**State Performance Plan / Annual Performance Report: Part C**

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

**For reporting on   
FFY 2021**

**Michigan**

U.S. Department of Education seal

**PART C DUE   
February 1, 2023**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

The Lead Agency for Part C, or Early On®, is Michigan’s State Education Agency, the Michigan Department of Education (MDE). The MDE provides oversight to the 56 intermediate school districts (ISDs) responsible for the administration of Early On across the state. (Note: ISDs are sometimes referred to as local service areas.) Each local service area is required to have a Local Interagency Coordinating Council (LICC) as an advisory body for its system of services. The LICCs are patterned after the Michigan Interagency Coordinating Council (MICC) requiring representative stakeholders and parent membership.  
  
Since the program's inception, Michigan’s early intervention system has coordinated and collaborated with the Michigan Department of Health and Human Services (MDHHS), which houses child welfare, public health, and mental health. MDHHS coordinates and collaborates with the MDE to collect and analyze program data, as well as implement improvement activities to improve outcomes.   
  
The Annual Performance Report (APR) development process included input and analysis of data from MDE, MDHHS, program partners, families, and a review by the MICC. Contractors and MDE’s state-level data collection entity ensured that indicator-specific data were collected, certified, and submitted to MDE for final confirmation. Local service areas submitted data to the Michigan Student Data System (MSDS), which were then analyzed by the Part C 618 data manager. Data were also collected and analyzed by Wayne State University. A series of meetings were held to review and utilize confirmed data to develop program improvement activities. Data coordination meetings have aligned efforts and decreased redundancy. The MDE Data Ad Hoc Committee met multiple times to analyze the indicator data to make recommendations to adjust and finalize indicator targets, completing their work in October 2021. This committee presented their recommendations to the MICC who voted to support the recommendations and move on to MDE for finalization. Each November, the MICC reviews, discusses, and approves data for APR submission.  
  
Summary of Indicator data included in this report: Compliance indicators 1, 7, 8a, and 8c were just under the target of 100%. Indicators 1, 8a, and 8c showed no slippage, with 8a and 8c showing improvement from the previous year. Indicator 7 did demonstrate slippage from the previous year most likely due to impacts of COVID-19. Results indicators 2, 4, 5, and 6 all met targets. Indicator 3 had mixed results. For Summary Statement 1, none of the targets were met. For Summary Statement 2, a and b were met but c was not met. For the measurements not met, they each had some slippage, most likely due to impacts from COVID-19. One state complaint was filed and no requests for due process hearings, therefore Indicator 9 demonstrated no change from the previous year. There were no mediation requests, therefore none were held. Since Michigan held no mediations, the state does not meet the threshold of holding ten mediations for establishing baseline and targets. Detailed information is provided per each indicator in this report.   
  
In Michigan, IDEA Parts B and C continue to collaborate to improve and utilize Catamaran, which is our comprehensive online monitoring/accountability system. The monitoring system has gone through various iterations to respond to requirements of the 2004 Reauthorization of the Individuals with Disabilities Education Improvement Act. Continuous improvement is a constant goal, so enhancements were initiated to the monitoring/accountability system in response to needs of the users. There are three monitoring components to Catamaran: (1) focused monitoring; (2) data analysis, which includes a process for notifying local service areas of findings which require corrective action plans for compliance indicators; and (3) verification.  
  
The Michigan Part C State Plan can be found on the MDE Early On website. Additionally, each year a copy of the Michigan Part C of IDEA State Performance Plan/Annual Performance Report (SPP/APR) is posted and can be downloaded at www.michigan.gov/earlyon.

Additional information related to data collection and reporting

COVID-19 continued to be prevalent in Michigan throughout FFY 2021, creating challenges for both families and providers. These impacts include but are not limited to:   
-Families unable to or uncomfortable with opening their homes to in-person services due to health of child or family members.  
-Transiency of families due to loss/reduction of employment due to business closures, workforce reductions, or related to capacity to maintain employment due to health of child or family members.  
-Families or providers lacking needed technology.  
-Families or providers unfamiliar with using technology for receipt/delivery of early intervention services.  
-Communities with infrastructure issues such as lack of internet service.   
-Workforce shortages due to COVID-19 – health of providers and/or their family members, burnout, retirements.  
This information was gathered through surveys to the field, interactive webinars, and emails/questions from the field.   
-Increased number of children identified for early intervention services in general.  
-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 due to impacts of COVID-19.  
-State guidance on COVID-19 related topics remained available to providers and the public. (MDE COVID-19 website).  
-Guidance from the Office of Special Education Programs (OSEP) and national TA centers such as Early Childhood Technical Assistance Center (ECTA) and the Center for IDEA Early Childhood Data Systems (DaSy) was shared with local service areas .  
- Webinars were held to maintain a regular open two-way communication loop between Michigan’s IDEA Part C program staff, Early On Training and Technical Assistance (EOT&TA), and local administrators and providers.  
- Community of Practice (CoP) meetings were held by EOT&TA to provide opportunities for local administrators to problem-solve with each other and with state technical assistance specialists.  
- Technical assistance specialists attended national technical assistance offerings and gathered resources. Information and resources continued to be used to support local service areas during the pandemic.  
- Resources were posted on EOT&TA’s website to provide continuous access.  
These strategies provided support to local service areas to mitigate the impact on completeness and validity of data and continue to be implemented. These proactive steps allowed Michigan to collect complete and valid data and supported the need for continuation in Federal Fiscal Year (FFY) 2021.

**General Supervision System**

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

Michigan’s Part C comprehensive general supervision system is in place to ensure compliance with and implementation of Part C of the Individuals with Disabilities Act (IDEA) and the Michigan Administrative Rules for Special Education (MARSE), resulting in improved outcomes for infants and toddlers with disabilities and/or a developmental delay and their families.  
MDE is the lead agency for the implementation of Part C of IDEA. Part C of IDEA is commonly known as Early On in Michigan. There are 56 ISDs across the state which serve as local lead agencies responsible for the administration of Early On. The early intervention system established by an ISD is referred to as a local service area. Each 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 also provided via the Catamaran Technical Assistance website (https://training.catamaran.partners) and is available to the public. This system was designed to help the state and ISDs share, analyze, and interpret data, as well as record all monitoring, correction, and verification activities in a single location. The system is used to send communications and reminders to 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 indicator targets. 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 both the citation of the statute, rule or regulation, and a description of the data supporting the state's conclusion that there is noncompliance with that statute or regulation. There are two prongs of findings and verification of correction used by the state: Prong 1 – The ISD is issued a finding/corrective action for each individual case of noncompliance which must be corrected within 45 calendar days of issuance, and Prong 2 – The ISD is issued a finding 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 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 concerns brought to the attention of MDE, and length of time since the previous monitoring visit.  
Fiscal management of ISDs and statewide contracts is monitored using NexSys. All fiscal agents must apply for Part C funds through this system. Budgets and subsequent amendments are approved by MDE staff. Distribution of reimbursement payments is conducted, and final expenditure reports are filed via NexSys accounting. Financial audits are conducted by the finance unit within the Office of Great Start, MDE.  
Michigan’s dispute resolution system is managed by the MDE Office of Special Education (MDE OSE), the lead for Part B of IDEA. MDE OSE provides oversight and administration for mediation, complaints, and due process hearings for both Part C and Part B of IDEA. State mediation requests are processed by Special Education Mediation Services (SEMS). Their website is mikids1st.org. SEMS provides services through a network of 18 conflict resolution centers across the state. They provide mediation, facilitation, and training services to assist families and school districts resolve differences by helping participants find solutions for the good of the child and family in a non-legal way, thereby avoiding a lengthy and expensive court process. The use of mediation is voluntary and must be agreed to by both parties. This service is free to families and school districts. Complaints filed with the state are processed by MDE OSE using a single-tier system. This single-tier system allows the early intervention systems and MDE OSE to jointly investigate complaints resulting in the opportunity to encourage and support the use of local resolution and methods of alternative dispute resolution. The complaint investigation process and any resulting findings of noncompliance are maintained within the Catamaran system. Correction of noncompliance and verification of correction occurs in Catamaran.   
Due process hearings in Michigan are processed in a single-tier system 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 MDE Early On (www.michigan.gov/earlyon), and Early On Training and Technical Assistance (www.eotta.ccresa.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 practices. The contractor provides TA to local service areas through a variety of methods including guidance documents, phone contacts, email, one-on-one technical assistance for each of the local systems, and onsite meetings. A daily toll-free line is available for early intervention personnel to ask questions. This contractor also provides TA after state monitoring to assist the local service area to come into compliance.  
  
Each local service area also receives TA from state lead agency staff. Three state Education Consultants (Civil Service classification title for professional employees) are assigned a cohort of local systems to provide TA in addition to support from EOT&TA. State staff and EOT&TA work closely to coordinate support to the local systems. State staff technical assistance is at the policy level to clarify guidance where needed at the local level.

**Professional Development System:**

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

Comprehensive system of professional development: MDE Office of Great Start has contracted with CCRESA/OIP/EOT&TA to provide a comprehensive system of professional development. This comprehensive system includes the training of providers, paraprofessionals and the training of primary referral sources with respect to the basic components of an early intervention system available in the state including the implementation of innovative strategies and activities for the recruitment and retention of Early On service providers, promoting the preparation of Early On service providers who are fully and appropriately qualified to provide early intervention services under Part C, and training personnel to coordinate transition services for infants and toddlers in geographic areas throughout the state.  
  
This contractor also has the responsibility of providing timely delivery of high quality, evidenced-based technical assistance and support to local service areas. Supports to the field include a website with quality resources, online and in-person trainings, webinars, system update sessions, conferences, communities of practice, and book studies with national TA experts. Participation in national communities of practice and TA events provide contractors the most current and up-to-date information.  
  
A self-paced, five-part training module for personnel development entitled the Essentials for Early On is a required training for new Early On coordinators and is utilized to support providers in the field so they understand expectations for evaluating infants and toddlers. State staff worked to enable continuing education credits for those completing the on-line course.  
  
The Early On Center for Higher Education is Michigan's pre-service initiative to support the development of highly qualified early intervention personnel to work with infants and toddlers, birth to three, with disabilities and/or special needs, and their families. The Early On Center works with faculty to strengthen learning experiences for 2-year and 4-year college students so they are knowledgeable of Early On Michigan and competent in their future work with families of infants and toddlers.

**Broad Stakeholder Input:**

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

Michigan Part C collaborated with multiple stakeholders who represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social and emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.  
  
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.  
  
As part of DMS 2.0 Monitoring process, stakeholders participated in OSEP-directed focus groups to provide a more comprehensive picture of the Part C system in Michigan. Members of the MICC met with OSEP on two occasions to discuss the early intervention system including suggestions to improve meaningful involvement. Part C contractors from CCRESA, Wayne State University, Public Sector Consultants, and Michigan Alliance for Families were also involved with the DMS process and shared information with OSEP during their visit to Michigan, related to their area of expertise.  
  
Plans are being made to continue engagement with stakeholders to review data, analyze improvement strategies, and recommend additional factors for local determinations.

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

YES

**Number of Parent Members:**

7

**Parent Members Engagement:**

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

Parent members from the MICC, Michigan Alliance for Families (MAF), and the Parent Involvement Committee (PIC) were engaged in target setting. The Data Ad Hoc Committee had parents involved in discussions, data analysis including trend data, and brain-storming improvement strategies. Parents were pivotal partners in the targeting setting process. The PIC meets every six weeks, and during their meetings one agenda item includes discussing data and statewide updates. The PIC parents also review Indicator 4, Family Survey data, and provided some recommendations to MDE to improve the response rate. LICCs are required to include parents in their membership and are encouraged to share all local level data and reports at their meetings. Parents are supported in attending state and national conferences to gain knowledge so they can support state and local efforts.

**Activities to Improve Outcomes for Children with Disabilities:**

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

Strategies used to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes included the utilization and availability of increased access to technology. This allowed parents to participate in meetings, trainings, and discussions virtually. In addition, the MDE provided, and continues to provide, parents with stipends and reimbursement for child care, mileage, and meals so parents would be able to participate in meetings, trainings, and conferences. MAF provides numerous trainings to prepare parents for participation in the development of improvement activities and to develop their leadership skills. The Parent Leadership in State Government Initiative is a great example of the MDE partnering with other state agencies, including MDHHS, to develop parent leadership skills through the Parents Partnering for Change training. Wayne State University, MDE's partner in the development and analysis of the family survey outcomes, has worked tirelessly to ensure a diverse representation of families across the state responded to the survey. The results of the survey were and are used to inform decisions regarding priorities and areas in need of improvement.  
  
During this reporting year, discussions were held with the MICC Determinations Ad Hoc Committee and Early On coordinators about the importance of complete child reporting rates and the possibility of including these data in the local service areas’ determinations.

**Soliciting Public Input:**

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

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

**Making Results Available to the Public:**

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

The results of the target setting and data analysis discussed at the November 4, 2021 MICC meeting can be found in the MICC minutes located on the MDE's MICC website (www.michigan.gov/micc). Since the targets were approved, the targets, trend data, and improvement strategies are being 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 2020 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 2020 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.**

The FFY 2020 public report on the performance of each local service area for each of the required indicators is posted on three websites, including the MDE Early On website (www.michigan.gov/earlyon) under the heading of Individuals with Disabilities Education Act (IDEA) Public Reporting of Data. This section of the website includes live links to MiSchoolData and the FFY20 Michigan Part C Public Reports (published May 2022) (Excel format). The FFY 2020 public report can also be found at www.earlyondata.com under the Public Reports tab. A communication was released by MDE’s Office of Public and Government Affairs directing stakeholders to MDE’s site.   
  
The FFY 2020 SPP/APR can also be found on the MDE Early On website (www.michigan.gov/earlyon) under the heading of Federal Reports/Performance.

## Intro - Prior FFY Required Actions

None

## Intro - OSEP Response

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

## Intro - 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.

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.84% | 99.86% | 99.89% | 99.92% | 99.95% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 20,824 | 21,267 | 99.95% | 100% | 99.82% | 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.***

404

**Provide reasons for delay, if applicable.**

Thirty-five of the 56 local service areas had a total of 404 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 39 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 2021 data are based on the full reporting period; therefore, findings based on these FFY 2021 data are issued in FFY 2022 and correction of noncompliance will be reported in the FFY 2023 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, 2021 – June 30, 2022

**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, 2021 - June 30, 2022). Data from the three collections were aggregated to provide data from the full reporting period. Workforce shortages related to COVID-19 (addressed in the Introduction) resulted in a slight increase in the number of delays to the initiation of services that were not attributable to exceptional family circumstances.   
  
Data for this indicator reflect a total of 21,267 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 20,824 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 404 records indicated delays to the initiation of services were attributable to documented exceptional family circumstances. The number of records with documented exceptional family circumstances (404) was added to the timely records (20,824) resulting in a total of 21,228 records. This number was used as the numerator for the calculation. The resulting percentage of compliance is 99.82%.   
  
(20,824+404)/21,267=.9982  
  
Both the numerator and denominator include 404 children for whom services were not timely, but whose records indicated that the delays were attributable to documented exceptional family circumstances. 99.82% compliance falls slightly below the target of 100% for this indicator. This compliance level is also slightly lower than the 99.95% compliance level reported in the FFY 2020 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 was 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 a significant 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 a slight increase in the number of delays to the initiation of services that were not attributable to exceptional family circumstances.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 6 | 6 | 0 | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

Six local service areas were issued a Finding for Indicator 1 in FFY 2020 based on a review of their data submitted within MSDS for the FFY 2019 program year (July 1, 2019 – June 30, 2020).   
  
Each local service area developed a corrective action plan (CAP) in Catamaran that detailed strategies the local service area would take to correct noncompliance, as soon as possible, but no later than one year from notification of the Finding, including verification by the state. As part of the corrective action planning process, progress reports were submitted. Progress reports required the local service areas to conduct file reviews.   
  
When CAP activities had been completed and local data indicated compliance had been achieved, the local service area requested CAP closeout and MDE conducted verification activities. MDE reviewed the most recent data submitted to MSDS to determine whether the local service area had achieved 100% compliance. All records for each local service area were found to be in compliance resulting in a 100% compliance level.   
  
Documentation was also collected from the local service areas and from the state technical assistance (TA) providers to demonstrate that all CAP activities had been completed. Each local service area was notified of the verification of correction of noncompliance through a formal letter closing the CAP and Finding.

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

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

## 1 - OSEP Response

## 1 - 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.

# 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 (E*MAPS*)).

**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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% |
| Data | 96.47% | 97.10% | 96.95% | 96.61% | 97.54% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 95.00% | 95.30% | 95.60% | 96.00% | 96.30% |

**Targets: Description of Stakeholder Input**

Michigan Part C collaborated with multiple stakeholders who represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social and emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.  
  
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.  
  
As part of DMS 2.0 Monitoring process, stakeholders participated in OSEP-directed focus groups to provide a more comprehensive picture of the Part C system in Michigan. Members of the MICC met with OSEP on two occasions to discuss the early intervention system including suggestions to improve meaningful involvement. Part C contractors from CCRESA, Wayne State University, Public Sector Consultants, and Michigan Alliance for Families were also involved with the DMS process and shared information with OSEP during their visit to Michigan, related to their area of expertise.  
  
Plans are being made to continue engagement with stakeholders to review data, analyze improvement strategies, and recommend additional factors for local determinations.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 10,767 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 11,030 |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 10,767 | 11,030 | 97.54% | 95.00% | 97.62% | Met target | No Slippage |

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

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 the provision of services in the natural environments. Impacts include varying levels of restriction on in-person contact, need for social distancing, recommended and/or mandated use of personal protective equipment (PPE), and comfort level of families related to in-person visits. Despite the impacts of COVID-19 on our early intervention system, actual data for this indicator remained relatively stable with an increase of .08 percentage points from FFY 2020 to FFY 2021. Utilizing technology to provide virtual service provision, utilization of PPE by providers and families, and providing services in outdoor settings where social distancing could be maintained were strategies implemented during FFY 2021 determined by the individual comfort level and needs expressed by families in consultation with local health departments.

## 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 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.  
  
As part of DMS 2.0 Monitoring process, stakeholders participated in OSEP-directed focus groups to provide a more comprehensive picture of the Part C system in Michigan. Members of the MICC met with OSEP on two occasions to discuss the early intervention system including suggestions to improve meaningful involvement. Part C contractors from CCRESA, Wayne State University, Public Sector Consultants, and Michigan Alliance for Families were also involved with the DMS process and shared information with OSEP during their visit to Michigan, related to their area of expertise.  
  
Plans are being made to continue engagement with stakeholders to review data, analyze improvement strategies, and recommend additional factors for local determinations.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **A1** | 2017 | Target>= | 75.90% | 76.20% | 76.50% | 76.50% | 75.19% |
| **A1** | 75.19% | Data | 76.49% | 75.19% | 76.74% | 77.73% | 76.16% |
| **A2** | 2017 | Target>= | 60.70% | 60.80% | 60.90% | 60.90% | 52.00% |
| **A2** | 52.15% | Data | 54.06% | 52.15% | 53.24% | 55.05% | 52.63% |
| **B1** | 2017 | Target>= | 80.10% | 80.30% | 80.50% | 80.50% | 77.60% |
| **B1** | 78.72% | Data | 80.04% | 78.72% | 79.33% | 80.23% | 78.04% |
| **B2** | 2017 | Target>= | 53.00% | 53.60% | 54.10% | 54.10% | 45.50% |
| **B2** | 47.27% | Data | 48.33% | 47.27% | 48.12% | 48.58% | 45.68% |
| **C1** | 2017 | Target>= | 79.40% | 79.60% | 79.80% | 79.80% | 78.24% |
| **C1** | 78.24% | Data | 80.40% | 78.24% | 78.67% | 79.32% | 78.70% |
| **C2** | 2017 | Target>= | 59.80% | 60.00% | 60.20% | 60.20% | 47.20% |
| **C2** | 47.54% | Data | 50.29% | 47.54% | 50.65% | 50.46% | 47.32% |

**Targets**

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

**FFY 2021 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

6,746

**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 | 34 | 0.50% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,454 | 21.55% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,720 | 25.50% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 2,217 | 32.86% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 1,321 | 19.58% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 3,937 | 5,425 | 76.16% | 75.29% | 72.57% | Did not meet target | Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 3,538 | 6,746 | 52.63% | 52.22% | 52.45% | Met target | No Slippage |

**Provide reasons for A1 slippage, if applicable**

In FFY 2021, results for summary statement 1 (substantially increase) on 3A (positive social emotional skills) decreased 3.59 percentage points from last year. This slippage might be associated with the composition of the sample in terms of eligibility. Compared to FFY 2020 sample, this year’s sample included statistically significantly higher percentage of children who are eligible for Michigan Mandatory Special Education (MMSE). Children eligible for MMSE typically have more severe delays and are less likely to report substantial increase in rate of growth at exit than their peers who are eligible for Part C only services. For example, this year, 82% of children eligible for Part C only reported substantial increase on social emotional skills, compared to 66% of children eligible for MMSE.

**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 | 14 | 0.21% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,489 | 22.07% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 2,132 | 31.60% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 2,456 | 36.41% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 655 | 9.71% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 4,588 | 6,091 | 78.04% | 77.60% | 75.32% | Did not meet target | Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 3,111 | 6,746 | 45.68% | 45.50% | 46.12% | Met target | No Slippage |

**Provide reasons for B1 slippage, if applicable**

In FFY 2021, results for summary statement 1 (substantially increase) on 3B (acquisition and use of knowledge and skills) decreased 2.72 percentage points from last year. This slippage might be associated with the composition of the sample in terms of eligibility. Compared to FFY 2020 sample, this year’s sample included statistically significantly higher percentage of children who are eligible for Michigan Mandatory Special Education (MMSE). Children eligible for MMSE typically have more severe delays and are less likely to report substantial increase in rate of growth at exit than their peers who are eligible for Part C only services. For example, this year, 85% of children eligible for Part C only reported substantial increase on acquisition and use of knowledge and skills, compared to 68% of children eligible for MMSE.

**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 | 27 | 0.40% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,474 | 21.85% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 2,080 | 30.83% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 2,512 | 37.24% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 653 | 9.68% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 4,592 | 6,093 | 78.70% | 78.34% | 75.37% | Did not meet target | 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 | 3,165 | 6,746 | 47.32% | 47.20% | 46.92% | Did not meet target | No Slippage |

**Provide reasons for C1 slippage, if applicable**

In FFY 2021, results for summary statement 1 (substantially increase) on 3C (use of appropriate behaviors) decreased 3.33 percentage points from last year. This slippage might be associated with the composition of the sample in terms of eligibility. Compared to FFY 2020 sample, this year’s sample included statistically significantly higher percentage of children who are eligible for Michigan Mandatory Special Education (MMSE). Children eligible for MMSE typically have more severe delays and are less likely to report substantial increase in rate of growth at exit than their peers who are eligible for Part C only services. For example, this year, 84% of children eligible for Part C only reported substantial increase on appropriate behaviors, compared to 69% of children eligible for MMSE.

**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 | 12,010 |
| 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. | 3,350 |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | NO |

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

YES

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

Every child is rated on each of the three child outcome functional areas using the Child Outcomes Summary (COS) seven-point rating scale. Impact is based upon the child’s progress by comparing his/her developmental status between the entry (collected within 90 days of the referral date) and the exit ratings (collected within 90 days prior to exit date and after at least six months of continuous service). Rating differences between the two data points measure change or progress. At exit, the service provider(s) not only rate the child on the seven-point rating scale, but also answer the question with a “yes” or “no” about whether the child acquired any new skills or behaviors. Entry ratings, exit ratings, and answers to the “new skill” questions are all required. If the child’s record is missing any of this information, the progress data will not be available for this child. Using the Early Childhood Outcomes (ECO) Center Calculator, progress for each child is then converted into one of the five OSEP categories (A-E), indicating the degree to which the child’s status has changed between the time he or she entered and exited Early On. Local service areas submitted demographic and assessment information on child entry or exit in Early On through the MSDS. Multiple sources of information, such as assessments, IFSPs, and parent input are collected to help determine the child’s functioning across the three outcomes to determine the COS ratings. The COS is a standardized method of reporting a child’s developmental status using the seven-point COS rating scale. Ongoing assessment information and/or state-approved assessment tool results as well as parent input are used when establishing COS ratings.  
  
A variety of tools are used to gather information to assist in determining entry and exit COS ratings. Below is a list of the most common tools used. This is not an exhaustive list: Assessment, Evaluation, and Programming System for Infants and Children (AEPS), Battelle Developmental Inventory, Bayley Scales of Infant and Toddler Development, Brigance Inventory of Early Development, The Carolina Curriculum, Early Learning Intervention Developmental Profile Revised Edition (EIDP), Early Learning Accomplishment Profile Kit (E-LAP), Hawaii Early Learning Profile (HELP), Infant-Toddler Developmental Assessment Kit (IDA), Other: An assessment tool not listed above.

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

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 2021 child outcomes data demonstrating decreases across five of the six outcomes and summary statements compared to the data reported in FFY 2020. 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 2020 78.59% FFY 2021 72.11%) and created challenges in reporting child outcomes exit ratings which further reduced the quantity of matched entry and exit data (FFY 2020 57.61% FFY 2021 56.17%).

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs) divided by the (# of respondent families participating in Part C)] times 100.

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A | 2005 | Target>= | 59.00% | 59.20% | 59.40% | 59.40% | 67.31% |
| A | 56.00% | Data | 69.21% | 71.12% | 71.20% | 73.35% | 69.37% |
| B | 2005 | Target>= | 54.00% | 54.20% | 54.40% | 54.40% | 61.13% |
| B | ###C04BBASEDATA### | Data | 62.73% | 64.75% | 64.86% | 66.59% | 62.92% |
| C | 2005 | Target>= | 78.00% | 78.20% | 78.40% | 78.40% | 82.38% |
| C | 73.00% | Data | 84.14% | 84.06% | 85.33% | 87.22% | 83.02% |

**Targets**

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

**Targets: Description of Stakeholder Input**

Michigan Part C collaborated with multiple stakeholders who represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social and emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.  
  
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.  
  
As part of DMS 2.0 Monitoring process, stakeholders participated in OSEP-directed focus groups to provide a more comprehensive picture of the Part C system in Michigan. Members of the MICC met with OSEP on two occasions to discuss the early intervention system including suggestions to improve meaningful involvement. Part C contractors from CCRESA, Wayne State University, Public Sector Consultants, and Michigan Alliance for Families were also involved with the DMS process and shared information with OSEP during their visit to Michigan, related to their area of expertise.  
  
Plans are being made to continue engagement with stakeholders to review data, analyze improvement strategies, and recommend additional factors for local determinations.

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 7,640 |
| Number of respondent families participating in Part C | 2,325 |
| Survey Response Rate | 30.43% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 1,679 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 2,325 |
| B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs | 1,538 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 2,325 |
| C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn | 1,985 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 2,325 |

| **Measure** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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) | 69.37% | 67.31% | 72.22% | 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) | 62.92% | 61.13% | 66.15% | 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) | 83.02% | 82.38% | 85.38% | 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 |
| 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. | NO |

**If not, 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, and eligibility. However, children living in rural service areas, African American children, and Hispanic children were under-represented in the sample, whereas White children were over-represented.   
  
To improve the representativeness of survey respondents to the Part C population, the State will continue to use targeted follow-up to subgroups who are under-represented, including African American children, Hispanic children, and children living in rural areas.   
  
Follow-up efforts include surveys being re-mailed, 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.  
  
In the Spring of 2022, MDE released a Request for Proposal using American Rescue Plan funds for a Diversity, Equity and Inclusion (DEI) grant. The purpose of the grant is to conduct a data analysis, develop an action plan, and implement strategies and activities centered on diversity, equity, and inclusion with an overall focus of examining and strengthening Michigan’s Part C Individuals with Disabilities Act (IDEA) Early On system from referral through transition/exit. The grant was awarded, and the work will take place from November 2022-September 2023.  
Outputs include:  
Summary report of analysis of existing data, along with information around DEI;  
Summary report of focus group findings;   
Summary report of survey findings; and  
Plans for Technical Assistance, Training, and Evaluation.

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2020** | **2021** |
| Survey Response Rate | 35.05% | 30.43% |

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

The decreased response rate is likely attributable to the continuing and compounding impact of the pandemic.   
  
The state implemented and will continue to implement a wide array of follow up efforts, including closely monitoring the response rate to address any underrepresentation around race, ethnicity, and geographic region of the state 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 hotlines were created to help families who speak Spanish or Arabic, including follow up phone calls with interpreters speaking Spanish and Arabic to assist families completing the survey.  
  
Past and current activities include:  
Mailing families a survey notification brochure, sharing the family survey results from the previous year, and explaining the procedure of the current survey.  
Offering an online option for completing the survey.  
Adding a QR code for additional ease in completing the survey.  
Mailing postcard reminders, approximately two weeks after the survey, to families who have not yet completed the survey. Hard copies of the survey and reminder postcards were also sent to under-represented groups as well as areas with low responding rates.  
Phone calls to non-respondents were made at different times of the day and of the week, including evenings and weekends. Interviewers were trained to ensure that appropriate consideration was given to cultural and ethnic diversity, and that invasion of privacy for the family was minimal.  
Training also included measures to maintain the reliability of the data and to reduce bias in the data set.  
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 encourage families to complete it.  
  
In addition, the Parent Involvement Committee of the MICC discussed this year’s Family Outcomes data and gave several suggestions to MDE for future family surveys. Some of the suggestions include:   
Include a larger version of the Early On logo on the envelope;  
Send reminder texts to families to complete the survey, in addition to calls and emails;  
Provide a script for service providers to share with families, letting them know the survey is coming and why it’s important; and  
MDE will schedule a specific webinar with Early On Coordinators focused on how to support the Family Survey, going through the process step by step, so that families are encouraged to participate in the survey.

**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, and eligibility. However, children living in rural service  
areas, African-American children, and Hispanic children were statistically significantly under-represented in the sample, whereas White children were  
statistically significantly over-represented.   
  
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 race/ethnicity and service area peer group, it does not measurably affect Indicator 4 results, so unweighted results are reported. The results of weighting are as follows:  
  
FFY 2021   
4A: Know their rights  
Unweighted (N=2,325) 72.22%   
Weighted by race/ethnicity (N= 2,325) 71.96%   
Weighted by peer group (N=2,325) 72.21%  
  
4B: Effectively Communicate child’s needs  
Unweighted (N=2,325) 66.15%   
Weighted by race/ethnicity (N= 2,325) 65.90%   
Weighted by peer group (N=2,325) 66.17%  
  
4C: Help children develop and learn  
Unweighted (N=2,325) 85.38%   
Weighted by race/ethnicity (N= 2,325) 85.26%   
Weighted by peer group (N=2,325) 85.37%  
  
Mean Rasch Score  
Unweighted 624.59%   
Weighted by race/ethnicity 624.11%   
Weighted by peer group 624.61%  
  
To test the representativeness of the respondent group (or survey sample) 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 race/ethnicity, African-American children and Hispanic children were under-represented in the respondent group whereas White children were over-represented. In terms of service area peer group, children living in rural areas were under-represented.   
  
Comparison of Respondent Group and State Population by Race/Ethnicity   
\*Demographic Characteristic: White:   
1,736 survey respondents (74.7%)   
5,547 state population, (70.3%)   
  
\*Demographic Characteristic: African American/Black:  
326 survey respondents (14.0%)   
1,274 state population (16.1%)  
  
\*Demographic Characteristic: Hispanic/Latino:  
140 survey respondents (6.0%)   
574 state population (7.3%)  
  
Demographic Characteristic: Asian:  
49 survey respondents (2.1%)   
199 state population (2.5%)  
  
Demographic Characteristic: American Indian or Alaska native:  
11 survey respondents (0.5%)   
60 state population (0.8%)  
  
Demographic Characteristic: Native Hawaiian or Other Pacific-Islander:  
2 survey respondents (0.1%)   
8 state population (0.1%)  
  
Demographic Characteristic: Two or more races:  
61 survey respondents (2.6%)   
227 state population (2.9%)  
  
\* Difference between sample and statewide population is statistically significant (p<.05)  
  
Comparison of Respondent Group and State Population by Service Area Peer Group  
\*Demographic Characteristic: Rural:  
120 survey respondents (5.16%)   
501 state population (6.35%)  
   
Demographic Characteristic: Small Sized Cities:  
468 survey respondents (20.13%)  
1,569 state population (19.89%)  
   
Demographic Characteristic: Medium Sized Cities:  
210 survey respondents (9.03%)  
744 state population (9.43%)  
   
Demographic Characteristic: Metro:  
489 survey respondents (21.03%)  
1,604 state population (20.33%)  
   
Demographic Characteristic: Urban:  
1,038 survey respondents (44.65%)  
3,471 state population (44.0%)  
   
\*Difference between sample and statewide population is statistically significant (p<.05)  
  
The State will continue implementing a wide array of follow-up efforts, including survey re-mails, postcard reminders, telephone calls to offer the administration of the survey by phone, and the availability of Spanish and Arabic interviewers, a parent-facilitator who can 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:  
a. Multiple languages and cultures of children and families throughout the state create challenges due to communication and trust.  
b. Large geographical areas within rural parts of the state create challenges in reaching families for service provision.  
c. 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 is underway. It is 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 to include a report, recommendations, and training materials.

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

This year’s data represent the state Part C population well in terms of children’s age, gender, and eligibility. However, children living in rural service areas, African American children, and Hispanic children were statistically significantly under-represented in the sample, whereas White children were statistically significantly over-represented.   
  
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 race/ethnicity and service area peer group, it does not measurably affect Indicator 4 results, so unweighted results are reported. The results of weighting are as follows:  
  
FFY 2021   
4A: Know their rights  
Unweighted (N=2,325) 72.22%   
Weighted by race/ethnicity (N= 2,325) 71.96%   
Weighted by peer group (N=2,325) 72.21%  
  
4B: Effectively Communicate child’s needs  
Unweighted (N=2,325) 66.15%   
Weighted by race/ethnicity (N= 2,325) 65.90%   
Weighted by peer group (N=2,325) 66.17%  
  
4C: Help children develop and learn  
Unweighted (N=2,325) 85.38%   
Weighted by race/ethnicity (N= 2,325) 85.26%   
Weighted by peer group (N=2,325) 85.37%  
  
Mean Rasch Score  
Unweighted 624.59%   
Weighted by race/ethnicity 624.11%   
Weighted by peer group 624.61%  
  
The state will continue implementing a wide array of measures, explained in the previous text box, that will be used again in future years to maximize the number of respondents and to ensure adequate representation of race/ethnicity and service area peer group throughout the state.

**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 respondent group (or survey sample) 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 race/ethnicity, African American children and Hispanic children were under-represented in the respondent group whereas White children were over-represented. In terms of service area peer group, children living in rural areas were under-represented.   
  
Comparison of Respondent Group and State Population by Race/Ethnicity   
Demographic Characteristic: White, 74.7% respondents, 70.3% state population  
Demographic Characteristic: African American, 14.0% respondents, 16.1% state population  
Demographic Characteristic: Hispanic/Latino, 6.0% respondents, 7.3% state population  
Demographic Characteristic: Asian, 2.1% respondents, 2.5% state population  
Demographic Characteristic: American Indian or Alaska native, 0.5% respondents, 0.8% state population  
Demographic Characteristic: Native Hawaiian or Other Pacific-Islander, 0.1% respondents, 0.1% state population  
Demographic Characteristic: Two or more races, 2.6% respondents, 2.9% state population  
  
Comparison of Respondent Group and State Population by Service Area Peer Group  
Demographic Characteristic: Rural, 5.16% respondents, 6.35% state population   
Demographic Characteristic: Small Sized Cities, 20.13% respondents, 19.89% state population   
Demographic Characteristic: Medium Sized Cities, 9.03% respondents, 9.43% state population   
Demographic Characteristic: Metro, 21.03% respondents, 20.33% state population   
Demographic Characteristic: Urban, 44.65% respondents, 44.0% state population

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

Compared to other states that have also adopted the National Center for Special Education Accountability Monitoring (NCSEAM) 22-Item Scale, Rasch analysis, and the three standards, Michigan’s results have been consistent with those states.  
  
Michigan selected the NCSEAM Impact of Early Intervention Services on the Family Scale to collect data on Indicator 4. The scale has two important qualities necessary for use as a measure of Indicator 4: validity and high reliability.   
  
The scale exhibits evidence of both content and construct validity. To ensure good content validity, the items in the scale were suggested by parents and other key stakeholders in early intervention and special education and then reviewed by experts in the field. Rasch analysis was used to ensure the items formed a unidimensional scale so that all items address the same construct.   
  
In the NCSEAM pilot study, the Impact on Family Scale (IFS) had a reliability coefficient of .90. The reliability coefficient found in Michigan’s administration of the scale was 0.93 for the 2022 survey (FFY 2021). Another form of reliability is assessed by the margin of error or confidence interval. Using a 95% confidence interval, the margin of error was ±1.71 for 2022 (FFY 2021).   
  
Per the recommendation of the NCSEAM researchers who developed the scale, and since the scale was constructed using the Rasch measurement framework, “a Rasch analysis provides an estimate of the reliability of both the calibration values (related to the items) and the measures (related to people’s responses).” In addition, the measure (average result based on Rasch) can be directly interpreted with respect to the items defining the scale – that is, one can identify specific items to guide improvement activities.  
  
General impacts of COVID-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 family outcomes. The family survey results and response rate were impacted by COVID-19 restrictions. Families shared comments through the family survey including, “due to COVID-19, their child was not able to get the services needed to meet their needs, virtual learning did not help their child, and had it not been for the restrictions in place during the pandemic, their survey responses would have been more positive.”

## 4 - Prior FFY Required Actions

None

## 4 - OSEP Response

## 4 - 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.

# 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 E*DFacts* Metadata and Process System (E*MAPS*)) 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 1.25% | 1.26% | 1.27% | 1.27% | 1.00% |
| Data | 1.30% | 1.38% | 1.27% | 1.41% | 1.04% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 1.07% | 1.14% | 1.21% | 1.28% | 1.35% |

Targets: Description of Stakeholder Input

Michigan Part C collaborated with multiple stakeholders who represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social and emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.  
  
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.  
  
As part of DMS 2.0 Monitoring process, stakeholders participated in OSEP-directed focus groups to provide a more comprehensive picture of the Part C system in Michigan. Members of the MICC met with OSEP on two occasions to discuss the early intervention system including suggestions to improve meaningful involvement. Part C contractors from CCRESA, Wayne State University, Public Sector Consultants, and Michigan Alliance for Families were also involved with the DMS process and shared information with OSEP during their visit to Michigan, related to their area of expertise.  
  
Plans are being made to continue engagement with stakeholders to review data, analyze improvement strategies, and recommend additional factors for local determinations.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 1 with IFSPs | 1,291 |
| 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 | 06/28/2022 | Population of infants and toddlers birth to 1 | 102,347 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,291 | 102,347 | 1.04% | 1.07% | 1.26% | 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 (E*MAPS*)) 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 2.80% | 2.90% | 3.00% | 3.00% | 2.90% |
| Data | 2.86% | 3.08% | 3.26% | 3.48% | 2.93% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 3.00% | 3.10% | 3.20% | 3.30% | 3.40% |

Targets: Description of Stakeholder Input

Michigan Part C collaborated with multiple stakeholders who represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social and emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.  
  
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.  
  
As part of DMS 2.0 Monitoring process, stakeholders participated in OSEP-directed focus groups to provide a more comprehensive picture of the Part C system in Michigan. Members of the MICC met with OSEP on two occasions to discuss the early intervention system including suggestions to improve meaningful involvement. Part C contractors from CCRESA, Wayne State University, Public Sector Consultants, and Michigan Alliance for Families were also involved with the DMS process and shared information with OSEP during their visit to Michigan, related to their area of expertise.  
  
Plans are being made to continue engagement with stakeholders to review data, analyze improvement strategies, and recommend additional factors for local determinations.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 11,030 |
| 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 | 06/28/2022 | Population of infants and toddlers birth to 3 | 320,698 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 11,030 | 320,698 | 2.93% | 3.00% | 3.44% | 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 noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.12% | 98.97% | 99.20% | 99.62% | 99.92% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 9,809 | 12,564 | 99.92% | 100% | 98.50% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable.**

Data reflect slippage for timely completion of initial evaluations, initial assessments, and development of Initial IFSPs with a dip of 1.42 percentage points from 99.92% in FFY 2020 to 98.5% for FFY 2021. Reported reasons for delays included COVID-19 impacts such as health of providers and/or their family members, burnout, staff turnover, and increased retirements which led to workforce shortages. The majority of the untimely IFSPs were attributable to one local service area which was experiencing significant workforce issues. At the same time as local service areas were experiencing workforce shortages due to COVID-19, the number of children found eligible and in need of initial IFSPs increased by close to 20% over the number of children for which initial IFSPs were developed during the previous program year, creating a further strain on the Part C early intervention system.

**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.**

2,566

**Provide reasons for delay, if applicable.**

Fifty-one of 56 local service areas had a total of 2,566 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.   
  
Eleven of 56 local service areas had a total of 189 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 2021 data are based on the full reporting period; therefore, Findings based on FFY 2021 data are issued in FFY 2022 and correction of noncompliance will be reported in the FFY 2023 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, 2021 – June 30, 2022

**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, 2021 - June 30, 2022). 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 12,564 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 9,809 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 2,566 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 (2,566) was added to the timely records (9,809) resulting in a total of 12,375 records. This number was used as the numerator for the calculation. The resulting percentage compliance is 98.50%.   
  
(9,809+2,566)/12,564=.9850   
  
Both the numerator and the denominator include 2,566 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. 98.50% compliance falls below the target of 100% for this indicator. This compliance level is lower than the 99.92% compliance level reported in the FFY 2020 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 a significant increase in the number of delays to the initial evaluation, initial assessment, and development of initial IFSPs that were not attributable to exceptional family circumstances.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **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 2020 Findings of Noncompliance Verified as Corrected**

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

Eight of 56 local service areas were issued Findings for Indicator 7 in FFY 2020 based on a review of their data submitted within MSDS for the FFY 2019 program year (July 1, 2019 – June 30, 2020).   
  
Each local service area developed a corrective action plan (CAP) in Catamaran that detailed strategies the local service area would take to correct noncompliance, as soon as possible, but no later than one year from notification of the finding, including verification by the state. As part of the CAP planning process, progress reports were submitted. Progress reports required the local service area to conduct file reviews.   
  
When CAP activities had been completed and local data indicated compliance, the local service area requested CAP closeout and MDE conducted verification activities. MDE reviewed the most recent data submitted to MSDS to determine whether the local service area had achieved 100% compliance. All records for each local service area were found to be in compliance resulting in a 100% compliance level within one year of notification of the noncompliance.   
  
Documentation was also collected from each local service area and from the state technical assistance providers to demonstrate that all CAP activities had been completed. Each local service area was notified of the verification of correction of noncompliance through a formal letter closing the CAP and Finding.

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

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

## 7 - OSEP Response

## 7 - 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.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 95.91% | 97.70% | 98.96% | 99.25% | 99.44% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 8,170 | 9,016 | 99.44% | 100% | 99.67% | 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.**

816

**Provide reasons for delay, if applicable.**

Forty-nine of 56 local service areas reported delays attributable to exceptional family circumstances for a total of 816 children. Documented reasons for these delays were related to multiple unsuccessful attempts to contact family to set appointment, illness or hospitalization of child or family members, accommodating family schedule, meetings being rescheduled at parent request, cancellation or family not being home at scheduled appointment times, family moved, or other child or parent reasons.   
  
Eighteen of 56 local service areas reported delays that were not attributable to exceptional family circumstances for a total of 30 children. Reasons for these delays include lack of personnel training/knowledge, other provider reasons, and failure to report transition plan timeliness data.   
  
Findings resulting from FFY 2021 data are based on the full reporting period; therefore, Findings based on FFY 2021 data are issued in FFY 2022 and correction of noncompliance will be reported in the FFY 2023 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, 2021 – June 30, 2022.

**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, 2021 – June 30, 2022). 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 9,016 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 8,170 of the records documented timely transition planning including an IFSP developed with transition steps and services. An additional 816 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 (816) was added to the timely records (8,170) resulting in a total of 8.986 records. This number was used as the numerator for the calculation. The resulting percentage of compliance is 99.67%.   
  
(8,170+816)/ 9,016=.9967  
  
Both the numerator and the denominator include 816 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. 99.67% compliance falls below the target of 100% compliance for this indicator. These data reflect an increase for this indicator from the 99.44% compliance level reported in the FFY 2020 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 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 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 19 | 18 | 1 | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

Nineteen local service areas were issued a finding related to Indicator 8a in FFY 2020 based on a review of data submitted within MSDS for the FFY 2019 program year (July 1, 2019 – June 30, 2020).   
  
Each local service area developed a corrective action plan (CAP) in Catamaran that detailed strategies the local service area would take to correct noncompliance, as soon as possible, but no later than one year from notification of the finding, including verification by the state. As part of the corrective action planning process, progress reports were submitted. Progress reports required the local service area to conduct file reviews.   
  
When CAP activities had been completed and local data indicated compliance, the local service area requested CAP closeout and MDE conducted verification activities. MDE reviewed the most recent data submitted in MSDS to determine whether the local service area had achieved 100% compliance. Records for 18 local service areas were found to be in compliance resulting in a 100% compliance level within one year of notification of the noncompliance. For the one remaining local service area, a review of more recently submitted data found all records to be in compliance resulting in a 100% compliance level being achieved, though beyond one year of notification of the noncompliance.  
  
Documentation was also collected from the local service areas and from the state technical assistance (TA) providers to demonstrate that all CAP activities had been completed.   
  
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 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

## 8A - OSEP Response

## 8A - 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.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,371 | 4,371 | 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, 2021-June 30, 2022

**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 2020**

| **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 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 96.23% | 96.99% | 98.52% | 98.58% | 99.16% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,026 | 4,371 | 99.16% | 100% | 99.31% | 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.**

20

**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.**

295

**Provide reasons for delay, if applicable.**

Thirty-five of 56 local service areas reported delays attributable to exceptional family circumstances for 295 children. Documented reasons for these delays include sickness or hospitalization of child or family members, multiple unsuccessful attempts to contact family to set appointment, meeting cancellations or family not being home at scheduled appointment times, meetings being rescheduled to accommodate family schedules, family moved, and other child or parent reasons.   
  
Fourteen of 56 local service areas reported delays that were not attributable to exceptional family circumstances for a total of 30 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 2021 data are based on the full reporting period; therefore, Findings based on FFY 2021 data are issued in FFY 2022 and correction of noncompliance will be reported in the FFY 2023 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, 2021-June 30, 2022

**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, 2021 - June 30, 2022). 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 4,371 records included toddlers potentially eligible for Part B preschool services for whom a transition conference was required to be conducted. Parents of 20 of these children did not provide approval for a transition conference. This number was subtracted from the 4,371 toddlers potentially eligible for Part B preschool services and the resulting 4,351 was used as the denominator for calculation of Indicator 8c data. Data reported for this indicator reflect that 4,026 of the records documented timely transition conferences. Two hundred ninety-five 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 (295) was added to the timely records (4,026) resulting in a total of 4,321 records. This number was used as the numerator for the calculation. The resulting percentage of compliance is 99.31%.   
  
(4,026+295)/(4,371-20)=.9931  
  
Both the numerator and the denominator include 295 children for whom the transition conference was not timely, but whose file contained documentation that the delay was attributable to exceptional family circumstances. 99.31% compliance falls below the target of 100% compliance for this indicator. These data reflect an increased level of compliance for this indicator from the 99.16% compliance level reported in the FFY 2020 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 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 15 | 14 | 1 | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

Fifteen local service areas were issued a finding of noncompliance related to Indicator 8c in FFY 2020 based on a review of data submitted within MSDS for the FFY 2019 program year (July 1, 2019 – June 30, 2020).   
  
Each local service area developed a corrective action plan (CAP) in the electronic monitoring system that detailed strategies that the local service area would take to correct noncompliance, as soon as possible, but no later than one year from notification of the finding, including verification by the state. As part of the corrective action planning process, progress reports were submitted. Progress reports required the local service area to conduct file reviews. Data submissions were reviewed to monitor compliance level. When CAP activities had been completed and local data indicated compliance, the local service area requested CAP closeout and MDE conducted verification activities. MDE reviewed the most recent data submitted to MSDS to determine whether the local service area had achieved 100% compliance. Records for 14 local service areas were found to be in compliance resulting in a 100% compliance level within one year of notification of the noncompliance. For the one remaining local service area, a review of more recently submitted data found all records to be in compliance resulting in a 100% compliance level being achieved, though beyond one year of notification of the noncompliance.  
  
Documentation was also collected from the local service areas and state technical assistance (TA) providers to demonstrate that all CAP activities had been completed.   
  
The local service areas were notified of the verification of correction of noncompliance through a formal letter closing the CAP 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 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

## 8C - OSEP Response

## 8C - 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.

# 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 (E*MAPS*)).

**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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/02/2022 | 3.1 Number of resolution sessions | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/02/2022 | 3.1(a) Number resolution sessions resolved through settlement agreements | 0 |

**Targets: Description of Stakeholder Input**

Michigan Part C collaborated with multiple stakeholders who represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social and emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.  
  
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.  
  
As part of DMS 2.0 Monitoring process, stakeholders participated in OSEP-directed focus groups to provide a more comprehensive picture of the Part C system in Michigan. Members of the MICC met with OSEP on two occasions to discuss the early intervention system including suggestions to improve meaningful involvement. Part C contractors from CCRESA, Wayne State University, Public Sector Consultants, and Michigan Alliance for Families were also involved with the DMS process and shared information with OSEP during their visit to Michigan, related to their area of expertise.  
  
Plans are being made to continue engagement with stakeholders to review data, analyze improvement strategies, and recommend additional factors for local determinations.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  |  |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |  |

**FFY 2021 SPP/APR Data**

| **3.1(a) Number resolutions sessions resolved through settlement agreements** | **3.1 Number of resolutions sessions** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 |  |  |  | N/A | N/A |

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

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

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2021. 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 (E*MAPS*)).

**Measurement**

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

**Instructions**

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

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

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

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

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

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

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1 Mediations held | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

Michigan Part C collaborated with multiple stakeholders who represented the following perspectives: Michigan Interagency Collaborating Council (MICC) members; families; service providers; Early On Coordinators; Part C contractors responsible for public awareness and child find, comprehensive system of personnel development (CSPD), and data collection; Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), interagency partners from the Michigan Department of Health and Human Services (MDHHS); experts in the field of social and emotional development; a Part B, Section 619 representative; representatives from the Office of Special Education (OSE); a developmental pediatrician; a representative from higher education; a Head Start director; and state Part C staff.  
  
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.  
  
As part of DMS 2.0 Monitoring process, stakeholders participated in OSEP-directed focus groups to provide a more comprehensive picture of the Part C system in Michigan. Members of the MICC met with OSEP on two occasions to discuss the early intervention system including suggestions to improve meaningful involvement. Part C contractors from CCRESA, Wayne State University, Public Sector Consultants, and Michigan Alliance for Families were also involved with the DMS process and shared information with OSEP during their visit to Michigan, related to their area of expertise.  
  
Plans are being made to continue engagement with stakeholders to review data, analyze improvement strategies, and recommend additional factors for local determinations.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 0.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= |  |  |  |  |  |
| Data |  |  | 100.00% |  | 50.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |  |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 | 50.00% |  |  | N/A | N/A |

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

There were no mediation requests in this reporting year. 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 2021. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

***Targets:*** In its FFY 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

***Updated Data:*** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 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 2021 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 2021 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, 2022). 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 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) 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** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 52.22% | 52.44% | 52.67% | 52.90% | 53.13% |

**FFY 2021 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 3,538 | 6,746 | 52.63% | 52.22% | 52.45% | Met target | No Slippage |

**Provide the data source for the FFY 2021 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, 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 2021, and each were a statistically significant increase.  
FFY 2021 Targets   
4A 67.31%  
4B 61.13%   
4C 82.38%  
  
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%  
  
FFY 2018 Data  
4A 71.20%  
4B 64.86%  
4C 85.33%  
  
Additional questions were added to the National Center for Special Education Accountability Monitoring (NCSEAM) survey to collect data around social emotional outcomes to determine if SSIP activities had an impact on family outcomes. Analyses revealed that parents’ scores on the 12 SSIP items measuring impact on social emotional development were highly correlated with their scores on the 22-item Impact on Family Scale measuring Indicator 4. This demonstrates strong concurrent validity between the two measures, indicating that impact on social emotional development is associated with positive impact on families.   
  
Child 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 from 44.67% in FFY 2015 to 56.17% in FFY 2021. Although this continues to fall below the 65% threshold used by OSEP when establishing state determinations, it does demonstrate progress. The statewide reporting rate for all exiting children by year is:  
  
FFY 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%

**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. Child outcomes decreased due to technology issues, lack of in-person visits, children not responding well to tele-health visits, high rates of COVID-19 cases, and quarantine guidelines led to families feeling overwhelmed.   
  
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.

Section B: Implementation, Analysis and Evaluation

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

https://www.michigan.gov/mde/-/media/Project/Websites/mde/ogs/earlyon/SSIP/MI-Part-C-SSIP-Action-and-Evaluation-Plan.pdf?rev=cf900dbc2297474a92523c263d5d9f38&hash=B1A7E7302625A9ED8A9C52ECA055B0DF

**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.**

Two additions were made to Strategy 2: Provide resources and support for data improvements related to child outcomes.   
  
The first addition includes adding the COS reporting rate to the Data Profiles at www.earlyondata.com. This will provide COS reporting rate data to all local service areas and it will be easily accessible. Secondly, Wayne State University (WSU) will provide a child-level list to each local service area showing the details for their Indicator 3 results, which will result in a deeper understanding of the child outcomes data so local service areas can make data driven decisions and address issues that arise in a more expedient manner.

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

Both additions are expected to support local service areas to have greater access to their data around child outcomes and their child outcomes reporting rate, which is part of the plan to improve child outcomes and the reporting rate statewide.

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

A Pyramid Model Training series was offered statewide in spring 2022. The Pyramid Model Training series, which includes coaching, supports providers in using the Pyramid Model. The Pyramid Model is a conceptual framework of evidence-based practices for promoting infants’ and toddlers’ healthy social emotional development. These five modules were designed based on input gathered during focus groups with program administrators, training and technical assistance providers, early educators, and family members about the types and content of training that would be most useful in addressing the social emotional needs of infants and toddlers. Based on over a decade of evaluation data, the Pyramid Model has shown to be a sound framework for early care and education systems.  
  
Community of Practice (CoP) calls for cohort coordinators/leads are provided monthly by MDE and MDHHS. The CoP calls provide an opportunity for coordinators/leads to connect with each other, share and discuss data, trouble shoot any issues, and support work around improving social emotional outcomes. The CoP calls also present an opportunity for participants to share ideas with MDE and MDHHS related to continuous improvement ideas and strategies.  
  
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.   
  
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 posttests, 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 due to the training.   
  
Pyramid Model Trainings support systems change by providing foundational knowledge to service providers about social emotional development, which is necessary to increase child outcomes and achieve the SiMR. The trainings are offered live and are recorded and made available to service providers in the cohort and will continue to be available as scale up occurs in more local service areas. State Continuing Education Clock Hours (SCECH’s) are available for the Pyramid Model Trainings to support service providers in obtaining continuing education credits. This modality will support sustainability as scale up continues.  
  
Community of Practice Calls: Systems framework: Professional development  
Outcomes achieved  
69% and 83% of Early On Coordinators/SSIP leads, in Cohorts 1 and 2, respectively, participated in CoP calls on a monthly basis. Early On Coordinators/SSIP Leads were able to connect with each other, share and discuss data, trouble shoot any issues, and support work of improving social emotional outcomes for infants, toddlers, and families.  
  
CoP calls support systems change by providing monthly check-ins, support, guidance, time for reflection, problem-solving, and reviewing data to make improvements throughout the cohort time period, rather than just at the end. Supporting coordinators and providers is an infrastructure activity that has been ongoing since the inception of the SSIP work and is an important part of the efforts contributing 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 388 to 423 providers.  
The number of children with e-DECA assessments increased from 1,298 to 2,038.  
  
Within Cohorts 1 and 2, data from January 1-June 30, 2022 for pre and post e-DECA assessments show that all domains (attachment, initiative, and self-regulation) saw a small to moderate increase in T scores from pre to post assessments. At the time of post assessments, 41 children with post assessments were scoring in the mid-level typical range as a result of utilizing the e-DECA strategies with families and putting a greater focus on social emotional needs.  
  
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, increase child outcomes and impact the SiMR. MDE purchased a statewide license and enough assessment tests 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. From January to June 2022, EOT&TA hosted four training events with 129 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. It was shared during a Data webinar, June 10, 2022.  
  
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 has been added to the data profiles at www.earlyondata.com and Wayne State University is providing 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 January-June 2022, 2,200 Social Emotional Developmental Wheels were distributed to service providers in Cohorts 1 and 2 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 in the cohort free of charge, which makes them sustainable for the local service areas.  
  
Collaborate with Wayne State University to evaluate data related to additional social emotional questions added to the Family Survey. Systems framework: Data  
Outcomes achieved  
Nineteen additional questions related to social emotional development were added to the Family Survey.  
  
WSU analyzed data from the additional questions and shared with the State Coordination and Evaluation Committee to determine if SSIP activities had a positive impact on families.  
  
By incorporating additional questions into the Family Survey, the system is supported and gains insightful information as to the connection between family outcomes and social emotional outcomes. It impacts the SiMR and the Theory of Action because before child outcomes improve, family outcomes start to improve as families start reaping the benefits of supported and informed service providers who share information about social emotional development in a family-centered manner. Since the questions are developed and being used, this activity is sustainable.

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

YES

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

Two new infrastructure improvement strategies were implemented and include: the COS reporting rate has been added to the data profiles at www.earlyondata.com and Wayne State University is providing a child-level list to each local service area showing the details for their Indicator 3 results.  
  
Short term outcomes achieved include Early On Coordinators and service providers are able to access their reporting rate data through the website, as well as receive a child-level list for their child outcomes data. MDE is using the child outcomes reporting rate as part of the local determination this year, and both activities will help support local service areas to have greater access to their data and develop strategies to increase child outcomes reporting rates.

**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 and 2 as well as 50 new service providers in Cohort 3. Anticipated outcomes include all providers in Cohorts 1, 2, and 3 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 2 coordinators/leads and begin monthly CoP calls in February 2022 with Cohort 3 coordinators/leads. Cohort 1 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 and 2 as well as 50 new service providers in Cohort 3. Anticipated outcomes include all providers in Cohorts 1, 2, and 3 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 continuing to utilize it in conjunction with child outcomes trainings offered by EOT&TA through the Office for Innovative Projects at Clinton County RESA. Anticipated outcomes include increased understanding by service providers around the importance of the three child outcomes and how to integrate the use of the outcomes into the IFSP process.   
  
Next steps for the Michigan Early On Child Outcomes Summary Data Manual and Chase Reports include encouragement of use by local service area data personnel to ensure completeness and accuracy of child outcomes data. Efforts will also be made to identify the need for any additional resources or supports related to child outcomes data, in addition to the two shared under new activities, earlier in the report. An anticipated outcome is the COS reporting rate continues to increase.  
  
Next steps for messaging include the continued implementation of the social emotional wheels to service providers and families in the cohorts. Anticipated outcomes include providers sharing the wheels with families, and families report receiving information around the importance of social emotional development, leading to increased child outcomes.  
  
Next steps for evaluating the effectiveness of the additional social emotional questions added to the Family Survey include collaborating with WSU to analyze the data. Anticipated outcomes include families report receiving information and materials about social emotional development, 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, 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 175 providers from 25 local service areas for three 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.  
  
Twenty-five of 56 local service areas are participating in Cohorts 1, 2, and 3. 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 checklists were originally implemented in December 2020. One for Early On Coordinators and one for service providers, completed via an electronic survey. The purpose of the checklists is to improve consistent implementation of the e-DECA and monitor progress aligned with each local service area. Baseline data were collected in December 2020, and subsequent surveys were used to collect data in April, July, and October 2021.  
  
A second fidelity checklist was piloted with Cohort 1 to collect information about the Social Emotional Developmental Wheels. Feedback from Early On Coordinators in Cohort 1 was shared with the State Coordination and Evaluation Committee that the Wheels fidelity checklist was too extensive and over-reaching. The State Coordination and Evaluation Committee re-evaluated the Wheels fidelity checklist and made the decision, along with the cohort members, to redesign the e-DECA fidelity checklist. The redesigned fidelity checklist encompasses all the SSIP activities which include questions around the Social Emotional Developmental Wheels, the Pyramid Model Trainings, and the e-DECA. The redesigned fidelity checklist was completed and implemented in October 2022. Results will be shared in the next APR submission which will encompass that reporting period.  
  
Cohorts 1 and 2 completed the previous version of the fidelity checklist surveys in January and April 2022. Data from January-April 2022 show that Cohort 1 is implementing the SSIP activities with fidelity, most staff have been trained in the e-DECA and Pyramid Model and are sharing data with staff and families on a regular basis.   
  
For Cohort 2, 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 April fidelity checklist showed an increase in staff being trained and infrastructure is in place but using and sharing the data was still in progress. Sharing data is one area for improvement, and during the June Community of Practice call, the MDHHS Consultant gave a live demonstration on how to run reports in the e-DECA system. In addition to the live demonstration, supporting materials were shared after the meeting with both cohorts to help members better utilize the data for planning and improvement.

**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.**

Eighty-eight people registered for the Pyramid Model Training. Evaluation data compiled from respondents who took the Pyramid Model Trainings and completed a pre and post assessment, show that:  
• All providers agree their knowledge of social emotional milestones of children birth-age three increased.   
• Providers reported their access to new social emotional resources and strategies increased due to the training. A large effect size was found in providers self-reporting pre and post training outcomes related to access with a pretest average rating of 5.5 (slightly agree) to a 6.7 (agree).   
• Providers reported their sharing of social emotional strategies with families increased due to the training. This is where the largest gain was reported. Before training, participants noted that they slightly disagreed (3.5) that they shared strategies and resources with parents. Post training that response, on average, was a 6.8 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 reframe her thoughts about challenging behavior because she understood development better. Other comments included becoming better able to train others on the importance of social emotional health, how helpful the resources such as the temperament checklist are to share with all families, and how training and coaching has increased understanding that all children can benefit from social emotional learning.

**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, and 3 which will include seven new local service areas that began in November 2022. Cohorts 1 and 2 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 3. By expanding the number of service providers in Cohorts 1 and 2, the goal is to increase service providers’ confidence and competence in social emotional development which will lead to increased child and family outcomes, ultimately impacting the SiMR.

**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 met and provides data that progress toward the Theory of Action is occurring. Although child outcomes 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 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.  
  
As part of DMS 2.0 Monitoring process, stakeholders participated in OSEP-directed focus groups to provide a more comprehensive picture of the Part C system in Michigan. Members of the MICC met with OSEP on two occasions to discuss the early intervention system including suggestions to improve meaningful involvement. Part C contractors from CCRESA, Wayne State University, Public Sector Consultants, and Michigan Alliance for Families were also involved with the DMS process and shared information with OSEP during their visit to Michigan, related to their area of expertise.  
  
Plans are being made to continue engagement with stakeholders to review data, analyze improvement strategies, and recommend additional factors for local determinations.

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

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

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

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

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. 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.

**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.**

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

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

## 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**

Lead Agency Director

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

**Name:**

Jonnie Taton

**Title:**

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**Submitted on:**

04/24/23 4:54:44 PM

# Determination Enclosures

## RDA Matrix

**Michigan**

2023 Part C Results-Driven Accountability Matrix

**Results-Driven Accountability Percentage and Determination[[1]](#footnote-2)**

| **Percentage (%)** | **Determination** |
| --- | --- |
| 75.00% | Needs Assistance |

**Results and Compliance Overall Scoring**

|  | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 8 | 4 | 50.00% |
| **Compliance** | 16 | 16 | 100.00% |

**2023 Part C Results Matrix**

**I. Data Quality**

**(a) Data Completeness: The percent of children included in your State’s 2021 Outcomes Data (Indicator C3)**

|  |  |
| --- | --- |
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 6,746 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 12,010 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 56.17 |
| **Data Completeness Score[[2]](#footnote-3)** | 1 |

**(b) Data Anomalies: Anomalies in your State’s FFY 2021 Outcomes Data**

|  |  |
| --- | --- |
| **Data Anomalies Score**[[3]](#footnote-4) | 2 |

**II. Child Performance**

**(a) Data Comparison: Comparing your State’s 2021 Outcomes Data to other States’ 2021 Outcomes Data**

|  |  |
| --- | --- |
| **Data Comparison Score[[4]](#footnote-5)** | 1 |

**(b) Performance Change Over Time: Comparing your State’s FFY 2021 data to your State’s FFY 2020 data**

|  |  |
| --- | --- |
| **Performance Change Score[[5]](#footnote-6)** | 0 |

| **Summary Statement Performance** | **Outcome A: Positive Social Relationships SS1 (%)** | **Outcome A: Positive Social Relationships SS2 (%)** | **Outcome B: Knowledge  and Skills SS1 (%)** | **Outcome B: Knowledge and Skills SS2 (%)** | **Outcome C: Actions to Meet Needs  SS1 (%)** | **Outcome C: Actions to Meet Needs SS2 (%)** |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY 2021** | 72.57% | 52.45% | 75.32% | 46.12% | 75.37% | 46.92% |
| **FFY 2020** | 76.16% | 52.63% | 78.04% | 45.68% | 78.70% | 47.32% |

**2023 Part C Compliance Matrix**

| **Part C Compliance Indicator[[6]](#footnote-7)** | **Performance (%)** | **Full Correction of Findings of Noncompliance Identified in FFY 2020** | **Score** |
| --- | --- | --- | --- |
| **Indicator 1: Timely service provision** | 99.82% | YES | 2 |
| **Indicator 7: 45-day timeline** | 98.50% | YES | 2 |
| **Indicator 8A: Timely transition plan** | 99.67% | YES | 2 |
| **Indicator 8B: Transition notification** | 100.00% | N/A | 2 |
| **Indicator 8C: Timely transition conference** | 99.31% | YES | 2 |
| **Timely and Accurate State-Reported Data** | 100.00% |  | 2 |
| **Timely State Complaint Decisions** | 100.00% |  | 2 |
| **Timely Due Process Hearing Decisions** | N/A |  | N/A |
| **Longstanding Noncompliance** |  |  | 2 |
| **Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

**Appendix A**

**I. (a) Data Completeness:**

**The Percent of Children Included in your State's 2021 Outcomes Data (Indicator C3)**

Data completeness was calculated using the total number of Part C children who were included in your State’s FFY 2021 Outcomes Data (C3) and the total number of children your State reported in its FFY 2021 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State’s Indicator C3 data by the number of children your State reported exited during FFY 2021 in the State’s FFY 2021 IDEA Section 618 Exit Data.

|  |  |
| --- | --- |
| **Data Completeness Score** | **Percent of Part C Children included in Outcomes Data (C3) and 618 Data** |
| **0** | **Lower than 34%** |
| **1** | **34% through 64%** |
| **2** | **65% and above** |

**Appendix B**

**I. (b) Data Quality:**

**Anomalies in Your State's FFY 2021 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e[[7]](#footnote-8)[[8]](#footnote-9). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2021 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State’s data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

|  |  |
| --- | --- |
| **Outcome A** | **Positive Social Relationships** |
| **Outcome B** | **Knowledge and Skills** |
| **Outcome C** | **Actions to Meet Needs** |

|  |  |
| --- | --- |
| **Category a** | **Percent of infants and toddlers who did not improve functioning** |
| **Category b** | **Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers** |
| **Category c** | **Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it** |
| **Category d** | **Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers** |
| **Category e** | **Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers** |

**Expected Range of Responses for Each Outcome and Category, FFY 2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-1SD** | **+1SD** |
| **Outcome A\Category a** | 1.43 | 1.62 | -0.19 | 3.05 |
| **Outcome B\Category a** | 1.26 | 2.27 | -1.01 | 3.53 |
| **Outcome C\Category a** | 1.14 | 1.59 | -0.45 | 2.73 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-2SD** | **+2SD** |
| **Outcome A\ Category b** | 23.62 | 8.94 | 5.75 | 41.49 |
| **Outcome A\ Category c** | 20.32 | 12.69 | -5.05 | 45.69 |
| **Outcome A\ Category d** | 27.33 | 9.46 | 8.42 | 46.24 |
| **Outcome A\ Category e** | 27.3 | 15.11 | -2.92 | 57.52 |
| **Outcome B\ Category b** | 25.16 | 9.76 | 5.65 | 44.68 |
| **Outcome B\ Category c** | 28.73 | 12.11 | 4.5 | 52.95 |
| **Outcome B\ Category d** | 31.76 | 8.06 | 15.64 | 47.87 |
| **Outcome B\ Category e** | 13.09 | 8.56 | -4.02 | 30.21 |
| **Outcome C\ Category b** | 20.27 | 8.49 | 3.29 | 37.26 |
| **Outcome C\ Category c** | 23.01 | 13.08 | -3.16 | 49.17 |
| **Outcome C\ Category d** | 34.09 | 8.09 | 17.9 | 50.28 |
| **Outcome C\ Category e** | 21.49 | 15.06 | -8.62 | 51.6 |

|  |  |
| --- | --- |
| **Data Anomalies Score** | **Total Points Received in All Progress Areas** |
| 0 | 0 through 9 points |
| 1 | 10 through 12 points |
| 2 | 13 through 15 points |

**Anomalies in Your State’s Outcomes Data FFY 2021**

|  |  |
| --- | --- |
| **Number of Infants and Toddlers with IFSP’s Assessed in your State** | **6,746** |

| **Outcome A — Positive Social Relationships** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 34 | 1,454 | 1,720 | 2,217 | 1,321 |
| **Performance (%)** | 0.50% | 21.55% | 25.50% | 32.86% | 19.58% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome B — Knowledge and Skills** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 14 | 1,489 | 2,132 | 2,456 | 655 |
| **Performance (%)** | 0.21% | 22.07% | 31.60% | 36.41% | 9.71% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome C — Actions to Meet Needs** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 27 | 1,474 | 2,080 | 2,512 | 653 |
| **Performance (%)** | 0.40% | 21.85% | 30.83% | 37.24% | 9.68% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

|  | **Total Score** |
| --- | --- |
| **Outcome A** | 5 |
| **Outcome B** | 5 |
| **Outcome C** | 5 |
| **Outcomes A-C** | 15 |

|  |  |
| --- | --- |
| **Data Anomalies Score** | 2 |

**Appendix C**

**II. (a) Data Comparison:**

**Comparing Your State’s 2021 Outcomes Data to Other States’ 2021 Outcome Data**

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement[[9]](#footnote-10). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

*Summary Statement 1: Of those infants and toddlers who entered or exited 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.*

*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.*

**Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2021**

| **Percentiles** | **Outcome A SS1** | **Outcome A SS2** | **Outcome B SS1** | **Outcome B SS2** | **Outcome C SS1** | **Outcome C SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **10** | 43.42% | 36.60% | 54.62% | 29.02% | 55.14% | 36.15% |
| **90** | 82.74% | 69.30% | 79.34% | 55.52% | 85.72% | 76.15% |

|  |  |
| --- | --- |
| **Data Comparison Score** | **Total Points Received Across SS1 and SS2** |
| **0** | 0 through 4 points |
| **1** | 5 through 8 points |
| **2** | 9 through 12 points |

**Your State’s Summary Statement Performance FFY 2021**

| **Summary Statement (SS)** | **Outcome A: Positive Social Relationships SS1** | **Outcome A: Positive Social Relationships SS2** | **Outcome B: Knowledge and Skills SS1** | **Outcome B: Knowledge and Skills SS2** | **Outcome C: Actions to meet needs SS1** | **Outcome C: Actions to meet needs SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance (%)** | 72.57% | 52.45% | 75.32% | 46.12% | 75.37% | 46.92% |
| **Points** | 1 | 1 | 1 | 1 | 1 | 1 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2(\*)** | 6 |

|  |  |
| --- | --- |
| **Your State’s Data Comparison Score** | 1 |

**Appendix D**

**II. (b) Performance Change Over Time:**

**Comparing your State’s FFY 2021 data to your State’s FFY 2020 data**

The Summary Statement percentages in each Outcomes Area from the previous year’s reporting (FFY 2020) is compared to the current year (FFY 2021) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of p<=.05. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of ‘0’, ‘1’, or ‘2’ for each State is based on the total points awarded. Where OSEP has approved a State’s reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of ‘N/A’ for this element.

**Test of Proportional Difference Calculation Overview**

The summary statement percentages from the previous year’s reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of p<=.05. The statistical test has several steps.

Step 1: Compute the difference between the FFY 2021 and FFY 2020 summary statements.

e.g., C3A FFY2021% - C3A FFY2020% = Difference in proportions

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on[[10]](#footnote-11)

Sqrt[([FFY2021% \* (1-FFY2021%)] / FFY2021N) + ([FFY2022% \* (1-FFY2022%)] / FFY2022N)] = Standard Error of Difference in Proportions

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

Difference in proportions /standard error of the difference in proportions = z score

Step 4: The statistical significance of the z score is located within a table and the *p* value is determined.

Step 5: The difference in proportions is coded as statistically significant if the *p* value is it is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

|  |  |
| --- | --- |
| **Indicator 3 Overall Performance Change Score** | **Cut Points for Change Over Time in Summary Statements Total Score** |
| **0** | Lowest score through 3 |
| **1** | 4 through 7 |
| **2** | 8 through highest |

| **Summary Statement/ Child Outcome** | **FFY 2020 N** | **FFY 2020 Summary Statement (%)** | **FFY 2021 N** | **FFY 2021 Summary Statement (%)** | **Difference between Percentages (%)** | **Std Error** | **z value** | **p-value** | **p<=.05** | **Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SS1/Outcome A: Positive Social Relationships** | 5,399 | 76.16% | 5,425 | 72.57% | -3.59 | 0.0084 | -4.2821 | <.0001 | YES | 0 |
| **SS1/Outcome B: Knowledge and Skills** | 6,001 | 78.04% | 6,091 | 75.32% | -2.71 | 0.0077 | -3.5294 | 0.0004 | YES | 0 |
| **SS1/Outcome C: Actions to meet needs** | 5,976 | 78.70% | 6,093 | 75.37% | -3.33 | 0.0077 | -4.3568 | <.0001 | YES | 0 |
| **SS2/Outcome A: Positive Social Relationships** | 6,614 | 52.63% | 6,746 | 52.45% | -0.18 | 0.0086 | -0.2140 | 0.8306 | NO | 1 |
| **SS2/Outcome B: Knowledge and Skills** | 6,614 | 45.68% | 6,746 | 46.12% | 0.44 | 0.0086 | 0.5107 | 0.6095 | NO | 1 |
| **SS2/Outcome C: Actions to meet needs** | 6,614 | 47.32% | 6,746 | 46.92% | -0.41 | 0.0086 | -0.4714 | 0.6374 | NO | 1 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2** | **3** |

|  |  |
| --- | --- |
| **Your State’s Performance Change Score** | **0** |

## Data Rubric

**Michigan**

**FFY 2021 APR**[[11]](#footnote-12)

|  | **Part C Timely and Accurate Data -- SPP/APR Data** |  |
| --- | --- | --- |
| **APR Indicator** | **Valid and Reliable** | **Total** |
| **1** | 1 | 1 |
| **2** | 1 | 1 |
| **3** | 1 | 1 |
| **4** | 1 | 1 |
| **5** | 1 | 1 |
| **6** | 1 | 1 |
| **7** | 1 | 1 |
| **8A** | 1 | 1 |
| **8B** | 1 | 1 |
| **8C** | 1 | 1 |
| **9** | 1 | 1 |
| **10** | 1 | 1 |
| **11** | 1 | 1 |
|  | **Subtotal** | 13 |
| **APR Score Calculation** | **Timely Submission Points** - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
|  | **Grand Total** - (Sum of Subtotal and Timely Submission Points) = | 18 |

|  |  | **618 Data[[12]](#footnote-13)** |  |  |
| --- | --- | --- | --- | --- |
| **Table** | **Timely** | **Complete Data** | **Passed Edit Check** | **Total** |
| **Child Count/Settings Due Date: 4/6/22** | 1 | 1 | 1 | 3 |
| **Exiting Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
| **Dispute Resolution Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
|  |  |  | **Subtotal** | 9 |
| **618 Score Calculation** |  |  | **Grand Total** (Subtotal X 2) = | 18.00 |

| **Indicator Calculation** |  |
| --- | --- |
| A. APR Grand Total | 18 |
| B. 618 Grand Total | 18.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 36.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 0 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| **Denominator** | 36.00 |
| D. Subtotal (C divided by Denominator\*) = | 1.0000 |
| E. Indicator Score (Subtotal D x 100) = | 100.00 |

**\*Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APR and 618 -Timely and Accurate State Reported Data**

**DATE: February 2023 Submission**

**SPP/APR Data**

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

**Part C 618 Data**

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

|  |  |  |
| --- | --- | --- |
| **618 Data Collection** | **EMAPS Survey** | **Due Date** |
| Part C Child Count and Setting | Part C Child Count and Settings in EMAPS | 1st Wednesday in April |
| Part C Exiting | Part C Exiting Collection in EMAPS | 1st Wednesday in November |
| Part C Dispute Resolution | Part C Dispute Resolution Survey in EMAPS | 1st Wednesday in November |

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

**3) Passed Edit Check –** A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).

## Dispute Resolution



## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP’s IDEA Website.  How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

[https://sites.ed.gov/idea/how-the-department-made-determinations/](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.ed.gov%2Fidea%2Fhow-the-department-made-determinations%2F&data=05%7C01%7Cdan.royal%40aemcorp.com%7C56561a053eed4e4dffea08db4cd0ea7f%7C7a41925ef6974f7cbec30470887ac752%7C0%7C0%7C638188232405320922%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=REJfNg%2BRs0Gk73rS2KzO2SIVRCUhHLglGd6vbm9wEwc%3D&reserved=0)

1. For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C." [↑](#footnote-ref-2)
2. Please see Appendix A for a detailed description of this calculation. [↑](#footnote-ref-3)
3. Please see Appendix B for a detailed description of this calculation. [↑](#footnote-ref-4)
4. Please see Appendix C for a detailed description of this calculation. [↑](#footnote-ref-5)
5. Please see Appendix D for a detailed description of this calculation. [↑](#footnote-ref-6)
6. The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: <https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf> [↑](#footnote-ref-7)
7. Numbers shown as rounded for display purposes. [↑](#footnote-ref-8)
8. Values based on data for States with summary statement denominator greater than 199 exiters. [↑](#footnote-ref-9)
9. Values based on data for States with summary statement denominator greater than 199 exiters. [↑](#footnote-ref-10)
10. Numbers shown as rounded for display purposes. [↑](#footnote-ref-11)
11. In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table. [↑](#footnote-ref-12)
12. In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a ‘0’. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table. [↑](#footnote-ref-13)