

Indiana's Phase III Report (April 2018)

A. Summary of Phase III

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

Indiana's State-identified Measurable Result (SIMR) has been and continues to be:

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 Indiana's First Steps program 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 were organized into improvement strategies and presented as our state's theory of action (see Figure 1). This theory of action was slightly revised last year, and still drives our state's SSIP efforts.

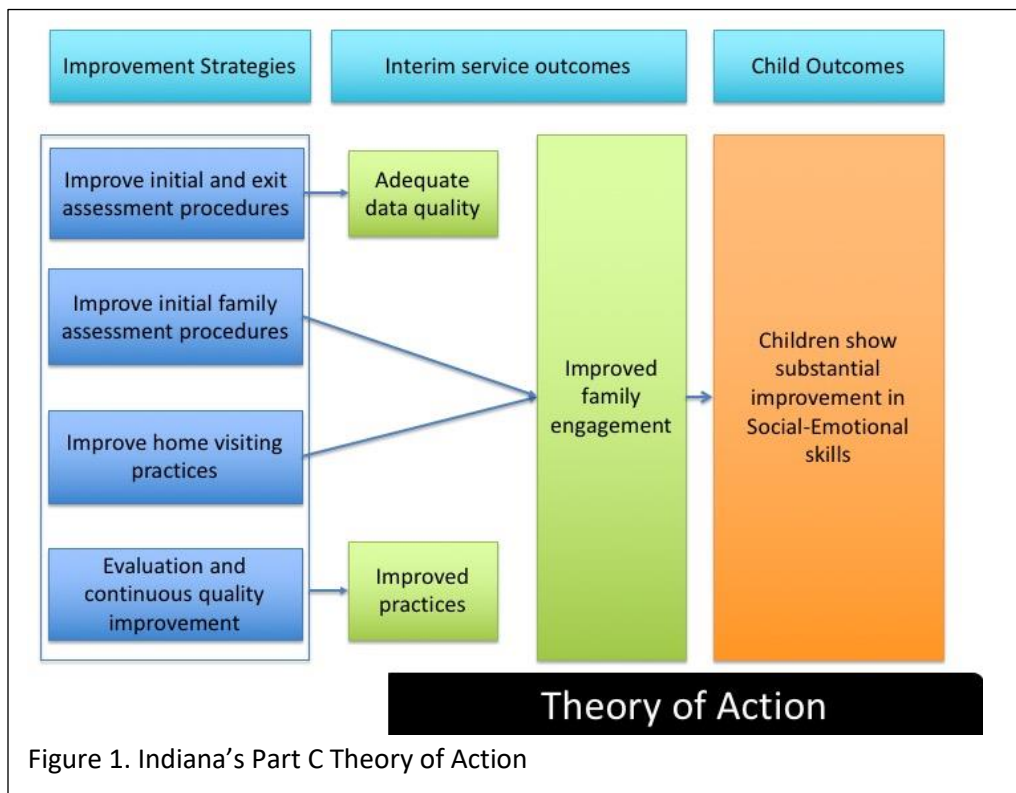


Figure 1. Indiana's Part C Theory of Action

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

Over the past year (April 1, 2017 – March 30, 2018), the state has employed all the proposed coherent improvement strategies, including infrastructure improvement. We contracted and partnered with Indiana University (IU) to establish and implement a comprehensive professional development system as part of our Phase 3 SSIP efforts. IU worked with state staff and the Governor’s Interagency Coordinating Council (ICC) to develop and provide a number of professional development activities addressing the first three improvement strategies in our SSIP.

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

An hour-long, online, and self-paced professional development module, detailing accurate implementation of the state’s exit assessment, was developed and made available to all Part C First Steps providers. It was formulated in partnership with a First Steps provider (with recognized expertise in developmental assessment) and a frequent Part C trainer. The module provides an interactive tutorial for increasing a practitioner’s knowledge of and skills in executing appropriate exit assessment practices, which are designed to provide a clear and accurate assessment of children’s functioning upon completion of First Steps. Our First Steps Office requires all providers to complete the training by November 1, 2018. Thus far, 1,213 out of approximately 1,441 ongoing providers have completed the module. We have enlisted our State’s childcare agency, the Office of Early Childhood and Out of School Learning to host the online module on its Training Central website. This aligns with our efforts to improve the state’s infrastructure and offers free access to the material for all First Steps providers.

b. Improve initial family assessment procedures

We worked closely with our State’s ICC to develop and pilot a new family assessment tool and protocol for its administration with all new families entering First Steps. This year we adopted a *Train the Trainer* model for providing intensive professional development to our state’s service coordinators. Service coordinators are responsible for administering the family assessment. System Points of Entry (SPOE) house state referral, intake and ongoing coordination services. Indiana University worked with personnel from all nine regional SPOEs to provide training to their key supervisors and self-identified implementation coordinators.

The training was designed to share the knowledge, skills, and tools necessary to train the service coordinators within their respective regions. All SPOEs were asked to deliver this training by the end of September 2017. Statewide implementation of the family assessment tool and practices commenced on October 1. The SPOE trainers were also asked to design strategies for providing this training throughout the year to newly hired service coordinators. This formal training was complimented with a voluntary one-hour webinar, featuring Dr. Mary Beth Bruder discussing the importance of family assessment within a family-centered early intervention system, which has reached 1,498 service coordinators and ongoing providers. A follow-up survey revealed that 87% of providers indicated that they had gained new knowledge and 90% reported that they would use the information in practice.

c. Improve home visiting practices

In spring 2017, Indiana University staff called the agencies providing Part C services to families to survey past in-service training efforts around home visiting practices. All 40 agencies participated. Many of the reported home-visiting trainings included the following topics: safety trainings from local police, dealing with bugs in the home, addressing drug use in the home, working with low income families, using materials found in the home (toys and household objects), cultural training, talking to families about child development, and engaging families during visits. All 40 agencies agreed that additional home visiting training is needed. Working in partnership with our State's Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program, the Riley Child Development Center, a series of trainings on evidence-based, culturally sensitive home visiting practices were (and are still being) provided to interested First Steps providers throughout Indiana. This series was comprised of multiple trainings, including full-day trainings in five locations, four 1-hour webinars addressing various home visiting topics solicited from our Day 1 participants, and nine regional full-day trainings (complete in April 2018). Three hundred and eighty-seven service coordinators and ongoing service providers have participated in this intensive training. Stephan Viehweg, Associate Director of the Riley Child Development Center, co-founder of our State's Infant Mental Health Association, and co-author of *Tackling the tough stuff: A home visitor's guide to supporting families at risk*, was contracted to work with IU in providing the home visiting series. To further build capacity, we offered a Leadership Workshop where leaders and directors of agencies could come together to brainstorm ways to integrate the home visiting tenets and practices into their agency policies and procedures. Post-assessment surveys found that 86% of attendees indicated that they had developed a plan of action outlining what they would do to support home visiting within their agencies.

d. Evaluation and continuous quality improvement

As part of our Quality Review and Continuous Quality Improvement Contract, we asked our contractor, Indiana University, to integrate elements of the SSIP plan into their work. For example, their Quality Review team visits all nine System Points of Entry (SPOE) on a quarterly basis, either face-to face or virtually, using technology like Zoom. During these visits, current monitoring and/or progress data is analyzed/reviewed and relevant technical assistance is offered. In keeping with our comprehensive SSIP efforts, this team now aligns with our professional development improvement strategies to collect and analyze data which helps us to assess program implementation fidelity and impact. During this past year, the team has included samples of completed Family Assessments (Strategy #2) as part of their reviews and analyses in order to help us assess implementation fidelity in the field. For the January-March 2018 quarter, 259 Family Assessments were reviewed. Feedback was given to the SPOEs concerning protocol fidelity and ways to improve. Quality Review staff provided additional SPOE-requested TA on how to use the Family Assessment to create high quality outcomes which reflect the priorities and concerns of the family as they emerge during their daily routines.

Additionally, data dashboards were developed that provide both SPOEs and individual provider agencies with the following data: 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. A sample of the data dashboards is provided in Appendix B. The Quality Review Team, as part of their quarterly (SPOE) and semi-annual (provider agencies) visits, have begun sharing these data dashboards and discussing how agencies compare with state averages. These visits are designed to facilitate and support local agency teams to make data-driven decisions on identified issues (e.g., poor child outcomes) and to strategize solutions to better serve families. In the past year, our Quality Review Team conducted visits with all nine SPOEs and with all 40 provider agencies (we are contracted to visit half the agencies each year, 21 in late summer 2017 and 19 in early 2018).

e. Infrastructure improvements that accompany and support our strategies

Over the past 18 months, and with consistent leadership, the Indiana First Steps team has worked hard to make infrastructure improvements that increase both the quality and impact of our Part C early intervention system. During this time, we have leveraged TANF funds to begin building a professional development system that is responsible for the training and technical assistance involved in the first three improvement strategies outlined above.

We have also examined existing contracts (e.g., UTS program evaluation, Quality Review), worked with our contractor to align their efforts to implement elements of our SSIP (e.g., Evaluation and Continuous Quality Improvement), and further supported assessments of the implementation and impact of improvement strategies. As described above, during regular visits and meetings with our nine regional SPOE agencies and 40 provider agencies, the Quality Review Team has begun sharing data about services and impact and are engaging in onsite assessment of targeted practices (e.g., exit assessment, family assessment, and home visiting). In addition, the Quality Review Team has also begun examining related elements of our state's service system to identify additional infrastructure improvements that would contribute to our SiMR. For example, initial assessments and conversations concerning the *face-to-face* sheets that providers complete with families at the close of each home visit, have been conducted to identify possible changes that could support effective home visiting practices.

As part of our improvement strategies, we have begun working on a *First Steps Best Practices Manual* that includes information regarding the evidence-based practices we have been targeting under our SSIP. The Best Practices manual is designed to promulgate and ensure consistency throughout the state for delivering services to eligible infants/toddlers and their families. We have made additions and updates to this manual as part of our SSIP work, which consist of information and procedures that operationalize the three evidence-based practices in our SSIP and linkages with the DEC Recommended Practices into relevant chapters. The *First Steps Best Practices Manual* is still under development and currently the Part C State team is prioritizing when and how existing chapters will be updated and disseminated throughout Indiana, including soliciting stakeholder input and involvement.

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

Over the past year and a half (FFY 2016-2017), our SSIP efforts have focused on supporting the implementation of four evidence-based practices:

- 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
 - e) F7. Practitioners work with the family to identify, access, and use formal informal resources and supports to achieve family-identified outcomes or goals.
- 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 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

Several evaluation activities and measures were developed and administered for the three improvement strategies consisting of professional development and implementation of service-oriented evidence-based practices. All past and current professional development activities include pre- and/or post assessments measuring the quality of the professional development event and its impact on knowledge and possible skill implementation. Post assessment survey results generally indicate that 80-85% of participants were very positive concerning training quality and impact.

A follow-up survey of participants is in progress (March-April 2018) for the improvement strategy focusing on exit assessment practices. So far, 138 of the 1213 providers (11.4%) have completed the survey and initial results suggest that approximately 76% of participants are implementing the protocol with families with fidelity.

A post-training survey and two follow-up evaluation activities were conducted for the improvement strategy focusing on family assessment practices. The post-training survey, about perceived readiness in implementing the family assessment protocol, was administered to 211 service coordinators throughout the nine SPOEs. 135 completed the survey and Fifty-seven percent of those felt the training was extremely helpful, with 47% expressing their readiness to begin implementation. The remaining 43% noted the need for practice before feeling comfortable with the tool and procedures. In addition, a follow-up observation of 16 service coordinators (2 per SPOE for 8 of 9 SPOEs) was conducted to assess practice fidelity. Observational results indicate that, while this small sample of service coordinators

accurately completed the family assessment protocol, many struggled to introduce and talk about the family assessment as a means to understand family concerns/priorities and to translate the results into IFSP outcomes. Finally, a second follow up evaluation activity was conducting file review audits of 239 completed family assessments across the state to assess their completeness and if the IFSP reflected family assessment concerns and/or priorities. We found that 67% of the family assessments were fully complete, with section completion rates ranging from 67% (Family Strengths) to 97% (specific information on a daily routine). Our examination of the IFSPs developed following the family assessment found that 60% of the IFSPs referenced concerns expressed in the family assessment.

We are currently providing professional development around the improvement strategy focusing on home visiting practices (complete in April 2018). In addition to the pre/post assessment procedures for all training, a follow-up survey will be conducted among all participants in June 2018.

Evaluation of our efforts to improve local leadership capacity in evaluation and continuous quality improvement has just begun (March 2018) following our latest round of local provider agency meetings. A follow-up online survey has been sent to the 18 agency directors who were part of this spring's meetings. At this time, 12 of the 18 have completed the survey and were overwhelmingly positive about the information presented and its helpfulness in learning more about their agency's impact in relation to the state. Eight of the 12 administrators (67%) indicated that the data shared will help them as they make future decisions.

5. Highlights of changes to implementation and improvement strategies

There have been no changes to our SSIP implementation beyond our continued progress chronicled above. The four improvement strategies we identified in last year's SSIP have remained the same.

B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress

Table 1 below summarizes our progress in carrying out the planned activities presented in our SSIP report last year.

Table 1.
Indiana's progress in implementing its SSIP

What	Target Date	Accomplished?	Outputs
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	May 2017	In progress Conducted in conjunction with current training which ends April 2018	Participant self-evaluations that have helped us narrow continued practices they need support with; self-designed action plans for implementing new/improved Home Visiting Strategies
Develop draft of Best Practices manual chapters on exit child assessment practices, family assessment, and home visiting	June 2017	Drafts of exit assessment and family assessment practices completed December 2017 Home visiting chapter will be completed in June after training series	Two chapters are currently under review by State team
Design, implement, and begin ongoing evaluation of data dashboards to support data-based decision making at local provider, regional SPOE, and state levels.	June 2017 and quarterly	21 of 40 local provider agencies completed July 2017; and remaining 19 agencies completed March 2018 SPOEs completed January 2018 and ongoing	All 40 local provider agencies and all 9 SPOEs received data dashboards and onsite technical assistance

What	Target Date	Accomplished?	Outputs
		State dashboard not completed	
Partner with national experts on family assessment and home visiting practices to deliver 3 webinars to First Steps providers	May 2017 through October 2017	<p>Mary Beth Bruder webinar June 2017</p> <p>Webinar with Maureen Greer January 2018</p> <p>Webinar with Donna Beegle February 2018</p>	<p>1498 First Steps providers attended and/or viewed the 1-hour recorded webinar</p> <p>As of March 2018, Greer webinar has been viewed by 420 providers</p> <p>As of March 2018, Beegle webinar has been viewed by 140 providers</p>
Design, deliver, and evaluate professional development (online module) for the EBP, exit child assessment practices/checklist, to all ongoing service providers	April-June 2017	<p>Online, self-paced, learning module October 2017</p> <p>Ongoing evaluation of the module October 2017-present</p> <p>Follow-up online survey is currently in process for providers to self-assess practice fidelity</p>	<p>As of March 2018, 1,213 providers have completed module with 80% or greater passing score</p> <p>To date, 1,213 providers have evaluated the online module for quality and impact</p> <p>As of March 2018, 138 providers have completed the follow-up survey; no further assessments will be conducted</p>
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	June 2017	<p>Completed Train the Trainer workshop with 9 SPOEs June 2017</p> <p>Trained supervisors completed training of all service coordinators in their SPOEs by the</p>	<p>25 directors and supervisors representing all 9 SPOEs were given the knowledge and tools for training their service coordinators</p> <p>To date, 8 of 9 SPOEs have reported training 198 of 211 service coordinators throughout Indiana. The remaining 13</p>

What	Target Date	Accomplished?	Outputs
		<p>October 1 statewide rollout date</p> <p>Provided additional webinar on how to use the family assessment to ongoing service providers</p>	<p>service coordinators will be trained by May 2018</p> <p>As of March 2018, 1,042 service providers attended and/or viewed the recorded webinar</p>
<p>Monitor, support, and evaluate follow up professional development (local face-to-face training) of all service coordinators in implementing family assessment</p>	<p>August - October 2017</p>	<p>Completed review family assessments during October – December 2017 fall visits at all 9 SPOEs</p> <p>Family Assessment fidelity completed December 2017 during APR data collection visits</p> <p>Observations of two service coordinators administering the family assessment from each of the nine SPOEs</p>	<p>259 family assessments were reviewed for implementation fidelity</p> <p>10% of initial IFSP files reviewed during the fall APR visit (N=259) were reviewed for accuracy/ completion of family assessments</p> <p>Observations of 16 of 18 service coordinators completing the family assessment with fidelity completed</p>
<p>Design, deliver, and begin evaluation of professional development (regional 3-day workshops) for the EBP in the target area of culturally competent home visiting, for up to 50 participants in each of the nine regions</p>	<p>October 2017 - February 2018</p>	<p>Completed Day 1 October 2018</p> <p>Completed Day 2 via a series of 4 webinars February 2018</p> <p>Day 3 workshops in eight of the nine clusters completed by April 2018</p>	<p>387 service coordinators and ongoing service providers completed Day 1</p> <p>Series of 4 webinars have been viewed by 813 (Nov), 774 (Dec), 185 (Jan), and 196 (Feb) providers, respectively</p> <p>An estimated 275 of the 387 providers (71.1%) of Day 1 Cohort participants have completed the series</p>

What	Target Date	Accomplished?	Outputs
Complete FFY 2016 APR and SSIP plan and federal reporting requirements	January - February 2018	APR completed and submitted January 2018 SSIP to be completed March 2018 and submitted by April 2018	APR entered into Grads 360
Perform data quality analyses of outcome assessments conducted for all children exiting First Steps after July 1, 2017	January 2018	Completed December 2017	Completed APR data input
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	March - April 2018	In process Anticipated completion April 2018	
Perform data quality analyses of outcome assessments conducted for all children exiting First Steps during FFY 2017	June 2018	Midyear analyses for SSIP completed March 2018	Analyses included in SSIP report submitted April 2018

2. Stakeholder involvement in SSIP implementation

We have worked hard to inform First Steps stakeholders of the ongoing implementation of our SSIP and to integrate their ongoing feedback into both the implementation process and program content.

We have informed stakeholders of ongoing activities and outcomes through three venues. First, information about SSIP and the ongoing PD activities were included in our quarterly newsletter that is distributed to all First Steps providers. Participants are required to read the newsletter and to complete

and pass a mandatory online quiz. This began in summer of 2017 and reached over 1600 First Steps providers. Second, we provided information, via flyers/emails concerning SSIP-targeted professional development, to all local agency administrators for distribution. Finally, information about our SSIP plan, implementation, and targeted professional development activities was shared with our Governor's Interagency Coordinating Council (ICC) at all quarterly meetings in 2017.,

Our work with three groups: the ICC, meetings with the SPOE administrators, and our ongoing professional development activities has given stakeholders a voice in decision-making in regards to the ongoing implementation of the SSIP. ICC members, which have dramatically changed with the Governor appointing all new members beginning January 2018, have had ongoing opportunities to hear about and offer comments, concerns, and suggestions about proposed improvement strategies and professional development activities. The SPOE administrators were integrally involved in the planning, execution, and evaluation of professional development activities aimed at supporting evidence-based family assessment practices. Each SPOE chose an Implementation Coordinator to take the lead on training and implementing the family assessment. These Coordinators regularly provided feedback and had opportunities for TA from IU. Regarding the Home Visiting strategy, a portion of the content offered was developed based on stakeholder request and feedback to ensure that the content remained relevant to the providers and staff encouraged to implement the practices. Finally, the Leadership workshop was offered to local agency administrators as a component of the home visiting training. Agency administrators who had staff attending the home visiting series were invited to attend a half-day forum to learn more about the series, key implementation science practices, and to consider their own role in providing sound supervision and practice-based coaching support. These same administrators met with our Quality Review Team to discuss this effort in more detail and to brainstorm how they might be able to support the evidence-based home visiting practices they and their staff were learning.

C. Data on Implementation and Outcomes

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

The evaluation measures, data sources, collection procedures, and timelines for the four improvement strategies included in our theory of action are summarized below. Three of the improvement strategies focus on the implementation of evidence-based services to children and families and the fourth strategy focuses on evidence-based practices concerning local and state leadership, as well as the adoption of data-informed decision making.

Baseline data for key measures was not collected.

Table 2.
Indiana’s SSIP evaluation activities

Strategy/ Activity	Output/Outcome	Evaluation measures & protocols	When
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	Monthly and quarterly team meetings/minutes to document completed chapters	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	Postponed pending review by the First Steps State Team
	Clear and understandable implementation procedures	Online popup survey	
	Increased knowledge acquisition of each EBP	Survey questions include: <ul style="list-style-type: none"> ● Quality of chapter ● Usefulness in guiding practices ● Knowledge acquisition 	
Provide intensive professional development (PD) for three target areas with	Number, type, and location of completed PD activities, including informal technical assistance	Online registration and monthly meeting minutes that capture all completed PD activities	Monthly and quarterly team meetings

Strategy/ Activity	Output/Outcome	Evaluation measures & protocols	When
respective evidence-based practices	Number, type, location of First Steps providers accessing PD	Training Central registration database- online database of registered participants	Upon completion of each PD activity
	Number and type of PD support provided to participants by their supervisors	Online survey of nine SPOE supervisors who provided training on family assessment practices	March 2018
	Increased knowledge acquisition of each EBP	In-person and online surveys to measure knowledge acquisition, perception of how easy/challenging it will be to implement EBPs, and TA/coaching/support needed to implement the practice with fidelity	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	Not conducted
		As part of fall onsite visits to SPOEs, conduct focus group interviews with Assessment Team members to assess the	Not conducted

Strategy/ Activity	Output/Outcome	Evaluation measures & protocols	When
		quality and accuracy of completed exit assessments	
	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>	After the completion of the Home Visiting series, all participants will be asked to fill out a self-assessment on how regularly they are utilizing each of the discrete home visiting practices. For supervisors who are volunteering, we have created an observation checklist for the same discrete home visiting practices. We have asked for Cohort participant volunteers who agree to let us ask a series of brief questions via text to the families that they are working with, to evaluate the implementation of these practices from the family perspective. This will happen after the series ends.	April-June 2018
Support data-based decision making at state and local levels	Number and type of data reports produced and disseminated	Monthly and quarterly team meetings/minutes to document completed chapters	June 2017 thru June 2018
	Number and type of PD support provided to state and local decision makers		
	Number and type of state/local decision	Online survey of decision makers administered on a quarterly	Postponed

Strategy/ Activity	Output/Outcome	Evaluation measures & protocols	When
	makers participating in data-based decision-making activities	basis (following release of each report)	
	Increased knowledge and skills for using data to make decisions	Online survey of state and local decision makers to assess their knowledge and skills	Postponed
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	Conduct survey of random sample of families, half of whom are receiving services from professional development participants and half of whom are not Integrate survey questions concerning their satisfaction with a specific service and their current level of engagement into current provider agency surveys	Currently not scheduled
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

Given that Indiana is implementing four different improvement strategies through three different efforts, data management and data analysis procedures for assessing our progress toward achieving intended improvements has been challenging. Ideally, effective evaluation of progress and impact would include gathering impact data from all stakeholders, as well as utilizing statewide observation protocols. Given the breadth of the strategies, and the infrastructural limitations, these kinds of comparisons and

evaluations are currently out of our scope of work. Over the past year, our Indiana University team has adopted regular monthly meeting times in which the implementation and evaluation of the four strategies are discussed and summarized in the form of short bullet points to capture progress, challenges, and if there is a need for modifications. Fortunately, much of the data is stored electronically and can be quickly accessed and imported for data analyses. 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
- All participant surveys and evaluation of our professional development is 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

This past year marked Indiana's initial efforts at implementing its SSIP as part of Phase III. As was noted in last year's SSIP report, very little progress was made in implementing the proposed SSIP due to major changes and absences in state leadership of the First Steps program. This year we have executed all four improvement strategies using the evaluation procedures outlined in the table above. Progress in implementing our plan focuses primarily on measuring the outputs of our activities (presented in Table 2 above). Key data for this past year focused on logging activities, the number and type of participants involved (and not involved), and post and follow-up assessments of our efforts to determine if the professional development was of high quality and if it had an impact on understanding, knowledge, and application of the four sets of evidence-based practices.

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 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 compiled and included in future data dashboards presented to local service agency administrators in soliciting their support in ensuring all First Steps providers have completed the module.

- 2) Improving Family Assessment Practices: Follow-up observations of a small sample of service coordinators implementing the family assessment protocol have identified areas of strength/success as well as areas needing further professional development. The need for follow-up professional development will be included in next year's SSIP.
- 3) Improving Home Visiting Practices: Analysis of participant feedback from the Day 1 training was used to guide the topics of the Day 2 training, which was comprised of a series of four 1-hour webinars. The analysis of participant feedback from Days 1 and 2 were used to guide the development of the Day 3 training, resulting in focusing on specific practices and giving practitioners opportunities to practice. Our overall analyses of the three days of home visiting professional development, along with the half-day leadership training provided to their supervisors, have identified critical changes in how this training is provided to next year's cohort.
- 4) Improving the use of data to inform decisions and continuous quality improvement: Implementation of this improvement strategy has just begun. Initial feedback has been very positive, but it is too early to determine what changes might be needed.

We are not making any modifications to intended outcomes (including the SIMR). It is too early to determine if we are making an impact on our SiMR because we just began implementation of our SSIP this past year.

3. Stakeholder involvement in the SSIP evaluation

At this point in time, stakeholders have not been informed nor involved in our ongoing evaluation efforts. Implementation efforts began early last year, with most SSIP/professional development activities starting the fall of 2017. With the newly reconstituted ICC, requests will be made to the council to establish a working committee to advise and assist our state's SSIP efforts and add a standing agenda item for sharing and discussing quarterly updates at their next quarterly meeting (May 2018). At that time, we will be requesting time on the agenda to review our SSIP efforts and evaluation data, and to discuss future plans and their involvement going forward.

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

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 is improving. We are planning to provide additional professional development to members of our regional Assessment Teams who 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.

E. Progress Toward Achieving Intended Improvements

1. Assessment of progress toward achieving intended improvements (use appendices to provide detailed data presentations and keep major points/summaries in body)

We have accomplished many of our intended improvements over the past year, including changes to our infrastructure, initial evidence which suggests that practitioners are carrying out the targeted evidence-based practices, and addressing our short-term objectives.

a. Infrastructure changes that support SSIP Initiatives

Over the past year, Indiana has made the following changes to support implementation of our four evidence-based strategies:

- 1) Solicited funding to establish and implement a professional development system that is targeting the first three evidence-based practices.
- 2) Made key additions 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.
- 3) Made a key addition to our state's evaluation efforts to include the development and sharing of data dashboards with leadership at state, regional, and local levels.
- 4) Systematic review and integration into key documents that guide and support personnel development and the adoption of our targeted evidence-based practices (e.g., Best practices manual).

- 5) Expansion of state staff with assignments to help shepherd policy, professional development, and quality assurance efforts.

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

The following table presents a summary of the data we have collected to assess the knowledge and application of our four, targeted evidence-based practices.

Table 3.
Evidence that Indiana’s evidence-based practices are carried out with fidelity

Evidence-based Practice	Evaluation Activities	Fidelity Results	Impact Results
Exit Assessment	<p>Successful completion of the module (≥80% on quizzes)</p> <p>Follow-up survey for providers (N=139 to date) to self-assess knowledge and application</p> <p>Summary analysis of outcome data quality- compare FY 2016 (prior to training) and current FY 2017 data (post training)</p>	<p>1213 out of approximately 1500 providers have successfully completed module demonstrating key knowledge of practices</p> <p>79.0% indicate they regularly complete exit assessment with fidelity, with 76.3% indicating they collaborate with families to complete the assessment</p>	<p>Comparative analysis of FY 2017 data suggests an increase in data quality, with outcome data categories falling within expected ranges for all three outcomes statewide. There was also a decrease in the number of instances data fell outside of expected ranges across our nine regions. See Appendix A.</p>
Family Assessment	<p>Post-training survey of service coordinators was completed by 135 of 23 service coordinators</p> <p>File review audits of 274 completed family assessments in all nine</p>	<p>Info on fidelity of FA trainings in clusters should go here-I'll find and enter.</p> <p>57% of service coordinators felt their regional training was helpful, with 44% expressing full readiness in implementing family</p>	<p>To be determined in fall of 2018</p>

Evidence-based Practice	Evaluation Activities	Fidelity Results	Impact Results
	<p>SPOEs. 238 completed (86.9%) with 36 families declining. There were 16 items included in each file review</p> <p>Observations of 16 service coordinators administering family assessment (2 in eight of the nine SPOEs)</p>	<p>assessment practices</p> <p>While 13% of family assessments were declined by families, there were two SPOEs where over 20% of families declined.</p> <p>76.9% of family assessments were completed meeting a minimum threshold of 13/16 items (>80%). Only 13.9% of family assessments were fully completed (16/16 items).</p> <p>The family assessment items least frequently completed were:</p> <ul style="list-style-type: none"> - Written summary of family routines and possible IFSP outcomes (53.4%) - Assessment date and times (66.8%) - Summary of family strengths and concerns (68.1%) <p>Just over half (57.6%) of IFSPs completed referenced family routines identified in the family assessment</p> <p>Observation data correlate well with the audit of completed family assessments. Most service coordinators completed most sections of the Family Assessment (routines and life events), but only 68.8 % asked about family strengths and concerns, with even fewer involved families in writing the summary (43.8%), explaining key sections (31.3%), or using information gathered in writing IFSP outcomes (31.3%).</p>	

Evidence-based Practice	Evaluation Activities	Fidelity Results	Impact Results
Home Visiting	<p>Post-training survey of four home visiting practices were completed by 291 of 387 providers (75.2%) from Day 1 training</p> <p>Post-training survey of home visiting practices will be completed at the end of Day 2 training (April 2018)</p>	<p>66.3% indicated that they use all 'relationship-based practices' with <u>all</u> of their families</p> <p>25.4% indicated they have all skills to handle 'challenging situations' with <u>all</u> of their families</p> <p>34.0% indicated that they implement all components of the 'PAUSE framework' with <u>all</u> of their families</p> <p>23.4% indicated that they use all strategies for 'assisting families' with <u>all</u> of their families</p>	To be determined in FFY 2018-20
Evaluation/ CQI	Post-technical assistance surveys of using data to inform decision making (anticipated May 2018)		

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

From last year's SSIP report, we identified three short-term objectives:

- 1) Providers' content knowledge of the three evidence-based practice 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 in the above table would indicate 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 are improving. The data on implementing family assessment practices indicate that some skills have increased and there are some skills, for which providers need additional professional development. As for increasing provider skills in implementing the home visiting practices,

our professional development is not finished for the current year, hence there is no current data to report at this time.

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. A more formal assessment of the use of data and the data dashboards will occur in May/June 2018.

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%) decrease in the percentage of all children showing substantial increases in their social-emotional development (from 56% to 54%).
- In FFY 2016, there is considerable variation in the percentage of children showing substantial improvement in their social development across the nine regions (40% to 65%), indicative of continuing data quality concerns. However, data quality analyses examining FFY 2016 and the first half of FFY 2017 data suggest major improvement such that future regional differences may be more likely due to impact differences than data quality issues.
- Fewer African American children (46%) experienced substantial improvement in their social development when compared with White children (57%) and the state average (54%). A trend analysis showed drops in the percentage of children across all races.
- Fewer children from our poorest families (49%) experienced substantial improvement in their social development as compared with children from upper family income groups (59-61%).
- Families of African American children were more likely to withdraw from First Steps or fail to participate in services (27%) than families of White children (18%)--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 (26%) as compared with upper-income families (12-13%). This rate is comparable to our analyses for the past 3 years.
- Overall, fewer African American children (26%) and children in extreme poverty (30%) exit First Steps no longer needing specialized services as compared to their White (37%) or higher income (39-45%) 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

a. Improve Exit Assessment

A short webinar for our nine regional Assessment Team members will be developed and disseminated. It will focus on appropriate scoring of the initial assessment of all entering children, particularly assessing and scoring social-emotional development of children under six months of age.

b. Improve Family Assessment

Three additional in-service trainings are planned around this evidence-based practice and the home visiting practices described below. One training will center on providing service coordinators with the interpersonal communication skills (e.g., motivational interviewing) for better engaging families in the family assessment process. The second training will concentrate on helping service coordinators translate (with the families) the child and family assessments into improved functional IFSP outcomes that address family priorities and concerns. The third training will pertain to providing practice-based coaching skills to the SPOE supervisors and trainers to better support practice fidelity.

c. Improve Home Visiting

Our evaluations and discussions with current Home Visiting training participants have found that practitioners are wanting to gain greater skills in having important and sometimes difficult conversations with families. These conversations typically fall into three foci: initial conversations that explain and negotiate the roles and responsibilities of both providers and family members within Indiana's First Steps home visiting framework, conversations that need to occur when families are struggling to carry out their responsibilities in between home visits, and conversations that need to happen when families are experiencing any of a number of crises (unemployment, violence, drug use, housing, food, etc.). We are currently exploring the use of *motivational interviewing* strategies that have been successfully used in the health and substance abuse fields. We are also looking at focusing training and more intensive practice-based coaching supports to a limited number of regions (3 of 9) and agencies (4 in each region) for the upcoming year. More intensive focus will allow us to better concentrate on needed skill development and fidelity of practice.

d. Improved data usage/CQI

More formally ramp up the use of data to guide and inform decision making at all levels. Increased data usage was piloted this past year and continued work and support from our Quality Review contractor is planned.

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.

3. Anticipated barriers and steps to address those barriers

We anticipate two challenges for the upcoming year. First, our SICCC membership has undergone major changes, with 17 new members on our 24-member council. The SICCC is a major voice for First Steps stakeholders affecting our SSIP, therefore we will request time on the upcoming May quarterly meeting agenda to re-establish clear procedures for seeking their input and involvement.

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. We plan to provide a one-day training/meeting regarding these roles and practices, and as their agencies sign on for future training, we will be negotiating those roles and responsibilities.

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

Technical assistance that encompasses proven, yet inexpensive, strategies for providing practice-based coaching support to providers that support fidelity implementation would be helpful. Likewise, technical assistance on proven, but inexpensive, strategies for measuring practice fidelity, including sampling and alternatives to direct observation would be beneficial.

Appendix A

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 the past four years, compared with national FFY 2015 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 four fiscal years (2013 - 2016), minimal to no increases have been seen across the three outcomes.

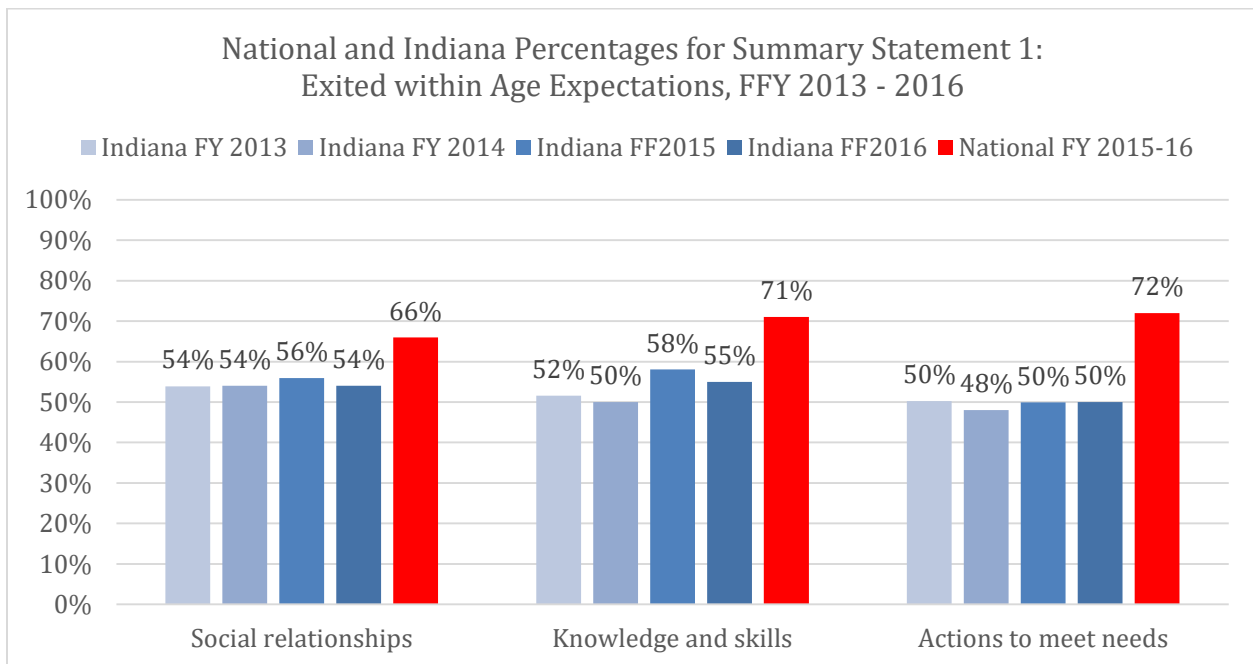


Figure 1.
Indiana and national outcomes for Summary Statement 1: Substantial increases in rate of growth

In summary, fewer infants and toddlers with disabilities in Indiana experience substantial increases in their learning and development across all three outcome areas, including social-emotional development, when compared to last year's national averages. Also, while there were small increases noted in last year's data, those increases did not continue into our most recent year.

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 consistently compares 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 Outcomes 2 and 3 for this past fiscal year.

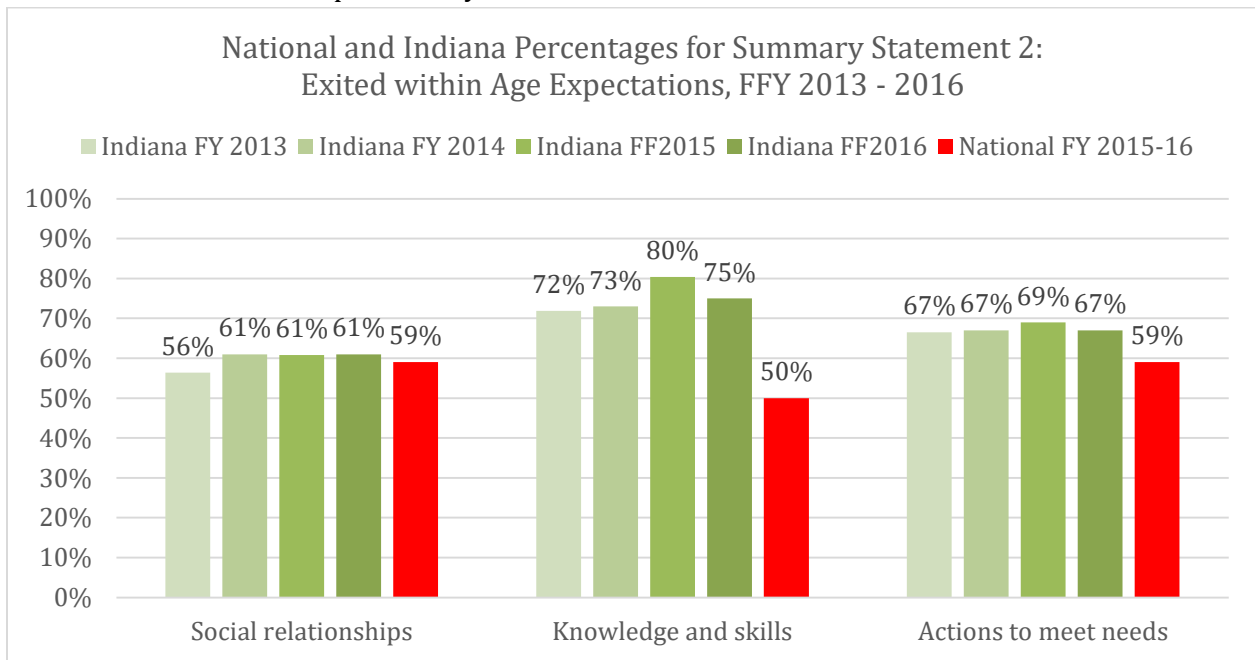


Figure 2.
Indiana and national outcomes for Summary Statement 2: Exited within age expectations

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 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 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 of children functioning within age expectations.

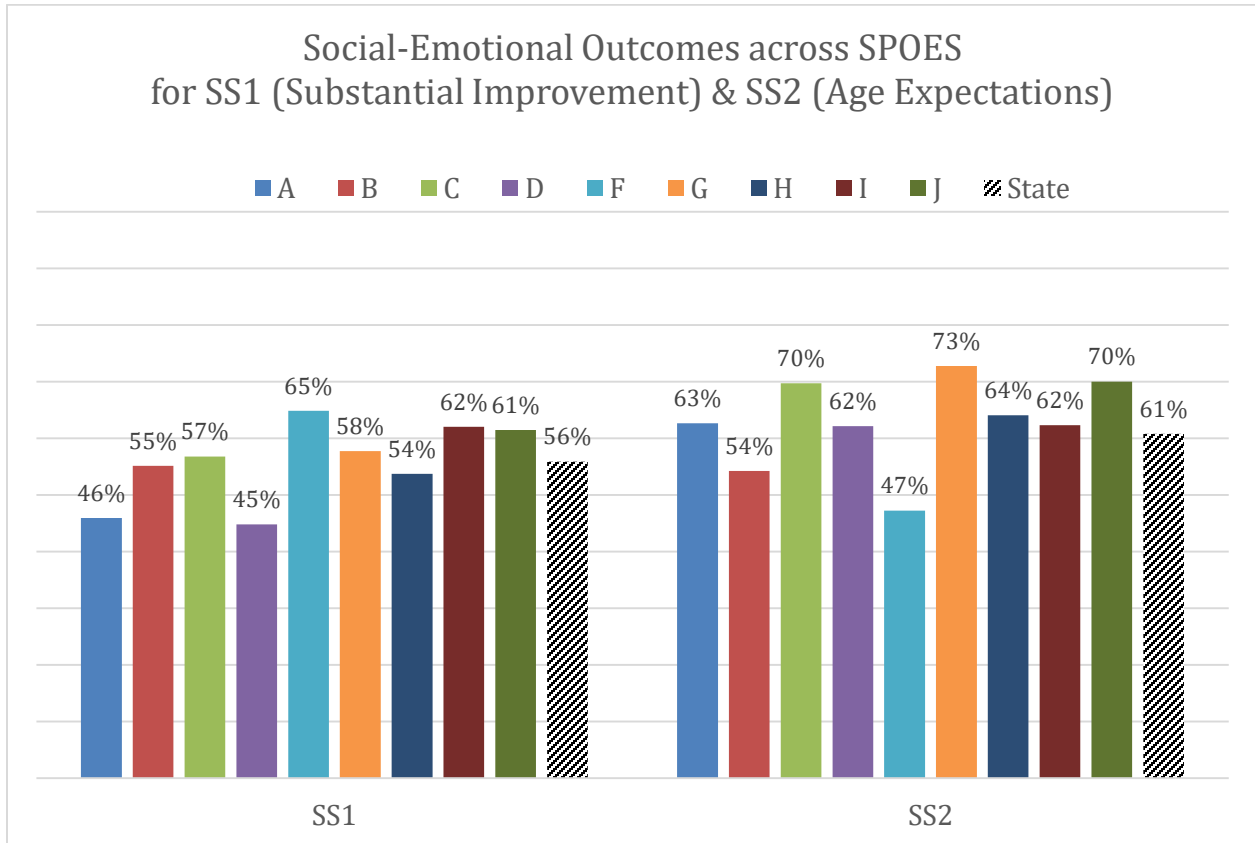


Figure 3. Variations in social-emotional outcomes across the nine SPOEs in Indiana

As can be seen, there is 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. This variation and overall data quality is a target of one of our SSIP improvement strategies—providing professional development that increases effective exit assessment practices among providers. The outcome of this effort, which began the fall of 2017, won't be completely evident until next year's SSIP report, however, there is data that suggests it is having an impact.

Using the tools shared by the former ECO Center and the Early Childhood Technical Assistance Center, we examined data quality for the FFY 2016 and compared it with FFY 2017 data that has

been collected to date (July 1, 2017 through January 31, 2018). 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, and (E) Maintained age level.

Table 1
Summary analysis of the quality of Indiana's First Steps Outcome data – FFY 2016

Domain	Outcome Categories	System Points of Entry									State
		A	B	C	D	F	G	H	I	J	
1 Social-Emotional	A	0.0%	1.9%	0.5%	1.0%	0.0%	1.2%	0.3%	1.2%	0.0%	0.8%
	B	44.4%	27.4%	31.9%	45.8%	27.0%	32.9%	38.2%	27.7%	34.8%	34.1%
	C	8.4%	1.6%	3.7%	2.7%	0.0%	5.2%	2.7%	0.7%	5.1%	4.0%
	D	21.1%	29.7%	42.4%	33.5%	47.6%	35.5%	34.2%	50.8%	45.4%	36.8%
	E	26.1%	39.5%	21.7%	17.0%	25.4%	25.2%	24.7%	19.6%	14.7%	24.4%
2 Uses knowledge	A	0.0%	1.0%	0.5%	1.2%	0.0%	0.8%	0.5%	0.9%	0.0%	0.6%
	B	27.1%	19.7%	16.5%	23.4%	18.9%	18.8%	19.5%	17.8%	20.8%	20.1%
	C	11.5%	5.0%	2.1%	4.1%	0.7%	6.4%	1.8%	0.7%	4.5%	4.9%
	D	19.4%	15.1%	8.4%	16.3%	25.4%	30.1%	10.7%	18.7%	18.8%	20.5%
	E	42.0%	59.2%	72.6%	55.1%	55.1%	44.0%	67.6%	61.9%	55.9%	53.9%
3 Meets Needs	A	0.0%	1.5%	0.5%	1.0%	0.0%	1.2%	0.5%	1.2%	0.0%	0.8%
	B	32.2%	30.2%	23.8%	35.8%	25.1%	27.3%	34.7%	30.0%	25.6%	29.0%
	C	8.6%	0.6%	6.4%	2.3%	0.7%	3.1%	4.2%	0.5%	6.1%	3.6%
	D	18.8%	30.5%	20.1%	20.1%	32.9%	27.6%	24.9%	29.8%	35.4%	26.7%
	E	40.4%	37.2%	49.2%	40.8%	41.4%	40.8%	35.7%	38.6%	32.9%	39.9%
Total within range		15	13	12	12	12	14	11	11	14	12
Missing Data		7.5%	1.5%	7.2%	6.8%	4.1%	6.2%	14.7%	5.7%	9.2%	6.6%

For FFY 2016, 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%) for the state and most of the nine SPOE regions. 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.

When compared with FFY 2017 data, the number of instances in which the percentage of children falling outside of the approved ranges is dramatically improving. As a state, there were no outcome categories across the three outcomes that fell outside the expected range. In addition, the number of instances of data falling outside expected ranges decreased 50%, declining from 24 to 12 instances.

Table 2
Summary analysis of the quality of Indiana’s First Steps Outcome data – FFY 2017*

Domain	Outcome Categories	System Points of Entry									State
		A	B	C	D	F	G	H	I	J	
1 Social-Emotional	A	0.2%	1.3%	0.0%	0.9%	0.0%	0.9%	1.8%	1.1%	0.0%	0.7%
	B	38.6%	31.2%	28.1%	38.7%	25.7%	29.8%	36.0%	31.4%	34.1%	32.2%
	C	9.3%	5.5%	6.2%	5.4%	5.7%	8.2%	4.8%	3.8%	7.1%	6.7%
	D	28.9%	27.5%	37.2%	33.6%	50.9%	35.5%	36.4%	42.9%	43.1%	35.9%
	E	23.0%	34.6%	28.5%	21.4%	17.7%	25.7%	21.1%	20.8%	15.8%	24.4%
2 Uses knowledge	A	0.4%	0.8%	0.0%	0.0%	0.0%	0.4%	1.3%	0.2%	0.3%	0.4%
	B	23.2%	21.2%	17.0%	31.0%	16.6%	16.4%	17.5%	19.3%	17.7%	19.5%
	C	8.9%	9.2%	3.8%	3.6%	2.9%	6.6%	8.3%	4.4%	3.9%	6.1%
	D	20.2%	15.7%	7.2%	17.0%	22.3%	28.2%	17.1%	15.0%	26.7%	20.2%
	E	47.3%	53.0%	71.9%	48.5%	58.3%	48.4%	55.7%	61.1%	51.5%	53.8%
3 Meets Needs	A	0.7%	0.8%	0.2%	0.3%	0.0%	0.8%	0.4%	1.3%	0.3%	0.7%
	B	29.1%	31.0%	24.9%	36.0%	23.4%	26.9%	34.7%	29.0%	23.2%	28.4%
	C	7.8%	3.6%	6.7%	6.0%	5.7%	6.5%	6.1%	3.1%	3.9%	5.6%
	D	28.6%	36.3%	18.9%	21.4%	29.7%	26.7%	26.8%	27.9%	34.1%	27.6%
	E	33.8%	28.3%	49.2%	36.3%	41.1%	39.2%	32.0%	38.7%	38.6%	37.7%
Total within range		15	14	13	14	13	15	14	12	13	15
Missing Data		6.7%	1.2%	5.6%	4.7%	6.4%	6.6%	12.3%	6.7%	9.1%	6.3%

*FFY 2017 data reported here includes data collected from July 1 through December 31, 2017

There is still a low proportion of Indiana children who fall into Outcome Category C. While we think that current efforts are improving data quality, we are finding that one constituency, members of our initial Assessment Teams, may be failing to make required coding of entry scores when they suspect a delay based on their clinically-informed opinion.

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. This year we also see a drop in the percentage of Hispanic/Latino children showing improvement in social emotional development.



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

The following figure, Figure 5, presents trend information concerning social-emotional outcomes (SS1) by race. Most races experienced a drop from FFY 2015 to FFY 2016, with Hispanic/Latino children experiencing the largest drop (7%) and African American children experiencing a 2% drop.

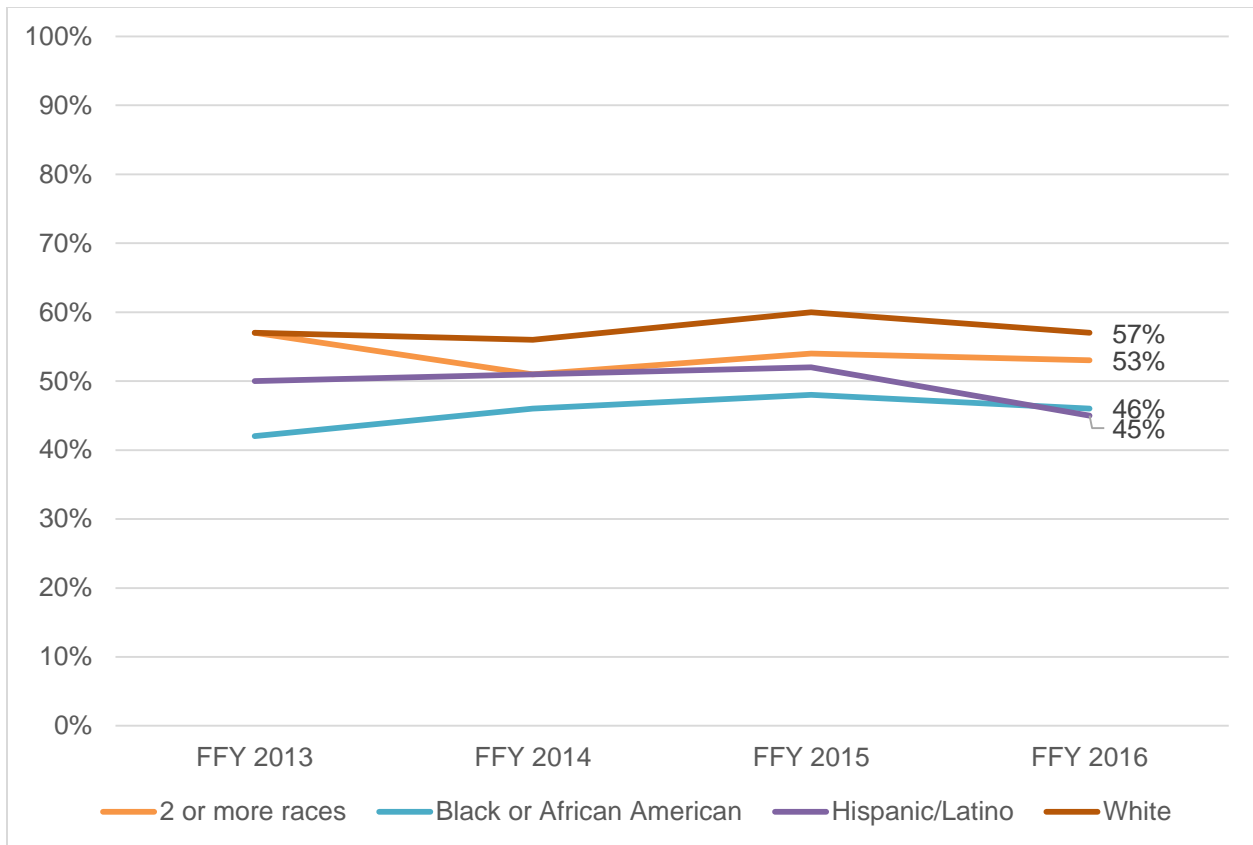


Figure 5. Percentage of children by race experiencing positive social-emotional outcomes over time

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 6 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 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 FFY2016, 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 6. 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 7 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.

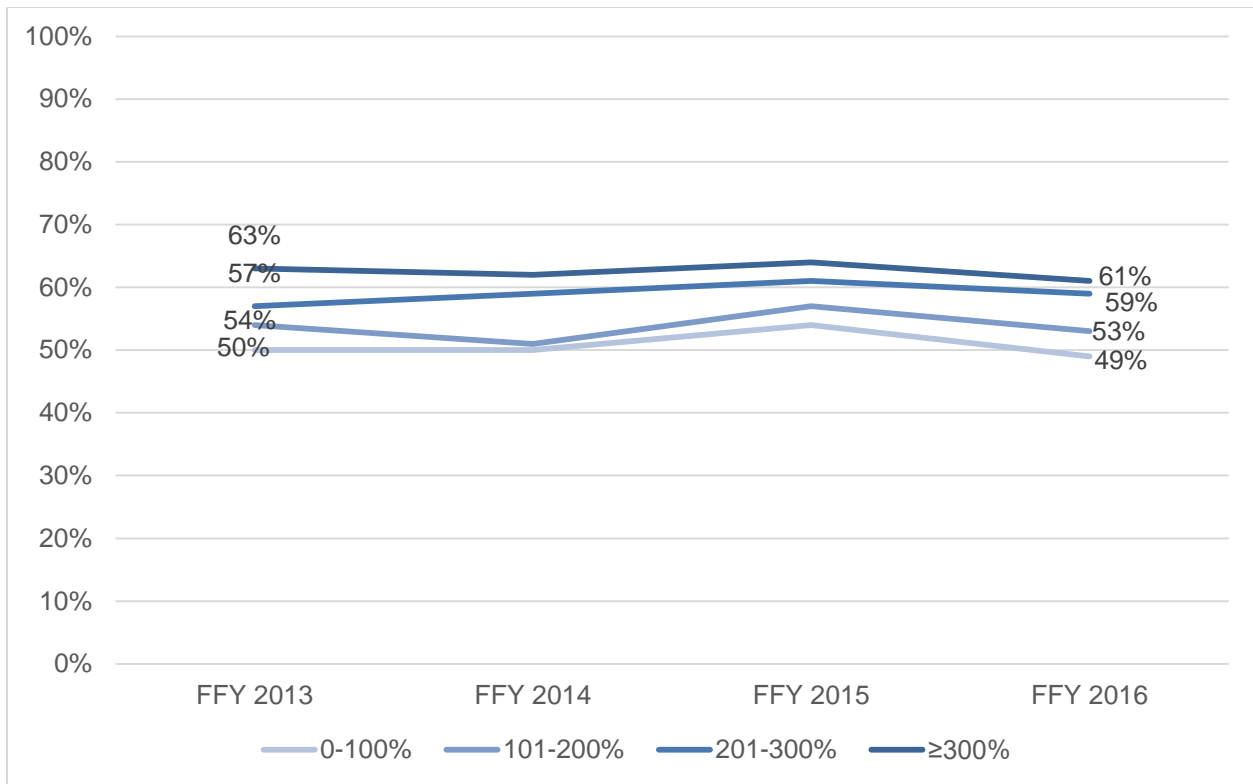


Figure 7. Percentage of children by family income experiencing positive social-emotional outcomes

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 8 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 (27% versus 18%) and are less likely to exit no longer needing specialized services (26% versus 37%). 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.

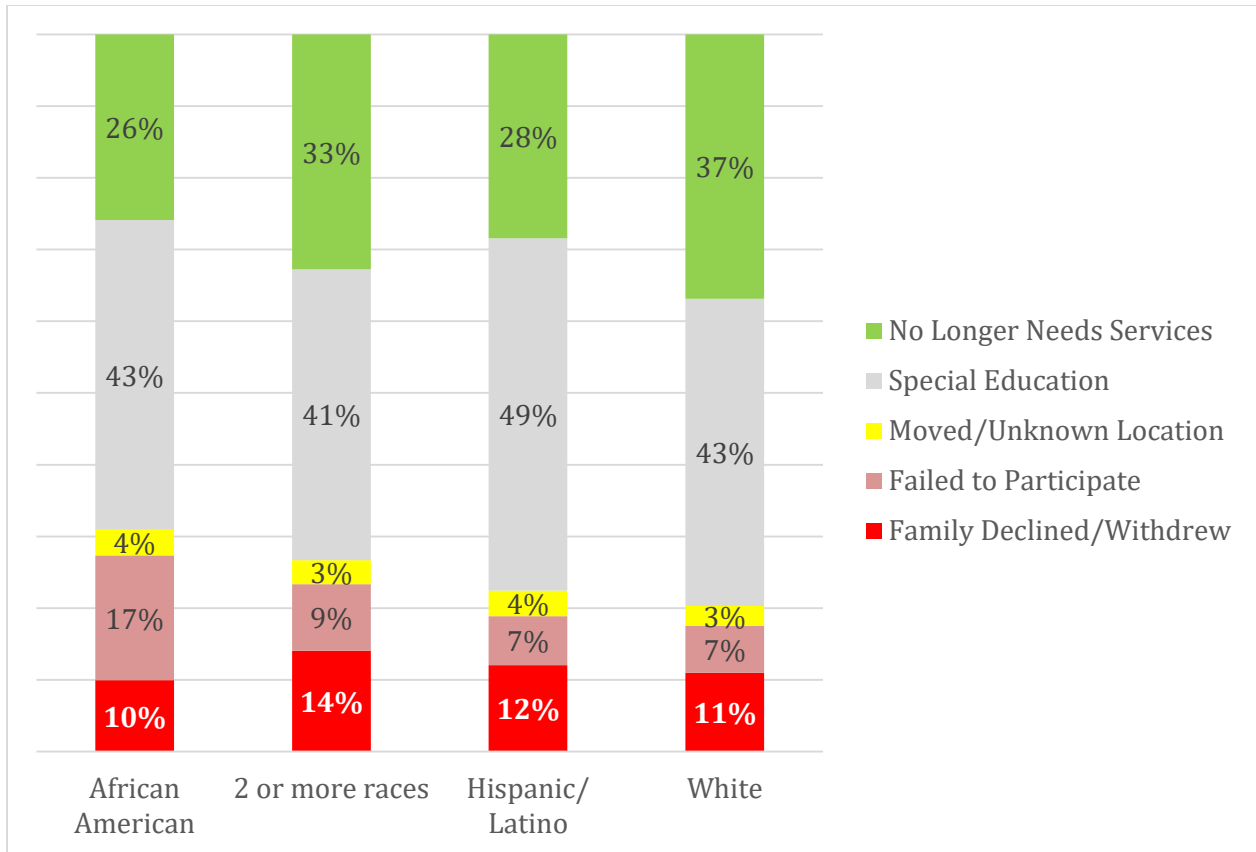


Figure 8. Reasons children exit First Steps by race

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 9, 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 (26% versus 12%, respectively), and are less likely to exit no longer needing specialized services (30% versus 45%, respectively). These results mirror those from previous years.

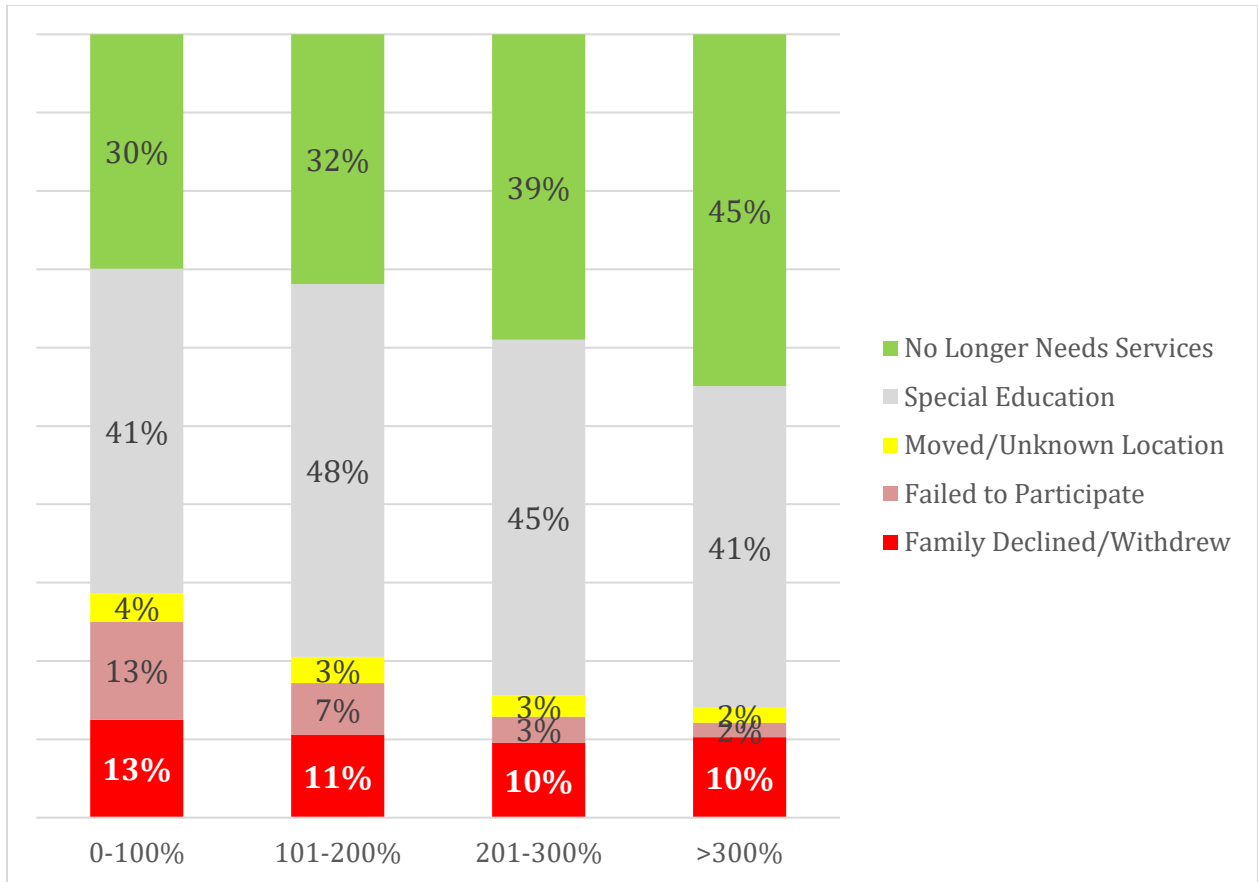
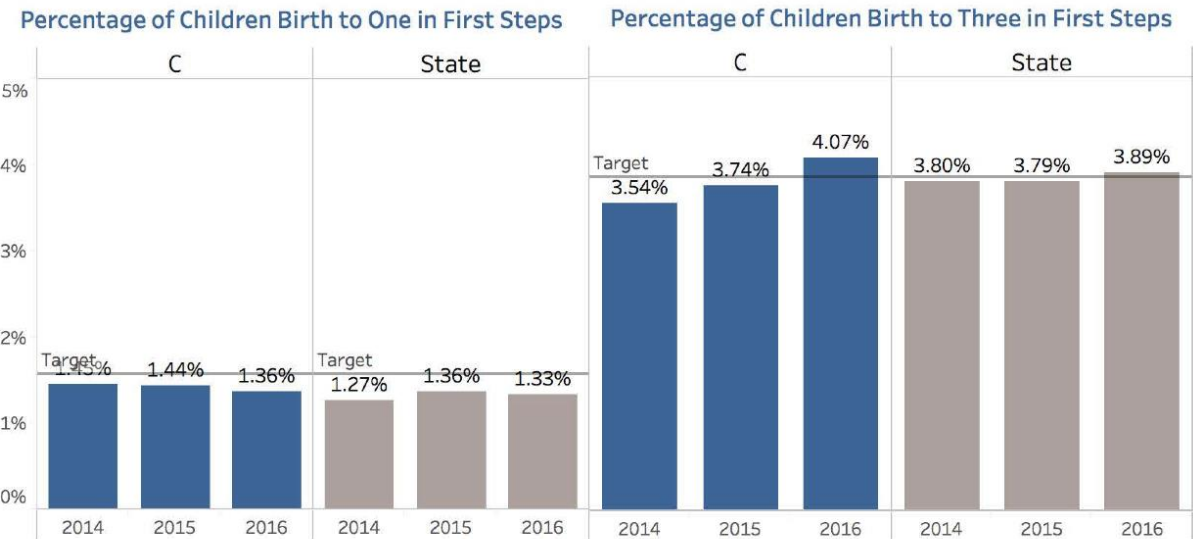
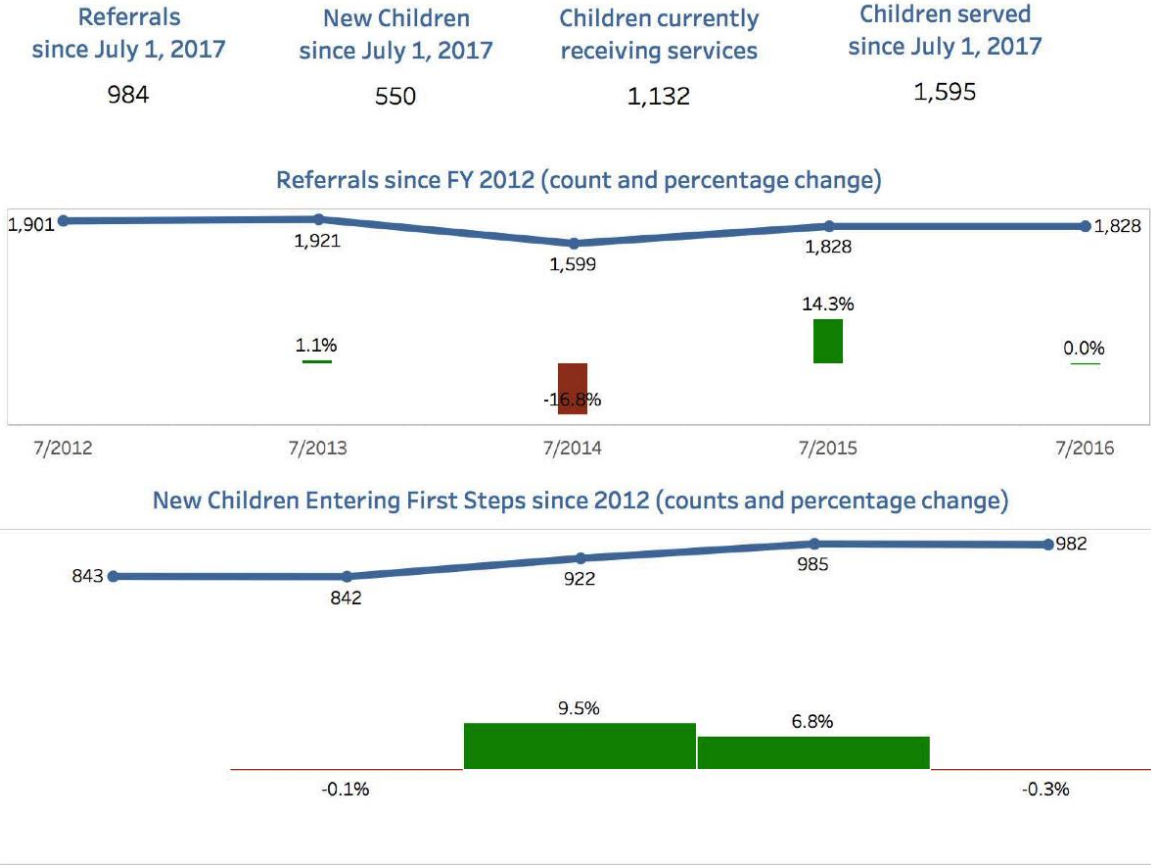


Figure 9. Reasons children exit First Steps by family income

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.

Appendix B Sample Data Dashboards

General Child Count Information for Cluster C

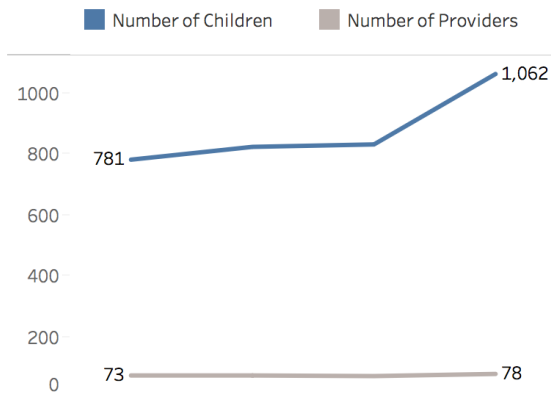


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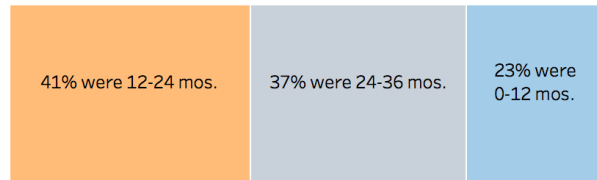
Current numbers from 7/1/2017-12/31/2017. Caseloads based on July-August 2017.

Current children	New children	Total children	Current providers	Median Caseload	Current admin caseload
578	227	797	75	13	1

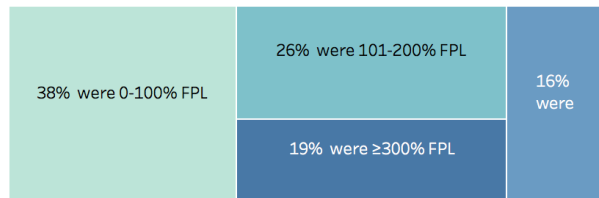
Annual count of children and providers (FFY's 2013 -2016)



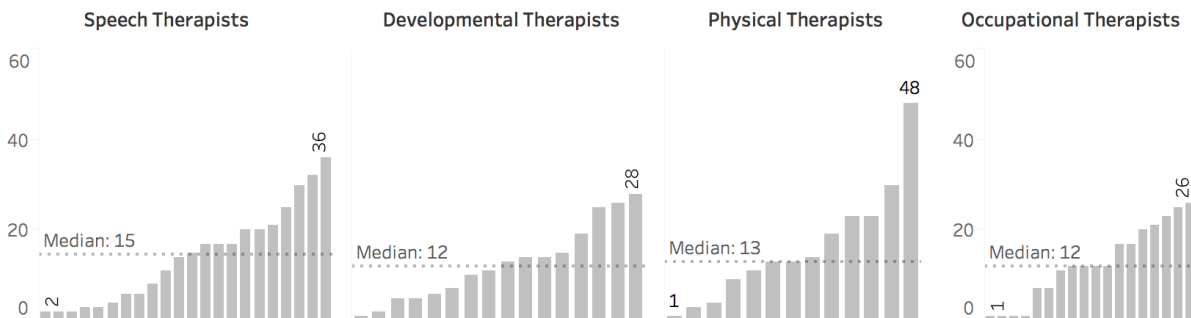
Current average age at entry is 11.5 months



Percentage of new families by Family Poverty Level



Caseloads for all providers serving children the months of July-August 2017



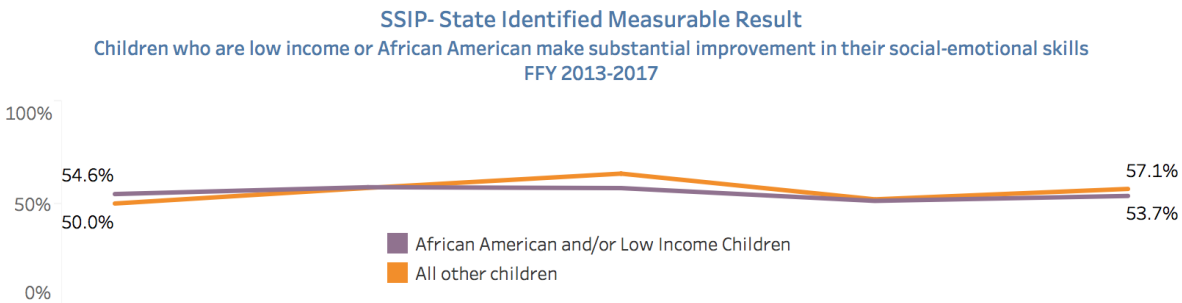
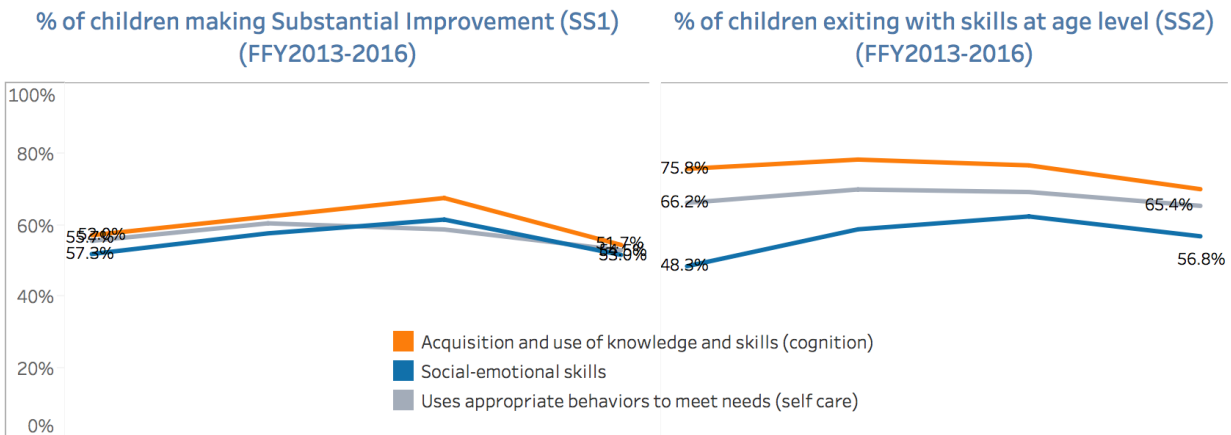
One month count (July 2017) of the number, type, and hours of services children received
(Children received an average of 1.6 Services)

Services	# of children	Service Hours	Hours/child
Speech Therapy	248	636	2.6
Occupational Therapy	203	476	2.3
Developmental Therapy	180	517	2.9
Physical Therapy	178	449	2.5
Totals/Average	555	2,077	3.7

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Current impact on children (since July 1, 2017)

	Substantial Improvement			Exit w/ Skills at Age Level		
	Agency	State	Target	Agency	State	Target
Social-emotional skills	55.7%	53.4%	(55.0)	57.5%	60.0%	(57.0)
Acquisition and use of knowledge and skills (cognition)	64.1%	54.6%	(56.0)	80.4%	74.9%	(72.0)
Uses appropriate behaviors to meet needs (self care)	64.2%	51.4%	(55.0)	74.2%	65.2%	(67.0)



Family Outcomes

	Agency	State
Know their rights	97.3%	96.8%
Effectively communicate their children's needs	97.7%	96.7%
Help their children develop and learn	96.5%	94.8%

In Indiana, 1 in 5 families (19%) withdraw or discontinue participation in First Steps. How does your agency compare?

