

## Indiana’s State Systemic Improvement Plan: Phase III (FFY 2015)

### A. Summary of Phase III

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

The Indiana First Steps program (Part C) began working on its State Systemic Improvement Plan (SSIP) in 2014. Through the data analyses recommended by the Office of Special Education Programs (OSEP) and its technical assistance agencies, Indiana identified its area of focus or State-identified Measurable Result (SiMR). Our SiMR is:

*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.*

From our analyses, we identified possible contributing factors explaining why certain populations of children and families were not benefitting equally from our state’s early intervention services. These factors were organized into improvement strategies and presented as our state’s theory of change (see Figure 1).

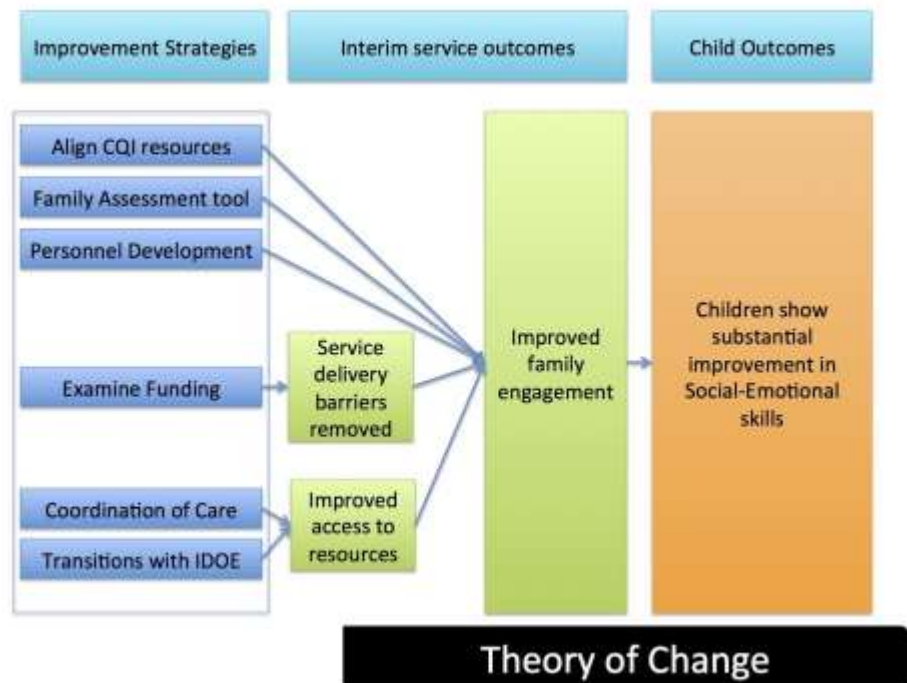


Figure 1. Indiana First Steps Theory of Change

Since that time, Indiana’s First Steps Program has undergone significant personnel changes and has been unable to execute much of its Phase II Plan, including the proposed coherent improvement strategies. In the past year alone, Indiana has had 2 acting Part C coordinators and a period of time when there was

no coordinator. It was not until the beginning of September that our current coordinator was hired and able to initiate execution of our Plan.

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

The principal activities we have employed over the past six months include:

- Evaluating current exit child assessment practices and identifying areas of concern and needed resources (both infrastructure changes and professional development) for improving these practices in order to address data quality issues originally identified in our Phase I plan.
- Establishing a new family assessment tool and protocol developed by the State Office in collaboration with stakeholders that is currently being piloted throughout the state. That piloting will be completed by April 2017 at which point we will ask all service coordinators in our state to participate in professional development designed to support the subsequent implementation of the new tool and process. Our new family assessment process will help us to meet federal requirements and better align services to families' concerns and priorities by asking intentional questions about daily routines and challenges of the family, and increase family engagement.
- Conducting a current-practice scan of training materials and on-going training that provider agencies use for their staff, related to home visiting practices.
- Creating and funding a new professional development (PD) training system for First Steps providers. This PD system supports activities related to the three improvement strategies identified in the SSIP: the exit assessment, the family assessment, and our third improvement strategy focus--culturally competent home visiting.
- Alignment of current quality review contracts to ensure that quality review work effectively measures the implementation of the evidence-based practices described in this document as well as integrates with evaluations done via our professional development system to make certain practices are implemented as intended.

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

The only evidence-based practice we have been able to support over the past year is our work on crafting and piloting a family assessment tool and standard process to better engage families as they enter First Steps. The new family assessment process has been designed to address two recommended practices from the Division of Early Childhood:

- Practitioners are responsive to the family's concerns, priorities, and changing life circumstances.
- 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.

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

While Indiana has struggled to fully implement its SSIP, we have been able to leverage our resources to assess current challenges and professional development needs among providers throughout the state; and to continue to examine both child and family outcomes and determine if all children (and families) benefit equitably. These evaluation activities have included examining Individualized Family Service Plans (IFSPs) during the annual onsite quality review process to determine the presence of outcomes that focus on social-emotional skills and family needs; conducting focus groups with multiple providers to determine the barriers and challenges to adopting our EBPs; and quarterly analyses of the child and family outcomes data.

5. Highlights of changes to implementation and improvement strategies

With the presence of a full time Part C Coordinator and two new staff in the State First Steps Office, and recent funding for intensive professional development opportunities, we anticipate implementing all of our improvement strategies designed to address data quality issues (improving exit assessment practices), improved understanding of family issues and priorities (new family assessment tool and improved process), and increased family engagement in their child's learning and development (improved home visiting practices) in the coming years. As a result, we have revised our Logic Model to better highlight what we see ourselves accomplishing over the next 3 years. The logic model is presented on the next page.

**Indicator 11 – Indiana’s State Systemic Improvement Plan  
Phase III – Evaluation Plan  
Logic Model**

<b>Resources</b>	<b>Strategies</b>	<b>Outputs</b>	<b>Outcomes</b>		
			<b>Short-Term</b>	<b>Intermediate</b>	<b>Long-Term</b>
<ul style="list-style-type: none"> <li>● State policies and communication promotes the adoption of EBPs:               <ul style="list-style-type: none"> <li>○ Exit child assessment</li> <li>○ Family assessment of concerns, priorities, and resources</li> <li>○ Culturally responsive home visiting</li> </ul> </li> <li>● State funding of professional development</li> <li>● State funding of a quality review system for assessing implementation and impact</li> <li>● Stakeholder involvement:               <ul style="list-style-type: none"> <li>○ State Interagency Coordinating Council Meetings (ICC)</li> <li>○ Division of Disability and Rehabilitative Services (DDRS) Advisory Group meetings</li> <li>○ System Point of Entry (SPOE) Workgroups</li> <li>○ Advocacy &amp; professional group involvement</li> </ul> </li> </ul>	1. Evaluate existing practices to determine fit, capacity, and needed resources for adoption of the EBPs	<ul style="list-style-type: none"> <li>● Number and type of gaps and challenges to implementing EBPs</li> <li>● Number and type of resources needed, particularly professional development</li> </ul>	<ul style="list-style-type: none"> <li>● Providers’ content knowledge of the 3 EBPs increased</li> <li>● Providers’ skills for implementing the 3 EBPs increased</li> <li>● State and local decision makers’ knowledge and skills for using progress data to make decisions increased</li> </ul>	<ul style="list-style-type: none"> <li>● Statewide system for professional development and evaluation established</li> <li>● Providers implement the 3 EBPs consistently and with fidelity</li> <li>● Families’ engagement with First Steps providers and services increased</li> </ul>	<ul style="list-style-type: none"> <li>● All families, including low income and African American families, are engaged in First Steps and support their children’s learning and development</li> <li>● All children, including low income and African American children, show greater than expected growth in all three child outcomes, but particularly social-emotional development</li> </ul>
	2. Operationalize each of the three EBPs into discrete, clear, understandable, and measurable procedures	<ul style="list-style-type: none"> <li>● Written chapters for implementing each EBP included in First Steps Best Practices (BP) manual</li> <li>● Number of providers receiving BP manual</li> </ul>			
	3. Provide intensive professional development to support high fidelity implementation of all three EBPs	<ul style="list-style-type: none"> <li>● Number, type, and accessibility of PD opportunities provided</li> <li>● Number, type and percentage of First Steps providers participating in PD</li> <li>● Number and amount of coaching and/or mentoring provided by supervisors</li> </ul>			
	4. Support data-based decision making at state and local levels through quarterly data reports on implementation and impact of the 3 EBPs and ongoing technical assistance	<ul style="list-style-type: none"> <li>● Number and type of data collection &amp; reporting activities</li> <li>● Number and type of technical assistance provided</li> <li>● Number and frequency of supervisors who participate in data collection, data reporting, and data decision making</li> </ul>			

## **B. Progress in Implementing the SSIP**

### **1. Description of the State's SSIP implementation progress**

- a. Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed*

In our Phase II Plan, we proposed carrying out an evaluation of current practices concerning the three areas of focus that Indiana has chosen to target: child assessment upon exit from the First Steps program in order to address data quality concerns; the family assessment tool and process used to accurately identify the needs, concerns, and priorities of families when initially entering First Steps; and, implementation of culturally competent home visiting practices that will foster greater family engagement. The purpose of these initial evaluations was to assess current capacity and readiness for adopting evidence-based practices (EBPs) related to each target area. This information helps guide the design and implementation of our newly funded professional development system and future evaluation efforts. The following is a summary of our progress for each target area.

Child Assessment upon Exit. During our annual 2016 onsite visits for APR data collection, we asked providers from First Steps agencies to meet with the Quality Review (QR) team to participate in a focus group concerning our current exit assessment process for children leaving First Steps. The QR staff held focus groups in all nine regions of our state and met with 64 providers from 31 (of 40) agencies throughout the state. The conversations centered around the exit skills checklist and exit assessment policies, necessary professional development to improve consistency and accuracy of the tool and process, and procedures for getting to know new families during the first few visits. It was discovered that most providers were informed of state procedures for completing the exit assessment but do not abide by them consistently. The methods by which providers completed the exit assessment also varied (families were or were not included in gathering assessment data). Some providers had questions as to which parts of the checklist they are to complete and which parts the Assessment Team completes. Another concern shared by Assessment Team members was that some ongoing providers were documenting delays at exit where no prior concerns were found. Because Indiana employs the *Assessment, Evaluation, and Programming System for Infants and Children (AEPS)*, many ongoing providers shared that they need to know and understand the tool's criteria more thoroughly in order to complete the assessment. Some even reported that they did not understand the importance of this data or why it was being collected. We are finding that there is not a universal understanding concerning its purpose and how it should be implemented. In summary, it appears that the updated exit assessment tool and process launched two years ago, to address data quality issues, have not been implemented with sufficient fidelity.

Initial Family Assessment. During the same 2016 fall onsite visits we also held focus groups at all nine regional First Steps offices (System Points of Entry or SPOE) to discuss the idea of a standard state family assessment tool. During that time, the QR staff met with 39 service coordinators and Assessment Team members. Information was gathered to review current assessment practices and to get feedback on the drafted state-proposed family assessment tool. Participants were asked when they thought conducting this activity would be most beneficial. Assessment Team members were also asked if they saw value in

using the family assessment information to guide their evaluation of the child. The general reaction was positive. All participants felt the assessment had a good representation of possible daily routines that most families encounter during a typical day. They felt that a face-to-face training would be helpful to learn proper administration of the tool. They also liked the idea of a train-the-trainer model in which one or more supervisors at each SPOE would be trained on how to follow the family assessment protocol. These supervisors would then train the providers in each agency. Focus group participants felt that this model would help current and new service coordinators to receive the proper training as part of their orientation period. The participants believed that the information gathered from the family assessment could guide the development of the IFSP to include outcomes that better capture the priorities of the family.

In January 2017, after several months of discussion and review, the First Steps ICC recommended that the state move forward with a short pilot of the family assessment tool. Staff from Indiana University's QR team designed and offered a one-hour training to a sample of exemplary service coordinators and their supervisors in all nine regions/SPOEs. Twenty-seven service coordinators participated in the one-hour training on how to complete the family assessment tool. The pilot began at the end of February 2017 and will run for six weeks. During the pilot, the QR team will review the completed family assessments, conduct online surveys and focus group interviews with the service coordinators to evaluate the family assessment process, discuss needed modifications, and determine the professional development that will be needed when the tool and process are rolled out statewide.

Culturally Competent Home Visiting. Due to the significant turnover that continued to occur within Indiana's Part C office during this past year, very little progress was made in carrying out any assessment of current home visiting practices. It was a focus area that we were late to initiate and could not be included in the other data collection activities.

Currently, the QR team is in the process of interviewing directors at all 40 First Steps service agencies to determine current home visiting training, practices and challenges; as well as to identify what professional development resources they are using currently. The results of this data will be made available in May and will help guide our professional development contractor as they design and provide training that both helps to *reorient* our providers to a family-centered model of early intervention, and *gives them specific strategies for* addressing family challenges, concerns, and priorities that will foster needed capacity-building.

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

The intended outputs that we have been able to accomplish include the following:

- Our work concerning improving the exit child assessment process:
  - Number and types of challenges expressed by providers in implementing the exit child assessment process for addressing data quality issues
  - Need for written resource that articulates the purpose and specific procedures for carrying out the exit assessment

- Need for statewide professional development to train all ongoing service providers and Assessment Team members on the exit assessment process.
- Specific funding allocated for carrying out the professional development
- Our work concerning the initial family assessment process:
  - Adoption of a state-approved family assessment tool and process
  - Piloting of the family assessment tool and process to determine readiness and capacity challenges/needs
  - Identified the need for a written resource that articulates proper procedures for administering the family assessment tool
  - Identified the need for statewide professional development to train all ongoing service coordinators on the exit assessment process
  - Specific funding allocated for professional development once the piloting is complete
- Our work concerning implementing culturally competent home visiting practices:
  - Initial identification of gaps and challenges in implementing family-centered services (family assessment pilot will yield further information)
  - Allocation of Quality Review resources to conduct an interview of agency directors to better assess current home visiting practices.
  - Specific funding allocated for conducting professional development to improve home visiting knowledge and practices

## 2. Stakeholder involvement in SSIP implementation

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

First Steps stakeholders, including program administrators and service providers, have been informed of, and are a part of, the SSIP implementation activities. Through our State Interagency Coordinating Council (ICC), working committees have been charged with assisting the state and its contractor, particularly around the development and current piloting of the family assessment tool. It was the ICC and System Point of Entry (SPOE) agencies who called attention to possible data quality issues and the possible uneven implementation of the exit child assessment process throughout the state. At each quarterly meeting, information concerning the assessment of practices and the development/piloting of the family assessment tool has been shared. At the January 2017 ICC meeting, the new professional development project was introduced along with the request that the ICC have a standing agenda item for information and updates.

Stakeholders were also informed of SSIP initiatives through two sets of focus groups held during the fall onsite quality review visits. One focus group targeted service coordinators and their supervisors and focused on our work to implement high quality family assessment practices. The second focus group targeted ongoing service providers and Assessment Team members and focused on our work to implement high quality exit child assessment. The focus groups were an opportunity to share upcoming work and to solicit their input and involvement. Both focus groups were held in all nine SPOEs/regions of Indiana; and all First Steps practitioners were invited to participate. One hundred and thirteen

practitioners participated representing 31 of the 40 ongoing provider agencies and all nine of Indiana SPOEs.

Unfortunately, one major stakeholder group has not been proactively involved in Indiana's SSIP efforts to date--families. While there are family members that participate in our State's ICC, no other families or family-advocacy organizations have been included in our efforts this past year. This is something we plan to correct over the course of the next year, and have discussed in our plans for the next year.

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

Stakeholders (providers/program administrators) have had a voice and been involved in advising and assisting the Indiana First Steps program and its implementation of the SSIP. This has occurred through the assessment activities we have conducted this past year, and through the ongoing involvement of our ICC and its subcommittees. The ICC has been most actively involved in our work to establish a high-quality family assessment process, with the State Office adopting most of the recommendations from this group. They will continue to be involved as the pilot process is carried out, and will assist the State and our contractors as we use what we learned to move forward towards statewide adoption. In addition, initial conversations with the ICC's Provider Availability and Retention subcommittee has taken place to discuss upcoming professional development efforts.

The ICC was recently invited (January 2017 meeting) to advise and assist with the professional development work that will commence over the next 18 months. Beginning with the May 2017 meeting of the ICC, we will request that the ICC, and possibly one of its subcommittees, advise and assist us in our work to introduce key evidence-based home visiting practices, which we have identified as the strategy focus that has included the least stakeholder involvement, thus far. Our Indiana University contractor will be asked to meet quarterly with the ICC to discuss the data they gathered concerning current home visiting practices and recommended professional development efforts to tackle the following evidence-based practices:

- Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.
- Practitioners are responsive to the family's concerns, priorities, and changing life circumstances
- Practitioners and the family work together to implement practices that address the family's priorities and concerns and the child's strengths and needs.
- Practitioners work with the family to identify, access, and use formal informal resources and supports to achieve family-identified outcomes or goals
- Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.



## C. Data on Implementation and Outcomes

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

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

In last year's SSIP plan, the primary focus of the year's activities was the assessment of current practices to determine the state's readiness, capacity, and fit in relation to the three target area's EBPs that our state will implement. While we have not begun implementing all of the coherent improvement strategies that are captured in our theory of action, our assessment/evaluation activities focused exclusively on learning more about each of them in preparation for implementation. Our evaluation plan for this implementation, reflecting our revised logic model, is presented below in Section F: Plans for Next Year.

#### *b. Data sources for each key measure*

The data sources for our two primary key output measures for this year's assessment activities--number and type of gaps and challenges to implementing our three target area's EBPs, and the number and type of resources (e.g., professional development need--were the focus groups we conducted with practitioners throughout the state, and ICC meeting input.

#### *c. Description of baseline data for key measures*

There is currently no baseline data for our key measures. The plan for collecting baseline data during the time that our improvement strategies are implemented is presented below in Section F: Plans for Next Year.

#### *d. Data collection procedures and associated timelines*

The data collection procedures we implemented this year focused on assessing the capacity and readiness of adopting new evidence-based practices for each of the three target areas. The data collection procedures we implemented were two series of regional focus groups, one online survey of service coordinators and service providers developed by the ICC's Service Delivery and Training subcommittee, and meeting minutes of the ICC.

#### *e. [If applicable] Sampling procedures*

Not applicable.

#### *f. [If appropriate] Planned data comparisons*

No data comparisons were made this year given our focus. Data comparisons will be planned in the future, as presented below in Section F.

- g. How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements*

Please see Section F below for how our proposed data management and analyses will allow for ongoing assessment of progress toward achieving intended improvements in the three practice areas.

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

- a. How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR*

The focus of this year was to collect assessment data that could be used to design an implementation plan going forward. Much of the information requested in this section cannot be presented until next year, and beyond, as we implement our intended improvements.

- b. Evidence of change to baseline data for key measures*

In terms of implementing our improvement strategies, we currently do not have any baseline data from which to measure change. That will occur this next year. We are able to measure the initial impact of our efforts on child outcomes, particularly the percentage of children making substantial improvements in their social-emotional development. Indiana currently collects extensive child and outcome data on over 90% of children receiving services for a minimum of six months. The results of our analyses of this data are presented in the Appendix and are summarized below in Section E.1.

- c. How data support changes that have been made to implementation and improvement strategies*

While we have not implemented our improvement strategies, the data we have collected through our assessment of current practices have been used to guide the design of our implementation efforts beginning this year. For example, our piloting of the family assessment process is currently taking place and the evaluation data we are collected is helping us to determine if changes are needed and the areas where our service coordinators are struggling. This latter information will be used to guide this year's professional development efforts

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

The assessment data is informing the design of our three coherent improvement strategies and the design and implementation of the professional development beginning this year.

- e. *How data support planned modifications to intended outcomes (including the SIMR)—rationale or justification for the changes or how data support that the SSIP is on the right path*

We cannot answer this question at this time. The assessment data we have collected does not warrant any changes to our SiMR or SSIP at this time.

3. Stakeholder involvement in the SSIP evaluation

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

We have not begun implementation and evaluation of the SSIP plan. Section F below will present our plan for informing and involving stakeholders once implementation has begun. An overview of the SSIP implementation plan through professional development was presented at the January 2017 ICC meeting with the request that the ICC be involved in the implementation and evaluation of that effort.

## D. Data Quality Issues

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

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

As originally reported, there were data quality issues concerning our measures of children's learning and development, which impacts our outcome reporting. An exit assessment tool and process were developed two years ago which ongoing providers were asked to implement with little professional development support. While data analyses suggest there have been improvements in the quality of our child outcome data (see Appendix), we continue to see some variation in our results when examining regional findings. Also, data gathered during our Fall 2016 regional focus groups suggest that there are differences among providers in how they complete the exit assessment process. We are using this information to guide our professional development to ensure all providers implement the exit assessment practices with acceptable fidelity.

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

While we are able to use current child outcome data to report progress, the data quality issues limit our ability to make accurate comparisons across regions and agencies to ensure that all children and families make equitable progress.

#### *c. Plans for improving data quality*

One of our three improvement strategies are to improve the skills and fidelity in which providers complete their exit assessments. Once professional development has been implemented statewide for all ongoing providers (Summer 2017), we anticipate fewer data quality issues in this area as well as an improved ability to compare and contrast improvements.

## **E. Progress Toward Achieving Intended Improvements**

### **1. Assessment of progress toward achieving intended improvements**

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

Although Indiana's First Steps office has experienced considerable turnover this past year, there are four major infrastructural changes that have been initiated over the past five months that will enable us to create considerable forward movement. First, we have issued a contract to provide intensive professional development that will support the implementation of our three improvement strategies. Our contractor, Indiana University, is working closely with our office and the ICC to design, deliver, and evaluate professional development efforts through June 2018.

The second change has been our work with our Quality Review contractor, also Indiana University, to re-align their monitoring and quality improvement efforts to assist in our SSIP work. This will include new efforts to assist in evaluating the implementation and impact of our SSIP work (and professional development). It will also include working with our local agencies to embed and support the professional development and improvement strategy efforts into their local infrastructure in order to better support their implementation of the targeted EBPs.

The third change has been our work with the ICC and SPOE stakeholders in designing and piloting a new family assessment tool and process that better reflects both federal requirements and best practices. Again, in partnership with Indiana University, the ICC's Child and Family Assessment subcommittee has been working on the family assessment process that is currently being piloted by two-to-three service coordinators in each of our nine regions. Indiana University is collecting the completed assessments and evaluating the feedback to determine if any adjustments need to be made after the six-week pilot. They will also use this data to guide the design of professional development efforts for scaling the family assessment process statewide.

Finally, the fourth change has been the State's capacity to hire a full team of First Steps staff to lead and assist in our proposed improvement efforts.

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

Given staff turnover and a second-year plan that focused on assessing current practices to determine capacity and readiness for adopting our EBPs, we have not yet begun implementation. Evidence that determines if the three target area's EBPs are being carried out with fidelity will be part of this coming year's plan, as described in the next section.

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

We have completed our assessments of current practices regarding two of our three improvement strategies: exit child assessment practices and initial family assessment practices. This data is being used to guide our upcoming professional development and quality review efforts. Data is currently being collected to help us assess current home visiting practices, which will be shared in next year's report. This data will guide professional development and quality review efforts we hope to carry out beginning this fall, 2017.

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 small (2%) but significant increase in the percentage of all children showing substantial increases in their social-emotional development (from 54% to 56%). The *meaningful differences calculator* published by ECO was used to determine that the increase from FFY 2014 to FFY 2015 was significant.
- In FFY 2015, there is considerable variation in the percentage of children showing substantial improvement in their social development across the nine regions (45% to 65%), indicative of continuing data quality concerns.
- Fewer African American children (47%) experienced substantial improvement in their social development when compared with White children (58%) and the state average (56%). This is a slight improvement from two years ago when 41% of African American children experienced substantial improvement in this area.
- Fewer children from our poorest families (52%) experienced substantial improvement in their social development as compared with children from upper family income groups (60-63%). This is a slight decline from two years ago when we found that 48% of children in our poorest families made substantial improvements.
- Families of African American children were more likely to withdraw from First Steps or fail to participate in services (29%) than families of White children (19%)--a slight increase from our analyses two years ago which found that 27% of African American families either withdrew or failed to participate.
- Our lowest income families were also more likely to withdraw from First Steps or fail to participate in services (26%) as compared with upper-income families (13-16%). This rate is comparable to our analyses two years ago, in which 25% of our lowest income families withdrew from or failed to participate in services.
- Overall, fewer African American children (21%) and children in extreme poverty (28%) exit First Steps no longer needing specialized services as compared to their White (36%) or higher income (40-44%) peers.

**F. Plans for Next Year**

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

Table 2 below presents the major activities we will be implementing in the next year. It specifies the major activities we plan to carry out, responsible entities, and timelines.

**Table 2**  
**Indiana’s SSIP activities and timelines for the next year**

<b>What</b>	<b>Who</b>	<b>When</b>
Complete assessment of current home visiting (HV) practices and determine capacity, readiness, and fit with the EBPs within the target area of culturally competent HV practices	IU:QR	May 2017
Develop draft of Best Practices manual chapter on exit child assessment practices, including completion of the exit assessment checklist, for review	IU:QR IU:PD	June 2017
Design, implement, and begin ongoing evaluation of data dashboard concerning First Steps children, providers, services, and outcomes to support data-based decision making at the state level	First Steps IU:QR IU:PD	June 2017 and quarterly
Design, implement, and evaluate a data dashboard with 20 (of the 40) local agencies that focus on children and families served, services, provider recruitment and retention, and outcomes	First Steps IU:QR IU:PD	July 2017 and quarterly
Partner with a national expert on family assessment to deliver a webinar to First Steps providers on best practices related to family-centered family assessment.	IU:PD	May-June 2017
Design, deliver, and begin evaluating professional development (online module) for the EBP, exit child assessment practices/checklist, to all ongoing service providers	IU:PD	April-June 2017
Develop draft of Best Practices manual chapter on family assessment	IU:QR IU:PD	July 2017
Design, deliver, and begin evaluating professional development (train-the-trainer) for the EBP, family assessment to all service coordinator supervisors in all nine regions/SPOEs	IU:PD	June 2017
Monitor, support, and evaluate follow up professional development (local face-to-face training) of all service	IU:PD IU:QR	August - October 2017

What	Who	When
coordinators in implementing family assessment		
Design, implement, and evaluate a data dashboard concerning First Steps children, providers, services, and outcomes to support data-based decision making at the nine SPOEs	First Steps IU:QR IU:PD	August 2017 and quarterly
Partner with two national experts on culturally competent home visiting practices to deliver two webinars to First Steps providers on best practices related to culturally competent home visiting.	IU:PD	July-September 2017
Develop draft of Best Practices manual chapter on culturally competent home visiting practices	IU:QR IU:PD	October 2017
Design, deliver, and begin evaluation of professional development (regional 3-day workshops) for the EPB in the target area of culturally competent home visiting, for up to 50 participants in each of the nine regions	IU:PD	October 2017 - February 2018
Conduct fidelity assessments of service coordinators implementing the exit checklist and the family assessment protocol during fall onsite visits to SPOEs (APR data collection)	First Steps IU:QR	October - December 2017
Complete FFY 2016 APR and SSIP plan and federal reporting requirements	First Steps IU:QR IU:PD	January - February 2018
Conduct data quality analyses of outcome assessments conducted for all children exiting First Steps after July 1, 2017	IU:PD	January 2018
Conduct onsite visits to other 20 provider agencies to introduce and provide initial training on data reports/data dashboards and to conduct fidelity assessments of the exit child assessment practices	IU:QR	February - March 2018
Compile professional development evaluation data for FFY 2017 into a final report to inform state decision making for supporting future professional development and quality review efforts	IU:PD IU:QR	March - April 2018
Conduct data quality analyses of outcome assessments conducted for all children exiting First Steps during FFY 2017	IU:PD	June 2018

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

Our planned evaluation activities are presented below in Table 3. The table specifies the Output or Outcome we are evaluating, the data collection measures and protocols we will employ, and timelines.



All evaluation measures will be carried out by our contractor, Indiana University, through our two contracts with them.

**Table 3**  
**Indiana’s activities for evaluating the SSIP in FFY 2016-17**

Strategy/ Activity	Output/Outcome	Evaluation measures & protocols	When
Evaluate existing practices to determine fit, capacity, and needed resources for home visiting EBP	Number and types of challenges to, and needed resources for, implementing HV practices	Phone interview with directors from all 40 provider agencies  Interview protocol includes questions concerning: <ul style="list-style-type: none"> <li>● current HV practices and challenges;</li> <li>● current professional development supports</li> </ul>	March - May 2017
Operationalize all three target areas with respective EBPs into discrete, clear, understandable procedures	Written chapters of the Best Practices manual for providers for implementing each EBP posted on website	Online survey to log all completed SSIP activities	May 2017 thru June 2018
	Number of providers accessing the chapters	Google Analytics for tracking the number of visitors to the online Best Practices manual and the three chapters	January 2018 thru June 2018
	Clear and understandable implementation procedures  Increased knowledge acquisition of each EBP	Online popup survey  Survey questions include: <ul style="list-style-type: none"> <li>● Quality of chapter</li> <li>● Usefulness in guiding practices</li> <li>● Knowledge acquisition</li> </ul>	January 2018 thru June 2018
Provide intensive professional development (PD) for three target areas with respective evidence-based practices	Number, type, and location of completed PD activities, including informal technical assistance	Online survey for our contractor, IU, to log all completed SSIP PD activities	Upon completion of each PD activity
	Number, type, location of First Steps providers accessing PD	Training Central registration database- online database of registered participants	Upon completion of each PD activity

Strategy/ Activity	Output/Outcome	Evaluation measures & protocols	When
	Number and type of PD support provided to participants by their supervisors	Online survey of local agency directors/supervisors	3 months after PD
	Increased knowledge acquisition of each EBP	Online survey to conduct pre/post assessment of knowledge acquisition, perception of how easy/challenging it will be to implement EBP, and TA/coaching/support needs to implement	Immediately prior to and following PD
		Follow-up online survey to conduct post assessment of knowledge acquisition by all participants	3 months after PD
	Increased skills for implementing all EBPs	Follow-up online survey (above) to ask participants to self-assess their implementation and evaluate quality/impact of the PD	3 months after PD
	Increased skills for implementing the EBP of <u>Exit Child Assessment</u>	As part of onsite visits to local agencies, conduct audits of individual exit assessments completed by participants	February-March 2018
		As part of fall onsite visits to SPOEs, conduct focus group interviews with Assessment Team members to assess the quality and accuracy of completed exit assessments	October - December 2017
	Increased skills for implementing the EBP of <u>Family Assessment</u>	As part of fall onsite visits to SPOEs, conduct audit of random sample of family assessments completed by service coordinators	October - December 2017
	Increased skills for implementing the EBP of <u>Culturally competent home visiting</u>	This would have to be either observation or a survey completed by the supervisor assessing skills	April-June 2018
Support data-based	Number and type of data	Online survey to log all completed	June 2017

Strategy/ Activity	Output/Outcome	Evaluation measures & protocols	When
decision making at state and local levels	reports produced and disseminated	SSIP activities	thru June 2018
	Number and type of PD support provided to state and local decision makers		
	Number and type of state/local decision makers participating in data-based decision making activities	Online survey of decision makers administered on a quarterly basis (following release of each report)	October 2017 thru June 2018
	Increased knowledge and skills for using data to make decisions	Online survey of state and local decision makers to assess their knowledge and skills	October 2017 thru June 2018
Assess family engagement in First Steps	Increased number of families remaining and participating in First Steps	Quarterly analyses of existing First Steps data (iSPOE) that tracks and codes families' exit from First Steps	April 2017 thru June 2018
	Increased family satisfaction and engagement during First Steps services	<p>Conduct survey of random sample of families, half of whom are receiving services from professional development participants and half of whom are not</p> <p>Integrate survey questions concerning their satisfaction with a specific service and their current level of engagement into current provider agency surveys</p>	May - June 2018
Assess SiMR	Increased percentage of African American and/or low income children experiencing substantial increases in their social emotional development (SiMR)	Quarterly analyses of existing First Steps data (iSPOE and Outcomes) that tracks and codes families' exit from First Steps and their pre/post assessments of children's development	April 2017 thru June 2018

3. Anticipated barriers and steps to address those barriers

We have outlined an ambitious plan that will require a large amount of system-wide coordination and buy-in. As with any changes to a system, we anticipate that there will be some stakeholders who will be resistant. We plan to borrow concepts from motivational interviewing and consider ways to incorporate motivation and explanations of the “why” into everything we do. We are also attempting to partner with local experts who are respected by stakeholders to make it more likely that stakeholders will accept the changes. Furthermore, in keeping with research on adult learning, we are avoiding “one-off” professional development whenever possible and working to create professional development opportunities that are engaging and embedded within the system to increase fidelity and effectiveness.

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

With our newly executed professional development contract and revised quality review contract, both with Indiana University, we are not currently in need of any additional support or technical assistance.

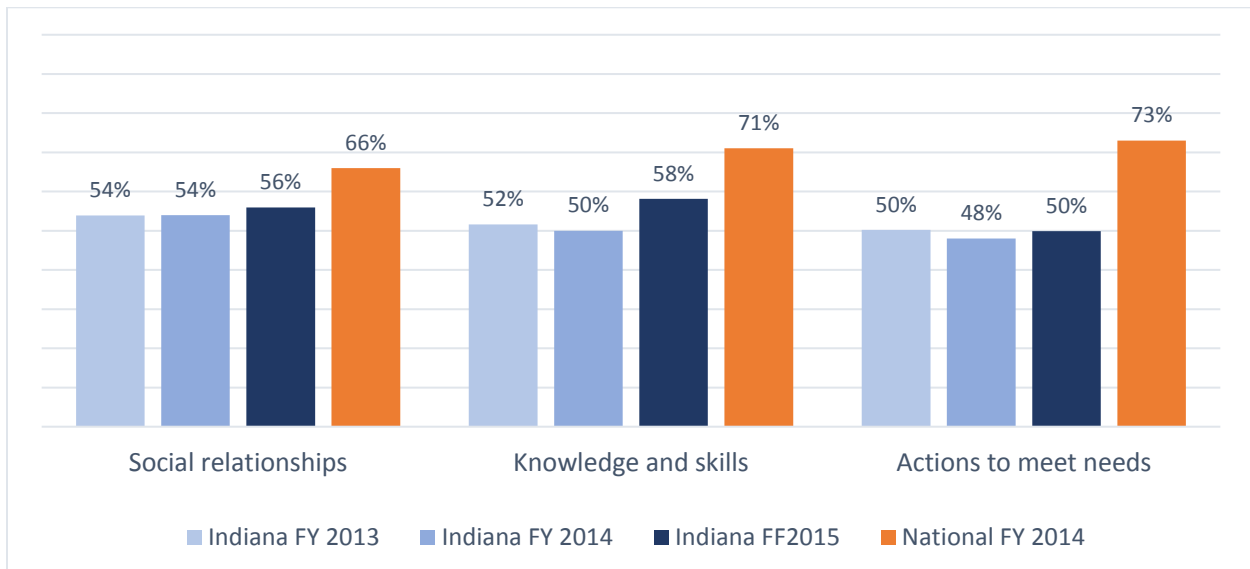
## Appendix

### Updated Data Analyses

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

Presented below are outcome data for children exiting First Steps for last year (FFY 2014) and this past FFY 2015, compared with national FFY 2014 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 three fiscal years (2013 – 2015), minimal increases have been seen in Outcome 1 (Social relationships) and Outcome 3 (Actions to meet needs). This past year there was an increase of 8% for Outcome 2 (Knowledge and skills).

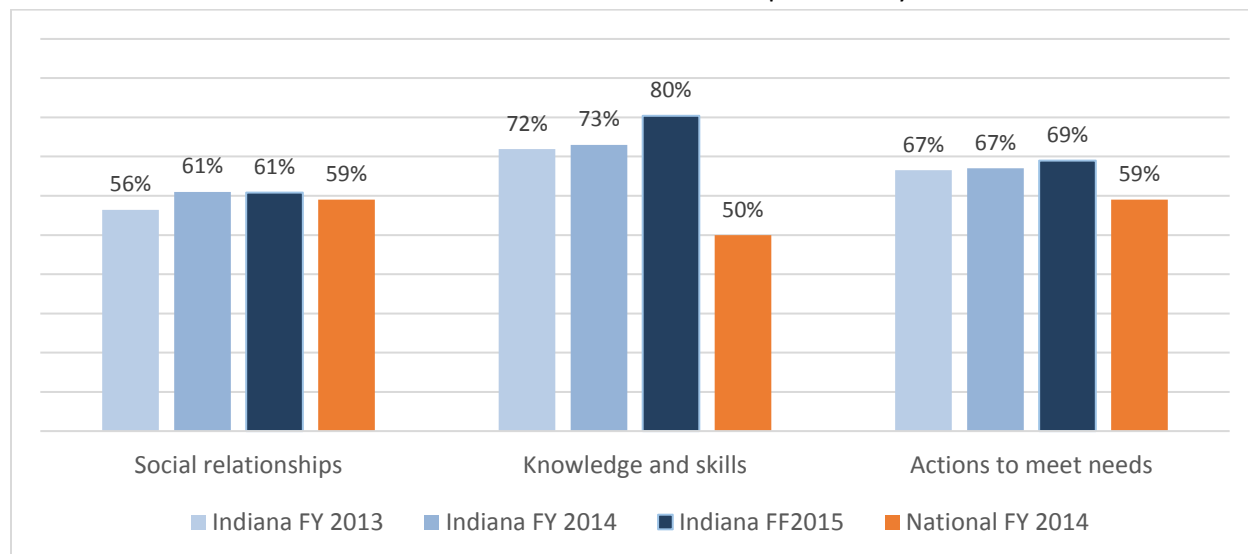


**Figure 1.**

#### **Indiana and national outcomes for Summary Statement 1: Substantial increases in rate of growth**

In summary, fewer infants and toddlers with disabilities in Indiana continue to experience substantial increases in their learning and development across all three outcome areas, including social-emotional development.

Figure 2 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. In this figure, Indiana consistently compares favorably with the national sample, even exceeding the nation in some areas. 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 an increase in the percentage of children existing within age expectations in Outcome 2 (Knowledge and skills) between FFY 2014 and FFY 2015. There were minimal increases over the past three years for Outcomes 1 and 3.

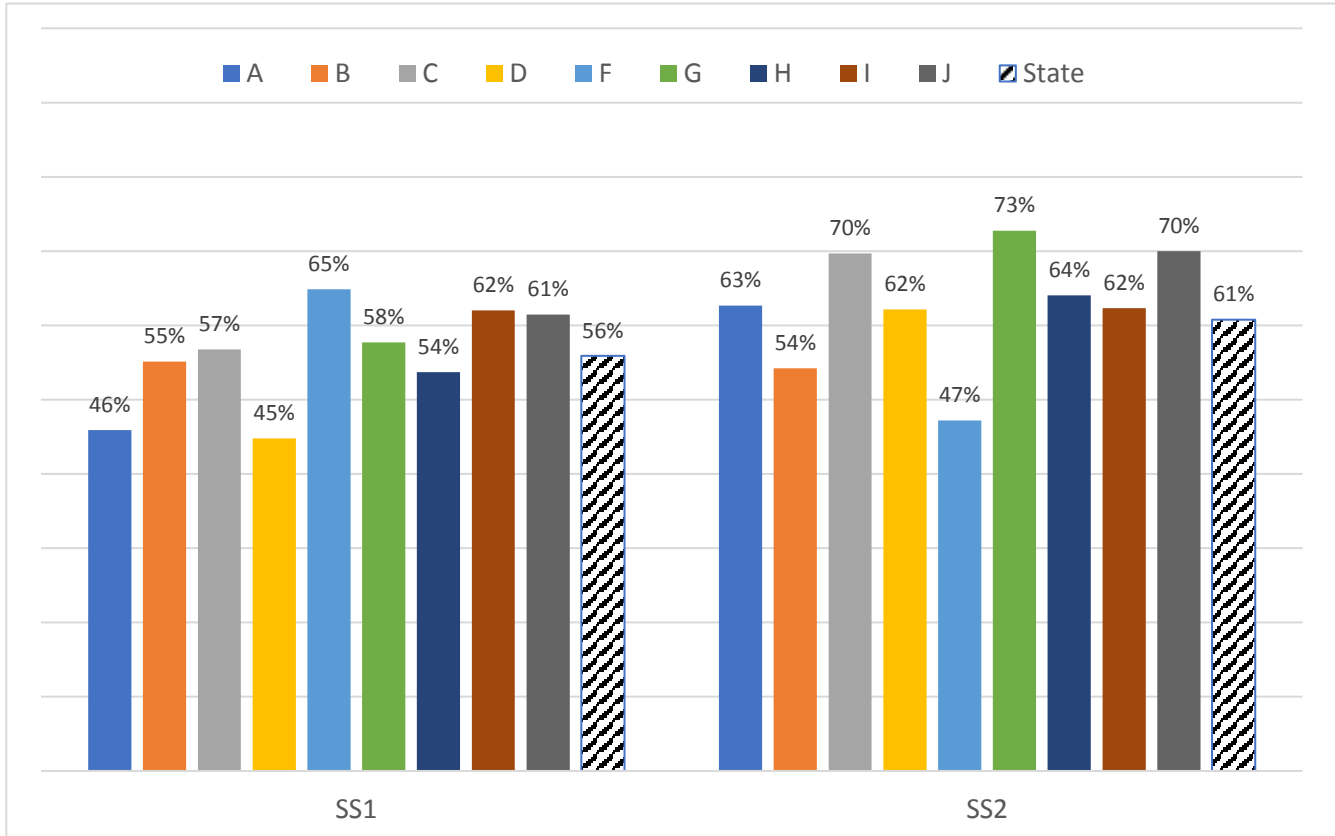


**Figure 2.**  
**Indiana and national outcomes for Summary Statement 2: Exited within age expectations**

In summary, Indiana’s infants and toddlers with disabilities are more likely to exit early intervention services functioning within age expectations when compared with national averages.

### B. 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 indicate significant variability and data quality issues throughout the state. Over the past two 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



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

of children functioning within age expectations.

As can be seen, there is some variation among the SPOEs; however, the amount of variation appears reduced from previous years. While these variances may highlight differences in the degree of impact children experience across the nine regions, questions still arise concerning the fidelity in which the new measures are carried out regionally. Focus groups that were carried out this past year uncovered inconsistencies among regions and individual providers in terms of how the exit assessment process is conducted and the skills of individual providers.

Based on these analyses, further analyses concerning data quality were examined using earlier tools shared by the former ECO Center and the Early Childhood Technical Assistance Center. This simple

analysis examines the percentage of children who fall into one of five outcome categories (defined below) and determines if that percentage falls within or outside a statistically-derived range as determined by the Early Childhood Technical Assistance Center based on their analyses of national data. The number of instances the state (or region) falls within acceptable ranges is tallied to determine an overall quality score. The percentage of children for whom the state (or region) include in their reporting sample is also factored in, although Indiana has historically included a very high percentage of children in its reporting sample (i.e., few missing children). Table 1 below presents this data quality analyses. The five outcome categories include:

- A. No improvement
- B. Improved, significant delays
- C. Improved, near age level
- D. Improved, age level
- E. Maintained age level

**Table 1**  
**Summary analysis of the quality of Indiana’s First Steps Outcome data**

Domain	Outcomes	System Points of Entry									State
		A	B	C	D	F	G	H	I	J	
1 Social-Emotional	A	0.3%	1.0%	1.9%	0.4%	0.0%	1.1%	1.9%	3.2%	0.2%	1.2%
	B	38.1%	27.0%	32.2%	48.3%	26.0%	30.7%	33.2%	26.3%	32.5%	32.3%
	C	7.4%	2.3%	3.7%	4.1%	1.2%	4.2%	2.7%	0.5%	6.5%	3.9%
	D	25.1%	32.1%	41.1%	35.3%	46.7%	39.3%	38.0%	47.7%	45.6%	38.5%
	E	29.1%	37.6%	21.0%	11.9%	26.0%	24.8%	24.3%	22.3%	15.1%	24.1%
2 Uses knowledge	A	0.4%	1.1%	0.3%	0.5%	0.0%	0.6%	2.4%	2.3%	0.0%	0.8%
	B	23.3%	17.8%	17.0%	26.5%	17.1%	16.3%	17.4%	16.5%	14.8%	18.1%
	C	8.6%	5.0%	2.7%	5.4%	0.0%	6.7%	3.5%	0.1%	4.8%	4.9%
	D	22.9%	17.7%	7.4%	11.7%	20.3%	32.5%	11.5%	19.4%	18.1%	21.4%
	E	44.8%	58.4%	72.6%	55.9%	62.6%	43.9%	65.2%	61.7%	62.3%	54.8%
3 Meets Needs	A	0.3%	1.5%	1.5%	0.0%	0.0%	0.8%	4.0%	3.0%	0.3%	1.2%
	B	28.0%	29.8%	25.0%	36.6%	28.0%	25.9%	29.1%	27.4%	26.2%	27.8%
	C	7.3%	1.2%	5.3%	2.5%	0.0%	2.1%	3.2%	0.1%	4.5%	2.9%
	D	20.4%	26.5%	18.6%	21.6%	36.2%	27.2%	26.7%	28.3%	33.2%	26.0%
	E	44.0%	41.0%	49.6%	39.3%	35.8%	44.0%	36.9%	41.1%	35.8%	42.1%
Total within range		15	13	13	13	12	13	11	12	13	12
Missing Data		7.6%	3.2%	2.6%	1.4%	10.6%	6.1%	14.4%	5.4%	12.0%	6.4%

For the State, the percentage of children who fell into Outcome Category C—*Improved, near age level* for all three outcome domains, was outside the expected range (5-50%). The percentage of children who exit First Steps with improved learning and who are functioning at a level that is *near age level* is generally lower than recommended guidelines. Since Indiana’s reported percentages fall within expected ranges for 12 of the 15 outcome categories, and we include over 90% of our children in the data sample, our overall data quality is good and is an improvement from previous years.

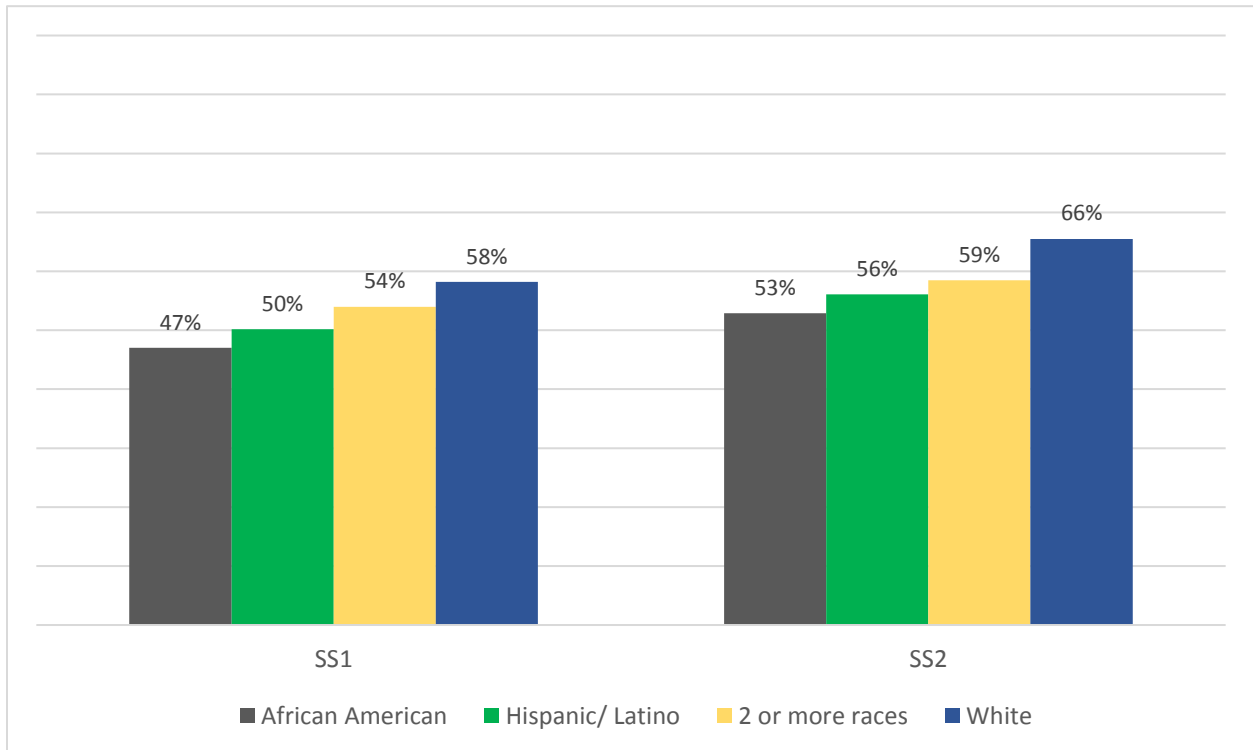


A low proportion of our children fall into Outcome Category C. In order to enhance data quality, it may be important to understand why this occurs. One theory is that both the initial and exit assessments for many children may not be picking up mild developmental delays; and the Assessment Team members, who may suspect a delay based on their clinically-informed opinions, are not coding the initial and exit assessments with a score indicating a mild developmental delay (i.e., *near age level*). Also, Assessment Team members may be choosing not to code these assessments correctly because they conflict with past practices of using this data for the purposes of determining the child’s eligibility, only; and not recording a score that was of no significance in this context. As a result, many children exit First Steps showing no delays and are coded either ‘D’—Improved, age level or ‘E’—Maintained age level.

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

**a. Race**

Presented below in Figure 4 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.



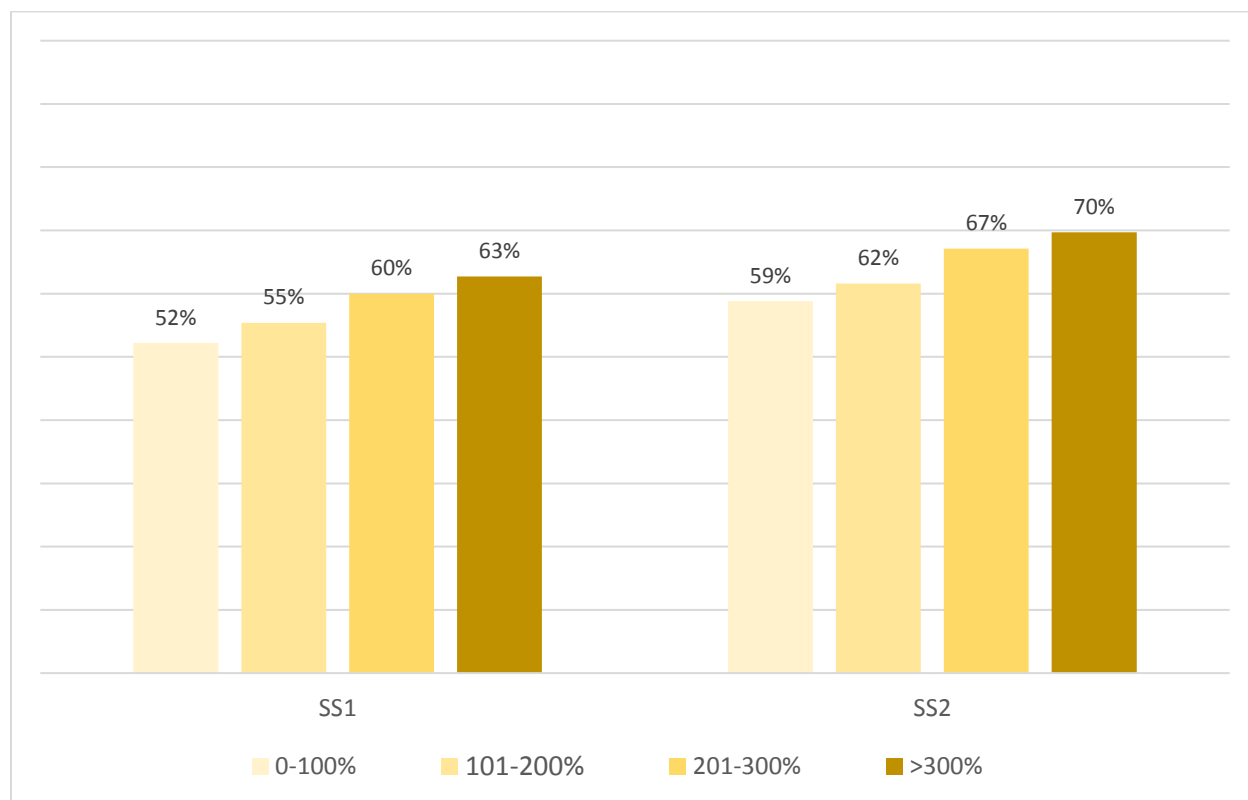
**Figure 4. Percentage of children by race experiencing positive social-emotional outcomes**

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 5 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 (e.g., medical, personal care) expenses 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 a 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 FFY2015, 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 5. Percentage of children by family income experiencing positive social-emotional outcomes**

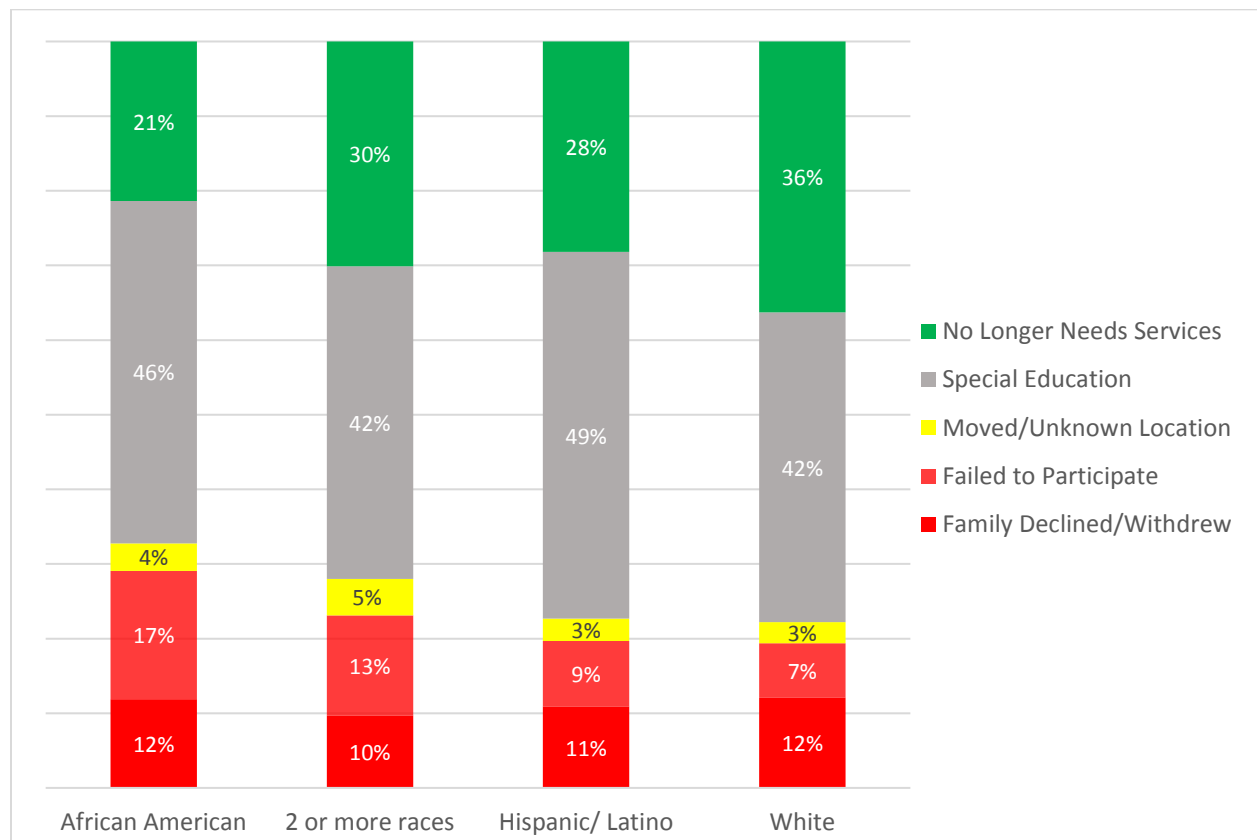
In summary, we recommend that Indiana continue with its SiMR focusing on social-emotional outcomes, particularly for low income children.

#### D. 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

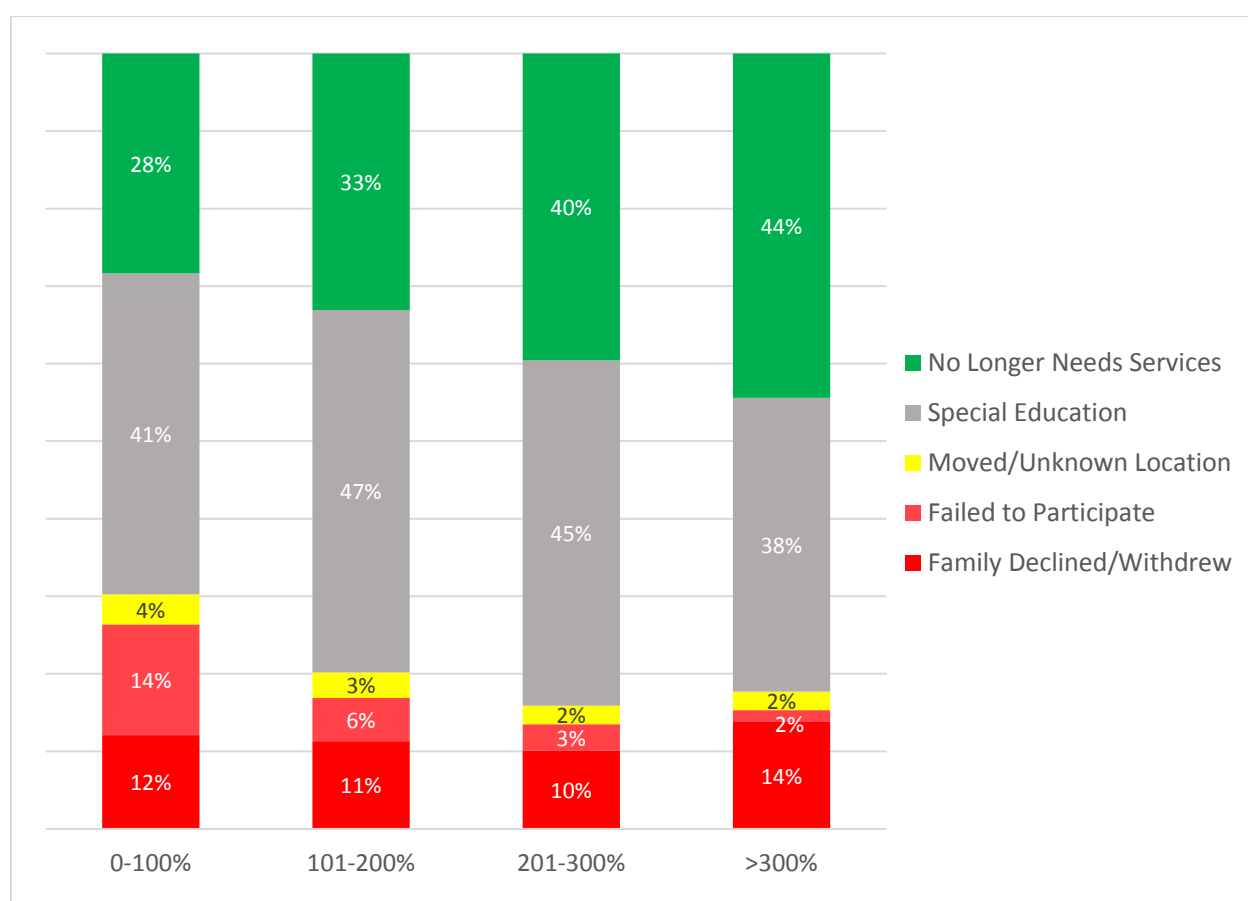
Figure 6 below highlights the proportion of children exiting by reason and by race. There appear to be differences in transition outcomes across the four groups based on the child’s race. When compared with White children, African American children are more likely to exit because families withdraw or discontinue their participation in First Steps (29% versus 19%), and are less likely to exit no longer needing specialized services (21% versus 36%). These results mirror those from previous years.



**Figure 6. Reasons children exit First Steps 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 7 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 (26%), and are less likely to exit no longer needing specialized services (28%). These results mirror those from previous years.



**Figure 7. Reasons children exit First Steps 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.