

State Performance Plan / Annual Performance Report: Part C

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

For reporting on
FFY 2022
Michigan



PART C DUE
February 1, 2024

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The state of Michigan is pleased to submit its annual report on progress for children with IFSPs and their families. This report represents a joint submission between the Michigan Department of Education (MDE), the current lead agency for Part C, and the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP). Michigan is currently working with Office of Special Education Programs (OSEP) to name MiLEAP the Part C lead agency per Governor Whitmer's Executive Order 2023-06. The data reflected in this report are from FFY2022 (the 2022-2023 program year) when the state lead agency was the MDE.

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 invest has steadily increased over time. Currently, Early On Part C receives approximately twenty-two million in state funding.

The MDE 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 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 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 the MDE to collect and analyze program data, as well as implement improvement activities to improve outcomes.

Data are submitted to the Michigan Student Data System (MSDS) by local service areas, which are then analyzed by the Part C data manager. Data are also collected and analyzed by Wayne State University.

Summary of Indicator data included in this report: Compliance indicators 1, 7, 8a, and 8c were just under the target of 100%. Indicators 1, 7, and 8c improved from the last reporting year, while indicator 8a demonstrated a slight decrease from last year with no slippage. Results indicators 2, 4, 5, and 6 all met targets. Indicator 3 did not meet targets for Summary Statements 1 or 2. For A, B, C Summary Statements 2, each resulted in some slippage, most likely due to lasting impacts from COVID-19. For indicator 9 there were no requests for due process hearings, thus, no resolution sessions either. Indicator 9 demonstrated no change from the previous year. There were two mediation requests in FFY 2022. One mediation session was held which resulted in an agreement. Since the State did not meet the threshold of holding ten mediations for establishing baseline and targets, no targets or baselines were established. Detailed information is provided per each indicator in this report.

In Michigan, IDEA Parts B and C work together to improve and utilize Catamaran, which is our comprehensive online monitoring/accountability system. 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. In FFY 2022, the MDE partnered with Public Sector Consultants (PSC) to create an additional section to the Part C general supervision monitoring module specific to the implementation of services written in the Individualized Family Service Plan (IFSP).

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 and can be downloaded at www.michigan.gov/earlyon.

Additional information related to data collection and reporting

Residual effects from COVID-19 continued to impact Michigan's data throughout FFY 2022, creating challenges for both families and providers. Intermittent restrictions put in place by local health departments and high rates of infection in the state of Michigan contributed to periodic challenges, such as access to families and children and delays to the early identification of eligible children. 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).

Lasting impacts from COVID-19 include but are not limited to:

- Families unable to or uncomfortable with opening their homes to in-person services due to health of child or family members.
- Families or providers lacking needed technology.
- Communities with infrastructure issues such as lack of internet service.
- Workforce shortages.
- Increased number of children identified for early intervention services.
- An increased number of children with more significant delays due to having been isolated from peer interactions.
- Late identification of delays due to reduced interactions with primary referral sources.

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

- Guidance was available to local service areas on coding of data related to exceptional family circumstances for delays.
- State guidance on COVID-19 related topics remained available to providers and the public. (MDE COVID-19 website).
- Community of Practice (CoP) meetings were held by EOT&TA to provide opportunities for local administrators to problem-solve with each other and with state technical assistance specialists.
- Technical assistance specialists attended national technical assistance offerings and gathered resources. Information and resources continued to be used to support local service areas.
- Resources were posted on EOT&TA's website to provide continuous access.
- SSIP activities supported cohorts of ISDs in addressing social emotional needs of infants and toddlers, including those that may have resulted from COVID-19 isolation.

ARPA funds supported local service areas in their ability to:

- support families and providers with technology
- support child find efforts at the local level to find and identify children, especially children with more significant delays due to COVID-19 isolation.

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).

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

MDE was the lead agency for the implementation of Part C of IDEA during FFY 2022. Part C of IDEA is known as Early On in Michigan. There are 56 ISDs across the state which serve as local lead agencies responsible for the administration of Early On. These 56 ISDs serve as local service areas. Each local service area is required to have an LICC to serve in an advisory capacity, patterned after the MICC requiring representative stakeholders as well as parent membership.

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

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

Michigan evaluates the performance of each local early intervention system, using the SPP/APR indicators and their targets. All ISDs are monitored annually for indicators 1, 7, and 8 via data pulls. If areas of noncompliance are identified, the state issues a finding of noncompliance to the ISD. In assessing the performance of local service areas, the state monitors data collected through onsite or virtual focused monitoring activities, data reviews, child record reviews, and other activities. If noncompliance is identified, a finding is issued through Catamaran. A finding is a dated, written notification that includes the citation of the statute, rule or regulation, and a description of the data supporting the state's conclusion that there is noncompliance. A finding may have two levels of correction. Child level correction 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 system level correction for which the ISD is issued a finding and corrective action for systemic or district-level noncompliance for practices/procedures that are noncompliant with statute, rule or regulation which must be corrected as soon as possible, but in no case later than one year.

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

For all child-level noncompliance and/or related requirements, citations are provided to the local service area through a child-level corrective action form in Catamaran. The state verifies child-level correction of noncompliance by reviewing individual child records using the same indicator-specific checklist noted earlier. This review certifies that specific missing components that caused noncompliance has been provided to that child and/or family. General program monitoring of ISDs is completed on a cyclical schedule so all 56 ISDs will be monitored over a 6-year period. To determine which ISDs will be monitored and when, various risk factors are considered. These risk factors include, but are not limited to fiscal risks, compliance rates, results or outcomes, ongoing or uncorrected noncompliance, complaints or credible concerns brought to the attention of MDE, and length of time since the previous monitoring visit.

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

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

Due process hearings in Michigan are processed in a single-tier system 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 and state regulations, and all relevant legal interpretations. Requests for a due process hearing are filed with MDE OSE, who submits the request to MOAHR for processing.

Policies and procedures are in place to provide guidance to the field. The Michigan State Plan for Part C of IDEA provides a general overview of the federal requirements. The State Plan, additional guidance, and implementation can be found on the Early On (www.michigan.gov/earlyon), and Early On Training and Technical Assistance (www.eotta.ccesa.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 early intervention service (EIS) programs.

Training and technical assistance (TA) is provided by a statewide contractor, Clinton County Regional Educational Service Agency (CCRESA), Office of Innovative Projects (OIP), Early On Training and Technical Assistance (EOT&TA), as a component of the comprehensive system of personnel/professional development. Staff of EOT&TA participate in numerous national initiatives and activities to stay abreast of current 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. Three 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 are effectively providing services that improve results for infants and toddlers with disabilities and their families.

The Michigan Department of Education 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 infant and toddlers with disabilities and their families. EOT&TA supports personnel in the 56 service areas 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 local service areas 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, five-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 to engage broad stakeholders, which include the Michigan Interagency Coordinating Council (MICC), the Parent Involvement Committee (PIC), and the State Systemic Improvement Plan (SSIP) cohort members.

The MICC meets four times a year. The MICC membership consists of parents, service providers, the Michigan legislature, Head Start, higher education/personnel preparation, a developmental pediatrician, a representative from tribal government, and the Director designees from the Michigan Department of Education (MDE), the Michigan Department of Health and Human Services (MDHHS), Department of Insurance and Financial Services, and the Office of the Coordinator of Education for Homeless Children and Youth within MDE. Each November, the MICC reviews, discusses, and approves data for APR submission.

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

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. In between meetings, two standing committees convene: the MICC Executive Committee and the 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.

During MICC meetings, needs arise for ad hoc committees. Last year, MICC members voted to form and participate in the Determinations Ad Hoc Committee. They made recommendations to MDE around including the child outcomes reporting rates for local determinations, which contributed to a substantial increase in the reporting rate this year. During the November 9, 2023, MICC meeting, a Target Resetting Ad Hoc Committee was formed and will review and consider more vigorous targets for family outcomes, SPP/APR Indicator 4.

Membership on the PIC includes the 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), the MICC Staff Liaison, and an MDE Part C Consultant. The PIC meets every six weeks. The PIC is pivotal in reviewing the family outcome data from the annual Part C family survey. Last year, 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 envelope, so families know the survey was related to Early On. Since the survey is conducted by Wayne State University, on MDE's behalf, parents shared that they didn't realize the survey was related to Early On and 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 participate in it. They also suggested sending families a direct email with the family survey, which is a strategy that will be incorporated this coming year. As a result of the recommendations by the parents, Michigan's survey response rate increased this year.

Prior to each MICC meeting, the PIC reviews the MICC agenda. The MICC Staff Liaison walks them through each item, ensuring that all members have a good understanding of what will be discussed. They also review the process for how to make a motion under Roberts Rules of Order to build confidence in their meeting participation skills.

The parent members of the PIC are a diverse group of representatives, both in terms of race/ethnicity and geographic location. When selecting two parent alternates, the PIC ensured diversity was 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 a focus group with Gud Marketing as part of the Early On Rebranding Campaign. The parent members gave their input, particularly around suggesting photos that represent diverse family structures, as well as considering photos of children with invisible disabilities.

The SSIP focuses on improving social emotional outcomes for infants, toddlers, and their families. Since 2015, Michigan Part C has been working with Intermediate School Districts (ISDs) through cohorts around the state. One piece of the SSIP work is having Community of Practice (CoP) calls for cohort coordinators/leads which are provided monthly by MDE 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 MDE and MDHHS related to continuous improvement ideas and strategies.

Currently, 32 of the 56 ISDs have committed to participating in the SSIP cohort work. This geographically diverse group of stakeholders give excellent advice to the state team about what is and isn't working well. Some improvements they have suggested include compiling individual local service area data with data points such as fidelity checklist survey data, child outcomes data, family outcomes data, and electronic Deveraux Early Childhood Assessment (eDECA) data. In addition, a recommendation was made to make some improvements to the eDECA system. State staff organized a meeting with the software developers at Deveraux and invited local coordinators to join the call. A list containing nine suggestions was shared, and Deveraux is working to integrate the updates to the system. Since the coordinators and providers are using the eDECA system regularly, they are key stakeholders with the knowledge of what is working and what improvements to the system would be helpful.

Service providers in the SSIP cohorts provided feedback that they are feeling overwhelmed and stressed due to COVID-19 and because many providers left the profession, there are fewer staff to meet the needs of children and families. As a result of this feedback, MDE worked with CCRESA/OIP to offer State Continuing Education Clock Hours (SCECHs) in 2023 for the Pyramid Model Trainings required of SSIP participants. SCECHs will continue to be offered in 2024. This helped mitigate the providers' feelings of being overwhelmed, because the trainings satisfy a requirement to obtain SCECHs which is an incentive to participate in the SSIP work. Plans are being made to include continuing education hours through MiRegistry for next year, which was also a suggestion from cohort members.

As part of the Diversity, Equity, and Inclusion (DEI) study funded with ARPA funds, feedback was provided by families who engaged in Early On as well as those who chose not to participate in Early On to help inform system strengths and areas for improvement. In addition, the Core Planning Group for this study provided insights and perceptions from a variety of diverse viewpoints. This study is still in process and the feedback gained will help inform our practices moving forward.

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

YES

Number of Parent Members:

7

Parent Members Engagement:

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

Parent members from the MICC, MAF/PTI, and the PIC were engaged in target setting in 2021 when all SPP/APR results indicator targets were reset as part of the Data Ad Hoc Committee. The group was led by the Part C Data manager and Wayne State University, who walked the committee through data analysis including trend data for all the results indicators. The group also considered current improvement strategies as well as new ideas to implement in hopes of meeting the targets. The Data Ad Hoc Committee started meeting in February 2020 and completed their charge in September 2021, where recommendations were shared with the MICC.

In past years, Michigan has used the Rasch analysis to report data on Indicator 4, Family Outcomes. 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 MICC. Beginning in 2024, a Target Resetting Ad Hoc Committee will convene to review and consider more rigorous targets for family outcomes, SPP/APR Indicator 4. MICC members, MAF/PTI parent members, service providers, local Part C Coordinators, the Part C Data manager, staff from Wayne State University-QCIP, and state staff will meet and begin the work of analyzing data and recommending new targets. While considering new targets, discussion will include looking at current improvement strategies and potential new improvement strategies.

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 will be 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 will be compensated for their time and efforts in the same 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.
- Family diversity is respected. Parents with many diverse perspectives and experiences should be welcomed to share their ideas and input. When

recruiting parents to participate, their diversity is honored and pursued. When compensating or reimbursing parents for their participation, diversity in needs should be recognized and responded to in an individualized and creative manner.

By supporting parents with stipends, reimbursement for childcare, 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 MDE and provides numerous resources and trainings to parents.

- MAF developed a calendar of all trainings and events for 2022-23. The trainings and events help to increase knowledge and capacity of families across the state.
- In spring 2023, MAF/PTI hosted a Building Parent Leadership in Early Childhood Series. The four-part series was designed to help parents understand the important role they have in positions of leadership.
- The PIC worked closely with MAF to develop a form, Parent Exploring Opportunities Form, to be used by parents to help them organize their thoughts and goals, when deciding to join a board or committee.
- MAF hosted a conference for parents in June 2023, using ARPA funds. The conference focused on educating and empowering parents on the importance of diversity and building an inclusive life. The MICC parents were part of a panel discussion during the conference.

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.

Wayne State University, MDE's partner in the development and analysis of the family outcomes survey, has worked tirelessly to ensure a diverse 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. Parents are trained to become guest speakers in college classrooms to share their personal experiences while in 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. Since the MICC meetings are public, 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). There were opportunities for public comment at each MICC meeting. Data and trends relative to SPP/APR targets are discussed annually with the MICC. We also solicited input from the MICC relative to adding results indicators to our determinations for ISDs. Their input was critical in deciding to add child outcomes data completeness to our local service area determination calculations.

We also held four regional System Update events in the Spring of 2023 with all the local Early On Coordinators across the state. Here we did a deeper dive into how to use earlyondata.com to analyze data, discussed how determinations are calculated with the addition of child outcomes completeness data and sought input as to which results indicators should be added in the future, and provided opportunities for local service area personnel to share strategies they found effective in increasing child outcomes data completeness.

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.

Since the MICC meetings are public, the meeting minutes and quick notes were and are posted on the MICC website. In addition, the quick notes were and 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 determination calculations for local service areas is reflected in the November 3, 2022 MICC minutes. The recommendation was to include child outcomes completeness data in the local service area determinations weighted at 30% results and 70% compliance. In addition, the MICC recommendation regarding local service area determinations was shared with local service areas at the Spring 2023 System updates.

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), etc

Reporting to the Public:

How and where the State reported to the public on the FFY 2021 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 2021 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 2021 APR in 2023, is available.

Public reporting of local service area performance

The FFY 2021 public report on the performance of each local service area for each of the required indicators was posted May 2023 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

MDE publicly communicated the State's determination as follows:

- Press release -July 2023
- 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) – July 18, 2023

Intro - Prior FFY Required Actions

The State's IDEA Part C determination for both 2022 and 2023 is Needs Assistance. In the State's 2023 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2022 SPP/APR submission, due February 1, 2024, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Response to actions required in FFY 2021 SPP/APR

The MDE chose the following elements for which it focused its efforts for improvement –

1. Area of focus: Child Outcomes Summary (COS) ratings

Improvement Strategies: Include child outcomes data completeness as an element in our local determinations; provide ISDs with child-level data for COS ratings (entry, exit, matched, not matched)

Result: Child outcomes data completeness increased (statistically significant)

TA: DaSy/ECTA Child Outcomes Learning Community; worked with Wayne State University

2. Area of focus: response rates and representativeness of family surveys

Improvement Strategies: revise the survey envelop to better reflect Early On, develop and disseminate a flier announcing the release of the survey; discuss with local Early On coordinators/providers during our combined webinar call regarding the importance of the survey data, the role they play in helping families understand the importance of the survey, and the benefits of encouraging families to watch for and complete the survey.

Result: Response rate increased and was representative for race/ethnicity but not for geographic location. Metro areas were overrepresented.

TA: DaSy ECTA Family Outcomes CoP; input and recommendation from the Parent Involvement Committee (PIC)

3. General professional learning regarding IDEA policies, best practices and procedures to support areas of focus listed above.

Strategies: attendance at national Conferences –

Results: better understanding of general supervision and potential impacts on child and family outcomes; increased understanding of fiscal decision-making and the resulting effects on the early intervention system; collaboration with Michigan's Multi-Tiered Systems of Support Technical Assistance Center (MiMTSS) regarding Pyramid Model strategies aligned across multiple state efforts and supporting implementation of Michigan's Part C SSIP activities and outcomes; strengthen data leadership competencies essential to achieving levels of program quality.

TA: OSEP Leadership; Center for IDEA Fiscal Reporting (CIFR) Fiscal Forum; National Center for Pyramid Model Innovations (NCPMI); DaSy Part C Data Leadership Convening

Intro - OSEP Response

The State attached its 2024 Annual Report Certification of the State Interagency Coordinating Council (SICC) Form with the date "11/9/2023." The State must submit the SICC form with a current signature and date to confirm that the SICC is supporting the State's submission of the FFY 2022 SPP/APR.

The State's determinations for both 2022 and 2023 were Needs Assistance. Pursuant to Sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 21, 2023 determination letter informed the State that it must report with its FFY 2022 SPP/APR submission, due February 1, 2024, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2006	47.80%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.86%	99.89%	99.92%	99.95%	99.82%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
22,480	22,995	99.82%	100%	99.90%	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.

491

Provide reasons for delay, if applicable.

Thirty-four of the 56 local service areas had a total of 491 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.

Nine of the 56 local service areas had a total of 24 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 2022 data are based on the full reporting period; therefore, findings based on these FFY 2022 data are issued in FFY 2023 and correction of noncompliance will be reported in the FFY 2024 SPP/APR.

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

30 calendar days from consent for the services

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

State database

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

Full reporting period - July 1, 2022 – June 30, 2023

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, 2022 - June 30, 2023). Data from the three collections were aggregated to provide data from the full reporting period.

Data for this indicator reflect a total of 22,995 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 22,480 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 491 records indicated delays to the initiation of services were attributable to documented exceptional family circumstances. The number of records with documented exceptional family circumstances (491) was added to the timely records (22,480) resulting in a total of 22,971 records. This number was used as the numerator for the calculation. The resulting percentage of compliance is 99.90%.

$$(22,480+491)/22,995=.9990$$

Both the numerator and denominator include 491 children for whom services were not timely, but whose records indicated that the delays were attributable to documented exceptional family circumstances. 99.90% compliance falls slightly below the target of 100% for this indicator. This compliance level is slightly higher than the 99.82% compliance level reported in the FFY 2021 SPP/APR.

General impacts of COVID-19 on Michigan Part C’s early intervention system and strategies for mitigation are outlined in the introduction section of this report. Additionally, the pandemic had specific impacts on initiation of early intervention services. Gaining signatures for consent for services remained an ongoing challenge due to needs for families to isolate during COVID-19 outbreaks. Increased use of electronic signatures was a significant strategy used to overcome this barrier. Families and providers also needed to remain resilient and to have plans in place to quickly and seamlessly pivot between in-person services and remote services in response to the everchanging conditions created by the ebbs and flows of the pandemic. Supporting families with internet access, technology, and technical assistance for the use of that technology continued to be critical to the timely initiation of services. Local service areas were encouraged to continue working closely with local health departments to determine when it was appropriate to be providing in-person services and when services were best provided remotely. Local data regarding prevalence of cases, hospitalizations and deaths were also to be considered when deciding on methods of service provision and appropriate use of personal protection equipment, social distancing, and other strategies for preventing transmission of the virus. Impacts of COVID-19 on families translated into an increase in the number of delays to the initiation of services due to exceptional family circumstances. Workforce shortages related to COVID-19 (addressed in the Introduction) resulted in delays to the initiation of services that were not attributable to exceptional family circumstances in some local service areas.

Correction of Findings of Noncompliance Identified in FFY 2021

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

FFY 2021 Findings of Noncompliance Verified as Corrected

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

One local service area was issued a Finding for Indicator 1 in FFY 2021 based on a review of their data submitted within MSDS for the FFY 2020 program year (July 1, 2020 – June 30, 2021). 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 area which 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 corrective action planning process, a progress report was submitted.

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

Documentation was also collected from the 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.

The Finding issued in FFY2021 was based on one non-compliant record. For the child for whom services were not initiated within the 30-day timeline from consent for services, it was verified by the state as part of the verification of correction process that the child was no longer under the jurisdiction of the local early intervention system. During the corrective action plan process within the Catamaran system, the local service area indicated that the child had exited the program prior to the initiation of one service type and was no longer under the jurisdiction of the local service area. For this child, correction was not possible.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Response to actions required in FFY 2021 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	2017	2018	2019	2020	2021
Target >=	94.00%	94.00%	94.00%	94.00%	95.00%
Data	97.10%	96.95%	96.61%	97.54%	97.62%

Targets

FFY	2022	2023	2024	2025
Target >=	95.30%	95.60%	96.00%	96.30%

Targets: Description of Stakeholder Input

Michigan has multiple mechanisms to engage broad stakeholders, which include the Michigan Interagency Coordinating Council (MICC), the Parent Involvement Committee (PIC), and the State Systemic Improvement Plan (SSIP) cohort members.

The MICC meets four times a year. The MICC membership consists of parents, service providers, the Michigan legislature, Head Start, higher education/personnel preparation, a developmental pediatrician, a representative from tribal government, and the Director designees from the Michigan Department of Education (MDE), the Michigan Department of Health and Human Services (MDHHS), Department of Insurance and Financial Services, and the Office of the Coordinator of Education for Homeless Children and Youth within MDE. Each November, the MICC reviews, discusses, and approves data for APR submission.

The MICC receives presentations from the Part C Data Manager, responsible for data in the Michigan Student Data System (MSDS) system, and Wayne State University, Qualitative Compliance Information Project (QCIP) responsible for child and family outcome data. During the interactive presentations, discussions take place and members learn how to find the data www.earlyondata.com, interpret trends, and share it 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. In between meetings, two standing committees convene: the MICC Executive Committee and the 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.

During MICC meetings, needs arise for ad hoc committees. Last year, MICC members voted to form and participate in the Determinations Ad Hoc Committee. They made recommendations to MDE around including the child outcomes reporting rates for local determinations, which contributed to a substantial increase in the reporting rate this year. During the November 9, 2023, MICC meeting, a Target Resetting Ad Hoc Committee was formed and will review and consider more vigorous targets for family outcomes, SPP/APR Indicator 4.

Membership on the PIC includes the 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), the MICC Staff Liaison, and an MDE Part C Consultant. The PIC meets every six weeks. The PIC is pivotal in reviewing the family outcome data from the annual Part C family survey. Last year, 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 envelope, so families know the survey was related to Early On. Since the survey is conducted by Wayne State University, on MDE's behalf, parents shared that they didn't realize the survey was related to Early On and 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 participate in it. They also suggested sending families a direct email with the family survey, which is a strategy that will be incorporated this coming year. As a result of the recommendations by the parents, Michigan's survey response rate increased this year.

Prior to each MICC meeting, the PIC reviews the MICC agenda. The MICC Staff Liaison walks them through each item, ensuring that all members have a good understanding of what will be discussed. They also review the process for how to make a motion under Roberts Rules of Order to build confidence in their meeting participation skills.

The parent members of the PIC are a diverse group of representatives, both in terms of race/ethnicity and geographic location. When selecting two parent alternates, the PIC ensured diversity was 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 a focus group with Gud Marketing as part of the Early On Rebranding Campaign. The parent members gave their input, particularly around suggesting photos that represent diverse family structures, as well as considering photos of children with invisible disabilities.

The SSIP focuses on improving social emotional outcomes for infants, toddlers, and their families. Since 2015, Michigan Part C has been working with Intermediate School Districts (ISDs) through cohorts around the state. One piece of the SSIP work is having Community of Practice (CoP) calls for cohort coordinators/leads which are provided monthly by MDE 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 MDE and MDHHS related to continuous improvement ideas and strategies.

Currently, 32 of the 56 ISDs have committed to participating in the SSIP cohort work. This geographically diverse group of stakeholders give excellent advice to the state team about what is and isn't working well. Some improvements they have suggested include compiling individual local service area data with data points such as fidelity checklist survey data, child outcomes data, family outcomes data, and electronic Deveraux Early Childhood Assessment (eDECA) data. In addition, a recommendation was made to make some improvements to the eDECA system. State staff organized a meeting with the software developers at Deveraux and invited local coordinators to join the call. A list containing nine suggestions was shared, and Deveraux is working to integrate the updates to the system. Since the coordinators and providers are using the eDECA system regularly, they are key stakeholders with the knowledge of what is working and what improvements to the system would be helpful.

Service providers in the SSIP cohorts provided feedback that they are feeling overwhelmed and stressed due to COVID-19 and because many providers left the profession, there are fewer staff to meet the needs of children and families. As a result of this feedback, MDE worked with CCRESA/OIP to offer State Continuing Education Clock Hours (SCECHs) in 2023 for the Pyramid Model Trainings required of SSIP participants. SCECHs will continue to be offered in 2024. This helped mitigate the providers' feelings of being overwhelmed, because the trainings satisfy a requirement to obtain SCECHs which is an incentive to participate in the SSIP work. Plans are being made to include continuing education hours through MiRegistry for next year, which was also a suggestion from cohort members.

As part of the Diversity, Equity, and Inclusion (DEI) study funded with ARPA funds, feedback was provided by families who engaged in Early On as well as those who chose not to participate in Early On to help inform system strengths and areas for improvement. In addition, the Core Planning Group for this study provided insights and perceptions from a variety of diverse viewpoints. This study is still in process and the feedback gained will help inform our practices moving forward.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	12,118
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Total number of infants and toddlers with IFSPs	12,371

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
12,118	12,371	97.62%	95.30%	97.95%	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

Michigan has multiple mechanisms to engage broad stakeholders, which include the Michigan Interagency Coordinating Council (MICC), the Parent Involvement Committee (PIC), and the State Systemic Improvement Plan (SSIP) cohort members.

The MICC meets four times a year. The MICC membership consists of parents, service providers, the Michigan legislature, Head Start, higher education/personnel preparation, a developmental pediatrician, a representative from tribal government, and the Director designees from the Michigan Department of Education (MDE), the Michigan Department of Health and Human Services (MDHHS), Department of Insurance and Financial Services, and the Office of the Coordinator of Education for Homeless Children and Youth within MDE. Each November, the MICC reviews, discusses, and approves data for APR submission.

The MICC receives presentations from the Part C Data Manager, responsible for data in the Michigan Student Data System (MSDS) system, and Wayne State University, Qualitative Compliance Information Project (QCIP) responsible for child and family outcome data. During the interactive presentations, discussions take place and members learn how to find the data www.earlyondata.com, interpret trends, and share it 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. In between meetings, two standing committees convene: the MICC Executive Committee and the 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.

During MICC meetings, needs arise for ad hoc committees. Last year, MICC members voted to form and participate in the Determinations Ad Hoc Committee. They made recommendations to MDE around including the child outcomes reporting rates for local determinations, which contributed to a substantial increase in the reporting rate this year. During the November 9, 2023, MICC meeting, a Target Resetting Ad Hoc Committee was formed and will review and consider more vigorous targets for family outcomes, SPP/APR Indicator 4.

Membership on the PIC includes the 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), the MICC Staff Liaison, and an MDE Part C Consultant. The PIC meets every six weeks. The PIC is pivotal in reviewing the family outcome data from the annual Part C family survey. Last year, 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 envelope, so families know the survey was related to Early On. Since the survey is conducted by Wayne State University, on MDE's behalf, parents shared that they didn't realize the survey was related to Early On and 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 participate in it. They also suggested sending families a direct email with the family survey, which is a strategy that will be incorporated this coming year. As a result of the recommendations by the parents, Michigan's survey response rate increased this year.

Prior to each MICC meeting, the PIC reviews the MICC agenda. The MICC Staff Liaison walks them through each item, ensuring that all members have a good understanding of what will be discussed. They also review the process for how to make a motion under Roberts Rules of Order to build confidence in their meeting participation skills.

The parent members of the PIC are a diverse group of representatives, both in terms of race/ethnicity and geographic location. When selecting two parent alternates, the PIC ensured diversity was 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 a focus group with Gud Marketing as part of the Early On Rebranding Campaign. The parent members gave their input, particularly around suggesting photos that represent diverse family structures, as well as considering photos of children with invisible disabilities.

The SSIP focuses on improving social emotional outcomes for infants, toddlers, and their families. Since 2015, Michigan Part C has been working with Intermediate School Districts (ISDs) through cohorts around the state. One piece of the SSIP work is having Community of Practice (CoP) calls for cohort coordinators/leads which are provided monthly by MDE 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 MDE and MDHHS related to continuous improvement ideas and strategies.

Currently, 32 of the 56 ISDs have committed to participating in the SSIP cohort work. This geographically diverse group of stakeholders give excellent advice to the state team about what is and isn't working well. Some improvements they have suggested include compiling individual local service area data with data points such as fidelity checklist survey data, child outcomes data, family outcomes data, and electronic Deveraux Early Childhood Assessment (eDECA) data. In addition, a recommendation was made to make some improvements to the eDECA system. State staff organized a meeting with the software developers at Deveraux and invited local coordinators to join the call. A list containing nine suggestions was shared, and Deveraux is working to integrate the updates to the system. Since the coordinators and providers are using the eDECA system regularly, they are key stakeholders with the knowledge of what is working and what improvements to the system would be helpful.

Service providers in the SSIP cohorts provided feedback that they are feeling overwhelmed and stressed due to COVID-19 and because many providers left the profession, there are fewer staff to meet the needs of children and families. As a result of this feedback, MDE worked with CCRESA/OIP to offer State Continuing Education Clock Hours (SCECHs) in 2023 for the Pyramid Model Trainings required of SSIP participants. SCECHs will continue to be offered in 2024. This helped mitigate the providers' feelings of being overwhelmed, because the trainings satisfy a requirement to obtain SCECHs which is an incentive to participate in the SSIP work. Plans are being made to include continuing education hours through MiRegistry for next year, which was also a suggestion from cohort members.

As part of the Diversity, Equity, and Inclusion (DEI) study funded with ARPA funds, feedback was provided by families who engaged in Early On as well as those who chose not to participate in Early On to help inform system strengths and areas for improvement. In addition, the Core Planning Group for this study provided insights and perceptions from a variety of diverse viewpoints. This study is still in process and the feedback gained will help inform our practices moving forward.

Historical Data

Outcome	Baseline	FFY	2017	2018	2019	2020	2021
A1	2017	Target>=	76.20%	76.50%	76.50%	75.19%	75.29%
A1	75.19%	Data	75.19%	76.74%	77.73%	76.16%	72.57%
A2	2017	Target>=	60.80%	60.90%	60.90%	52.00%	52.22%
A2	52.15%	Data	52.15%	53.24%	55.05%	52.63%	52.45%
B1	2017	Target>=	80.30%	80.50%	80.50%	77.60%	77.60%
B1	78.72%	Data	78.72%	79.33%	80.23%	78.04%	75.32%
B2	2017	Target>=	53.60%	54.10%	54.10%	45.50%	45.50%
B2	47.27%	Data	47.27%	48.12%	48.58%	45.68%	46.12%
C1	2017	Target>=	79.60%	79.80%	79.80%	78.24%	78.34%
C1	78.24%	Data	78.24%	78.67%	79.32%	78.70%	75.37%
C2	2017	Target>=	60.00%	60.20%	60.20%	47.20%	47.20%
C2	47.54%	Data	47.54%	50.65%	50.46%	47.32%	46.92%

Targets

FFY	2022	2023	2024	2025
Target A1>=	75.39%	75.49%	75.59%	75.69%
Target A2>=	52.44%	52.67%	52.90%	53.13%
Target B1>=	77.88%	78.16%	78.44%	78.73%
Target B2>=	45.94%	46.38%	46.82%	47.28%
Target C1>=	78.44%	78.54%	78.64%	78.74%
Target C2>=	47.30%	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	24	0.30%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,744	22.09%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,122	26.88%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,516	31.87%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,489	18.86%

Outcome A	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	4,638	6,406	72.57%	75.39%	72.40%	Did not meet target	No Slippage

Outcome A	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	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	4,005	7,895	52.45%	52.44%	50.73%	Did not meet target	Slippage

Provide reasons for A2 slippage, if applicable

In FFY 2022, results for 3A (positive social emotional skills) Summary Statement 2 (functioning within age expectations) decreased 1.72 percentage points from last year. The decrease was statistically significant ($p < .05$). This slippage may be associated with the lasting effect of COVID-19. The majority of the children in this data set (7,682 out of 7,895, 97.3%) enrolled in Early On/Part C after March 15, 2020 when the Governor issued the stay-at-home order. Thus, these children received most services remotely. 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).

During FFY 2022, 13,110 children exited Part C services with 9,921 of these children assessed resulting in a substantially increased reporting rate of 75.68%. This year Michigan reported progress data for 1,100 more children than last year (7,895 compared to 6,746). Over half of the increased records came from urban areas (Kent, Macomb, Oakland, and Wayne). Previous years' results also showed that children in urban areas are less likely to report positive child outcomes.

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	20	0.25%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,725	21.85%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,627	33.27%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,805	35.53%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	718	9.09%

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	5,432	7,177	75.32%	77.88%	75.69%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	3,523	7,895	46.12%	45.94%	44.62%	Did not meet target	Slippage

Provide reasons for B2 slippage, if applicable

In FFY 2022, results for 3B (acquisition and use of knowledge and skills) Summary Statement 2 (functioning within age expectations) decreased 1.50 percentage points from last year. The decrease was not statistically significant. This slippage may be associated with the lasting effect of COVID-19. The majority of the children in this data set (7,682 out of 7,895, 97.3%) enrolled in Early On/Part C after March 15, 2020 when the Governor issued the stay-at-home order. Thus, these children received most services remotely. Parent comments and research indicate virtual services may not work for some children and lead to a lower percentage of children functioning within age expectations. Furthermore, the stay-at-home order created social isolation and little to no social interaction with peers the same age.

During FFY 2022, 13,110 children exited Part C services with 9,921 of these children assessed resulting in a substantially increased reporting rate of 75.68%. This year Michigan reported progress data for 1,100 more children than last year (7,895 compared to 6,746). Over half of the increased records came from urban areas (Kent, Macomb, Oakland and Wayne). Previous years' results also showed that children in urban areas are less likely to report positive child outcomes.

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	29	0.37%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,764	22.34%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,486	31.49%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,824	35.77%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	792	10.03%

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	5,310	7,103	75.37%	78.44%	74.76%	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	3,616	7,895	46.92%	47.30%	45.80%	Did not meet target	Slippage

Provide reasons for C2 slippage, if applicable

In FFY 2022, results for 3C (use of appropriate behaviors) Summary Statement 2 (functioning within age expectations) decreased 1.12 percentage points from last year. The decrease was not statistically significant. This slippage may be associated with lasting effect of COVID-19. The majority of the children in this data set (7,682 out of 7,895, 97.3%) enrolled in Early On/Part C after March 15, 2020 when the Governor issued the stay-at-home order. Thus, these children received most services remotely. Furthermore, the stay-at-home order created social isolation and little to no social interaction with peers the same age. Parent comments and research indicate virtual services may not work for some children and lead to lower percentage of children functioning within age expectations.

During FFY 2022, 13,110 children exited Part C services with 9,921 of these children assessed resulting in a substantially increased reporting rate of 75.68%. This year Michigan reported progress data for 1,100 more children than last year (7,895 compared to 6,746). Over half of the increased records came from urban areas (Kent, Macomb, Oakland and Wayne). Previous years' results also showed that children in urban areas are less likely to report positive child outcomes.

FFY 2022 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	13,110
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.	3,748
Number of infants and toddlers with IFSPs assessed	9,921

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, Bayley Scales of Infant Development (BSID), Brigance Inventory of Early Development, The Carolina Curriculum for Infant and Toddlers with Special Needs, 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).

The discrepancy between the number of children with IFSPs assessed (9,921) versus the number reported in the denominators for summary statement 2 of indicator 3 outcomes A, B, and C (7,895) is due to children receiving less than six months of service. Although 9,921 records reflected the child had been assessed and had both entry and exit child outcomes ratings reported, 2,026 of those records reflected that the child had received less than six months of service at the time of exit. This leaves 7,895 records for children who had both been fully assessed and had received six months or more of service at the time of exit ($9,921 - 2,026 = 7,895$).

The following data points are reported within this Indicator 3 section of the SPP/APR: During FFY 2022, 13,110 children exited from Part C; During FFY2022, 3,748 of the 13,110 exiting children did not receive services for at least six months before exiting; During FFY 2022, of the 13,110 exiting children, 9,921 children with IFSPs were assessed (assigned child outcomes ratings at both entry and exit); records from 7,895 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 3,748 children who had received less than six months of service at the time of exit, 2,026 children were assessed at both entry and exit and 1,722 were missing either an entry or an exit rating. Of the 9,921 children with IFSPs who were assessed (assigned child outcomes ratings at both entry and exit), 7,895 had received six months or more of service at the time of exit and 2,026 had received less than six months of service at the time of exit. Of the 9,362 children who exited Part C having received at least six months of service ($13,110 - 3,748 = 9,362$), 7,895 were assigned child outcomes ratings at both entry and exit and 1,467 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 13,110 children exiting Part C. From the records for the 13,110 children exiting Part C, we removed the 3,748 records for children who had not received services for at least six months before exiting ($13,110 - 3,748 = 9,362$). We sorted the data for the 9,362 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 1,467 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 9,362 children with six months or more of service ($9,362 - 1,467 = 7,895$). This results in 7,895 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 7,895 children are included in the indicator 3 data and are reflected in the denominator for the child outcomes summary statement two indicator data.

General impacts of COVID-19 on Michigan's Part C early intervention system and strategies for mitigation are outlined in the introduction section of this report. Additionally, the pandemic had specific impacts on child outcomes. COVID-19 impacted the FFY 2022 child outcomes data demonstrating decreases across four of the six outcomes and summary statements compared to the data reported in FFY 2021. Restrictions in place by health departments and high rates of infection in the state of Michigan contributed to the challenge of obtaining current assessment information and meetings with parents to determine child outcomes summary (COS) ratings. Virtual meetings and outdoor meetings were utilized to obtain the necessary data and information to complete COS ratings. Many families took advantage of virtual and/or outdoor meetings. However, some families were not comfortable using technology or meeting in-person taking precautionary mitigation measures. Difficulty conducting assessments virtually, COVID-19 infection rates, COVID-19 exposure quarantines, and weather patterns also contributed to the ability to use these alternate means to connect with families. Local service areas sought family input to ensure that they felt safe and comfortable with the manner in which they were meeting. Increased transiency of families led to a decrease in the percentage of families participating in early intervention services for six months or more (FFY 2022 71.41% FFY 2021 72.11%).

3 - Prior FFY Required Actions

None

3 - OSEP Response

The State reported 9921 infants and toddlers with IFSPs were assessed. Additionally, the State reports, "The discrepancy between the number of children with IFSPs assessed (9,921) versus the number reported in the denominators for outcomes A, B, and C (7,895) is due to children receiving less than six months of service. However, the State also reports, 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 in the data table as 3748. The State must explain this discrepancy.

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race/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	2017	2018	2019	2020	2021
A	2005	Target>=	59.20%	59.40%	59.40%	67.31%	67.31%
A	56.00%	Data	71.12%	71.20%	73.35%	69.37%	72.22%
B	2005	Target>=	54.20%	54.40%	54.40%	61.13%	61.13%
B	51.00%	Data	64.75%	64.86%	66.59%	62.92%	66.15%
C	2005	Target>=	78.20%	78.40%	78.40%	82.38%	82.38%
C	73.00%	Data	84.06%	85.33%	87.22%	83.02%	85.38%

Targets

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

Targets: Description of Stakeholder Input

Michigan has multiple mechanisms to engage broad stakeholders, which include the Michigan Interagency Coordinating Council (MICC), the Parent Involvement Committee (PIC), and the State Systemic Improvement Plan (SSIP) cohort members.

The MICC meets four times a year. The MICC membership consists of parents, service providers, the Michigan legislature, Head Start, higher education/personnel preparation, a developmental pediatrician, a representative from tribal government, and the Director designees from the Michigan Department of Education (MDE), the Michigan Department of Health and Human Services (MDHHS), Department of Insurance and Financial Services, and the Office of the Coordinator of Education for Homeless Children and Youth within MDE. Each November, the MICC reviews, discusses, and approves data for APR submission.

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

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. In between meetings, two standing committees convene: the MICC Executive Committee and the 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.

During MICC meetings, needs arise for ad hoc committees. Last year, MICC members voted to form and participate in the Determinations Ad Hoc Committee. They made recommendations to MDE around including the child outcomes reporting rates for local determinations, which contributed to a substantial increase in the reporting rate this year. During the November 9, 2023, MICC meeting, a Target Resetting Ad Hoc Committee was formed and will review and consider more vigorous targets for family outcomes, SPP/APR Indicator 4.

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Service providers in the SSIP cohorts provided feedback that they are feeling overwhelmed and stressed due to COVID-19 and because many providers left the profession, there are fewer staff to meet the needs of children and families. As a result of this feedback, MDE worked with CCRESA/OIP to offer State Continuing Education Clock Hours (SCECHs) in 2023 for the Pyramid Model Trainings required of SSIP participants. SCECHs will continue to be

offered in 2024. This helped mitigate the providers' feelings of being overwhelmed, because the trainings satisfy a requirement to obtain SCECHs which is an incentive to participate in the SSIP work. Plans are being made to include continuing education hours through MiRegistry for next year, which was also a suggestion from cohort members.

As part of the Diversity, Equity, and Inclusion (DEI) study funded with ARPA funds, feedback was provided by families who engaged in Early On as well as those who chose not to participate in Early On to help inform system strengths and areas for improvement. In addition, the Core Planning Group for this study provided insights and perceptions from a variety of diverse viewpoints. This study is still in process and the feedback gained will help inform our practices moving forward.

FFY 2022 SPP/APR Data

The number of families to whom surveys were distributed	8,423
Number of respondent families participating in Part C	2,652
Survey Response Rate	31.49%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	2,441
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	2,631
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	2,398
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	2,631
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	2,484
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	2,625

Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 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)	72.22%	67.50%	92.78%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	66.15%	61.28%	91.14%	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)	85.38%	82.53%	94.63%	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	2021	2022
Survey Response Rate	30.43%	31.49%

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

To 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 are the results of the analyses, indicating that in terms of geographic location, children living in Metro areas were over-represented.

Demographic Characteristics: Respondent Group #, Respondent Group %, State Population #, State Population %

Rural: 162, 6.1%, 586, 6.7%

Small sized cities: 516, 19.5%, 1,695, 19.5%

Medium sized cities: 272, 10.3%, 1,008, 11.6%

Metro*: 549, 20.7%, 1,645, 18.9%

Urban: 1,153, 43.5%, 3,762, 43.3%

*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.

This year's data represent the State Part C population well in terms of children's age, gender, eligibility and race/ethnicity. Michigan's respondent group had a similar distribution of children's race/ethnicity compared to the state Part C population (see data below). This might be related to Michigan's continuous effort to promote the family survey across the state. In addition, Spanish and Arabic-speaking interviewers are available for telephone interviews, and additional mailing are conducted for service areas with high concentration of minority families.

Ethnicity of Children: Respondent Group #, Respondent Group%, State Population #, State Population %

White/Caucasian: 1,890, 71.3%, 6,166, 70.9%

African-American/Black: 365, 13.8%, 1,290, 14.8%

Hispanic/Latino: 214, 8.1%, 653, 7.5%

Asian: 89, 3.4%, 246, 2.8%

American Indian: 16, 0.6%, 68, 0.8%

Pacific Islander: 3, 0.1%, 10, 0.1%

Two or more races: 75, 2.8%, 263, 3.0%

However, children living in Metro areas were statistically significantly over-represented in the respondent group. To determine if the difference made a significant impact on the results, statistical weights were applied to adjust the sample size for each geographic region. After weighting, there was virtually no difference in the results. It suggests that even if the respondent group is not representative in terms of geographic location, it does not measurably affect Indicator 4 results, so unweighted results are reported.

Weighting by geographic location

FFY 2022

4A: Know their rights

Unweighted results (Numerator 2441, Denominator 2631) 92.78%

Weighted by geographic location (Numerator 2441, Denominator 2631) 92.78%

4B: Effectively Communicate child's needs

Unweighted results (Numerator 2398, Denominator 2631) 91.14%

Weighted by geographic location (Numerator 2398, Denominator 2631) 91.14%

4C: Help children develop and learn

Unweighted results (Numerator 2484, Denominator 2625) 94.63%

Weighted by geographic location (Numerator 2484, Denominator 2625) 94.63%

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 age, gender, eligibility, and race/ethnicity. However, children living in Metro areas were over-represented in the data set.

To improve the representativeness of survey respondents based on geographic location, the State will use targeted follow-up to subgroups such as: families living in rural, small and medium sized cities, and urban areas. Follow-up efforts include survey reminders, 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 2023, and will be held in the spring 2024, 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, and a flyer for families letting them know the 2024 survey is coming.

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 response rate increased slightly this year but was still lower than FFY 2020 (35.05%) and previous years. It is likely attributable to the continuing and compounding effect of the pandemic. This year's statewide Early On population was the largest since 2006, with responses from 2,652 respondents. This year, Michigan adopted a new method to analyze the data (described in a later section). For each of the indicators, the results are based on different number of items the respondent answered (5 items for 4A Know their rights; 8 items for 4B Effectively communicate their children's needs; and 3 items for 4C Help their children develop and learn). The number of responses to each indicator might vary; thus, the sample sizes for A2, B2, and C2 in the summary table in the previous section may vary as well.

The state implemented, and will continue to implement, a wide array of follow-up efforts, including closely monitoring the response rate to address any underrepresentation around geographic location, race/ethnicity, age, gender, and eligibility, and if identified, conduct additional follow-up efforts with subgroups who are underrepresented. Additionally, the state extended the time period which allowed families more time to complete the survey. 1-800 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 were emailed the link, along with their unique access ID.

Past and current activities include:

- Mailing families a survey notification brochure, sharing the family survey results from the previous year, and explaining the procedure of the current survey.
- Offering an online option for completing the survey.

- Adding a QR code for additional ease in completing the survey.
- Mailing postcard reminders, approximately two weeks after the 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 cultural and ethnic diversity, respecting the privacy of families.
- Training also included measures to maintain the reliability of the data and to reduce bias in the data set.
- MDE provided timely information to the 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 MDE for future family surveys, with the purpose of increasing the response rate. 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 why it's important;
- A webinar/combined call with Early On Coordinators took place in January 2023 and focused on how to support/promote the Family Survey and the step-by-step process for how the survey is conducted, so that families are encouraged to participate in the survey. Two MICC parents shared their experience with the family survey during the presentation; and
- The Parent Involvement Committee of the MICC developed a flyer to help promote the family survey, which was distributed broadly to local service providers and coordinators to share with families.

In addition to continuing the strategies mentioned above, two new strategies will be implemented next year including: Wayne State University will send emails to families in Part C containing a link to the family survey; and Incentives including \$50 visa gift cards, drawn randomly, will be offered 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.

This year's data represent the State Part C population well in terms of children's age, gender, eligibility, and race/ethnicity. However, children living in Metro areas were statistically significantly over-represented and no geographic locations were under-represented. To test the representativeness of the 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 service area peer group. Presented below are the results of the analyses, indicating that in terms of service area peer group, families living in Metro areas were over-represented.

Comparison of Respondent Group and State Population by Service Area Peer Group
 Demographic Characteristics Respondent Group #, Respondent Group %, State Population #, State Population %
 Rural: 162, 6.1%, 586, 6.7%
 Small sized cities: 516, 19.5%, 1,695, 19.5%
 Medium sized cities: 272, 10.3%, 1,008, 11.6%
 Metro*: 549, 20.7%, 1,645, 18.9%
 Urban: 1,153, 43.5%, 3,762, 43.3%
 *Difference between sample and statewide proportion is statistically significant ($p < .05$)

To determine if the difference made a significant impact on the results, statistical weights were applied to adjust the sample sizes for each subgroup. After weighting, there was virtually no difference in the results. It suggests that even if the sample is not representative in terms of service area peer group, it does not measurably affect Indicator 4 results, so unweighted results are reported. The results of weighting are as follows:

Weighting by geographic location (peer group)
 FFY 2022

4A: Know their rights
 Unweighted results (Numerator 2441, Denominator 2631) 92.78%
 Weighted by geographic location (Numerator 2441, Denominator 2631) 92.78%

4B: Effectively Communicate child's needs
 Unweighted results (Numerator 2398, Denominator 2631) 91.14%
 Weighted by geographic location (Numerator 2398, Denominator 2631) 91.14%

4C: Help children develop and learn
 Unweighted results (Numerator 2484, Denominator 2625) 94.63%
 Weighted by geographic location (Numerator 2484, Denominator 2625) 94.63%

The State will continue implementing a wide array of follow-up efforts, including survey emails, postcard reminders, telephone calls to offer to administer the survey by phone, emailing the survey link upon request, and the availability of Spanish and Arabic interviewers or a parent-facilitator who answer questions about the purpose of the survey.

Michigan has identified the following as possible barriers which may impede equitable access and participation for children and families in Michigan's Part C early intervention system:

- 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.

In addition, a contracted study of the Michigan IDEA Part C program regarding diversity, equity and inclusion (DEI) was conducted. It was designed to further explore barriers and identify strategies for addressing those barriers, including diverse stakeholder engagement and efforts to gain feedback from families who were referred but did not participate in evaluation and/or services. Deliverables include a report, recommendations, and a training and technical assistance plan. Data are being examined and a training and technical assistance plan is being developed. A Data Dashboard is also being created which will allow each ISD to examine their SPP/APR Indicator data by race/ethnicity.

Provide additional information about this indicator (optional).

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

The scale exhibits evidence of both content and construct validity. To ensure good content validity, the items in the scale were suggested by parents and other key stakeholders in early intervention and special education and then reviewed by experts in the field.

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 0.93 for the 2023 survey (FFY 2022). Another form of reliability is assessed by the margin of error or confidence interval. Using a 95% confidence interval, the margin of error was ± 1.59 for 2023 (FFY 2022).

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. MDE 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 November 9, 2023, MICC meeting, the Council recommended developing a Target Resetting Ad Hoc Committee to reset targets to be in line with the new approach to reporting Indicator 4 data. The Ad Hoc membership will include parents, service providers/coordinators, MDE state staff, the Part C Data Manager, and staff from Wayne State University. New targets will be included in next year's submission of the SPP/APR.

4 - Prior FFY Required Actions

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 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 2021 SPP/APR

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.03%

FFY	2017	2018	2019	2020	2021
Target >=	1.26%	1.27%	1.27%	1.00%	1.07%
Data	1.38%	1.27%	1.41%	1.04%	1.26%

Targets

FFY	2022	2023	2024	2025
Target >=	1.14%	1.21%	1.28%	1.35%

Targets: Description of Stakeholder Input

Michigan has multiple mechanisms to engage broad stakeholders, which include the Michigan Interagency Coordinating Council (MICC), the Parent Involvement Committee (PIC), and the State Systemic Improvement Plan (SSIP) cohort members.

The MICC meets four times a year. The MICC membership consists of parents, service providers, the Michigan legislature, Head Start, higher education/personnel preparation, a developmental pediatrician, a representative from tribal government, and the Director designees from the Michigan Department of Education (MDE), the Michigan Department of Health and Human Services (MDHHS), Department of Insurance and Financial Services, and the Office of the Coordinator of Education for Homeless Children and Youth within MDE. Each November, the MICC reviews, discusses, and approves data for APR submission.

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

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. In between meetings, two standing committees convene: the MICC Executive Committee and the 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.

During MICC meetings, needs arise for ad hoc committees. Last year, MICC members voted to form and participate in the Determinations Ad Hoc Committee. They made recommendations to MDE around including the child outcomes reporting rates for local determinations, which contributed to a substantial increase in the reporting rate this year. During the November 9, 2023, MICC meeting, a Target Resetting Ad Hoc Committee was formed and will review and consider more vigorous targets for family outcomes, SPP/APR Indicator 4.

Membership on the PIC includes the 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), the MICC Staff Liaison, and an MDE Part C Consultant. The PIC meets every six weeks. The PIC is pivotal in reviewing the family outcome data from the annual Part C family survey. Last year, 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 envelope, so families know the survey was related to Early On. Since the survey is conducted by Wayne State University, on MDE's behalf, parents shared that they didn't realize the survey was related to Early On and 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 participate in it. They also suggested sending families a direct email with the family survey, which is a strategy that will be incorporated this coming year. As a result of the recommendations by the parents, Michigan's survey response rate increased this year.

Prior to each MICC meeting, the PIC reviews the MICC agenda. The MICC Staff Liaison walks them through each item, ensuring that all members have a good understanding of what will be discussed. They also review the process for how to make a motion under Roberts Rules of Order to build confidence in their meeting participation skills.

The parent members of the PIC are a diverse group of representatives, both in terms of race/ethnicity and geographic location. When selecting two parent alternates, the PIC ensured diversity was 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 a focus group with Gud Marketing as part of the Early On Rebranding Campaign. The parent members gave their input, particularly around suggesting photos that represent diverse family structures, as well as considering photos of children with invisible disabilities.

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Currently, 32 of the 56 ISDs have committed to participating in the SSIP cohort work. This geographically diverse group of stakeholders give excellent advice to the state team about what is and isn't working well. Some improvements they have suggested include compiling individual local service area data with data points such as fidelity checklist survey data, child outcomes data, family outcomes data, and electronic Deveraux Early Childhood Assessment (eDECA) data. In addition, a recommendation was made to make some improvements to the eDECA system. State staff organized a meeting with the software developers at Deveraux and invited local coordinators to join the call. A list containing nine suggestions was shared, and Deveraux is working to integrate the updates to the system. Since the coordinators and providers are using the eDECA system regularly, they are key stakeholders with the knowledge of what is working and what improvements to the system would be helpful.

Service providers in the SSIP cohorts provided feedback that they are feeling overwhelmed and stressed due to COVID-19 and because many providers left the profession, there are fewer staff to meet the needs of children and families. As a result of this feedback, MDE worked with CCRESA/OIP to offer State Continuing Education Clock Hours (SCECHs) in 2023 for the Pyramid Model Trainings required of SSIP participants. SCECHs will continue to be offered in 2024. This helped mitigate the providers' feelings of being overwhelmed, because the trainings satisfy a requirement to obtain SCECHs which is an incentive to participate in the SSIP work. Plans are being made to include continuing education hours through MiRegistry for next year, which was also a suggestion from cohort members.

As part of the Diversity, Equity, and Inclusion (DEI) study funded with ARPA funds, feedback was provided by families who engaged in Early On as well as those who chose not to participate in Early On to help inform system strengths and areas for improvement. In addition, the Core Planning Group for this study provided insights and perceptions from a variety of diverse viewpoints. This study is still in process and the feedback gained will help inform our practices moving forward.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 1 with IFSPs	1,348
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, 2021	06/20/2023	Population of infants and toddlers birth to 1	104,605

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,348	104,605	1.26%	1.14%	1.29%	Met target	No Slippage

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.

6 - Indicator Data

Baseline Year	Baseline Data
2005	2.20%

FFY	2017	2018	2019	2020	2021
Target >=	2.90%	3.00%	3.00%	2.90%	3.00%
Data	3.08%	3.26%	3.48%	2.93%	3.44%

Targets

FFY	2022	2023	2024	2025
Target >=	3.10%	3.20%	3.30%	3.40%

Targets: Description of Stakeholder Input

Michigan has multiple mechanisms to engage broad stakeholders, which include the Michigan Interagency Coordinating Council (MICC), the Parent Involvement Committee (PIC), and the State Systemic Improvement Plan (SSIP) cohort members.

The MICC meets four times a year. The MICC membership consists of parents, service providers, the Michigan legislature, Head Start, higher education/personnel preparation, a developmental pediatrician, a representative from tribal government, and the Director designees from the Michigan Department of Education (MDE), the Michigan Department of Health and Human Services (MDHHS), Department of Insurance and Financial Services, and the Office of the Coordinator of Education for Homeless Children and Youth within MDE. Each November, the MICC reviews, discusses, and approves data for APR submission.

The MICC receives presentations from the Part C Data Manager, responsible for data in the Michigan Student Data System (MSDS) system, and Wayne State University, Qualitative Compliance Information Project (QCIP) responsible for child and family outcome data. During the interactive presentations, discussions take place and members learn how to find the data www.earlyondata.com, interpret trends, and share it 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. In between meetings, two standing committees convene: the MICC Executive Committee and the 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.

During MICC meetings, needs arise for ad hoc committees. Last year, MICC members voted to form and participate in the Determinations Ad Hoc Committee. They made recommendations to MDE around including the child outcomes reporting rates for local determinations, which contributed to a substantial increase in the reporting rate this year. During the November 9, 2023, MICC meeting, a Target Resetting Ad Hoc Committee was formed and will review and consider more vigorous targets for family outcomes, SPP/APR Indicator 4.

Membership on the PIC includes the 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), the MICC Staff Liaison, and an MDE Part C Consultant. The PIC meets every six weeks. The PIC is pivotal in reviewing the family outcome data from the annual Part C family survey. Last year, 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 envelope, so families know the survey was related to Early On. Since the survey is conducted by Wayne State University, on MDE's behalf, parents shared that they didn't realize the survey was related to Early On and 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 participate in it. They also suggested sending families a direct email with the family survey, which is a strategy that will be incorporated this coming year. As a result of the recommendations by the parents, Michigan's survey response rate increased this year.

Prior to each MICC meeting, the PIC reviews the MICC agenda. The MICC Staff Liaison walks them through each item, ensuring that all members have a good understanding of what will be discussed. They also review the process for how to make a motion under Roberts Rules of Order to build confidence in their meeting participation skills.

The parent members of the PIC are a diverse group of representatives, both in terms of race/ethnicity and geographic location. When selecting two parent alternates, the PIC ensured diversity was 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 a focus group with Gud Marketing as part of the Early On Rebranding Campaign. The parent members gave their input, particularly around suggesting photos that represent diverse family structures, as well as considering photos of children with invisible disabilities.

The SSIP focuses on improving social emotional outcomes for infants, toddlers, and their families. Since 2015, Michigan Part C has been working with Intermediate School Districts (ISDs) through cohorts around the state. One piece of the SSIP work is having Community of Practice (CoP) calls for cohort coordinators/leads which are provided monthly by MDE 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 MDE and MDHHS related to continuous improvement ideas and strategies.

Currently, 32 of the 56 ISDs have committed to participating in the SSIP cohort work. This geographically diverse group of stakeholders give excellent advice to the state team about what is and isn't working well. Some improvements they have suggested include compiling individual local service area data with data points such as fidelity checklist survey data, child outcomes data, family outcomes data, and electronic Deveraux Early Childhood Assessment (eDECA) data. In addition, a recommendation was made to make some improvements to the eDECA system. State staff organized a meeting with the software developers at Deveraux and invited local coordinators to join the call. A list containing nine suggestions was shared, and Deveraux is working to integrate the updates to the system. Since the coordinators and providers are using the eDECA system regularly, they are key stakeholders with the knowledge of what is working and what improvements to the system would be helpful.

Service providers in the SSIP cohorts provided feedback that they are feeling overwhelmed and stressed due to COVID-19 and because many providers left the profession, there are fewer staff to meet the needs of children and families. As a result of this feedback, MDE worked with CCRESA/OIP to offer State Continuing Education Clock Hours (SCECHs) in 2023 for the Pyramid Model Trainings required of SSIP participants. SCECHs will continue to be offered in 2024. This helped mitigate the providers' feelings of being overwhelmed, because the trainings satisfy a requirement to obtain SCECHs which is an incentive to participate in the SSIP work. Plans are being made to include continuing education hours through MiRegistry for next year, which was also a suggestion from cohort members.

As part of the Diversity, Equity, and Inclusion (DEI) study funded with ARPA funds, feedback was provided by families who engaged in Early On as well as those who chose not to participate in Early On to help inform system strengths and areas for improvement. In addition, the Core Planning Group for this study provided insights and perceptions from a variety of diverse viewpoints. This study is still in process and the feedback gained will help inform our practices moving forward.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 3 with IFSPs	12,371
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, 2021	06/20/2023	Population of infants and toddlers birth to 3	315,673

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
12,371	315,673	3.44%	3.10%	3.92%	Met target	No Slippage

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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2006	63.10%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	98.97%	99.20%	99.62%	99.92%	98.50%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
10,278	13,614	98.50%	100%	99.38%	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.

3,251

Provide reasons for delay, if applicable.

Fifty-four of 56 local service areas had a total of 3,251 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 cancelled 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.

Nine of 56 local service areas had a total of 85 records with untimely completion of initial evaluations, initial assessments, and initial IFSP meetings for which exceptional family circumstances did not exist or were not documented. Delays were due to provider availability, lack of training/knowledge on the part of personnel or other provider reasons.

Findings resulting from FFY 2022 data are based on the full reporting period; therefore, Findings based on FFY 2022 data are issued in FFY 2023 and correction of noncompliance will be reported in the FFY 2024 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, 2022 – June 30, 2023

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, 2022 - June 30, 2023). Data from the three collections were aggregated to provide data for the full reporting period.

Data reported for this indicator reflect that a total of 13,614 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 10,278 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 3,251 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 (3,251) was added to the timely records (10,278) resulting in a total of 13,529 records. This number was used as the numerator for the calculation. The resulting percentage compliance is 99.38%.

$(10,278+3,251)/13,614=.9938$

Both the numerator and the denominator include 3,251 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. 99.38% compliance falls below the target of 100% for this indicator. This compliance level is higher than the 98.50% compliance level reported in the FFY 2021 APR.

General impacts of COVID-19 on Michigan’s Part C early intervention system and strategies for mitigation are outlined in the introduction section of this report. Additionally, the pandemic had specific impacts on timely completion of initial evaluations, initial assessments, and initial IFSPs. Gaining signatures for consent for evaluations and assessments continued to be challenging due to need for families to isolate during COVID-19 outbreaks. Increased use of electronic signatures was a significant strategy used to overcome this barrier. Families and providers also needed to remain resilient and to have plans in place to quickly and seamlessly pivot between in-person meetings and remote meetings in response to the everchanging conditions created by the ebbs and flows of the pandemic. Supporting families with internet access, technology, and technical assistance for the use of that technology was critical to the timely completion of initial evaluations, initial assessments, and initial IFSPs. Local service areas were encouraged to work closely with local health departments to determine when it was appropriate to be conducting in-person evaluations/assessments/IFSP meetings and when these were best conducted remotely. Local data regarding prevalence of cases, hospitalizations, and deaths were also to be considered when deciding on methods of conducting evaluations/assessments/IFSP meetings and appropriate use of personal protection equipment, social distancing, and other strategies for preventing transmission of the virus. Impacts of COVID-19 on families translated into a significant increase in the number of delays to the initial evaluation, initial assessment, and development of initial IFSPs due to exceptional family circumstances. Workforce shortages related to COVID-19 (addressed in the Introduction) resulted in delays to the initial evaluation, initial assessment, and development of initial IFSPs that were not attributable to exceptional family circumstances in some local service areas.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5	0	0

FFY 2021 Findings of Noncompliance Verified as Corrected

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

Four of 56 local service areas were issued Findings for Indicator 7 in FFY 2021 based on a review of their data submitted within MSDS for the FFY 2020 program year (July 1, 2020 – June 30, 2021). 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 which 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 MDE conducted verification activities. MDE reviewed the most recent data submitted to MSDS to determine whether the local service area had achieved 100% compliance. All records for each local service area were found to be in compliance resulting in a 100% compliance level within one year of notification of 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.

One local service area was issued a Finding for Indicator 7 in FFY2021 as a result of a monitoring activity conducted due to an expressed credible concern related to the timely evaluation and development of IFSPs within the local service area. The local service area developed a corrective action plan (CAP) in Catamaran that detailed strategies the local service area would take to correct noncompliance, as soon as possible, but no later than one year from notification of the finding, including verification by the state. As part of the 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 MDE conducted verification activities. MDE reviewed documentation related to the most recent referrals to determine whether the local service area had achieved 100% compliance with timely evaluation and timely development of IFSPs. All documentation for the local service area reflected a 100% compliance level within one year of notification of the noncompliance.

Documentation was also collected from the 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 each of the children in the four 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.

The local service area which received the Finding as a result of a monitoring activity conducted due to an expressed credible concern provided a list of all referrals for which an evaluation and, if found eligible, an IFSP had not yet been completed. The local service area was required to regularly provide an updated list as to the progress toward providing evaluations and, if found eligible, IFSPs for each of the impacted children. These checks were conducted until all referred children had an evaluation and if found eligible an IFSP was developed.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Response to actions required in FFY 2021 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 = $[(\# \text{ of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C})] \times 100$.
- 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 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 and, as such, only children between 2 years 3 months and age 3 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	59.28%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	97.70%	98.96%	99.25%	99.44%	99.67%

Targets

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

FFY 2022 SPP/APR Data

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

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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
8,936	9,803	99.67%	100%	99.40%	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.

808

Provide reasons for delay, if applicable.

Forty-six of 56 local service areas reported delays attributable to exceptional family circumstances for a total of 808 children. Documented reasons for these delays were related to multiple unsuccessful attempts to contact family to set 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 59 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 2022 data are based on the full reporting period; therefore, Findings based on FFY 2022 data are issued in FFY 2023 and correction of noncompliance will be reported in the FFY 2024 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, 2022 – June 30, 2023.

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, 2022 – June 30, 2023). 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 9,803 records included eligible infants and toddlers for whom transition planning, including an IFSP developed with transition steps and services, was required to be conducted. This number was used as the denominator for calculation of Indicator 8a data. Data reported for this indicator reflect that 8,936 of the records documented timely transition planning including an IFSP developed with transition steps and services. An additional 808 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 (808) was added to the timely records (8,936) resulting in a total of 9,744 records. This number was used as the numerator for the calculation. The resulting percentage of compliance is 99.40%.

$(8,936+808) / 9,803 = .9940$

Both the numerator and the denominator include 808 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. 99.40% compliance falls below the target of 100% compliance for this indicator. These data reflect a slight decrease for this indicator from the 99.67% compliance level reported in the FFY 2021 APR; however, this decrease does not exceed the threshold to be considered slippage.

General impacts of COVID-19 on Michigan's Part C early intervention system and strategies for mitigation are outlined in the introduction section of this report. Additionally, the pandemic had specific impacts on timely transition planning. Families and providers needed to remain resilient and to have plans in place to quickly and seamlessly pivot between completing transition planning during IFSP meetings held either in-person or through remote means in response to the everchanging conditions created by the ebbs and flows of the pandemic. Supporting families with internet access, technology, and technical assistance for the use of that technology was critical to the timely completion of transition planning. Local service areas were encouraged to work closely with local health departments to determine when it was appropriate to be convening in-person meetings and when these were best convened remotely. Local data regarding prevalence of cases, hospitalizations and deaths were also to be considered when deciding on methods of convening IFSP meetings including transition planning and appropriate use of personal protection equipment, social distancing, and other strategies for preventing transmission of the virus.

Correction of Findings of Noncompliance Identified in FFY 2021

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 2021 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 related to Indicator 8a in FFY 2021 based on a review of data submitted within MSDS for the FFY 2020 program year (July 1, 2020 – June 30, 2021). Seven 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 which 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 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 MDE conducted verification activities. MDE 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 of the children, transition planning including an IFSP developed with transition steps and services did take 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 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Response to actions required in FFY 2021 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 = [(# of toddlers with disabilities exiting Part C 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) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# 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) divided by the (# 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 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 and, as such, only children between 2 years 3 months and age 3 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
4,825	4,825	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.

N/A

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, 2022-June 30, 2023

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).

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

General impacts of COVID-19 on Michigan's Part C early intervention system and strategies for mitigation are outlined in the introduction section of this report.

Correction of Findings of Noncompliance Identified in FFY 2021

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 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 = [(# of toddlers with disabilities exiting Part C 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) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# 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) divided by the (# 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 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 and, as such, only children between 2 years 3 months and age 3 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	84.40%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	96.99%	98.52%	98.58%	99.16%	99.31%

Targets

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

FFY 2022 SPP/APR Data

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

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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
4,476	4,825	99.31%	100%	99.42%	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.

23

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.

298

Provide reasons for delay, if applicable.

Twenty-nine of 56 local service areas reported delays attributable to exceptional family circumstances for 298 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.

Eleven of 56 local service areas reported delays that were not attributable to exceptional family circumstances for a total of 28 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 2022 data are based on the full reporting period; therefore, Findings based on FFY 2022 data are issued in FFY 2023 and correction of noncompliance will be reported in the FFY 2024 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, 2022-June 30, 2023

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, 2022 - June 30, 2023). 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 4,825 records included toddlers potentially eligible for Part B preschool services for whom a transition conference was required to be conducted. Parents of 23 of these children did not provide approval for a transition conference. This number was subtracted from the 4,825 toddlers potentially eligible for Part B preschool services and the resulting 4,802 was used as the denominator for calculation of Indicator 8c data. Data reported for this indicator reflect that 4,476 of the records documented timely transition conferences. Two hundred ninety-eight 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 (298) was added to the timely records (4,476) resulting in a total of 4,774 records. This number was used as the numerator for the calculation. The resulting percentage of compliance is 99.42%.

$$(4,476+298)/(4,825-23)=.9942$$

Both the numerator and the denominator include 298 children for whom the transition conference was not timely, but whose file contained documentation that the delay was attributable to exceptional family circumstances. 99.42% compliance falls below the target of 100% compliance for this indicator. These data reflect an increased level of compliance for this indicator from the 99.31% compliance level reported in the FFY 2021 APR.

General impacts of COVID-19 on Michigan’s Part C early intervention system and strategies for mitigation are outlined in the introduction section of this report. Additionally, the pandemic had specific impacts on timely transition conferences. Families and providers needed to remain resilient and to have plans in place to quickly and seamlessly pivot between in-person transition conferences and remote transition conferences in response to the everchanging conditions created by the ebbs and flows of the pandemic. Supporting families with internet access, technology, and technical assistance for the use of that technology was critical to the timely completion of transition conferences. Local service areas were encouraged to work closely with

local health departments to determine when it was appropriate to be convening in-person conferences and when these were best convened remotely. Local data regarding prevalence of cases, hospitalizations, and deaths were also to be considered when deciding on methods of convening meetings and appropriate use of personal protection equipment, social distancing, and other strategies for preventing transmission of the virus.

Correction of Findings of Noncompliance Identified in FFY 2021

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

FFY 2021 Findings of Noncompliance Verified as Corrected

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

Four local service areas were issued a finding of noncompliance related to Indicator 8c in FFY 2021 based on a review of data submitted within MSDS for the FFY 2020 program year (July 1, 2020 – June 30, 2021). Nine 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 which was issued a Finding developed a corrective action plan (CAP) in the electronic monitoring system that detailed strategies that the local service area would take to correct noncompliance, as soon as possible, but no later than one year from notification of the finding, including verification by the state. As part of the corrective action implementation process, progress reports were submitted. Data submissions were reviewed to monitor compliance level.

When CAP activities had been completed and local data indicated compliance, the local service area requested CAP closeout and MDE conducted verification activities. MDE reviewed the most recent data submitted to MSDS to determine whether the local service area had achieved 100% compliance. Records for each of the 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 of the children, a transition conference with all required participants was conducted but not at least 90 days prior to the child's third birthday. For these children, the local service area was required to provide documentation that a transition conference with all required participants was indeed conducted. No further child level correction is possible because timeliness cannot be corrected. The other impacted children were no longer under the jurisdiction of the local early intervention system. Child level correction was not possible.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Response to actions required in FFY 2021 SPP/APR

8C - OSEP Response

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Select yes to use target ranges.

Target Range not used

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

NO

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/15/2023	3.1 Number of resolution sessions	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/15/2023	3.1(a) Number resolution sessions resolved through settlement agreements	0

Targets: Description of Stakeholder Input

Michigan has multiple mechanisms to engage broad stakeholders, which include the Michigan Interagency Coordinating Council (MICC), the Parent Involvement Committee (PIC), and the State Systemic Improvement Plan (SSIP) cohort members.

The MICC meets four times a year. The MICC membership consists of parents, service providers, the Michigan legislature, Head Start, higher education/personnel preparation, a developmental pediatrician, a representative from tribal government, and the Director designees from the Michigan Department of Education (MDE), the Michigan Department of Health and Human Services (MDHHS), Department of Insurance and Financial Services, and the Office of the Coordinator of Education for Homeless Children and Youth within MDE. Each November, the MICC reviews, discusses, and approves data for APR submission.

The MICC receives presentations from the Part C Data Manager, responsible for data in the Michigan Student Data System (MSDS) system, and Wayne State University, Qualitative Compliance Information Project (QCIP) responsible for child and family outcome data. During the interactive presentations, discussions take place and members learn how to find the data www.earlyondata.com, interpret trends, and share it 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. In between meetings, two standing committees convene: the MICC Executive Committee and the 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.

During MICC meetings, needs arise for ad hoc committees. Last year, MICC members voted to form and participate in the Determinations Ad Hoc Committee. They made recommendations to MDE around including the child outcomes reporting rates for local determinations, which contributed to a substantial increase in the reporting rate this year. During the November 9, 2023, MICC meeting, a Target Resetting Ad Hoc Committee was formed and will review and consider more vigorous targets for family outcomes, SPP/APR Indicator 4.

Membership on the PIC includes the 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), the MICC Staff Liaison, and an MDE Part C Consultant. The PIC meets every six weeks. The PIC is pivotal in reviewing the family outcome data from the annual Part C family survey. Last year, 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 envelope, so families know the survey was related to Early On. Since the survey is conducted by Wayne State University, on MDE's behalf, parents shared that they didn't realize the survey was related to Early On and 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 participate in it. They also suggested sending families a direct email with the family survey, which is a strategy that will be incorporated this coming year. As a result of the recommendations by the parents, Michigan's survey response rate increased this year.

Prior to each MICC meeting, the PIC reviews the MICC agenda. The MICC Staff Liaison walks them through each item, ensuring that all members have a good understanding of what will be discussed. They also review the process for how to make a motion under Roberts Rules of Order to build confidence in their meeting participation skills.

The parent members of the PIC are a diverse group of representatives, both in terms of race/ethnicity and geographic location. When selecting two parent alternates, the PIC ensured diversity was 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 a focus group with Gud Marketing as part of the Early On Rebranding Campaign. The parent members gave their input, particularly around suggesting photos that represent diverse family structures, as well as considering photos of children with invisible disabilities.

The SSIP focuses on improving social emotional outcomes for infants, toddlers, and their families. Since 2015, Michigan Part C has been working with Intermediate School Districts (ISDs) through cohorts around the state. One piece of the SSIP work is having Community of Practice (CoP) calls for cohort coordinators/leads which are provided monthly by MDE 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 MDE and MDHHS related to continuous improvement ideas and strategies.

Currently, 32 of the 56 ISDs have committed to participating in the SSIP cohort work. This geographically diverse group of stakeholders give excellent advice to the state team about what is and isn't working well. Some improvements they have suggested include compiling individual local service area data with data points such as fidelity checklist survey data, child outcomes data, family outcomes data, and electronic Deveraux Early Childhood Assessment (eDECA) data. In addition, a recommendation was made to make some improvements to the eDECA system. State staff organized a meeting with the software developers at Deveraux and invited local coordinators to join the call. A list containing nine suggestions was shared, and Deveraux is working to integrate the updates to the system. Since the coordinators and providers are using the eDECA system regularly, they are key stakeholders with the knowledge of what is working and what improvements to the system would be helpful.

Service providers in the SSIP cohorts provided feedback that they are feeling overwhelmed and stressed due to COVID-19 and because many providers left the profession, there are fewer staff to meet the needs of children and families. As a result of this feedback, MDE worked with CCRESA/OIP to offer State Continuing Education Clock Hours (SCECHs) in 2023 for the Pyramid Model Trainings required of SSIP participants. SCECHs will continue to be offered in 2024. This helped mitigate the providers' feelings of being overwhelmed, because the trainings satisfy a requirement to obtain SCECHs which is an incentive to participate in the SSIP work. Plans are being made to include continuing education hours through MiRegistry for next year, which was also a suggestion from cohort members.

As part of the Diversity, Equity, and Inclusion (DEI) study funded with ARPA funds, feedback was provided by families who engaged in Early On as well as those who chose not to participate in Early On to help inform system strengths and areas for improvement. In addition, the Core Planning Group for this study provided insights and perceptions from a variety of diverse viewpoints. This study is still in process and the feedback gained will help inform our practices moving forward.

Michigan's dispute resolution data for the 2022-2023 program year was shared and discussed at the November 9, 2023 Michigan Interagency Coordinating Council (MICC) meeting. However, there were no dispute resolution complaints filed in FFY 2022. Thus, there were no resolution requests.

Historical Data

Baseline Year	Baseline Data

FFY	2017	2018	2019	2020	2021
Target>=					
Data					

Targets

FFY	2022	2023	2024	2025
Target>=				

FFY 2022 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2021 Data	FFY 2022 Target	FFY 2022 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 2021 and FFY 2022.

9 - Prior FFY Required Actions

None

9 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2022. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

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

Measurement

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

Instructions

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

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

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and 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 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1 Mediations held	1
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.a.i Mediations agreements related to due process complaints	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.b.i Mediations agreements not related to due process complaints	1

Targets: Description of Stakeholder Input

Michigan has multiple mechanisms to engage broad stakeholders, which include the Michigan Interagency Coordinating Council (MICC), the Parent Involvement Committee (PIC), and the State Systemic Improvement Plan (SSIP) cohort members.

The MICC meets four times a year. The MICC membership consists of parents, service providers, the Michigan legislature, Head Start, higher education/personnel preparation, a developmental pediatrician, a representative from tribal government, and the Director designees from the Michigan Department of Education (MDE), the Michigan Department of Health and Human Services (MDHHS), Department of Insurance and Financial Services, and the Office of the Coordinator of Education for Homeless Children and Youth within MDE. Each November, the MICC reviews, discusses, and approves data for APR submission.

The MICC receives presentations from the Part C Data Manager, responsible for data in the Michigan Student Data System (MSDS) system, and Wayne State University, Qualitative Compliance Information Project (QCIP) responsible for child and family outcome data. During the interactive presentations, discussions take place and members learn how to find the data www.earlyondata.com, interpret trends, and share it 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. In between meetings, two standing committees convene: the MICC Executive Committee and the 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.

During MICC meetings, needs arise for ad hoc committees. Last year, MICC members voted to form and participate in the Determinations Ad Hoc Committee. They made recommendations to MDE around including the child outcomes reporting rates for local determinations, which contributed to a substantial increase in the reporting rate this year. During the November 9, 2023, MICC meeting, a Target Resetting Ad Hoc Committee was formed and will review and consider more vigorous targets for family outcomes, SPP/APR Indicator 4.

Membership on the PIC includes the 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), the MICC Staff Liaison, and an MDE Part C Consultant. The PIC meets every six weeks. The PIC is pivotal in reviewing the family outcome data from the annual Part C family survey. Last year, 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 envelope, so families know the survey was related to Early On. Since the survey is conducted by Wayne State University, on MDE's behalf, parents shared that they didn't realize the survey was related to Early On and 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 participate in it. They also suggested sending families a direct email with the family survey, which is a strategy that will be incorporated this coming year. As a result of the recommendations by the parents, Michigan's survey response rate increased this year.

Prior to each MICC meeting, the PIC reviews the MICC agenda. The MICC Staff Liaison walks them through each item, ensuring that all members have a good understanding of what will be discussed. They also review the process for how to make a motion under Roberts Rules of Order to build confidence in their meeting participation skills.

The parent members of the PIC are a diverse group of representatives, both in terms of race/ethnicity and geographic location. When selecting two parent alternates, the PIC ensured diversity was 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 a focus group with Gud Marketing as part of the Early On Rebranding Campaign. The parent members gave their input, particularly around suggesting photos that represent diverse family structures, as well as considering photos of children with invisible disabilities.

The SSIP focuses on improving social emotional outcomes for infants, toddlers, and their families. Since 2015, Michigan Part C has been working with Intermediate School Districts (ISDs) through cohorts around the state. One piece of the SSIP work is having Community of Practice (CoP) calls for cohort coordinators/leads which are provided monthly by MDE 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 MDE and MDHHS related to continuous improvement ideas and strategies.

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Service providers in the SSIP cohorts provided feedback that they are feeling overwhelmed and stressed due to COVID-19 and because many providers left the profession, there are fewer staff to meet the needs of children and families. As a result of this feedback, MDE worked with CCRESA/OIP to offer State Continuing Education Clock Hours (SCECHs) in 2023 for the Pyramid Model Trainings required of SSIP participants. SCECHs will continue to be offered in 2024. This helped mitigate the providers' feelings of being overwhelmed, because the trainings satisfy a requirement to obtain SCECHs which is an incentive to participate in the SSIP work. Plans are being made to include continuing education hours through MiRegistry for next year, which was also a suggestion from cohort members.

As part of the Diversity, Equity, and Inclusion (DEI) study funded with ARPA funds, feedback was provided by families who engaged in Early On as well as those who chose not to participate in Early On to help inform system strengths and areas for improvement. In addition, the Core Planning Group for this study provided insights and perceptions from a variety of diverse viewpoints. This study is still in process and the feedback gained will help inform our practices moving forward.

Michigan's data regarding mediation requests for FFY 2022 was shared and discussed at the November 9, 2023 Michigan Interagency Coordinating Council (MICC) meeting. The State is not required to provide targets until any reporting year in which ten or more mediations were held.

Historical Data

Baseline Year	Baseline Data
2005	0.00%

FFY	2017	2018	2019	2020	2021
Target>=					
Data		100.00%		50.00%	

Targets

FFY	2022	2023	2024	2025
Target>=				

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	1	1			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.

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2022. 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, 2023). 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 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

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 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) 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/documents/mde/SSIP_Theory_of_Action_741295_7.pdf

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2020	52.63%

Targets

FFY	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	52.44%	52.67%	52.90%	53.13%

FFY 2022 SPP/APR Data

Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
4,005	7,895	52.45%	52.44%	50.73%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

In FFY 2022, results for summary statement 2 (functioning within age expectations) on 3A (positive social emotional skills) decreased 1.72 percentage points from last year. The decrease was statistically significant (p<.05). This slippage might be associated with the lasting effect of COVID-19. The majority of the children in this data set (7,682 out of 7,895, 97.3%) enrolled in Early On/Part C after March 15, 2020 when the Governor issued the “stay home” order. Thus, these children received most services remotely, were not able to socialize with other children and were more isolated. 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). 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).

Provide the data source for the FFY 2022 data.

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

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

The data source for APR Indicator 3a, SS2, comes from the Child Outcomes Summary seven-point rating scale. The COS is a standardized method of reporting a child’s developmental status using a seven-point COS rating scale. Every child is rated on each of the three child outcome functional areas

using the COS seven-point rating scale. Multiple sources of information, such as assessments, IFSPs, and parent input are collected to help determine the child's functioning across the three outcomes 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 this 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 two types of data. SiMR data, family outcome data and COS reporting rate data are statewide. Pyramid Model, Electronic Deveraux Early Childhood Assessment (eDECA), fidelity checklist survey data, Community of Practice calls, and COS training data are cohort level 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 2022.

FFY 2022 Targets

4A 67.50%

4B 61.28%

4C 82.53%

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%

FFY 2019 Data

4A 73.35%

4B 66.59%

4C 87.22%

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

Child 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 these chase report 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. The statewide reporting rate for all exiting children by year is:

FFY 2015 - 44.67%

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%

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

NO

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

YES

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

General impacts of COVID-19 on Michigan Part C's early intervention system and strategies for mitigation are outlined in the introduction section of the APR. Additionally, the pandemic had specific impacts on child outcomes due to Michigan Part C's ability to provide meaningful services to infants, toddlers, and their families. In FFY 2022, results for the SSIP Indicator, 3A summary statement 2 decreased 1.72 percentage points from last year. The decrease was statistically significant ($p < .05$). This decrease might be associated with the lasting effect of COVID-19. The majority of the children (7,682 out of 7,895, 97.3%) enrolled in Early On/Part C after March 15, 2020, when the Governor issued the "stay home" order. Thus, these children received most services remotely, were not able to socialize with other children and were more isolated. 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).

The reporting rate for FFY2022 was higher than last year (60.22% compared to 56.17%). This year Michigan reported progress data for 1,100 more children than last year (7,895 compared to 6,746).

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.

2022-23 Action and Evaluation Plan (michigan.gov)

<https://www.michigan.gov/mileap/-/media/Project/Websites/mileap/Documents/Early-Childhood-Education/SSIP/2022-23-Action-and-Evaluation-Plan.pdf?rev=2668dd9d46264c83bf65a2639c6686bb&hash=B8B0DE7EA5398B0EE9732AFC0465F432>

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

YES

If yes, provide a description of the changes and updates to the evaluation plan.

The Social Emotional Developmental Wheels: Zero to Three, Behavior Has Meaning and The Michigan Association for Infant Mental Health (MiAIMH), Baby Stages, were scaled up and distributed statewide rather than just to SSIP cohort participants. In addition to the Wheels, a Tip Sheet was developed by stakeholders during the pilot phase, to provide suggestions for using the Wheels most effectively.

If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.

By distributing the Social Emotional Developmental Wheels statewide, they will be provided to more families with the hope of increasing knowledge of social emotional milestones and helping parents to understand their child's behavior and learn of strategies to address the behavior.

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

A Pyramid Model Training series was offered to cohort 3 members in spring 2023. The Pyramid Model Training series, which includes coaching, supports providers in using the Pyramid Model. The Pyramid Model is a conceptual framework of evidence-based practices for promoting infants' and toddlers' healthy social emotional development. These five modules were designed based on input gathered during focus groups with program administrators, training and technical assistance providers, early educators, and family members about the types and content of training that would be most useful in addressing the social emotional needs of infants and toddlers. Based on over a decade of evaluation data, the Pyramid Model has shown to be a sound framework for early care and education systems.

Community of Practice (CoP) calls for cohort coordinators/leads are provided monthly, for eighteen months, by MDE 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 MDE and MDHHS related to continuous improvement ideas and strategies. After a cohort has worked with MDE and MDHHS for eighteen months, they continue to implement the activities and are in maintenance phase. Cohorts 1 and 2 are in maintenance phase and participate in quarterly CoP calls. The quarterly 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 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. Use of 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 3 received trainings in January around the DECA Assessment, eDECA Orientation for Coordinators/Leads, and eDECA Orientation for Service Providers.

The Birth through Five Child Outcomes Summary (COS) Process Manual is used in conjunction with Birth through Five Child Outcomes Trainings offered by Early On Training and Technical Assistance (EOT&TA) through the Office for Innovative Projects at Clinton County Regional Educational Service Agency (RESA). The Birth through Five COS Process Manual and Birth through Five Child Outcomes Trainings were developed to support service providers in understanding the state and federal reporting requirements, and importance of the three child outcomes.

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

One of the process steps for 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.

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 that their access to new social emotional resources and strategies increased, 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. This modality will support sustainability as scale up continues.

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

92% and 97% of Leads in cohorts 2 and 3 respectively, participated in CoP calls monthly. The CoP calls for cohorts 1 and 2, in maintenance phase, were attended with 65% 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.

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

The number of service providers trained and implementing the e-DECA with families increased from 423 to 683 providers.

The number of children with e-DECA assessments increased from 2,038 to 3,101. An additional 866 children were inactivated meaning they were active and have now exited services.

In 2022-2023, 26 children had matched pre and post scores. Improvements were made for all 26 children with the largest gain seen in self-regulation with a mean score improvement from a T score of 42 (close to area of need) to 46 which is in the typical range. There was an increase in the number of children in this matched data set, moving into the strength/typical range at post-test assessment.

- Total Protective factor: 58% to 62% increase in the number of children in the strength to typical range
- Initiative: 58% to 62% increase in the number of children in the strength to typical range
- Self-Regulation: 38% to 62% increase in the number of children in the strength to typical range

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. MDE 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.

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

Outcomes achieved

The manual was completed and posted in May 2021 and is used during Birth Through Five Child Outcomes Trainings. Between July 1, 2022, and June 30, 2023, EOT&TA hosted 12 COS training events with 321 participants, providing a better understanding of the requirements and important processes related to the child outcomes process.

The manual is used in conjunction with the Birth Through Five Child Outcomes Trainings. It will help lead to more accurate child outcome ratings and better data. It is sustainable since it's already developed, available electronically, and in use.

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

The Michigan Early On Child Outcomes Summary (COS) Process Data Manual was released in April 2021 and made available throughout the state. Data webinars were held October 13, 2022, February 13, 2023, and June 8, 2023, where the manual was shared and discussed. The manual supports the system by ensuring accuracy and quality of data in MSDS, which makes SiMR data more reliable. It's sustainable because it's already developed, available electronically, and in use throughout the state.

Chase Reports. Systems framework: Data
Outcomes Achieved

Two new sources of information were implemented 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 Wayne State University provided a child-level list to each local service area showing the details for their Indicator 3 results. With these improvements, 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 has 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.

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

From July 1, 2022 - June 30, 2023, 8,875 MiAIMH wheels (7,850 English, 775 Spanish, and 250 Arabic) and 11,100 Zero to Three Behavior Has

Meaning wheels were scaled up and distributed across the state and are being used with families to support their knowledge of social emotional milestones and understanding behavior.

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

Collaborate with Wayne State University 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. An improvement activity done this year was the Service Provider Survey. Data from the Service Provider Survey is listed in the section below under new infrastructure improvement strategies. Data from the family survey and service provider survey were compared and results were consistent across the two surveys.

By incorporating additional questions into the Family Survey, the system is supported and gains insightful information as to the connection between family outcomes and social emotional outcomes. It impacts the SiMR and the Theory of Action because in order for child outcomes to improve, families will report feeling supported and receiving information in a family centered manner. Since the questions are developed and being used, this activity is sustainable.

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

YES

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

The Social Emotional Developmental Wheels: Zero to Three, Behavior Has Meaning and The Michigan Association for Infant Mental Health (MiAIMH), Baby Stages, were scaled up and distributed statewide rather than just to SSIP cohort participants.

Short term outcomes achieved included more families received materials to help build competence and confidence around social emotional development.

Wayne State University conducted a Statewide Service Provider survey. The purpose of the Service Provider Survey was to learn about the relationships between:

- types of support or training that service providers receive around social-emotional development;
- their understanding and confidence of social emotional development;
- their use of family-centered practices to promote positive social emotional development; and
- their perspective on their role in enhancing family outcomes around social-emotional development

to help identify improvement strategies to enhance family outcomes on social-emotional development, per the State's SSIP Theory of Action.

Outcomes achieved include learning there is a strong link between elements of the Theory of Action, which include competent and confident Early On Personnel and improved family-centered practices leading to enhanced family outcomes.

- Service providers who receive trainings or information about social-emotional development were statistically significantly more likely to report feeling more confident and competent and
- Those indicating higher levels of confidence and competency were more likely to report using family-centered practices around social emotional development and
- Those using family-centered practices were more likely to also say they helped to enhance family outcomes on social emotional development.

Recommendations based on key findings include:

- Provide additional opportunities for Early On service providers to receive training/information around increasing social-emotional development knowledge.
- Provide additional opportunities for Early On service providers to receive trauma informed care training.
- Encourage the use of the Social Emotional Developmental Wheels with families.

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

Next steps for the Pyramid Model Training includes training new providers in Cohorts 1, 2, and 3 as well as over 100 new service providers in Cohort 4. Anticipated outcomes include all providers in Cohorts 1, 2, 3, and 4 will have completed the Pyramid Model Trainings. In addition, providers will utilize foundational knowledge gained from the trainings and use with families to promote social emotional strategies for improving outcomes.

Next steps for the CoP calls include continuing to meet monthly with Cohort 3 coordinators/leads and begin monthly CoP calls in January 2024 with Cohort 4 coordinators/leads. Cohorts 1 and 2 will meet quarterly for CoP calls. Anticipated outcomes include continuing to connect with each other, share and discuss data, troubleshoot any issues, and support work around improving social emotional outcomes.

Next steps for the DECA and e-DECA include training new providers in Cohorts 1, 2, and 3 as well as over 100 new service providers in Cohort 4. Anticipated outcomes include all providers in Cohorts 1, 2, 3, and 4 will have completed the DECA and e-DECA trainings. In addition, providers will utilize the assessment information and e-DECA strategies with families to support and promote social emotional outcomes specific to their child.

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

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

Next steps for messaging include the continued implementation of the social emotional wheels and tip sheets to service providers and families across the state. Anticipated outcomes include providers sharing the wheels with families, and families report receiving information around the importance of social emotional development, leading to increased child outcomes.

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

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

The implementation of evidence-based practices (EBPs) will continue through the SSIP cohorts which include over 300 service providers from 32 local service areas (out of 56 statewide) for four cohorts. Participation in the cohorts includes a 90-minute DECA assessment training and e-DECA orientation trainings for coordinators/leads and service providers on how to use the e-DECA system. The e-DECA system involves a social emotional questionnaire and strategies for providers to introduce to the family, thereby supporting them with advancing their child's social emotional development. The e-DECA supports family-centered practices, family capacity-building practices, and family and professional collaboration. Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development. Bundled with use of e-DECA is the use of the Pyramid Model Trainings, which also supports use of EBPs. Pyramid Model Trainings consist of five, 75-minute modules that provide foundational training, case studies, videos, resources, and coaching. Current Family Survey data support the Theory of Action demonstrating that providing family-centered social emotional developmental materials and information result in higher outcomes for children and families. Family Survey data identify a strong correlation between families who report having a knowledgeable service provider and higher family outcomes. The Pyramid Model provides additional resources necessary to build more competent and confident service providers.

Thirty-three 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 were redesigned in January 2023 to include questions about all SSIP activities, including Pyramid Model Trainings and coaching, the use and implementation of the eDECA, 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, January, June, and October, to coordinators/leads and service providers.

Cohort 1 reached fidelity in January 2022 and continue to implement SSIP activities consistently. The coordinators/leads participate in quarterly CoP calls and SSIP Office Hours as needed to gain support, in addition to emailing and calling the state staff. Cohort 1 maintained fidelity when the data were submitted in the January 2023 surveys.

Cohort 2 reached fidelity in January 2023 for completing all required trainings, and implementing practices including:

- 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.
- Am knowledgeable and share information with families about social and emotional milestones.
- Utilizing resources and strategies that promote social emotional development for infants and toddlers.
- Sharing eDECA results with the family/rater within two weeks; and
- Implementing the practices highlighted in the Social Emotional Developmental Wheels Tip Sheet.

For Cohort 3, 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 are making progress but not quite to fidelity on the objectives for using the eDECA system and running reports as well as knowing how to find current social emotional outcome data for their program. 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 eDECA system.

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

Evaluation data compiled from the 43 respondents who took the Pyramid Model Trainings and completed a pre and post test, show that:

- All providers agree their knowledge of social emotional milestones of children birth-age three increased (from 5.8 to 6.2 on a 7-point scale with 7 being strongly agree)
- Providers reported their access to new social emotional resources and strategies increased due to the training. A moderate effect size was found in providers self-reporting pre and post training outcomes related to access with a pretest average rating of 5.6 (slightly agree) to a 6.1 (agree).
- Providers reported that they are using social emotional strategies in their day-to-day practices. This is where the largest gain was reported this year. Before training, participants noted that they slightly disagreed (3.8) that they shared strategies and resources with parents. Post training that response, on average, was a 5.8 out of a 7-point scale with 7 being strongly agree.

When asked how the Pyramid Model Training affected their day-to-day work, one service provider shared that she was able to better recognize feelings in herself and others and will focus more on responsive relationships. Other comments included how useful the resources are in their work with families, how impactful relationships are for families, being more mindful of taking time to understand the families view of their child, how important it is to manage their own emotions when doing this work and being more mindful of the family's needs from their viewpoint.

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

The DECA and e-DECA trainings and implementation, as well as the Pyramid Model Trainings will be continued next year with Cohorts 1, 2, 3, and 4 which includes ten new local service areas that began in November 2023. Cohorts 1, 2, and 3 are expanding to include additional service providers which will also increase the number of children and families receiving the benefits of the social emotional activities. The new providers will be trained along with the providers in Cohort 4. By expanding the number of service providers in Cohorts 1, 2, and 3 the goal is to increase service providers' confidence and competence in social emotional development which will lead to increased child and family outcomes, ultimately impacting the SIMR.

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

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

The SIMR target was not met this year. However, after implementing activities for two years, Cohort 1 showed a statistically significant increase in child outcome data (SPP/APR Indicator 2A SS2) from 2019 to 2022. The percent of infants and toddlers who were functioning within age expectations for positive social-emotional skills by the time they exited Early On increased from 42.79% in 2019 to 49.29% in 2022.

In addition, data from the Service Provider Survey showed when compared non-cohort sites, cohorts 1 and 2 had higher scores.

Overall respondents from Cohort 2 reported:

- Higher competency level, but the differences were not statistically significant.
- Higher results on family-centered practice items, but the differences were not statistically significant.
- Statistically significantly higher results on enhanced family outcomes.

Cohorts 1 and 2 service providers reported a higher level of understanding on the following areas of social emotional development:

- Typical and atypical social emotional milestones
- Self-regulation
- Attachment relationships
- Temperament
- Screening for social emotional health
- Services and supports for mental health
- Trauma informed care

Average competency score:

cohort 1: 2.83

cohort 2: 2.97

non-cohort: 2.80

When looking at Family-Centered Practice, cohorts 1 and 2 reported higher scores on the following items:

- I am knowledgeable about social emotional health and behavior.
- I answer questions and share resources related to social emotional development.
- I demonstrate and talk to families about how they can respond to their child and talk about feelings.
- I am comfortable referring families to mental health or psychological services for their children.

Average competency score:

cohort 1: 4.61

cohort 2: 4.75

non-cohort: 4.49

Data around enhanced family outcomes and knowledge and confidence measured:

Over the past year, I have helped families:

- Define what social and emotional health is.
- Learn more about their child's social and emotional development and what to look for as she/he grow.
- Feel confident in their ability to recognize social-emotional health in their child (e.g., express emotions, respond to others, engage in play, etc.).
- Identify activities they can do to support social-emotional health of their child (e.g. soothing, calming activities, establishing routines, teach problem solving skills, etc.).
- Recognize the importance of their parent-child relationship to all areas of development.
- Know the importance of talking with their child in a soothing and comforting tone.
- Feel more confident addressing behavior that challenges parents (e.g. tantrums, biting, etc.)

Average competency score:

cohort 1: 4.56

cohort 2: 4.78

non-cohort: 4.46

Data around enhanced family outcomes and parent-child interaction measured:

Over the past year, I have helped families:

- Help their child to calm down and recover when he/she feels sad or anxious.
- Pay more attention to their child's feelings and emotions (e.g. happy, sad, anxious, etc.).

- Increase the amount of quality eye contact and face-to-face time with their child (cooing and babbling together, playing during floor time, etc.).
- Talk with their child about feelings and emotions (e.g. “I see your tears and I can tell you’re feeling sad that your toy broke.” And “I see that big smile, it looks like you feel happy that we’re going to play at the park.”)
- Respond quickly to their child’s needs (pick them up when they cry, laugh together, smile back and forth with my infant.)

Average competency score:

cohort 1: 4.62

cohort 2: 4.82

non-cohort: 4.52

Although SiMR data decreased this year due to many factors, including COVID-19, supports are in place to continue implementing the activities mentioned throughout the report and including more local service areas across the state into the SSIP cohorts.

Section C: Stakeholder Engagement

Description of Stakeholder Input

Michigan has multiple mechanisms to engage broad stakeholders, which include the Michigan Interagency Coordinating Council (MICC), the Parent Involvement Committee (PIC), and the State Systemic Improvement Plan (SSIP) cohort members.

The MICC meets four times a year. The MICC membership consists of parents, service providers, the Michigan legislature, Head Start, higher education/personnel preparation, a developmental pediatrician, a representative from tribal government, and the Director designees from the Michigan Department of Education (MDE), the Michigan Department of Health and Human Services (MDHHS), Department of Insurance and Financial Services, and the Office of the Coordinator of Education for Homeless Children and Youth within MDE. Each November, the MICC reviews, discusses, and approves data for APR submission.

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

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. In between meetings, two standing committees convene: the MICC Executive Committee and the 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.

During MICC meetings, needs arise for ad hoc committees. Last year, MICC members voted to form and participate in the Determinations Ad Hoc Committee. They made recommendations to MDE around including the child outcomes reporting rates for local determinations, which contributed to a substantial increase in the reporting rate this year. During the November 9, 2023, MICC meeting, a Target Resetting Ad Hoc Committee was formed and will review and consider more vigorous targets for family outcomes, SPP/APR Indicator 4.

Membership on the PIC includes the 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), the MICC Staff Liaison, and an MDE Part C Consultant. The PIC meets every six weeks. The PIC is pivotal in reviewing the family outcome data from the annual Part C family survey. Last year, 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 envelope, so families know the survey was related to Early On. Since the survey is conducted by Wayne State University, on MDE’s behalf, parents shared that they didn’t realize the survey was related to Early On and 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 participate in it. They also suggested sending families a direct email with the family survey, which is a strategy that will be incorporated this coming year. As a result of the recommendations by the parents, Michigan’s survey response rate increased this year.

Prior to each MICC meeting, the PIC reviews the MICC agenda. The MICC Staff Liaison walks them through each item, ensuring that all members have a good understanding of what will be discussed. They also review the process for how to make a motion under Roberts Rules of Order to build confidence in their meeting participation skills.

The parent members of the PIC are a diverse group of representatives, both in terms of race/ethnicity and geographic location. When selecting two parent alternates, the PIC ensured diversity was 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 a focus group with Gud Marketing as part of the Early On Rebranding Campaign. The parent members gave their input, particularly around suggesting photos that represent diverse family structures, as well as considering photos of children with invisible disabilities.

The SSIP focuses on improving social emotional outcomes for infants, toddlers, and their families. Since 2015, Michigan Part C has been working with Intermediate School Districts (ISDs) through cohorts around the state. One piece of the SSIP work is having Community of Practice (CoP) calls for cohort coordinators/leads which are provided monthly by MDE 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 MDE and MDHHS related to continuous improvement ideas and strategies.

Currently, 32 of the 56 ISDs have committed to participating in the SSIP cohort work. This geographically diverse group of stakeholders give excellent advice to the state team about what is and isn’t working well. Some improvements they have suggested include compiling individual local service area data with data points such as fidelity checklist survey data, child outcomes data, family outcomes data, and electronic Deveraux Early Childhood Assessment (eDECA) data. In addition, a recommendation was made to make some improvements to the eDECA system. State staff organized a meeting with the software developers at Deveraux and invited local coordinators to join the call. A list containing nine suggestions was shared, and Deveraux is working to integrate the updates to the system. Since the coordinators and providers are using the eDECA system regularly, they are key stakeholders with the knowledge of what is working and what improvements to the system would be helpful.

Service providers in the SSIP cohorts provided feedback that they are feeling overwhelmed and stressed due to COVID-19 and because many providers left the profession, there are fewer staff to meet the needs of children and families. As a result of this feedback, MDE worked with CCRESA/OIP to offer State Continuing Education Clock Hours (SCECHs) in 2023 for the Pyramid Model Trainings required of SSIP participants. SCECHs will continue to be offered in 2024. This helped mitigate the providers' feelings of being overwhelmed, because the trainings satisfy a requirement to obtain SCECHs which is an incentive to participate in the SSIP work. Plans are being made to include continuing education hours through MiRegistry for next year, which was also a suggestion from cohort members.

As part of the Diversity, Equity, and Inclusion (DEI) study funded with ARPA funds, feedback was provided by families who engaged in Early On as well as those who chose not to participate in Early On to help inform system strengths and areas for improvement. In addition, the Core Planning Group for this study provided insights and perceptions from a variety of diverse viewpoints. This study is still in process and the feedback gained will help inform our practices moving forward.

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

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

Agency partners and contractors regularly present data and information pertaining to various initiatives to the MICC for input and feedback as part of process improvement strategies. During the November MICC meeting, MDE staff shared the SPP/APR data with the MICC. During the interactive presentation, MICC members discussed each Indicator, the data, the improvement strategies, and voted to accept the data.

During the CoP calls with cohorts 1, 2 and 3 the coordinators/leads shared input with state staff. The input included ideas for improving SSIP activities, such as compiling individual local service area data with data points such as fidelity checklist survey data, child outcomes data, family outcomes data, and eDECA data. In addition, a recommendation was made during a combined cohort 1 and 2 call to make some improvements to the eDECA system. State staff organized a meeting with the software developers at Deveraux and invited local coordinators to join the call. A list containing nine suggestions was shared and Deveraux is working to integrate the updates to the system. Since the coordinators and providers are using the eDECA system regularly, they are key stakeholders with the knowledge of what is working and what improvements to the system would be helpful.

Beginning in January 2024, a Target Resetting Ad Hoc Committee, made up of many stakeholders including service providers, Early On Coordinators, parents, MICC members, the Part C Data Manager, staff from Wayne State University, and Early On state staff will convene. The purpose is to recommend new targets for SPP/APR Indicator 4, Family Outcomes that are more rigorous, yet attainable.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

Service providers across the state are feeling overwhelmed and stressed due to COVID-19 and because many providers left the profession there are decreased staff to meet the needs of children and families. MDE worked with Clinton County RESA, Office of Innovative Projects to develop continuing education credits for the Pyramid Model Trainings in 2023 and will continue to be offered for 2024. This helped with the feeling of providers being overwhelmed, because the trainings would satisfy a requirement to obtain State Continuing Education Clock Hours (SCECHs), which is an incentive to participate in the SSIP work.

Plans are being made to include continuing education hours through MiRegistry for next year.

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

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

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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:

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