

Indiana Family and Social Services Administration

Indiana's Part C State Systemic Improvement Plan

Phase III Year 3

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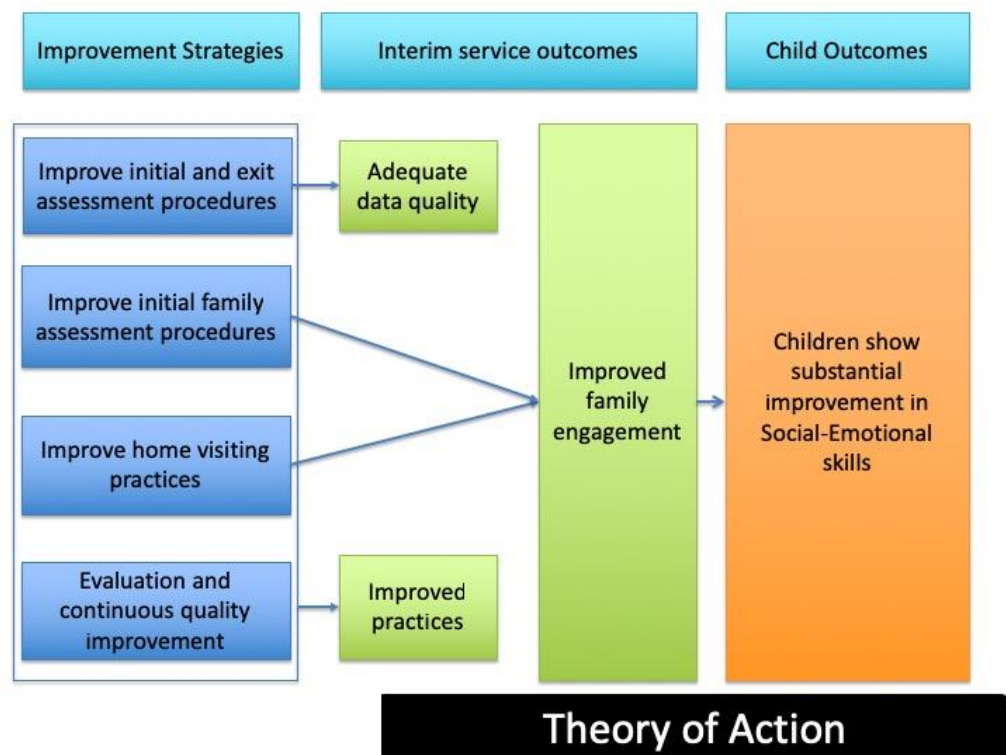
Indiana's Phase III Report (April 2019)

A. Summary of Phase III

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

A major goal of Indiana's Part C/First Steps State Systemic Improvement Plan (SSIP) has been to increase the number of agencies and providers that carry out evidence-based practices for improving the engagement of all families in their children's learning and development. As part of our original infrastructure analyses, we identified four coherent improvement strategies that focus on establishing clear state tools

and procedures, providing intensive professional development supports, and promoting a culture of data-informed decision making and continuous quality improvement. These four coherent improvement strategies, along with interim and long term child outcomes are presented in our theory of action.



This theory of action and its four improvement strategies are designed to address Indiana's State-identified Measurable Result (SIMR):

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.

This SIMR was identified by carefully analyzing the demographic, service, and impact data we have collected the past several years.

Since 2014, our work and ongoing analyses have enabled us to identify a number of factors that contribute to populations of children and families not benefitting equally from our state's early intervention services. These factors along with our infrastructure analysis were organized into the four improvement strategies. This theory of action has been in place for the past three years and still drives our state's SSIP efforts.

2. The coherent improvement strategies or principle activities employed during the year

a. Improve initial and exit assessment procedures to improve data quality

Beginning in October 2018, we required all existing First Steps providers to have successfully completed an online learning module on how to implement the state's exit assessment protocol (developed in 2017 and made available October 2017). In addition, we required all new First Steps providers to successfully complete this online module within their first year in order to obtain their initial certificate and continue providing services. This module and professional development requirement were put in place to improve assessment practices and to address data quality issues identified at the beginning of our State's SSIP process.

b. Improve initial family assessment procedures

This past year, we formally implemented an evaluation protocol for assessing the implementation and quality of a new family assessment protocol introduced in 2017. Through previous professional development efforts, all services coordinators in Indiana are required to implement the established family assessment protocol beginning in the Fall of 2017. Over the past year we have sampled and reviewed completed family assessments to evaluate both completeness and quality. From April 2018 through March 2019, the Quality Review team has sampled a total of 1135 out of 9,461 (12%) new or initial IFSPs from around the state to assess family assessment practices. This was done in two different ways. The Quality Review team sampled 657 completed family assessments during any verification visit that took place for a cluster that needed a federal or state identified indicator verified. If the team was going out for a verification visit, the team would do a random sample of children with an initial IFSP. A checklist was created for this purpose to allow reviewers to consistently evaluate family assessments for completeness. Another random sample was also completed during the 2018 fall onsite visits with all nine SPOEs. During the fall review, we reviewed 478 child files which included the family assessment. The assessments were reviewed for completeness. Criteria for fidelity were developed during the initial family assessment pilot in 2017 and have not changed (see Appendix B).

c. Improve home visiting practices

Since April 1, 2018, Indiana's First Steps program has completed one round and initiated a second round of professional development aimed at improving evidence-based home visiting practices. The first round of professional development provided two full-day, face-to-face workshops followed by a series of four 1-hour webinars addressing various home visiting topics solicited from participants, and nine regional full-day follow-up trainings (completed in April 2018). Three hundred and eighty-seven service

coordinators and ongoing service providers participated in this intensive training, with 257 providers completing all three days of training.

In June 2018, this professional development was revised in order to integrate implementation science principles and the adoption of evidence-based professional development strategies, including practice-based coaching. This second round of professional development focused on recruiting agency participation and an effort to build agency capacity to support and sustain the evidence-based home visiting practices. The focus of the professional development has been on introducing and developing family-centered home visiting practices with an emphasis on parent coaching. This emphasis on family engagement and empowerment was seen as a necessary foundational step toward moving providers away from a medical model and toward partnering with families around addressing all child development, including social emotional outcomes. As our logic model states, we believe building strong provider-family relationships which leads to increased family engagement is a necessary intermediate step toward increasing social emotional outcomes.

This home visiting professional development has also been supplemented with two complementary professional development series to increase our impact on family engagement and children's social-emotional development. First, Indiana contracted with Zero to Three to provide a series of regional workshops and follow-up reflective practice webinars applying infant mental health practices in working with families affected by substance use disorders. A total of 313 providers participated in that training. Second, staff at Indiana University participated in another Zero to Three professional development effort, *The Growing Brain*, and provided three regional full-day workshops on content that included promoting social-emotional development and how providers can promote the development of social and emotional skills with the children and families they serve.

d. Evaluation and continuous quality improvement-

This improvement strategy focuses more on infrastructure development and promoting a continuous quality improvement framework among all First Steps agencies. This past year, we compiled data from multiple sources and developed and disseminated individual data dashboards for all First Steps agencies. These data analyses were shared in the context of promoting greater data-informed decision making. These agency-specific dashboards provided data on the: number of children/families they have and are serving; staffing patterns and caseloads; the percentage of families that withdraw or discontinue their engagement with First Steps; and their impact on children and families, including our SiMR. The three child outcomes were broken apart so conversations around particular outcomes could be discussed. The agency directors then had the ability to take the specific child outcome information and any other information gleaned from the dashboards back to their staff to discuss during staff meetings. This allowed them to make data informed decisions with their staff using agency specific information.

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

Over the past year (since April 1, 2018), our SSIP efforts have focused on supporting the implementation of four sets of evidence-based practices drawn from the Division for Early Childhood (DEC) Recommended Practices. Each of the following practices have been further operationalized to meet the criteria put forth by the National Implementation Research Network (NIRN) in insuring that the practices to be adopted are have strong evidence, are usable (well-defined), fit with current initiatives, and can be implemented with existing supports. The DEC Recommended Practices we have been implementing include:

- 1) Conducting evidence-based assessment practices as children exit First Steps. These child exit assessment practices are administered by ongoing service providers prior to the child and family's exit from First Steps. The assessments are designed to provide accurate and up-to-date information about the child's development, which is used to determine our State's impact on child outcomes. The DEC Recommended Practices we have targeted under this EBP include:
 - a) A4. Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests.
 - b) A6. Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life.
 - c) A7. Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community.

- 2) Implementing a family assessment protocol that engages families in conversations about their child's daily routines and identifies the family's concerns, priorities, and changing life circumstances. These assessments are designed to better determine the family's priorities and home routines in order to guide IFSP development and service provision. The DEC Recommended Practices we have targeted under this EBP include:
 - a) F1. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socioeconomic diversity.
 - b) F3. Practitioners are responsive to the family's concerns, priorities, and changing life circumstances.
 - c) F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.

- 3) Implementing home visiting practices that are family-centered, culturally sensitive, and engage all families in supporting their children's learning and development. These home visiting practices are administered by ongoing service coordinators during their initial, semi-annual, annual meetings with families; and by ongoing service providers. The DEC Recommended Practices we have targeted under this EBP include:

- a) F1. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socioeconomic diversity.
 - b) F3. Practitioners are responsive to the family's concerns, priorities, and changing life circumstances.
 - c) F5. Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.
 - d) F6. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preference
- 4) State and local agency leadership engage in ongoing program evaluation and continuous quality improvement practices designed to increase the quality and impact of services on children and families in First Steps. These practices are administered by the State Part C team, leadership at each of the nine System Point of Entries (SPOEs), and agency directors at each of the 40 local provider agencies. The DEC Recommended Practices we have targeted under this EBP include:
- a) L3. Leaders develop and implement policies, structures, and practices that promote shared decision making with practitioners and families.
 - b) L6. Leaders establish partnerships across levels (state to local) and with their counterparts in other systems and agencies to create coordinated and inclusive systems of services and supports.
 - c) L12. Leaders collaborate with stakeholders to collect and use data for program management and continuous program improvement and to examine the effectiveness of services and supports in improving child and family outcomes.

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

This past year, we executed the following evaluation activities:

1. As part of collaborating with our state partners who manage Indiana's child care and prekindergarten system, all learning modules and recorded webinars are posted on their online *Training Central* system. This system allows us to track all First Steps providers who have completed our online learning module on exit assessment practices with a passing score of 80%. If providers score below 80%, they are required to re-watch the module and retake the assessment. For new providers, this module is part of their initial onboarding. The list of providers who have completed the module is then matched with our state's database of current providers to ensure compliance.
2. As part of our annual fall quality review protocol for reviewing initial IFSP files, we reviewed 478 files of children who entered First Steps in the months of July and August 2018, and evaluated the completed family assessments to determine the percentage of assessment that were fully completed and the extent to which child and family outcomes on the IFSP reflected family concerns and priorities. In addition, we have met with the SPOE Directors to discuss their

internal evaluation of how well the family assessment practices are being carried out. We have held discussions with SPOE Directors about next steps for effective, sustainable professional development to support continued implementation and high quality delivery of the family assessment.

- At the end of last year’s professional development, we surveyed all participants who completed the series and asked them to self-assess their knowledge and implementation of the home visiting practices. A total of 198 out of 257 (77%) participants completed the survey. This spring, to follow-up on last year’s cohort, we sent out a survey to the group of providers who completed trainings last year asking them to indicate for each of nine home visiting practices whether their practices has remained the same or changed as a result of the trainings. Of the 387 participants from last year, 116 responded (30%). For all but one practice, the majority of providers indicated that they had changed their practice since the trainings. See table below.

Home Visiting Practices	% of providers
I think about my family’s needs/concerns/motivations	70% (81/116)
I ask open-ended questions	74% (86/116)
I work on developing a relationship with families early on	53% (62/116)
I spend time doing a general check-in with families at the beginning of the session and getting a feel for what their current needs/priorities are	54% (63/116)
I organize each home visit based on the family’s input and priorities.	55% (64/116)
I check in with each family to see what they have worked on since our last session.	45% (53/116)
I observe and encourage positive parent-child interactions	56% (66/116)
I attempt to engage with every person in the room	59% (69/116)
If a parent or child isn’t engaged, I will adjust what I’m doing to try to re-engage.	62% (72/116)

This year, we hoped to have a stronger impact on skill acquisition by placing a stronger emphasis on discreet, well-defined home visiting practices and by adding coaching supports. To evaluate this effort, we have asked all participants and coaches to complete a pre-and post- (self-)assessment of the targeted practices. The pre-assessment was a self-assessment that the providers completed during the trainings and kept to inform their own practice and future coaching endeavors. We do not have access to this data as we wanted providers to feel comfortable reflecting and answering honestly.

The practices on the self-assessment include:

1. I check in with the family/caregiver to find out how their week is going to get a feel for whether or not family priorities have shifted since the last visit
2. I remind the caregiver of the action plan from the previous session and see how the action plan went for their family
3. I use open-ended questions to assess the multiple perspectives of the family members/caregivers
4. I use follow-up questions to assess the multiple perspectives of family members/caregivers
5. I provide supportive feedback to caregivers based on caregiver-child interactions
6. I provide informational feedback to caregivers based on questions or caregiver-child interactions
7. I adjust the session activities and conversations based on family/caregiver response
8. I model or demonstrate an idea or strategy that we have developed together so that the caregiver can see it in action
9. I check in with the family at the end of the session to see if the session went well for the family or if there are adjustments that can be made
10. I work with the family to co-create an action plan for the next session including activities to do during the time until then
11. I effectively set the stage for families regarding involvement in First Steps including descriptions of provider roles, service coordinator roles, and family roles

Post assessments (same items) will be completed in June 2019 and will be collected for data analysis. In addition, we asked participants to complete a survey evaluating their training experiences. A total of 62 out of 77 (81%) home visiting workshop participants completed a survey for a total of 127 surveys (one survey was completed for each of the two days of training) Additionally, 24 out of 28 (86%) practice-based coaching workshop participants completed the survey. The survey used a 1-4 Likert Scale with 1 indicating “Strongly Disagree” and 4 indicating “Strongly Agree”. See table below for select results (other items received similar ratings, but are less relevant to knowledge acquisition and more related to training qualities such as pacing, presenter knowledge, etc.).

	This training covered useful material	This training is practical to my needs and interests	I am more knowledgeable on the topic than I was before attending
Practice Based Coaching (PBC) Workshop (for coaches)	3.7	3.6	3.6
Home Visiting Trainings	3.6	3.6	3.5

4. The Quality Review team will begin the next round of agency visits in April 2019. Agency specific data will be shared. Twenty agencies (approximately half) will have a visit to discuss leadership capacity and continuous quality improvement. A follow-up online survey will be sent to these 20 agency directors to get feedback around the visit.

5. Highlights of changes to implementation and improvement strategies

The single biggest change we made this past year was to embed implementation science and practice-based coaching strategies into our professional development work to improve the quality of home visiting practices. This has included evaluating our target practices to make sure they meet the criteria of strong evidence, usability, and available supports; establishing implementation teams at each agency that meet each quarter to review and discuss progress; and, providing ongoing professional development and coaching supports.

B. Progress in Implementing the SSIP

1. Description of the State’s SSIP implementation progress

- a. Description of the State’s implementation progress

Summarized below is our current progress in implementing each of the four improvement strategies.

Improve initial and exit assessment procedures to improve data quality. This strategy is near completion. We have completed most of the professional development on the exit assessment process, specifically the development of an online learning module and the requirement that all providers successfully complete the module. We have conducted surveys to assess the quality of that professional development and provider self-assessment of their implementation of the exit assessment process. All providers completing the Exit Skills Module were required to complete a survey (N=1130) in order to receive their certificate. Surveys used a Likert Scale from 1 (Strong Disagree) to 4 (Strong Agree).

I am more knowledgeable about the topic than I was before	I plan to incorporate what I learned into my daily practice.	Overall, I am satisfied with the module.
3.1	3.1	3.0

We have seen a marked engagement and improvement in the completion and quality of the exit assessment process (see Appendix, page 23). Our remaining tasks for this improvement strategy include:

- a) adoption of the draft chapter on assessment for our state’s best practices manual, and
- b) communication with agencies to ensure that any providers who have not yet complied with the requirement take the training prior to June 30, 2019.

As new staff come on the regional Assessment Teams, there is a training in place on how to administer the state's eligibility tool (AEPS). All team members must take this training before completing any AEPS assessments with families.

Training takes place for new service coordinators as part of their onboarding specific to how to score the exit skills checklist once they receive it from the ongoing providers. Each SPOE is responsible for staff onboarding.

When new providers are hired by approved agencies, part of their onboarding is the Exit Skills Checklist module. They must have this training completed to enroll in the First Steps system as a provider.

During the spring agency visits, interviewers will talk to agency directors about their use of the exit skills checklist. Specifically, they will ask:

- a. Does anyone review the exit skills checklist after completion and before it is sent to the service coordinator? If so, what rubric/criteria are reviewers using?
- b. If someone has questions/concerns about a completed checklist, how are these questions/concerns addressed before the checklist is sent on to the service coordinator?

Improve initial family assessment procedures. Based on our quality review data and conversations with the SPOE Directors, we have identified a need for renewed professional development efforts to strengthen family assessment practices. Initially, we implemented a *train-the-trainer* model with service coordinator supervisors in all nine SPOEs. While all SPOEs successfully implemented the professional development with their service coordinators, who are responsible for conducting the family assessment, data and anecdotal reports indicate that the training has not continued for new service coordinators, nor has there been any effort to guide the SPOEs in conducting ongoing checks for fidelity in measuring how well each service coordinator is administering the family assessment. These are two efforts that will be implemented in this next year. In addition, this year, in response to requests from SPOEs (and our review of completed family assessments), we provided regional trainings to support writing strong IFSP outcomes and discussed the link between strong family assessment and improved outcomes.

Improve home visiting practices. We continue to make progress in improving home visiting practices in Indiana, but we also recognize this will be a long-term strategy. In April 2018, we completed professional development efforts with our first cohort of First Steps providers (N=257). In June 2018, we made major revisions to this professional development strategy, integrating both implementation science and coaching principles and practices. Beginning this past fall, we recruited eight local agencies to participate in this second round. All eight agencies agreed to form an implementation team to guide and support the implementation of the targeted home visiting practices, volunteer veteran providers to serve as coaches (and participate in a one-day training on practice-based coaching), recruit providers to both attend the two day face-to-face training days as well as four webinars and engage in a year-long effort of receiving monthly coaching support. A total of 77 practitioners participated in the initial 2-day workshop, with 21 currently serving as coaches and 28 participating as coachees.

This professional development effort is not completed and has not been fully evaluated, but we have identified needed improvements for how we will continue this PD approach going into the next year. Also, our State has participated as a Technical Assistance participant with the National Center for Pyramid Model (NCPMI) Innovations. This participation has enabled us to offer a webinar for state practitioners on the importance of addressing social emotional development in early intervention conducted by Dr. Erin Barton from NCPMI. In addition, we have been able to integrate the social emotional curriculum, Parents Interacting with Infants (PIWI) model, into our upcoming professional development on home visiting practices in June 2019. Dr. Yates will conduct a pre-conference workshop on the PIWI model and how tenets can be incorporated into early intervention work. She will then do a keynote for our state conference sharing research on the importance of social emotional development, defining it, and spreading the message that addressing social emotional development is important for every provider (e.g., physical therapist, occupational therapist). Finally, Dr. Yates will offer a breakout session at our conference during which she will provide specific strategies for providers interested in improving their support of social emotional outcomes.

Evaluation and continuous quality improvement. We have successfully introduced elements of our SSIP work into our State's ongoing quality review work. State and IU staff have embedded ongoing quality and fidelity measures into our ongoing data collection activities. We have introduced and implemented a continuous quality improvement process with all nine SPOEs in which data from our quality review and SSIP efforts are integrated. Also, with our 40 local service agencies, we have begun sharing more complete data concerning their individual work and contributions to improving our SiMR.

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

Improve initial and exit assessment procedures to improve data quality. By downloading the database of current First Steps providers and matching it with the Training Central list, we can determine the number and percentage of providers who have successfully completed the module as of 3/19/19:

- 1181 First Steps providers have successfully completed the online module
- 86% of all current First Steps providers have successfully completed the online module with a score of 80% or higher. Our goal was to have 100% of providers who have completed initial credentialing complete this module. Although we have not met our goal, we have only recently begun to enforce this requirement. Agencies received emails in March 2019 informing them which providers are out of compliance with this requirement and stating that all providers must complete the module by June 30, 2019.

In addition, we asked all 40 provider agencies to complete an online survey concerning their internal protocols for monitoring the quality and completeness of the exit skills assessment. One half (N=20) of the provider agencies responded. The table below presents our findings from that survey.

Internal monitoring practices for reviewing the completeness/quality of the exit assessments	Percentage and Number
A protocol is in place for monitoring completed exit skill assessments	100% (N=20)
Who sends the completed assessment: administrative staff	60% (N=12)
Who sends the completed assessment: provider completing the assessment	40% (N=8)
Exit skills assessment is reviewed before submitting to the SPOE for scoring and data entry	65% (N=13)
Exit skills assessment is reviewed for completeness only (not quality)	40% (N=8)
Agency supervisors review the assessment before submitting	20% (N=4)
Other ongoing providers review the assessment before submitting	10% (N=2)
Agency administrative support staff follow up if there are concerns with assessment completeness only	80% (N=16)
Agency administrative support staff follow up if there are concerns with assessment quality	20% (N=4)

Improve initial family assessment procedures. From our Fall 2018 review of 478 files of children entering our State's First Steps system:

- 95.8% (N=458) family assessments were conducted with families during the initial IFSP process
- 7.8% (N= 36) family assessments were found to be complete (no sections left blank)
- Of the 36 completed family assessments, 64.9% (N=23) of the IFSPs included child/family outcomes reflecting the family assessment

Improve home visiting practices. Since April 2018, this professional development improvement strategy has yielded the following outputs:

- Nine regional full-day workshops were provided to conclude the 3-day series began in Fall 2017
- 257 out of the 387 First Steps providers enrolled in the series attended the nine regional workshops
- Initiate Round 2 and recruited eight agencies and 77 practitioners to participate
- Since Fall 2018, we have completed initial and 2 quarterly meetings with 7 of the 8 agencies to plan and review each agencies participation in the professional development and support for the home visiting practices
- Completed three regional 2-day workshops on home visiting practices for the 77 practitioners
- Completed one-day training on practice-based coaching strategies with 21 senior providers from the eight agencies
- Since January, we have provided monthly practice-based coaching supports for 28 service providers

Evaluation and continuous quality improvement. Since April 2018, state and IU staff have met with all nine SPOEs and 19 of 39 provider agencies to share data on services, children, providers, child/family outcomes, and the SiMR and support their decision making to address identified issues (e.g., poor child outcomes).

2. Stakeholder involvement in SSIP implementation

a. How stakeholders have been informed of ongoing implementation

We have implemented two strategies for informing First Steps stakeholders. First, we provided periodic APR/SSIP/State updates at the quarterly (and now bimonthly) meetings of the Governor's Interagency Coordinating Council (ICC). These meetings provide opportunities for ICC members and the audience (N=20-30 providers) to ask questions and provide input. In addition, minutes of the meeting (and presentations) are posted and made publicly available. Second, we informed all First Steps service providers about all SSIP-related professional development opportunities through our quarterly electronic newsletter. All service coordinators and ongoing service providers are required to subscribe to this newsletter.

Less frequently or formally, we respond to invitations from First Steps agencies or other groups to speak with their staff about the State's SSIP progress.

b. How stakeholders have had a voice and been involved in decision-making

This year we successfully requested that the ICC establish an ongoing committee to advise and assist us in our SSIP work. This Committee has met 3 times, most recently March 2019, and has provided an excellent forum to discuss current efforts and solicit suggested improvements to our SSIP work.

Next, we work with the System Point of Entry (SPOE) Director's group that meets each month. Since our SPOEs are responsible for initial assessments, the family assessment, IFSP development, and ongoing service coordination, many of our SSIP improvement efforts touch these agencies. The monthly meetings provide a forum for discussion, and it was this forum that raised the issue of needing to supplement our professional development efforts aimed at improving family assessment practices.

Then, each fall as part of our annual on-site quality reviews with each of the nine SPOES, we conduct a focus group of different provider stakeholder groups to get a sense of how new state policies/procedures are going and get feedback from the people implementing the process with families. This past fall, we solicited input concerning the family assessment tool and protocol and its usefulness to ongoing service providers. From those focus groups we learned that the family assessment information is useful when writing IFSP goals with the family, and the ongoing service providers find the information useful when planning their first few visits with the family. We also learned that service coordinators feel uneasy asking families some of the more personal family information (mental health issues, deployment, safety issues in the house, or what resources the family might need) on the family

assessment protocol. Finally, we learned that service coordinators also struggle with asking questions that extract richer information from families concerning their concerns and priorities.

Finally, for the eight agencies participating in our home visiting professional development, each agency has an implementation team that provides a strong voice in shaping how this professional development occurs within the context of their agency and overall. These teams meet quarterly and provide a forum to discuss the face-to-face training, the practice-based coaching supports, individual involvement and progress, and the use of our online technology supports.

Based on the input we have received from these four groups, we have made the following changes or additions to our SSIP work;

- Supplement past professional development on the family assessment practices to strengthen service coordinators' interview skills, including the addition of training on motivational interviewing skills
- Made available training to all SPOEs and their service coordinators on how to use the family assessment to write high quality outcomes (all SPOES will have participated in this training by May 2019).
- Expand our use of current online coaching tools to provide increased opportunities for the coach and coachee to share their reflections, assessment, and suggestions
- Explore the use of peer-based coaching supports to provide forums for practitioners to congregate and discuss problems and solutions.

C. Data on Implementation and Outcomes

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

The evaluation measures, data sources, collection procedures, and timelines for the four improvement strategies included in our theory of action are summarized below. The first three improvement strategies are professional development efforts we have implemented over the past two years. All of these efforts are monitored closely to capture the time, location, and attendance of participants engaging in and completing the professional development. In addition, we have asked all participants to complete a survey evaluating the quality of the professional development activity. Finally, we asked all participants to complete one last survey that asks them to self-assess their implementation of the targeted practices. All of this data is recorded electronically; and all surveys completed are stored electronically or are completed through IU's online survey tool, Qualtrics.

In addition to those ongoing measurement practices, we have also put in place additional measurement protocols that are specific to each improvement strategy. For example, for our efforts to improve family assessment practices, we randomly sample and review completed family assessments to evaluate their completeness and quality of data. For the professional development aimed at improving home visiting practices, we have two additional measures. First, we employ an observation and self-assessment tool for measuring initial and ongoing practice fidelity. Initially, the agency coaches (trained by IU staff)

conduct an observation of a home visit (via video) using a checklist (see Appendix B) of all eleven home visiting practices (shared above on page 8) covered in the two training days. IU coaches observe the same video and complete the same checklist. Conversations between IU staff and agency coaches have allowed them to compare observations and informally assess consistency prior to coaching sessions. Formal measurements of reliability could be conducted based on the checklist data, but they have not yet been done. During the initial coaching sessions, the coach compares his/her observations with the provider's self-assessment of his/her practices. IU coaches observe the initial sessions (and then a sampling of ongoing sessions) to provide support and complete a fidelity checklist based on Practice-Based Coaching (PBC) practices that should be present. After the initial session, we developed and use a measure for assessing ongoing practice-based coaching strategies that are implemented by agency coaches. Agency coaches and IU coaches complete an observational form based on the practices the provider has decided to work on. Coaches and providers meet monthly, so each month the provider uploads a new video and the agency and IU coaches observe the video prior to the coaching session. Another complete assessment of the eleven home visiting practices will be completed at the end of this year by the provider, the agency coach and the IU coach to measure impact.

Currently, much of our data is stored and managed across the following systems:

- Registration and participation in our professional development activities occurs via Indiana University's Events and Conferences database and portal
- Completion of our online module and webinars is captured in the State's Training Central system
- Participant surveys and evaluation of our professional development are collected through Indiana University's web-based survey tool, Qualtrics.
- Follow-up onsite evaluations and observations are recorded electronically and securely stored on IU's Box cloud drive
- Data on all First Steps services and impact are stored through databases maintained by the state and Indiana University and are merged to enable ongoing data analyses through the use of Tableau software.
- Monthly progress reports/meeting minutes are saved on IU's Box, are shared monthly with the State as part of their monthly billing/reporting and are included in reports shared during our quarterly meetings.

2. How the State has demonstrated progress and made modifications to the SSIP as necessary

We have demonstrated significant progress this past year in comparison with previous years. This past year marked our second full year in implementing all four improvement strategies using the evaluation procedures described above. By comparing this year with the previous year, we have observed progress in the following measures:

- A majority of First Steps providers have now completed the exit skills assessment learning module (see page 12)
- A significantly higher percentage of the initial assessment files we reviewed included a family assessment (see page 12)

- Two hundred and fifty-seven practitioners successfully completed our first professional development series for improving home visiting practices
- All nine SPOES and 39 local service agencies received and had the opportunity to discuss data concerning their program's efforts to positively impact children and families
- All professional development activities were highly rated by participants, with specific feedback and suggestions used to tweak and improve our offerings this past year (see page 9)

The results of our assessments of participant engagement, professional development quality, and impact have supported changes to our current implementation efforts, which are being used to inform next steps in SSIP implementation (see Section F below). The following list indicates how progress data have influenced changes in this year's implementation of improvement strategies and next year's plan:

- 1) Improving Initial/Exit Assessment Practices: Analyses of successful completion data is being used to track which providers have and have not completed the online module. This data will be shared with program supervisors as part of a feedback loop in ensuring all providers are trained.
- 2) Improving Family Assessment Practices: Reviews of completed family assessments and conversations with SPOE administrators have identified the need for additional professional development and fidelity assessment, which will be implemented this next year.
- 3) Improving Home Visiting Practices: Our analyses of participant feedback from the three days of professional development completed last April led to major changes in how we approached professional development this year. These changes included the adoption of implementation science principles and practices, and professional development support that includes ongoing coaching of individual providers. Anecdotal reports from our agencies, coaches, and coachees are being compiled through June. Tentatively, we have begun to identify small improvements to our current efforts, including the need to translate the face-to-face training to online learning modules to increase access; and the need to make greater use of current technologies (e.g., Torsh for online video and coaching feedback, Zoom or Skype for online coaching meetings) to accommodate busy providers.
- 4) Improving the use of data to inform decisions and continuous quality improvement: Implementation of this improvement strategy has received very positive feedback from First Steps agencies. We will continue to meet annually with agencies to provide more in-depth data on their program, staff recruitment and retention, family engagement, and child and family outcomes. Also, earlier efforts identified significant variation in the amount and quality of professional development and program improvement efforts carried out by our agencies. This coming year we will implement an informal assessment of each agency's readiness and capacity to engage in ongoing program improvement efforts. We envision that this data will provide important information concerning how we direct future professional development supports.

We are not making any modifications to intended outcomes (including the SIMR).

3. Stakeholder involvement in the SSIP evaluation

As noted above, we provide periodic reports on our SSIP efforts to the Governor's ICC, including the ongoing evaluation of our implementation efforts and impact. This past year, we provided complete data on those efforts and impact at one of the ICC's quarterly meetings. In addition, we provide electronic copies of our State APR and this SSIP report. At the next ICC meeting, scheduled in May 2019, we will request time on their agenda to share our evaluation efforts and this SSIP report. Although we have not actively involved stakeholders in our evaluation methodology, we have frequently shared SSIP implementation strategies with stakeholders and received feedback. This has occurred during ICC meetings but also during regional service coordinator focus groups that occurred in the fall (family assessment was discussed).

Finally, as part of our home visiting improvement strategy, the implementation teams, coaches, and coachees are all involved in our ongoing evaluation of this effort. Coaches and coachees complete action plans and self-assessments and IU coaches complete fidelity checklists for observed coaching sessions. This information is shared and discussed at the implementation team meetings and provide team members with the opportunity to effect changes locally within their agencies/SPOEs.

D. Data Quality Issues

1. Data limitations and quality of the evaluation data

The first improvement strategy in our theory of action is designed to address identified data quality issues due to inconsistent and poor exit assessment practices in the past. Analysis of the number of providers who have successfully completed the online module and our follow-up survey would suggest that the majority of First Steps providers are receiving the desired information. Analysis of data quality (presented in Appendix A) suggests that data quality issues are being addressed and overall data quality has improved significantly. We will be providing additional professional development to members of our regional Assessment Teams in April 2019. These individuals are charged with conducting the initial evaluations/assessments of entering children. We have identified some instances in which these professionals fail to enter the correct 'initial assessment codes' in those instances where professional judgement would suggest the presence of a developmental delay.

One limitation we have is the capacity to assess the fidelity in which practitioners carry out the exit assessment process. One of our two measures is the successful completion of the module, which requires participants to successfully complete short quizzes throughout the module. Our second measure is to apply the tools provided by the federal TA centers to assess data quality, which has improved considerably. We do, however, receive anecdotal reports concerning the completeness and accuracy of the exit assessments that are handed in to our nine SPOEs, but have not identified a simple cost-effective strategy for observing practice fidelity.

Another limitation from this past year that will be addressed next year is measuring the fidelity with which service coordinators implement the family assessment protocol. Our evaluation of completed family assessments indicate a strong need to provide supplemental professional development and to work with the SPOES to develop and implement practice fidelity assessments this next year.

E. Progress Toward Achieving Intended Improvements

1. Assessment of progress toward achieving intended improvements

(please see Appendix A for more provide detailed data presentations)

a. Infrastructure changes that support SSIP Initiatives

Over the past year, Indiana has continued to leverage internal and external funds and resources to support implementation of our four evidence-based strategies. We have:

- Solicited and maintained funding to establish and implement a professional development system that is targeting the first three evidence-based practices.
- Implemented key changes to our state’s monitoring and quality review process to support data collection and evaluation of our impact on two evidence-based practices (exit and family assessment practices), and to support the implementation of our fourth evidence-based practice on leadership (data-informed decision making and continuous quality improvement) by introducing the use of data dashboards to guide decision making and to adopt key CQI practices for program improvement.
- Continued ongoing efforts to include the development and sharing of data dashboards with leadership at state, regional, and local levels.
- Expansion of state staff with assignments to help shepherd policy, professional development, and quality assurance efforts.

b. Evidence that evidence-based practices are carried out with fidelity and have impact

The following bullet points summarizes the data we have collected to assess the knowledge and application of our four, targeted evidence-based practices.

- 1181 out of approximately 1367 (86%) providers have successfully completed our online learning module for implementing high quality exit assessment practices.
- Analyses of FFY2016 and this year’s child outcome data identify significantly fewer instances of numbers that fell outside of expected ranges. As part of OSEP’s Part C Results-Driven Accountability Matrix findings, Indiana’s outcome data successfully met requirements concerning data completeness ($\geq 65\%$ of children included) and data anomalies (14 out of a possible 15 points).
- The Quality Review team reviewed 358 Family Assessments as part of the compliance verification on-site visit protocol. During the 2018 fall on-site visit, 478 initial IFSPs (Individual

Family Service Plans) were reviewed for fidelity. When the family assessment was reviewed, we looked to see if the family assessment was fully completed (no blanks):

- 36 family assessments were in the child's file and were fully completed
 - 422 family assessments were in the child's file but were not fully completed
 - 20 files did not have a family assessment in the child's file (SPOE unable to locate)
 - Of the 36 child files that had a completed family assessment, only 23 had family concerns that were translated from the family assessment into a child or family outcome on the initial IFSP.
- Post-training surveys of last year's participants in our home visiting professional development indicate that:
 - 100% indicated that the training was practical to their needs and interests
 - 100% indicated they were more knowledgeable on the topic that they were before attending
 - 94% indicated that they were satisfied with the training

c. Outcomes regarding progress toward short-term and long-term objectives

From previous year's SSIP reports, we identified three short-term objectives:

- 1) Providers' content knowledge of the three evidence-based practices (EBPs) has increased
- 2) Providers' skills for implementing the 3 EBPs has increased
- 3) State and local decision makers' knowledge and skills for using progress data to make decisions has increased

A summary of the data presented above indicates that we have met the first objective *with participating* First Steps providers- post training surveys indicate that well over 80% of our participants reported their knowledge of the specific practices increased.

As for the second short-term objective, we are finding that practitioners who have completed the professional development on exit assessment practices appear to have increased their skills and that associated data quality issues continue to improve. The data on implementing family assessment practices present a mixed outcome picture. While all service coordinators are now implementing the family assessment protocol, quality reviews of the completed assessments and anecdotal reports/observations suggest that there is a continued need for professional development.

Finally, surveys asking participants to self-assess their home visiting practices, specifically their level of skill and confidence in having challenging conversations with families. We found that 97% of the survey respondents expressed satisfaction with the knowledge and skills gained from the training.

FA Section	Number reviewed	Number with completed information	Percent complete
Child/Family Info completed at top of form	657	639	97%
Declined assessments by family	82	n/a	n/a
Average routines completed (total of 8)	567	522	92%
Family Strengths completed	567	405	71%
Family concerns completed	567	464	82%
Life events section completed	567	495	87%
Summary section completed	567	410	72%
IFSP reflects family concerns/priorities	567	358	63%

For the third short-term objective, we have just begun work on this evidence-based practice and have not fully assessed the impact of our initial work and technical assistance.

d. Measurable improvements in the SIMR in relation to targets

A number of data analyses were conducted and are presented in the Appendix (*Updated Data Analyses*). Our SiMR is to *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*. Our analyses indicate the following:

- Overall, we found a 2% increase in the percentage of all children showing substantial increases in their social-emotional development (from 53.6% to 56.0%).
- Over the past four years, we have seen significantly less variation due to data quality concerns when comparing our nine regions, with six of the nine regions falling within 1 SD of each other (46.9% to 62.4%). FFY 2017 data suggest major improvement such that future regional differences may be more likely due to impact differences than data quality issues.
- There was a 3% increase in the percentage of African American experiencing substantial improvement in their social development when compared with last year's percentages. Proportionally fewer African American children (49%) experience this outcome when compared with White children (58%) and the state average (56%).
- There was a 4% increase for children in our lowest income group experiencing substantial improvement in their social development when compared with last year's percentages. Fewer

children from our poorest families (53%) experienced substantial improvement in this outcome area as compared with children from upper family income groups (58-64%).

- Families of African American children were more likely to exit First Steps by withdrawing or failing to participate in services (28%) than families of White children (20%) --a slight decrease from last year's analyses.
- Our lowest income families were also more likely to withdraw from First Steps or fail to participate in services (27%) as compared with upper-income families (14-17%). This rate is comparable to our analyses for the past 3 years.
- Overall, fewer African American children (26%) and children in extreme poverty (28%) exit First Steps no longer needing specialized services as compared to their White (35%) or higher income (37-44%) peers. These numbers reflect an increase when compared with last year's numbers.

F. Plans for Next Year

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

Indiana's plans for SSIP implementation, for this year and next, are summarized below and organized under each of our four improvement strategies

Improve Exit Assessment. With approximately 70% of providers having completed the exit skills module, we will communicate with 30% of providers who have not yet complied with this requirement and provide clear directions and timelines for completing this professional development requirement. Second, we need to find ways to assess the quality of these assessments. To that end, we have surveyed provider agencies to ask them how they are currently monitoring the quality of assessments. There may be some obvious "red flags" (e.g., a line through all the same answers across the page, a checklist that indicates a child has mastered 3 year old skills when the child is 1 year old) that we can turn into a simple rubric for identifying problematic assessments. We will then use this rubric during our quality review visits in the fall to review a sample of exit assessments and determine how many are clearly problematic. In addition, we will continue to work with Indiana University to adopt the draft chapter on assessment for our state's best practices manual.

Improve Family Assessment. Based on the extensive fidelity, observational and stakeholder interview data we have gathered since implementing the family assessment, there is a need for follow-up professional development. This next year, we will develop a professional development module that will focus on both fidelity concerns (i.e., how to complete the form) as well as quality concerns (i.e., interviewing skills to facilitate comfortable conversations about personal topics). This module will be built sustainably, with stakeholder input, to support SPOEs as they hire and train new staff over time. Third, we will continue to provide the training on developing appropriate and high quality IFSP outcomes, referenced earlier, until service coordinators from all SPOEs have participated. An emphasis of this professional development will be how to translate the child and family assessments into

functional IFSP outcomes that address family priorities and concerns. This professional development will be made available to the remaining three SPOE offices by June 2019.

Improve Home Visiting. This year we integrated implementation science practices into our professional development on home visiting practices. The agencies we are working with are positive about their experiences and level of engagement; however, we have encountered challenges concerning each agency's capacity to fully participate (e.g., time, lack of funding). Each agency is asked to make a tremendous investment (e.g., multiple days of professional development, monthly coaching observations, quarterly meetings), and establishing full implementation of both the home visiting practices and the internal practice-based coaching supports will take more than one year. Because of the long term challenges and need for investment, we will continue our work with the eight agencies and focus on expanding the number of providers working on home visiting practices and strengthening internal coaching supports within those agencies. Our goal is to move from initial implementation to full implementation with those agencies over the next year. Depending on the success of those efforts, we will revisit our plans next year to determine our need to continue supporting these agencies and the press to scale up our efforts to the other agencies.

Also, in partnership with IU, we will explore converting our face-to-face professional development into online modules that we will make available to providers within these agencies. We are finding that we need to develop professional development options that decrease the time providers have to take away from their caseloads. This change in format will also increase the sustainability of the professional development as we scale up to more agencies in future years.

A third activity for this next year is to further explore strategies for implementing and expanding how we implement practice-based coaching. There is a need to explore options that address provider time constraints and move us away from requiring face-to-face meetings and embrace both online and possibly asynchronous, coaching formats (e.g., coaches and providers exchange comments and feedback using the online coaching platform rather than meeting face to face).

Finally, we will strengthen our use of the implementation science practices concerning implementation stages and assessing implementation drivers/program capacity in our work with agencies and their implementation teams. We will continue to seek ways to utilize agency implementation teams in this work so that the agency has a strong handle on needed infrastructure and leadership requirements that must be in place for these practices to be sustained and expanded after IU support is lessened or removed.

Improve data usage/CQI. As part of our upcoming provider agency visits that occur each spring, we will continue to provide rich data dashboards to agencies to highlight both strengths and areas of concern and inform their decision making (see Appendix C for a sample dashboard). This spring and following year we will also conduct interviews with agency administrators to assess each agency's readiness and capacity to engage in ongoing program improvement efforts. We envision that this data will provide important information concerning how we direct future professional development supports. During

these 1.5-2 hour meetings, IU staff will use data visualization to share relevant information with agency directors and encourage conversations that will inform their decision-making. IU staff are always available for follow-up technical assistance.

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

Much of the same evaluation plan originally proposed in our Phase III SSIP will continue, with greater emphasis on enlisting agency leadership and our contractors in conducting additional fidelity assessments. We are still learning lessons from this year, as coaching is new to our system and we did not begin with consistency until late 2018. Participating agencies/SPOEs still need a lot of support and technical assistance and we are still exploring how to incorporate software effectively into the coaching protocol.

Practice	Practice Timeline	Evaluation	Evaluation Timeline
Exit Skills Possible follow-up webinar in spring 2020 based on upcoming focus group responses	Spring 2020	Create a rubric for looking at exit skills checklists during QR fall review—look for simple “no-no’s” Conduct focus groups w/ ongoing providers concerning the exit assessment module; use info to compare to qualitative data gathered pre-module. This could guide a possible follow-up webinar.	Fall 2019 Fall 2019
Family Assessment Follow-up PD—recorded webinar—consider whether to fold in outcomes information here or create something separate	Fall 2019 (outline to state/SPOEs in May/June)	Continued fidelity checks during verifications and fall review Develop and pilot observations of FA to develop follow-up fidelity assessments addressing practice quality	Fall 2019 Fall 2020
Home Visiting Recorded webinars-content from HV Year 2 training days for incoming coaches and coachees	Summer 2019 Summer 2019	Collect survey data on webinars Collect their self-assessments (pre), do initial observations of all practices (agency coaches	Summer 2019 and on-going

Practice	Practice Timeline	Evaluation	Evaluation Timeline
<ul style="list-style-type: none"> How many new coaches/coachees will we have? <p>Recorded webinar-content from PBC training day for new coaches</p> <ul style="list-style-type: none"> Include a mock coaching session role play <p>Create permanent online modules for this content?</p> <p>Continue to use software to support coaching</p>	<p>Release spring/summer 2020</p>	<p>and IU coaches), completed action plans (same as last year)</p> <p>Collect survey data on webinar, do fidelity checklists for all observed coaching sessions</p>	<p>Summer 2019 and on-going</p>

3. Anticipated barriers and steps to address those barriers

We anticipate two continuing challenges for the upcoming year. First, our providers are very busy and asking them to spend time on their own professional development takes them away from their high caseloads (service coordinators) or from serving children and their families (and, therefore, their income). We are exploring the further use and tools of the online coaching applications to provide more virtual coaching supports that lessen the need for additional travel and meetings. The second challenge will be working with our local and regional agency administrators to assume important leadership and supervisory roles that support their staff in adopting the evidence-based practices we are targeting. These personnel are very busy, often carrying caseloads of their own, consequently balancing evidence-based leadership and supervisory practices with real time constraints will be difficult. As part of our upcoming spring visits with 20 of the 39 agencies, we will ask all administrators to complete a short survey and interview protocol that assesses their interest and capacity for supporting professional development and program improvement within their agency. This assessment will be based on the competence, leadership, and organization drivers put forth by the National Implementation Resource Network (NIRN).

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

We are not planning to seek out additional support or technical assistance at this time. Our experience with previous TA has been positive (e.g., fiscal, NCPMI) and helpful. Our work this next year is to integrate what we have learned into our ongoing SSIP work in order to make the best use of all of the information we have received. Given our current capacity, we feel it is best to not take on additional TA at this time so that we can be intentional about our PD efforts next year.

Appendices

- A. Data analyses
- B. Improvement strategy and practice fidelity assessments
- C. Sample data dashboard

Appendix A

Data analyses

Appendix A. Updated Data Analyses

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

Presented below are outcome data for children exiting First Steps for the past four years, compared with national FFY 2016 data from OSEP. In Figure 1 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 for all three outcome areas. Over the past five fiscal year (2017), there have been small increases across the three outcomes.

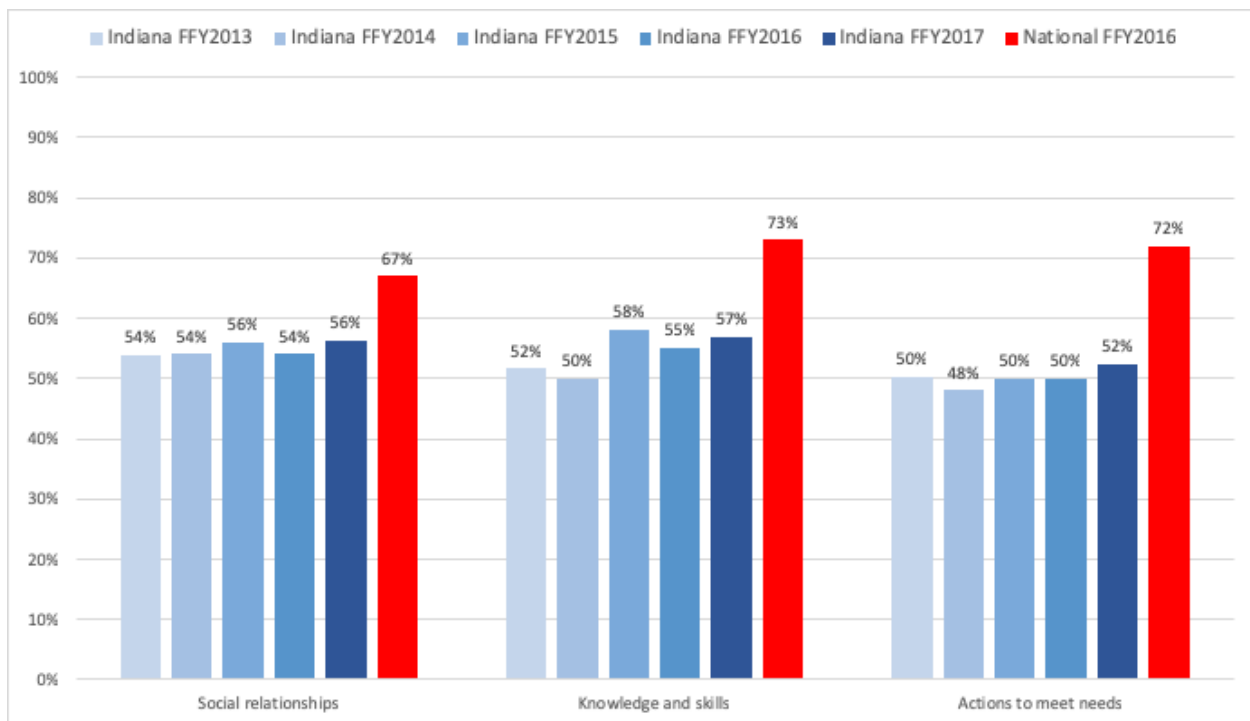


Figure 1.
Indiana and national outcomes for Summary Statement 1: Substantial increases in rate of growth

Figure 2 below examines the percentage of children exiting within age expectations across the same three child outcome areas: Social relationships, Knowledge and skills, and Actions to meet needs. Indiana continues to compare favorably with the national sample, even exceeding the national averages across all three outcomes. Children receiving early intervention services in Indiana are slightly more likely to exit within age expectations in Outcome 1 (Social relationships), and much more likely to exit within age expectations for Outcomes 2 (Knowledge and skills) and 3 (Actions to meet needs). There was a decrease in the percentage of children existing within age expectations in all three Outcomes this past fiscal year, but this may be due to Indiana's ongoing data quality improvement efforts.

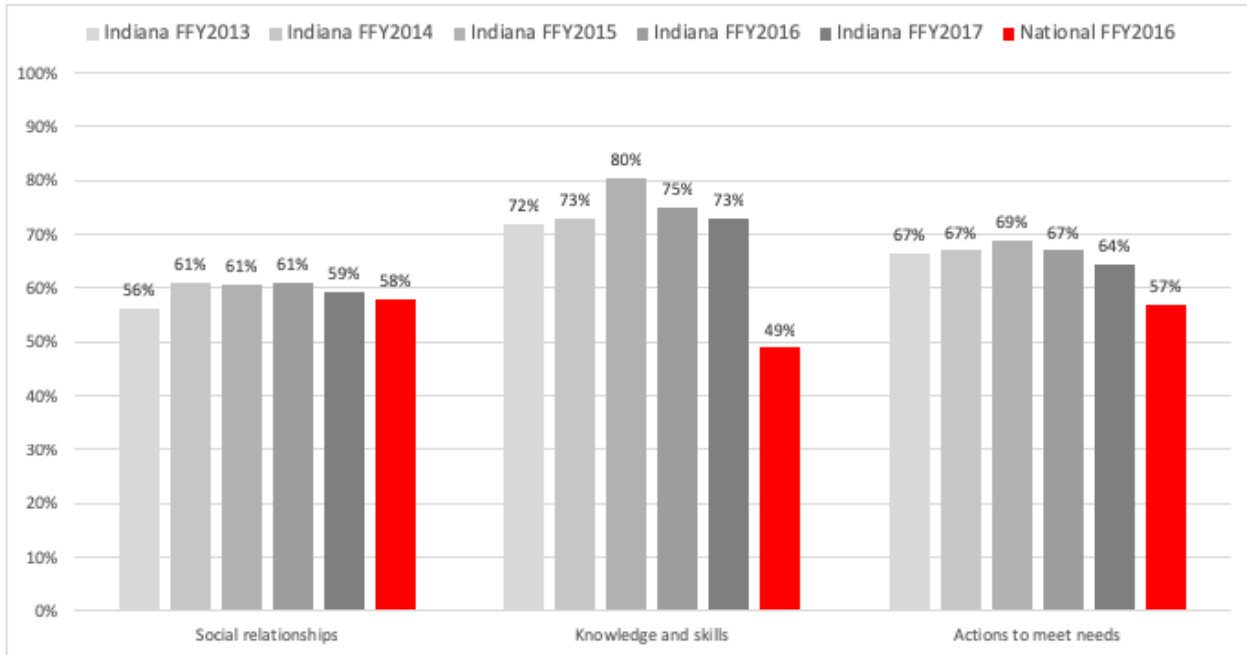


Figure 2.
Indiana and national outcomes for Summary Statement 2: Exited within age expectations

2. Comparison of Indiana’s FFY 16 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 indicate significant variability and data quality issues throughout the state. Over the past three years, a common data collection measure for determining children’s progress was developed and disseminated throughout the state. Figure 3 below highlights the percentage of children experiencing Outcome 1-Social relationships for both summary statements: SS1, the percentage of children making substantial improvements; and SS2, the percentage of children functioning within age expectations.

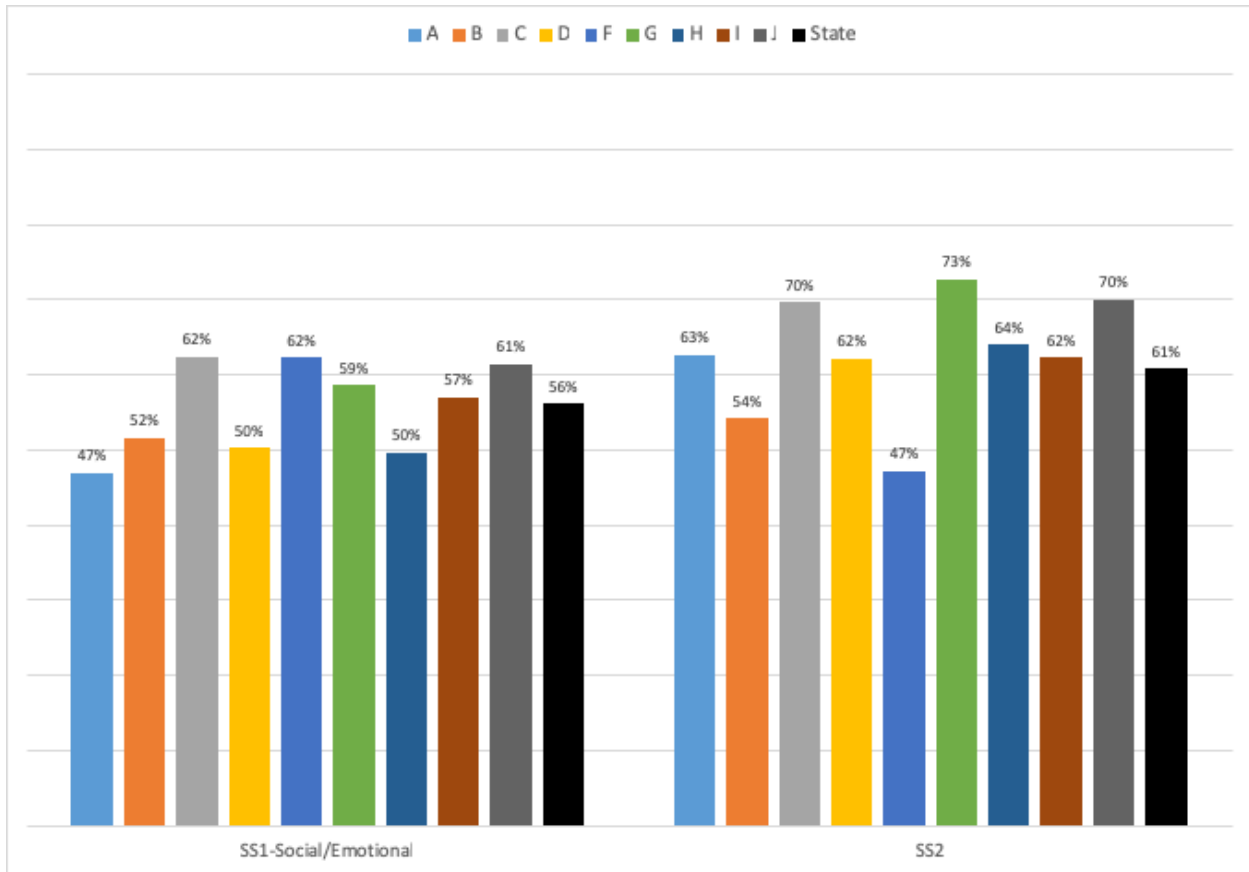


Figure 3. Variations in social-emotional outcomes across the nine SPOEs in Indiana

While there appears to be considerable variation across the nine SPOEs (e.g., 47% to 62% for SS1, a difference of 15%), we have seen considerable improvement in reducing this variation and addressing data quality concerns. Figure 4 shows a 62% decline (from 39% to 15%) in ranges over the past six years, representing significant improvement in or state’s data quality efforts. This variation and overall data quality have been one of our original SSIP improvement strategies—providing professional development that increases effective exit assessment practices among providers. Given that we are still seeing variation across SPOEs after improving our data quality, we have taken steps to support SPOEs reporting lower outcome data. These SPOEs have received additional training related to outcomes and will be targeted to participate in additional training opportunities in the next year. A member of our team as well as IU staff are also visiting these clusters to provide intensive TA as needed.

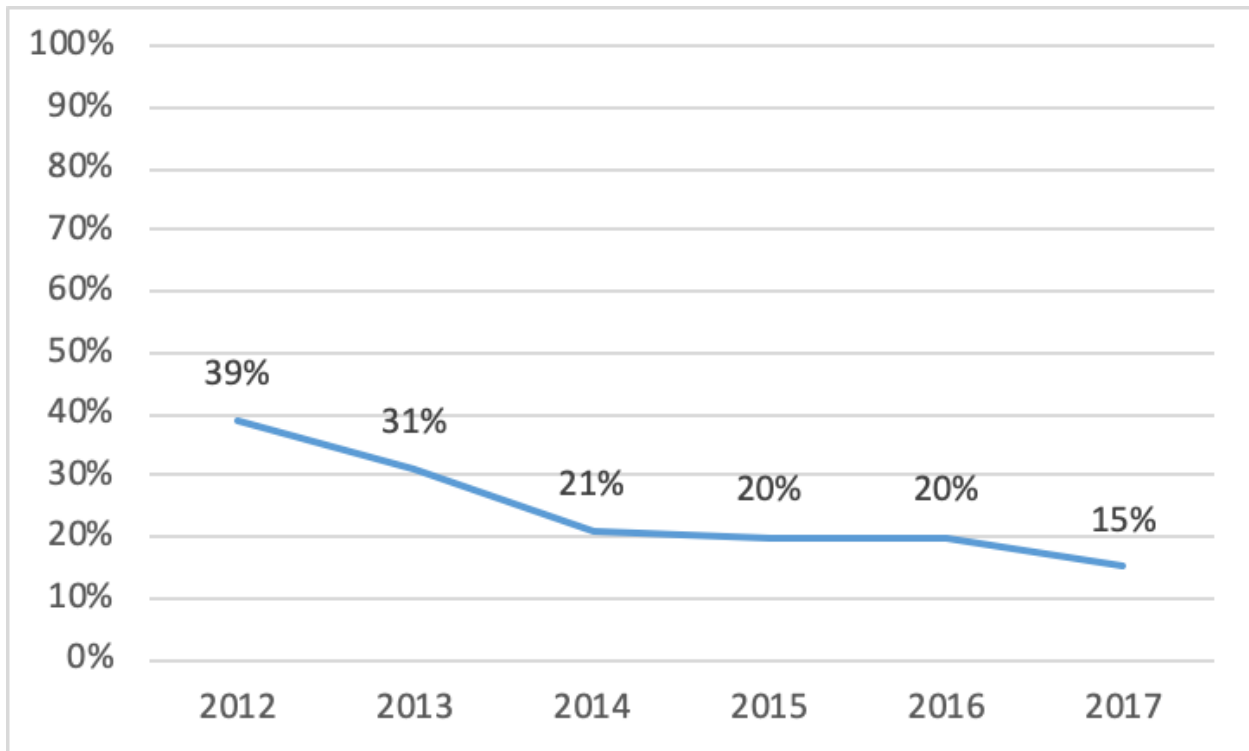


Figure 4. Differences between low and high SPOEs based on the SS1 Social-emotional outcome measure across six years

3. Disaggregate Indiana’s FFY 15 Outcome 1 (Social-Emotional development) Data by:

a. Race

Presented below in Figure 5 are the social-emotional outcome and summary measures disaggregated by children’s race. The differences among children of color, particularly African American children, informed the development of Indiana’s State-identified Measurable Result. When compared with White children, fewer children of color experience positive social emotional outcomes, including the percentage of children who experience substantial improvements or exit functioning within age expectations. Overall, we see lower percentages of African American children experiencing both substantial improvement or functioning within age expectations in social-emotional development when compared with children in all other races. This year we also see a drop in the percentage of Hispanic/Latino children showing improvement in social emotional development.

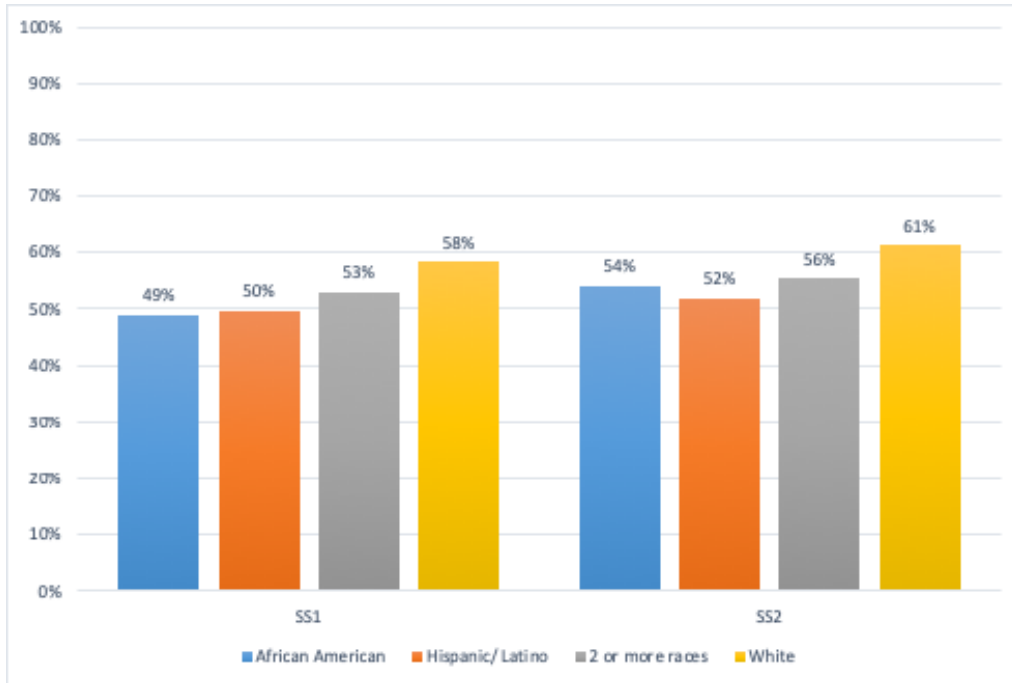


Figure 5. Percentage of children by race experiencing positive social-emotional outcomes

The following figure, Figure 6, presents trend information concerning social-emotional outcomes (SS1) by race. African American children continue a trend that falls below the other three groups, although the percentage of Hispanic children demonstrating substantial gains in their social-emotional development have dipped over the past two years and are comparable with African American children.

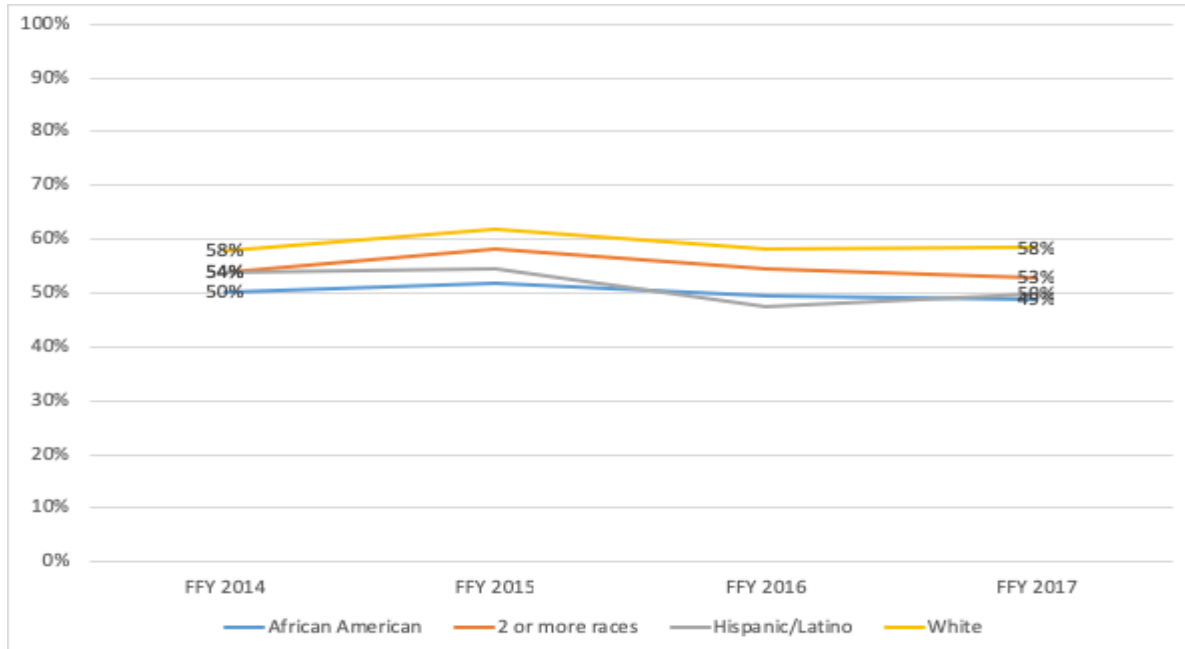


Figure 6. Percentage of children by race experiencing positive social-emotional outcomes over time

In summary, we are recommending that Indiana continue with its SiMR focusing on social-emotional outcomes, particularly for African American children.

b. Family Socioeconomic Status

Presented below in Figure 7 are the child outcome (Social-emotional) 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 key difference—families in Indiana’s First Steps program are allowed to *deduct* major child expenses (e.g., medical, personal care) from their income in calculating this statistic. Since the Federal Poverty Level (FPL) is a continuous variable, children were grouped into five categories: families with an FPL 0-100%, 101-200%, 201-300%, >300%. The majority of children served in First Steps are in the two lowest family income groups.

In FFY 2017, as in previous years, there appears to be a positive correlation between family income and positive social-emotional outcomes—as family income rises, the percentage of children experiencing positive outcomes also rises. Proportionally fewer children from our lowest income families ($\leq 100\%$ FPL) experience positive social-emotional outcomes when compared with children in all other family income groups.

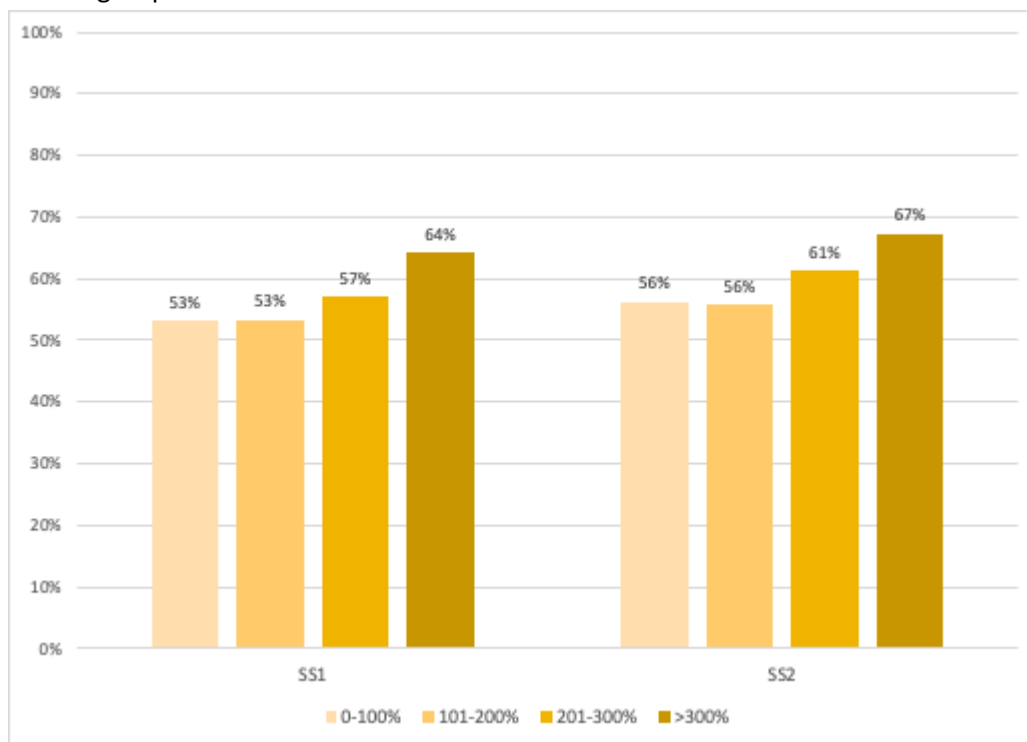


Figure 7. Percentage of children by family income experiencing positive social-emotional outcomes

A trend analysis for children by family income and social-emotional outcomes (SS1) was also completed and is presented in Figure 8 below. There have been some year-to-year variations across all four groups,

but there have been only minor changes over the four-year period. Children in lower income groups are less likely to experience positive social-emotional outcomes.

In summary, we recommend that Indiana continue with its SiMR focusing on social-emotional outcomes, particularly for low income children.

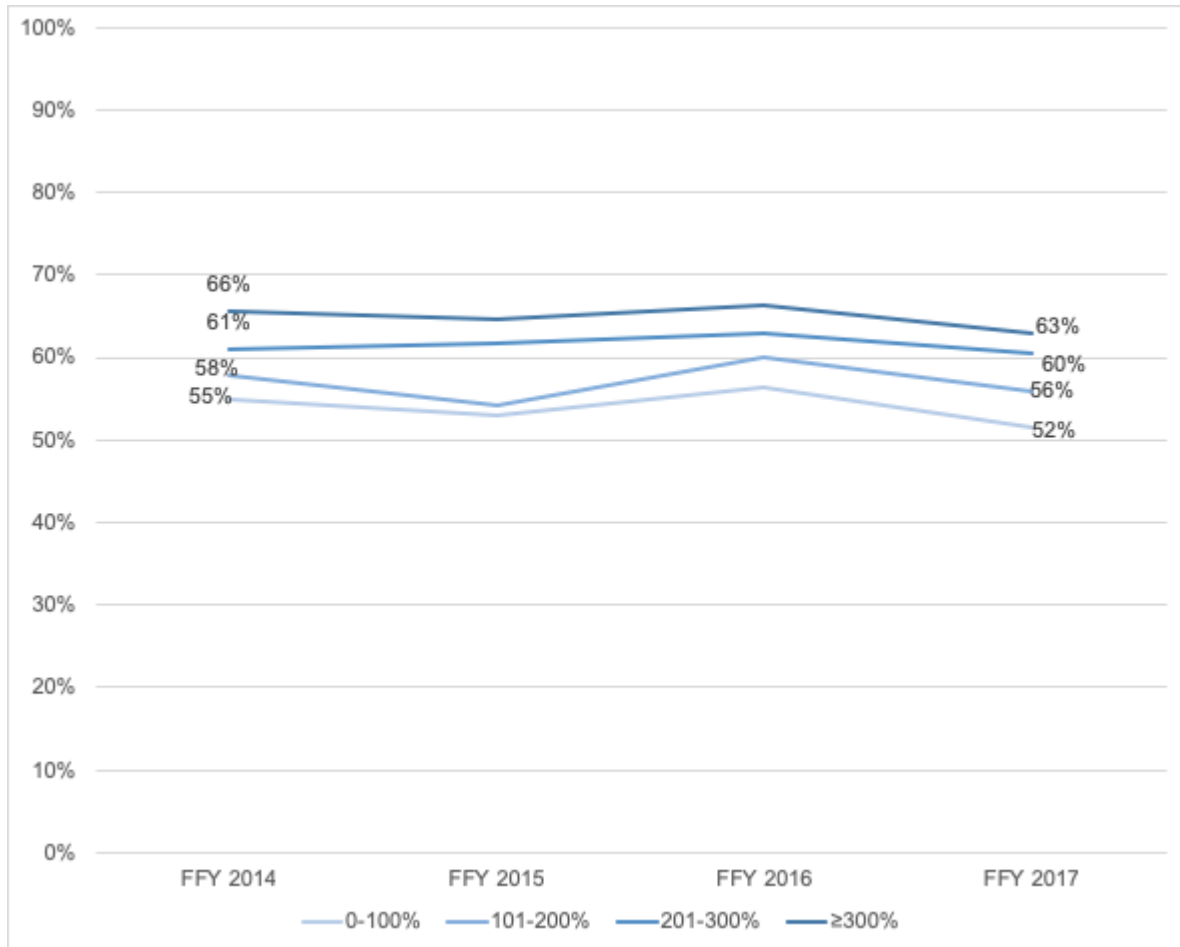


Figure 8. Percentage of children by family income experiencing positive social-emotional outcomes

4. 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 transition outcomes were conducted. Indiana’s Part C program records exit/transition outcome data on all children and families leaving First Steps. While a number of transition outcome codes are utilized, they can be categorized into one of five groups:

- Family opts out of services by formally withdrawing
- Services discontinued due to lack of family participation
- Family moves out of state or location is unknown

- Child exits to Part B special education services
- Child no longer needs or is no longer eligible for Part C services

Figure 9 below highlights the proportion of children exiting by reason and by race. There appear to be differences in transition outcomes across the four groups based on the child’s race. When compared with White children, African American children are more likely to exit because families withdraw or discontinue their participation in First Steps (28% versus 20%) and are less likely to exit no longer needing specialized services (24% versus 35%). These results mirror those from previous years; however, the percentage of African American children exiting due to a lack of family engagement has decreased since last year.

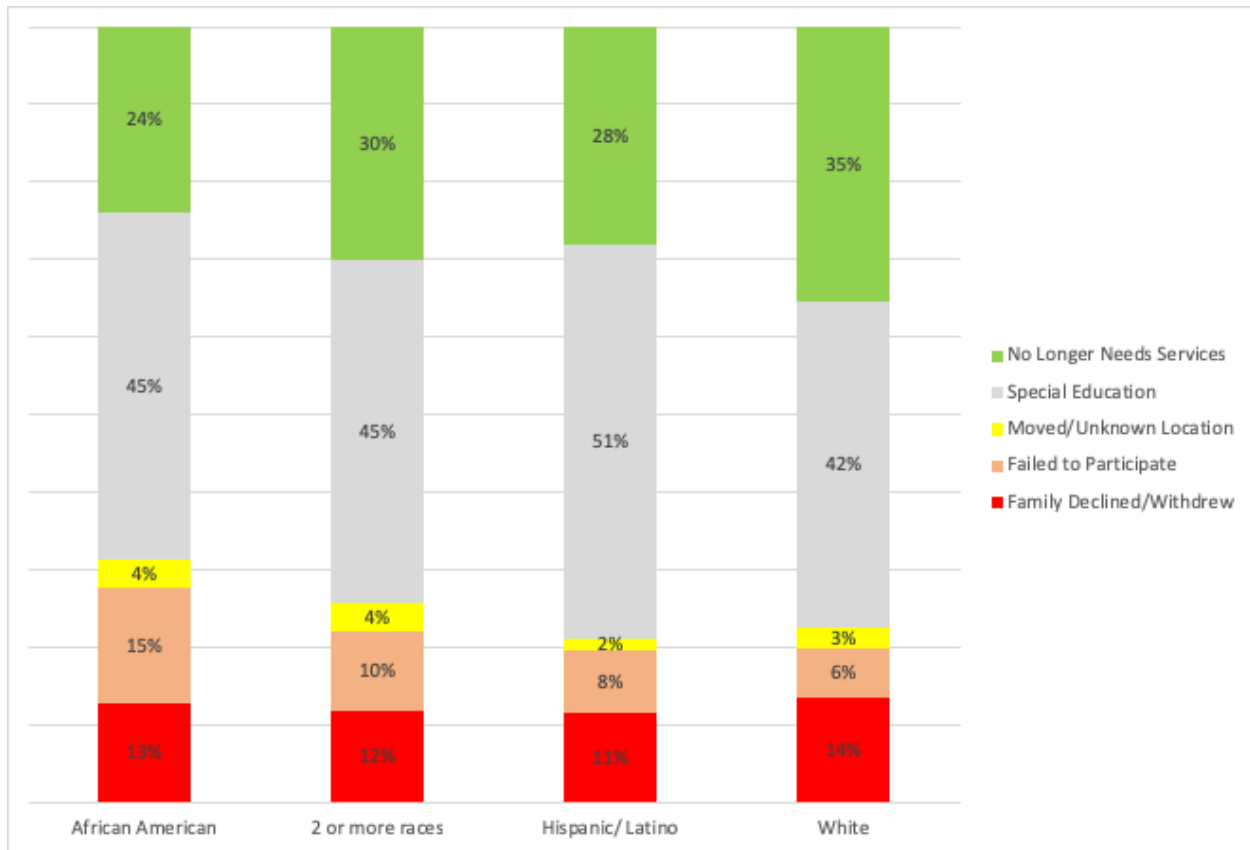


Figure 9. Percentage of children exiting First Steps by reason and by race

In summary, these results call into question differences in families’ engagement in First Steps and our success in engaging all families, particularly African American families.

Figure 10, which follows, highlights the proportion of children exiting by reason and by family income. 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. When compared with children from upper incomes, children from the poorest families are more likely to exit because their families withdraw or discontinue their participation in First Steps (27% versus 14%,

respectively), and are less likely to exit no longer needing specialized services (28% versus 44%, respectively). These results mirror those from previous years.

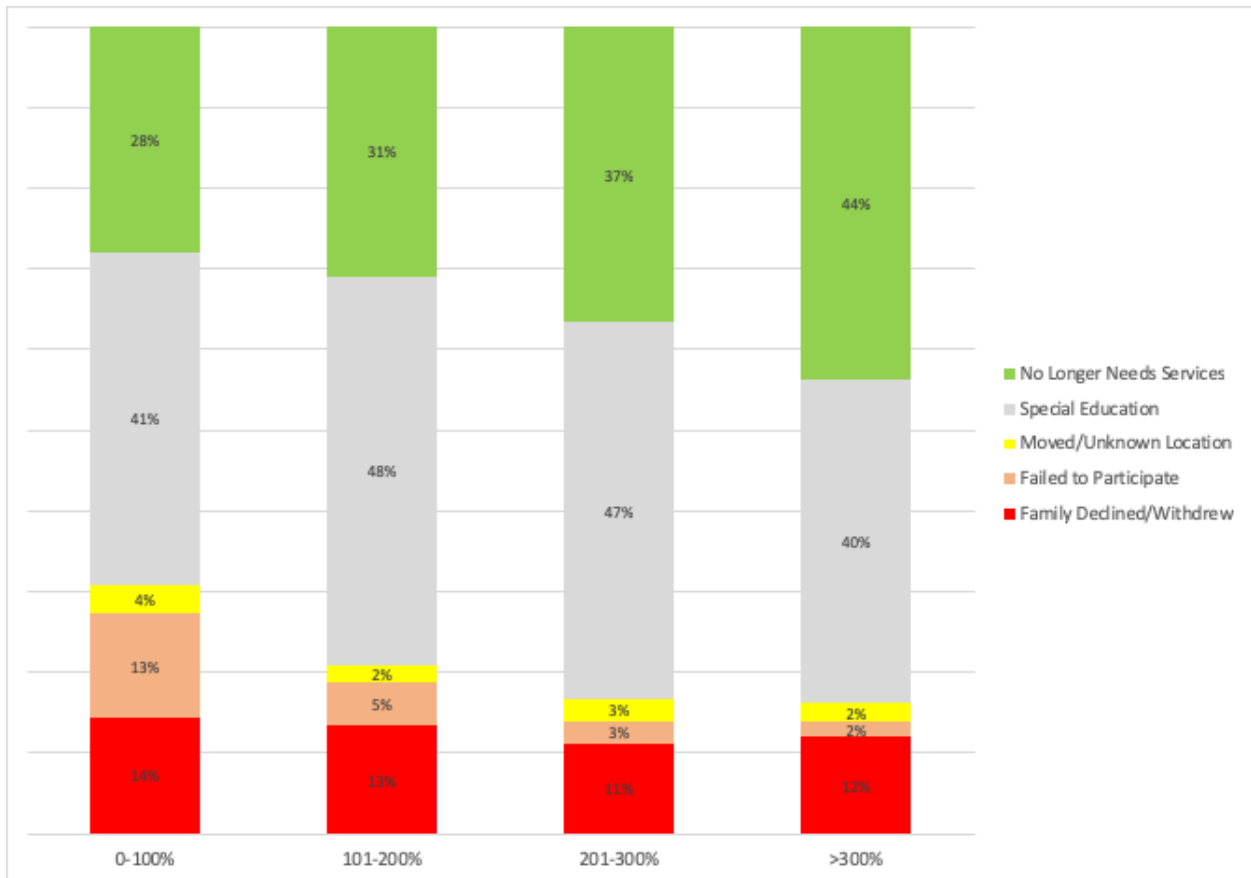


Figure 10. Percentage of children exiting First Steps by reason and by family income

In summary, these results call into question differences in families’ engagement in First Steps based on family income; and our success in engaging all families, particularly our lowest income families.

Appendix B

Practice Assessments

Appendix C

Sample Data Dashboard