

# Infrastructure Analysis Guide

## State Systemic Improvement Plan • Phase I

**Date Completed:**

### *Broad Infrastructure Analysis*

Initially, a broad analysis of the state infrastructure is completed to determine the strengths of each of the system components and to identify systemic issues that may present a barrier to the performance of children and youth with disabilities.

Identify the components of the state system that may be contributing to **high performance** of infants and toddlers with disabilities by placing a check in the column to the left of the component. For each checked component, provide a brief description of how the component is contributing to the **high performance**. Expand each section as needed.

**Governance-** *vision, mission, setting policy direction, infrastructure, leadership, decision –making structure, public engagement and communication*

Documents that support governance:

State Plan

Annual Performance Report, page 1-2 summary of system

Great Start, Great Investment, Great Future report

MARSE Part 10

Contributes to high performance:

The MICC is strong, active, involved, and takes on important initiatives

An LICC infrastructure exists

We have Great Start Collaboratives and Parent Coalitions

We have a vision statements for *Early On* and the MICC

We have a provision for special education through the educational system and have infrastructure in place

We have involved parents at the state level

The Parent Involvement Committee and its commitment and contributions to the system

The State Plan helped by specifying summer services to move forward

The Michigan Alliance for Families helps to support parents

*Early On* Public Awareness helps with public engagement (ads, marketing, billboards)

We have a Great Start Steering Team working to tie all the early childhood activities together.

There is a new structure of deputy superintendents, which includes Susan Broman and is positive.

There is the Great Start, Great Investment, Great Future report.

There is a Great Start Operations Team which is a stakeholder group.

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|  | <p><b>Fiscal-</b> <i>securing adequate funding, allocation of resources, establishing system of payments, etc.</i></p> <p>Documents that relate to fiscal:<br/> State Plan</p> <p>MAASE report comparing Birth Mandate State Systems<br/> System of Payments document<br/> MARSE Part 10</p> <p>Contributes to high performance:<br/> Dedicated people who attempt to fairly allocate the pot of money we have.<br/> The Financial Support Ad Hoc Committee is in place and will make recommendations to MDE for additional funding.<br/> The <i>Early On</i> Special Project may reveal data that could help with funding for children eligible for MMSE.</p> |
|  | <p><b>Quality Standards-</b> <i>program standards that support effective practices</i></p> <p>Documents that relate to Quality Standards:<br/> Personnel Standards document<br/> Child Outcomes handbook- EOTTA website<br/> The State Plan</p> <p>Contributes to high performance:<br/> The Personnel Standards document<br/> Implementation manual- hand in hand with state plan<br/> High quality website from EOT&amp;TA and the support and TA they provide<br/> The Essentials of <i>Early On</i></p>  |
|  | <p><b>Data-</b><i>system for collecting, analyzing and using data for decision-making, coordinated data for accountability and decision-making, linked data</i></p> <p>What we have currently that contributes to high performance:<br/> MSDS Manual<br/> <a href="http://www.Earlyondata.com">www.Earlyondata.com</a><br/> Strand reports within CIMS<br/> Longitudinal data through CEPI<br/> Wayne State University - Family and Child Outcomes Data<br/> MSDS 619 data<br/> Agency Partner data- Medicaid</p>  |

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|  | <p>DHS CAPTA data<br/> <i>Early On</i> Special Project data<br/> Allan Knapp- Our Data Detective<br/> EOT&amp;TA data<br/> Public Sector<br/> MI League for Public Policy publishes Kids Count</p>   |
|  | <p><b>Monitoring and Accountability</b>- <i>monitoring and accountability for outcomes, quality measurement systems, continuous improvement, systems evaluation</i></p> <p>Documents that relate to Monitoring and Accountability:<br/> Monitoring checklist<br/> CIMS- strand report, CAPS<br/> Megs+<br/> *The data from previous category fits here as well.</p> <p>Contributes to high performance:<br/> EOT&amp;TA provides TA for ISDs who are being monitored<br/> Fiscal monitoring</p>  |
|  | <p><b>Professional Development and Technical Assistance</b>-<i>professional development, personnel standards, competencies, licensure, credentialing, TA systems, etc.</i></p> <p>Documents that relate to PD and TA:<br/> State Plan<br/> Implementation Manual<br/> Core Knowledge and Core Competencies for the Early Care and Education Workforce<br/> Early Childhood Standards of Quality for Infant and Toddler Programs<br/> DEC Recommended practices<br/> Personnel Standards</p> <p>Contributes to high performance:<br/> EOT&amp;TA<br/> Essentials of <i>Early On</i><br/> Book Study with Lynda Pletcher<br/> DECA-I/T</p> |

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|  | Center for Higher Education (Credential Committee)<br>MAASE- Early Childhood Community of Practice<br>ECTA Center<br>RRC<br>ITCA<br>DaSy<br>MAF |
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Identify the components of the state system that may be contributing to **low performance** of infants and toddlers with disabilities by placing a check in the column to the left of the component. For each checked component, provide a brief description of how the component is contributing to the **low performance**. Expand each section as needed.

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|  | <p><b>Governance</b>- <i>vision, mission, setting policy direction, infrastructure, leadership, decision –making structure, public engagement and communication</i></p> <p>Contributes to low performance:<br/>         High level of local control makes standardization difficult<br/>         The wheels of government grind slowly<br/>         The dual system- policy direction is lacking<br/>         Governance or lack thereof with MMSE<br/>         Michigan has a bifurcated system<br/>         LICC/Great Start Collaborative and how they function or don't function. There is concern that LICC's gets lost in the Great Start Collaboratives, and there's no accountability for LICCs.<br/>         Communication and collaboration between OGS and OSE is needed, especially around MMSE and MARSE.<br/>         Fiscal monitoring for Part C needs to be increased.<br/>         There is a desire to connect data to birth-3 reading scores, which also falls under the data infrastructure analysis category.<br/> <i>Early On's</i> voice is equal to its funding.<br/>         Hedlee Amendment<br/>         Less partnering and provision of services within interagency departments<br/>         Lack of research and data for infants and toddlers and the importance of early intervention.<br/>         Lack of understanding of the importance of birth-3 in the community.</p> |
|  | <p><b>Fiscal</b> -<i>securing adequate funding, allocation of resources, establishing system of payments, etc.</i></p>  |

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|  | <p>Contributes to low performance:<br/>         There is no state funding for Part C only children<br/>         There are differences between ISDs- some are well funded, others are not, some rely on local millages, others do not.<br/>         Local leadership can determine local allocations to <i>Early On</i><br/>         The funding formula- several ISDs have seen a significant decreases and fear of even greater decrease in future years.<br/>         The economical financial outlook for Michigan<br/>         2.5 year olds can leave <i>Early On</i> for 619, if eligible<br/>         Allocation has decreased due to population decreasing</p>  |
|  | <p><b>Quality Standards-</b> <i>program standards that support effective practices</i></p> <p>Contributes to low performance:<br/>         Practices in the field contribute to the accuracy of the data (data too)<br/>         Historically there weren't high standards for providers, but now there is hope with the new standards.<br/>         With local control, some areas are further behind in best practice- their hands are tied.<br/>         7-8 different assessment tools (the providers have to be trained to use the tool)</p>   |
|  | <p><b>Data-</b> <i>system for collecting, analyzing and using data for decision-making, coordinated data for accountability and decision-making, linked data</i></p> <p>Contributes to low performance:<br/>         Practices in the field contribute to the accuracy or inaccuracy of the data.<br/>         The inability to make changes quickly in the CEPI system and align manuals/rules is a barrier.<br/>         The time it takes to get the data with MSDS is long and it's not real time data.<br/>         With the decommissioning of MICIS, local districts are struggling with data tracking. As result we have a variety of vendors and it is challenging to inform the vendors of changes, etc.</p> <p>There are some data fields that we don't collect, that would be helpful to the system, but due to the Hedley amendment, we can't get them, such as: the number of children evaluated for <i>Early On</i> that were not found eligible, which would help determine the amount of staff time spent on evaluations that did not result in eligibility, and the diagnosis of the child.</p> <p>Longitudinal data is needed. A way to track a child who is not eligible for MMSE at transition, but at a later age is eligible for special education, is desired. It will be vital to start building reports that link <i>Early On</i> enrollment, length of service, and outcomes to the MSDS Longitudinal Data System. This requires someone with understanding of the two systems and the financial resources to have CEPI set it up.</p> |

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|  | <p>There is a need for increased data sharing across agencies and within the early childhood and health systems to ensure services are not duplicated but are appropriate for each child. However, this requires interagency agreements, MOUs, data sharing agreements, etc. that are constricted by the requirements of HIPAA and FERPA.</p> <p>The state does have a means of accessing Medicaid data, but that is only for the children enrolled in Medicaid and does not account for the rest of the population enrolled in <i>Early On</i>. There have been attempts to share data with public health agencies such as MDCH for the use of EHDI, Birth Defects, CSHCS, with varying degrees of success.</p> <p>There is a need for training the field how to enter data correctly and interpret their own data and plan accordingly using data based decisions.</p> <p>Improvement strategies for this outcome have not yet been determined but it makes sense to tie data collection practices with improvement strategies if we want to see an improvement in a particular area.</p> |
|  | <p><b>Monitoring and Accountability</b>- <i>monitoring and accountability for outcomes, quality measurement systems, continuous improvement, systems evaluation</i></p> <p>Contributes to low performance:</p> <ul style="list-style-type: none"> <li>Not enough resources at the state to do the monitoring visits</li> <li>Not enough resources to support local staff- lack of standardized approach to continuous improvement</li> <li>No program/child level monitoring for MMSE</li> <li>MDE utilizes Part B's system (CIMS) and we piggyback on this.</li> <li>LICC/Great Start Collaborative and how they function or don't function. Concern that LICC gets lost in the GS Coll. Not accountability for LICCs.</li> <li>Bifurcated system plays in here- hard to get a clear answer</li> </ul>   |
|  | <p><b>Professional Development and Technical Assistance</b>- <i>professional development, personnel standards, competencies, licensure, credentialing, TA systems, etc.</i></p> <p>Contributes to low performance:</p> <ul style="list-style-type: none"> <li>Reduce in funding- went from 10 to 4 TA providers for the whole state</li> <li>Lack of credentialing and required trainings for providers and as a state our licensure rules are loose for professional disciplines.</li> <li>Lack of staff and funding at local level to provide PD</li> <li>Lacks overarching research as a nation- need more evidence</li> </ul>   |

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| <p>Had to move to every other year for the <i>Early On</i> conference<br/>Quality components of quality transition- (It will be one of the Essentials of <i>Early On</i> modules)</p> |
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