analysis	Phase II Evaluation (Plan)	Phase III Evaluate
Year 1 FFY 2013 Due April 1, 2015	Year 2 FFY 2014 Due April 1, 2016	Year 3-6 FFY 2015-2018 Due April 1, 2017
<ul style="list-style-type: none"> • Data analysis • Analysis of State infrastructure to support improvement and build capacity • State-identified measurable results • Theory of action 	<ul style="list-style-type: none"> • Infrastructure development • Support for implementation of evidence-based practices • Evaluation plan <ul style="list-style-type: none"> • Where we were • What we identified • What we want to achieve • How we’ll get there 	<ul style="list-style-type: none"> • Results of the ongoing evaluation • Extent of progress • Revisions to the State Performance Plan

Indiana submitted Phase I of the SSIP in April of 2015, and the information in that submission for Phase I remains consistent. The following pages provide information surrounding Indiana’s implementation of Phase II – Evaluation Plan.

Component #1: Infrastructure

1(a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve the SIMR for infants and toddlers with disabilities and their families.

Indiana has selected three improvement strategies that involve strengthening the State's infrastructure to expand the State's ability to support EIS programs and providers:

1. *Child Exit Assessment.* The State will examine current child exit assessment practices – a process completed by practitioners when an enrolled child exits the Part C program. This exit assessment tool is used to determine the child's current developmental status and what gains the child made while in the Part C program. This data is used to compute the *Indicator 3 - Child Outcomes* data for the Part C Annual Performance Report (APR). Over the next five years, Indiana will evaluate current exit assessment practices, including the capacity and readiness of ongoing practitioners to carry out high quality child assessment practices with fidelity. Subsequently, the State will provide the necessary professional development (PD), on-going technical assistance (TA) and evaluation to ensure that consistent exit assessment practices are implemented and sustained throughout Indiana.
2. *Family Assessment.* Indiana will evaluate current family assessment practices used by regional offices to determine the family's priorities, concerns and daily routines. The State will refer to state and federal requirements to assess current level of compliance. Indiana will collect information from other states in order to identify family assessment tools that are being used by other Part C programs in order to gain information about the priorities, concerns and daily routines of the families. Any identified gaps in the state and federal requirements will be reviewed by the State to determine whether current practices need to be revised or if adoption of a new family assessment tool is warranted as a means of meeting state and federal requirements. Based on this initial evaluation of current practices and provider capacity, Indiana will provide professional development, ongoing technical assistance and evaluation to promote a high fidelity adoption and implementation of high quality family assessment practices throughout the State.
3. *Culturally Responsive Home Visits.* The State will review current statewide home visiting practices implemented by all First Steps personnel who go into the homes of families, in order to identify strengths and weaknesses related to how practitioners interact with families. Using this information along with current research, the State will establish best practice around culturally responsive home visits. The State will develop and implement professional development, ongoing technical assistance and evaluation surrounding culturally responsive home visiting to be used throughout Indiana.

The above outlined changes to State infrastructure will support EIS programs and providers in implementing the coherent improvement strategies and activities in a sustainable manner by providing a thorough analysis of each area discussed above in order to determine any needed changes/revisions and a means for providing ongoing support statewide. Consideration will be given to the organization and structuring of professional development opportunities so that providers are supported in this work and develop a thorough and robust understanding of each area and the intended changes.

1(b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning

Challenge, Home Visiting Program, Early Head Start, and others which impact infants and toddlers with disabilities and their families.

Due to the significant turnover within Indiana's Part C office since the submission of Phase I of the SSIP, collaboration with other State agencies and programs has not been executed at a level the State would desire. This is an area of need that the State is aware of and intends to correct, focusing on developing and strengthening partnerships. With the identification of Indiana's new Part C leadership in place, this area may move forward in earnest. The State has other agencies they may be able to collaborate with to further align and leverage current improvement plans. These entities will be identified and relationships developed. Possible collaborators include: Early Head Start, Healthy Families, Office of Early Childhood and Out of School Learning, and Nurse-Family Partnerships.

1(c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.

The Part C Coordinator will be responsible for overseeing and facilitating all changes to the State infrastructure. The work will be supported by members of the Part C staff and will include the support of the quality review contractor who will facilitate much of the ongoing work of this initiative under the direction of the Part C Coordinator.

The resources needed to facilitate the changes will include dedicated time of the Part C Coordinator and Part C staff. Additionally, the following resources will be needed:

- Ongoing support from the State's quality review contractor
- Development of resources to conduct evaluations (i.e., current processes, effectiveness of professional development, fidelity of implementation, and sustainability)
- Professional development training resources and materials

The overarching timeline to accomplish this work is five years. This five year timeline can be broken into three smaller timeframes for each component of the work.

- Evaluations of current practice (1 year)
 - This Year 1 assessment will help Indiana: determine best fit for implementing the three EBPs, assess program/provider readiness and capacity, and determine needed implementation drivers.
- Professional development and implementation rollout (3 years)
 - Once the best fit, readiness, and capacity of Indiana's Part C programs and providers are determined (end of Year 1), a three-year plan for providing intensive professional development (PD) and ongoing technical assistance (TA) to support the high-fidelity adoption, implementation, and sustainability of the three EBPs will be carried out (Years 2 – 4 of the Phase II Evaluation Plan).
 - The specific PD and TA support strategies to be implemented during Years 2-4 will be determined at the end of the Year 1 assessment. The activities to be conducted during Years 2-4 will be designed to support high-fidelity adoption and implementation of the specific EBPs.
 - The three-year plan of PD and ongoing TA will involve dividing the state into three cohort regions. In Year 2, each cohort region will receive intensive and in-depth PD in one of the three EBPs. For illustrative purposes, Cohort A will receive PD in high quality exit assessment practices, Cohort B will receive PD in family assessment practices, and Cohort C in culturally responsive home visiting practices. In order to create a supported and focused learning opportunity for each cohort, during the course of that first year of

- professional development, each cohort will only engage in professional development for their one particular EBP.
 - In Year 3, each cohort region will receive intensive PD to support the high-fidelity adoption and implementation of a second (of the three) EBPs. In addition to intensive PD related to a second EBP, the cohort will also receive ongoing TA support for their focused EBP from the previous year. In Year 4, each cohort will receive intensive PD to support the adoption of the third EBP for that particular cohort. All cohorts will continue to receive ongoing TA and ‘refresher’ professional development to sustain implementation of the previous two EBPs adopted during the previous two years.
 - By employing this cohort model for PD and TA, cohorts will have the ability to do a “deep dive” into each EBP during the course of a year. At the same time, the cohort will maintain the previous years’ knowledge, as they will receive TA to preserve and reinforce the EBPs.
- Sustainability evaluation (1 year)
 - Year 5 of Indiana’s five-year SSIP plan will be used to conduct a final summative evaluation of Indiana’s level of fidelity of adoption, implementation, and sustainability of the three EBPs. This evaluation will provide continued guidance concerning the revision of ongoing PD and TA resources and strategies for maintaining Indiana’s implementation of EBPs over time.

1(d) Specify how the State will involve multiple offices within the Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

The Part C program will reach out to other State agencies serving infants and toddlers with disabilities and their families to gather information as to how those programs are supporting families and seek out ways Indiana’s Part C program may strengthen its infrastructure. The Part C program will reach out to other home visiting programs such as Early Head Start, Healthy Families, Office of Early Childhood and Out of School Learning, and Family-Nurse Partnerships. Many of these entities fall within Indiana’s Family and Social Services Agency (FSSA), as does Indiana’s Part C program, creating a natural bridge to these programs.

Stakeholders will be involved by receiving SSIP updates at all State Interagency Coordinating Council (SICC) meetings. This group includes representatives from various stakeholder groups, including parent representatives. The Part C Coordinator will provide updates to Indiana’s nine regional System Points of Entry (SPOE) directors, seek input from their workgroup meetings, and encourage the directors to provide updates and seek further input at their regional staff meetings. Other stakeholders, such as the Indiana Association of Rehabilitation Facilities (INARF), a provider agency professional organization; and ARC (advocacy group) will be invited to offer input. The nine Local Planning and Coordinating Councils (LPCCs) will also be asked for input during quarterly meetings and the SSIP will be a reoccurring agenda item for each of the nine councils. This will also include input from the local provider agencies during the provider-networking meeting that is held immediately before or after the local LPCC meeting. Lastly, updates will be provided and input sought at the Division of Disability and Rehabilitative Services (DDRS) Advisory Group meetings, which occur monthly.

COMPONENT #2: SUPPORT FOR EIS PROGRAM AND PROVIDER IMPLEMENTATION OF EVIDENCE-BASED PRACTICES (EBPs)

2(a) Specify how the State will support EIS programs and providers in implementing the EBPs

As identified earlier, Indiana will support the implementation of three EBPs by its local early intervention programs:

1. Child Exit Assessment. Practitioners that work in Indiana's provider agency system will implement high quality assessment practices to complete the final assessment of all children leaving the First Steps program. This should include any professionals who touch the exit assessment process, including those conducting work on behalf of the SPOE.
2. Family Assessment. Intake/ongoing service coordinators that work in Indiana's System Point of Entry (SPOE) system will conduct high quality, family-directed assessments of the resources, priorities, concerns, and changing life circumstances of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the eligible infant or toddler.
3. Culturally Responsive Home Visiting. Ongoing service coordinators and practitioners will engage in high quality home visiting services that build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity. In addition, these practitioners will engage the family in opportunities that support and strengthen parenting knowledge and skills in ways that are flexible, individualized, and tailored to the family's preferences. Finally, these practitioners will work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes.

The degree to which Indiana will support programs and providers in implementing the EBPs will be determined at the end of the first year following the assessment of current practices and needed supports, including professional development.

These three EBPs were selected based on data collected during the State's annual quality review visits, state and regional conversations with First Steps/Part C stakeholders, meetings with the SPOE directors, and meetings with the State Interagency Coordinating Council (SICC). A summary of that data and stakeholder input found the following:

- A perception among SPOEs that the exit child assessment practices established in September 2014 are not being implemented consistently and accurately statewide. There have been no assessments of the implementation fidelity of the new child assessment practices to address data quality. These perceptions of inconsistencies have contributed to another perception that the quality of data gathered may be contributing to inaccurate child outcome results.
- While onsite quality review visits and file reviews indicated that there were considerable variations in the quality and practice of family assessments carried out statewide, recent stakeholder input from the SPOEs suggest that many of these practices may be in place. There have been no direct assessments of the implementation fidelity of federally-required and evidence-based family assessment practices across all of the regional SPOEs. The combination of evidence suggests the need to assess current practices and compare them against federal and evidence-based benchmarks.
- Stakeholder input collected during Phase I of the SSIP suggested the need for service delivery models and professional development that would adequately prepare ongoing service providers to work effectively with all Indiana families, including families who are low income or experiencing several life challenges. There have been no direct assessments of home visiting practices to

determine the quality and implementation fidelity of culturally responsive home visiting practices.

Indiana proposes to assess current practices to determine how best to support its First Steps programs and providers in implementing each of the three EBPs. The proposed Year 1 assessment will help the State to determine the appropriate policies, procedures, and tools that result in a best fit between provider needs and the EBPs. As an example, SPOE administrators expressed concern about elements of the Phase I coherent improvement strategies and that the proposed strategies may not have fully taken into account current practices and resources to ensure best fit. While general opportunities for stakeholder input were provided at eight of the nine SPOE regions during Indiana's Phase I work, recent input from the SPOE administrators suggested that the Phase 1 input did not address their needs and resources to the degree they would consider optimum. The proposed Year 1 assessment of current practices, needs, and resources will involve both the SPOE administrators and the SICC as a means of ensuring sufficient consideration is given to these areas.

This Year 1 assessment will help Indiana determine not only the best fit for implementing the three EBPs, but also help to assess program/provider readiness and capacity, and to determine needed implementation drivers.

Once the best fit, readiness, and capacity of Indiana's Part C programs and providers are determined (end of Year 1), a three-year plan (Years 2 – 4 of the Phase 2 Plan) for providing intensive professional development (PD) and ongoing technical assistance (TA) to support the high-fidelity adoption, implementation, and sustainability of the three EBPs will be carried out. The fifth and final year of Indiana's Phase 2 plan will focus on determining the sustainability of ongoing practices.

The three-year plan of PD and ongoing TA will involve dividing the state into three cohort regions. Each cohort region will receive intensive and in-depth PD in one of the three EBPs in Year 2. For example, Cohort A will receive PD in high quality exit assessment practices, Cohort B will receive PD in family assessment practices, and Cohort C in culturally responsive home visiting practices. The specific PD and TA support strategies will be determined at the end of the Year 1 assessment, and will be designed to support high-fidelity adoption and implementation of the specific EBPs.

In Year 3, each cohort region will receive ongoing TA support to ensure providers sustain the EBPs adopted in Year 2, and will receive intensive PD to support the high-fidelity adoption and implementation of the second of the three EBPs (e.g., Cohort A providers will tackle family assessment practices, and so on.) In Year 4, each cohort will receive intensive PD to support adoption of the remaining EBPs. All cohorts will continue to receive ongoing TA and 'refresher' professional development to sustain implementation of the previous two EBPs.

Year 5 of Indiana's five-year SSIP plan will be used to conduct a final summative evaluation of Indiana's level of fidelity of adoption, implementation, and sustainability of the three EBPs. This evaluation will provide continued guidance concerning the revision of ongoing PD and TA resources and strategies for maintaining Indiana's implementation of EBPs over time.

Implementation of this proposed three-year PD plan will enable Indiana's Part C program to scale up all three EBPs statewide. Each year, the adoption of new EBPs will be staggered to insure that providers in their respective cohort region will only focus on one new area of practice at a time. Ongoing evaluation and 'refresher' professional developments will allow providers to maintain their level of proficiency while still focusing on developing strengths in another EBP. During this work, PD and TA materials will be developed in a way that will support the addition of new providers who may begin working with the Part C program but who were not a part of the initial three year trainings. By implementing this strategy, ongoing sustainability is maintained within the program.

2(b) Identify steps and specific activities needed to implement the coherent improvement strategies

The proposed five-year plan for implementing the coherent improvement strategies and supporting the high-fidelity adoption of the three EBPs will include key activities in the following areas:

- Ongoing communication with and involvement of key Part C stakeholders,
- Detailed work plan, including key roles, responsibilities, timelines, and needed resources for executing the five-year plan
- Ongoing review of the evaluation results (discussed in Component 3: Evaluation) to identify and address barriers, and ensure that all activities are implemented with fidelity.

Ongoing communication will occur with key First Steps stakeholders in the following ways:

- Timely information about Indiana's SSIP, including implementation activities and ongoing progress evaluation will be disseminated to all stakeholders (families, providers, and partners) via the First Steps website and biannual webinars.
- Ongoing meetings with key stakeholder constituencies, including the quarterly meetings of the SICC, monthly meetings of the regional SPOE workgroup, the twice yearly provider agency meetings, and the internal monthly meetings of key administrators in Indiana's lead agency, the Division of Disability and Rehabilitative Services.
- Periodic electronic surveys and focus groups to gather input and feedback, especially related to effectiveness of professional developments and implementation)

Through the ongoing communication strategies outlined above, Indiana's First Steps stakeholders will be provided with opportunities to provide input and feedback concerning the implementation and evaluation of Indiana's SSIP five-year plan.

The specific work plan outlining key roles and responsibilities, such as implementation teams at each SPOE and provider agency, will be determined at the end of Year 1 and the completion of our initial evaluation of current practices, capacity, and readiness. This evaluation will inform the needed membership of the implementation teams at both the program and provider levels. Stakeholder groups listed above will also help to provide valuable input in recommendations for membership and the work of the implementation teams.

The short-term and long-term activities are embodied in the proposed five-year plan presented earlier. Year 1 short-term activities will focus on the evaluation of current practices in the three EBP areas, and determination of the readiness and capacity of programs and providers in adopting the three EBPs. The outcome of Year 1 will be a detailed work plan outlining the professional development and ongoing technical assistance the state will provide to ensure programs' and providers' high-fidelity adoption and implementation of the EBPs.

Mid-term activities will include the ongoing professional development, technical assistance, and implementation evaluation activities outlined in Years 2-4 in our five-year plan. This effort will focus on promoting the adoption of individual EBPs by programs and providers within each of the three cohort regions. Ongoing implementation evaluation activities will ensure that the work plan is executed as intended, that barriers are quickly identified and addressed, and that programs and providers receiving sufficient support to ensure their initial adoption and implementation of the EBPs.

Long-term activities conducted in Year 5 will include the continued monitoring of implementation fidelity, as well as strategies and resources for sustaining high fidelity implementation of the three EBPs beyond Year 5. It is anticipated that continued PD and TA will be needed to bring new programs and providers on board, as well as the need for ongoing 'refresher' professional development to ensure high fidelity implementation.

2(c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies)

Involving other offices within the Lead Agency has been an area of weakness for Indiana's Part C program in the past, and strengthening these relationships will be a major goal of this proposed SSIP plan. The activities presented earlier in 1(d) outline the activities Indiana's Part C program will carry out, particularly in working collaboratively with other birth to three/home visiting programs that fall under the Family and Social Services Administration *umbrella* (Health Families, Early Head Start, Office of Early Childhood and Out of School Learning, and the Division of Mental Health and Addictions and its Family/Nurse Partnerships project). All of these agencies have representatives that sit on the SICCC, and will be integrally involved in implementing the proposed five-year plan. Completion of the Year 1 evaluation and review of those results will be done in conjunction with these agencies. This effort will ensure that the Year 2-4 plan for promoting the adoption and scaling up of the three EBPs will build on the models and resources of these State agencies. The effort will also ensure that the multiple offices within and outside of the Lead Agencies are involved in monitoring the Years 2-4 implementation plan, activities, and timelines.

Component #3: Evaluation

3(a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR for infants and toddlers with disabilities and their families.

The evaluation of the three proposed EBPs will focus on fidelity of implementation and impact on achieving measurable improvement in the SIMR. The evaluation will be closely aligned to Indiana's theory of action. The Theory of Action proposes that an improved family assessment process will help practitioners to get to know families and culturally responsive home visiting practices will help practitioners connect effectively with diverse families. Both of these practices will lead to improved family engagement, which will lead to increased attendance and family participation with early intervention, which will then contribute to improvement in children's social emotional outcomes. The EBP concerning improving the quality of the exit assessment data is less directly tied to the theory of action and more about data quality. This EBP focuses on assessing and improving quality of the outcome data so that the State can make decisions based on the most accurate data possible, and look to the data to provide information surrounding any potential trends and patterns regionally or across the State as a whole.

During Year 1, an evaluation of current practices related to the three EBPs will be conducted. Indiana's Part C Coordinator will be responsible for overseeing and facilitating this evaluation with support from members of Indiana's Part C team. This team will be supported by a quality contractor who will facilitate much of the on-going work of this initiative under the direction of the Part C Coordinator. The purpose of this evaluation will be to gather information from a representative sample of practitioners from all regions and disciplines and will focus on gauging practitioners' understanding of relevant policies and procedures, learning about strengths and weaknesses of current practice and identifying gaps and needed supports for implementing EBPs moving forward. This Year 1 evaluation will allow us to establish an overall professional development plan and an agreed-upon, relevant set of criteria for the proposed EBPs, which will then be measured in subsequent years to determine successful implementation.

During Years 2 through 4, evaluation will focus on the fidelity of implementation of high quality professional development activities to support adoption of the proposed EBPs. Quality contractors under the direction of the Part C Coordinator and Part C staff will design and use a series of surveys based on agreed-upon criteria informed by Year 1 evaluation data. These surveys will include measures of the fidelity with which professional development was implemented, practitioner evaluation of the quality of the professional development and material presented, and practitioner report concerning level of understanding of new content, policies and procedures. In addition to survey measures, a method for evaluating overall fidelity of implementation (are practitioners going back to their regions and consistently and effectively using the information shared during professional development) will be designed after reviewing information gained from the Year 1 evaluation. Finally, child outcome data, particularly social emotional skills, will be monitored continuously to determine if the proposed EBPs are impacting child outcomes. Each year, the State will review the results from the above evaluations to determine if changes are needed to improve or supplement professional development for each successive year.

During Year 5, evaluation will focus on the sustainability of the EBPs. Activities will include the continued monitoring of implementation fidelity of the professional development in place during Years 2-4, as well monitoring of the implementation of new practices to sustain the three EBPs beyond Year 5. It is anticipated that continued PD and TA will be needed to bring new programs and providers on board, as well as the need for ongoing 'refresher' professional development to ensure high fidelity implementation.

During the course of the initial three year training, PD and TA materials will be developed in a way that allows for ongoing usage and contributes to the sustainability of this work.

3(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.

The evaluation will include stakeholders at many different points in the process. During Year 1, a representative sample of practitioners will be actively engaged as part of the evaluation to help the State determine current practices and needs. In addition, during Years 2 through 5, practitioners will be evaluated in multiple way to determine fidelity of implementation, perception of effectiveness of intervention and knowledge gained.

Information from the evaluation will be disseminated to stakeholders in a variety of ways. Stakeholders will be updated regarding the SSIP quarterly at ICC meetings. Information will also be shared periodically at monthly DDRS Advisory committee meetings and workgroup meetings for Indiana's regional directors. Other possible venues include provider forums and Local Planning and Coordinating Councils (LPCCs). Information may also be shared via webinars, focus groups and the First Steps Part C website.

As these stakeholder groups will be active participants in this process, their feedback will be valuable in ensuring Indiana's evaluation meets our intended outcomes.

3(c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SIMR and the progress toward achieving intended improvements in the SIMR.

As part of Year 1, an agreed-upon, relevant set of criteria for the proposed EBPs will be developed which will then be measured in subsequent years to determine successful implementation. Part of this process will include clarifying and expanding our data analysis strategy and identifying any additional data comparisons that may allow the State to demonstrate impact.

In order to gather meaningful data, Indiana will conduct evaluations on a randomized sample that are reflective of the overall state and cluster populations. Data from the overall sample will be compared to overall data in previous years to determine if the implementation of our proposed EBPs was effective. In addition, data analyses comparing subgroups based on race and income will be conducted to determine if our proposed EBPs impacted some groups more than others.

3(d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation, assess the State's progress toward achieving intended improvements, and make modifications to the SSIP as necessary.

The State will use the evaluation data to examine the effectiveness of implementation by purposefully structuring evaluation tools to gather this data. As described in 3(a), during Year 1, an evaluation of current practices related to the three EBPs will be conducted. The purpose of this evaluation will be to gather information from a representative sample of practitioners from all regions and disciplines and will focus on gauging practitioners' understanding of relevant policies and procedures, learning about strengths and weaknesses of current practice and identifying gaps and needed supports for implementing EBPs moving forward. This Year 1 evaluation will allow us to establish a relevant and targeted professional development plan and an agreed-upon, relevant set of criteria for the proposed EBPs which will then be measured in subsequent years to determine successful implementation.

Subsequently, during Years 2 through 4, evaluation will focus on the fidelity of implementation of high quality professional development activities to support adoption of the proposed EBPs. The quality contractor, under the direction of the Part C Coordinator and Part C staff, will design and use a series of surveys based on agreed-upon criteria informed by Year 1 evaluation data. These surveys will include measures of the fidelity with which professional development was implemented, practitioner evaluation of the quality of the professional development and material presented, and practitioner report concerning level of understanding of new content, policies and procedures. In addition to survey measures, a method for evaluating overall fidelity of implementation will be designed after reviewing information gained from the Year 1 evaluation. Each year, the State, in collaboration with stakeholders, will review the results from these evaluations to determine if changes are needed to improve or supplement professional development for each successive year. If a professional development activity is found to be ineffective, that activity will be revised based on identified areas of weakness. The revised activity will replace the ineffective activity moving forward. Additionally, quality contractors led by Part C staff will create a series of ongoing/refresher professional development activities for practitioners who may require additional support after completing initial professional development or need to be reminded about one or more of the EBPs.

During Year 5, evaluation will focus on the sustainability of the EBPs. Activities will include the continued monitoring of implementation fidelity of the professional development in place during Years 2 through 4, as well as monitoring of the implementation of new practices to sustain the three EBPs beyond Year 5. It is anticipated that continued PD and TA will be needed to bring new programs and providers on board, as well as the need for ongoing ‘refresher’ professional development to ensure high fidelity implementation.

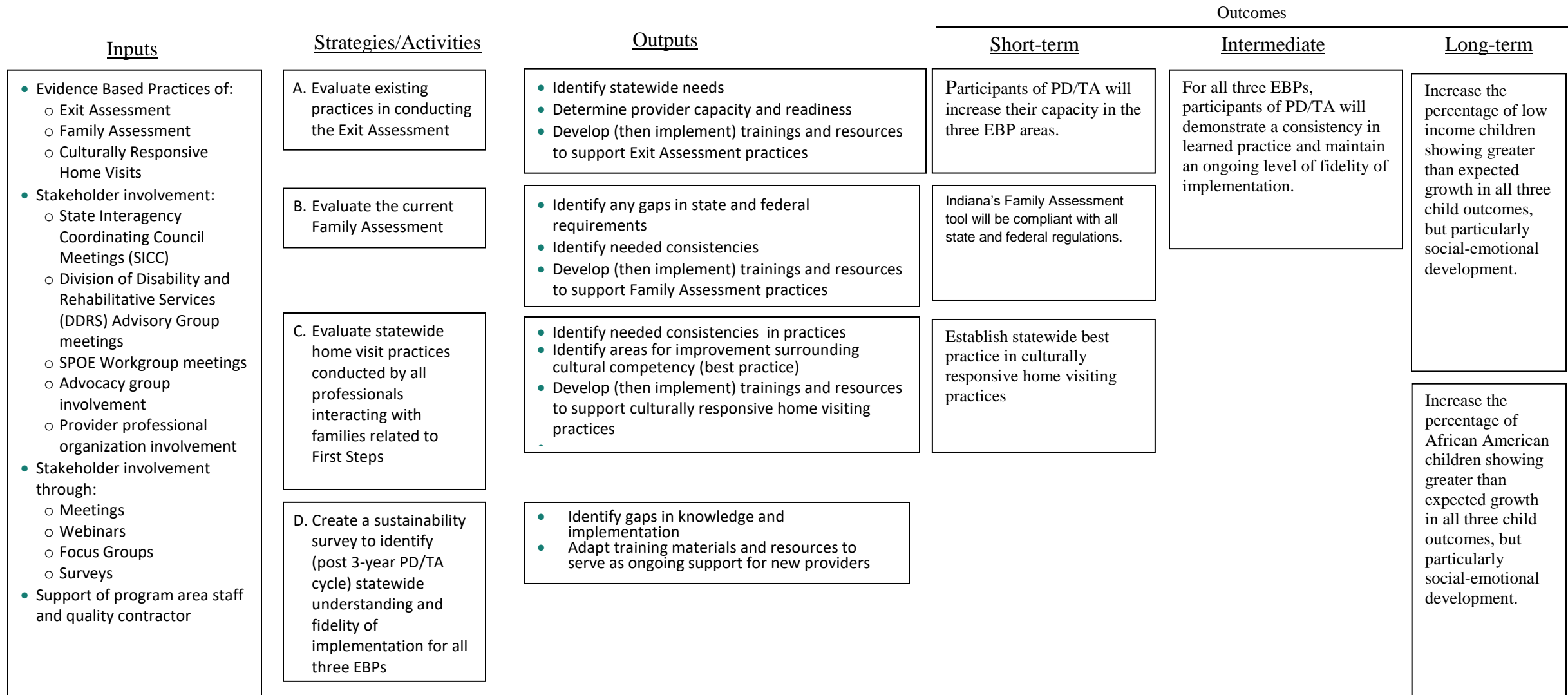
The evaluation will also assess the State’s progress toward achieving intended improvements, as detailed in 3(a). Child outcome data, in particular, social emotional skills, will be monitored continuously to determine if implementation of the EBPs are impacting child outcomes. Outcomes data will be monitored by race and income level to determine if the interventions are particularly impacting the populations targeted in the SSIP (low income and African American). Each year, the State, in collaboration with stakeholders, will review trends in outcome data to determine if the EBPs are having the intended impact and to determine if changes are needed to improve or supplement professional development for each successive year.

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Phase II – Evaluation Plan

Logic Model

State-identified Measurable Result: Indiana’s First Steps (Part C) program will increase the percentage of low income children and African American children showing greater than expected growth in all three child outcomes, but particularly social-emotional development.



Indicator 11 – Indiana’s State Systemic Improvement Plan
Phase II – Evaluation Plan
Overall Timeline

Year 1: Evaluation of Existing Evidence Based Practices					
Years 2-4: Professional Development and Technical Assistance in each of the 3 Evidence Based Practices (Using a cohort-based delivery method)					
	Year 2	Year 3		Year 4	
	Intensive	Intensive	Ongoing Support	Intensive	Ongoing Support
Cohort 1	Exit Assessment	Culturally Responsive Home Visits	Exit Assessment	Family Assessment	Exit Assessment <i>and</i> Culturally Responsive Home Visits
Cohort 2	Family Assessment	Exit Assessment	Family Assessment	Culturally Responsive Home Visits	Family Assessment <i>and</i> Exit Assessment
Cohort 3	Culturally Responsive Home Visits	Family Assessment	Culturally Responsive Home Visits	Exit Assessment	Culturally Responsive Home Visits <i>and</i> Family Assessment
Note: The cohort groups and rotations provided here have been developed for illustrative purposes only. Actual cohort groupings and rotations will be determined during the development of the Professional Development and Technical Assistance process.					
Year 5: Sustainability Survey and Continuation of Ongoing Support					

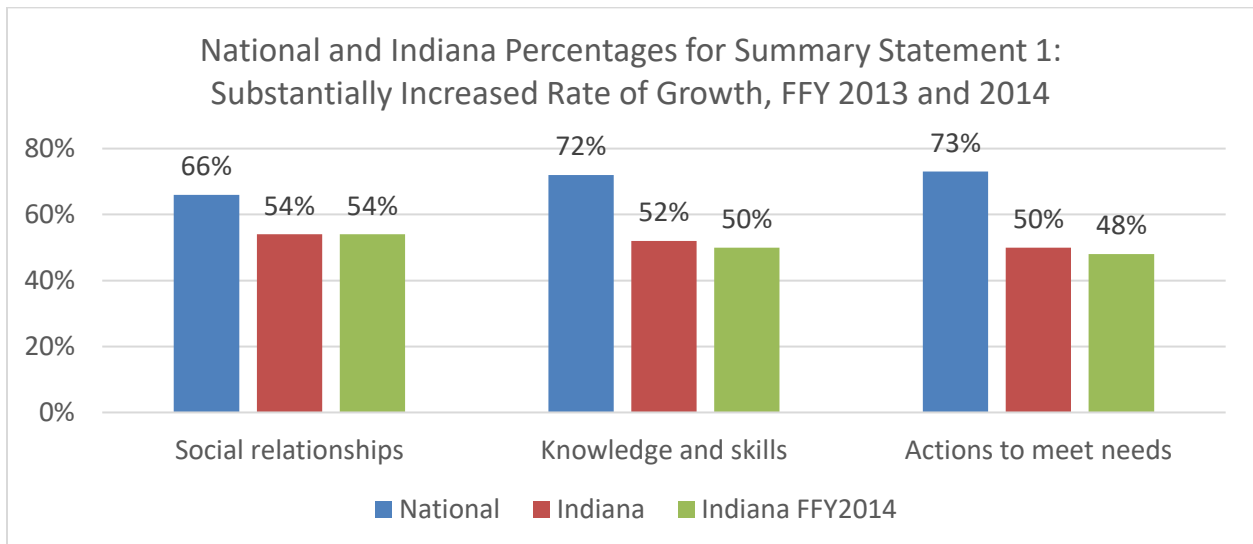
Indicator 11- Indiana's State Systemic Improvement Plan

Updated Data Analyses

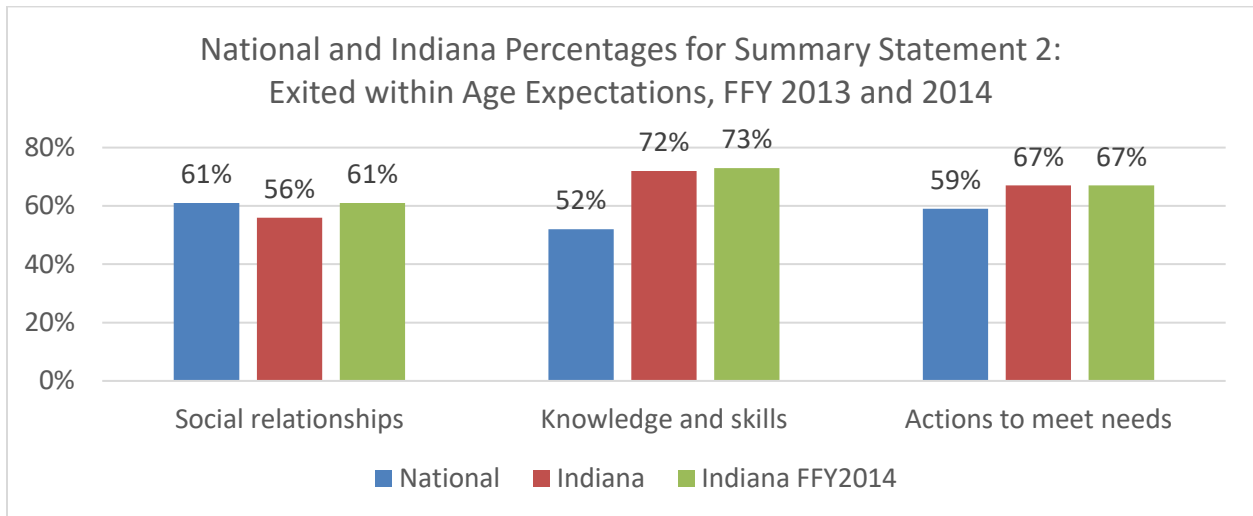
1. Updated Comparison of Indiana's Child Outcome Data with National Outcome Data

Presented below is outcome data for children exiting First Steps for last year (FFY 2013) and this past FFY 2014, compared with national FFY 2013 data from OSEP.

In the figure below, children receiving early intervention services in Indiana are less likely to make substantial increases in their rate of growth when compared with the national data sample. Minor changes (decreases) were noted for Indiana between FFY 2013 and FFY 2014.



The second figure examines the percentage of children exiting within age expectations across the same three child outcome areas. In this figure, Indiana continues to compare favorably with the national sample. While children receiving early intervention services in Indiana are slightly less likely to exit within age expectations in Outcome 1 (Social relationships) for FFY 2013, Indiana children are more likely to exit within age expectations for Outcomes 2 (Knowledge and skills) and 3 (Actions to meet needs). Again, there were minor differences between FFY 2013 and FFY 2014 except for Outcome 1, in which Indiana demonstrated a 5% increase.



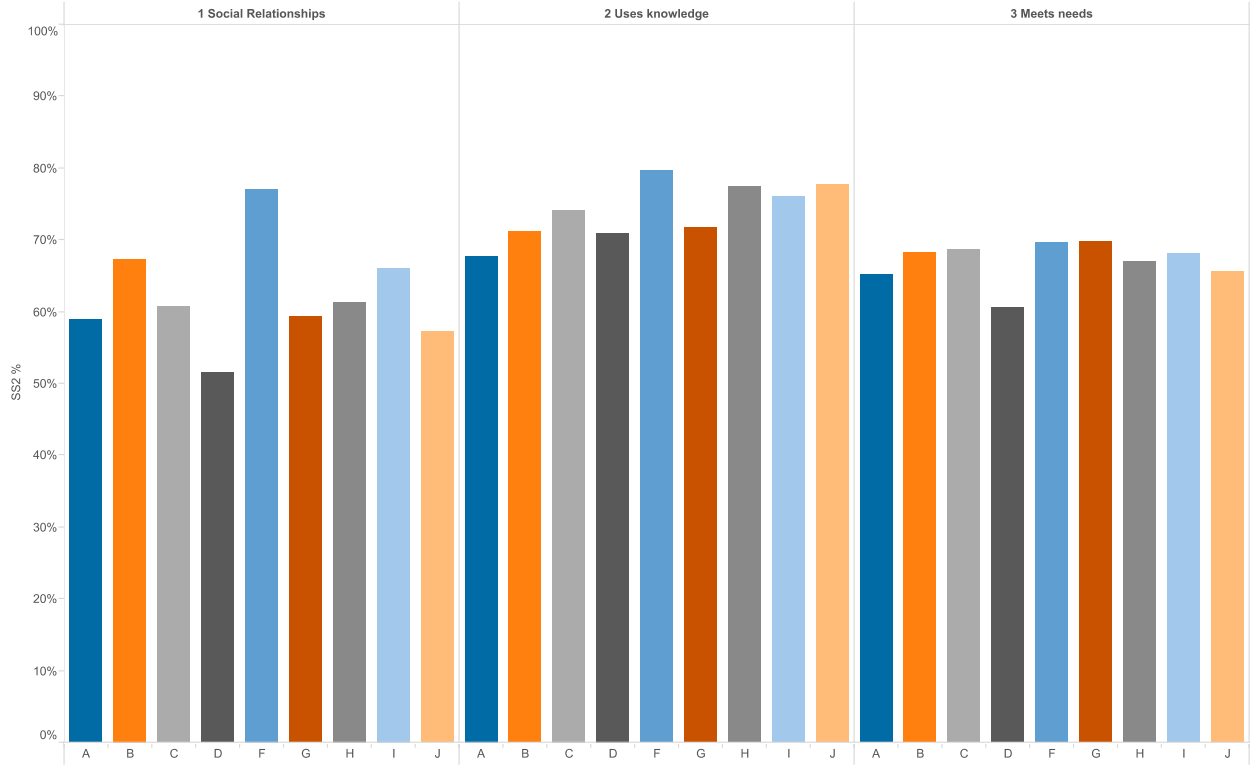
Compared to the national data, children receiving early intervention services in Indiana are comparable to or more likely to exit services functioning at age expectations; but are less likely to make significant growth.

2. Comparison of Indiana’s FFY 14 Outcome Data Across Regions

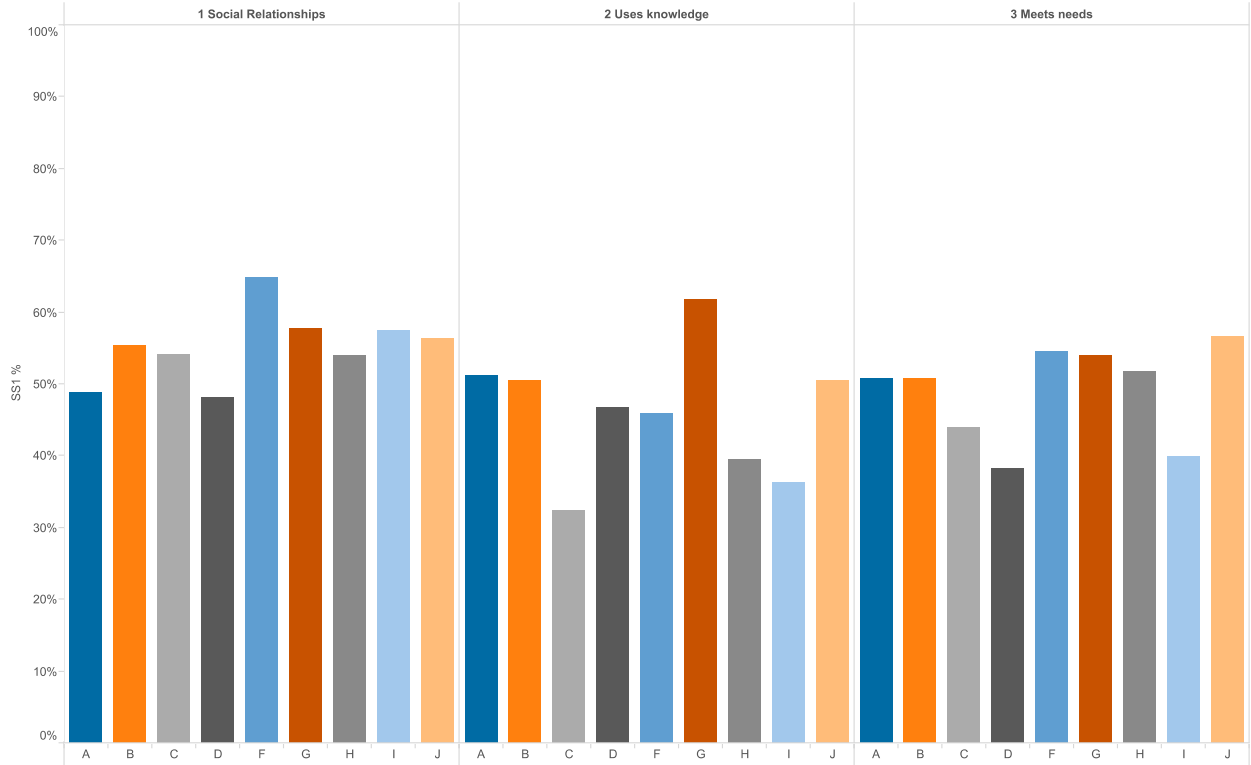
Indiana’s First Steps program currently organizes the state into nine regional System Point of Entry clusters (SPOEs). Initial analyses reported in the FFY 2013 SSIP/APR indicated significant variability and data quality issues throughout the state. Over this past year, a common data collection measure for determining children’s progress was developed and disseminated throughout the state. Summarized on the next page are findings comparing the 9 SPOEs across both measures for the 3 outcome areas.

As can be seen, there is still considerable variation among the SPOEs. While these variances may highlight differences in the degree of impact children experience in each of these nine regions, questions still remain concerning the fidelity in which the new measures are carried out regionally.

Child Outcomes by Region
SS2- Exited within Age Expectations



Child Outcomes by Region
SS1- Substantial Increase in Growth



3. Disaggregate Indiana’s FFY 14 Outcome Data by:

a. Race

Presented below are the outcome and summary measures disaggregated by the child’s race. It was differences among children of color, particularly African American children, that informed the development of Indiana’s State-identified Measurable Result.

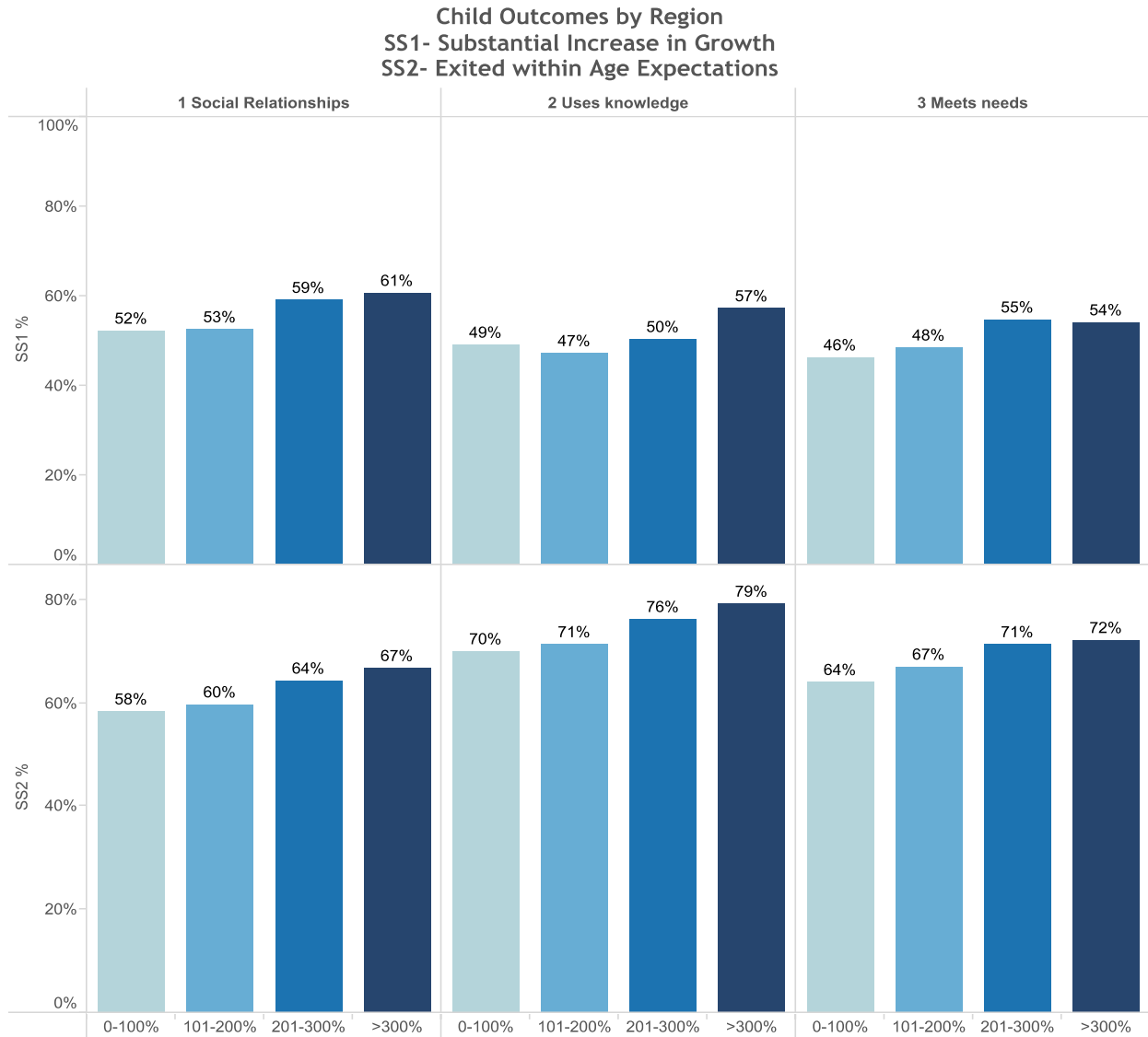
African American children tend to perform less well than children in all other races across most outcomes and measures.



b. Family Socioeconomic Status

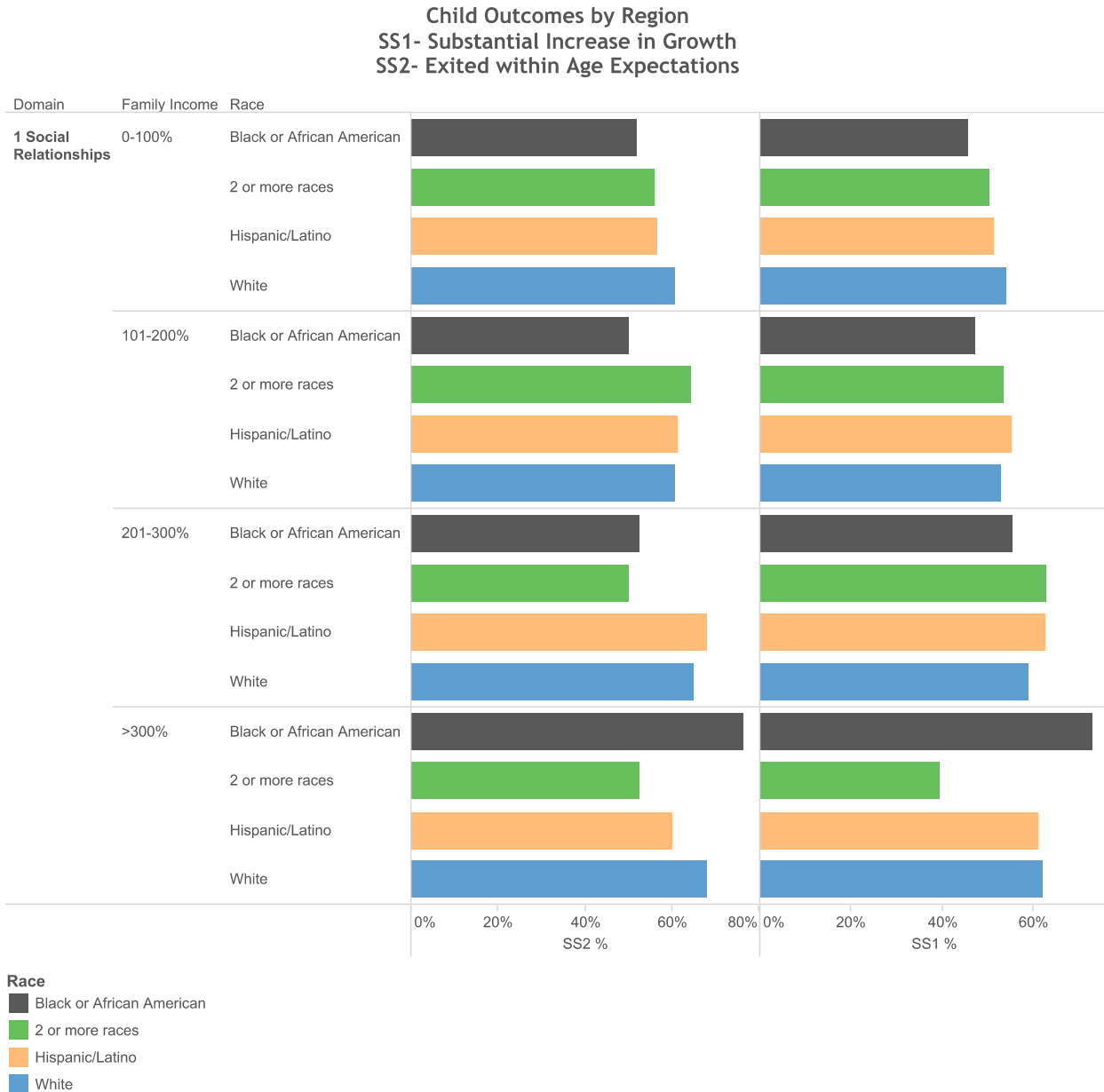
Presented below are the child outcome and summary statement measures disaggregated by the family’s socioeconomic status (income levels). In Indiana, a percent poverty rate is calculated based on traditional federal measures of family income and family size, with one difference—families in Indiana’s First Steps program are allowed to *deduct* major child expenses from their income in calculating this statistic. Since the Federal Poverty Level is a continuous variable, children were grouped into five categories: families with a FPL 0-100% (100%), 101-200% (200%), 201-300% (300%), 301-400% (400%), and >400%. The majority of children in First Steps are in the two lowest family income groups.

In last year’s analyses, children from lower income families (100% FPL) tend to perform less well than children in all other family income groups, also forming the basis for Indiana’s SiMR. These differences continue in FFY2014.



c. Analysis of Child Outcomes by Race and Family Income

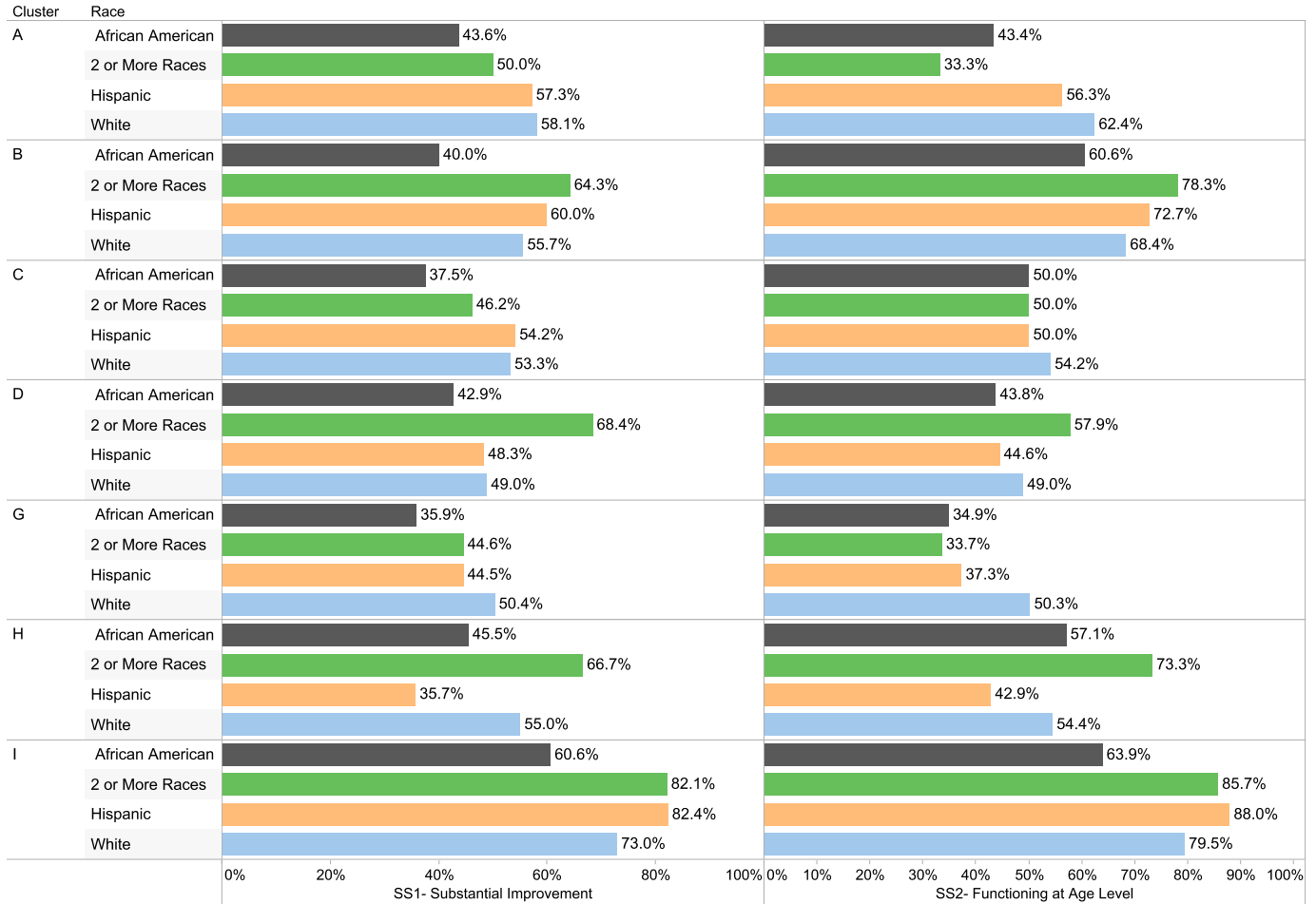
The following figure shows the results for Outcome 1 (Social-Emotional) disaggregated by the family Poverty Rate and the child’s Race. In three of the four family income/Poverty Rate categories, African American children tend to do less well across both measures. From this analysis, it appears that both Race *and* Family Income are important factors in identifying areas of concern with regard to child outcomes.



d. Analyses of Child Outcomes Disaggregated by Race and Region

We also looked at regional variations to determine if differences based on Race persisted across all regions. Last year's data (presented below) would suggest this was so for Outcome 1. The next chart presents the same analyses for FFY 2014.

Child Outcomes Cluster by Race for Outcome 1 Social-Emotional

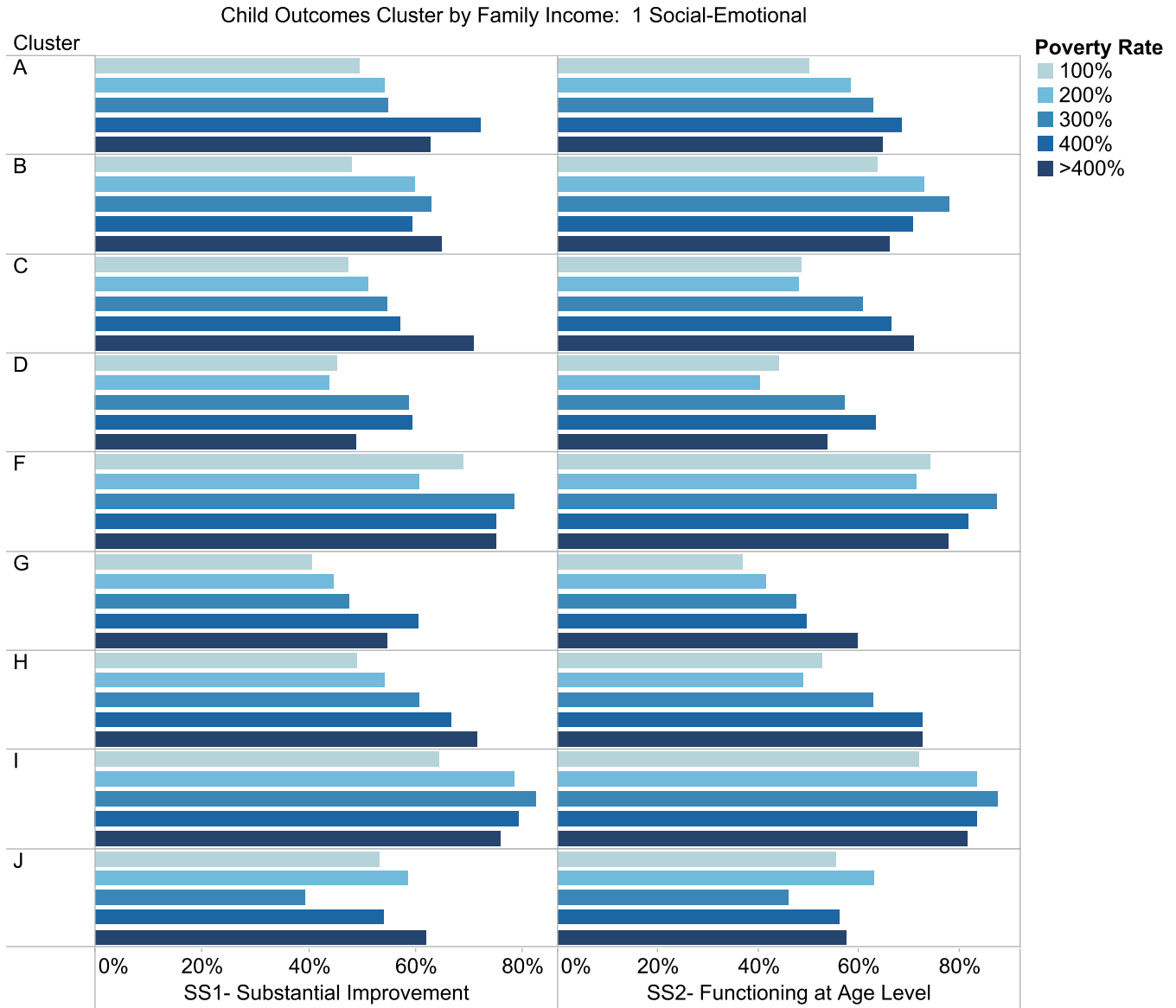


Child Outcomes by Region and Race (FFY 2014)
 SS1- Substantial Increase in Growth
 SS2- Exited within Age Expectations

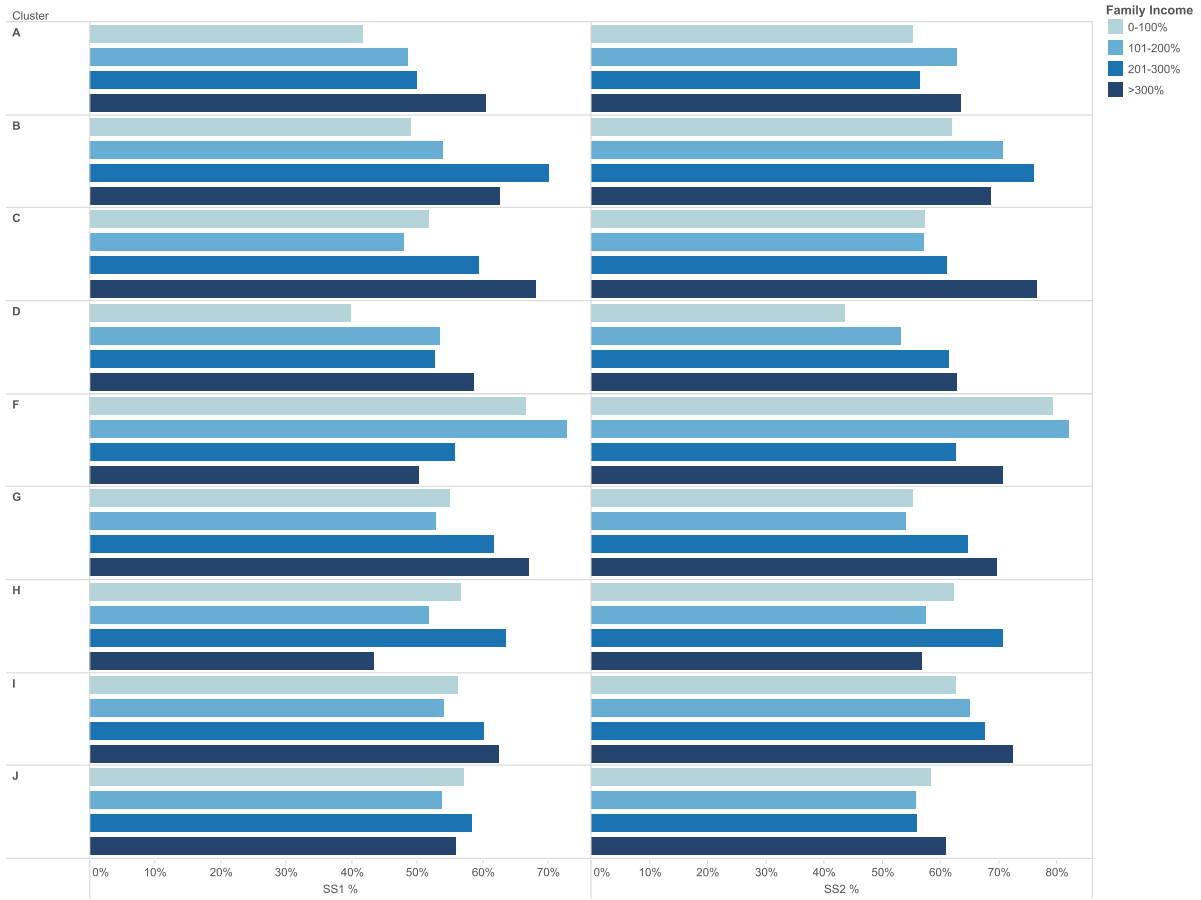


e. Analyses of Child Outcomes Disaggregated by Family Poverty Level and Region

Similar analyses were performed to look at family poverty level within each Region. The figure below illustrates that children from the lowest income families tend to perform less well for Outcome 1 measures across all Regions (clusters) for FFY2013. The figure on the following page shows the same information for FFY 2014.



Child Outcomes by Region and Family Income (FFY 2014)
 SS1- Substantial Increase in Growth
 SS2- Exited within Age Expectations

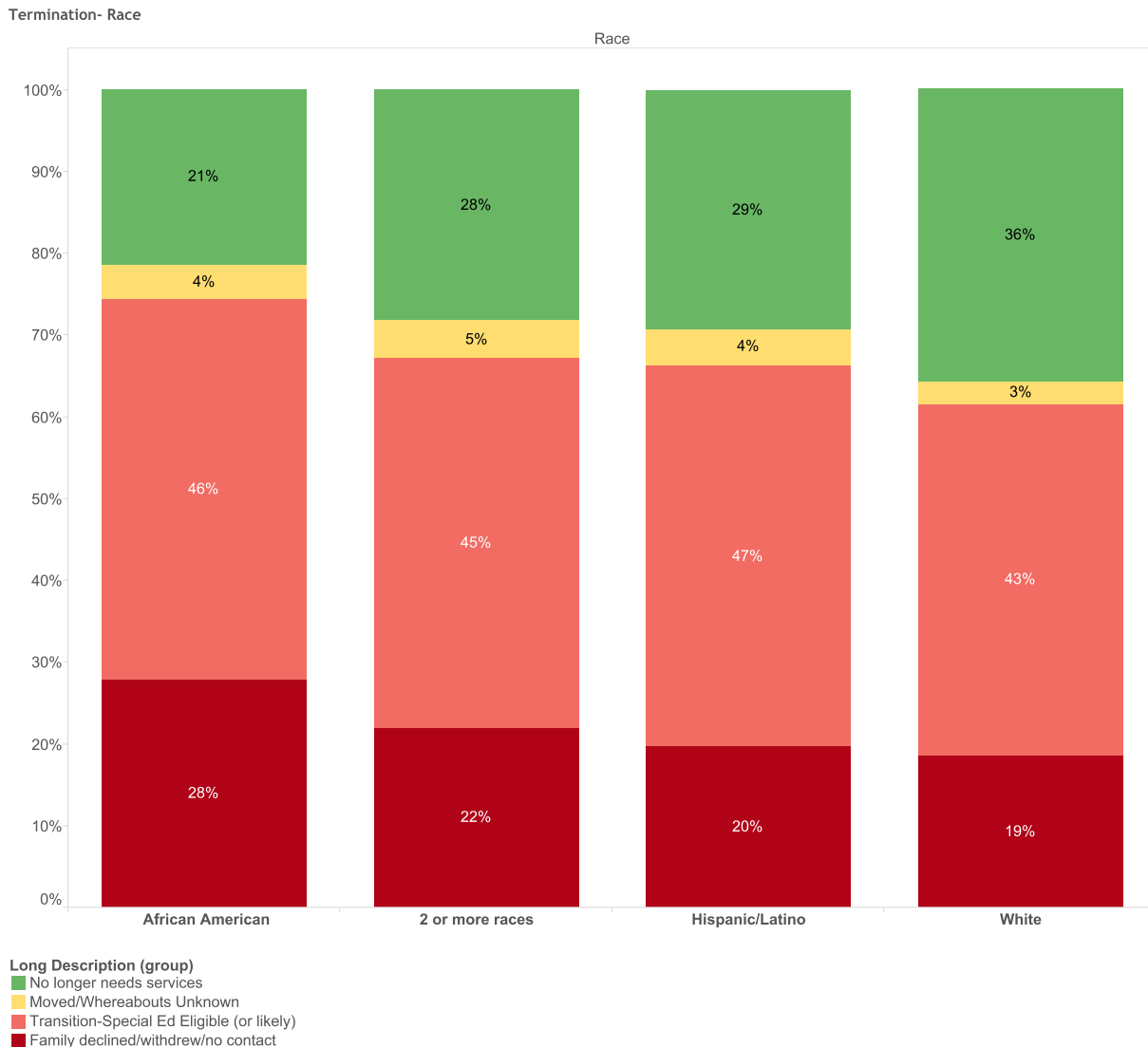


f. Analyses of Transition Outcomes by Race and Family Income

Additional analyses examining the relationship of children’s race and family income levels with major early intervention outcomes were conducted, this time bringing in data from a new source - children’s exit data/transition outcomes. Indiana’s Part C program records exit data/transition outcome data on all children and families exiting First Steps. While a number of transition outcome codes are utilized, they can be categorized into one of four groups:

- Family declines services, either by withdrawing or discontinuing their participation
- Child exits to Part B special education services
- Child exits not needing Part B special education services
- Child no longer needs or is no longer eligible for Part C services

This *transition outcome* data was disaggregated first by race to identify if children experience different transition outcomes/program exit reasons based on race. Subsequent to this analysis, a similar disaggregation was done by Family Poverty Level. The figure below highlights the proportion of children experiencing the four transition outcomes by race.



The next figure presents the same transition outcome/exit data broken down by Family Poverty Level. There appears to be a positive correlation between increases in family income and the percentage of children who experience the positive transition outcome of no longer needing specialized services. Based on the data, children from lower income families are less likely to have this positive transition outcome experience and are more likely to withdraw from services or go on to need special education.

Termination-Poverty

