

State Performance Plan / Annual Performance Report: Part C

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

For reporting on
FFY 2023

Michigan



PART C DUE
February 3, 2025

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

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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) and early intervention service (EIS) providers and EIS programs 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 state of Michigan is pleased to submit its annual report on the progress for children with IFSPs and their families. This report represents a submission from the newly established lead agency for Part C, the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP). Michigan has a strong commitment to supporting early intervention. In 2018, the state invested in Early On Part C by appropriating five million dollars in state funds. This investment has steadily increased over time. Currently, Early On Part C receives approximately twenty-three million in state funding.

MiLEAP provides oversight to 56 intermediate school districts (ISDs) who are the subgrantees and responsible for the administration of Early On across the state. (Note: ISDs are sometimes referred to as local service areas.) Many ISDs hire personnel to deliver services while others have agreements with local school districts or contract with public or private agencies for the provision of services.

Each ISD (local service area) 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.

Michigan's early intervention system coordinates and collaborates with multiple state departments including the Michigan Department of Health and Human Services (MDHHS), which houses child welfare, public health, mental health, and Michigan Medicaid School Services Program. MDHHS coordinates and collaborates with MiLEAP to collect and analyze program data, as well as implement activities to improve outcomes, such as providing training in social emotional learning strategies using the Pyramid Model (see Indicator 11 for more information). MiLEAP also works closely with the Michigan Department of Education Office of Special Education to ensure Michigan Mandatory Special Education requirements are met and available to all children with disabilities beginning at birth. (Michigan is a birth mandate state).

Integrated Monitoring

MiLEAP employs multiple methods of monitoring to ensure early intervention services and procedures meet the requirements of IDEA. Methods include the use of data collected in MSDS, onsite or virtual monitoring visits and child record reviews, interviews, dispute resolution data, and long standing or uncorrected noncompliance. ISD personnel receive training and technical assistance regarding all requirements of IDEA through the State's comprehensive system of personnel/professional development. Additional information regarding indicator specific monitoring and requirements can be found on the Catamaran Technical Assistance website. <https://training.catamaran.partners/>. ISD Early On coordinators also receive training during annual System Updates regarding the monitoring process so they know what to expect when monitoring of their ISD occurs.

Catamaran, which is our comprehensive online monitoring/accountability system, is used to complete general supervision monitoring of ISDs and corrective actions. Continuous improvement is a constant goal, and enhancements are initiated to the monitoring/accountability system as needed. Catamaran supports the following processes: (1) program monitoring, including identification of noncompliance and notification of findings; (2) corrective action planning and implementation; and (3) verification of correction and closeout of findings.

Fiscal Audits

Michigan has a system in place to conduct fiscal audits of the ISDs (sub-grantees) to verify procedures are in place for implementing grants appropriately and to ensure requirements are being met. Michigan audits approximately 16-18 ISDs annually to ensure all 56 ISDs are monitored over 4 years. When determining which ISDs will be audited, various risk factors are considered. The fiscal unit at MiLEAP maintains a risk assessment spreadsheet that weighs various risk factors. Suggestions/concerns from other parties are also considered. If noncompliance is found, a finding is issued to the ISD which is communicated in an audit report to the ISD. Verification of correction is completed with a follow up audit. If noncompliance is not corrected within one year from when the finding is issued, MiLEAP will levy a sanction (e.g., withholding federal funds).

Dispute Resolution

During FFY 2023, Michigan's dispute resolution system was managed by the MDE Office of Special Education (MDE OSE), the lead for Part B of IDEA. MDE OSE provided oversight and administration for mediation, complaints, and due process hearings for both Part C & Part B of IDEA. State mediation requests were, and continue to be, 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 in resolving differences by helping participants find solutions for the good of the child and family, 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 were processed by MDE OSE using a single-tier system. This single-tier system allowed the early intervention system 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 were maintained within the Catamaran system. Correction of noncompliance and verification of correction occurred in Catamaran.

Due process hearings in Michigan are processed in a single-tier system using hearing officers who are administrative law judges. Hearing officers are salaried state employees of the Michigan Office of Administrative Hearings and Rules (MOAHR). Hearing officers are required to be knowledgeable and understand the provisions of IDEA, federal & state regulations, and all relevant legal interpretations. Requests for a due process hearing are filed with MDE OSE, who notifies the Part C Coordinator in MiLEAP and submits the request to MOAHR for processing.

The Michigan Part C State Plan can be found on the Michigan 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 & can be downloaded at www.michigan.gov/earlyon.

Additional information related to data collection and reporting

Data are routinely collected throughout the year through state information systems. ISDs are required to upload data three times each year: fall, spring, and end of the program year. Data verification is achieved through multiple methods and activities including ISD and state level previews of submitted data, data quality reports, trend analyses of data, monitoring activities and comparisons with dispute resolution data and information. The collected data are used for federal, state, and ISD level reporting, public reporting, TA and professional learning, compliance monitoring, and ISD determinations. MiLEAP also uses the data to generate data responses, as well as deciding how and where to allocate resources.

General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

Describe the process the State uses to select EIS providers and/or EIS programs for monitoring, the schedule, and number of EIS providers/programs monitored per year.

Michigan has developed systems of general supervision that monitor implementation of IDEA by early intervention programs (ISDs) statewide. Michigan monitors the following: data, program implementation, and finance.

All ISDs are monitored annually for compliance related to indicators 1, 7, and 8 via data pulls for all reported children for the entire program year.

Monitoring of ISDs for program implementation is completed on a schedule to ensure all 56 ISDs will be monitored over 6 years. When determining which ISDs will be monitored, 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 credible concerns brought to the attention of MiLEAP, and length of time since the previous monitoring visit. Generally, 6-12 ISDs must be monitored each year in order to meet the target of monitoring all ISDs in a 6-year period.

The number of ISDs to be monitored in a given year depends on the size of the ISD, its location, and the risk factors listed above.

Describe how child records are chosen, including the number of child records that are selected, as part of the State's process for determining an EIS provider's and EIS program's compliance with IDEA requirements and verifying the EIS provider/program's correction of any identified compliance.

All ISDs are monitored annually for indicators 1, 7, and 8 via data pulls for all reported children. To verify child level correction, ISD's must submit documentation indicating that each child received services and entitlements related to the noncompliance, although not timely, or that the child is no longer under the jurisdiction of the ISD. System level correction is verified by reviewing more recent data after the corrective actions have been completed to ensure 100% compliance has been attained.

When determining an ISD's compliance with IDEA requirements for program implementation, MiLEAP reviews 10% of the most recent local child count or a minimum of 10 records and a maximum of 30 records within the reporting period. Records are reviewed against a checklist based upon federal and state requirements. This ensures clarity regarding the federal or state standards being reviewed and their requirements.

If noncompliance is identified, the ISD will receive a finding. Correction of a finding is verified at two levels of correction.

1. Child level for which the ISD is issued a corrective action for each individual case of noncompliance which generally must be corrected within 45 calendar days of issuance and;
2. System level for which the ISD is issued corrective action for systemic noncompliance which must be corrected as soon as possible, but in no case later than one year.

To verify system-level correction of a finding each ISD must submit data or evidence demonstrating that each finding of noncompliance has been addressed. The state reviews the submitted data or evidence to confirm that the necessary corrections have been made. Additionally, the state examines 10% of the newly available records, with a minimum of 10 records and a maximum 30 records, to ensure 100% compliance has been achieved. If there are fewer than 10 records available, all available records will be reviewed.

To verify child-level correction of a finding, the State reviews the individual child record that created the noncompliance to ensure the child is receiving all entitlements related to the identified noncompliance.

Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.

Michigan uses the following data systems to collect monitoring and SPP/APR data.

1. The Michigan Student Data System (MSDS)- Local service areas 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. MSDS has three data collections per year – October, February, and June. Data from the three collections are aggregated to provide data from the full reporting period.
2. The Qualitative Compliance Information Project (QCIP) Wayne State University. The QCIP is Michigan's confidential system for collecting and reporting family outcomes. Family outcomes data is collected via a survey from April through September then compiled and analyzed for the State to use in the SPP/APR and for improvement strategies. The family survey is dispersed to all families who were active on the Fall count day for the reporting year.

Describe how the State issues findings: by EIS provider and/or EIS program; and if findings are issued by the number of instances or by EIS provider and/or EIS program.

Michigan issues findings by local EIS programs, also known as ISDs. There are 56 ISDs in Michigan responsible for the provision of early intervention services (Part C of IDEA). If noncompliance is identified, the State issues a letter of finding(s) to the ISD using Catamaran, the State's interactive system for monitoring, corrective actions, and verification of correction. The letter of finding(s) is a written notification that includes the citation of the statute, rule, or regulation, and a description of the data supporting the State's conclusion of noncompliance. Once the finding(s) is corrected and verified, the State issues a closeout letter to the ISD using Catamaran.

If applicable, describe the adopted procedures that permit its EIS providers/ programs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

N/A – Michigan does not permit pre-finding correction.

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part C's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State policies.

Michigan's system of graduated and progressive sanctions includes the provision universal supports and resources regarding requirements of IDEA Part C through the Early On Training and Technical Assistance website (<https://eotta.ccesa.org/>) and the Catamaran Technical Assistance website (<https://training.catamaran.partners/>). If an ISD has identified noncompliance, a Technical Assistant from EOT&TA is assigned to the ISD to help bring them into compliance. If the ISD has uncorrected or long-standing noncompliance, additional TA from the State is assigned to the ISD with required regular meetings. At this point, the State may direct the ISD's use of funds to address the area of noncompliance. If the ISD is refusing or not

cooperating with directives to come into compliance, partial withholding of funds is an option until the district demonstrates movement toward compliance. The last option available is full withholding of funds if the district refuses to work toward compliance.

Describe how the State makes annual determinations of EIS program performance, including the criteria the State uses and the schedule for notifying EIS programs of their determinations. If the determinations are made public, include a web link for the most recent determinations.

MiLEAP uses both results and compliance data when making determinations regarding the extent to which each local service area is meeting the purpose and requirements of Part C of the IDEA. Compliance elements included indicators 1, 7, 8a, and 8c; long standing noncompliance (noncompliance identified in FFY 2020 or earlier and not corrected as of February 1, 2024). The result element used for making determinations includes data completeness. The results score, the compliance score, and long-standing noncompliance were determined by assigning 2, 1, or 0 points based on certain criteria. Use the following link to view the criteria used for establishing determinations in Michigan. <https://training.catamaran.partners/wp-content/uploads/2022/03/How-Local-Service-Area-Determinations-Were-Established--May-2024.pdf>. The most recent determinations were issued to the ISDs in May 2024 via Catamaran. (Determinations are issued in May of each year.). Local ISD determinations are not made public.

Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.

Policies and procedures are in place to provide guidance to the field.

1. The Early On Michigan Implementation Manual provides guidance on how to implement early intervention in Michigan.

<https://eotta.ccsesa.org/Resources.php?id=188&Resources=1>

2. The Catamaran Technical Assistance website provides information relative to indicators 1, 2, 3, 4, 5, 6, 7, 8 as well as determinations.

<https://training.catamaran.partners/>

3. 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 Early On (www.michigan.gov/earlyon), and Early On Training and Technical Assistance (www.eotta.ccsesa.org) websites, as well as www.1800EarlyOn.org which are available to the public.

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to 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 best practices, and federal regulations. The contractor provides TA to local service areas through a variety of methods including guidance documents, phone contacts, emails, one-on-one technical assistance for each of the local systems, regional communities of practice, and onsite meetings. A daily toll-free line is available for early intervention personnel to ask questions. This contractor also provides TA after state monitoring to assist the local service area to come into compliance.

In addition, each local service area receives TA from the state lead agency staff. Four state Education Consultants (The state of Michigan's Civil Service classification title for professional employees) from the state lead agency are assigned a cohort of ISDs for which they provide TA and guidance at the policy level. State staff and EOT&TA work closely together to coordinate support and guidance to the local service areas

Professional Development System:

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

The Michigan Department of Lifelong Education, Advancement, and Potential has contracted with Clinton County Regional Education Service Agency, Office of Innovative Projects, Early On Training and Technical Assistance (CCRESA/OIP/EOT&TA) to provide a comprehensive system of professional development that is focused on improving results for infants and toddlers with disabilities and their families. EOT&TA supports personnel in the 56 ISDs throughout Michigan who provide services to infants and toddlers through Part C of the Individuals with Disabilities Education Act (IDEA), known as Early On Michigan.

EOT&TA provides training and technical assistance to ISDs to build understanding of federal regulations, state policy, and best practices to support improved child and family outcomes. They also provide support, information, and training related to Early On processes, child development, developmental assessment of infants and toddlers, early intervention strategies, and state and national initiatives. Personnel development is offered through the Early On conference, System Updates for the Early On field, technical assistance, and face-to-face training on core early intervention topics.

EOT&TA maintains a robust website with quality resources, online and in-person trainings, webinars, system update sessions, conferences, and regional communities of practice. Participation in national communities of practice and TA events provide contractors with the most current and up-to-date information. EOT&TA has been supporting the state's efforts in implementing the Pyramid Model along with defining and aligning coaching practices birth to three to promote the social emotional development of infants and toddlers. In addition, they have developed an Early On Michigan Implementation Manual which provides guidance on how to implement Early Intervention in Michigan. The manual is continuously being updated to reflect changes in federal regulations and state guidance.

In addition, EOT&TA has developed a self-paced, six-part training module for personnel development entitled the Essentials of Early On which is a required training for new Early On coordinators and is utilized to support providers in the field, so they understand expectations for Michigan's early intervention system for infants and toddlers. Those who complete the online course are eligible to receive continuing education credits.

CCRESA/OIP/EOT&TA also coordinates the Early On Center for Higher Education which 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 for Higher Education 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.

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

Michigan has multiple mechanisms for broad stakeholder engagement, which include existing boards, standing committees, workgroups and ad hoc committees. The Michigan Interagency Coordinating Council (MICC) meets four times a year. The MICC membership consists of parents, service providers, Head Start, higher education/personnel preparation, a developmental pediatrician, the Director designees from the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP), the Michigan Department of Health and Human Services (MDHHS), the Department of Insurance & Financial Services, the Office of the Coordinator of Education for Homeless Children & Youth (MDE), and a representative from the tribal government and the Michigan legislature. Each November, the MICC reviews, discusses, and approves data for SPP/APR submission.

The MICC receives presentations from the Part C Data Manager responsible for data in the Michigan Student Data System (MSDS), and Wayne State University (WSU), Qualitative Compliance Information Project (QCIP) responsible for child & family outcome data. During the interactive presentations, discussions take place, and members learn how to find data on www.earlyondata.com, interpret trends, and share with their Local Interagency Coordinating Councils (LICCs).

The MICC Staff Liaison ensures members are supported and able to participate fully at meetings, which are held in person with a virtual option. Materials are sent out prior to the meeting so members are aware of action items on the agenda, updates, and presentations. The draft minutes and quick notes are sent out within two weeks following the MICC meeting and are approved at the next meeting. Between meetings, two standing committees convene: the MICC Executive Committee and the Parent Involvement Committee (PIC). As the need for ad hoc committees arise, they are created for a specific charge and are time-bound. The MICC Staff Liaison provides staffing, mentoring and information sharing during meetings, and acts as the go-to-person for all questions; however, the committees are chaired by an MICC member.

In November 2023 MICC members voted to form a Target Resetting Ad Hoc Committee, charged with reviewing and recommending more rigorous targets for family outcomes, SPP/APR Indicator 4. The recommendation was made to the MICC in May 2024 and increased targets are in place through FFY 2025. In September 2024, the MICC tasked an ad hoc committee with revising the MICC and Early On mission & vision statements to incorporate a focus on access for all families. Once this work is completed, the bylaws will also be updated to reflect the same commitment.

Membership on the PIC includes five Governor appointed parent members and two parent alternates of the MICC, the Part C representative from Michigan Alliance for Families (MAF)/Parent Training and Information Center (PTI), a member from MDHHS, the MICC Staff Liaison, & an MiLEAP Part C Consultant. The PIC meets every 6 weeks. The PIC is pivotal in reviewing the family outcome data from the annual Part C family survey. In 2022, they shared their personal stories pertaining to receiving the family survey and gave suggestions for improving the response rate. One of their suggestions was to increase the size and add color to the Early On logo on the mailed envelope, so families know the survey was related to Early On. Since the survey is conducted by WSU on MiLEAP's behalf, parents shared that they didn't realize the survey was related to Early On & the survey was thrown in the trash. They also developed a flyer that was circulated statewide to let service providers and families know when the survey was coming and why it's important to complete the survey. They also suggested sending families a direct email with the family survey, which was incorporated this year. As a result of the recommendations by the parents, Michigan's survey response rate increased again this year.

Prior to each MICC meeting, the PIC previews the agenda, so they are prepared to be active participants in the meeting. The MICC Staff Liaison walks through each agenda item, ensuring that all members have a good understanding of what will be discussed. The process for how to make a motion under Roberts Rules of Order is also reviewed to build confidence in meeting participation skills.

The parent members of the PIC are representative of families served throughout the State including rural, urban, and suburban locations and offer a variety of perspectives. When selecting 2 parent alternates, the PIC ensured different perspectives were considered. They are also involved in leadership roles within their local communities, such as LICCs, which provides a two-way communication channel for information to flow.

The PIC participated in the Early On Rebranding Campaign. The parent members gave their input, particularly around suggesting photos that represent a variety of family structures, as well as considering photos of children with invisible disabilities. They also participated in a survey to select the new Early On tagline.

The State Systemic Improvement Plan (SSIP) aims to enhance social emotional outcomes for infants and toddlers participating in Early On. Since its launch in 2015, numerous initiatives have been implemented to achieve this goal. However, recent data indicates a decline in child outcomes following the pandemic. In response, SSIP leaders conducted a comprehensive root cause analysis in March 2024 to investigate why, statewide, infants and toddlers in Early On are demonstrating less growth in the area of social emotional development.

Approximately 50 stakeholders, including Early On Coordinators and service providers from Intermediate School Districts (ISDs) involved in the first three cohorts, MiLEAP administrators and staff, an MDHHS mental health consultant, and Clinton County Regional Educational Service Agency (CCRESA) personnel participated in the root cause analysis. Key themes emerged from this collaboration, leading to the formation of three workgroups which include families, workforce, and state level activities. The workgroups will make recommendations on improving social emotional outcomes for infants and toddlers.

Wayne State University, in collaboration with Clinton County RESA's Office of Innovative Projects, conducted a comprehensive study to examine family access and engagement in Early On Part C services. The primary aim of this research was to identify gaps, strengths, and barriers related to family awareness, access, and engagement with the Early On system, ultimately leading to the development of actionable plans and strategies to enhance local efforts in closing gaps. A Core Planning Group, consisting of 23 stakeholders advised WSU each step of the way and met throughout the span of the grant from 2022-2024. Additionally, in 2023, 11 interviews with parents contributed to a survey which was designed to explore demographic differences in families' experiences throughout the Early On process, particularly among those who were referred but chose not to participate or withdrew within six months of service. The data analysis revealed a variety of gaps in services related to initial IFSP meetings, frequency and duration of services, perceived helpfulness of service providers, and family and child outcomes. The overarching goal is to ensure that all Michigan families with infants and toddlers potentially eligible for Early On have access to high-quality early intervention services, as reflected in their participation and retention rates, the quality of services received, and performance on federal outcome measures. Statewide strategies and an action plan have been developed and continue to be enhanced based on feedback from the Early On Conference participants, the MICC, and service providers across the state.

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.

In November 2023, the MICC charged the Family Outcomes Target Resetting Ad Hoc Committee with recommending targets for the SPP/APR Indicator 4, that align with the new approach for reporting data to OSEP. In May 2024, 12 Early On stakeholders met to review the current and past family outcomes data and possible scenarios for family outcomes targets. Improvement strategies were also considered. Stakeholders included MICC parents, a member from the PTI Center, an early childhood program director, a local Early On Coordinator, the Part C Data Manager, WSU-QCIP staff, and MiLEAP staff. The ad hoc members presented their recommendations to the MICC in May 2024 and they were accepted. MiLEAP also accepted the

recommendations from the MICC and the targets were met this year. In November 2024, the PIC and MICC members reviewed and discussed the data, targets, and improvement strategies related to Indicator 4. Targets were met this year and family outcome data increased from the previous year.

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.

Parent participation has been central to Early On Michigan. To make it possible for all families to participate in program planning and input sessions, Michigan has a Financial Support Document in place which outlines how parents are supported and is based on the following principles:

- Parents are considered essential allies and partners in planning, implementation, evaluation, and training related to Early On.
- The experience and expertise that parents bring is of great value. Therefore, parents are compensated for their time and efforts in a manner similar to the way that participating professionals are compensated for their work.
- Agencies, organizations, or bodies that act on behalf of Early On will make essential parent participation a reality. When recruiting parents for activities of partnering and collaboration, the question “What will it take for this parent to fully participate?” will be asked, and the resulting efforts will be evaluated for effectiveness.
- All family voices are respected and valued. Parents with a variety of perspectives and experiences are encouraged to share their ideas and input. When recruiting parents to participate in activities, different perspectives are needed and honored. Parents are compensated or reimbursed for their participation.

By supporting parents with stipends, reimbursement for child care, mileage, and meals, parents are able to participate in meetings, trainings, and conferences, which increases their capacity to lead their family, learn, connect with other families, share their voice, and make a difference locally and statewide.

Michigan Alliance for Families (MAF) partners closely with MiLEAP and makes numerous resources and trainings available for parents.

- MAF developed a calendar of all trainings and events for 2023-24. The trainings and events help to increase knowledge and capacity of families across the state. <https://www.michiganallianceforfamilies.org/wp-content/uploads/2024/08/24-25-MAF-LO-Calendar.pdf>
- MAF/PTI hosted a Building Parent Leadership in Early Childhood Series in February, May and November. The four-part series was designed to help parents understand the important role they have in positions of leadership.

The Parent Leadership in State Government (PLISG) Initiative continues to serve as a cornerstone for parent leadership development in the state of Michigan. Since 2008, PLISG has trained over 1,500 parents in the knowledge and skills they need to successfully participate on advisory boards, committees, and other decision-making bodies in Michigan. The mission of PLISG has remained constant since its inception- to identify, recruit, train, mobilize, deploy, and support parents to provide the consumer voice and input to the programs and policies that impact families. MiLEAP supports this effort with a financial sponsorship each year.

Wayne State University, MiLEAP's partner in the development and analysis of the family outcomes survey, has worked tirelessly to ensure a broad representation of families across the state respond to the survey. See indicator 4 for more details. The results of the survey are used to inform decisions regarding priorities and areas in need of improvement.

Sharing Our Stories is an initiative from the Early On Center for Higher Education at CCRESA. A training took place in November 2023 which trained parents to become guest speakers in college classrooms by sharing their personal experiences related to Early On. This enables parents to reflect on their journey through Early On, get clarity around the most important aspects of their story, and share it in a respectful way that can help future early interventionist have a deeper understanding of how to work best with the families of the children they will be serving. This initiative builds capacity in parents to share their story and is a skill that can be used in many situations such as speaking with legislators and presenting at conferences and workshops.

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. MICC meetings are public, and the meeting schedule and agendas are posted on the MICC website. Links to participate in the MICC meetings virtually can be found in the MICC agenda located on the MICC website (www.michigan.gov/micc). Opportunities for public comment were provided at each MICC meeting. Data and trends relative to performance related to SPP/APR targets are discussed annually with the MICC and took place November 2023.

MiLEAP held four regional System Update events in the Spring of 2024 with all the local Early On Coordinators across the state. During the System Update meetings, the state team shared information about DMS, General Supervision monitoring, how determinations were calculated, new codes for data submission, and the rebranding work for Early On Michigan.

When the Examination of the Early On System study was completed, the information was shared with the MICC during the May meeting. Additional times for sharing the information and gathering ideas to address gaps in services were scheduled for FFY2024.

Each year the federal Part C of IDEA grant application is completed and posted publicly on the Early On website for a minimum of 60 calendar days prior to submission of the application to allow public review and feedback. Comments are collected from the public via an electronic system during a minimum of 30 calendar days within the 60 days of posting. Comments are also allowed to be sent via the United States Postal Service. This process provides an opportunity for anyone to provide input regarding the system Michigan has developed for the implementation of Part C service delivery

Making Results Available to the Public:

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

MICC meetings are subject to the Michigan Open Meetings Act (MCL 15.263). All meetings must be open to the public and must be held in a place available to the general public. The meeting schedule, agendas, minutes, and quick notes were and are posted on the MICC website. In addition, the quick notes and minutes are shared with all local Early On Coordinators within two weeks after the MICC meetings. (www.michigan.gov/micc).

The recommendation from the MICC on the family outcomes target resetting was made in May 2024. The recommendation was approved by MiLEAP and new targets are as follows:

4A Know their rights: 90% for FFY 2023, 91% for FFY 2024, 92.79% for FFY 2025.

4B Effectively communicate their children's needs: 89% for FFY 2023, 89.35% for FFY 2024, 91.15% for FFY 2025
4C Help their children develop and learn: 92.5% for FFY 2023, 93.45% for FFY 2024, 94.64% for FFY 2025

Targets through 2025 for the SPP/APR results indicators continue to be posted on the Early On Michigan website under the heading Federal Reports/Performance.

SPP/APR targets, trend data, and improvement strategies are regularly 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).

Reporting to the Public:

How and where the State reported to the public on the FFY 2022 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 2022 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 revisions if the State has revised the targets that it submitted with its FFY 2022 APR in 2024, is available.

Public Reporting of Local Service Area (ISD) Performance-

The FFY 2022 public report on the performance of each local service area for each of the required indicators was posted May 2024 in excel format in two locations:

1. Early On Michigan website www.michigan.gov/earlyon under the heading of Individuals with Disabilities Education Act (IDEA) Public Reporting of Data
2. MiSchooldata.org. A communication was released by MDE's Office of Public and Government Affairs directing stakeholders to MDE's site.

In addition, local service area data by indicators is available at earlyondata.com.

SPP/APR posting

- www.michigan.gov/earlyon under the heading of Federal Reports/Performance

Michigan publicly communicated the State's determination as follows:

- Posted the determination letter and matrix on the Early On Michigan website under the heading Federal Reports/Performance
- Memo to local Early On coordinators, special education directors, and the Michigan Interagency Coordinating Council (MICC) – June 28, 2024

Intro - Prior FFY Required Actions

None

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.

OSEP notes that in its description of how it makes annual determinations of EIS program performance, the State did not include all the factors that must be considered when making annual determinations, consistent with OSEP's QA 23-01. Specifically, the State did not include valid, reliable and timely data or other data available to the State about the EIS programs compliance with IDEA, including any relevant audit findings in its description of the criteria the State uses to make annual determinations. OSEP may follow up with the State regarding how it makes annual determinations of EIS program performance outside of the SPP/APR process.

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 child-specific and regulatory/systemic noncompliance as noted in the Office of Special Education Programs' (OSEP's) response 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2006	47.80%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.89%	99.92%	99.95%	99.82%	99.90%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
23,523	23,941	99.90%	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 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.

399

Provide reasons for delay, if applicable.

Thirty-three of the 56 local service areas had a total of 399 records with delays to the start of services that had documented exceptional family circumstances. Delays were related to accommodating family schedules, illness of the child or a family member, appointments being cancelled and rescheduled by parents, family not being at home at scheduled appointment times, documented multiple attempts to contact parents for scheduling, family moving, parent not providing consent, and other child or parent reasons.

Six of the 56 local service areas had a total of 19 records with delays to the start of services for which exceptional family circumstances did not exist or were not documented. Delays were due to provider availability, lack of training/knowledge on the part of personnel, or other provider reasons.

Findings resulting from FFY 2023 data are based on the full reporting period; therefore, findings based on these FFY 2023 data are issued in FFY 2024 and correction of noncompliance will be reported in the FFY 2025 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 2023 – June 30, 2024

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, 2023 – June 30, 2024). Data from the three collections were aggregated to provide data from the full reporting period.

Data for this indicator reflect a total of 23,941 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 23,523 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 399 records indicated delays to the initiation of services were attributable to documented exceptional family circumstances. The number of records with documented exceptional family circumstances (399) was added to the timely records (23,523) resulting in a total of 23,922 records. This number was used as the numerator for the calculation. The resulting percentage of compliance is 99.92%. $(23,523+399)/23,941=.9992$

Both the numerator and denominator include 399 children for whom services were not timely, but whose records indicated that the delays were attributable to documented exceptional family circumstances. 99.92% compliance falls slightly below the target of 100% for this indicator. This compliance level is slightly higher than the 99.90% compliance level reported in the FFY 2022 SPP/APR.

Correction of Findings of Noncompliance Identified in FFY 2022

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 2022 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 2022 based on a review of their data submitted within MSDS for the FFY 2021 program year (July 1, 2021 – June 30, 2022). Four additional local service areas were not issued new findings, as they had open findings and CAPs for Indicator 1 and were in the window of correction during the data collection period.

The local service areas that were issued a Finding developed a corrective action plan (CAP) in Catamaran that detailed strategies for correcting noncompliance as soon as possible, but no later than one year from notification of the Finding, including verification by the state. A progress report was submitted as part of each service area's corrective action planning process.

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

Documentation was also collected from each local service area to demonstrate that all CAP activities had been completed. The local service area was notified of the verification of correction of noncompliance through a formal letter closing the CAP and Finding.

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

For some children for whom services were not initiated within the 30-day timeline from consent for services, the local service area was required to provide documentation that services were implemented, though not in the 30-day timeline. 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 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

1 - OSEP Response

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	2018	2019	2020	2021	2022
Target>=	94.00%	94.00%	94.00%	95.00%	95.30%
Data	96.95%	96.61%	97.54%	97.62%	97.95%

Targets

FFY	2023	2024	2025
Target>=	95.60%	96.00%	96.30%

Targets: Description of Stakeholder Input

Michigan has multiple mechanisms for broad stakeholder engagement, which include existing boards, standing committees, workgroups and ad hoc committees. The Michigan Interagency Coordinating Council (MICC) meets four times a year. The MICC membership consists of parents, service providers, Head Start, higher education/personnel preparation, a developmental pediatrician, the Director designees from the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP), the Michigan Department of Health and Human Services (MDHHS), the Department of Insurance & Financial Services, the Office of the Coordinator of Education for Homeless Children & Youth (MDE), and a representative from the tribal government and the Michigan legislature. Each November, the MICC reviews, discusses, and approves data for SPP/APR submission.

The MICC receives presentations from the Part C Data Manager responsible for data in the Michigan Student Data System (MSDS), and Wayne State University (WSU), Qualitative Compliance Information Project (QCIP) responsible for child & family outcome data. During the interactive presentations, discussions take place, and members learn how to find data on www.earlyondata.com, interpret trends, and share with their Local Interagency Coordinating Councils (LICCs).

The MICC Staff Liaison ensures members are supported and able to participate fully at meetings, which are held in person with a virtual option. Materials are sent out prior to the meeting so members are aware of action items on the agenda, updates, and presentations. The draft minutes and quick notes are sent out within two weeks following the MICC meeting and are approved at the next meeting. Between meetings, two standing committees convene: the MICC Executive Committee and the Parent Involvement Committee (PIC). As the need for ad hoc committees arise, they are created for a specific charge and are time-bound. The MICC Staff Liaison provides staffing, mentoring and information sharing during meetings, and acts as the go-to-person for all questions; however, the committees are chaired by an MICC member.

In November 2023 MICC members voted to form a Target Resetting Ad Hoc Committee, charged with reviewing and recommending more rigorous targets for family outcomes, SPP/APR Indicator 4. The recommendation was made to the MICC in May 2024 and increased targets are in place through FFY 2025. In September 2024, the MICC tasked an ad hoc committee with revising the MICC and Early On mission & vision statements to incorporate a focus on access for all families. Once this work is completed, the bylaws will also be updated to reflect the same commitment.

Membership on the PIC includes five Governor appointed parent members and two parent alternates of the MICC, the Part C representative from Michigan Alliance for Families (MAF)/Parent Training and Information Center (PTI), a member from MDHHS, the MICC Staff Liaison, & an MiLEAP Part C Consultant. The PIC meets every 6 weeks. The PIC is pivotal in reviewing the family outcome data from the annual Part C family survey. In 2022, they shared their personal stories pertaining to receiving the family survey and gave suggestions for improving the response rate. One of their suggestions was to increase the size and add color to the Early On logo on the mailed envelope, so families know the survey was related to Early On. Since the survey is conducted by WSU on MiLEAP's behalf, parents shared that they didn't realize the survey was related to Early On & the survey was thrown in

the trash. They also developed a flyer that was circulated statewide to let service providers and families know when the survey was coming and why it's important to complete the survey. They also suggested sending families a direct email with the family survey, which was incorporated this year. As a result of the recommendations by the parents, Michigan's survey response rate increased again this year.

Prior to each MICC meeting, the PIC previews the agenda, so they are prepared to be active participants in the meeting. The MICC Staff Liaison walks through each agenda item, ensuring that all members have a good understanding of what will be discussed. The process for how to make a motion under Roberts Rules of Order is also reviewed to build confidence in meeting participation skills.

The parent members of the PIC are representative of families served throughout the State including rural, urban, and suburban locations and offer a variety of perspectives. When selecting 2 parent alternates, the PIC ensured different perspectives were considered. They are also involved in leadership roles within their local communities, such as LICC's, which provides a two-way communication channel for information to flow.

The PIC participated in the Early On Rebranding Campaign. The parent members gave their input, particularly around suggesting photos that represent a variety of family structures, as well as considering photos of children with invisible disabilities. They also participated in a survey to select the new Early On tagline.

The State Systemic Improvement Plan (SSIP) aims to enhance social emotional outcomes for infants and toddlers participating in Early On. Since its launch in 2015, numerous initiatives have been implemented to achieve this goal. However, recent data indicates a decline in child outcomes following the pandemic. In response, SSIP leaders conducted a comprehensive root cause analysis in March 2024 to investigate why, statewide, infants and toddlers in Early On are demonstrating less growth in the area of social emotional development.

Approximately 50 stakeholders, including Early On Coordinators and service providers from Intermediate School Districts (ISDs) involved in the first three cohorts, MiLEAP administrators and staff, an MDHHS mental health consultant, and Clinton County Regional Educational Service Agency (CCRESA) personnel participated in the root cause analysis. Key themes emerged from this collaboration, leading to the formation of three workgroups which include families, workforce, and state level activities. The workgroups will make recommendations on improving social emotional outcomes for infants and toddlers.

Wayne State University, in collaboration with Clinton County RESA's Office of Innovative Projects, conducted a comprehensive study to examine family access and engagement in Early On Part C services. The primary aim of this research was to identify gaps, strengths, and barriers related to family awareness, access, and engagement with the Early On system, ultimately leading to the development of actionable plans and strategies to enhance local efforts in closing gaps. A Core Planning Group, consisting of 23 stakeholders advised WSU each step of the way and met throughout the span of the grant from 2022-2024. Additionally, in 2023, 11 interviews with parents contributed to a survey which was designed to explore demographic differences in families' experiences throughout the Early On process, particularly among those who were referred but chose not to participate or withdrew within six months of service. The data analysis revealed a variety of gaps in services related to initial IFSP meetings, frequency and duration of services, perceived helpfulness of service providers, and family and child outcomes. The overarching goal is to ensure that all Michigan families with infants and toddlers potentially eligible for Early On have access to high-quality early intervention services, as reflected in their participation and retention rates, the quality of services received, and performance on federal outcome measures. Statewide strategies and an action plan have been developed and continue to be enhanced based on feedback from the Early On Conference participants, the MICC, and service providers across the state.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	12,974
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	13,167

FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
12,974	13,167	97.95%	95.60%	98.53%	Met target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

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

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Approximately 50 stakeholders, including Early On Coordinators and service providers from Intermediate School Districts (ISDs) involved in the first three cohorts, MiLEAP administrators and staff, an MDHHS mental health consultant, and Clinton County Regional Educational Service Agency (CCRESA) personnel participated in the root cause analysis. Key themes emerged from this collaboration, leading to the formation of three workgroups which include families, workforce, and state level activities. The workgroups will make recommendations on improving social emotional outcomes for infants and toddlers.

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Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2017	Target>=	76.50%	76.50%	75.19%	75.29%	75.39%
A1	75.19%	Data	76.74%	77.73%	76.16%	72.57%	72.40%
A2	2017	Target>=	60.90%	60.90%	52.00%	52.22%	52.44%
A2	52.15%	Data	53.24%	55.05%	52.63%	52.45%	50.73%
B1	2017	Target>=	80.50%	80.50%	77.60%	77.60%	77.88%
B1	78.72%	Data	79.33%	80.23%	78.04%	75.32%	75.69%
B2	2017	Target>=	54.10%	54.10%	45.50%	45.50%	45.94%
B2	47.27%	Data	48.12%	48.58%	45.68%	46.12%	44.62%
C1	2017	Target>=	79.80%	79.80%	78.24%	78.34%	78.44%
C1	78.24%	Data	78.67%	79.32%	78.70%	75.37%	74.76%
C2	2017	Target>=	60.20%	60.20%	47.20%	47.20%	47.30%
C2	47.54%	Data	50.65%	50.46%	47.32%	46.92%	45.80%

Targets

FFY	2023	2024	2025
Target A1>=	75.49%	75.59%	75.69%
Target A2>=	52.67%	52.90%	53.13%
Target B1>=	78.16%	78.44%	78.73%
Target B2>=	46.38%	46.82%	47.28%
Target C1>=	78.54%	78.64%	78.74%
Target C2>=	47.40%	47.50%	47.60%

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	23	0.27%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,934	22.59%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,252	26.31%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,613	30.53%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,738	20.30%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	4,865	6,822	72.40%	75.49%	71.31%	Did not meet target	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	4,351	8,560	50.73%	52.67%	50.83%	Did not meet target	No Slippage

Provide reasons for A1 slippage, if applicable

In FFY 2023, results for 3A (positive social emotional skills) Summary Statement 1 (substantial increase) decreased by 1.09 percentage points from last year. The decrease was not statistically significant.

First, the slippage may be related to the continuing increasing number of children enrolled in Part C/Early On and the shortage of qualified personnel. The number of children receiving Early On services in FFY 2023 is nearly 30% more than prior to COVID-19 (FFY 2019). Meanwhile, Michigan is experiencing a significant shortage of qualified early intervention personnel [Michigan’s Early Childhood Workforce Crisis | Council of Michigan Foundations <https://www.michiganfoundations.org/news/michigans-early-childhood-workforce-crisis>]. A greater number of progress data was reported this year compared to last year (8,560 and 7,895, respectively).

Second, compared to last year, this year’s sample included a significantly higher percentage of African American children or children living in urban areas (p<.05). Data from previous years have demonstrated less positive child outcomes from these demographics.

Third, the slippage may also be related to the lasting effects of COVID-19. Researchers have found that the COVID-19 pandemic imposed numerous changes that continue to impact children, including social emotional concerns such as anxiety and low mood (Egan et al., 2021). Furthermore, the stay-at-home order created social isolation and little to no social interaction with peers the same age. These consequences are especially severe for children with special needs and other marginalized groups whose social emotional development were most negatively impacted (Barnett et al., 2021; Sullivan, 2021).

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	12	0.14%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,944	22.71%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,754	32.17%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,995	34.99%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	855	9.99%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	5,749	7,705	75.69%	78.16%	74.61%	Did not meet target	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	3,850	8,560	44.62%	46.38%	44.98%	Did not meet target	No Slippage

Provide reasons for B1 slippage, if applicable

In FFY 2023, results for 3B (acquisition and use of knowledge and skills) Summary Statement 1 (substantial increase) decreased by 1.08 percentage points from last year. The decrease was not statistically significant.

First, the slippage may be related to the continuing increasing number of children enrolled in Part C/Early On and the shortage of qualified personnel. The number of children receiving Early On services in FFY 2023 is nearly 30% more than prior to COVID-19 (FFY 2019). Meanwhile, Michigan is experiencing a significant shortage of qualified early intervention personnel [Michigan’s Early Childhood Workforce Crisis | Council of Michigan Foundations <https://www.michiganfoundations.org/news/michigans-early-childhood-workforce-crisis>]. A greater number of progress data was reported this year compared to last year (8,560 and 7,895, respectively).

Second, compared to last year, this year’s sample included a significantly higher percentage of African American children or children living in urban areas (p<.05). Data from previous years have demonstrated less positive child outcomes from these demographics.

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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	16	0.19%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,921	22.44%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,720	31.78%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	3,064	35.79%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	839	9.80%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	5,784	7,721	74.76%	78.54%	74.91%	Did not meet 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	3,903	8,560	45.80%	47.40%	45.60%	Did not meet target	No Slippage

FFY 2023 SPP/APR Data

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	13,637
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.	3,682
Number of infants and toddlers with IFSPs assessed	11,129

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (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 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 assessment tool results along with 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: Adverse Childhood Experiences (ACES), Assessment, Evaluation, and Programming System for Infants and Children (AEPS), Battelle Developmental Inventory of Infant and Toddler Development (BDI-3), Bayley Scales of Infant Development (BSID), Brigance Inventory of Early Development, Carolina Curriculum for Infant and Toddlers with Special Needs (CCITSN), Developmental Assessment for Young Children (DAYC-2), Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T), Developmental Profile, Early Learning Intervention Developmental Profile Revised Edition (EIDP), Early Learning Accomplishment Profile Kit (E-LAP), Hawaii Early Learning Profile (HELP), Infant Toddler Developmental

Assessment (IDA), Larimer County Age Anchoring Tool, Measure of Engagement, Independence, and Social relationships (MEISR), Premature and Young Infant Developmental Assessment Tool (PYIDAT).

Provide additional information about this indicator (optional).

For FFY 2023, Michigan had 13,637 children exiting the Part C program during the reporting period and 11,129 of these children were assessed. The reported APR results were based, however, on 8,560 children who received Part C services for at least 180 days.

The discrepancy between the number of children with IFSPs assessed (11,129) versus the number reported in the denominators for summary statement 2 of indicator 3 outcomes A, B, and C (8,560) is due to children receiving less than six months of service. Although 11,129 records reflected the child had been assessed and had both entry and exit child outcomes ratings reported, 2,569 of those records reflected that the child had received less than six months of service at the time of exit. This leaves 8,560 records for children who had both been fully assessed and had received six months or more of service at the time of exit ($11,129 - 2,569 = 8,560$).

The following data points are reported within this Indicator 3 section of the SPP/APR: During FFY 2023, 13,637 children exited from Part C; During FFY 2023, 3,682 of the 13,637 exiting children did not receive services for at least six months before exiting; During FFY 2023, of the 13,637 exiting children, 11,129 children with IFSPs were assessed (assigned child outcomes ratings at both entry and exit); records from 8,560 children are included in the indicator 3 calculations and are reflected in the denominator for each of the child outcomes summary statement two data points.

When using these data to determine the records to include in the indicator 3 data, it is also important to consider the following additional data. Of the 3,682 children who had received less than six months of service at the time of exit, 2,569 children were assessed at both entry and exit and 1,113 were missing either an entry or an exit rating. Of the 11,129 children with IFSPs who were assessed (assigned child outcomes ratings at both entry and exit), 8,560 had received six months or more of service at the time of exit and 2,569 had received less than six months of service at the time of exit. Of the 9,955 children who exited Part C having received at least six months of service ($13,637 - 3,682 = 9,955$), 8,560 were assigned child outcomes ratings at both entry and exit and 1,395 were missing either an entry or an exit rating.

To determine the child records to be used for reporting indicator 3 data, Michigan started with records for the 13,637 children exiting Part C. From the records for the 13,637 children exiting Part C, we removed the 3,682 records for children who had not received services for at least six months before exiting ($13,637 - 3,682 = 9,955$). We sorted the data for the 9,955 records of children exiting with six months or more of service to determine how many of these children were fully assessed (assigned child outcomes ratings at both entry and exit). Records for 1,395 of the children with six months or more of service at the time of exit were missing either an entry or an exit rating. We removed the records of those children who were not fully assessed (not assigned child outcomes ratings at both entry and exit) from the 9,955 children with six months or more of service ($9,955 - 1,395 = 8,560$). This results in 8,560 children with records which met both criteria of having received six months or more of service and who were fully assessed (had both entry and exit child outcomes ratings completed). The records for these 8,560 children are included in the indicator 3 data and are reflected in the denominator for the child outcomes summary statement two indicator data.

3 - Prior FFY Required Actions

None

3 - OSEP Response

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.

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/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	2018	2019	2020	2021	2022
A	2022	Target>=	59.40%	59.40%	67.31%	67.31%	67.50%
A	92.78%	Data	71.20%	73.35%	69.37%	72.22%	92.78%
B	2022	Target>=	54.40%	54.40%	61.13%	61.13%	61.28%
B	91.14%	Data	64.86%	66.59%	62.92%	66.15%	91.14%
C	2022	Target>=	78.40%	78.40%	82.38%	82.38%	82.53%
C	94.63%	Data	85.33%	87.22%	83.02%	85.38%	94.63%

Targets

FFY	2023	2024	2025
Target A>=	90.00%	91.00%	92.79%
Target B>=	89.00%	89.35%	91.15%
Target C>=	92.50%	93.45%	94.64%

Targets: Description of Stakeholder Input

Michigan has multiple mechanisms for broad stakeholder engagement, which include existing boards, standing committees, workgroups and ad hoc committees. The Michigan Interagency Coordinating Council (MICC) meets four times a year. The MICC membership consists of parents, service providers, Head Start, higher education/personnel preparation, a developmental pediatrician, the Director designees from the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP), the Michigan Department of Health and Human Services (MDHHS), the Department of Insurance & Financial Services, the Office of the Coordinator of Education for Homeless Children & Youth (MDE), and a representative from the tribal government and the Michigan legislature. Each November, the MICC reviews, discusses, and approves data for SPP/APR submission.

The MICC receives presentations from the Part C Data Manager responsible for data in the Michigan Student Data System (MSDS), and Wayne State University (WSU), Qualitative Compliance Information Project (QCIP) responsible for child & family outcome data. During the interactive presentations, discussions take place, and members learn how to find data on www.earlyondata.com, interpret trends, and share with their Local Interagency Coordinating Councils (LICCs).

The MICC Staff Liaison ensures members are supported and able to participate fully at meetings, which are held in person with a virtual option. Materials are sent out prior to the meeting so members are aware of action items on the agenda, updates, and presentations. The draft minutes and quick notes are sent out within two weeks following the MICC meeting and are approved at the next meeting. Between meetings, two standing committees convene: the MICC Executive Committee and the Parent Involvement Committee (PIC). As the need for ad hoc committees arise, they are created for a specific charge and are time-bound. The MICC Staff Liaison provides staffing, mentoring and information sharing during meetings, and acts as the go-to-person for all questions; however, the committees are chaired by an MICC member.

In November 2023 MICC members voted to form a Target Resetting Ad Hoc Committee, charged with reviewing and recommending more rigorous targets for family outcomes, SPP/APR Indicator 4. The recommendation was made to the MICC in May 2024 and increased targets are in place through FFY 2025. In September 2024, the MICC tasked an ad hoc committee with revising the MICC and Early On mission & vision statements to incorporate a focus on access for all families. Once this work is completed, the bylaws will also be updated to reflect the same commitment.

Membership on the PIC includes five Governor appointed parent members and two parent alternates of the MICC, the Part C representative from Michigan Alliance for Families (MAF)/Parent Training and Information Center (PTI), a member from MDHHS, the MICC Staff Liaison, & an MiLEAP Part C Consultant. The PIC meets every 6 weeks. The PIC is pivotal in reviewing the family outcome data from the annual Part C family survey. In 2022, they shared their personal stories pertaining to receiving the family survey and gave suggestions for improving the response rate. One of their suggestions was to increase the size and add color to the Early On logo on the mailed envelope, so families know the survey was related to Early On. Since the survey is conducted by WSU on MiLEAP's behalf, parents shared that they didn't realize the survey was related to Early On & the survey was thrown in the trash. They also developed a flyer that was circulated statewide to let service providers and families know when the survey was coming and why it's important to complete the survey. They also suggested sending families a direct email with the family survey, which was incorporated this year. As a result of the recommendations by the parents, Michigan's survey response rate increased again this year.

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FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	9,210
Number of respondent families participating in Part C	3,072
Survey Response Rate	33.36%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	2,802
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	3,022
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	2,759
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	3,026
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	2,846
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	3,008

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 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)	92.78%	90.00%	92.72%	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)	91.14%	89.00%	91.18%	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)	94.63%	92.50%	94.61%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO

Response Rate

FFY	2022	2023
Survey Response Rate	31.49%	33.36%

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

To test the representativeness of the survey respondent group to the population, a test of proportions was used to compare the respondent group to the statewide Part C population on children's age, gender, race/ethnicity, eligibility, and geographic location. Presented below are the results of the analyses, indicating that in terms of race/ethnicity, African American/Black children and Hispanic/Latino children were under-represented and White children were over-represented.

Children's Race/Ethnicity: American Indian or Alaska Native
 Respondent Group number: 18
 Respondent Group percent: 0.6%
 State population number: 77
 State population percent 0.8%

Children's Race/Ethnicity: Asian
Respondent Group number: 112
Respondent Group percent: 3.6%
State population number: 280
State population percent 3.0%

Children's Race/Ethnicity: African American/Black
Respondent Group number: 348
Respondent Group percent: 11.3%
State population number: 1,327
State population percent 14.2%

Children's Race/Ethnicity: Native Hawaiian or other Pacific Islander
Respondent Group number: 2
Respondent Group percent: 0.1%
State population number: 8
State population percent 0.1%

Children's Race/Ethnicity: White
Respondent Group number: 2,279
Respondent Group percent: 74.2%
State population number: 6,597
State population percent 70.4%

Children's Race/Ethnicity: Hispanic or Latino*
Respondent Group number: 205
Respondent Group percent: 6.7%
State population number: 756
State population percent 8.1%

Children's Race/Ethnicity: Multiracial
Respondent Group number: 108
Respondent Group percent: 3.5%
State population number: 330
State population percent 3.5%

*Difference between sample and statewide proportion is statistically significant ($p < .05$)
Additionally, in terms of age, children 2 to 3 years of age were under-represented. The results of the analyses are presented below.

Children's age group: Birth to 1 year
Respondent group number: 168
Respondent group percent: 5.5%
State population number: 485
State population percent: 5.2%

Children's age group: 1 to 2 years
Respondent group number: 966
Respondent group percent: 31.4%
State population number: 2,777
State population percent: 29.6%

Children's age group: 2 to 3 years*
Respondent group number: 1,938
Respondent group percent: 63.1%
State population number: 6,113
State population percent: 65.2%

*Difference between sample and statewide proportion is statistically significant ($p < .05$).

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. States must include race/ethnicity in their analysis. In addition, the State's analysis must 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 category approved through the stakeholder input process.

Michigan compared the respondent group to the statewide Part C population on children's characteristics (age, gender, race/ethnicity, and eligibility), as well as geographic location. The results for race/ethnicity and children's age are presented in the previous section. Per the instructions above, analysis of the representativeness on geographic location are shown below.

Geographic location: Rural
Respondent group number: 180
Respondent group percent: 5.9%
State population number: 601
State population percent: 6.4%

Geographic location: Small-sized city
Respondent group number: 624
Respondent group percent: 20.3%
State population number: 1,829
State population percent: 19.5%

Geographic location: Medium-sized city
Respondent group number: 334
Respondent group percent: 10.9%
State population number: 1,003
State population percent: 10.7%

Geographic location: Metro
Respondent group number: 575
Respondent group percent: 18.7%
State population number: 1,756
State population percent: 18.7%

Geographic location: Urban
Respondent group number: 1,359
Respondent group percent: 44.2%
State population number: 4,186
State population percent: 44.7%

This year's data represent the State Part C population well in terms of children's gender, eligibility, and geographic location. However, African American/Black children and Hispanic/Latino children were statistically significantly under-represented and White children were over-represented in the respondent group. In addition, children of 2 to 3 years of age were under-represented in the respondent group.

To determine if the significant differences by race/ethnicity and by age made a significant impact on the results, statistical weights were applied to adjust the sample size for each race/ethnicity group and age group. After weighting, there are minor differences in the results, but not statistically significantly different. This suggests that even if the respondent group is not representative in terms of race/ethnicity and age group, it does not measurably affect Indicator 4 results, so unweighted results are reported.

Weighting by Race/Ethnicity and Age group

4A: Know their rights

Unweighted Results numerator: 2,802
Unweighted Results denominator: 3,022
Unweighted Results percentage: 92.72%
Weighted by race/ethnicity numerator: 2,797
Weighted by race/ethnicity denominator: 3,020
Weighted by race/ethnicity percentage: 92.62%
Weighted by age group numerator: 2,801
Weighted by age group denominator: 3,022
Weighted by age group percentage: 92.69%

4B: Effectively communicate children's needs

Unweighted Results numerator: 2,759
Unweighted Results denominator: 3,026
Unweighted Results percentage: 91.18%
Weighted by race/ethnicity numerator: 2,753
Weighted by race/ethnicity denominator: 3,024
Weighted by race/ethnicity percentage: 91.04
Weighted by age group numerator: 2,758
Weighted by age group denominator: 3,026
Weighted by age group percentage: 91.14%

4C: Help children develop and learn

Unweighted Results numerator: 2,846
Unweighted Results denominator: 3,008
Unweighted Results percentage: 94.61%
Weighted by race/ethnicity numerator: 2,840
Weighted by race/ethnicity denominator: 3,006
Weighted by race/ethnicity percentage: 94.48%
Weighted by age group numerator: 2,845
Weighted by age group denominator: 3,008
Weighted by age group percentage: 94.58

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/no)

NO

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

This year's data represent the State Part C population well in terms of children's gender, eligibility, and geographic location. However, African American/Black children and Hispanic/Latino children were under-represented and White children were over-represented in the respondent group. In addition, children of 2 to 3 years of age were under-represented in the respondent group.

To improve the representativeness of survey respondents based on race/ethnicity and age group, the State will use targeted follow-up to subgroups such as: families of African American/Black children and Hispanic/Latino children, families with older children. Follow-up efforts include survey re-mails, follow up email messages, postcard reminders, and telephone calls to offer to administer the survey by phone, as well as the availability of Spanish and Arabic interviewers or a parent-facilitator who can answer questions about the purpose of the survey.

A statewide virtual meeting/combined call was held in the spring of 2024, and will be held in the spring 2025, with the goal of reaching all local Part C Coordinators to share information about the survey. Information includes the purpose, procedures, importance of hearing from all families, timeline, past family survey data, improvement strategies, remarks from MICC family members, and a flyer for families letting them know the 2025 survey is coming.

Michigan Part C has been involved in an effort to address gaps and barriers to accessing the Early On system. Using funding from the American Rescue Plan, Wayne State University, in collaboration with Clinton County RESA's Office of Innovative Projects, conducted a comprehensive study to examine family access and engagement in Early On Part C services. The primary aim of this research was to identify gaps, strengths, and barriers related to gaps within the Early On system, ultimately leading to the development of actionable plans and strategies to enhance local efforts in closing gaps. The study took place from 2022-2024.

The study involved an extensive analysis of existing data over several years, focusing on key areas such as:

- Referrals
- Child Find
- Timeliness of enrollment and services
- Early withdrawal from services
- Service provision
- Transition and exit processes
- Family and child outcomes

Additionally, 11 phone interviews with families contributed to a survey designed to explore any demographic differences in families' experiences throughout the Early On process, particularly among those who were referred but chose not to participate or withdrew within six months of service.

The analysis revealed a variety of gaps related to the following:

- Initial Individualized Family Service Plan (IFSP) meetings
- Frequency and duration of services
- Perceived helpfulness of service providers
- Family and child outcomes

To address identified gaps, the framework of Targeted Universalism was employed, focusing on four key areas of family experience within Early On:

- Participation
- Retention
- Quality of services
- Outcomes

The overarching goal is to ensure that all Michigan families with infants and toddlers potentially eligible for Early On have access to high-quality early intervention services, as reflected in their participation and retention rates, the quality of services received, and performance on federal outcome measures.

Statewide strategies for tackling identified disparities include:

A pilot program offering targeted support in two communities (one urban and one rural) took place from December 2023 to May 2024.

Sharing and discussion of the data with the Michigan Interagency Coordinating Council (MICC) in May 2024, with ongoing discussions at subsequent meetings with the goal of continuously gathering ideas to address gaps in services.

On October 31, 2024 a statewide webinar was held to roll out the data findings from the examination of the Michigan Early On Part C System study. Two additional conversations were held to continue gaining feedback from coordinators, service provider and parents.

A pre-conference interactive session at the Early On Conference was held in November 2024, where the data findings were shared and participants provided suggestions for improving outreach and engagement across the state.

A poster presentation representing the gap data analysis was held at the Early On Conference.

Promotion of high-quality responsive practices training options.

There is a strong commitment for advancing Public Awareness to reach all families in Michigan.

There is are ongoing efforts to secure grant funding and additional revenue to sustain this important work.

Data are available upon request.

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

This year's statewide Part C population (9,375) was the largest since 2006, representing an increase of 7.8% from last year (8,696). Responses were collected from a total of 3,072 families, which is over 400 more compared to last year. This year's response rate of 33.36% is statistically significantly higher than last year (31.49%).

New this year, Michigan introduced incentives (gift cards to randomly selected respondents) and utilized a new method to reach respondents by using email addresses (where available). These strategies likely contributed to the record number of respondents completing the survey and the response rate reaching its highest since the beginning of the COVID 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 under- or over-representation around geographic location, race/ethnicity, age, gender, and eligibility, and if identified, conduct additional follow-up efforts with subgroups who are under-represented. The 1-800 hotline was 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. Families requesting to complete the online version of the survey will be emailed the link, along with their unique access ID. Reminder postcards and reminder emails with online survey link and log in information will be sent out multiple times to non-respondents. The online survey will continue to be available in English, Spanish, and Arabic.

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.

Emailing potential respondents an online survey link.

Providing incentives to 20 randomly selected respondents for completing the survey.

Mailing postcard reminders, approximately two weeks after the initial survey mailing, to families who have not yet completed the survey.

Additional mailing of the survey packet 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 family preferences, 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.

MiLEAP provided timely information to the Part C/Early On field during the February/March Combined Webinar to let Coordinators know the survey was coming and how to inform families about its importance and to encourage families to complete it.

The Parent Involvement Committee of the MICC discussed last year's Family Outcomes data and gave several suggestions to MiLEAP for future family surveys. The following suggestions were implemented this year, which may have led to a larger sample size of respondents:

Included a larger, colorful version of the Early On logo on the envelope;

Sent reminder texts to families to complete the survey, in addition to calls and emails;

Provided a script for service providers to share with families, letting them know the survey is coming and its importance;

MiLEAP scheduled a webinar/combined call with Early On Coordinators, focused on how to support the Family Survey, going through the process step by step, so that families are encouraged to participate in the survey; and

The Parent Involvement Committee of the MICC developed a flyer to help promote the family survey that was distributed on listservs and posted on websites.

In addition to continuing the strategies mentioned above, two new strategies were implemented in FFY2023 including:

Sending emails to families that include a link to the family survey; and

Offering incentives (\$50 e-gift cards), drawn randomly, to families who complete the survey.

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.

The response rate of 33.36% this year represents a statistically significant increase from last year (31.49%). The response rate differs by race/ethnicity. African American/Black families (27.2%) and Hispanic/Latino families (27.6%) were less likely to respond when compared to White families (35.0%). There was a larger proportion of invalid contact information (incorrect phone, incorrect mailing address, or incorrect or missing email etc.) leading to the under-representation of African American/Black children and Hispanic/Latino children in the respondent group.

The State will continue to implement a wide array of efforts to boost the response rate and reduce non-response bias. These efforts include providing accurate contact information of minority families, offering different modes for survey participation (mail, phone, email, online survey access through web link, QR code), multiple rounds of survey and postcard reminders, emailing the survey link upon request, a parent-facilitator to answer questions about the purpose of the survey, the availability of Spanish and Arabic interviewers through the phone, and Spanish and Arabic online surveys. These strategies and the activities described in previous sections are expected to help increase the response rate, especially for groups that are under-represented.

Michigan has identified the following as possible barriers which may impede access and participation of children, educators, or other beneficiaries of the IDEA Part C program:

Multiple languages and cultures of children and families throughout the state create challenges due to communication and trust.

Large geographical areas within rural parts of the state create challenges in reaching families for service provision.

Rural and economically disadvantaged populations have challenges in use of technology related to lack of internet access or availability of devices.

Actions currently being taken to address identified barriers include:

Barrier a: Written materials have been translated into multiple languages including Spanish and Arabic.

Barrier b: Allowance for use of virtual service delivery.

Barrier c: Financial and technical support for technology to enable families and providers to connect virtually.

Provide additional information about this indicator (optional).

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. 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 0.92 for the 2024 survey (FFY 2023). Another form of reliability is assessed by the margin of error or confidence interval. Using a 95% confidence interval, the margin of error was ± 1.45 for 2024 (FFY 2023).

In past years, Michigan has used the Rasch analysis to report data on Indicator 4. In order to bring Michigan into alignment with the practices of other states, Michigan adopted a new approach for analyzing the data, as recommended by the stakeholders. This approach selects the items that are at or below each threshold item on the NCSEAM Scale, for each of the Indicator 4 measures. This is based on the concept of Rasch that the calibration ruler is structured in a way that agreement with an item implies agreement with all items below it.

Calculation of Indicator 4:

Indicator 4A: Includes item 539 ("Over the past year, Early On services have helped me and/or my family know about my child's and family's rights concerning Early Intervention services.") and all items below it (5 items).

Indicator 4B: Includes item 556 ("Over the past year, Early On services have helped me and/or my family communicate more effectively with the people who work with my child and my family.") and all items below it (8 items).

Indicator 4C: Includes item 516 ("Over the past year, Early On services have helped me and/or my family understand my child's special needs.) and all items below it (3 items).

The respondent's score is the average value of their responses to all the items grouped for each indicator measure. MiLEAP set the criteria to '4 agree' (response scale: 1 very strongly disagree, 2 strongly disagree, 3 disagree, 4 agree, 5 strongly agree, 6 very strongly agree), so a respondent with a mean score of 4 or above based on the aforementioned items will be considered as reported agreement on that indicator. The statewide results will be based on how many respondents reported agreement on each indicator. Since the responses are based on different number of items, the number of responses to each indicator (A2, B2, C2) may vary.

At the May 23, 2024, MICC meeting, the Council recommended resetting family outcome targets to be in line with the new approach to reporting Indicator 4 data. New targets for FFY's 2023, 2024, and 2025 are included in this year's submission of the SPP/APR.

4 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether its FFY 2023 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 2022 SPP/APR

4 - OSEP Response

The State revised its FFY 2023, 2024, and 2025 targets 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.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g., geographic location, family income, primary language, etc.). The State should report the results of this analysis under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analyses under the "Additional Information" section of this indicator.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.03%

FFY	2018	2019	2020	2021	2022
Target >=	1.27%	1.27%	1.00%	1.07%	1.14%
Data	1.27%	1.41%	1.04%	1.26%	1.29%

Targets

FFY	2023	2024	2025
Target >=	1.21%	1.28%	1.35%

Targets: Description of Stakeholder Input

Michigan has multiple mechanisms for broad stakeholder engagement, which include existing boards, standing committees, workgroups and ad hoc committees. The Michigan Interagency Coordinating Council (MICC) meets four times a year. The MICC membership consists of parents, service providers, Head Start, higher education/personnel preparation, a developmental pediatrician, the Director designees from the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP), the Michigan Department of Health and Human Services (MDHHS), the Department of Insurance & Financial Services, the Office of the Coordinator of Education for Homeless Children & Youth (MDE), and a representative from the tribal government and the Michigan legislature. Each November, the MICC reviews, discusses, and approves data for SPP/APR submission.

The MICC receives presentations from the Part C Data Manager responsible for data in the Michigan Student Data System (MSDS), and Wayne State University (WSU), Qualitative Compliance Information Project (QCIP) responsible for child & family outcome data. During the interactive presentations, discussions take place, and members learn how to find data on www.earlyondata.com, interpret trends, and share with their Local Interagency Coordinating Councils (LICCs).

The MICC Staff Liaison ensures members are supported and able to participate fully at meetings, which are held in person with a virtual option. Materials are sent out prior to the meeting so members are aware of action items on the agenda, updates, and presentations. The draft minutes and quick notes are sent out within two weeks following the MICC meeting and are approved at the next meeting. Between meetings, two standing committees convene: the MICC Executive Committee and the Parent Involvement Committee (PIC). As the need for ad hoc committees arise, they are created for a specific charge and are time-bound. The MICC Staff Liaison provides staffing, mentoring and information sharing during meetings, and acts as the go-to-person for all questions; however, the committees are chaired by an MICC member.

In November 2023 MICC members voted to form a Target Resetting Ad Hoc Committee, charged with reviewing and recommending more rigorous targets for family outcomes, SPP/APR Indicator 4. The recommendation was made to the MICC in May 2024 and increased targets are in place through FFY 2025. In September 2024, the MICC tasked an ad hoc committee with revising the MICC and Early On mission & vision statements to incorporate a focus on access for all families. Once this work is completed, the bylaws will also be updated to reflect the same commitment.

Membership on the PIC includes five Governor appointed parent members and two parent alternates of the MICC, the Part C representative from Michigan Alliance for Families (MAF)/Parent Training and Information Center (PTI), a member from MDHHS, the MICC Staff Liaison, & an MiLEAP Part C Consultant. The PIC meets every 6 weeks. The PIC is pivotal in reviewing the family outcome data from the annual Part C family survey. In 2022,

they shared their personal stories pertaining to receiving the family survey and gave suggestions for improving the response rate. One of their suggestions was to increase the size and add color to the Early On logo on the mailed envelope, so families know the survey was related to Early On. Since the survey is conducted by WSU on MiLEAP's behalf, parents shared that they didn't realize the survey was related to Early On & the survey was thrown in the trash. They also developed a flyer that was circulated statewide to let service providers and families know when the survey was coming and why it's important to complete the survey. They also suggested sending families a direct email with the family survey, which was incorporated this year. As a result of the recommendations by the parents, Michigan's survey response rate increased again this year.

Prior to each MICC meeting, the PIC previews the agenda, so they are prepared to be active participants in the meeting. The MICC Staff Liaison walks through each agenda item, ensuring that all members have a good understanding of what will be discussed. The process for how to make a motion under Roberts Rules of Order is also reviewed to build confidence in meeting participation skills.

The parent members of the PIC are representative of families served throughout the State including rural, urban, and suburban locations and offer a variety of perspectives. When selecting 2 parent alternates, the PIC ensured different perspectives were considered. They are also involved in leadership roles within their local communities, such as LICC's, which provides a two-way communication channel for information to flow.

The PIC participated in the Early On Rebranding Campaign. The parent members gave their input, particularly around suggesting photos that represent a variety of family structures, as well as considering photos of children with invisible disabilities. They also participated in a survey to select the new Early On tagline.

The State Systemic Improvement Plan (SSIP) aims to enhance social emotional outcomes for infants and toddlers participating in Early On. Since its launch in 2015, numerous initiatives have been implemented to achieve this goal. However, recent data indicates a decline in child outcomes following the pandemic. In response, SSIP leaders conducted a comprehensive root cause analysis in March 2024 to investigate why, statewide, infants and toddlers in Early On are demonstrating less growth in the area of social emotional development.

Approximately 50 stakeholders, including Early On Coordinators and service providers from Intermediate School Districts (ISDs) involved in the first three cohorts, MiLEAP administrators and staff, an MDHHS mental health consultant, and Clinton County Regional Educational Service Agency (CCRESA) personnel participated in the root cause analysis. Key themes emerged from this collaboration, leading to the formation of three workgroups which include families, workforce, and state level activities. The workgroups will make recommendations on improving social emotional outcomes for infants and toddlers.

Wayne State University, in collaboration with Clinton County RESA's Office of Innovative Projects, conducted a comprehensive study to examine family access and engagement in Early On Part C services. The primary aim of this research was to identify gaps, strengths, and barriers related to family awareness, access, and engagement with the Early On system, ultimately leading to the development of actionable plans and strategies to enhance local efforts in closing gaps. A Core Planning Group, consisting of 23 stakeholders advised WSU each step of the way and met throughout the span of the grant from 2022-2024. Additionally, in 2023, 11 interviews with parents contributed to a survey which was designed to explore demographic differences in families' experiences throughout the Early On process, particularly among those who were referred but chose not to participate or withdrew within six months of service. The data analysis revealed a variety of gaps in services related to initial IFSP meetings, frequency and duration of services, perceived helpfulness of service providers, and family and child outcomes. The overarching goal is to ensure that all Michigan families with infants and toddlers potentially eligible for Early On have access to high-quality early intervention services, as reflected in their participation and retention rates, the quality of services received, and performance on federal outcome measures. Statewide strategies and an action plan have been developed and continue to be enhanced based on feedback from the Early On Conference participants, the MICC, and service providers across the state.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	1,377
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, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 1	101,385

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,377	101,385	1.29%	1.21%	1.36%	Met target	No Slippage

Provide results of the root cause analysis of child find identification rates.

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

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.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g. geographic location, family income, primary language, etc.). The State should report the results of this analysis under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analysis under the "Additional Information" section of this indicator.

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	2.20%

FFY	2018	2019	2020	2021	2022
Target >=	3.00%	3.00%	2.90%	3.00%	3.10%
Data	3.26%	3.48%	2.93%	3.44%	3.92%

Targets

FFY	2023	2024	2025
Target >=	3.20%	3.30%	3.40%

Targets: Description of Stakeholder Input

Michigan has multiple mechanisms for broad stakeholder engagement, which include existing boards, standing committees, workgroups and ad hoc committees. The Michigan Interagency Coordinating Council (MICC) meets four times a year. The MICC membership consists of parents, service providers, Head Start, higher education/personnel preparation, a developmental pediatrician, the Director designees from the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP), the Michigan Department of Health and Human Services (MDHHS), the Department of Insurance & Financial Services, the Office of the Coordinator of Education for Homeless Children & Youth (MDE), and a representative from the tribal government and the Michigan legislature. Each November, the MICC reviews, discusses, and approves data for SPP/APR submission.

The MICC receives presentations from the Part C Data Manager responsible for data in the Michigan Student Data System (MSDS), and Wayne State University (WSU), Qualitative Compliance Information Project (QCIP) responsible for child & family outcome data. During the interactive presentations, discussions take place, and members learn how to find data on www.earlyondata.com, interpret trends, and share with their Local Interagency Coordinating Councils (LICCs).

The MICC Staff Liaison ensures members are supported and able to participate fully at meetings, which are held in person with a virtual option. Materials are sent out prior to the meeting so members are aware of action items on the agenda, updates, and presentations. The draft minutes and quick notes are sent out within two weeks following the MICC meeting and are approved at the next meeting. Between meetings, two standing committees convene: the MICC Executive Committee and the Parent Involvement Committee (PIC). As the need for ad hoc committees arise, they are created for a specific charge and are time-bound. The MICC Staff Liaison provides staffing, mentoring and information sharing during meetings, and acts as the go-to-person for all questions; however, the committees are chaired by an MICC member.

In November 2023 MICC members voted to form a Target Resetting Ad Hoc Committee, charged with reviewing and recommending more rigorous targets for family outcomes, SPP/APR Indicator 4. The recommendation was made to the MICC in May 2024 and increased targets are in place through FFY 2025. In September 2024, the MICC tasked an ad hoc committee with revising the MICC and Early On mission & vision statements to incorporate a focus on access for all families. Once this work is completed, the bylaws will also be updated to reflect the same commitment.

Membership on the PIC includes five Governor appointed parent members and two parent alternates of the MICC, the Part C representative from Michigan Alliance for Families (MAF)/Parent Training and Information Center (PTI), a member from MDHHS, the MICC Staff Liaison, & an MiLEAP Part C Consultant. The PIC meets every 6 weeks. The PIC is pivotal in reviewing the family outcome data from the annual Part C family survey. In 2022, they shared their personal stories pertaining to receiving the family survey and gave suggestions for improving the response rate. One of their suggestions

was to increase the size and add color to the Early On logo on the mailed envelope, so families know the survey was related to Early On. Since the survey is conducted by WSU on MiLEAP's behalf, parents shared that they didn't realize the survey was related to Early On & the survey was thrown in the trash. They also developed a flyer that was circulated statewide to let service providers and families know when the survey was coming and why it's important to complete the survey. They also suggested sending families a direct email with the family survey, which was incorporated this year. As a result of the recommendations by the parents, Michigan's survey response rate increased again this year.

Prior to each MICC meeting, the PIC previews the agenda, so they are prepared to be active participants in the meeting. The MICC Staff Liaison walks through each agenda item, ensuring that all members have a good understanding of what will be discussed. The process for how to make a motion under Roberts Rules of Order is also reviewed to build confidence in meeting participation skills.

The parent members of the PIC are representative of families served throughout the State including rural, urban, and suburban locations and offer a variety of perspectives. When selecting 2 parent alternates, the PIC ensured different perspectives were considered. They are also involved in leadership roles within their local communities, such as LICC's, which provides a two-way communication channel for information to flow.

The PIC participated in the Early On Rebranding Campaign. The parent members gave their input, particularly around suggesting photos that represent a variety of family structures, as well as considering photos of children with invisible disabilities. They also participated in a survey to select the new Early On tagline.

The State Systemic Improvement Plan (SSIP) aims to enhance social emotional outcomes for infants and toddlers participating in Early On. Since its launch in 2015, numerous initiatives have been implemented to achieve this goal. However, recent data indicates a decline in child outcomes following the pandemic. In response, SSIP leaders conducted a comprehensive root cause analysis in March 2024 to investigate why, statewide, infants and toddlers in Early On are demonstrating less growth in the area of social emotional development.

Approximately 50 stakeholders, including Early On Coordinators and service providers from Intermediate School Districts (ISDs) involved in the first three cohorts, MiLEAP administrators and staff, an MDHHS mental health consultant, and Clinton County Regional Educational Service Agency (CCRESA) personnel participated in the root cause analysis. Key themes emerged from this collaboration, leading to the formation of three workgroups which include families, workforce, and state level activities. The workgroups will make recommendations on improving social emotional outcomes for infants and toddlers.

Wayne State University, in collaboration with Clinton County RESA's Office of Innovative Projects, conducted a comprehensive study to examine family access and engagement in Early On Part C services. The primary aim of this research was to identify gaps, strengths, and barriers related to family awareness, access, and engagement with the Early On system, ultimately leading to the development of actionable plans and strategies to enhance local efforts in closing gaps. A Core Planning Group, consisting of 23 stakeholders advised WSU each step of the way and met throughout the span of the grant from 2022-2024. Additionally, in 2023, 11 interviews with parents contributed to a survey which was designed to explore demographic differences in families' experiences throughout the Early On process, particularly among those who were referred but chose not to participate or withdrew within six months of service. The data analysis revealed a variety of gaps in services related to initial IFSP meetings, frequency and duration of services, perceived helpfulness of service providers, and family and child outcomes. The overarching goal is to ensure that all Michigan families with infants and toddlers potentially eligible for Early On have access to high-quality early intervention services, as reflected in their participation and retention rates, the quality of services received, and performance on federal outcome measures. Statewide strategies and an action plan have been developed and continue to be enhanced based on feedback from the Early On Conference participants, the MICC, and service providers across the state.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	13,167
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, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 3	309,380

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
13,167	309,380	3.92%	3.20%	4.26%	Met target	No Slippage

Provide results of the root cause analysis of child find identification rates

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2006	63.10%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.20%	99.62%	99.92%	98.50%	99.38%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
13,817	13,898	99.38%	100%	99.42%	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.

Provide reasons for delay, if applicable.

Fifty-four of 56 local service areas had 3,162 records with delays attributable to documented exceptional family circumstances. Delays were related to parents requesting a delay to the evaluation or IFSP meeting to accommodate family schedules, illness of the child or a family member, appointments being canceled and rescheduled by parents, family not being at home at scheduled appointment times, documented multiple attempts to contact parents for scheduling, family moved, or other child or family reasons.

Ten of 56 local service areas had 81 records of untimely completion of initial evaluations, assessments, and IFSP meetings for which exceptional family circumstances did not exist or were not documented. Delays were due to provider availability, lack of training/knowledge on the part of personnel, or other provider reasons.

Findings resulting from FFY 2023 data are based on the full reporting period; therefore, Findings based on FFY 2023 data are issued in FFY 2024 and correction of noncompliance will be reported in the FFY 2025 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).

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, 2023 - June 30, 2024). Data from the three collections were aggregated to provide data for the full reporting period.

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

Data reported for this indicator reflect that a total of 13,898 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 10,655 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 3,162 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 (3,162) was added to the timely records (10,655) resulting in a total of 13,817 records. This number was used as the numerator for the calculation. The resulting percentage compliance is 99.42% $(10,655+3,162)/13,817=.9942$

Both the numerator and the denominator include 3,162 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. 99.42% compliance falls below the target of 100% for this indicator. This compliance level is higher than the 99.38% compliance level reported in the FFY 2022 APR.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
9	9	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Nine of 56 local service areas were issued Findings for Indicator 7 in FFY 2022 based on a review of their data submitted within MSDS for the FFY 2021 program year (July 1, 2021 – June 30, 2022). Three additional local service areas were not issued new findings, as they had open findings and CAPs for Indicator 7 and were in the window of correction during the data collection period.

Each local service area that was issued a Finding 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 implementation process, progress reports were submitted.

When CAP activities had been completed and local data indicated compliance, the local service area requested CAP closeout and MiLEAP conducted verification activities. MiLEAP 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 the noncompliance.

Documentation was also collected from each local service area 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 and Finding.

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

For each of the children in the nine ISDs for whom MSDS data revealed that the IFSP was not completed within the 45 calendar-day timeline, it was verified as part of the data review that an IFSP was completed for each of the children, though not within the 45-day timeline. No further child level correction was possible because timeliness cannot be corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

7 - OSEP Response

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C at age 3}} \right]$ times 100.
- B. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right]$ times 100.
- C. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right]$ times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: 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. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also 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.

Indicators 8A and 8C: 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.

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8C: Do not include in the calculation but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	59.28%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	98.96%	99.25%	99.44%	99.67%	99.40%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C at age 3 for whom the Lead Agency was required to develop an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
9,480	10,285	99.40%	100%	99.23%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

726

Provide reasons for delay, if applicable.

Fifty-two of 56 local service areas reported delays attributable to exceptional family circumstances for a total of 726 children. Documented reasons for these delays were related to multiple unsuccessful attempts to contact family to set an appointment, accommodating family schedule, meetings being rescheduled at parent request, cancellation or family not being home at scheduled appointment times, family moved, illness or hospitalization of child or family members, or other child or parent reasons.

Twenty of 56 local service areas reported delays that were not attributable to exceptional family circumstances for a total of 79 children. Reasons for these delays include provider availability, lack of personnel training/knowledge, other provider reasons, and failure to report transition plan timeliness data.

Findings resulting from FFY 2023 data are based on the full reporting period; therefore, Findings based on FFY 2023 data are issued in FFY 2024 and correction of noncompliance will be reported in the FFY 2025 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, 2023 – June 30, 2024.

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, 2023 – June 30, 2024). Data from the three collections were aggregated to provide data from the full reporting period.

Data reported for this indicator reflect that the total of 10,285 records included eligible infants and toddlers for whom transition planning, including an IFSP developed with transition steps and services, was required to be conducted. This number was used as the denominator for the calculation of Indicator 8a data. Data reported for this indicator reflect that 9,480 of the records documented timely transition planning including an IFSP developed with transition steps and services. An additional 726 records contained documentation that delays to the completion of transition planning, including an IFSP developed with transition steps and services, were attributable to exceptional family circumstances. The number of records with documented exceptional family circumstances (726) was added to the timely records (9,480) resulting in a total of 10,206 records. This number was used as the numerator for the calculation. The resulting percentage of compliance is 99.23% $(9,480+726)/10,285=99.23$

Both the numerator and the denominator include 726 children for whom IFSPs with transition steps and services were not timely, but whose records contained documentation that the delays were attributable to exceptional family circumstances. 99.32% compliance falls below the target of 100% compliance for this indicator. These data reflect a slight decrease for this indicator from the 99.40% compliance level reported in the FFY 2022 APR; however, this decrease does not exceed the threshold to be considered slippage.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
13	13	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Thirteen local service areas were issued a finding related to Indicator 8a in FFY 2022 based on a review of data submitted within MSDS for the FFY 2021 program year (July 1, 2021 – June 30, 2022). Eight additional local service areas were not issued new findings, as they had open findings and CAPs for Indicator 8a and were in the window of correction during the data collection period.

Each local service area issued a Finding 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 implementation process, progress reports were submitted.

When CAP activities had been completed and local data indicated compliance, the local service area requested CAP closeout and MiLEAP conducted verification activities. MiLEAP reviewed the most recent data submitted in MSDS to determine whether the local service area had achieved 100% compliance. Records for each of the 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 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 and Finding.

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

For some children, transition planning included an IFSP developed with transition steps and services that took place but not within the required timeline. For these children, the local service area was required to provide documentation that transition planning including an IFSP developed with transition steps and services, was indeed completed. 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 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C at age 3})] \times 100$.
- B. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.
- C. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: 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. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also 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.

Indicators 8A and 8C: 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.

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8C: Do not include in the calculation but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
5,008	5,008	100.00%	100%	100.00%	Met target	No Slippage

Number of parents who opted out

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

0

Provide reasons for delay, if applicable.

Describe the method used to collect these data.

Michigan does not have an opt-out policy, so no opt-out data are collected.

Do you have a written opt-out policy? (yes/no)

NO

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, 2023-June 30, 2024

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

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

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

None

8B - OSEP Response

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C at age 3}} \right]$ times 100.
- B. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right]$ times 100.
- C. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right]$ times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: 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. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also 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.

Indicators 8A and 8C: 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.

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8C: Do not include in the calculation but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	84.40%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	98.52%	98.58%	99.16%	99.31%	99.42%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency was required to conduct the transition conference, held with the approval of the family, at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
4,617	5,008	99.42%	100%	99.00%	Did not meet target	No Slippage

Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

0

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

341

Provide reasons for delay, if applicable.

Thirty-four of 56 local service areas reported delays attributable to exceptional family circumstances for 341 children. Documented reasons for these delays include multiple unsuccessful attempts to contact family to set appointment, meetings being rescheduled to accommodate family schedules, family moved, meeting cancellations or family not being home at scheduled appointment times, sickness or hospitalization of child or family members, and other child or parent reasons.

Twelve of 56 local service areas reported delays that were not attributable to exceptional family circumstances for a total of 50 children. Reasons for these delays include personnel lack of training/knowledge, failure to report timeliness of transition conferences, or other provider reasons.

Findings resulting from FFY 2023 data are based on the full reporting period; therefore, Findings based on FFY 2023 data are issued in FFY 2024 and correction of noncompliance will be reported in the FFY 2025 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, 2023-June 30, 2024

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

Data from 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, 2023 - June 30, 2024). Data from the three collections were aggregated to provide data from the full reporting period.

Data reported for this indicator reflect that a total of 5,008 records included toddlers potentially eligible for Part B preschool services for whom a transition conference was required to be conducted. Parents of 0 of these children did not provide approval for a transition conference. This number was subtracted from the 5,008 toddlers potentially eligible for Part B preschool services and the resulting 5,008 was used as the denominator for calculation of Indicator 8c data. Data reported for this indicator reflect that 4,617 of the records documented timely transition conferences. Three hundred forty-one additional records contained documentation that the delay to the completion of a transition conference was attributable to exceptional family circumstances. The number of records with documented exceptional family circumstances (341) was added to the timely records (4,617) resulting in a

total of 4,958 records. This number was used as the numerator for the calculation. The resulting percentage of compliance is 99.00%
 $(4,617+341)/(5,008)=.9900$

Both the numerator and the denominator include 341 children for whom the transition conference was not timely, but whose file contained documentation that the delay was attributable to exceptional family circumstances. 99.00% compliance falls below the target of 100% compliance for this indicator. These data reflect a slight decrease in the level of compliance for this indicator from the 99.42% compliance level reported in the FFY 2022 APR.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
12	12	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Twelve local service areas were issued a finding of noncompliance related to Indicator 8c in FFY 2022 based on a review of data submitted within MSDS for the FFY 2021 program year (July 1, 2021 – June 30, 2022). Six additional local service areas were not issued new findings, as they had open findings and CAPs for Indicator 8c and were in the window of correction during the data collection period.

Each local service area that was issued a Finding developed a corrective action plan (CAP) in the electronic monitoring system 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 implementation process, progress reports were submitted. Data submissions were reviewed to monitor compliance.

When CAP activities had been completed and local data indicated compliance, the local service area requested CAP closeout and MiLEAP conducted verification activities. MiLEAP reviewed the most recent data submitted to MSDS to determine whether the local service area had achieved 100% compliance. Records for each 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 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 and Finding.

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

For some 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 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 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 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 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 baselines 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 baselines 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 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1 Number of resolution sessions	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1(a) Number resolution sessions resolved through settlement agreements	0

Targets: Description of Stakeholder Input

Michigan has multiple mechanisms for broad stakeholder engagement, which include existing boards, standing committees, workgroups and ad hoc committees. The Michigan Interagency Coordinating Council (MICC) meets four times a year. The MICC membership consists of parents, service providers, Head Start, higher education/personnel preparation, a developmental pediatrician, the Director designees from the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP), the Michigan Department of Health and Human Services (MDHHS), the Department of Insurance & Financial Services, the Office of the Coordinator of Education for Homeless Children & Youth (MDE), and a representative from the tribal government and the Michigan legislature. Each November, the MICC reviews, discusses, and approves data for SPP/APR submission.

The MICC receives presentations from the Part C Data Manager responsible for data in the Michigan Student Data System (MSDS), and Wayne State University (WSU), Qualitative Compliance Information Project (QCIP) responsible for child & family outcome data. During the interactive presentations, discussions take place, and members learn how to find data on www.earlyondata.com, interpret trends, and share with their Local Interagency Coordinating Councils (LICCs).

The MICC Staff Liaison ensures members are supported and able to participate fully at meetings, which are held in person with a virtual option. Materials are sent out prior to the meeting so members are aware of action items on the agenda, updates, and presentations. The draft minutes and quick notes are sent out within two weeks following the MICC meeting and are approved at the next meeting. Between meetings, two standing committees convene: the MICC Executive Committee and the Parent Involvement Committee (PIC). As the need for ad hoc committees arise, they are created for a specific charge and are time-bound. The MICC Staff Liaison provides staffing, mentoring and information sharing during meetings, and acts as the go-to-person for all questions; however, the committees are chaired by an MICC member.

In November 2023 MICC members voted to form a Target Resetting Ad Hoc Committee, charged with reviewing and recommending more rigorous targets for family outcomes, SPP/APR Indicator 4. The recommendation was made to the MICC in May 2024 and increased targets are in place through FFY 2025. In September 2024, the MICC tasked an ad hoc committee with revising the MICC and Early On mission & vision statements to incorporate a focus on access for all families. Once this work is completed, the bylaws will also be updated to reflect the same commitment.

Membership on the PIC includes five Governor appointed parent members and two parent alternates of the MICC, the Part C representative from Michigan Alliance for Families (MAF)/Parent Training and Information Center (PTI), a member from MDHHS, the MICC Staff Liaison, & an MiLEAP Part C Consultant. The PIC meets every 6 weeks. The PIC is pivotal in reviewing the family outcome data from the annual Part C family survey. In 2022, they shared their personal stories pertaining to receiving the family survey and gave suggestions for improving the response rate. One of their

suggestions was to increase the size and add color to the Early On logo on the mailed envelope, so families know the survey was related to Early On. Since the survey is conducted by WSU on MiLEAP's behalf, parents shared that they didn't realize the survey was related to Early On & the survey was thrown in the trash. They also developed a flyer that was circulated statewide to let service providers and families know when the survey was coming and why it's important to complete the survey. They also suggested sending families a direct email with the family survey, which was incorporated this year. As a result of the recommendations by the parents, Michigan's survey response rate increased again this year.

Prior to each MICC meeting, the PIC previews the agenda, so they are prepared to be active participants in the meeting. The MICC Staff Liaison walks through each agenda item, ensuring that all members have a good understanding of what will be discussed. The process for how to make a motion under Roberts Rules of Order is also reviewed to build confidence in meeting participation skills.

The parent members of the PIC are representative of families served throughout the State including rural, urban, and suburban locations and offer a variety of perspectives. When selecting 2 parent alternates, the PIC ensured different perspectives were considered. They are also involved in leadership roles within their local communities, such as LICC's, which provides a two-way communication channel for information to flow.

The PIC participated in the Early On Rebranding Campaign. The parent members gave their input, particularly around suggesting photos that represent a variety of family structures, as well as considering photos of children with invisible disabilities. They also participated in a survey to select the new Early On tagline.

The State Systemic Improvement Plan (SSIP) aims to enhance social emotional outcomes for infants and toddlers participating in Early On. Since its launch in 2015, numerous initiatives have been implemented to achieve this goal. However, recent data indicates a decline in child outcomes following the pandemic. In response, SSIP leaders conducted a comprehensive root cause analysis in March 2024 to investigate why, statewide, infants and toddlers in Early On are demonstrating less growth in the area of social emotional development.

Approximately 50 stakeholders, including Early On Coordinators and service providers from Intermediate School Districts (ISDs) involved in the first three cohorts, MiLEAP administrators and staff, an MDHHS mental health consultant, and Clinton County Regional Educational Service Agency (CCRESA) personnel participated in the root cause analysis. Key themes emerged from this collaboration, leading to the formation of three workgroups which include families, workforce, and state level activities. The workgroups will make recommendations on improving social emotional outcomes for infants and toddlers.

Wayne State University, in collaboration with Clinton County RESA's Office of Innovative Projects, conducted a comprehensive study to examine family access and engagement in Early On Part C services. The primary aim of this research was to identify gaps, strengths, and barriers related to family awareness, access, and engagement with the Early On system, ultimately leading to the development of actionable plans and strategies to enhance local efforts in closing gaps. A Core Planning Group, consisting of 23 stakeholders advised WSU each step of the way and met throughout the span of the grant from 2022-2024. Additionally, in 2023, 11 interviews with parents contributed to a survey which was designed to explore demographic differences in families' experiences throughout the Early On process, particularly among those who were referred but chose not to participate or withdrew within six months of service. The data analysis revealed a variety of gaps in services related to initial IFSP meetings, frequency and duration of services, perceived helpfulness of service providers, and family and child outcomes. The overarching goal is to ensure that all Michigan families with infants and toddlers potentially eligible for Early On have access to high-quality early intervention services, as reflected in their participation and retention rates, the quality of services received, and performance on federal outcome measures. Statewide strategies and an action plan have been developed and continue to be enhanced based on feedback from the Early On Conference participants, the MICC, and service providers across the state.

Historical Data

Baseline Year	Baseline Data

FFY	2018	2019	2020	2021	2022
Target>=					
Data					

Targets

FFY	2023	2024	2025
Target>=			

FFY 2023 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0				N/A	N/A

Provide additional information about this indicator (optional)

States are not required to establish baseline or targets if the number of resolution sessions is less than ten. Michigan has reported 0 resolution sessions in FFY 2022 and FFY 2023.

9 - Prior FFY Required Actions

None

9 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2023. 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 baselines 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 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 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	1
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.b.i Mediations agreements not related to due process complaints	1

Targets: Description of Stakeholder Input

Michigan has multiple mechanisms for broad stakeholder engagement, which include existing boards, standing committees, workgroups and ad hoc committees. The Michigan Interagency Coordinating Council (MICC) meets four times a year. The MICC membership consists of parents, service providers, Head Start, higher education/personnel preparation, a developmental pediatrician, the Director designees from the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP), the Michigan Department of Health and Human Services (MDHHS), the Department of Insurance & Financial Services, the Office of the Coordinator of Education for Homeless Children & Youth (MDE), and a representative from the tribal government and the Michigan legislature. Each November, the MICC reviews, discusses, and approves data for SPP/APR submission.

The MICC receives presentations from the Part C Data Manager responsible for data in the Michigan Student Data System (MSDS), and Wayne State University (WSU), Qualitative Compliance Information Project (QCIP) responsible for child & family outcome data. During the interactive presentations, discussions take place, and members learn how to find data on www.earlyondata.com, interpret trends, and share with their Local Interagency Coordinating Councils (LICCs).

The MICC Staff Liaison ensures members are supported and able to participate fully at meetings, which are held in person with a virtual option. Materials are sent out prior to the meeting so members are aware of action items on the agenda, updates, and presentations. The draft minutes and quick notes are sent out within two weeks following the MICC meeting and are approved at the next meeting. Between meetings, two standing committees convene: the MICC Executive Committee and the Parent Involvement Committee (PIC). As the need for ad hoc committees arise, they are created for a specific charge and are time-bound. The MICC Staff Liaison provides staffing, mentoring and information sharing during meetings, and acts as the go-to-person for all questions; however, the committees are chaired by an MICC member.

In November 2023 MICC members voted to form a Target Resetting Ad Hoc Committee, charged with reviewing and recommending more rigorous targets for family outcomes, SPP/APR Indicator 4. The recommendation was made to the MICC in May 2024 and increased targets are in place through FFY 2025. In September 2024, the MICC tasked an ad hoc committee with revising the MICC and Early On mission & vision statements to incorporate a focus on access for all families. Once this work is completed, the bylaws will also be updated to reflect the same commitment.

Membership on the PIC includes five Governor appointed parent members and two parent alternates of the MICC, the Part C representative from Michigan Alliance for Families (MAF)/Parent Training and Information Center (PTI), a member from MDHHS, the MICC Staff Liaison, & an MiLEAP Part C Consultant. The PIC meets every 6 weeks. The PIC is pivotal in reviewing the family outcome data from the annual Part C family survey. In 2022, they shared their personal stories pertaining to receiving the family survey and gave suggestions for improving the response rate. One of their suggestions was to increase the size and add color to the Early On logo on the mailed envelope, so families know the survey was related to Early On. Since the survey is conducted by WSU on MiLEAP's behalf, parents shared that they didn't realize the survey was related to Early On & the survey was thrown in the trash. They also developed a flyer that was circulated statewide to let service providers and families know when the survey was coming and why it's important to complete the survey. They also suggested sending families a direct email with the family survey, which was incorporated this year. As a result of the recommendations by the parents, Michigan's survey response rate increased again this year.

Prior to each MICC meeting, the PIC previews the agenda, so they are prepared to be active participants in the meeting. The MICC Staff Liaison walks through each agenda item, ensuring that all members have a good understanding of what will be discussed. The process for how to make a motion under Roberts Rules of Order is also reviewed to build confidence in meeting participation skills.

The parent members of the PIC are representative of families served throughout the State including rural, urban, and suburban locations and offer a variety of perspectives. When selecting 2 parent alternates, the PIC ensured different perspectives were considered. They are also involved in leadership roles within their local communities, such as LICC's, which provides a two-way communication channel for information to flow.

The PIC participated in the Early On Rebranding Campaign. The parent members gave their input, particularly around suggesting photos that represent a variety of family structures, as well as considering photos of children with invisible disabilities. They also participated in a survey to select the new Early On tagline.

The State Systemic Improvement Plan (SSIP) aims to enhance social emotional outcomes for infants and toddlers participating in Early On. Since its launch in 2015, numerous initiatives have been implemented to achieve this goal. However, recent data indicates a decline in child outcomes following the pandemic. In response, SSIP leaders conducted a comprehensive root cause analysis in March 2024 to investigate why, statewide, infants and toddlers in Early On are demonstrating less growth in the area of social emotional development.

Approximately 50 stakeholders, including Early On Coordinators and service providers from Intermediate School Districts (ISDs) involved in the first three cohorts, MiLEAP administrators and staff, an MDHHS mental health consultant, and Clinton County Regional Educational Service Agency (CCRESA) personnel participated in the root cause analysis. Key themes emerged from this collaboration, leading to the formation of three workgroups which include families, workforce, and state level activities. The workgroups will make recommendations on improving social emotional outcomes for infants and toddlers.

Wayne State University, in collaboration with Clinton County RESA's Office of Innovative Projects, conducted a comprehensive study to examine family access and engagement in Early On Part C services. The primary aim of this research was to identify gaps, strengths, and barriers related to family awareness, access, and engagement with the Early On system, ultimately leading to the development of actionable plans and strategies to enhance local efforts in closing gaps. A Core Planning Group, consisting of 23 stakeholders advised WSU each step of the way and met throughout the span of the grant from 2022-2024. Additionally, in 2023, 11 interviews with parents contributed to a survey which was designed to explore demographic differences in families' experiences throughout the Early On process, particularly among those who were referred but chose not to participate or withdrew within six months of service. The data analysis revealed a variety of gaps in services related to initial IFSP meetings, frequency and duration of services, perceived helpfulness of service providers, and family and child outcomes. The overarching goal is to ensure that all Michigan families with infants and toddlers potentially eligible for Early On have access to high-quality early intervention services, as reflected in their participation and retention rates, the quality of services received, and performance on federal outcome measures. Statewide strategies and an action plan have been developed and continue to be enhanced based on feedback from the Early On Conference participants, the MICC, and service providers across the state.

Historical Data

Baseline Year	Baseline Data
2005	0.00%

FFY	2018	2019	2020	2021	2022
Target>=					
Data	100.00%		50.00%		100.00%

Targets

FFY	2023	2024	2025
Target>=			

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	1	1	100.00%		100.00%	N/A	N/A

Provide additional information about this indicator (optional)

Targets have not been set since the state has consistently been below the threshold for when target setting is required. The State reported fewer than ten mediations held in FFY 2023. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2023. 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 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., February 1, 2024). 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 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

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 (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., 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 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) 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)

NO

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/mileap/-/media/Project/Websites/mileap/Documents/Early-Childhood-Education/SSIP/SSIP-Theory-of-Action.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	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	52.67%	52.90%	53.13%

FFY 2023 SPP/APR Data

		FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
4,351	8,560	50.73%	52.67%	50.83%	Did not meet target	No Slippage

Provide the data source for the FFY 2023 data.

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

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

The data source for APR Indicator 3a, Summary Statement 2, comes from the Child Outcomes Summary (COS) 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 using the Decision Tree to determine the COS ratings. Ongoing assessment information and/or state-recommended 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 the child.

Local service areas submit demographic and child outcomes summary ratings at entry and exit for each child in Early On through MSDS. The MSDS child level data are provided to Wayne State University (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.

The SSIP report includes three types of statewide data; SiMR data, family outcome data and COS reporting rate data. Cohort level data includes the Pyramid Model, Electronic Devereaux Early Childhood Assessment (eDECA), fidelity checklist survey data, Community of Practice calls, and Child Outcome training data.

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 statewide data demonstrate progress that aligns with this hypothesis.

Early On Family Survey Data- Indicator 4: All targets were met for FFY 2023.

FFY 2023 Targets

4A 90.00%

4B 89.00%

4C 92.50%

FFY 2023 Data

4A 92.72%

4B 92.18%

4C 94.61%

FFY 2022 Data

4A 92.78%

4B 91.14%

4C 94.63%

FFY 2021 Data

4A 72.22%

4B 66.15%

4C 85.38%

FFY 2020 Data

4A 69.37%

4B 62.92%

4C 83.02%

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 a positive impact on families.

Child Outcomes 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 is incomplete. Student Information System vendors added options to their electronic systems and several local service areas adopted use of the reports. This was one factor that helped increase Michigan's overall child outcomes data reporting rate for all exiting children.

Another factor leading to increased reporting rates are the child outcome data reports, developed in FFY 20 by Wayne State University (WSU). The child outcome data reports include a flow chart representing the local service areas data. The data points included are the children who exited during the reporting period, children that exited with less than six months of service with and without matched entry and exit COS ratings, and children that exited with at least six months of service with and without matched entry and exit COS ratings. Additionally, each data point is color coded, and the color coding is utilized on a child level list that is included. The child level list allows local service areas the opportunity to identify system and provider issues that require attention. As evidenced by the statistically significant increase (19.51 %) in data from FFY 2021 to FFY 2022, local service areas were identifying areas of improvement and implementing change to increase child outcome reporting rates.

The statewide reporting rate for all exiting children by year is:

FFY 2016 - 54.0%

FFY 2017 - 55.3%

FFY 2018 - 56.55%

FFY 2019 - 55.66%

FFY 2020 - 57.61%

FFY 2021 - 56.17%

FFY 2022 - 75.68%

FFY 2023 - 81.61%

Did the State identify any general data quality concerns, unrelated to COVID-19, which 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.

Researchers have found that COVID-19 pandemic imposed numerous changes on educational setting that continue to impact children including social emotional concerns such as anxiety and low mood (Egan et al., 2021). These consequences are especially severe for children with special needs and other marginalized groups whose social emotional development were most negatively impacted (Barnett et al., 2021; Sullivan, 2021).

Contributing factors since the pandemic include:

Increased turnover of early intervention staff: The pandemic has likely exacerbated issues with staff retention, making it harder for early intervention programs to maintain consistent, experienced teams. This can lead to disruptions in service delivery, training needs, and challenges in building relationships with families.

Difficulty finding service providers: Many local service areas have faced difficulties in recruiting and retaining service providers due to various factors such as burnout, competitive salaries elsewhere, or the lingering effects of the pandemic. This shortage of qualified professionals directly impacts the availability and quality of services provided to children in need.

Increased enrollment in Part C services: This past year, over 2,100 additional children enrolled in Part C services. This uptick suggests a heightened awareness or need for services post-pandemic, as families and communities continue to feel the effects of disruptions to child development and early learning.

Improved child outcomes reporting rate: The statistically significant increase in the child outcomes reporting rate from 75.7% to 81.6% for FFY 2023 is a positive development, indicating that progress is being more accurately tracked. This improvement could be due to a greater focus on collecting matched entry and exit child outcome data, since reporting rates were considered in local determinations in FFY 2023.

These points collectively show a complex landscape, with both challenges (staff turnover, service provider shortages) and positive trends (improved outcomes, increased enrollment) emerging in the wake of the pandemic.

Specific steps taken within the SSIP cohorts include continuing to conduct virtual trainings and meetings in order to meet the needs of participants in the SSIP cohort during the pandemic. As an impact from COVID-19, virtual trainings and meetings were an effective strategy to reach local service areas across the state and allowed for staff to participate more effectively since travel time to and from trainings and meetings wasn't a factor.

Section B: Implementation, Analysis and Evaluation

Please provide a link to the State's current evaluation plan.

<https://www.michigan.gov/mileap/-/media/Project/Websites/mileap/Documents/Early-Childhood-Education/SSIP/2023-24-Action-and-Evaluation-Plan-Final.pdf>

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

NO

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

A Pyramid Model Training series (five modules) was offered to cohort 4 members in spring 2024. 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.

The Deveraux Early Childhood Assessment for Infants/Toddlers (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 by the family or caregiver. The electronic DECA (e-DECA) is being utilized by cohort participants. The assessment data is entered into the e-DECA system and 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. Service Providers in cohort 4 received trainings in January around the DECA Assessment, eDECA Orientation for coordinators/leads, and eDECA Orientation for Service Providers.

Community of Practice (CoP) calls for cohort coordinators/leads are provided monthly, for eighteen months, by MiLEAP and MDHHS staff. 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 CoP calls also present an opportunity for participants to share ideas with MiLEAP and MDHHS related to continuous improvement ideas and strategies. After a cohort has worked with MiLEAP and MDHHS for eighteen months, they continue to implement the activities and are in maintenance phase. Cohorts 1 and 2 are in maintenance phase. Cohort 3 completed their 18-month commitment in April 2024 and is now in maintenance phase. For the three cohorts in maintenance phase, CoPs are offered three times a year. The calls ensure the eDECA is continuing to be used, any issues can be discussed, and overall support is provided to participants in the cohorts.

The Birth through Five Child Outcomes Summary (COS) Process Manual, developed to support service providers in understanding the state and federal reporting requirements, and importance of the three child outcomes is being updated and was not utilized this year during Child Outcomes Trainings.

The Michigan Early On Child Outcomes Summary (COS) Data Manual, developed as a resource for local service area data staff as they use MSDS to submit Part C entry and exit assessments is being updated and was not utilized this year during data webinars.

One of the process steps for local 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. Another factor leading to increased reporting rates are the child outcome data reports, developed in FFY 2020 by WSU. The child outcome data reports include a flow chart with aggregate data and child level data so that local service areas can identify and develop strategies to improve their matched entry and exit COS data.

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

WSU evaluates data related to the 19 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

According to pre and post-tests, providers gained greater knowledge of social emotional milestones, reported increased access to new social emotional resources and strategies and sharing of social emotional strategies with families increased.

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. The trainings are offered live and are recorded. State Continuing Education Clock Hours (SCECH's) are available. The five-part Pyramid Model Training series began January 17, 2024 and 131 service providers took part in the trainings. This modality will support sustainability as scale up continues.

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

The number of active users in the eDECA system is 772. There were 1,390 new children who received e-DECA assessments and 288 of those children had matched pre and post scores.

A T score is a standard score that describes the level of the child's rating in comparison to all other children rated by the same type of Rater (parent or teacher) in the standardization sample for the DECA. T scores of 40 or below are considered to be in the 'area of need'. T scores from 41-59 are in the 'typical' range. T scores 60 or above are in the 'strength' range.

Ten infants had matched pre and post-tests. Of this matched set, total protective factor scores changed from a T score of 49 to 57 showing a statistically significant improvement. Initiative scores improved from a T score of 48 to 58 also showing a statistically significant improvement. Attachment scores rose from an average T score of 49 to 55, an improvement but not significant.

For toddlers, 278 children had matched pre and post-tests. On average total protective factor scores improved from a T score of 42 to 45. Initiative scores improved from a T score of 42 to 46 and attachment scores rose from an average T score of 44 to 46. Self-regulation T scores rose from 42 to 44.

Eighty-five percent of all ratings were completed by parents or direct caregivers of children, 15% were completed by providers such as childcare providers.

The DECA and e-DECA support systems change by providing a sensitive assessment tool that detects delays in social emotional development. The individualized strategies and supports generated by the e-DECA system for children and families around social emotional development are in place to support families, providers, increase child outcomes and impact the SiMR. MiLEAP purchased a statewide license and enough assessment ratings for use within the local service areas which makes it sustainable without additional costs to local service areas.

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

In cohorts 3 and 4 respectively, 77.67% and 64% of Leads participated in CoP calls monthly.

The CoP calls for cohorts 1 and 2, and cohort 3 (in June in maintenance phase) were attended with 66% of the Leads present. Leads were able to connect with each other, share and discuss data, trouble shoot issues, and give ideas to improve the eDECA system. CoP calls support systems change by providing monthly check-ins, support, guidance, time for reflection, problem-solving, and reviewing data to make improvements in real time. CoP's are an infrastructure activity that has been ongoing since the inception of the SSIP work and contributes to making progress towards the SiMR.

Child Outcomes Trainings: Systems framework: Professional Development

Child Outcomes Trainings were held by Early On Training and Technical Assistance (EOT&TA). Nine trainings were offered and 309 people participated in the trainings. Although the Birth through Five COS Process Manual and the Michigan Early On CO) Data Manual were not shared, due to being updated, during the training; the training around the COS still took place.

Once both manuals are released, they will lead to more accurate child ratings and more accurate data collection. They are sustainable because they will be available electronically and used throughout the state.

Chase Reports and WSU Child Outcome Data Reports. Systems framework: Data
Outcomes achieved

As of 2023, child outcome reporting rates were considered in local determinations.

Supports across the system were in place to make the COS reporting rate and results clearer to local service areas. The COS reporting rate was added to the data profiles at www.earlyondata.com and WSU provided a child outcome data report to each local service area that included individual child information. The child level list allows local service areas the opportunity to identify system and provider issues that require attention. With these supports, it is possible to compare these two sources with the Student Information System(s) identified for each local service area, making it possible to identify and dive deeper into potential local service area and vendor issues.

The implementation of Chase Reports and the WSU child outcome data reports have supported the system by increasing the matched entry and exit COS ratings, which provides increased reliability, validity, and an increased quantity of data. Increased match entry and exit COS reporting rates support the SiMR because the data are more valid and 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.
Collaborate with WSU to evaluate data related to 19 social emotional questions in the Family Survey. Systems framework: Data?

Outcomes achieved

The 19 questions related to social emotional development continued to be incorporated into the Family Survey. WSU analyzed data, from the additional social emotional questions on the Family Survey, to identify trends and strategize about improvement activities as needed. The analysis of the SSIP items on social emotional development indicate that parents' knowledge and confidence in regard to social emotional development is highly correlated with their parent-child interactions. The family-centered practice measures are also statistically significantly correlated with the overall family outcomes on social emotional development. This correlation is especially strong between respondents' positive perception of service providers and social emotional development. When looking at the relationship between SSIP items and family impact items, the correlations are high and statistically significant. Statistically significant increases in agreement from 2023 to 2024 were seen on the item 'know about services in the community' with an increase of 1.52% and a significant decrease was seen on the item 'understand the roles of the people who work with my child and family' with a decrease of 1.35%.

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 for children. It impacts the SiMR and the theory of action because in order for child outcomes to improve, families will report feeling knowledge and confidence in regard to social emotional development, and positive perception and trust toward their service provider. 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.

A document titled: "Foundational Guidance for Parent/Caregiver-Child Interaction Observation (PCIO)" was created to support Early On service providers to strengthen their understanding of skills, implementation, and use of parent/caregiver-child observations when supporting critical early relationships of infants and young children with the adults who care for them. Parent/caregiver-child interaction includes back-and-forth exchanges, both verbal and non-verbal, between a child and a caring adult. Positive parent/caregiver-child exchanges contribute to children's overall well-being, and are the source of future health, development, and social well-being. Healthy parent/caregiver-child interaction occurs by establishing mutual emotional connections. As a result of the trusting relationships established between families/caregivers and Early On service providers, services can reduce social isolation, improve relational health, and potentially buffer early childhood adversity.

Outcomes achieved include developing the Parent/Caregiver-Child Interaction Observation document and providing training to the SSIP cohort members. The guidance document and training were evaluated as part of the PDSA cycle and the training will be scaled up in 2025.

As a companion to the PCIO guidance document, the MDHHS Consultant provided a two-part Parent Child Interaction Observation https://eotta.ccrea.org/Files/Uploads/New/4183/Final_Foundational_Guidance_Parent_Child_interacti.pdf training to SSIP cohort participants. Michigan's Early On program requires observation of parent/caregiver-child interaction as part of the initial evaluation and assessment process service providers use to gather additional information to develop the Individualized Family Service Plan (IFSP). The intent of the observational assessment is to understand the child's development within the context of his or her caregiving environment, during caretaking or play activities, as well as during other natural interactions.

Outcomes achieved were a better understanding of writing parent/caregiver-child interactions and documenting subjective observations which will lead to writing more functional social emotional outcomes on the IFSP.

A root cause analysis was conducted in March 2024 to investigate why, statewide, infants and toddlers in Early On are demonstrating less growth in the area of social and emotional development.

Short-term or intermediate outcomes achieved include:

As a result of including over 50 stakeholders in the root cause analysis, three key themes emerged, leading to the formation of dedicated workgroups focused on improving social emotional outcomes for infants and toddlers.

Families Workgroup: This group will concentrate on providing parents and caregivers with the training and support necessary to strengthen their relationships with their children and foster social emotional development.

Workforce Workgroup: This team aims to cultivate a skilled and supported workforce equipped to address social emotional development and mental health challenges faced by families.

State Level Activities Workgroup: This group will focus on statewide policies, data collection, and the effective use of social emotional data linked to Child Outcome Summary (COS) ratings.

The three workgroups began convening in the fall 2024 and will meet over several months, to develop a comprehensive workplan prioritizing recommendations and planning new activities designed to enhance social emotional outcomes. Outcomes achieved including completing a comprehensive root cause analysis with stakeholders and developing a framework for each workgroup to develop a workplan and suggestions for improving social emotional outcomes.

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

Typically, each fall, a new cohort of ISDs is selected to implement social emotional activities as part of the SSIP. However, this year, the decision has been made to pause the formation of a new cohort until the recommendations from the root cause analysis have been reviewed and considered. Once a new cohort is established, the insights and new activities will be integrated into their implementation.

Next steps for the Pyramid Model and PCIO Trainings include the MDHHS Mental Health Consultant, who will provide Pyramid Model Training (five-part series) and PCIO (2-part series) training to the 25 ISDs that have not yet participated in an SSIP cohort, as well as new and existing staff in the first four cohorts. These trainings will be offered in the spring and fall of 2025. Anticipated outcomes are 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 DECA and e-DECA include supporting service providers in the first 4 cohorts through CoP calls, monthly office hours and technical assistance as needed. Anticipated outcomes include 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 CoP calls include continuing to meet monthly with Cohort 4 coordinators/leads through May 2024. After May 2024, all four cohorts will be in the maintenance phase and meet three times a year. The root cause analysis findings will inform MiLEAP and MDHHS as to whether additional supports are needed to maintain the implemented SSIP activities.

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 child outcomes trainings are to continue providing training through the next year, utilizing the updated Birth through Five Child Outcomes Summary (COS) Process Manual and the Michigan Early On Child Outcomes Summary (COS) Data Manual.

A next step for evaluating the effectiveness of the 19 social emotional questions in the Family Survey include collaborating with WSU to analyze the data. Anticipated outcomes include families report receiving information and materials about social emotional development, leading to increased family outcomes.

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 an assessment tool to assist service providers in implementing effective social emotional relationship-based support for children and families based on individual assessment results. 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, individualized 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 modules 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) continued last year through four SSIP cohorts which included over 400 service providers from 31 local service areas (out of 56 statewide).

Participation in the cohorts included a 90-minute DECA assessment training and 30-minute 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.

Thirty-one of 56 local service areas are participating in Cohorts 1, 2, 3, and 4. Statewide SiMR data are collected from all local 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.

The fidelity checklist surveys include questions about SSIP activities, including Pyramid Model Trainings and coaching, the use and implementation of the e-DECA, and the use and implementation of the social emotional developmental wheels and the tip sheet that accompanies it. Fidelity checklist surveys are distributed three times a year in January, June, and October to coordinators/leads and service providers.

Cohort 1 reached fidelity in January 2022 and continued to implement SSIP activities consistently through 2023. When the survey results for 2024 were analyzed, the providers are still maintaining fidelity around completing the trainings, utilizing resources and strategies that promote social emotional development, and feeling knowledgeable and sharing information about social emotional development with families.

Cohort 2 reached fidelity in January 2023 and in 2024 they continued to implement SSIP activities to fidelity for completing all required trainings, and planning and implementation including:

Being knowledgeable and sharing information with families about social and emotional milestones.

Completing e-DECA assessments for the population of children and families.
Ensuring the e-DECA raters meet requirements.
Ensuring that each child has a minimum of two e-DECAs per year.
Utilizing resources and strategies that promote social emotional development for infants and toddlers.
Sharing e-DECA results with the family/rater
Implementing the practices highlighted in the social emotional developmental wheels Tip Sheet.
Sharing results with raters starting with the child's strengths
Feeling comfortable discussing the child's social emotional health with families

Cohort 3 reached fidelity in 2024 for the following areas:

Completing required trainings
Being knowledgeable and sharing information with families about social emotional milestones.
Completing e-DECA assessments for the population of children and families.
Ensuring the e-DECA raters meet requirements.
Utilizing resources and strategies that promote social emotional development for infants and toddlers.

For Cohort 4, the January fidelity checklist data were considered baseline data. Many of the responses were 'not yet' or 'in progress' since the initial survey was completed prior to the trainings taking place. The June fidelity data showed they have taken the required trainings and are making progress, but not quite to fidelity on implementation practices around assessment, sharing results, or planning and implementation. The CoP calls moving forward included more time for discussing the objectives and background history of the SSIP, reviewing and sharing the theory of action, walking through the data on earlyondata.com and taking time during each CoP to show how to run reports in the e-DECA system. The coordinators/leads in the first three cohorts participate in CoP calls three times a year, whereas the cohort 4 coordinators/leads participate monthly. SSIP office hours are monthly and provided to all coordinators/leads/providers of each cohort. State lead staff are available for technical assistance as requested.

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 was compiled from the 20 respondents who took the Pyramid Model Trainings and completed a matched pre and post-test, on a 1-7 scale, with 7 being strongly agree.

Significant pre-to-post changes were noted around:

Knowledge of the Pyramid Model framework, increasing from 4.78 to 6.15
Improvement in their access to new social emotional strategies after the training, increasing from 5.65 to 6.20
Using Pyramid Model strategies in their day-to-day work, increasing from 4.35 to 5.95
Understanding of how the Pyramid Model can enhance practices, respondents reporting a change in agreement from 4.60 to 6.20
Participants report feeling comfortable working with families around their child's social emotional health increased from 6.10 to 6.25
Participants shared through open ended responses that they are using more schedules and routines, building stronger parent relationships, working on social skills, improving observation of social emotional health and ensuring they support a healthy mental health climate for infants and toddlers.

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

The implementation of evidence-based practices (EBPs) will evolve for the upcoming year.

Next steps for the Pyramid Model Training include the MDHHS Mental Health Consultant will provide Pyramid Model Trainings offered twice throughout the year (spring and fall of 2025) which will consist of five, 75-minute modules. These modules will be available in both live virtual sessions and as recorded content on the website, ensuring flexibility for participants. The primary audience are providers in the 31 remaining service areas who have not yet participated in an SSIP cohort. New staff from the four existing cohorts are welcome to attend the trainings as well as any staff who would like a refresher.

Participants will be able to earn state continuing education clock hours (SCECHs) for completing the Pyramid Model Training Modules.

A suggestion from a previous cohort is being implemented. Service areas will now receive the necessary Pyramid Model Training before joining the SSIP cohort. This approach will allow providers to complete the training in advance, enabling them to apply the knowledge immediately once they start participating in the cohort. These changes aim to streamline the training process, making it easier for providers to integrate the Pyramid Model into their practice and ensuring that they are well-prepared when they join a cohort.

Anticipated outcomes are providers across the state have been trained in the Pyramid Model and have gained a foundational knowledge of social emotional development. This will support providers feeling more competent and confident, prior to implementing social emotional strategies with families.

Next steps for the e-DECA include providing training and technical assistance to current coordinators and providers in cohorts 1, 2, 3 and 4. This could occur on demand when a question or issue arises, and during the CoP calls, held three times a year. The State SSIP staff also host meetings with individual service areas to answer questions and tackle any pain points they are experiencing.

For coordinators/leads in cohort 4, monthly CoP calls will continue through May 2025. During those calls, time is spent:

Showing how to run reports in the e-DECA system so providers can analyze their data, how to enter new staff and children, how to do assessments with children, how to access the strategies for individual children, how to send emails to families; and troubleshooting any issues brought to the state SSIP leads.

Anticipated outcomes include coordinators/leads in the SSIP cohort sites are comfortable using the eDECA system to assess children's social emotional development, suggesting strategies for improvement, and running reports to analyze data.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

NO

If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.

The State Systemic Improvement Plan (SSIP) aims to enhance social emotional outcomes for infants and toddlers participating in Early On. Since its launch in 2015, numerous initiatives have been implemented to achieve this goal. However, recent data indicates a decline in child outcomes following the pandemic. In response, SSIP leaders conducted a comprehensive root cause analysis in March 2024 to investigate why, statewide, infants and toddlers in Early On are demonstrating less growth in the area of social and emotional development.

Approximately 50 stakeholders, including Early On coordinators and service providers from Intermediate School Districts (ISDs) involved in the first three cohorts, MiLEAP administrators and staff, a MDHHS mental health consultant, and EOT&TA personnel from the Office of Innovative Projects at CCRESA participated in the root cause analysis. Three key themes emerged from this collaboration, leading to the formation of dedicated workgroups focused on improving social emotional outcomes for infants and toddlers.

Families Workgroup: This group will concentrate on providing parents and caregivers with the training and support necessary to strengthen their relationships with their children and foster social emotional development.

Workforce Workgroup: This team aims to cultivate a skilled and supported workforce equipped to address social emotional development and mental health challenges faced by families.

State Level Activities Workgroup: This group will focus on statewide policies, data collection, and the effective use of social emotional data linked to Child Outcome Summary (COS) ratings.

These workgroups began convening in the fall 2024 and will meet over several months, to develop a comprehensive workplan prioritizing recommendations and planning new activities designed to enhance social emotional outcomes.

Typically, each fall, a new cohort of ISDs is selected to implement social emotional activities as part of the SSIP. However, this year, the decision has been made to pause the formation of a new cohort until the recommendations from the root cause analysis have been fully considered. Once a new cohort is established, the insights and new activities will be integrated into their implementation.

The MDHHS Mental Health Consultant will provide Pyramid Model Training and Parent-Child Interaction Observation (PCIO) training to the 25 service areas that have not yet participated in a SSIP cohort. These trainings will be offered in the spring and fall of 2025.

Additionally, support for the 31 service areas that have previously participated in SSIP cohorts will continue, featuring monthly CoP calls with cohort 4 leads, as well as three annual CoPs for cohorts 1, 2, and 3. Monthly office hours will be available for all participants, and individualized as well as targeted technical assistance will be provided to coordinators/leads and service providers as needed.

Section C: Stakeholder Engagement

Description of Stakeholder Input

Michigan has multiple mechanisms for broad stakeholder engagement, which include existing boards, standing committees, workgroups and ad hoc committees. The Michigan Interagency Coordinating Council (MICC) meets four times a year. The MICC membership consists of parents, service providers, Head Start, higher education/personnel preparation, a developmental pediatrician, the Director designees from the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP), the Michigan Department of Health and Human Services (MDHHS), the Department of Insurance & Financial Services, the Office of the Coordinator of Education for Homeless Children & Youth (MDE), and a representative from the tribal government and the Michigan legislature. Each November, the MICC reviews, discusses, and approves data for SPP/APR submission.

The MICC receives presentations from the Part C Data Manager responsible for data in the Michigan Student Data System (MSDS), and Wayne State University (WSU), Qualitative Compliance Information Project (QCIP) responsible for child & family outcome data. During the interactive presentations, discussions take place, and members learn how to find data on www.earlyondata.com, interpret trends, and share with their Local Interagency Coordinating Councils (LICCs).

The MICC Staff Liaison ensures members are supported and able to participate fully at meetings, which are held in person with a virtual option. Materials are sent out prior to the meeting so members are aware of action items on the agenda, updates, and presentations. The draft minutes and quick notes are sent out within two weeks following the MICC meeting and are approved at the next meeting. Between meetings, two standing committees convene: the MICC Executive Committee and the Parent Involvement Committee (PIC). As the need for ad hoc committees arise, they are created for a specific charge and are time-bound. The MICC Staff Liaison provides staffing, mentoring and information sharing during meetings, and acts as the go-to-person for all questions; however, the committees are chaired by an MICC member.

In November 2023 MICC members voted to form a Target Resetting Ad Hoc Committee, charged with reviewing and recommending more rigorous targets for family outcomes, SPP/APR Indicator 4. The recommendation was made to the MICC in May 2024 and increased targets are in place through FFY 2025. In September 2024, the MICC tasked an ad hoc committee with revising the MICC and Early On mission & vision statements to incorporate a focus on access for all families. Once this work is completed, the bylaws will also be updated to reflect the same commitment.

Membership on the PIC includes five Governor appointed parent members and two parent alternates of the MICC, the Part C representative from Michigan Alliance for Families (MAF)/Parent Training and Information Center (PTI), a member from MDHHS, the MICC Staff Liaison, & an MiLEAP Part C Consultant. The PIC meets every 6 weeks. The PIC is pivotal in reviewing the family outcome data from the annual Part C family survey. In 2022, they shared their personal stories pertaining to receiving the family survey and gave suggestions for improving the response rate. One of their suggestions was to increase the size and add color to the Early On logo on the mailed envelope, so families know the survey was related to Early On. Since the survey is conducted by WSU on MiLEAP's behalf, parents shared that they didn't realize the survey was related to Early On & the survey was thrown in the trash. They also developed a flyer that was circulated statewide to let service providers and families know when the survey was coming and why it's important to complete the survey. They also suggested sending families a direct email with the family survey, which was incorporated this year. As a result of the recommendations by the parents, Michigan's survey response rate increased again this year.

Prior to each MICC meeting, the PIC previews the agenda, so they are prepared to be active participants in the meeting. The MICC Staff Liaison walks through each agenda item, ensuring that all members have a good understanding of what will be discussed. The process for how to make a motion under Roberts Rules of Order is also reviewed to build confidence in meeting participation skills.

The parent members of the PIC are representative of families served throughout the State including rural, urban, and suburban locations and offer a variety of perspectives. When selecting 2 parent alternates, the PIC ensured different perspectives were considered. They are also involved in leadership roles within their local communities, such as LICC's, which provides a two-way communication channel for information to flow.

The PIC participated in the Early On Rebranding Campaign. The parent members gave their input, particularly around suggesting photos that represent a variety of family structures, as well as considering photos of children with invisible disabilities. They also participated in a survey to select the new Early On tagline.

The State Systemic Improvement Plan (SSIP) aims to enhance social emotional outcomes for infants and toddlers participating in Early On. Since its launch in 2015, numerous initiatives have been implemented to achieve this goal. However, recent data indicates a decline in child outcomes following the pandemic. In response, SSIP leaders conducted a comprehensive root cause analysis in March 2024 to investigate why, statewide, infants and toddlers in Early On are demonstrating less growth in the area of social emotional development.

Approximately 50 stakeholders, including Early On Coordinators and service providers from Intermediate School Districts (ISDs) involved in the first three cohorts, MiLEAP administrators and staff, an MDHHS mental health consultant, and Clinton County Regional Educational Service Agency (CCRESA) personnel participated in the root cause analysis. Key themes emerged from this collaboration, leading to the formation of three workgroups which include families, workforce, and state level activities. The workgroups will make recommendations on improving social emotional outcomes for infants and toddlers.

Wayne State University, in collaboration with Clinton County RESA's Office of Innovative Projects, conducted a comprehensive study to examine family access and engagement in Early On Part C services. The primary aim of this research was to identify gaps, strengths, and barriers related to family awareness, access, and engagement with the Early On system, ultimately leading to the development of actionable plans and strategies to enhance local efforts in closing gaps. A Core Planning Group, consisting of 23 stakeholders advised WSU each step of the way and met throughout the span of the grant from 2022-2024. Additionally, in 2023, 11 interviews with parents contributed to a survey which was designed to explore demographic differences in families' experiences throughout the Early On process, particularly among those who were referred but chose not to participate or withdrew within six months of service. The data analysis revealed a variety of gaps in services related to initial IFSP meetings, frequency and duration of services, perceived helpfulness of service providers, and family and child outcomes. The overarching goal is to ensure that all Michigan families with infants and toddlers potentially eligible for Early On have access to high-quality early intervention services, as reflected in their participation and retention rates, the quality of services received, and performance on federal outcome measures. Statewide strategies and an action plan have been developed and continue to be enhanced based on feedback from the Early On Conference participants, the MICC, and service providers across the state.

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

The State Systemic Improvement Plan (SSIP) aims to enhance social emotional outcomes for infants and toddlers participating in Early On. Since its launch in 2015, numerous initiatives have been implemented to achieve this goal. Feedback from CoP participants has resulted in action being taken to implement changes such as the creation of guidance documents and checklists to support the use of the eDECA. Sharing data from CoP sites that demonstrates the use of eDECA strategies have had a positive impact on the social emotional development of children has created momentum and excitement amongst providers. However, recent data indicates a decline in statewide child outcomes following the pandemic. In response, SSIP leaders conducted a comprehensive root cause analysis in March 2024 to investigate why, statewide, infants and toddlers in Early On are demonstrating less growth in the area of social and emotional development. To address this, approximately 50 stakeholders, including Early On Coordinators and service providers from Intermediate School Districts (ISDs) involved in the first three cohorts, MiLEAP administrators and staff, an MDHHS mental health consultant, and Clinton County Regional Educational Service Agency (CCRESA) personnel participated in a root cause analysis.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

During a CoP meeting, a need was expressed for support in developing social emotional IFSP outcomes. The state leads brought in a trainer from Early On Training and Technical Assistance to provide training during a CoP meeting. In subsequent CoP meetings, the state leads revisited this topic and provided additional guidance and a PowerPoint slide deck to 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.

n/a

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

n/a

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

n/a

Provide additional information about this indicator (optional).

n/a

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State lead agency's exercise of its general supervision responsibility to monitor its Early Intervention Service (EIS) Providers and EIS Programs for requirements under Part C of the Individuals with Disabilities Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1416(a) and 1435(a)(10); 34 C.F.R. §§ 303.120 and 303.700). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

Percent = [(b) divided by (a)] times 100

States are required to complete the General Supervision Data Table within the online reporting tool.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States are required to report on the correction of noncompliance related to compliance indicators 1, 7, 8a, 8b, and 8c based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 12, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (2, 3, 4, 5, 6, 9, 10, and 11), fiscal and other areas.

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	92.98%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

Indicator 1. 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)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
8	6	8	4	2

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 1 due to various factors (e.g., additional findings related to other IDEA requirements).

The eight findings noted above as reported in the Indicator 1 section of this report are based on a review of data collected within the state database from all local service areas and reported in the SPP/APR. The six additional findings reported in this table resulted from General Supervision Monitoring of related requirements to indicator 1 conducted within a subset of local service areas.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

For each of the eight findings noted above as reported in the Indicator 1 section of this report, MiLEAP reviewed the most recent data submitted to MSDS to determine whether each local service area had achieved 100% compliance. All records reviewed in each local service area were found to be in compliance resulting in a 100% compliance level. Additional information regarding verification of correction of these findings is included in the Indicator 1 section of this report.

For each of the six additional findings reported in this table, verification of correction included a record review specific to the related requirement specified in the finding. The record reviews examined a random sample of recent records. The record reviews reflected 100% compliance for the specified issue in four of the six findings. These four findings were closed within one year of the date of issue. The record reviews reflected less than 100% compliance with the issue specified in two of the findings. These two findings were not able to be closed within the one-year timeline.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

For each of the findings reported in this table, the local service area was required to provide the missed entitlement for each impacted child/family and provide documentation of correction to the state for each individual case as verification of correction. If the correction could not be completed for any individual case, the local service area was required to provide documentation of attempts made to provide correction, documentation that the parent declined, or documentation that the child was no longer under the jurisdiction of the local service area.

Indicator 7. Percent of eligible infants and toddlers with IFSPs for whom initial evaluation, initial assessment, and the initial IFSP meeting were conducted within Part C’s 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
9	9	9	7	2

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 7 due to various factors (e.g., additional findings related to other IDEA requirements).

The nine findings noted above as reported in the Indicator 7 section of this report are based on a review of data collected within the state database from all local service areas and reported in the SPP/APR. The nine additional findings reported in this table resulted from General Supervision Monitoring of related requirements to indicator 7 conducted within a subset of local service areas.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

For each of the nine findings noted above as reported in the Indicator 7 section of this report, MiLEAP reviewed the most recent data submitted to MSDS to determine whether each local service area had achieved 100% compliance. All records reviewed in each local service area were found to be in compliance resulting in a 100% compliance level. Additional information regarding verification of correction of these findings is included in the Indicator 7 section of this report.

For each of the nine additional findings reported in this table, verification of correction included a record review specific to the related requirement specified in the finding. The record reviews examined a random sample of recent records. The record reviews reflected 100% compliance for the specified issue in seven of the nine findings. These seven findings were closed within one year of the date of issue. The record reviews reflected less than 100% compliance with the issue specified in two of the findings. These two findings were not able to be closed within the one-year timeline.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

For each of the findings reported in this table, the local service area was required to provide the missed entitlement for each impacted child/family and provide documentation of correction to the state for each individual case as verification of correction. If the correction could not be completed for any individual case, the local service area was required to provide documentation of attempts made to provide correction, documentation that the parent declined, or documentation that the child was no longer under the jurisdiction of the local service area.

Indicator 8A. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday. (20 U.S.C. 1416(a)(3)(B) and 1442).

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
13	0	13	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8A due to various factors (e.g., additional findings related to other IDEA requirements).

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

For each of the 13 findings noted above as reported in the Indicator 8A section of this report, MiLEAP reviewed the most recent data submitted to MSDS to determine whether each local service area had achieved 100% compliance. All records reviewed in each local service area were found to be in compliance resulting in a 100% compliance level. Additional information regarding verification of correction of these findings is included in the Indicator 8A section of this report.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

For each of the findings reported in this table, the local service area was required to provide the missed entitlement for each impacted child/family and provide documentation of correction to the state for each individual case as verification of correction. If the correction could not be completed for any individual case, the local service area was required to provide documentation of attempts made to provide correction, documentation that the parent declined, or documentation that the child was no longer under the jurisdiction of the local service area.

Indicator 8B. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

B. Notified (consistent with any opt-out policy) the SEA and LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8B due to various factors (e.g., additional findings related to other IDEA requirements).

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

N/A

Indicator 8C. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:
 C. Conducted the transition conference held with the approval of the family at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
12	0	12	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8C due to various factors (e.g., additional findings related to other IDEA requirements).

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

For each of the 12 findings noted above as reported in the Indicator 8C section of this report, MiLEAP reviewed the most recent data submitted to MSDS to determine whether each local service area had achieved 100% compliance. All records reviewed in each local service area were found to be in compliance resulting in a 100% compliance level. Additional information regarding verification of correction of these findings is included in the Indicator 8C section of this report.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

For each of the findings reported in this table, the local service area was required to provide the missed entitlement for each impacted child/family and provide documentation of correction to the state for each individual case as verification of correction. If the correction could not be completed for any individual case, the local service area was required to provide documentation of attempts made to provide correction, documentation that the parent declined, or documentation that the child was no longer under the jurisdiction of the local service area.

Optional for FFY 2023, 2024, and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected

Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

Total for All Noncompliance Identified (Indicators 1, 7, 8A, 8B, 8C, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
42	15	42	11	4

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
53	57		100%	92.98%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	7.02%
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Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	57
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	53
3. Number of findings <u>not</u> verified as corrected within one year	4

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	4
5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C	0
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 1	2
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 7	2
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8A	0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8B	0
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8C	0
6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Other Areas - <u>All other findings</u>	
7. Number of findings <u>not</u> yet verified as corrected	0

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

For the four findings that were not corrected within one year of issuance, two of the findings were for related requirements of Indicator 1, and two of the findings were for related requirements of Indicator 7. The local service area was required to meet regularly with the state education consultants and technical assistance provider to provide updates on progress and plan next steps to address the noncompliance. The local service area was required to update the corrective action plan to include additional activities for addressing the noncompliance. When the local service area indicated compliance had been achieved, the local service area requested MiLEAP verification of correction. For each of the four findings, verification of correction included a record review specific to the related requirement specified in the finding. The record reviews examined a random sample of recent records. The record reviews reflected 100% compliance for the specified issues.

12 - OSEP Response

The State has established the baseline for this indicator, using data from FFY 2023, and OSEP accepts that baseline.

12 - 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

Designated by the Lead Agency Director to Certify

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

Name:

Sophia Lafayette-Lause

Title:

Director of Early Learning and Family Supports, Office of Early Education, Michigan Department of Lifelong Education Advancement and Potential

Email:

LafayetteLauseS@michigan.gov

Phone:

517-582-3505

Submitted on:

04/15/25 2:55:43 PM

Determination Enclosures

Data Rubric

Michigan

FFY 2023 APR (1)

Part C Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	1	1
10	1	1
11	1	1
12	1	1

APR Score Calculation

Subtotal	14
Timely Submission Points - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	19

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 7/31/24	1	1	1	3
Exiting Due Date: 2/19/25	1	1	1	3
Dispute Resolution Due Date: 11/13/24	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

A. APR Grand Total	19
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	38.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	38.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2.11111111 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.11111111.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement and are consistent with previous indicator data (unless explained).

Part C 618 Data

1) Timely – A State will receive one point if it submits all ED*Facts* files or the entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

618 Data Collection	ED <i>Facts</i> Files/ EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	7/31/2024
Part C Exiting	FS901	2/19/2025
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/13/2024

2) Complete Data – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part C

Michigan

Year 2023-24

A zero count should be used when there were no events or occurrences to report in the specific category for the given reporting period. Check "Missing" if the state did not collect or could not report a count for the specific category. Please provide an explanation for the missing data in the comment box at the top of the page.

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	1
(1.1) Complaints with reports issued.	0
(1.1) (a) Reports with findings of noncompliance.	0
(1.1) (b) Reports within timelines.	0
(1.1) (c) Reports within extended timelines.	0
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	1

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	4
(2.1) Mediations held.	1
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held not related to due process complaints.	1
(2.1) (b) (i) Mediation agreements not related to due process complaints.	1
(2.2) Mediations pending.	0
(2.3) Mediations not held.	3

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	0
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTB
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	0
(3.1) (a) Written settlement agreements reached through resolution meetings.	0
(3.2) Hearings fully adjudicated.	0
(3.2) (a) Decisions within timeline.	0
(3.2) (b) Decisions within extended timeline.	0
(3.3) Hearings pending.	0
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	0

State Comments:

This report shows the most recent data that was entered by:
Michigan

These data were extracted on the close date:
11/13/2024