

State Performance Plan / Annual Performance Report: Part C

for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act

**For reporting on
FFY 2020**

Michigan



**PART C DUE
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

The Lead Agency for Part C, or Early On®, is Michigan's State Education Agency, the Michigan Department of Education (MDE). The MDE provides oversight to the 56 intermediate school districts (ISDs) responsible for the administration of Early On across the state. (Note: ISDs are sometimes referred to as local service areas.) Each local service area (LSA) is required to have a Local Interagency Coordinating Council (LICC) as an advisory body for its system of services. The LICCs are patterned after the Michigan Interagency Coordinating Council (MICC) requiring representative stakeholders and parent membership.

Since the program's inception, Michigan's early intervention system has coordinated and collaborated with the Michigan Department of Health and Human Services (MDHHS), which houses child welfare, public health, and mental health. MDHHS coordinates and collaborates with the MDE to collect and analyze program data, as well as implement improvement activities to improve outcomes.

The Annual Performance Report (APR) development process included input and analysis of data from MDE, MDHHS, program partners, families, and a review by the MICC. Contractors and MDE's state-level data collection entity ensured that indicator-specific data were collected, certified, and submitted to MDE for final confirmation. LSAs submitted data to the Michigan Student Data System (MSDS), which were then analyzed by the Part C 618 data manager. Data were also collected and analyzed by Wayne State University. A series of meetings were held to review and utilize confirmed data to develop program improvement activities. Data coordination meetings have aligned efforts and decreased redundancy. The MDE Data Ad Hoc Committee met multiple times to analyze the indicator data to make recommendations to adjust and finalize indicator targets. This committee presented their recommendations to the MICC who voted to support the recommendations and move on to MDE for finalization.

Summary of Indicator data included in this report: Compliance indicators 1, 7, 8a, and 8c were just under the targets but did show improvement from the previous year. Results indicators 2, 3, 4, 5, and 6 all met targets. There were no state complaints and no requests for due process hearings, therefore Indicator 9 demonstrated no change from the previous year. There were two mediations held, not as a result of due process, with one ending in an agreement which put us at 50%. However, holding two mediations does not meet the threshold of holding ten mediations for establishing baseline and targets. Overall, there was no slippage from the previous year. Detailed information is provided per each indicator in this report.

In Michigan, IDEA Parts B and C continue to collaborate to improve and utilize Catamaran, which is our comprehensive online monitoring/accountability system. The monitoring system has gone through various iterations to respond to requirements within the 2004 Reauthorization of the Individuals with Disabilities Education Improvement Act. Continuous improvement is a constant goal, so enhancements were initiated to the monitoring/accountability system in response to needs of the users. There are three monitoring components to Catamaran: (1) focused monitoring; (2) data analysis, which includes a process for notifying LSAs of findings which require corrective action plans for compliance indicators; and (3) verification.

The Michigan Part C State Plan can be found on the MDE Early On website. Additionally, each year a copy of the Michigan Part C of IDEA State Performance Plan/Annual Performance Report (SPP/APR) is posted and can be downloaded at www.michigan.gov/earlyon.

Additional information related to data collection and reporting

COVID-19 continued to be prevalent in Michigan throughout FFY 2020, creating challenges for both families and providers. These impacts include, but are not limited to:

- Families unable to or uncomfortable with opening their homes to in-person services due to health of child or family members.
 - Families or providers lacking needed technology.
 - Families or providers unfamiliar with using technology for receipt/delivery of early intervention services.
 - Communities with infrastructure issues such as lack of internet service.
 - Workforce shortages due to COVID-19 – health of providers and/or their family members, burnout, retirements.
- This information was gathered through surveys to the field, webinars, and emails/questions from the field.

The following steps were taken to mitigate the impact of COVID-19:

- Guidance was provided to LSAs on coding of data related to exceptional family circumstances for delays due to impacts of COVID-19.
- State guidance on COVID-19 related topics was provided to providers and the public. (MDE COVID-19 website).
- Guidance from the Office of Special Education Programs (OSEP) and national TA centers such as Early Childhood Technical Assistance Center (ECTA) and the Center for IDEA Early Childhood Data Systems (DaSy) was shared with LSAs.
- Bi-weekly or monthly webinars were held to maintain a regular open two-way communication loop between Michigan's IDEA Part C program staff, Early On Training and Technical Assistance (EOT&TA), and local administrators and providers.
- Community of Practice (CoP) meetings were held by EOT&TA to provide opportunities for local administrators to problem-solve with each other and with state technical assistance specialists.
- Technical assistance specialists attended national technical assistance offerings and gathering resources. Information and resources continued to be used to support LSAs during the pandemic.
- Resources were posted on EOT&TA's website to provide continuous access.

These strategies provided support to local service areas to mitigate the impact on completeness and validity of data and continue to be implemented. These proactive steps allowed Michigan to collect complete and valid data and supported the need for continuation in Federal Fiscal Year (FFY) 2020.

Early On Governor's Emergency Education Relief (GEER) funds were secured (\$1,000,000 statewide) and used to provide:

- Personal protective equipment (PPE) for providers and families of children eligible for Early On for use during home visits/service provision,
- Program and assessment materials to leave with families to support children between visits, and
- Technology/connectivity for families of children eligible for Early On who needed to participate in remote services and cannot be due to technology barriers.

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.

Michigan's Part C comprehensive general supervision system is in place to ensure compliance with and implementation of Part C of the Individuals with Disabilities Act (IDEA) and the Michigan Administrative Rules for Special Education (MARSE), resulting in improved outcomes for infants and toddlers with disabilities and/or a developmental delay and their families.

MDE is the lead agency for the implementation of Part C of IDEA. Part C of IDEA is commonly known as Early On in Michigan. There are 56 ISDs across the state which serve as local lead agencies responsible for the administration of Early On. The early intervention system established by an ISD is referred to as a local service area. Each LSA is required to have an LICC to serve in an advisory capacity, patterned after the MICC requiring representative stakeholders as well as parent membership.

Data for Part C reporting requirements are collected from three sources: 1) the Next Generation Grant, Application and Cash Management System (NexSys); 2) the Michigan Student Data System (MSDS); and 3) the Qualitative Compliance Information Project (QCIP) Wayne State University, Michigan's confidential system for reporting family outcomes. LSAs collect demographic and Individualized Family Service Plan (IFSP) specific 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.

Integrated monitoring and sustained compliance activities are conducted using an interactive data system called Catamaran. Catamaran is a robust, interactive online system for monitoring LSAs, completing activities of correction, and verifying correction. Technical assistance is also provided via the Catamaran Technical Assistance website (<https://training.catamaran.partners>) and is available to the public. This system was designed to help the state and ISDs share, analyze and interpret data, as well as record all monitoring, correction, and verification activities in a single location. The system is used to send communications and reminders to LSAs and is able to run a variety of reports to assist with tracking progress of activities.

Michigan evaluates the performance of each local early intervention system, relative to the SPP/APR indicator targets. If areas of noncompliance are identified, the state issues a finding of noncompliance to the ISD. In assessing the performance of its LSAs, the state monitors data collected through onsite or virtual focused monitoring activities, data reviews, and other activities. If noncompliance is identified, a finding is issued through Catamaran. 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 findings and verification of correction used by the state: Prong 1 – The ISD is issued a finding for each individual case of noncompliance which must be corrected within 45 calendar days of issuance, and Prong 2 – The ISD is issued a finding for systemic or district-level noncompliance for practices/procedures that are noncompliant with statute, rule or regulation which must be corrected as soon as possible, but in no case later than one year.

Upon implementation and correction of the corrective action plan or child-level corrective action plan, the ISD must submit evidence of correction for each finding of noncompliance. MDE reviews the submitted data/evidence to verify correction has occurred. If a deeper analysis is required, MDE will request the ISD submit a random sample of 10% of the most recent local child count or a minimum of ten records, whichever is greater, from the local program child files within the reporting period. MDE uses an indicator-specific checklist based upon the federal and state standards when reviewing each set of local program files. This ensures that local programs are correctly implementing the specific regulatory requirements.

For all child-level noncompliance and/or related requirements, citations are provided to the LSA through a child-level corrective action form in Catamaran. The state verifies child-level correction of noncompliance by reviewing individual child records using the same indicator-specific checklist noted earlier. This review certifies that the specific missing component that caused noncompliance has been provided to that child and/or family.

General programmatic monitoring of ISDs is completed on a cyclical schedule so all 56 ISDs will be monitored over a 6-year period. To determine which ISDs will be monitored and when, various risk factors are considered. These risk factors include, but are not limited to - fiscal risks, compliance rates, results or outcomes, ongoing or uncorrected noncompliance, complaints or concerns brought to the attention of MDE, and length of time since the previous monitoring visit.

Fiscal management of ISDs and statewide contracts is monitored using NexSys. All fiscal agents must apply for Part C funds through this system. Budgets and subsequent amendments are approved by MDE staff. Distribution of reimbursement payments is conducted, and final expenditure reports are filed via NexSys Accounting. Financial audits are conducted by the finance unit within the Office of Great Start, MDE.

Michigan's dispute resolution system is managed by the MDE Office of Special Education (MDE OSE), the lead for Part B of IDEA. MDE OSE provides oversight and administration for mediation, complaints, and due process hearings for both Part C and Part B of IDEA. State mediation requests are processed by Special Education Mediation Services (SEMS). Their website is mikids1st.org. SEMS provides services through a network of 18 conflict resolution centers across the state. They provide mediation, facilitation, and training services to assist families and school districts resolve differences by helping 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 must be agreed to by both parties. This service is free to families and school districts. Complaints filed with the state are processed by MDE OSE using a single-tier system. This single-tier system allows the early intervention systems and MDE OSE to jointly investigate complaints resulting in the opportunity to encourage and support the use of local resolution and methods of alternative dispute resolution. The complaint investigation process and any resulting findings of noncompliance are maintained within the Catamaran system. Correction of noncompliance and verification of correction occurs in Catamaran.

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 the Michigan Administrative Hearing Systems (MAHS). Hearing officers are required to be knowledgeable and understand the provisions of IDEA, federal and state regulations, and all relevant legal interpretations. Requests for a due process hearing are filed with MDE OSE, who then submits the request to MAHS for processing.

Policies, procedures, and the SPP/APR are in place to provide guidance to the field. The Michigan State Plan for Part C of IDEA provides a general overview of 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.

Michigan Department of Education: www.michigan.gov/earlyon, Early On: www.1800EarlyOn.org, Early On Training and Technical Assistance: www.eotta.ccrea.org

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.

Training and technical assistance (TA) is provided by a statewide contractor, Clinton County Regional Educational Service Agency (CCRESA), Office of Innovative Projects (OIP), Early On Training and Technical Assistance (EOT&TA), as a component of the comprehensive system of personnel/professional development. Staff of EOT&TA participate in numerous national initiatives and activities to stay abreast of current practices. The contractor provides TA to local service areas 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 LSA to come into compliance.

Each LSA also receives TA from state lead agency staff. Three state Education Consultants (Civil Service classification title for professional employees) are assigned a cohort of local 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.

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 professional development: MDE Office of Great Start has contracted with CCRESA/OIP/EOT&TA to provide a comprehensive system of professional development. This comprehensive system includes the training of providers, paraprofessionals and the training of primary referral sources with respect to the basic components of an early intervention system available in the state including the implementation of 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 early intervention services under Part C, and training personnel to coordinate transition services for infants and toddlers in 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 LSAs. Supports to the field include a resourceful website, online and in-person trainings, webinars, system update sessions, conferences, communities of practice, and book studies with national TA experts. Participation in national communities of practice and TA 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 a required training for new Early On coordinators and is utilized to support providers in the field so they understand expectations for evaluating infants and toddlers. State staff worked to enable continuing education credits for those completing the on-line course.

The Early On Center for Higher Education is Michigan's pre-service initiative to support the development of highly qualified early intervention personnel to work with infants and toddlers, birth to three, with disabilities and/or special needs, and their families. The Early On Center works with faculty to strengthen learning experiences for 2-year and 4-year college students so they are knowledgeable of Early On Michigan and competent in their future work with families of infants and toddlers.

Broad Stakeholder Input:

The mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State's Systemic Improvement Plan (SSIP).

Michigan Part C collaborated with multiple stakeholders who represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social and emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.

The Data Ad Hoc Committee was comprised of many of the above stakeholders and met six times throughout 2020-2021. Each meeting was spent reviewing and analyzing data for the APR Results Indicators, including Indicator 11 and revising the State-identified Measurable Result (SiMR), in order to recommend targets through 2025. Once the Data Ad Hoc Committee had recommendations for targets, a presentation was given to the MICC and all recommendations from the Data Ad Hoc Committee were supported and moved forward to the MDE.

Plans are being made to continue engagement with stakeholders to review data and develop system improvement strategies.

Apply stakeholder input from introduction to all Part C results indicators (y/n)

YES

Number of Parent Members:

7

Parent Members Engagement:

Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

Parent members from the MICC, Michigan Alliance for Families (MAF), and the Parent Involvement Committee (PIC) were engaged in target setting. The Data Ad Hoc Committee had parents involved in discussions, data analysis including trend data, and brain-storming improvement strategies. Parents were pivotal partners in the targeting setting process. The PIC meets every six weeks, and during their meetings one agenda item includes discussing data and statewide updates. LICCs are required to include parents in their membership and are encouraged to share all local level data and reports at their meetings. Parents are supported in attending state and national conferences to gain knowledge so they can support state and local efforts.

Activities to Improve Outcomes for Children with Disabilities:

Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.

Strategies used to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes included the utilization and availability of increased access to technology. This allowed parents to participate in meetings, trainings, and discussions. In addition, the MDE provided, and continues to provide, parents with stipends and reimbursement for childcare, mileage, and meals so parents would be able to participate in meetings, trainings, and conferences. MAF provides numerous trainings to prepare parents for participation in the development of improvement activities and to develop their leadership skills. The Parent Leadership In State Government Initiative is a great example of the MDE partnering with other state agencies, including MDHHS, to develop parent leadership skills through the Parents Partnering for Change training. Wayne State University, MDE's partner in the development and analysis of the family survey outcomes, has worked tirelessly to ensure a diverse representation of families across the state responded to the survey. The results of the survey were and are used to inform decisions regarding priorities and areas in need of improvement.

Soliciting Public Input:

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

Mechanisms for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress included quarterly meetings with the MICC where data and trends were discussed relative to the targets. There were also opportunities for public comment at the start and end of each MICC meeting. Since the MICC meetings are public, the meeting schedule, minutes, and quick notes were and are posted on the MICC website. In addition, the quick notes were and are shared with all Early On Coordinators within two weeks after the MICC meetings. Links to participate in the MICC meetings virtually are also posted on the MICC website.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.

The results of the target setting and data analysis discussed at the November 4, 2021 MICC meeting were included in the minutes which will be posted on the MDE's MICC (www.michigan.gov/micc) website after the minutes are approved by the MICC at their February 10, 2022 meeting. The new MICC recommended targets for FFY2020-FY2025 will be posted on MDE's MICC website (www.michigan.gov/micc). Once the recommended targets are approved, the targets, trend data, and improvement strategies will be shared at statewide conferences, and shared in statewide updates to various organizations such as Michigan Association of Intermediate School Administrators/Early Childhood Administrators Network (MAISA/ECAN), Michigan Association of Administrators of Special Education (MAASE), etc.

Reporting to the Public:

How and where the State reported to the public on the FFY 2019 performance of each EIS Program 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 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.

The FFY 2019 public report on the performance of each local service area for all of the required indicators is posted on three websites, including the MDE Early On website (www.michigan.gov/earlyon) under the heading of Individuals with Disabilities Education Act (IDEA) Public Reporting of Data. This section of the website includes live links to MiSchoolData and the FFY19 Michigan Part C Public Reports (published May 2021) (Excel format). The FFY 2019 public report can also be found at www.Earlyondata.com under the Public Reports tab. A communication was released by MDE's Office of Public and Government Affairs directing stakeholders to MDE's site.

The FFY 2019 SPP/APR can also be found on the MDE Early On website under the heading of Federal Reports/Performance.

Intro - Prior FFY Required Actions

Response to actions required in FFY 2019 SPP/APR

Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Measurement

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State's timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs' (OSEP's) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2006	47.80%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	99.60%	99.84%	99.86%	99.89%	99.92%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
18,042	18,320	99.92%	100%	99.95%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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.

269

Provide reasons for delay, if applicable.

Thirty-four of the 56 local service areas had a total of 269 records with delays to the start of services that had documented exceptional family circumstances. Reasons for these delays include child or family illness, accommodating family schedules, appointments being cancelled and rescheduled by parents, documented multiple attempts to contact parents for scheduling, family not being at home at scheduled appointment times, family moving, parent not providing consent, and other child or parent reasons.

Five of the 56 local service areas had a total of nine 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 availability, lack of training/knowledge on the part of personnel, and other provider reasons.

Findings resulting from FFY 2020 data are based on the full reporting period; therefore, findings based on these FFY 2020 data are issued in FFY 2021 and correction of noncompliance will be reported in the FFY 2022 SPP/APR.

Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

30 calendar days from consent for the services

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

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, 2020 – June 30, 2021

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

Data from the full reporting period are included.

Provide additional information about this indicator (optional)

Data were collected through the Michigan Student Data System (MSDS). All local service areas submitted data regarding all children served to the state database at three designated points during the program year (July 1, 2020 - June 30, 2021). Data from the three collections were aggregated to provide data from the full reporting period.

Data for this indicator reflect a total of 18,320 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 18,042 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 269 records indicated delays to the initiation of services were attributable to documented exceptional family circumstances. The number of records with documented exceptional family circumstances (269) was added to the timely records (18,042) resulting in a total of 18,311 records. This number was used as the numerator for the calculation. The resulting percentage of compliance is 99.95%.

$$(18,042+269)/18,320=.9995$$

Both the numerator and denominator include 269 children for whom services were not timely, but whose records indicated that the delays were attributable to documented exceptional family circumstances. 99.95% compliance falls slightly below the target of 100% for this indicator. This compliance level is higher than the 99.92% compliance level reported in the FFY 2019 SPP/APR.

General impacts of COVID on our early intervention system and strategies for mitigation are outlined in the introduction section of this report. Additionally, the pandemic had specific impacts on initiation of early intervention services. Gaining signatures for consent for services was challenging due to needs for families to isolate during COVID outbreaks. Increased use of electronic signatures was a significant strategy used to overcome this barrier. Families and providers also needed to remain resilient and to have plans in place to quickly and seamlessly pivot between in-person services and remote services in response to the everchanging conditions created by the ebbs and flows of the pandemic. Supporting families with internet access, technology, and technical assistance for the use of that technology was critical to the timely initiation of services. Local service areas were encouraged to work closely with local health departments to determine when it was appropriate to be providing in-person services and when services were best provided remotely. Local data regarding prevalence of cases, hospitalizations and deaths were also to be considered when deciding on methods of service provision and appropriate use of personal protection equipment, social distancing, and other strategies for preventing transmission of the virus.

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
8	8	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

Eight local service areas were issued a Finding for Indicator 1 in FFY 2019 based on a review of their data submitted within MSDS.

Each local service area developed a corrective action plan (CAP) in Catamaran that detailed strategies the local service area 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 service areas to conduct file reviews.

When CAP activities had been completed and local data indicated compliance had been achieved, the local service area requested CAP closeout and MDE conducted verification activities. MDE reviewed the most recent data submitted to MSDS to determine whether the local service area had achieved 100% compliance. All records for each local service area were found to be in compliance resulting in a 100% compliance level.

Documentation was also collected from the local service areas and from the state technical assistance (TA) providers to demonstrate that all CAP activities had been completed. Each local service area was notified of the verification of correction of noncompliance through a formal letter closing the CAP.

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 by the state as part of the verification of correction process that all services on the IFSP were indeed initiated, though not timely, or that the child was no longer under the jurisdiction of the local early intervention system. During the corrective action plan process within the Catamaran system, the local service area was required to provide documentation for the initiation of all services on the IFSP for each of the children for whom services had not been initiated within the 30-day timeline from consent for services. For these children, no further child level correction was possible because timeliness cannot be corrected. The local service area could also indicate that the child had been exited and was no longer under the jurisdiction of the local service area. For these children, correction was not possible.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2018	4	4	0

FFY 2018

Findings of Noncompliance Verified as Corrected

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

Michigan's FFY 2017 SPP/APR incorrectly indicated that four Findings were issued in FFY 2018 based on FFY 2017 data; however, during final review of the data and identification of the Findings it was discovered that one of those four local service areas already had a Finding for Indicator 1 and was in the period of correction when the noncompliance in FFY 2017 occurred. That local service area was not issued a new Finding. As reported in Michigan's FFY 2019 SPP/APR, three local service areas were issued a Finding for Indicator 1 in FFY 2018 based on a review of their data submitted within MSDS for FFY 2017.

Each of the three local service areas that were issued Findings developed a corrective action plan (CAP) in Catamaran that detailed strategies the local service area 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 service areas to conduct file reviews.

When CAP activities had been completed and local data indicated compliance had been achieved, the local service area requested CAP closeout and MDE conducted verification activities. MDE reviewed the most recent data submitted to MSDS to determine whether the local service area had achieved 100% compliance. All records for each local service area were found to be in compliance resulting in a 100% compliance level.

Documentation was also collected from the local service areas and from the state TA providers to demonstrate that all CAP activities had been completed. Each local service area was notified of the verification of correction of noncompliance through a formal letter closing the CAP.

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 by the state as part of the verification of correction process that all services on the IFSP were indeed initiated, though not timely, or that the child was no longer under the jurisdiction of the local early intervention system. During the corrective action plan process within the Catamaran system, the local service area was required to provide documentation for the initiation of all services on the IFSP for each of the children for whom services had not been initiated within the 30-day timeline from consent for services. For these children, no further child level correction was possible because timeliness cannot be corrected. The local service area could also indicate that the child had been exited and was no longer under the jurisdiction of the local service area. For these children, correction was not possible.

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining four uncorrected findings of noncompliance identified in FFY 2018, based on FFY 2017 data were corrected. When reporting on the correction of noncompliance, the State must

report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2018, based on FFY 2017 data: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

Findings resulting from FFY 2019 data are based on the full reporting period; therefore, Findings based on FFY 2019 data were issued in FFY 2020 and correction of noncompliance will be reported in the FFY 2021 SPP/APR.

Michigan's FFY 2017 SPP/APR incorrectly indicated that four Findings were issued in FFY 2018 based on FFY 2017 data; however, during final review of the data and identification of the Findings it was discovered that one of those four local service areas already had a Finding for Indicator 1 and was in the period of correction when the noncompliance in FFY 2017 occurred. That local service area was not issued a new Finding, therefore only three Findings were issued in FFY 2018 based on data submitted in FFY 2017. As reported in Michigan's FFY 2019 SPP/APR, three local service areas were issued a Finding for Indicator 1 in FFY 2018 based on a review of their data submitted within MSDS for FFY 2017. MDE verified that all three local service areas corrected the individual cases of noncompliance and that more recent data reflected 100% compliance. Details regarding these Findings and the verification of correction are provided earlier in this section of this report.

1 - OSEP Response

OSEP notes the Correction of Findings of Noncompliance Identified Prior to FFY 2019 table indicates that there were four findings, but in the narrative the State indicates "[a]s reported in Michigan's FFY 2019 SPP/APR, three local service areas were issued a Finding for Indicator 1 in FFY 2018 based on a review of their data submitted within MSDS for FFY 2017. The State reported on the verification of the three findings of noncompliance identified in FFY 2018, as required.

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

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)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)).

Measurement

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	84.20%

FFY	2015	2016	2017	2018	2019
Target>=	93.50%	94.00%	94.00%	94.00%	94.00%
Data	95.28%	96.47%	97.10%	96.95%	96.61%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	94.00%	95.00%	95.30%	95.60%	96.00%	96.30%

Targets: Description of Stakeholder Input

Michigan Part C collaborated with multiple stakeholders who represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social and emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.

The Data Ad Hoc Committee was comprised of many of the above stakeholders and met six times throughout 2020-2021. Each meeting was spent reviewing and analyzing data for the APR Results Indicators, including Indicator 11 and revising the State-identified Measurable Result (SiMR), in order to recommend targets through 2025. Once the Data Ad Hoc Committee had recommendations for targets, a presentation was given to the MICC and all recommendations from the Data Ad Hoc Committee were supported and moved forward to the MDE.

Plans are being made to continue engagement with stakeholders to review data and develop system improvement strategies.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	9,409
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Total number of infants and toddlers with IFSPs	9,646

FFY 2020 SPPI/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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
9,409	9,646	96.61%	94.00%	97.54%	Met target	No Slippage

Provide additional information about this indicator (optional).

General impacts of COVID on our early intervention system and strategies for mitigation are outlined in the introduction section of this report. Additionally, the pandemic had specific impacts on the provision of services in the natural environments. Impacts include varying levels of restriction on in-person contact, need for social distancing, recommended and/or mandated use of personal protective equipment (PPE), and comfort level of families related to in-person visits. Actual data increased .93 percentage points from FFY 2019 to FFY 2020 despite the impacts of COVID on our early intervention system. Utilizing technology to provide virtual service provision, utilization of PPE by providers and families, and providing services in outdoor settings where social distancing could be maintained were strategies implemented during FFY 2020 determined by the individual comfort level and needs expressed by families.

2 - Prior FFY Required Actions

None

2 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

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)

Data Source

State selected data source.

Measurement

Outcomes:

- 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.

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1:

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by (# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))] times 100.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2:

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

Instructions

Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the 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), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

3 - Indicator Data

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)? (yes/no)

NO

Targets: Description of Stakeholder Input

Michigan Part C collaborated with multiple stakeholders who represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social and emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.

The Data Ad Hoc Committee was comprised of many of the above stakeholders and met six times throughout 2020-2021. Each meeting was spent reviewing and analyzing data for the APR Results Indicators, including Indicator 11 and revising the State-identified Measurable Result (SiMR), in order to recommend targets through 2025. Once the Data Ad Hoc Committee had recommendations for targets, a presentation was given to the MICC and all recommendations from the Data Ad Hoc Committee were supported and moved forward to the MDE.

Plans are being made to continue engagement with stakeholders to review data and develop system improvement strategies.

Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2017	Target>=	75.60%	75.90%	76.20%	76.50%	76.50%
A1	75.19%	Data	74.82%	76.49%	75.19%	76.74%	77.73%
A2	2017	Target>=	60.60%	60.70%	60.80%	60.90%	60.90%
A2	52.15%	Data	54.26%	54.06%	52.15%	53.24%	55.05%
B1	2017	Target>=	79.90%	80.10%	80.30%	80.50%	80.50%
B1	78.72%	Data	79.08%	80.04%	78.72%	79.33%	80.23%
B2	2017	Target>=	52.40%	53.00%	53.60%	54.10%	54.10%
B2	47.27%	Data	48.79%	48.33%	47.27%	48.12%	48.58%
C1	2017	Target>=	79.20%	79.40%	79.60%	79.80%	79.80%
C1	78.24%	Data	78.30%	80.40%	78.24%	78.67%	79.32%
C2	2017	Target>=	59.60%	59.80%	60.00%	60.20%	60.20%
C2	47.54%	Data	49.89%	50.29%	47.54%	50.65%	50.46%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1>=	75.19%	75.29%	75.39%	75.49%	75.59%	75.69%
Target A2>=	52.00%	52.22%	52.44%	52.67%	52.90%	53.13%
Target B1>=	77.60%	77.60%	77.88%	78.16%	78.44%	78.73%
Target B2>=	45.50%	45.50%	45.94%	46.38%	46.82%	47.28%
Target C1>=	78.24%	78.34%	78.44%	78.54%	78.64%	78.74%
Target C2>=	47.20%	47.20%	47.30%	47.40%	47.50%	47.60%

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

6,614

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	19	0.29%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,268	19.17%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,846	27.91%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,266	34.26%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,215	18.37%

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
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	4,112	5,399	77.73%	75.19%	76.16%	Met target	No Slippage
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	3,481	6,614	55.05%	52.00%	52.63%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	6	0.09%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,312	19.84%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,275	34.40%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,408	36.41%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	613	9.27%

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
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	4,683	6,001	80.23%	77.60%	78.04%	Met target	No Slippage
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	3,021	6,614	48.58%	45.50%	45.68%	Met target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	7	0.11%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,266	19.14%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,211	33.43%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,492	37.68%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	638	9.65%

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
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	4,703	5,976	79.32%	78.24%	78.70%	Met target	No Slippage
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	3,130	6,614	50.46%	47.20%	47.32%	Met target	No Slippage

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	11,480
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	2,458

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)

YES

List the instruments and procedures used to gather data for this indicator.

Every child is rated on each of the three child outcome functional areas using the Child Outcomes 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 measure 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 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 he or she entered and exited Early On. Local service areas submitted demographic and assessment information on child entry or exit in Early On through the Michigan Student Data System (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 as well as parent input are used when establishing COS ratings.

A variety of tools are used to gather information to assist in determining entry and exit COS ratings. Below is a list of the most common tools used. This is not an exhaustive list: Assessment, Evaluation, and Programming System for Infants and Children (AEPS), Battelle Developmental Inventory, Brigance Inventory of Early Development, Bayley Scales of Infant and Toddler Development, The Carolina Curriculum, Early Learning Intervention Developmental Profile Revised Edition (EIDP), Early Learning Accomplishment Profile Kit (E-LAP), Hawaii Early Learning Profile (HELP), Infant-Toddler Developmental Assessment Kit (IDA), Other: An assessment tool not listed above.

Provide additional information about this indicator (optional).

Based on the data review work and recommendations from the Michigan Interagency Coordinating Council (MICC) Data Ad Hoc Committee, Michigan decided to reset SPP/APR Indicator 3 baseline data to FFY 2017 actual data. Michigan Indicator 3 targets for FFY 2020 through FFY 2025 have been established using this new baseline.

The MICC established a Data Ad Hoc Committee charged with recommending targets for the Michigan IDEA Part C State Performance Plan/Annual Performance Report (SPP/APR) results indicators through FFY 2025. The Data Ad Hoc Committee met six times throughout 2020-2021 reviewing and analyzing data for the APR Results Indicators in order to recommend targets through 2020-2025. The committee included 20 members consisting of MICC members, parents, and other stakeholders. The work of this committee included intensive review of historical SPP/APR data, identification of factors that have impacted the data over past years, and review of current and planned activities and factors that will likely impact data in upcoming years.

The intensive review of Indicator 3 data revealed a meaningful trend in the trajectory of the data. Michigan's data for all six data points for this indicator showed a steady downward trend from FFY 2013 through FFY 2017. At that point the data appear to be leveling off and begin to show slight progress with the FFY 2018 data. This change in trajectory led to examination and conversations about the reasons for the long downward trajectory followed by the leveling off and apparent upswing.

A number of changes in Michigan's early intervention system were identified as factors that led to these changes in trajectory and include:

- Michigan made a change to eligibility criteria in FFY 2013 which impacted the population served. Eligibility criteria was changed from 'any delay' to a 20% delay in one or more developmental domains. As a result, the population served no longer includes children with less severe delays.
- Over the past several years Early On Training and Technical Assistance developed and began offering updated child outcomes training to early intervention local service areas to provide additional support for providers on the Child Outcomes Summary (COS) process. This training included strategies and activities to improve accuracy in child outcomes ratings. More accurate ratings led to decreases in child outcomes data.
- During this same time period, Michigan also worked with local service areas on strategies to increase COS reporting rates. The COS reporting rate has improved significantly from 32% to 56%. Michigan's early intervention program began reporting child outcomes data in FFY 2008. The baseline was established in 2008 based on approximately 3,000 children's matched entry and exit COS ratings reported that year. In FFY 2018, Michigan collected and reported over 6,000 matched COS ratings, which doubled the sample size from 2008 to 2018. This larger sample size provides greater confidence in the resulting data.

Some efforts to improve child outcomes during the past few years include working with the four State Systemic Improvement Plan (SSIP) pilot sites (Kalamazoo, Kent, Macomb, and Marquette Alger) to implement activities supporting the following:

- Messaging: Sharing a consistent message about the importance of social emotional development.
- Evidence-Based Practices (EBP): Focusing on activities that build solid foundational knowledge to increase competence and confidence in the service providers, including training and coaching.
- Data: Improving the quantity and quality of data.

The combined impact of these activities provides explanation for the noted steady decline and now a leveling off and apparent beginning of an upward trajectory for Michigan's Indicator 3 data. Systems change is often reflected first by declines in data as the changes being implemented impact that data and then by a period of stabilization and finally by reflection of progress being made. Our Indicator 3 data seem to be telling that story. We believe that beginning in FFY 2017 we reached that period of stabilization. Although the data is likely to fluctuate around that level for a few years before truly reflecting progress, we are comfortable with establishing the FFY 2017 data as a new baseline. Future targets have been aligned to this newly established baseline.

When considering setting new targets based on the newly established baseline, it was recognized that there are several factors that are likely to lead to some continuing instability in the child outcomes data for the next couple of years before we see progress beyond the newly established baseline. These include:

- Ongoing work planned to further improve COS reporting rates across the local service areas. As the reporting rate improves, we may see some additional decrease in the COS data as completeness of the data increases and it more fully represents the population served.
- Continued efforts to provide training support to providers statewide regarding COS process. As more providers participate in the updated training, we may see some additional decrease in the COS data as the accuracy of the data improves.
- Scale-up of State Systemic Improvement Plan activities.
- The unknown impacts of the COVID pandemic and resulting changes that took place in the implementation of early intervention services.

For these reasons, it is anticipated that we are likely to see some additional decreases or plateauing in our data before seeing a true pattern of progress. This led the MICC Data Ad Hoc Committee to set targets slightly below the new baseline for the next few years, moving toward a rise above the new baseline by FFY 2025.

General impacts of COVID on our early intervention system and strategies for mitigation are outlined in the introduction section of this report. Additionally, the pandemic had specific impacts on child outcomes. COVID impacted the FFY 2020 child outcomes data demonstrating decreases across all outcomes and summary statements compared to the data reported in FFY 2019. Restrictions in place by health departments and high rates of infection in the state of Michigan contributed to the challenge of obtaining current assessment information and meetings with parents to determine child outcomes summary (COS) ratings. Virtual meetings and outdoor meetings were utilized to obtain the necessary data and information to complete COS ratings. Many families took advantage of virtual and/or outdoor meetings. However, some families were not comfortable using technology or meeting in-person taking precautionary mitigation measures. Difficulty conducting assessments virtually, COVID infection rates, COVID exposure quarantines, and weather patterns also contributed to the ability to use these alternate means to connect with families. Local service areas sought family input to ensure that they felt safe and comfortable with the manner in which they were meeting.

3 - Prior FFY Required Actions

None

3 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2017, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

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)

Data Source

State selected data source. State must describe the data source in the SPP/APR.

Measurement

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

Instructions

Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions page 2](#) for additional instructions on sampling.)

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2015	2016	2017	2018	2019
A	2005	Target>=	58.80%	59.00%	59.20%	59.40%	59.40%
A	56.00%	Data	69.07%	69.21%	71.12%	71.20%	73.35%
B	2005	Target>=	53.80%	54.00%	54.20%	54.40%	54.40%
B	51.00%	Data	62.81%	62.73%	64.75%	64.86%	66.59%
C	2005	Target>=	77.80%	78.00%	78.20%	78.40%	78.40%
C	73.00%	Data	83.98%	84.14%	84.06%	85.33%	87.22%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A>=	67.31%	67.31%	67.50%	67.69%	67.88%	68.07%
Target B>=	61.13%	61.13%	61.28%	61.43%	61.58%	61.73%
Target C>=	82.38%	82.38%	82.53%	82.68%	82.83%	82.98%

Targets: Description of Stakeholder Input

Michigan Part C collaborated with multiple stakeholders who represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social and emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.

The Data Ad Hoc Committee was comprised of many of the above stakeholders and met six times throughout 2020-2021. Each meeting was spent reviewing and analyzing data for the APR Results Indicators, including Indicator 11 and revising the State-identified Measurable Result (SiMR), in order to recommend targets through 2025. Once the Data Ad Hoc Committee had recommendations for targets, a presentation was given to the MICC and all recommendations from the Data Ad Hoc Committee were supported and moved forward to the MDE.

Plans are being made to continue engagement with stakeholders to review data and develop system improvement strategies.

FFY 2020 SPP/APR Data

The number of families to whom surveys were distributed	6,505
Number of respondent families participating in Part C	2,280
Survey Response Rate	35.05%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,581
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	2,279
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	1,434
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	2,279
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	1,892
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	2,279

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	73.35%	67.31%	69.37%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	66.59%	61.13%	62.92%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	87.22%	82.38%	83.02%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES

Question	Yes / No
If yes, is it a new or revised collection tool?	NO
The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.	YES

Survey Response Rate

FFY	2019	2020
Survey Response Rate	38.39%	35.05%

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The decreased response rate is likely attributable to the continuing and compounding impact of the pandemic.

The state implemented and will continue to implement a wide array of follow up efforts, including closely monitoring the response rate to address any underrepresentation around race and ethnicity and if identified, conducting additional follow up efforts with subgroups who are underrepresented. Additionally, the state extended the time period which allowed families more time to complete the survey. 1-800 hotlines were created to help families who speak Spanish or Arabic, including follow up phone calls with interpreters speaking Spanish and Arabic to assist families completing the survey.

Past and current activities include:

- Mailing families a survey notification brochure, sharing the family survey results from the previous year, and explaining the procedure of the current survey.
- Offering an online option for completing the survey.
- Adding a QR code for additional ease in completing the survey.
- Mailing postcard reminders, approximately two weeks after the survey, to families who have not yet completed the survey. Hard copies of the survey and reminder postcards were also sent to under-represented groups as well as areas with low responding rates.
- Phone 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.

Ideas to explore for upcoming year:

- Consider the possibility of translating the online survey to Spanish and Arabic.
- Work with a focus group consisting of members from the Parent Involvement Committee and additional families in underrepresented ethnic groups to co-create a plan to ensure equitable representation within the survey responses.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

This year's data closely represent the state Part C population in terms of children's age, gender, race/ethnicity, and peer group. In past years when the data were not representative around race/ethnicity, statistical weights were applied to adjust the sample size for the subgroup. However, since this year's sample were representative of the population in terms of race/ethnicity, applying the statistical weight was not necessary.

To ensure the sample representativeness, several measures, explained in the previous text box, were undertaken this year and will be used again in future years to maximize the number of respondents and to ensure adequate representation of race and ethnicity throughout the state.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

This year's data closely represent the state Part C population in terms of children's age, gender, race/ethnicity, and peer group. The following demographics were analyzed based on the families who responded to the survey, compared to all families enrolled in Part C. Demographics include the child's age, gender, race/ethnicity, and peer group.

*Age:

- Under 1, survey respondents 4.8%, Part C population 5.1%
- 1-2 years, survey respondents 30.7%, Part C population 28.6%
- 2-3 years, survey respondents 64.6%, Part C population 66.3%

Gender:

- Female, survey respondents 38.7%, Part C population 39.9%
- Male, survey respondents 61.3%, Part C population 60.1%

Race/ethnicity:

- White, survey respondents 75.4%, Part C population 73.5%
- African American, survey respondents 14.3%, Part C population 15.4%
- Hispanic, survey respondents 4.7%, Part C population 5.6%
- Two or more races, survey respondents 3.1%, Part C population 2.9%
- Asian, survey respondents 2.0%, Part C population 1.8%
- American Indian, survey respondents 0.4%, Part C population 0.6%
- Pacific Islander, survey respondents 0.1%, Part C population 0.1%

Peer Group:

- Rural, survey respondents 7.4%, Part C population 8.3%
- Small sized city, survey respondents 18.3%, Part C population 18.2%
- Medium sized city, survey respondents 10.5%, Part C population 10.6%
- Metro survey, respondents 20.3%, Part C population 19.4%
- Urban survey, respondents 43.6%, Part C population 43.5%

The data for the demographic categories did not show any over or under representation.

* The numbers do not all add up to 100% due to rounding.

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).

To examine the representativeness of the final sample, composition of the respondent sample were compared to the Part C population on children's age, gender, race/ethnicity, and peer group (determined by the geographic location of the family and number of children served in that area). Proportion tests were conducted to see whether the distribution was statistically significantly different ($p < .05$).

Provide additional information about this indicator (optional).

*THE DISCREPANCY IN THE NUMBER OF RESPONDENT FAMILIES PARTICIPATING IN PART C (2,280) COMPARED TO THE NUMBER OF RESPONDENTS FOR A2, B2, AND C2 (2,279) IS THE RESULT OF ONE RESPONDENT WHO ANSWERED SOME QUESTIONS BUT DID NOT ANSWER ANY OF THE INDICATOR 4 IMPACT ITEMS.

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 have been consistent with those states.

Michigan selected the NCSEAM Impact of Early Intervention Services on the 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 Impact on Family Scale (IFS) had a reliability coefficient of .90. The reliability coefficient found in Michigan's administration of the scale was 0.94 for the 2021 survey (FFY 2020). Another form of reliability is assessed by the margin of error or confidence interval. Using a 95% confidence interval, the margin of error was ± 1.67 for 2021 (FFY 2020).

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.

General impacts of COVID on our early intervention system and strategies for mitigation are outlined in the introduction section of this report. Additionally, the pandemic had specific impacts on family outcomes. The family survey results and response rate were impacted by COVID restrictions. Families shared comments through the family survey that, "they were overwhelmed and it was hard to have visits during COVID, virtual visits were difficult for many reasons including technology issues, their child didn't respond well to virtual visits and screen time didn't help their child, and one respondent stated that had it not been for the pandemic their survey responses would have been more positive."

4 - Prior FFY Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Response to actions required in FFY 2019 SPP/APR

4 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the *EDFacts* Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.03%

FFY	2015	2016	2017	2018	2019
Target >=	1.24%	1.25%	1.26%	1.27%	1.27%
Data	1.13%	1.30%	1.38%	1.27%	1.41%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	1.00%	1.07%	1.14%	1.21%	1.28%	1.35%

Targets: Description of Stakeholder Input

Michigan Part C collaborated with multiple stakeholders who represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social and emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.

The Data Ad Hoc Committee was comprised of many of the above stakeholders and met six times throughout 2020-2021. Each meeting was spent reviewing and analyzing data for the APR Results Indicators, including Indicator 11 and revising the State-identified Measurable Result (SiMR), in order to recommend targets through 2025. Once the Data Ad Hoc Committee had recommendations for targets, a presentation was given to the MICC and all recommendations from the Data Ad Hoc Committee were supported and moved forward to the MDE.

Plans are being made to continue engagement with stakeholders to review data and develop system improvement strategies.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 1 with IFSPs	1,126
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 1	107,849

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,126	107,849	1.41%	1.00%	1.04%	Met target	No Slippage

Provide additional information about this indicator (optional)

General impacts of COVID on our early intervention system and strategies for mitigation are outlined in the introduction section of this report. Additionally, the pandemic had specific impacts on identification, evaluation, and eligibility determination. These impacts include, but are not limited to:

- Families choosing not to seek services,
- Difficulty meeting face to face for evaluations and assessments,
- Families or providers without needed technology or internet connectivity,
- Workforce shortages due to COVID-19 – health of providers and/or their family members, burnout, retirements, and
- Decrease in opportunities to connect with referral sources, including NICUs, physicians, and professional organizations.

Several strategies were used to mitigate the negative impacts of COVID-19 on identification, evaluation, and eligibility determination. Local service areas (LSAs) were encouraged to use both federal Early On and GEER funding dedicated by the Governor, as well as state early intervention funds in the following ways to address impacts of COVID-19: providing necessary technology such as laptops, tablets, hotspots, etc. for both families and providers, providing training and technology support for providers and families, and providing necessary PPE for providers and families. Regular combined update meetings were provided via Zoom for IDEA Part C and IDEA Part B Section 619 Coordinators and service providers to discuss child find challenges and strategies. Community of Practice (CoP) meetings were held by Early On Training and Technical Assistance (EOT&TA) to provide opportunities for local administrators to problem-solve with each other and with state technical assistance specialists. Guidance from OSEP and from national TA centers was shared with LSAs through the combined update meetings, CoP meeting, technical assistance calls, and posted on various websites to provide continuous access. Public awareness and child find materials and activities were converted to virtual platforms to allow more fluid connection with referral sources.

5 - Prior FFY Required Actions

None

5 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

6 - Indicator Data

Baseline Year	Baseline Data
2005	2.20%

FFY	2015	2016	2017	2018	2019
Target >=	2.70%	2.80%	2.90%	3.00%	3.00%
Data	2.60%	2.86%	3.08%	3.26%	3.48%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	2.90%	3.00%	3.10%	3.20%	3.30%	3.40%

Targets: Description of Stakeholder Input

Michigan Part C collaborated with multiple stakeholders who represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social and emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.

The Data Ad Hoc Committee was comprised of many of the above stakeholders and met six times throughout 2020-2021. Each meeting was spent reviewing and analyzing data for the APR Results Indicators, including Indicator 11 and revising the State-identified Measurable Result (SiMR), in order to recommend targets through 2025. Once the Data Ad Hoc Committee had recommendations for targets, a presentation was given to the MICC and all recommendations from the Data Ad Hoc Committee were supported and moved forward to the MDE.

Plans are being made to continue engagement with stakeholders to review data and develop system improvement strategies.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 3 with IFSPs	9,646
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 3	328,975

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
9,646	328,975	3.48%	2.90%	2.93%	Met target	No Slippage

Provide additional information about this indicator (optional).

General impacts of COVID on our early intervention system and strategies for mitigation are outlined in the introduction section of this report. Additionally, the pandemic had specific impacts on identification, evaluation, and eligibility determination. These impacts include, but are not limited to:

- Families choosing not to seek services,
- Difficulty meeting face to face for evaluations and assessments,
- Families or providers without needed technology or internet connectivity,
- Workforce shortages due to COVID-19 – health of providers and/or their family members, burnout, retirements, and
- Decrease in opportunities to connect with referral sources, including NICUs, physicians, and professional organizations.

Several strategies were used to mitigate the negative impacts of COVID-19 on identification, evaluation, and eligibility determination. Local service areas (LSAs) were encouraged to use both federal Early On and GEER funding dedicated by the Governor, as well as state early intervention funds in the following ways to address impacts of COVID-19: providing necessary technology such as laptops, tablets, hotspots, etc. for both families and providers, providing training and technology support for providers and families, and providing necessary PPE for providers and families. Regular combined update meetings were provided via Zoom for IDEA Part C and IDEA Part B Section 619 Coordinators and service providers to discuss child find challenges and strategies. Community of Practice (CoP) meetings were held by Early On Training and Technical Assistance (EOT&TA) to provide opportunities for local administrators to problem-solve with each other and with state technical assistance specialists. Guidance from OSEP and from national TA centers was shared with LSAs through the combined update meetings, CoP meeting, technical assistance calls, and posted on various websites to provide continuous access. Public awareness and child find materials and activities were converted to virtual platforms to allow more fluid connection with referral sources.

6 - Prior FFY Required Actions

None

6 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

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)

Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

Measurement

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) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2006	63.10%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	96.81%	99.12%	98.97%	99.20%	99.62%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
8,939	10,713	99.62%	100%	99.92%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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.

1,765

Provide reasons for delay, if applicable.

Fifty of 56 local service areas had a total of 1,765 records with delays attributable to documented exceptional family circumstances. Reasons for these delays include illness of the child or a family member, appointments being cancelled and rescheduled by parents, parents requesting a delay to the evaluation or IFSP meeting to accommodate family schedules, documented multiple attempts to contact parents for scheduling, family moved, family not being at home at scheduled appointment times, or other child or family reasons.

Seven of 56 local service areas had a total of nine records with untimely completion of initial evaluations, initial assessments, and initial IFSP meetings for which exceptional family circumstances did not exist or were not documented. Reasons for these delays include provider availability or other provider reasons.

Findings resulting from FFY 2020 data are based on the full reporting period; therefore, Findings based on FFY 2020 data are issued in FFY 2021 and correction of noncompliance will be reported in the FFY 2022 SPP/APR.

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

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, 2020 – June 30, 2021.

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

Data from the full reporting period are included.

Provide additional information about this indicator (optional).

Data were collected through the Michigan Student Data System (MSDS). All local service areas submitted data regarding all children served to the state database at three designated points during the program year (July 1, 2020 - June 30, 2021). Data from the three collections were aggregated to provide data for the full reporting period.

Data reported for this indicator reflect that a total of 10,713 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 8,939 of the records documented that an initial evaluation, an initial assessment, and the initial IFSP meeting were completed within the 45-day timeline. An additional 1,765 records 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 records with documented exceptional family circumstances (1,765) was added to the timely records (8,939) resulting in a total of 10,704 records. This number was used as the numerator for the calculation. The resulting percentage compliance is 99.92%.

$(8,939+1,765)/10,713=.9992$

Both the numerator and the denominator include 1,765 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. 99.92% compliance falls below the target of 100% for this indicator. This compliance level is higher than the 99.62% compliance level reported in the FFY 2019 APR.

General impacts of COVID on our early intervention system and strategies for mitigation are outlined in the introduction section of this report. Additionally, the pandemic had specific impacts on timely completion of initial evaluations, initial assessments, and initial IFSPs. Gaining signatures for consent for evaluations and assessments was challenging due to need for families to isolate during COVID outbreaks. Increased use of electronic signatures was a significant strategy used to overcome this barrier. Families and providers also needed to remain resilient and to have plans in place to quickly and seamlessly pivot between in-person meetings and remote meetings in response to the everchanging conditions created by the ebbs and flows of the pandemic. Supporting families with internet access, technology, and technical assistance for the use of that technology was critical to the timely completion of initial evaluations, initial assessments, and initial IFSPs. Local service areas were encouraged to work closely with local health departments to determine when it was appropriate to be conducting in-person evaluations/assessments/IFSP meetings and when these were best conducted remotely. Local data regarding prevalence of cases, hospitalizations, and deaths were also to be considered when deciding on methods of conducting evaluations/assessments/IFSP meetings and appropriate use of personal protection equipment, social distancing, and other strategies for preventing transmission of the virus.

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
11	11	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

Eleven of 56 local service areas were issued Findings for Indicator 7 in FFY 2019 based on a review of their data submitted within MSDS.

Each of the 11 local service areas developed a corrective action plan (CAP) in Catamaran that detailed strategies the local service area 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 CAP planning process, progress reports were submitted. Progress reports required the local service area to conduct file reviews.

When CAP activities had been completed and local data indicated compliance, the local service area requested CAP closeout and MDE conducted verification activities. MDE reviewed the most recent data submitted to MSDS to determine whether the local service area had achieved 100% compliance. All records for each local service area were found to be in compliance resulting in a 100% compliance level within one year of notification of

total of 4,127 records. This number was used as the numerator for the calculation. The resulting percentage of compliance is 99.16%.

$$(3,833+294)/(4,191-29)=.9916$$

Both the numerator and the denominator include 294 children for whom the transition conference was not timely, but whose file contained documentation that the delay was attributable to exceptional family circumstances. 99.16% compliance falls below the target of 100% compliance for this indicator. These data reflect an increased level of compliance for this indicator from the 98.58% compliance level reported in the FFY 2019 APR.

General impacts of COVID on our early intervention system and strategies for mitigation are outlined in the introduction section of this report. Additionally, the pandemic had specific impacts on timely transition conferences. Families and providers needed to remain resilient and to have plans in place to quickly and seamlessly pivot between in-person transition conferences and remote transition conferences in response to the everchanging conditions created by the ebbs and flows of the pandemic. Supporting families with internet access, technology, and technical assistance for the use of that technology was critical to the timely completion of transition conferences. Local service areas were encouraged to work closely with local health departments to determine when it was appropriate to be convening in-person conferences and when these were best convened remotely. Local data regarding prevalence of cases, hospitalizations, and deaths were also to be considered when deciding on methods of convening meetings and appropriate use of personal protection equipment, social distancing, and other strategies for preventing transmission of the virus.

Correction of Findings of Noncompliance Identified in FFY 2019

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 2019 Findings of Noncompliance Verified as Corrected

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

Two local service areas were issued a finding of noncompliance related to Indicator 8c in FFY 2019 based on a review of data submitted within MSDS.

Each local service area developed a corrective action plan (CAP) in the electronic monitoring system that detailed strategies that the local service area 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 service area to conduct file reviews. Data submissions were reviewed to monitor compliance level. When CAP activities had been completed and local data indicated compliance, the local service area requested CAP closeout and MDE conducted verification activities. MDE reviewed the most recent data submitted to MSDS to determine whether the local service area had achieved 100% compliance. Records for each of the two local service areas were found to be in compliance resulting in a 100% compliance level within one year of notification of the noncompliance.

Documentation was also collected from the local service areas and state technical assistance (TA) providers to demonstrate that all CAP activities had been completed.

The local service areas were notified of the verification of correction of noncompliance through a formal letter closing the CAP.

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

For some of the children, a transition conference with all required participants was conducted but not at least 90 days prior to the child's third birthday. For these children, the local service area was required to provide documentation that a transition conference with all required participants was indeed conducted. No further child level correction is possible because timeliness cannot be corrected. The other impacted children were no longer under the jurisdiction of the local early intervention system. Child level correction was not possible.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

Findings resulting from FFY 2019 data are based on the full reporting period; therefore, Findings based on FFY 2019 data were issued in FFY 2020 and correction of noncompliance will be reported in the FFY 2021 SPP/APR.

8C - OSEP Response

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

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 under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (EMAPS)).

Measurement

Percent = (3.1(a) divided by 3.1) times 100.

Instructions

Sampling from the State's 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Select yes to use target ranges.

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/03/2021	3.1 Number of resolution sessions	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/03/2021	3.1(a) Number resolution sessions resolved through settlement agreements	0

Targets: Description of Stakeholder Input

Michigan Part C collaborated with multiple stakeholders who represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social and emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.

The Data Ad Hoc Committee was comprised of many of the above stakeholders and met six times throughout 2020-2021. Each meeting was spent reviewing and analyzing data for the APR Results Indicators, including Indicator 11 and revising the State-identified Measurable Result (SiMR), in order to recommend targets through 2025. Once the Data Ad Hoc Committee had recommendations for targets, a presentation was given to the MICC and all recommendations from the Data Ad Hoc Committee were supported and moved forward to the MDE.

Plans are being made to continue engagement with stakeholders to review data and develop system improvement strategies.

Historical Data

Baseline Year	Baseline Data

FFY	2015	2016	2017	2018	2019
Target>=					
Data					

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=						

FFY 2020 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0				N/A	N/A

Provide additional information about this indicator (optional)

There were no state complaints or due process hearing requests in 2020-2021. Targets have not been set since the state has consistently been below the threshold for when target setting is required.

9 - Prior FFY Required Actions

None

9 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

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)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

Measurement

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

10 - Indicator Data

Select yes to use target ranges

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1 Mediations held	2
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.a.i Mediations agreements related to due process complaints	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.b.i Mediations agreements not related to due process complaints	1

Targets: Description of Stakeholder Input

Michigan Part C collaborated with multiple stakeholders who represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social and emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.

The Data Ad Hoc Committee was comprised of many of the above stakeholders and met six times throughout 2020-2021. Each meeting was spent reviewing and analyzing data for the APR Results Indicators, including Indicator 11 and revising the State-identified Measurable Result (SiMR), in order to recommend targets through 2025. Once the Data Ad Hoc Committee had recommendations for targets, a presentation was given to the MICC and all recommendations from the Data Ad Hoc Committee were supported and moved forward to the MDE.

Plans are being made to continue engagement with stakeholders to review data and develop system improvement strategies.

Historical Data

Baseline Year	Baseline Data
2005	0.00%

FFY	2015	2016	2017	2018	2019
Target>=					
Data				100.00%	

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=						

FFY 2020 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	1	2			50.00%	N/A	N/A

Provide additional information about this indicator (optional)

The mediation with an agreement centered on services during COVID-19 restrictions. The mediation without an agreement was centered on services and communication. The parties could not come to an agreement but signed and closed the mediation.

Targets have not been set since the state has consistently been below the threshold for when target setting is required.

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

Phase III: Implementation and Evaluation (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

To increase the social and emotional outcomes for infants and toddlers as measured by Indicator 3a, Summary Statement 2, by a half of a percentage point from 52.63% to 53.13% by 2025.

Has the SiMR changed since the last SSIP submission? (yes/no)

YES

Provide a description of the system analysis activities conducted to support changing the SiMR.

The change in the SiMR will measure statewide data for Indicator 3a, Summary Statement 2, rather than data from the four original pilot service areas. The pilot phase of the State Systemic Improvement Plan (SSIP) concluded in 2020. The State Coordination and Evaluation Committee, the state-level leadership committee for the SSIP, studied data from the pilot service areas to determine which activities helped increase social emotional outcomes and which activities did not have as great an impact as expected. The most impactful activities were moved forward with SSIP Cohort 1, which included three of the four pilot service areas, and nine additional service areas.

In addition to the State Coordination and Evaluation Committee, the Michigan Interagency Coordinating Council (MICC) formed and charged the Data Ad Hoc Committee with evaluating the current SiMR, analyzing statewide data, and evaluating current and proposed improvement strategies and activities around improving social emotional outcomes. The Data Ad Hoc Committee met from February 2020 through October 2021. After completing their charge, the Data Ad Hoc Committee presented their recommendation to the MICC in November 2021, and the recommendation was approved.

The State Coordination and Evaluation Committee discussed the recommendation and supported it because the pilot phase included only four service areas, and now the activities around improving social emotional learning have been expanded to nearly a quarter of the state, including many activities that have been scaled up statewide. The plan is to continue scaling up to additional service areas each year until all 56 service areas are utilizing the evidence-based practices associated with improving social emotional outcomes for infants, toddlers, and their families.

Please list the data source(s) used to support the change of the SiMR.

APR Indicator 3a, Summary Statement 2: Measures the percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they exited.

A. Positive social-emotional skills (including social relationships)

Provide a description of how the State analyzed data to reach the decision to change the SiMR.

The State Coordination and Evaluation Committee and the Data Ad Hoc Committee met from February 2020 through October 2021 to analyze data associated with the SSIP to provide recommendations to the MICC and MDE regarding the SiMR and target setting beginning in FFY 2020 through 2025.

The original SiMR focused on implementing and measuring activities within the four pilot service areas around:

- Implementing messaging about social emotional development,
- Promoting the use of evidence-based practices,
- Providing professional development including training and coaching, and
- Improving data collection, reporting, and effective use of data.

After studying and identifying activity impact, the following activities were selected to be scaled up to Cohort 1:

- Provide training and support to increase service providers' confidence and competence in social emotional development.
- Support the cohort through data improvements.
- Provide messaging around the importance of social emotional development.

More information about each activity is listed in the evaluation plan.

Expanding the SiMR to reporting statewide data made sense because the pilot phase has been completed and Michigan Part C is in the process of implementing strategies within more service areas as part of Cohort 1, as well as many statewide activities.

Child Outcomes Data- Indicator 3a, Summary Statement 2a, is the focus of Michigan's SiMR. The percent of infants and toddlers who were functioning within age expectations by the time they exited for FFY 2020 was 52.63%, which decreased due to COVID-19. However, pre-pandemic data from FFY 2019 were 55.05%, which was a statically significant increase from 53.24% in FFY 2018. Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), Michigan's system for reporting family outcomes, provided child outcome trend data and possible scenarios for consideration. Trend data from FFY 2013 to FFY 2018 were reviewed.

Ind. 3a, SS2

Data Targets

FFY 2013 APR 3A: 54.19% APR 3A: 60.40%

FFY 2014 APR 3A: 54.79% APR 3A: 60.50%

FFY 2015 APR 3A: 54.26% APR 3A: 60.60%

FFY 2016 APR 3A: 54.06% APR 3A: 60.70%

FFY 2017 APR 3A: 52.15% APR 3A: 60.80%

FFY 2018 APR 3A: 53.24% APR 3A: 60.90%

FFY 2019 APR 3A: 55.05% APR 3A: 60.90%
 FFY 2020 APR 3A: 52.63% APR 3A: 52.00%

Data from FFY 2020 will serve as baseline data for Indicator 11. Previous baseline data were 40.4% from FFY 2013 for the four original pilot service areas which no longer are the focus of the SiMR.

Please describe the role of stakeholders in the decision to change the SiMR.

Michigan Part C collaborated with multiple stakeholders. Stakeholders represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.

The Data Ad Hoc Committee was comprised of many of the above stakeholders and met six times throughout 2020-2021. Each meeting was spent reviewing and analyzing data for the APR Results Indicators in order to recommend targets through 2025, in addition to Indicator 11 and revising the SiMR. Once the Data Ad Hoc Committee had recommendations, a presentation was given to the MICC and all recommendations were supported and moved forward as MICC recommendations to MDE. The State Coordination and Evaluation Committee also recommended the targets and new SiMR to Michigan Part C staff.

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

NO

Is the State's theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

https://www.michigan.gov/documents/mde/SSIP_Theory_of_Action_741295_7.pdf

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

Baseline Year	Baseline Data
2020	52.63%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	52.00%	52.22%	52.44%	52.67%	52.90%	53.13%

FFY 2020 SPP/APR Data

The number of infants and toddlers who were functioning within age expectations in Indicator 3A Summary Statement 2 by the time they turned 3 years of age or exited the program (d+e)	The number of infants and toddlers who turned 3 years of age or exited the program (a+b+c+d+e)	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
3,481	6,614	55.05%	52.00%	52.63%	N/A	N/A

Provide the data source for the FFY 2020 data.

Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process in the Michigan Student Data System (MSDS) as reported in APR Indicator 3, Summary Statement 2a.

Please describe how data are collected and analyzed for the SiMR.

The data source for APR Indicator 3a, SS2, comes from the Child Outcomes Summary seven-point rating scale. The COS is a standardized method of reporting a child's developmental status using a seven-point COS rating scale. Every child is rated on each of the three child outcome functional areas using the COS seven-point rating scale. 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. Ongoing assessment information and/or state-approved assessment tool results are used when establishing COS ratings. 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 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 measure 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 answers to the "new skill" questions are all required. If the child's record is missing any of this information, progress data will not be available for this child.

Local service areas submit demographic and assessment information on child entry or exit in Early On through MSDS. Reports are pulled from MSDS and provided to WSU for analysis.

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 he/she entered and exited Early On.

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

YES

Describe any additional data collected by the State to assess progress toward the SiMR.

Michigan's theory of action hypothesizes that strategies embedded in the SSIP plan will lead to enhanced family outcomes which will then lead to improved child outcomes. The following data demonstrate progress that aligns with this hypothesis.

Electronic Deveraux Early Childhood Assessment for Infants/Toddlers (e-DECA):

As of December 10, 2021, 388 service providers have been trained in and are using the e-DECA with 1,298 children and families. Within Cohort 1, data from July 1-Dec. 10, 2021 for pre and post e-DECA assessments show that six children moved from a score of 'area of need' to 'typical' and increased their T score by an average of 6 points as a result of utilizing the e-DECA strategies with families and putting a greater focus on social emotional needs. The sample size is small due to the time period between pre and post assessments.

Early On Family Survey Data- Indicator 4: All targets were met for FFY 2020, despite increasing the targets and the negative impact from COVID-19.

FFY 2020 Targets

- 4A 67.31%
- 4B 61.13%
- 4C 82.38%

FFY 2020 Data

- 4A 69.37%
- 4B 62.92%
- 4C 83.02%

FFY 2019 Data

- 4A 73.35%
- 4B 66.59%
- 4C 87.22%

FFY 2018 Data

- 4A 71.20%
- 4B 64.86%
- 4C 85.33%

Additional questions were added to the National Center for Special Education Accountability Monitoring (NCSEAM) survey to collect data around social emotional outcomes to determine if SSIP activities had an impact on family outcomes. Analyses revealed that parents' scores on the 12 SSIP items measuring impact on social emotional development were highly correlated with their scores on the 22-item Impact on Family Scale measuring Indicator 4. This demonstrates strong concurrent validity between the two measures, indicating that impact on social emotional development is associated with positive impact on families.

Child Outcome Summary (COS) Reporting Rates:

Child outcome ratings are completed when a child enters Early On and when a child exits Early On. Chase Reports were developed to flag a child's record when it was incomplete. Student Information Systems (SIS) vendors added these report options to their electronic systems and several local service areas adopted use of the reports. This helped increase Michigan's overall child outcomes data reporting rate for all exiting children from 32.51% in FFY 2013 to 55.66% in FFY 2019. Although this continues to fall below the 65% threshold used by OSEP when establishing state determinations, it does demonstrate progress. The statewide reporting rate for all exiting children by year is:

- FFY 2013 - 32.51%
- FFY 2014 - 45.61%
- FFY 2015 - 44.67%
- FFY 2016 - 54.0%
- FFY 2017 - 55.3%
- FFY 2018 - 56.55%
- FFY 2019 - 55.66%
- FFY 2020 - 57.61%

Michigan conducts further analysis of the reporting rate on matched records for children exiting with six months or more of service. When analyzed in this way, the reporting rate increased from 58.9% in 2014 to 79.1% in 2020. Of the 8,365 children who exited during FFY 2020 with at least six months of services, 6,614 had matched entry and exit COS ratings.

The statewide reporting rate for matched entry and exit COS ratings for children who had six months or more of service, as calculated by WSU, utilizing data from the MSDS, has risen yearly since 2014, even during the pandemic:

2014- 58.9%
2015- 63.0%
2016- 71.5%
2017- 75.5%
2018- 78.3%
2019- 78.6%
2020- 79.1%

Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)

NO

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

YES

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.

General impacts of COVID-19 on Michigan Part C's early intervention system and strategies for mitigation are outlined in the introduction section of the APR. Additionally, the pandemic had specific impacts on child outcomes due to Michigan Part C's ability provide meaningful services to infants, toddlers, and their families. Child outcomes decreased due to technology issues, lack of in-person visits, children not responding well to tele-health visits, and families feeling overwhelmed.

Due to feedback from service providers, the Reflective Leadership Series was not implemented in the past year due to the impact of COVID-19 and challenges in the local service areas dealing with virtual visits, staff shortages, and supporting families. It will be considered for the upcoming year.

Specific steps taken within the SSIP cohort include continuing to conduct virtual trainings and meetings in order to meet the needs of participants in the SSIP cohort during the pandemic.

Section B: Implementation, Analysis and Evaluation

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

YES

If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State's current evaluation plan.

The evaluation plan was updated to reflect current activities taking place within the SSIP cohort and statewide. Changes include providing virtual Pyramid Model Trainings, as well as recorded (rather than in-person) trainings, utilizing the Birth-Five COS Process manual in conjunction with child outcomes trainings, utilizing the COS Data manual for data improvements, and updating timelines. Justification for shifting to virtual Pyramid Model Trainings is due to the cost associated with providing face-to-face trainings and the three-month post surveys to participants did not show as great an impact as was hoped. Michigan Part C moved to providing virtual Pyramid Model Trainings because they include five modules with coaching during and after the trainings, which data show has a greater impact for retaining information learned.

The evaluation plan reflects that the Birth-Five COS Process manual and the COS Data manual are now finalized and are being used in conjunction with trainings and the MSDS data system.

The Evaluation Plan can be found: https://www.michigan.gov/documents/mde/MI_Part_C_SSIIP_Action_and_Evaluation_Plan_743918_7.pdf

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

A Pyramid Model Training series was offered statewide in spring 2021. The Pyramid Model Training series, which includes coaching, supports providers in using the Pyramid Model. The Pyramid Model is a conceptual framework of evidence-based practices for promoting infants' and toddlers' healthy social emotional development. These five modules were designed based on input gathered during focus groups with program administrators, training and technical assistance providers, early educators, and family members about the types and content of training that would be most useful in addressing the social emotional needs of infants and toddlers. Based on over a decade of evaluation data, the Pyramid Model has shown to be a sound framework for early care and education systems.

Community of Practice (CoP) calls for cohort coordinators/leads are provided monthly by MDE and MDHHS. The CoP calls provide an opportunity for coordinators/leads to connect with each other, share and discuss data, trouble shoot any issues, and support work around improving social emotional outcomes.

The DECA was identified as a tool to assist service providers in implementing effective social emotional relationship-based supports for families. The DECA is a standardized, strength-based assessment of child protective factors including attachment, initiative, and self-regulation. It consists of a questionnaire completed with the family and service provider. If the child scores below his/her developmental age, strategies are generated for the family to implement to increase the child's social emotional development. Use of the electronic DECA (e-DECA) is being utilized within the cohort.

The Birth to Five COS Process Manual is used in conjunction with child outcomes trainings offered by EOT&TA through the Office for Innovative Projects at Clinton County Regional Educational Service Area. The manual was developed to support service providers in understanding the importance of the three child outcomes and how to integrate the use of the outcomes into the Individualized Family Service Plan (IFSP) process.

The Michigan Early On Child Outcomes Summary (COS) Data Manual is primarily intended as a resource for local service area data staff as they use MSDS to submit Part C entry and exit assessments. The manual also supports improvements in collection, completeness, accuracy, submission, reporting, and analysis of data. The COS Data Manual is a companion to the Michigan Early On Birth through Five (0-5) Child Outcomes Summary Process Manual. The manual describes the data fields and steps involved in submitting assessment information to MSDS and the processing performed at the state level to develop the Indicator 3 Child Outcome percentages. Detailed steps are provided that would allow the local user to mimic the indicator values. A set of appendices supply all the pertinent codes, COS categories and combinations, and a variety of resources for COS data.

One of the process steps for service areas is a suggested set of "Chase Reports" to employ within the local student information system for ensuring all entry and exit COS rating data are submitted to MSDS in a timely fashion.

Social emotional messages and resources for families and providers have been developed and are being utilized.

WSU evaluates data related to additional social emotional questions added to the Family Survey to determine the effectiveness of SSIP related activities.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

Pyramid Model Trainings and ongoing coaching from MDHHS Mental Health Consultant: Systems framework: Professional development
Outcomes achieved

96% of providers gained greater knowledge of social emotional milestones.

98% of providers reported that their access to new social emotional resources and strategies increased due to the training.

100% of providers said their sharing of social emotional strategies with families increased due to the training.

Pyramid Model Trainings support systems change by providing foundational knowledge to service providers about social emotional development, which is necessary to increase child outcomes and achieve the SiMR. It's sustainable because the trainings are offered live and are recorded and made available to service providers in the cohort and will continue to be available as scale up occurs in more service areas.

Community of Practice Calls: Systems framework: Professional development
Outcomes achieved

87% of Early On Coordinators/SSIP leads participated in CoP calls on a monthly basis.

Early On Coordinators/SSIP leads were able to connect with each other, share and discuss data, trouble shoot any issues, and support work of improving social emotional outcomes for infants, toddlers, and families.

CoP calls support systems change by providing monthly check-ins, support, guidance, time for reflection, problem-solving, and reviewing data to make improvements throughout the cohort time period, rather than just at the end. Supporting coordinators and providers is an infrastructure activity that has been ongoing since the inception of the SSIP work and is part of the efforts leading to progress towards the SiMR.

DECA and e-DECA ongoing training and support provided by MDE and MDHHS: Systems framework: Professional development
Outcomes achieved

In one year, the number of service providers trained and implementing the e-DECA with families more than doubled from 124 to 388 providers.

In one year, the number of children with e-DECA assessments increased from 60 to 1,298.

The DECA and e-DECA support systems change by providing an assessment sensitive to detecting delays in social emotional development. The strategies and supports for children and families around social emotional development are in place to impact the SiMR and increase child outcomes. MDE purchased a statewide license and enough assessment tests for use within the local service areas which makes it sustainable without additional costs to service areas.

Utilize the Birth through Five COS Process Manual in conjunction with child outcomes trainings offered by EOT&TA through the Office for Innovative Projects at Clinton County RESA. Systems framework: Professional development
Outcomes achieved

The manual was completed and posted in May 2021.

From June through December 2021, EOT&TA hosted 11 training events with 351 participants, providing a better understanding of the requirements and important processes related to the child outcomes process.

The Birth through Five COS Process Manual was completed in May 2021 and supports current child outcomes trainings and is used in conjunction with the trainings. It will help lead to more accurate child outcome ratings and better data. It is sustainable since it's already developed, available electronically, and in use.

Michigan Early On Child Outcomes Summary Data Manual. Systems framework: Data & professional development and/or technical assistance
Outcomes Achieved

The Michigan Early On Child Outcomes Summary (COS) Data Manual was released in April 2021 and made available throughout the state.

The Michigan Early On COS Data Manual supports the system by ensuring accuracy and quality of data in MSDS, which makes SiMR data more reliable. It's sustainable because it's already developed, available electronically, and in use throughout the state.

Chase Reports. Systems framework: Data
Outcomes Achieved

An informal survey of the 18 local service areas participating in the SSIP cohorts was conducted to collect data on use of Chase Reports or similar tracking tools. Of the 14 local service areas responding to the survey, five are using the vendor offered Chase Reports within their SIS. Four of the five also use additional tools for tracking COS ratings. Seven additional local service areas indicated they do not use the vendor offered reports; however, they do have similar tools or processes in place to ensure that all entry and exit child outcomes ratings are completed and reported. Several local service areas indicated that they plan to add the vendor reports to their process.

COS reporting rates show that the aggregated reporting rate for earlier participants in the SSIP work have a significantly higher COS rating completion

rate than the state overall. The reporting rate for children exiting with six months or more of service for this group of local service areas increased from 76.7% in FFY 2014 to 94.14% in FFY 2019.

The implementation of Chase Reports has supported the system by increasing the matched entry and exit COS ratings, which provides a greater quantity of data. Having more data supports the SiMR because the data are more reliable. It is sustainable because Chase Reports or similar tracking tools have already been developed and are in use across most of the local service areas participating in the SSIP cohorts.

Develop and disseminate social emotional messaging and resources for families and providers. Systems framework: Professional Development
Outcome achieved

3,275 social emotional developmental wheels were distributed to service providers in Cohort 1 and are being used with families to support their knowledge of social emotional milestones and understanding behavior.

Providing statewide messaging about the importance of social emotional development for infants and toddlers supports the system by having a consistent approach to messaging through social media platforms, in print and electronic formats. By sharing consistent messaging, the SiMR is supported. The Social Emotional Developmental Wheels were purchased by MDE and are provided to service areas in the cohort free of charge, which makes them sustainable for the local service areas.

Collaborate with Wayne State University to evaluate data related to additional social emotional questions added to the Family Survey. Systems framework: Data

Outcomes achieved

Nineteen additional questions related to social emotional development were added to the Family Survey.

WSU analyzed data from the additional questions and shared with the State Coordination and Evaluation Committee to determine if SSIP activities had a positive impact on families.

By incorporating additional questions into the Family Survey, the system is supported and gains insightful information as to the connection between family outcomes and social emotional outcomes. It impacts the SiMR and the Theory of Action because before child outcomes improve, family outcomes start to improve as families start reaping the benefits of supported and informed service providers who share information about social emotional development in a family-centered manner. Since the questions are developed and being used, this activity is sustainable.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

YES

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

An SSIP Resource Hub was developed to streamline materials, trainings, and surveys for cohort participants. Information formerly in a shared Google drive was moved to a section of EOT&TA's website. The Resource Hub now contains DECA and e-DECA recorded trainings, Implementation cohort fidelity checklists, and survey links (e-DECA and social emotional wheels), messaging materials, a social emotional toolkit, and resources to support providers. Stakeholders and providers expressed frustration finding and accessing documents in the shared Google drive. This feedback prompted the creation of the Resource Hub on EOT&TA's website. Creating the Resource Hub on EOT&TA's website also allows access to be restricted to only those participating in Cohort 1 or 2. Restricting access helps ensure that use of the materials is supported with the appropriate training, resources, coaching, and technical assistance needed to maintain fidelity. It also assists in data collection and accurate reporting for Indicator 11.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

Next steps for the Pyramid Model Training includes training additional Cohort 1 providers and providers in the six service areas in Cohort 2. Anticipated outcomes include all providers in Cohort 1 and 2 will have completed the Pyramid Model Trainings. In addition, providers will utilize foundational knowledge gained from the trainings and use with families to promote social emotional strategies for improving outcomes.

Next steps for the CoP calls include continuing to meet monthly with Cohort 1 coordinators/leads and begin monthly CoP calls in December 2021 with Cohort 2 coordinators/leads. Anticipated outcomes include continuing to connect with each other, share and discuss data, troubleshoot any issues, and support work around improving social emotional outcomes.

Next steps for the DECA and e-DECA include training additional Cohort 1 providers and providers in the six service areas in Cohort 2. Anticipated outcomes include all providers in Cohort 1 and 2 will have completed the DECA and e-DECA trainings. In addition, providers will utilize the assessment information and e-DECA strategies with families to support and promote social emotional outcomes specific to their child.

Next steps for the Birth to Five COS Process Manual include continuing to utilize it in conjunction with child outcomes trainings offered by EOT&TA through the Office for Innovative Projects at Clinton County RESA. Anticipated outcomes include increased understanding by service providers around the importance of the three child outcomes and how to integrate the use of the outcomes into the IFSP process.

Next steps for the Michigan Early On Child Outcomes Summary Data Manual and Chase Reports include encouragement of use by local service area data personnel to ensure completeness and accuracy of child outcomes data. Efforts will also be made to identify the need for any additional resources or supports related to child outcomes data. An anticipated outcome is the COS reporting rate continues to increase.

Next steps for messaging include the continued implementation of the social emotional wheels to service providers and families in the cohorts. Anticipated outcomes include providers sharing the wheels with families, and families report receiving information around the importance of social emotional development.

Next steps for evaluating the effectiveness of the additional social emotional questions added to the Family Survey include collaborating with WSU to analyze the data. Anticipated outcomes include families report receiving information and materials about social emotional development.

List the selected evidence-based practices implemented in the reporting period:

DECA-I/T and e-DECA

Pyramid Model Trainings (five modules) with coaching

Provide a summary of each evidence-based practice.

The DECA was identified as a tool to assist service providers in implementing effective social emotional relationship-based support for families. The DECA is a standardized, strength-based assessment of child protective factors including attachment, initiative, and self-regulation. It consists of a

questionnaire completed with the family and service provider. The questionnaire is scored and if the child scores below his/her developmental age, strategies are generated for the family to use to help increase the child's social emotional development. The e-DECA is the electronic version of the tool. A state-level e-DECA license and child level test administrations were purchased to support implementation through the SSIP cohorts. Ongoing e-DECA training and support were provided by MDHHS Mental Health consultant. Once service providers completed the webinars on how to use the e-DECA, they received support on implementing the e-DECA since this was combined with the Pyramid Model Trainings.

The Pyramid Model Training series with coaching is a conceptual framework of evidence-based practices for promoting infants' and toddlers' healthy social emotional development. These modules were designed based on input gathered during focus groups with program administrators, training and technical assistance providers, early educators, and family members about the types and content of training that would be most useful in addressing the social emotional needs of infants and toddlers. The Pyramid Model was developed by two national, federally-funded research and training centers: The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and Technical Assistance Center on Social Emotional Intervention for Young Children. These centers' faculty represent nationally recognized researchers and program developers in the areas of social skills and challenging behavior. Based on over a decade of evaluation data, the Pyramid Model has shown to be a sound framework for early care and education systems.

Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.

The implementation of evidence-based practices (EBPs) will continue through the SSIP implementation cohort which includes 124 providers from 12 local service areas. Participation in this cohort includes a 90-minute DECA assessment training and e-DECA orientation trainings for coordinators/leads and service providers on how to use the e-DECA system. The e-DECA system involves a social emotional questionnaire and strategies for providers to introduce to the family, thereby supporting them with advancing their child's social emotional development. The e-DECA supports family-centered practices, family capacity-building practices, and family and professional collaboration. Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development. Bundled with use of e-DECA is the use of the Pyramid Model Trainings, which also supports use of EBPs. Pyramid Model Trainings consist of five, 75-minute modules that provide foundational training, case studies, videos, resources, and coaching. Current Family Survey data support the Theory of Action demonstrating that providing family-centered social emotional developmental materials and information result in higher outcomes for children and families. Family Survey data identify a strong correlation between families who report having a knowledgeable service provider and higher family outcomes. The Pyramid Model provides additional resources necessary to build more competent and confident service providers.

Twelve of 56 service areas are participating in Cohort 1. Statewide SiMR data are collected from all service areas across the state and continued participation in cohort activities will result in further enhancement of their implementation of EBPs through ongoing use of the e-DECA system and Pyramid Model strategies which will translate into progress toward the SiMR target.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

Two e-DECA fidelity checklists were developed and implemented in December 2020. One was for Early On coordinators and one was for service providers, completed via a quarterly survey. The purpose of the checklists was to improve implementation of the e-DECA and monitor progress aligned with each service area. Baseline data were collected in December 2020, and subsequent surveys were used to collect data in April, July, and October 2021.

Data from the Coordinator fidelity checklist surveys show that over the past year, service areas in the cohort went from 6% in December 2020 to 86% in December 2021 for using the e-DECA results to improve practice and monitor outcomes. Furthermore, all service areas reported now having infrastructure in place to support and use the e-DECA data.

Data from the Provider fidelity checklist surveys show approximately 84% reported completing assessments with children and sharing the results and strategies with families since being trained in using the e-DECA.

Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

Evaluation data compiled from 80 respondents who took the Pyramid Model Trainings, show that: 96% said their knowledge of social emotional milestones of children birth-age three changed from moderately to very much; 98% reported that their access to new social emotional resources and strategies increased due to the training (73% very much, 25% moderately); and 100% said their sharing of social emotional strategies with families increased due to the training (50% very much, 50% moderately).

When asked how the Pyramid Model Training affected their day-to-day work, one service provider shared that she has a greater focus on the well-being of the family and strengthening the family-child relationship. Other comments included becoming a better listener and observer, noticing more positive interactions during visits, and spending more time exploring emotional development with parents about themselves and their child.

Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.

The e-DECA trainings, implementation, and fidelity checklists as well as the Pyramid Model Trainings will be continued next year with Cohort 1 and Cohort 2 which will include six new service areas and began in December 2021. Cohort 1 is expanding to include additional service providers which will also increase the number of children and families receiving the benefits of the social emotional activities. Those new providers will be trained along with the providers in Cohort 2. By expanding the number of service providers in Cohorts 1 and 2, the goal is to increase service providers' confidence and competence in social emotional development which will lead to increased child and family outcomes, ultimately impacting the SiMR.

Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

N/A

Section C: Stakeholder Engagement

Description of Stakeholder Input

Michigan Part C collaborated with multiple stakeholders who represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social and emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.

The Data Ad Hoc Committee was comprised of many of the above stakeholders and met six times throughout 2020-2021. Each meeting was spent reviewing and analyzing data for the APR Results Indicators, including Indicator 11 and revising the State-identified Measurable Result (SiMR), in order to recommend targets through 2025. Once the Data Ad Hoc Committee had recommendations for targets, a presentation was given to the MICC and all recommendations from the Data Ad Hoc Committee were supported and moved forward to the MDE.

Plans are being made to continue engagement with stakeholders to review data and develop system improvement strategies.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

Stakeholders were engaged in SSIP activities in many ways, including Michigan Interagency Coordinating Council quarterly meetings, Parent Involvement Committee meetings every six weeks, informational webinars to learn more about the SSIP, a cohort welcome call, and monthly CoP meetings with cohort leads.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

YES

Describe how the State addressed the concerns expressed by stakeholders.

During monthly CoP calls and office hours, stakeholder input was shared with MDE and MDHHS around the following topics: difficulty locating information and resources related to the SSIP, a need for recording trainings, requests for the development of documents to make the activities more streamlined, help with the DECA website, and feelings of being overwhelmed due to the pandemic.

MDE and MDHHS took action to meet the needs of stakeholders by working with EOT&TA to develop an SSIP Resource Hub on their existing website. In the past, SSIP materials were housed in a shared Google drive that was difficult to access. Now all materials, links to trainings, recorded trainings, and information are part of EOT&TA's website. The MDHHS Mental Health consultant worked with Deveraux to create separate PDF versions of strategies for families that are easier to share and access, also on the website. The request to develop a checklist of all required trainings was created and is on the website.

MDE is working with EOT&TA to develop continuing education credits for the Pyramid Model Trainings. This would help with the feeling of providers being overwhelmed, because the trainings would satisfy a requirement to obtain State Continuing Education Clock Hours (SCECHs).

During monthly SSIP office hours, MDE and MDHHS consultants provide demonstrations of how to run reports on the DECA website and provide answers to any questions and issues expressed by the cohort members.

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

As part of providing messaging around the importance of social emotional development to families and providers, the use of the social emotional developmental wheels has the potential to impact the SiMR. MDE purchased two different wheels: Michigan Association for Infant Mental Health (MI-AIMH) Baby Stages Wheel for use when discussing stages of social emotional development and as a resource for social emotional milestones. Zero to Three Behavior Has Meaning Wheel for use when families indicate a specific concern about behavior.

The service providers in the cohorts will use the wheels with fidelity with families in Early On. To ensure fidelity, fidelity checklist surveys will be used so the wheels are used consistently across service areas.

Family Survey data support the Theory of Action and show that families who receive social emotional developmental materials, such as the wheels, and information in a family-centered way have higher outcomes.

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

Cohort 1 is using the wheels and will complete the fidelity checklists in February 2022 and August 2022. Cohort 2 will begin using the wheels in January 2022 and complete the fidelity checklists in August 2022 and February 2023. As learned through the pilot phase, having the wheels in hand gave the service providers more confidence to discuss social emotional concerns with families. Data show that the wheels helped break down communication barriers and the topic of social emotional development was discussed more often at visits when providers had the wheels to share with families. Family Survey data show that families who received materials and information about social emotional development report higher family outcomes, which could lead to higher child outcomes. Promoting the use of the wheels is one strategy that will be continued as Michigan Part C scales up strategies for improving social emotional outcomes for infants and toddlers.

Describe any newly identified barriers and include steps to address these barriers.

The only barrier identified is that in order to utilize the wheels with fidelity, a fidelity checklist survey will be completed twice a year. Service providers report during the monthly CoP calls that they feel overwhelmed with providing services in general, due to the pandemic. The State Coordination and Evaluation Committee is mindful of the workload already in place and decided to include the wheels, due to the benefit, but only ask the cohort members to complete the fidelity checklist survey twice a year. This activity will be monitored and discussed during monthly meetings to ensure it is not overwhelming the providers.

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

11 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

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.

Select the certifier's role

Lead Agency Director

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:

Noel Kelty

Title:

Director, Early Childhood Development and Family Education

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Submitted on:

04/18/22 9:06:36 AM