

# MICHIGAN Part C

## FFY2015 State Performance Plan / Annual Performance Report

**Executive Summary:**

**Attachments**

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

**General Supervision System:**

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

The Michigan Department of Education (MDE) is the lead agency for the implementation of Part C of the Individuals with Disabilities Education Act (IDEA). Part C of IDEA is commonly known as *Early On* within the State. Leadership for *Early On* is located in the Office of Great Start/Early Childhood Development and Family Education (OGS/ECD&FE). *Early On* partners and collaborates with the Michigan Interagency Coordinating Council (MICC), the state interagency coordinating council. MDE staff reviewed available data along with statewide contractors, members of the MICC Executive Committee, and the Parent Involvement Committee (PIC). After many data review meetings, target recommendations were presented to the MICC at their November 2014 meeting. In November 2016 the MICC reviewed current data in comparison to the previously set targets.

There are 56 intermediate school districts responsible for the administration of *Early On* across the state. Each local early intervention program is required to have a Local Interagency Coordinating Council (LICCC) to provide advice for its system of services. The LICCCs are patterned after the MICC, requiring representative stakeholders as well as parent membership.

A Michigan Part C comprehensive general supervision system is in place to assist in achieving improved results for infants and toddlers with disabilities and/or a developmental delay and their families. Various components of the system are briefly discussed below.

Data Collection for Part C reporting requirements are collected from three sources: 1) the Michigan Electronic Grants System *Plus* (MEGS+); 2) the Michigan Student Data System (MSDS); and 3) the Qualitative Compliance Information Project (QCIP), Michigan's confidential system for reporting family outcomes. Local lead agencies collect basic demographic data on all children enrolled in *Early On*, assigning a unique identification code (UIC) to each child. Those data are then uploaded from individual local data management systems into MSDS. MSDS builds a secure, confidential record of elements needed for federal reporting.

Fiscal management of local early intervention programs and statewide contracts is controlled using MEGS+. All fiscal agents must apply for Part C funds through this system. Budgets and subsequent amendments are approved by lead agency staff. Distribution of reimbursement payments are conducted and final expenditure reports are filed via the Cash Management System.

An Effective Dispute Resolution System is in place with the support of Michigan's Office of Special Education (OSE), the lead office for Part B of IDEA. OSE provides oversight and administration for mediation, complaints, and due process hearings for both Part C and Part B of IDEA.

Mediations in the state are processed by the Michigan Special Education Mediation Program (MSEMP). MSEMP provides services through the Community Dispute Resolution Program, a network of 18 conflict resolution centers across the state. The project uses mediation, facilitation, and training services for working through disputes. The mediation process is intended to resolve disputes by sharing ideas on what the child needs. The process helps participants find solutions for the good of the child and family in a non-legal way, thereby avoiding a lengthy and expensive court process. The use of mediation is voluntary and has to be agreed to by both the parent and the local early intervention program. MSEMP is administered by Dispute Resolution Education Resources, Inc. a Lansing-based nonprofit organization.

Complaints filed with the state are processed by OSE. OSE has a very organized system to track and process complaints. OSE utilizes a single-tier complaint system. All state complaints are completed using this system. This single-tier system allows the early intervention programs and OSE to jointly investigate complaints resulting in the opportunity to encourage and support the use of local resolution and methods of alternative dispute resolution.

Due Process Hearings in Michigan are processed in a single-tier system that uses hearing officers who are administrative law judges. The hearing officers are salaried state employees employed by a state department separate from MDE. It is required that the hearing officers are knowledgeable and understand the provision of IDEA, federal and state regulations, and all relevant legal interpretations. This separate agency is the State Office of Administrative Hearings and Rules (SOAHR).

The Continuous Improvement and Monitoring System (CIMS) is the monitoring system used by OSE and OGS/ECD&FE. The state uses this system to ensure compliance with IDEA and any state rule and to promote outcomes. CIMS was designed to help the state and its locals analyze and interpret data as well as record all monitoring activities in a single location. CIMS reflects the priorities of IDEA and the State Performance Plan (SPP). In assessing the performance of its locals, the state monitors data collected through the following:

- Focused monitoring activities (on-site, state-verified desk audit or state-verified self-review),
- Data reviews, and
- Other activities.

## FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Michigan evaluates the performance of each local early intervention service system, relative to the SPP indicator targets. If areas of noncompliance are identified, the state issues a finding of noncompliance to the local system.

A Finding is a dated, written notification that includes both the citation of the statute, rule or regulation, and a description of the data supporting the state's conclusion that there is noncompliance with that statute or regulation. There are two prongs of verification of correction used by the state: Prong 1 – The local has corrected each individual case of noncompliance, and Prong 2 – The local is correctly implementing the specific regulatory requirements (i.e., achieved 100 percent compliance) based on the state's review of new data per established indicator timeframes.

All identified noncompliance must be corrected as soon as possible, but in no case later than one year, including verification. Policies, procedures, and the SPP/APR are in place to provide guidance to the field. A Michigan State Plan for Part C of IDEA provides a general overview to the federal requirements. The State Plan, additional guidance, and implementation can be found on the MDE, *Early On*, and *Early On* Training and Technical Assistance websites; which are available to the public. The three website addresses are below:

Michigan Department of Education: [www.michigan.gov/earlyon](http://www.michigan.gov/earlyon)

*Early On*: [www.1800EarlyOn.org](http://www.1800EarlyOn.org)

*Early On* Training and Technical Assistance: [www.eotta.ccesa.org](http://www.eotta.ccesa.org)

### Attachments

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

### Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

Technical Assistance (TA) is provided by a statewide contractor, *Early On* Training and Technical Assistance (EOT&TA), at Clinton County Regional Educational Service Agency. Technical assistance is a component of the comprehensive system of personnel development provided by this same contractor. Staff of EOT&TA participate in numerous national initiatives and activities to stay abreast of current practices. The contractor provides TA to local early intervention systems through a variety of methods including guidance documents, phone contacts, email, one on one technical assistance for each of the local systems, and onsite meetings. A daily toll-free line is available for early intervention personnel to ask questions. This contractor also provides TA after state monitoring to assist the local systems to come into compliance.

Local early intervention systems also receive technical assistance from state staff. Three state consultants are assigned a cohort of local *Early On* systems to provide TA in addition to support from EOT&TA. State staff and EOT&TA work closely to coordinate support to the local systems. State staff technical assistance is at the policy level to clarify guidance where needed at the local level.

### Attachments

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

### Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

#### Comprehensive system of personnel development

Through issuance of a mandated activities project contract, Michigan has developed a comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services (EIS) available in the state that includes:

- Training personnel in implementing innovative strategies and activities for the recruitment and retention of *Early On* service providers,
- Promoting the preparation of *Early On* service providers who are fully and appropriately qualified to provide EIS under Part C, and
- Training personnel to coordinate transition services for infants and toddlers in various geographic areas throughout the state.

This contractor also has the responsibility of providing timely delivery of high quality, evidenced-based technical assistance and support to EIS programs. Supports to the field include a resourceful website, online and in person trainings, webinars, system updates sessions, conferences, communities of practice, and recently a book study with national technical assistance experts. Participation in national communities of practice and technical assistance events provide contractors the most current and up-to-date information.

A self-paced, five-part training module for personnel development entitled the *Essentials for Early On* is available to support providers in the field to understand expectations for those evaluating infants and toddlers. State staff worked to enable continuing education credits for those completing the on-line course.

### Attachments

2/27/2017	File Name	Uploaded By	Uploaded Date
-----------	-----------	-------------	---------------

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

**Stakeholder Involvement:**  apply this to all Part C results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

Michigan Part C collaborates extensively with the Michigan Interagency Coordinating Council (MICC), a Governor-appointed advisory council. The MICC includes multiple stakeholders from various perspectives around the state. Issues are addressed through various ad hoc and standing committees. The Executive and Parent Involvement Committees provide a great deal of advice to the lead agency. When targets need to be established or revised, these committees, along with statewide contractors, review data and make recommendations for the targets. After many data review meetings, target recommendations were presented to the MICC at their November 2014 meeting. In November 2016 the MICC reviewed current data in comparison to the previously set targets.

Attachments	File Name	Uploaded By	Uploaded Date
No APR attachments found.			

**Reporting to the Public:**

How and where the State reported to the public on the FFY 2013 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2013 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2013 APR in 2015, is available.

As required by law, public reporting occurs no later than 120 days from submission of the Annual Performance Report (APR). Michigan's Part C SPP can be found at [www.michigan.gov/earlyon](http://www.michigan.gov/earlyon) under the heading Federal Reports/Performance.

Reporting to the public is conducted on the three websites for *Early On* listed below:

Michigan Department of Education: [www.michigan.gov/earlyon](http://www.michigan.gov/earlyon) or [www.MiSchoolData.org](http://www.MiSchoolData.org), and *Early On*: [www.1800EarlyOn.org](http://www.1800EarlyOn.org).

Attachments	File Name	Uploaded By	Uploaded Date
No APR attachments found.			

**Actions required in FFY 2014 response**

## Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

### Historical Data

Baseline Data: 2006

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		19.00%	47.80%	90.88%	100%	97.83%	99.84%	100%	100%	99.83%	99.07%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

### FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

### FFY 2015 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
16240	16592	99.07%	100%	99.60%

<b>Number of documented delays attributable to exceptional family circumstances</b> <i>This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.</i>	285
---	-----

What is the source of the data provided for this indicator?

- State monitoring
- State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Full reporting period - July 1, 2015 - June 30, 2016

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Full reporting period is included.

Provide additional information about this indicator (optional)

Data were collected through the Michigan Student Data System (MSDS). All local early intervention programs submitted data regarding all children served to the state database at three designated points during the program year (July 1, 2015 - June 30, 2016). Data from the three collections were aggregated to provide data from the full reporting period.

Data for this indicator reflect that a total of 16,592 children's records include new services on either initial or subsequent IFSPs. This number was used as the denominator for calculation of Indicator 1 data. Reported data reflect that for 16,240 children all new services listed on their IFSP were initiated within the required timeline of 30 calendar days from consent for the services. An additional 285 records indicated that the delays to the initiation of services were attributable to documented exceptional family circumstances. The number of records with documented exceptional family circumstances (285) was added to the timely records (16,240) resulting in a total of 16,525 records. This number was used as the numerator for the calculation. The resulting percentage of compliance is 99.60%.

$$(16,240+285)/16,592=.9960$$

Both the numerator and denominator include 285 children for whom services were not timely, but whose records indicated that the delays were attributable to documented exceptional family circumstances.

99.60% compliance falls slightly below the target of 100% for this indicator. This compliance level is higher than the 99.07% compliance level reported in the FFY 2014 SPP/APR.

Thirty-one local service areas had a total of 285 records with delays to the start of services that had documented exceptional family circumstances. Reasons for these delays include appointments being cancelled and rescheduled by parents, parents requesting a delay to the start of services to accommodate work schedules, parents requesting a delay to the start of services until after holidays or planned vacations, documented multiple attempts to contact parents for scheduling, and family not being at home at scheduled appointment times.

Nineteen local service areas had a total of 67 records with delays to the start of services for which exceptional family circumstances did not exist or were not documented. Reasons for these delays include provider absence, shortage of providers, confusion regarding requirements, and failure to adequately document exceptional family circumstances.

Six of the 19 local service areas were issued Findings of noncompliance and required to develop Corrective Action Plans during FFY 2016 based on these FFY 2015 data. The remaining 13 local service areas were not issued new Findings, as they had open Findings and Corrective Action Plans for Indicator 1 or a review of more recent data during verification and closeout of previously issued Findings and Corrective Action Plans for Indicator 1 indicated 100% compliance.

Findings resulting from FFY 2015 data are based on the full reporting period, therefore Findings based on FFY 2015 data were issued in FFY 2016.

**Actions required in FFY 2014 response**

none

**Responses to actions required in FFY 2014 response, not including correction of findings**

**Correction of Findings of Noncompliance Identified in FFY 2014**

Findings of Noncompliance Identified 2/27/2017	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4	0	0

**FFY 2014 Findings of Noncompliance Verified as Corrected**

*Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements*

One local early intervention program was issued a Finding for Indicator 1 in FFY 2014 based on a desk review of their local self-assessment data.

One local early intervention program was issued a focused monitoring Finding related to Indicator 1 in FFY 2014 as a result of noncompliance with a related requirement identified during a desk review of their local self-assessment data.

Two local early intervention programs were issued Findings for Indicator 1 in FFY 2014 based on record reviews conducted during onsite monitoring visits.

Each service area developed a Corrective Action Plan in the CIMS system that detailed strategies that the local early intervention program would take to correct noncompliance, as soon as possible, but no later than one year from notification of the Finding, including verification by the State. As part of the corrective action planning process, progress reports were submitted. Progress reports required the local early intervention program to conduct file reviews.

When Corrective Action Plan activities had been completed and progress reports indicated compliance, MDE conducted verification activities during which the local early intervention program was required to make available new files for verification of correction of noncompliance. MDE requested that the service area provide a list of the most recent child records. From that list, MDE selected a random sample of records for review.

MDE used an indicator-specific checklist based upon the federal and state standards when reviewing the local program files to verify correction of noncompliance. This ensured that the local program is correctly implementing the specific regulatory requirements. All records for each local early intervention program were found to be in compliance resulting in a 100% compliance level.

Documentation was also collected from the local early intervention programs and from the state technical assistance providers to demonstrate that all Corrective Action Plan activities had been completed.

Each local early intervention program was notified of the verification of correction of noncompliance through a formal letter closing the Corrective Action Plan.

*Describe how the State verified that each individual case of noncompliance was corrected*

For each of the children for whom services were not initiated within the 30-day timeline from consent for services, it was verified during the desk review or onsite monitoring visit that all services on the IFSP were indeed initiated. No further child level correction is possible because timeliness cannot be corrected.

For the two child records in one local early intervention program for which written consent had not been obtained prior to the initiation of services, it was verified during the desk review that written consent was obtained for all services. Consent was obtained for all services, though not all prior to the initiation of service. No further child level correction is possible because timeliness cannot be corrected.

## Indicator 2: Services in Natural Environments

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

(20 U.S.C. 1416(a)(3)(A) and 1442)

### Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			88.00%	90.00%	92.00%	92.00%	93.00%	93.00%	93.00%	93.00%	93.50%
Data		84.20%	88.10%	92.41%	93.31%	94.31%	96.95%	96.63%	96.24%	96.34%	95.00%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

### FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥	93.50%	94.00%	94.00%	94.00%

Key:

### Targets: Description of Stakeholder Input

Recommendations for targets were developed by MDE with input from our data contractors, MICC Executive Committee, and Parent Involvement Committee. Those recommendations were brought to the MICC and a discussion was held. The MICC approved the targets through 2018 at the November 2014 meeting.

### Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	<a href="#">Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</a>	8,481	
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	<a href="#">Total number of infants and toddlers with IFSPs</a>	8,901	

### FFY 2015 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
8,481	8,901	95.00%	93.50%	95.28%



**Actions required in FFY 2014 response**

none

**Responses to actions required in FFY 2014 response**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 3: Early Childhood Outcomes**

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? **No**

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2008	Target ≥						74.50%	74.80%	74.80%	76.30%	75.00%	75.30%
		Data					74.00%	76.40%	75.10%	74.90%	76.20%	78.21%	64.00%
A2	2008	Target ≥						59.40%	59.70%	59.70%	60.80%	60.40%	60.50%
		Data					59.20%	63.40%	60.90%	59.30%	57.70%	54.19%	54.79%
B1	2008	Target ≥						79.00%	79.30%	79.30%	79.50%	79.50%	79.70%
		Data					79.10%	80.70%	78.60%	80.80%	80.90%	80.94%	67.60%
B2	2008	Target ≥						53.80%	54.20%	54.20%	51.20%	51.20%	51.80%
		Data					54.00%	58.80%	55.30%	54.70%	53.50%	48.63%	49.04%
C1	2008	Target ≥						78.30%	78.60%	78.60%	79.50%	78.80%	79.00%
		Data					78.10%	80.00%	79.00%	79.30%	79.80%	81.10%	68.17%
C2	2008	Target ≥						59.50%	59.70%	59.70%	60.10%	59.20%	59.40%
		Data					59.40%	61.70%	58.00%	57.40%	54.30%	52.44%	51.95%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target A1 ≥	75.60%	75.90%	76.20%	76.50%
Target A2 ≥	60.60%	60.70%	60.80%	60.90%
Target B1 ≥	79.90%	80.10%	80.30%	80.50%
Target B2 ≥	52.40%	53.00%	53.60%	54.10%
Target C1 ≥	79.20%	79.40%	79.60%	79.80%
Target C2 ≥	59.60%	59.80%	60.00%	60.20%

Key:

**Targets: Description of Stakeholder Input**

Recommendations for targets were developed by MDE with input from our data contractors, MICC Executive Committee, and Parent Involvement Committee. Those recommendations were brought to the MICC and a discussion was held. The MICC approved the targets through 2018 at the November 2014 meeting.

**FFY 2015 SPP/APR Data**

Number of infants and toddlers with IFSPs assessed	4169.00
--	---------

**Outcome A: Positive social-emotional skills (including social relationships)**

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	12.00	0.29%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	806.00	19.33%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1089.00	26.12%

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

	Number of Children	Percentage of Children
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1341.00	32.17%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	921.00	22.09%

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	2430.00	3248.00	64.00%	75.60%	74.82%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	2262.00	4169.00	54.79%	60.60%	54.26%

**Outcome B. Acquisition and use of knowledge and skills (including early language/ communication)**

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	13.00	0.31%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	762.00	18.28%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1360.00	32.62%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1569.00	37.63%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	465.00	11.15%

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	2929.00	3704.00	67.60%	79.90%	79.08%
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	2034.00	4169.00	49.04%	52.40%	48.79%

**Outcome C: Use of appropriate behaviors to meet their needs**

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	11.00	0.26%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	780.00	18.71%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1298.00	31.13%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1557.00	37.35%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	523.00	12.54%

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	2855.00	3646.00	68.17%	79.20%	78.30%
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	2080.00	4169.00	51.95%	59.60%	49.89%

**Explanation of C2 Slippage**

The Michigan Mandatory Special Education Act is a state law passed in 1971, ensuring special education to resident children with disabilities from birth to age 26. Services provided under this act are known as Michigan Mandatory Special Education (MMSE). Michigan is a "birth mandate" state, and as such provides support and/or services to individuals from birth to age 26 who meet the eligibility definitions put forth in Michigan Administrative Rules for Special Education (MARSE) under the Michigan Compiled Laws at no cost to the family. MMSE eligibility criteria are narrower than those for *Early On* and thus any child birth to age three who qualifies under MMSE is also eligible for *Early On*.

Michigan raised the eligibility criteria for *Early On* to 20% in 2010 (previously any delay). This change likely contributed to this declining trend in summary statement 2 that reports on percent of infant and toddlers who were functioning within age expectation by the time they exited. In other words, the eligibility criteria is identifying children with more severe delays and who are less likely to meet summary statement 2. For the FFY 2015 reporting period, there was a statistically significantly higher percentage of MMSE eligible children (56.8%) in comparison to the estimated statewide population (53.7%) at the time of exit.

Children enrolled in FFY 2015 had lower average entry COS ratings compared to the data for children enrolled in FFY 2014. The difference was statistically significant in regards to Indicator 3C - use of appropriate behaviors. Specifically, children living in urban areas had significantly lower entry ratings than children from all other areas for Indicator 3C. Michigan will continue to work with service areas to improve services and supports to children and families.

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

Specifically, Michigan will provide targeted technical assistance and training to urban areas.

Outcome results for Part C-only eligible children were statistically significantly higher than children who were also eligible for MMSE for Indicator 3C – Summary Statement 2. Michigan continues to identify evidence-based strategies to support children and families participating in Part C and MMSE.

The slippage in the data may also be impacted by the improved accuracy and reporting rate, rather than a reflection of declining outcomes. It is anticipated that the selection of social emotional outcomes as the focus of our Indicator 11 State Systemic Improvement Plan work will help address this slippage.

**Was sampling used?** No

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)?** Yes

**Provide additional information about this indicator (optional)**

Every child is rated on each of three child outcome functional areas using the Child Outcome Summary (COS) seven-point rating scale. Impact is based upon the child’s progress by comparing his/her developmental status between the entry (collected within 90 days of the referral date) and the exit ratings (collected within 90 days prior to exit date and after at least six months of continuous service). Rating differences between the two data points measures change or progress.

At exit, the service provider(s) not only rate the child on the seven-point rating scale, but also answer the question with a “yes” or “no” about whether the child acquired any new skills or behaviors. Entry ratings, exit ratings, and the answers to the “new skill” questions are all required. If the child’s record is missing any of this information, the progress data will not be available for this child.

Using the Early Childhood Outcomes (ECO) Center Calculator, progress for each child is then converted into one of the five OSEP categories (A-E), indicating the degree to which the child’s status has changed between the time that he or she entered and exited *Early On*.

The local service areas submitted demographic and assessment information on child entry or exit in *Early On* through the MSDS. Multiple sources of information, such as assessments, IFSPs, and parent input are collected to help determine the child’s functioning across the three outcomes to determine the COS ratings. The COS is a standardized method of reporting a child’s developmental status using the seven-point COS rating scale. Ongoing assessment information and/or state-approved assessment tool results are used when establishing COS ratings.

Previous data analysis identified that the number of reported entry and exit ratings were substantially lower than the expected number of entry and exit ratings. The completion rate of FFY 2015 Entry COS was 92.90% (8,211 Entry COS based on the population of 8,839), substantially higher than FFY 2014 (86.3%) and FFY 2013 (76.2%). The completion rate of Exit COS were 63.02% (4,169 out of 6,615), statistically significantly higher than FFY 2014 (58.9%) and FFY 2013 (42.7%). System improvements and statewide efforts have resulted in the increase of completion and reporting rates.

The average age of children at entry was 16.9 months. Slightly more than one third of the entry COS were females (36.4%) and similar percentage of the children were eligible for MMSE (36.6%). The reported data were representative of the statewide population in terms of children’s age, gender, eligibility, and race/ethnicity.

Continued system improvements to Michigan’s child outcomes measurement, collection, and reporting include:

- Improved provider knowledge and skills due to training and experience,
- Improved data collection rates, quality, validity, and
- Improved guidance to the field on child outcome rating process.

**Actions required in FFY 2014 response**

none

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 4: Family Involvement**

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2005	Target ≥			56.00%	60.00%	65.00%	70.00%	58.00%	58.20%	58.40%	58.40%	58.60%
		Data		56.00%	58.00%	56.00%	58.00%	58.00%	59.00%	62.00%	71.50%	70.08%	70.65%
B	2005	Target ≥			51.00%	55.00%	60.00%	67.00%	53.00%	53.20%	53.40%	53.40%	53.60%
		Data		51.00%	54.00%	51.00%	53.00%	53.00%	54.00%	56.00%	64.90%	63.98%	63.75%
C	2005	Target ≥			73.00%	78.00%	83.00%	89.00%	77.00%	77.20%	77.40%	77.40%	77.60%
		Data		73.00%	75.00%	72.00%	75.00%	77.00%	78.00%	78.00%	85.60%	84.40%	84.05%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target A ≥	58.80%	59.00%	59.20%	59.40%
Target B ≥	53.80%	54.00%	54.20%	54.40%
Target C ≥	77.80%	78.00%	78.20%	78.40%

Key:

**Targets: Description of Stakeholder Input**

The Parent Involvement Committee (PIC) of the Michigan Interagency Coordinating Council (MICC) reviewed the recent Family Survey data in October 2016. The data were shared by the Qualitative Compliance Information Project (QCIP) grantee from Wayne State University. The PIC consists of five Governor-appointed MICC parents, two parent alternates, two interagency partners, grantees from Michigan Alliance for Families and *Early On* Training and Technical Assistance, and a member from the Michigan Family Voices organization.

The PIC also reviewed and supported the current improvement activities, as well as commenting positively about the progress being made in Michigan around family outcomes.

Recommendations for targets were developed by MDE with input from our data contractors, MICC Executive Committee, and the PIC. Those recommendations were brought to the MICC for a discussion. The MICC approved the targets through 2018 at the November 2014 meeting. In November 2016, the MICC reviewed and approved current data in comparison to the previously set targets.

**FFY 2015 SPP/APR Data**

Number of respondent families participating in Part C	2509.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1733.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	2509.00
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	1576.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	2509.00
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	2107.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	2509.00

	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights 2/27/2017	70.65%	58.80%	69.07% Page 19 of 39

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	63.75%	53.80%	62.81%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	84.05%	77.80%	83.98%

**Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.**

Survey data were collected through multiple modes: online, mail, and telephone interviews. The online survey data were stored in a secure server as respondents completed the surveys via the web. Completed mail surveys were processed using data scanning software, also stored in a secure server. Surveys completed by telephone were stored through the computer assisted telephone interview (CATI) software and in a secure server. All completed surveys were then merged into a statistical package database, and several levels of data quality control measures (audit, verification, deduping, etc.) were performed.

Compared to other states that have also adopted the National Center for Special Education Accountability Monitoring (NCSEAM) 22-Item Scale, Rasch analysis, and the three standards, Michigan's results are consistent with those states.

Michigan selected the NCSEAM *Impact of Early Intervention Services on Your Family Scale* to collect data on Indicator 4. The Scale has two important qualities necessary for use as a measure of Indicator 4: validity and high reliability.

The Scale exhibits evidence of both content and construct validity. To ensure good content validity, the items in the scale were suggested by parents and other key stakeholders in early intervention and special education and then reviewed by experts in the field. Rasch analysis was used to ensure the items formed a unidimensional scale so that all items address the same construct.

In the NCSEAM pilot study, the Scale had a reliability coefficient of .90. The reliability coefficient found in Michigan's administration of the scale was 0.93 for 2016. Another form of reliability is assessed by the margin of error or confidence interval. Using a 95% confidence interval, the margin of error was ±1.53 for 2016.

Per the recommendation of the NCSEAM researchers who developed the Scale, and since the Scale was constructed using the Rasch measurement framework, "a Rasch analysis provides an estimate of the reliability of both the calibration values (related to the items) and the measures (related to people's responses)." In addition, the measure (average result based on Rasch) can be directly interpreted with respect to the items defining the Scale – that is, one can identify specific items to guide improvement activities.

[\\*http://ecoutcomes.fpg.unc.edu/resources/understanding-and-using-results-ncseam-family-survey](http://ecoutcomes.fpg.unc.edu/resources/understanding-and-using-results-ncseam-family-survey)

The 2016 survey, completed for FFY 2015, had a sample that was representative with regard to child's gender and age, but not in terms of eligibility, nor ethnicity. Specifically, the sample was over-represented of children eligible for Michigan Mandatory Special Education (MMSE) and White children. The Michigan Mandatory Special Education Act is a state law passed in 1971, ensuring special education to resident children with disabilities from birth to age 26. Services provided under this act are known as MMSE. Michigan is a "birth mandate" state, and as such provides support and/or services to individuals from birth to age 26 who meet the eligibility definitions put forth in Michigan Administrative Rules for Special Education (MARSE) under the Michigan Compiled Laws at no cost to the family. MMSE eligibility criteria are narrower than those for *Early On* and thus any child birth to age three who qualifies under MMSE is also eligible for *Early On*.

To determine if the differences made a significant impact on the findings related to Indicator 4, weights were applied to adjust the sample sizes for each factor. Weighting provides an estimate of the results that would be found if the distribution of the sample was identical to the distribution in the overall population.

Weighting adjusts the number of cases in each eligibility or ethnicity subgroup to match the proportion of each group in the total population. As a result, the average score represents an estimate of what the average would be if a highly representative sample completed the survey. As can be seen in Table 1, weighted scores are very similar to the original scores. Comparisons between the percentages of respondents with scores at or above each Indicator 4 standard were approximately the same. Proportions test and difference of means test indicated that there were no statistically significant differences in either the mean scores or the percentages before and after weighting. **These findings indicate that weighting had no substantial effect on the results, suggesting that these data represent an unbiased estimate of the total *Early On* population with respect to eligibility and ethnicity.**

Table 1: Comparison of original and weighted impact on family scores

	Original (unweighted) (N=2,509)	Weighted by Eligibility (N=2,509)	Weighted by Ethnicity (N=2,499)
Average Impact on Family Score	619.36	618.88	618.86
Percent respondents at or above Indicator 4A (know rights)	69.1%	68.9%	69.0%
Percent respondents at or above Indicator 4B (communicate more effectively)	62.8%	62.6%	62.7%

## FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	Original (unweighted)	Weighted by Eligibility	Weighted by Ethnicity
Percent respondents at or above Indicator 4C (help my child develop and learn)	84.0%	83.8%	83.9%

Several measures were undertaken this year, and will be used again in future years, to maximize the number of respondents, as well as to ensure adequate representation of child age, ethnicity and eligibility throughout the state. Activities included:

1. Mailing parents a survey notification brochure, sharing the family survey results from last year and explaining the procedures of the current study. In the brochure, the parents were also provided a 1-800 number that they could call to refuse to participate in the study. The parents who refused were removed from subsequent contact lists.
2. Working with local *Early On* Coordinators to ensure the address list is up to date for each family.
3. Offering a toll free phone number with English, Spanish and Arabic speaking interpreters for assistance in responding to the survey.
4. Offering an online option for completing the survey.
5. Sending post card reminders, approximately two weeks after the survey was sent to families, to those who have not yet completed the survey.
6. Calls to non-respondents were made at different times of the day and of the week, including evenings and weekends. Interviewers were trained to ensure that appropriate consideration was given to cultural and ethnic diversity and that invasion of privacy for the family was minimal. Training also included measures to maintain the reliability of the data and to reduce bias in the data set.
7. For service areas with a lower response rate than the average, surveys were re-mailed and sometimes a second round of reminder postcards were mailed out, as well as increasing call attempts up to ten times.

Was sampling used? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No

Yes, the data accurately represent the demographics of the State

No, the data does not accurately represent the demographics of the State

Provide additional information about this indicator (optional)

Please see paragraph above for explanation regarding a representative sample and strategies for improvement.

Actions required in FFY 2014 response

none

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 5: Child Find (Birth to One)**

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			1.20%	1.30%	1.40%	1.50%	1.24%	1.24%	1.24%	1.24%	1.24%
Data		1.03%	1.08%	1.08%	1.15%	1.24%	1.28%	1.30%	1.32%	1.18%	1.16%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target ≥	1.24%	1.25%	1.26%	1.27%

Key:

**Targets: Description of Stakeholder Input**

Recommendations for targets were developed by MDE with input from our data contractors, MICC Executive Committee, and the PIC. Those recommendations were brought to the MICC and a discussion was held. The MICC approved the targets through 2018 at the November 2014 meeting.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	<a href="#">Number of infants and toddlers birth to 1 with IFSPs</a>	1,292	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2015	6/30/2016	<a href="#">Population of infants and toddlers birth to 1</a>	114,061	null

**FFY 2015 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
1,292	114,061	1.16%	1.24%	1.13%

**Actions required in FFY 2014 response**

none

**Responses to actions required in FFY 2014 response**



**Indicator 6: Child Find (Birth to Three)**

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			2.30%	2.40%	2.50%	2.60%	2.70%	2.70%	2.70%	2.70%	2.70%
Data		2.20%	2.30%	2.44%	2.67%	2.88%	2.96%	3.00%	2.78%	2.64%	2.62%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target ≥	2.70%	2.80%	2.90%	3.00%

Key:

**Targets: Description of Stakeholder Input**

Recommendations for targets were developed by MDE with input from our data contractors, MICC Executive Committee, and the PIC. Those recommendations were brought to the MICC and a discussion was held. The MICC approved the targets through 2018 at the November 2014 meeting.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	<a href="#">Number of infants and toddlers birth to 3 with IFSPs</a>	8,901	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2015	6/30/2016	<a href="#">Population of infants and toddlers birth to 3</a>	342,155	

**FFY 2015 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
8,901	342,155	2.62%	2.70%	2.60%

**Actions required in FFY 2014 response**

none

**Responses to actions required in FFY 2014 response**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 7: 45-day timeline**

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Historical Data**

Baseline Data: 2006

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data			63.10%	87.10%	99.40%	99.50%	100%	100%	97.48%	99.12%	95.07%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

**FFY 2015 SPP/APR Data**

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
8,401	9,839	95.07%	100%	96.81%
<b>Number of documented delays attributable to exceptional family circumstances</b> <i>This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.</i>				1,124

**What is the source of the data provided for this indicator?**

- State monitoring
- State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Full reporting period - July 1, 2015 - June 30, 2016

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Full reporting period is included in the data.

**Provide additional information about this indicator (optional)**

Data were collected through MSDS. All local early intervention programs submitted data regarding all children served to the state database at three designated points during the program year (July 1, 2015 - June 30, 2016). Data from the three collections were aggregated to provide data from the full reporting period.

Data reported for this indicator reflect that a total of 9,839 records included eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted. This number was used as the denominator for calculation of Indicator 7 data. Data reported reflect that 8,401 of the records documented that an initial evaluation and an initial assessment and the initial IFSP meeting were completed within the 45-day timeline. An additional 1,124 files contained documentation that the delays to the completion of the initial evaluation, initial assessment and initial IFSP meeting were attributable to exceptional family circumstances. The number of files with documented exceptional family circumstances (1,124) was added to the timely files (8,401) resulting in a total of 9,525 files. This number was used as the numerator for the calculation. The resulting percentage compliance is 96.81%.

$$(8,401 + 1,124) / 9,839 = .9681$$

Both the numerator and the denominator include 1,124 children for whom completion of the initial evaluation, initial assessment, and initial IFSP meeting was not timely, but whose records contained documentation that the delays were attributable to exceptional family circumstances.

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

96.81% compliance falls below the target of 100% for this indicator. These data reflect an increased level of compliance for this indicator from the 95.07% compliance level reported in the FFY 2014 APR.

Fifty local service areas had a total of 1,124 records with delays attributable to documented exceptional family circumstances. Reasons for these delays include appointments being cancelled and rescheduled by parents, parents requesting a delay to the evaluation or IFSP meeting to accommodate work schedules, parents requesting a delay to the evaluation or IFSP until after holidays or planned vacations, documented multiple attempts to contact parents for scheduling, and family not being at home at scheduled appointment times.

Forty-one local service areas had a total of 314 records with untimely completion of initial evaluations, initial assessments, and initial IFSP meetings for which exceptional family services did not exist or were not documented. Reasons for these delays include provider absence, shortage of providers, confusion regarding requirements, and failure to adequately document exceptional family circumstances.

Nine of the 41 local service areas were issued Findings of noncompliance and required to develop Corrective Action Plans during FFY 2016 based on this FFY 2015 data. The remaining 32 local service areas were not issued new Findings, as they had open Findings and Corrective Action Plans for Indicator 7 or a review of more recent data during verification and closeout of previously issued Findings and Corrective Action Plans for Indicator 7 indicated 100% compliance.

Findings resulting from FFY 2015 data are based on the full reporting period, therefore Findings based on FFY 2015 data were issued in FFY 2016.

**Actions required in FFY 2014 response**

none

**Responses to actions required in FFY 2014 response, not including correction of findings**

**Correction of Findings of Noncompliance Identified in FFY 2014**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	3	1	0

**FFY 2014 Findings of Noncompliance Verified as Corrected**

*Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements*

One local early intervention program was issued a Finding for Indicator 7 in FFY 2014 based on self-assessment data.

One local early intervention program was issued a Finding for Indicator 7 in FFY 2014 as a result of noncompliance identified during desk review verification of self-assessment data.

Two local early intervention programs were issued Findings for Indicator 7 in FFY 2014 based on record reviews conducted during onsite monitoring visits.

Each local service area developed a Corrective Action Plan in the CIMS system that detailed strategies that the local early intervention program would take to correct noncompliance, as soon as possible, but no later than one year from notification of the Finding, including verification by the state. As part of the Corrective Action planning process, progress reports were submitted. Progress reports required the local early intervention program to conduct file reviews.

When Corrective Action Plan activities had been completed and progress reports indicated compliance, the local early intervention program was required to make available new files for verification of correction of noncompliance. MDE requested that the service area provide a list of the most recent child records. From that list, MDE selected a random sample for review.

MDE used an indicator-specific checklist based upon the federal and state standards when reviewing the local program files to verify correction of noncompliance. This ensured that the local program is correctly implementing the specific regulatory requirements. For three of the four local service areas, the record review found all records to be in compliance resulting in a 100% compliance level being achieved within one year of notification of the noncompliance.

The record reviews for one of the local service areas demonstrated significant improvement, but remained below the required 100% compliance level. This local service area was provided additional technical assistance and was required to develop additional Corrective Action Plan activities. When these additional Corrective Action Plan activities had been completed and local record reviews indicated compliance, the local early intervention program was required to make available new files for verification of correction of noncompliance. MDE requested that the service area provide a list of the most recent child records. From that list, MDE selected a random sample for review. The record review found all records to be in compliance resulting in a 100% compliance level. Correction of noncompliance for this local service area was not achieved within one year of notification of the noncompliance, but was subsequently corrected.

Documentation was also collected from each local early intervention program and from the state technical assistance providers to demonstrate that all corrective action plan activities had been completed.

Each local early intervention program was notified of the verification of correction of noncompliance through a formal letter closing the Corrective Action Plan.

*Describe how the State verified that each individual case of noncompliance was corrected*

Local self-assessment data for one local service area revealed child records for which the evaluation and the IFSP were not completed within the 45 calendar-day timeline. It was verified as part of the local self-assessment that an evaluation and an IFSP were completed for each of the children, though not within the 45-day timeline. No further child level correction was possible because timeliness cannot be corrected.

Record reviews completed during desk reviews and onsite monitoring visits of three local service area revealed child records for which the evaluation and the IFSP were not completed within the 45 calendar-day timeline. It was verified during the desk review or onsite monitoring activity that an evaluation and an IFSP were completed for each of the children, though not within the 45-day timeline. No further child level correction was possible because timeliness cannot be corrected.

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

## Indicator 8A: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

### Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		59.28%	73.90%	95.15%	99.20%	99.33%	100%	99.56%	100%	100%	99.45%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

### FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

### FFY 2015 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

Yes

No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
5,925	6,865	99.45%	100%	92.89%

<p><b>Number of documented delays attributable to exceptional family circumstances</b>  <i>This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.</i></p>	452
--	-----

### Explanation of Slippage

FFY 2015 is the first year for which data for Indicator 8a were collected using the Michigan Student Data System (MSDS), an electronic database. Data for previous years were collected using a self-assessment

sampling system. Use of the database, and therefore including all records from all children across all 56 local service areas for the entire reporting period, detects low levels of noncompliance that might be undetectable using a sampling system. Of the 50 local service areas with data reflecting noncompliance, ten of the local service areas have just one record with noncompliance and an additional 20 local service areas had between two and five records with noncompliance. Only 12 local service areas had more than ten records with noncompliance.

It is also suspected that some of the 488 records with noncompliance reflected in the data may be the result of data errors due to the transition to the new collection system. Local data systems may not be communicating data accurately to MSDS. Local service areas may not be appropriately documenting all exceptional family circumstances or capturing them within their local data system.

**What is the source of the data provided for this indicator?**

- State monitoring
- State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Full reporting period - July 1, 2015 - June 30, 2016

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Full reporting period is included.

**Provide additional information about this indicator (optional)**

Data were collected through MSDS. All local early intervention programs submitted data regarding all children served to the state database at three designated points during the program year (July 1, 2015 - June 30, 2016). Data from the three collections were aggregated to provide data from the full reporting period.

Data reported for this indicator reflect that a total of 6,865 records included eligible infants and toddlers for whom transition planning, including an IFSP developed with transition steps and services, was required to be conducted. This number was used as the denominator for calculation of Indicator 8a data. Data reported for this indicator reflect that 5,925 of the records documented timely transition planning including an IFSP developed with transition steps and services. An additional 452 files contained documentation that the delays to the completion of transition planning including an IFSP developed with transition steps and services were attributable to exceptional family circumstances. The number of files with documented exceptional family circumstances (452) was added to the timely files (5,925) resulting in a total of 6,377 files. This number was used as the numerator for the calculation. The resulting percentage of compliance is 92.89%.

$$(5,925 + 452) / 6,865 = .9289$$

Both the numerator and the denominator include 452 children for whom IFSPs with transition steps and services were not timely, but whose files contained documentation that the delays were attributable to exceptional family circumstances.

92.89% compliance falls below the target of 100% compliance for this indicator. These data reflect slippage for this indicator from the 99.45% compliance level reported in the FFY 2014 APR.

Forty-eight local service areas reported delays attributable to exceptional family circumstances for a total of 452 children. Documented reasons for these delays include hospitalization of family members, cancelled appointments due to child or family illness, multiple unsuccessful attempts to contact family to set appointment, parent declined meeting to develop a transition plan, and meetings being rescheduled at parent request.

Fifty local service areas reported delays that were not attributable to exceptional family circumstances for a total of 488 children. Reasons for these delays include staff turnover, provider absence, shortage of

providers, confusion regarding requirements, and failure to adequately document exceptional family circumstances.

Forty-seven of the 50 local service areas were issued Findings of noncompliance and required to develop Corrective Action Plans during FFY 2016 based on this FFY 2015 data. The remaining three local service areas were not issued new Findings, as they had open Findings and Corrective Action Plans for Indicator 8a or a review of more recent data during verification and closeout of previously issued Findings and Corrective Action Plans for Indicator 8a indicated 100% compliance.

Findings resulting from FFY 2015 data are based on the full reporting period, therefore Findings based on FFY 2015 data were issued in FFY 2016.

**Actions required in FFY 2014 response**

none

**Responses to actions required in FFY 2014 response, not including correction of findings**

**Correction of Findings of Noncompliance Identified in FFY 2014**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

**FFY 2014 Findings of Noncompliance Verified as Corrected**

*Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements*

Two local early intervention programs were issued focused monitoring Findings related to Indicator 8a in FFY 2014 as a result of noncompliance identified during onsite monitoring visits. Each service area developed a Corrective Action Plan in the CIMS system that detailed strategies that the local early intervention program would take to correct noncompliance, as soon as possible, but no later than one year from notification of the Finding, including verification by the state. As part of the corrective action planning process, progress reports were submitted. Progress reports required the local early intervention program to conduct file reviews.

When Corrective Action Plan activities had been completed and progress reports indicated compliance, MDE conducted a desk review during which the local early intervention program was required to make available new files for verification of correction of noncompliance. MDE requested that the service area provide a list of the most recent child records. From that list, MDE selected a random sample of records for review.

MDE used an indicator-specific checklist based upon the federal and state standards when reviewing the local program files to verify correction of noncompliance. This ensured that the local program is correctly implementing the specific regulatory requirements. Documentation was also collected from the local early intervention program and from the state technical assistance providers to demonstrate that all corrective action plan activities had been completed.

Each local early intervention program was notified of the verification of correction of noncompliance through a formal letter closing the Corrective Action Plan.

*Describe how the State verified that each individual case of noncompliance was corrected*



It was verified during onsite monitoring visits that a written transition plan with steps and services had been developed for all children, although not all timely. No further child level correction was possible because timeliness cannot be corrected.

## Indicator 8B: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

### Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

### FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

### FFY 2015 SPP/APR Data

Data include notification to both the SEA and LEA

Yes

No

Please explain

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
3,201	3,201	100%	100%	100%

<b>Number of parents who opted out</b> <i>This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</i>	0
--	---

**Describe the method used to collect these data**

Data were collected through MSDS. All local early intervention programs submitted data regarding all children served to the state database at three designated points during the program year (July 1, 2015 - June 30, 2016). Data from the three collections were aggregated to provide data from the full reporting period.

**Do you have a written opt-out policy? No**

**Is the policy on file with the Department? No**

**What is the source of the data provided for this indicator?**

- State monitoring
- State database

**Describe the method used to select EIS programs for monitoring.**

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Full reporting period - July 1, 2015 - June 30, 2016.

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Full reporting period is included.

**Provide additional information about this indicator (optional)**

In Michigan, MDE is the state education agency (SEA) with ISDs acting as local lead agencies. Given that Michigan is a birth mandate state (the term used is Michigan Mandatory Special Education/MMSE) and the Part C local lead agency is the ISD, notification from Part C to the SEA and local education agency (LEA) is internal and takes place as the child is identified as eligible for MMSE at any time from birth to age three. Michigan defines potentially eligible for Part B preschool services as any child found eligible and receiving MMSE prior to two years, nine months while receiving services under Part C. Any toddler potentially eligible for Part B preschool services is transitioned by age three. "The school district of residence is responsible for conducting the initial individualized education program team meeting involving a student in its district and shall conduct, or authorize the operating district to conduct, each subsequent individualized education program team meeting at a mutually agreed upon time and place." Michigan Special Education Rule R 340.1721c. As specified in the Transition Intra-agency Agreement, each resident LEA (or its designee) will act on behalf of the SEA for the receipt of SEA notifications regarding a toddler exiting Part C and potentially eligible for Part B section 619. Therefore, the SEA and LEAs are notified of 100% of children potentially eligible for Part B.

**Actions required in FFY 2014 response**

none

**Responses to actions required in FFY 2014 response, not including correction of findings**

**Correction of Findings of Noncompliance Identified in FFY 2014**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

### Indicator 8C: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

#### Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		84.40%	85.50%	89.34%	99.70%	99.26%	99.48%	99.77%	99.73%	99.68%	99.29%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

#### FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

#### FFY 2015 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services

- Yes
- No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
2,900	3,201	99.29%	100%	94.31%

<p><b>Number of toddlers for whom the parent did not provide approval for the transition conference</b>                  This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</p>	0
--	---

**Number of documented delays attributable to exceptional family circumstances**

*This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.*

119

**Explanation of Slippage**

FFY 2015 is the first year for which data for Indicator 8c were collected using MSDS, an electronic database. Data for previous years were collected using a self-assessment sampling system. Use of the database, and therefore including all records from all children for the entire reporting period, detects low levels of noncompliance that might be undetectable using a sampling system. Of the 35 local service areas with data reflecting noncompliance, 13 of the local service areas have just one record with noncompliance and an additional 15 local service areas had between two and five records with noncompliance. Only 2 local service areas had more than ten records with noncompliance.

It is also suspected that some of the 182 records with noncompliance reflected in the data may be the result of data errors due to the transition to the new collection system. Local data systems may not be communicating data accurately to MSDS. Local service areas may not be appropriately documenting all exceptional family circumstances or capturing them within their local data system.

**What is the source of the data provided for this indicator?**

State monitoring



State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Full reporting period - July 1, 2015 - June 30, 2016

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Full reporting period is included.

 **Provide additional information about this indicator (optional)**

Data were collected through MSDS. All local early intervention programs submitted data regarding all children served to the state database at three designated points during the program year (July 1, 2015 - June 30, 2016). Data from the three collections were aggregated to provide data from the full reporting period.

Data reported for this indicator reflect that a total of 3,201 records included toddlers potentially eligible for Part B preschool services for whom a transition conference was required to be conducted. This number was used as the denominator for calculation of Indicator 8c data. Data reported for this indicator reflect that 2,900 of the files documented timely transition conferences. One hundred nineteen additional files contained documentation that the delays to the completion of a transition conference was attributable to exceptional family circumstances. The number of files with documented exceptional family circumstances (119) was added to the timely files (2,900) resulting in a total of 3,019 files. This number was used as the numerator for the calculation. The resulting percentage of compliance is 94.31%.

$$(2,900 + 119) / 3,201 = .9431$$

Both the numerator and the denominator include 118 children for whom the transition conference was not timely, but whose file contained documentation that the delay was attributable to exceptional family circumstances.

94.31% compliance falls below the target of 100% compliance for this indicator.

Thirty local service areas reported delays attributable to exceptional family circumstances for 119 children. Documented reasons for these delays include hospitalization of family members, cancelled appointments due to child or family illness, multiple unsuccessful attempts to contact family to set

appointment, and meetings being rescheduled at parent request.

Thirty-five local service areas reported delays that were not attributable to exceptional family circumstances for a total of 182 children. Reasons for these delays include staff turnover, provider absence, shortage of providers, confusion regarding requirements, and failure to adequately document exceptional family circumstances.

Thirty-three of the 35 local service areas were issued Findings of noncompliance and required to develop Corrective Action Plans during FFY 2016 based on this FFY 2015 data. The remaining two local service areas were not issued new Findings, as they had open Findings and Corrective Action Plans for Indicator 8c or a review of more recent data during verification and closeout of previously issued Findings and Corrective Action Plans for Indicator 8c indicated 100% compliance.

Findings resulting from FFY 2015 data are based on the full reporting period, therefore Findings based on FFY 2015 data were issued in FFY 2016.

**Actions required in FFY 2014 response**

none

**Responses to actions required in FFY 2014 response, not including correction of findings**

**Correction of Findings of Noncompliance Identified in FFY 2014**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

**FFY 2014 Findings of Noncompliance Verified as Corrected**

*Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements*

Two local early intervention programs were issued Findings of noncompliance related to Indicator 8c in FFY 2014. One of the Findings was issued as a result of noncompliance identified based on verification of self-assessment data. The other Finding was issued as a result of noncompliance identified during an onsite monitoring visit. Each local service area developed a Corrective Action Plan in the CIMS system that detailed strategies that the local early intervention program would take to correct noncompliance, as soon as possible, but no later than one year from notification of the Finding, including verification by the state. As part of the corrective action planning process, progress reports were submitted. Progress reports required the local early intervention program to conduct file reviews.

When Corrective Action Plan activities had been completed and progress reports indicated compliance MDE conducted a desk review during which the local early intervention program was required to make available new files for verification of correction of noncompliance. MDE requested that the service area provide a list of the most recent child records. From that list, MDE selected a random sample of records for review.

MDE used an indicator-specific checklist based upon the federal and state standards when reviewing the local program files to verify correction of noncompliance. This ensured that the local program is correctly implementing the specific regulatory requirements. Documentation was also collected from the local early intervention program and state technical assistance providers to demonstrate that all Corrective Action Plan activities had been completed.

Each local early intervention program was notified of the verification of correction of noncompliance through a formal letter closing the Corrective Action Plan.

*Describe how the State verified that each individual case of noncompliance was corrected*

For the local service area in which the noncompliance was identified through self-assessment, it was verified during the self-assessment process that the child did have a transition conference though not at least 90 days prior to the child's third birthday. No further child level correction was possible as timeliness cannot be corrected.

For the local service area in which the noncompliance was identified during an onsite monitoring visit, the child was no longer under the jurisdiction of the local service area. Child level correction was not possible.



## Indicator 9: Resolution Sessions

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

(20 U.S.C. 1416(a)(3)(B) and 1442)

### Historical Data

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

### FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥				

Key:

### Targets: Description of Stakeholder Input

N/A

### Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/2/2016	<a href="#">3.1(a) Number resolution sessions resolved through settlement agreements</a>	n	null
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/2/2016	<a href="#">3.1 Number of resolution sessions</a>	n	null

### FFY 2015 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
0	0	0%		

**Actions required in FFY 2014 response**

none

**Responses to actions required in FFY 2014 response**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 10: Mediation**

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target ≥				

Key:

**Targets: Description of Stakeholder Input**

N/A

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	<a href="#">2.1.a.i Mediations agreements related to due process complaints</a>	n	null
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	<a href="#">2.1.b.i Mediations agreements not related to due process complaints</a>	n	null
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	<a href="#">2.1 Mediations held</a>	n	null

**FFY 2015 SPP/APR Data**

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
0	0	0	0%		

**Actions required in FFY 2014 response**

none

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 11: State Systemic Improvement Plan**

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

**Reported Data**

Baseline Data: 2013

FFY	2013	2014	2015
Target		38.00%	40.00%
Data	40.44%	41.87%	

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  
Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target	42.90%	46.30%	51.60%

Key:

**Description of Measure**

Please see the attached report for information on the Description of Measure.

**Targets: Description of Stakeholder Input**

Please see the attached report for information on the Description of Stakeholder Input.

**Overview**

**Data Analysis**

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

Please see the attached report for information on the Data Analysis.

**Analysis of State Infrastructure to Support Improvement and Build Capacity**

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

Please see the attached report for information regarding the Analysis of State Infrastructure to Support Improvement and Build Capacity.

**State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families**

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an

## FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

### Statement

Please see the attached report for information about the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families.

### Description

## Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Please see the attached report for the Selection of Coherent Improvement Strategies.

## Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

**Submitted Theory of Action:** No Theory of Action Submitted

Provide a description of the provided graphic illustration (optional)

## Infrastructure Development

- Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

Please see the attached SSIP Phase II report for information about the Infrastructure Development. Also, please see the attached Michigan Action Plan for more detailed information about the strategies and how they relate to Infrastructure Development.

## Support for EIS programs and providers Implementation of Evidence-Based Practices

- Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

Please see the attached SSIP Phase II report for information about the implementation of Evidence-Based Practices. Also, please see the attached Michigan Action Plan for more detailed information about how the strategies will be implemented.

## Evaluation

- Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

Please see the attached SSIP Phase II report for information about Evaluation. Also, please see the attached Michigan Action Plan for more detailed information about how the strategies will be evaluated.

## Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

Stakeholder involvement in Phase II.

Please see the attached SSIP Phase II report for information about Technical Assistance and Support.

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Certify and Submit your SPP/APR**

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

**Selected:** Designated by the Lead Agency Director to certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name: Renee DeMars-Johnson

Title: Director, Office of Early Childhood Development & Family Education

Email: demars-johnsonr@michigan.gov

Phone: 517-373-8483