

# MI Part C

# FFY2014 State Performance Plan / Annual Performance Report

## Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

### Executive Summary:

The U.S. Department of Education, Office of Special Education Programs requires each state to submit the Part C of the Individuals with Disabilities Education Act (IDEA) State Performance Plan (SPP)/Annual Performance Report (APR). Each state submits data on 11 indicators to provide information on the performance of its early intervention system for infants and toddlers with disabilities. Part C of IDEA is commonly referred to as *Early On* in the state of Michigan. The Michigan APR for FFY 2014 (July 1, 2014 through June 30, 2015) includes data on the 11 indicators.

*Early On* served 1.6% of infants, birth to one year of age, and a total of 2.62% of children birth to three, with disabilities and/or developmental delays and their families during the year. The 12 months prior to October 1, 2014, 18,109 eligible children and their families participated in *Early On*. These children and their families partnered with early intervention service providers to develop an Individualized Family Service Plan (IFSP). The IFSP is a written plan to coordinate early intervention services to eligible infants and toddlers and their families.

Each state must report through Indicator 3 the percent of infants and toddlers with IFSPs who demonstrate improved:

- 3A. Positive social-emotional skills (including social relationships);
- 3B. Acquisition and use of knowledge and skills (including early language/communication); and
- 3C. Use of appropriate behaviors to meet their needs.

Overall, the data indicate that of those infants and toddlers who entered *Early On* below age expectations in each outcome, around two-thirds substantially increased their rate of growth by the time they exited. The greatest level of growth was found for Indicators 3B and 3C (67.60% and 68.17%, respectively). The lowest percentage of growth was found for Indicator 3A (64.00%). Overall, data indicate that approximately half of infants and toddlers were functioning within age expectations in each outcome by the time they exited. The greatest percentage was found for Indicators 3A and 3C (54.79% and 51.95%, respectively). The lowest percentage was found for Indicator 3B (49.04%).<sup>1</sup> (Resource: Early Childhood Outcomes Report, November 2015, Wayne State University, page 32).

Indicator 4 measures family outcomes of the early intervention system. Of families responding to the annual survey, a total of 70.7% reported that early intervention services helped the family know their rights; 63.7% of families reported that early intervention services helped them effectively communicate their children's needs; and 84.1% of families reported that early intervention services have aided them in helping their children develop and learn.<sup>2</sup> (Resource: Family Survey Report, November 2015, Wayne State University, page 1). Michigan has continued to meet the state targets for this indicator.

The compliance indicators for the early intervention system are continuously a high priority. State compliance remains high for Indicator 1 for timely provision of services, Indicator 7 the 45-day timeline for Individualized Family Service Plans, and early childhood transition. These three indicators are the mainstay of support to eligible children and their families.

The 11 SPP/APR Indicators help to address improvement in the early intervention system for infants and toddlers. Indicator 3 of the report targets the Early Childhood Outcomes listed above and has been selected to conduct more intensive work through the State Systemic Improvement Plan required in Indicator 11.

### Attachments

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<a href="#">ffly2014 icc certification.pdf</a>	Cheryl Najm		<div style="border: 1px solid black; padding: 2px; display: inline-block;">R</div> e m o v e

**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.

The Michigan Department of Education (MDE) is the lead agency for the implementation of Part C of the Individuals with Disabilities Education Act (IDEA). Part C of IDEA is commonly known as *Early On* within the State. Leadership for *Early On* is located in the Office of Great Start/Early Childhood Development and Family Education (OGS/ECD&FE). *Early On* partners and collaborates with the Michigan Interagency Coordinating Council (MICC), the state interagency coordinating council. MDE staff reviewed available data along with statewide contractors, members of the MICC Executive Committee, and the Parent Involvement Committee. After many data review meetings, target recommendations were presented to the MICC at their November 2014 meeting. In November 2015 the MICC reviewed current data in comparison to the previously set targets.

There are 56 intermediate school districts responsible for the administration of *Early On* across the state. Each local early intervention program is required to have a Local Interagency Coordinating Council (LICC) to provide advice for its system of services. The LICCs are patterned after the MICC, requiring representative stakeholders as well as parent membership.

A Michigan Part C comprehensive general supervision system is in place to assist in achieving improved results for infants and toddlers with disabilities and/or a developmental delay and their families. Various components of the system are briefly discussed below.

Data Collection for Part C reporting requirements are collected from three sources: 1) the Michigan Electronic Grants System *Plus* (MEGS+); 2) the Michigan Student Data System (MSDS); and 3) the Qualitative Compliance Information Project, Michigan's confidential system for reporting family outcomes. Local lead agencies collect basic demographic 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.

Fiscal management of local early intervention programs and statewide contracts is controlled using MEGS+. All fiscal agents must apply for Part C funds through this system. Budgets and subsequent amendments are approved by lead agency staff. Distribution of reimbursement payments are conducted and final expenditure reports are filed via the Cash Management System.

An Effective Dispute Resolution System is in place with the support of Michigan's Office of Special Education (OSE), the lead office for Part B of IDEA. OSE provides oversight and administration for mediation, complaints, and due process hearings for both Part C and Part B of IDEA.

Mediations in the state are processed by the Michigan Special Education Mediation Program (MSEMP). MSEMP provides services through the Community Dispute Resolution Program, a network of 18 conflict resolution centers across the state. The project uses mediation, facilitation, and training services for working through disputes. The mediation process is intended to resolve disputes by sharing ideas on what the child needs. The process helps 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 has to be agreed to by both the parent and the local early intervention program. MSEMP is administered by Dispute Resolution Education Resources, Inc. a Lansing-based nonprofit organization.

Complaints filed with the state are processed by OSE. OSE has a very organized system to track and process complaints. OSE utilizes a single-tier complaint system. All state complaints are completed using this system. This single-tier system allows the early intervention programs and OSE to jointly investigate complaints resulting in the opportunity to encourage and support the use of local resolution and methods of alternative dispute resolution.

Due Process Hearings in Michigan are processed in a single-tier system that uses hearing officers who are administrative law judges. The hearing officers are salaried state employees employed by a state department separate from MDE. It is required that the hearing officers are knowledgeable and understand the provision of IDEA, federal and state regulations, and all relevant legal interpretations. This separate agency is the State Office of Administrative Hearings and Rules (SOAHR).

The Continuous Improvement and Monitoring System (CIMS) is the monitoring system used by OSE and OGS/ECD&FE. The state uses this system to ensure compliance with IDEA and any state rule and to promote outcomes. CIMS was designed to help the state and its locals analyze and interpret data as well as record all monitoring activities in a single location. CIMS reflects the priorities of IDEA and the State Performance Plan (SPP). In assessing the performance of its locals, the state monitors data collected through the following:

- Focused monitoring activities (on-site, state-verified desk audit or state-verified self-review),
- Data reviews, and
- Other activities.

Michigan evaluates the performance of each local early intervention service system, relative to the SPP indicator targets. If areas of noncompliance are identified, the state issues a finding of noncompliance to the local system.

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 verification of correction used by the state: Prong 1 – The local has corrected each individual case of noncompliance, and Prong 2 – The local is correctly implementing the specific regulatory requirements (i.e., achieved 100 percent compliance) based on the state's review of new data per established indicator timeframes.

All identified noncompliance must be corrected as soon as possible, but in no case later than one year, including verification.

Policies, procedures, and the SPP/APR are in place to provide guidance to the field. A Michigan State Plan for Part C of IDEA provides a general overview to the federal requirements. The State Plan, additional guidance, and implementation can be found on the MDE, *Early On*, and *Early On* Training and Technical Assistance websites; which are available to the public. The three website addresses are below:

Michigan Department of Education: [www.michigan.gov/earlyon](http://www.michigan.gov/earlyon)

*Early On*: [www.1800EarlyOn.org](http://www.1800EarlyOn.org)

*Early On* Training and Technical Assistance: [www.eotta.ccesa.org](http://www.eotta.ccesa.org)

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## Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

Technical Assistance (TA) is provided by a statewide contractor, *Early On* Training and Technical Assistance (EOT&TA), at Clinton County Regional Educational Service Agency. Technical assistance is a component of the comprehensive system of personnel development provided by this same contractor. Staff of EOT&TA participate in numerous national initiatives and activities to stay abreast of current practices. The contractor provides TA to local early intervention systems through a variety of methods including guidance documents, phone contacts, email, one on one technical 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 technical assistance after state monitoring to assist the local systems to come into compliance.

Local early intervention systems also receive technical assistance from state staff. Three state consultants are assigned a cohort of local *Early On* systems to provide technical assistance 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.

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**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 personnel development

Through issuance of a mandated activities project contract, Michigan has developed a comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services (EIS) available in the state that includes:

- Training personnel in implementing 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 EIS under Part C, and
- Training personnel to coordinate transition services for infants and toddlers in various 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 EIS programs. Supports to the field include a resourceful website, online and in person trainings, webinars, system updates sessions, conferences, communities of practice, and recently a book study with national technical assistance experts. Participation in national communities of practice and technical assistance events provide contractors the most current and up-to-date information.

This year a self-paced, five-part training module for personnel development entitled the *Essentials for Early On* was released to support providers in the field to understand expectations for those evaluating infants and toddlers. State staff worked to enable continuing education credits for those completing the on-line course.

**Attachments**

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**Stakeholder Involvement:**  apply this to all Part C results indicators

## FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

Michigan Part C collaborates extensively with its MICC. The Governor-appointed advisory council includes multiple stakeholders from various perspectives around the state. Issues are addressed through various ad hoc and standing committees. The Executive and Parent Involvement Committees provide a great deal of advice to the lead agency. These committees, along with statewide contractors, reviewed data and made recommendations for the targets. The targets were then presented to the MICC for support.

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### Reporting to the Public:

How and where the State reported to the public on the FFY 2013 performance of each EIS Program or Provider 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 2013 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2013 APR in 2015, is available.

As required by law, public reporting occurs no later than 120 days from submission of the APR. Michigan's Part C SPP can be found at [www.michigan.gov/earlyon](http://www.michigan.gov/earlyon) under the heading Federal Reports/Performance.

Reporting to the public is conducted on the two websites for *Early On* listed below:

Michigan Department of Education: [www.michigan.gov/earlyon](http://www.michigan.gov/earlyon) and *Early On*: [www.1800EarlyOn.org](http://www.1800EarlyOn.org).

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### Actions required in FFY 2013 response

None

### OSEP Response

### Required Actions

The State's IDEA Part C determination for both 2015 and 2016 is needs assistance.

In the State's 2016 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 2015 SPP/APR submission, due February 1, 2017, 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

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

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

### Historical Data

Baseline Data: 2006

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		19.00%	47.80%	90.88%	100%	97.83%	99.84%	100%	100%	99.83%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

### FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

### FFY 2014 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 2013 Data*	FFY 2014 Target*	FFY 2014 Data
15126	15632	99.83%	100%	99.07%

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)	361
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What is the source of the data provided for this indicator?

- State monitoring
- 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, 2014 - June 30, 2015)

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

Data from the entire reporting period are included.

Provide additional information about this indicator (optional)

Data were collected through the Michigan Student Data System (MSDS). All local early intervention programs submitted data regarding all children served to the state database at three designated points during the program year (July 1, 2014 - June 30, 2015). Data from the three collections were aggregated to provide data from the full reporting period.

Data for this indicator reflect that a total of 15,632 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 15,126 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 361 records indicated that the delays to the initiation of services were attributable to documented exceptional family circumstances. The number of records with documented exceptional family circumstances (361) was added to the timely records (15,126) resulting in a total of 15,487 records. This number was used as the numerator for the calculation. The resulting percentage of compliance is 99.07%.

$$(15,126+361)/15,632=.9907$$

Both the numerator and denominator include 361 children for whom services were not timely, but whose records indicated that the delays were attributable to documented exceptional family circumstances.

99.07% compliance falls slightly below the target of 100% for this indicator. This compliance level is slightly lower than the 99.83% compliance level reported in the FFY 2013 SPP/APR.

Thirty-eight local service areas had a total of 361 records with delays to the start of services that had documented exceptional family circumstances. Reasons for these delays include appointments being cancelled and rescheduled by parents, parents requesting a delay to the start of services to accommodate work schedules, parents requesting a delay to the start of services until after holidays or planned vacations, documented multiple attempts to contact parents for scheduling, and family not being at home at scheduled appointment times.

Twenty-one local service areas had a total of 145 records with delays to the start of services for which exceptional family circumstances did not exist or were not documented. Reasons for these delays include provider absence, shortage of providers, confusion regarding requirements, and failure to adequately document exceptional family circumstances. Nineteen of the 21 local service areas were issued Findings of noncompliance and required to develop Corrective Action Plans during FFY 2015 based on these FFY 2014 data. The remaining two local service areas were not issued new Findings, as they had open Findings and Corrective Action Plans for Indicator 1.

**Actions required in FFY 2013 response**

None

**Correction of Findings of Noncompliance Identified in FFY 2013**

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

**FFY 2013 Findings of Noncompliance Verified as Corrected**

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

One local early intervention program was issued a focused monitoring Finding related to Indicator 1 in FFY 2013 as a result of noncompliance identified during an onsite monitoring visit. The service area developed a Corrective Action Plan in the CIMS system that detailed strategies that the local early intervention program 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 early intervention program to conduct file reviews.

When Corrective Action Plan activities had been completed and progress reports indicated compliance, MDE conducted an on-site follow-up visit during which the local early intervention program was required to make available new files for verification of correction of noncompliance. MDE requested that the service area provide a list of the most recent child records. From that list, MDE selected a random sample of ten records for review.

MDE used an indicator-specific checklist based upon the federal and state standards when reviewing the local program files to verify correction of noncompliance. This ensured that the local program is correctly implementing the specific regulatory requirements. Ten of the ten records were found to be in compliance resulting in a 100% compliance level.

Documentation was also collected from the local early intervention program and from the state technical assistance providers to demonstrate that all Corrective Action Plan activities had been completed.

The local early intervention program was notified of the verification of correction of noncompliance through a formal letter closing the Corrective Action Plan.

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

For the two child records for which written consent had not been obtained prior to the initiation of services, it was verified during the onsite monitoring visit that written consent was obtained for all services. Consent was obtained for all services, though not all prior to the initiation of service. No further child level correction is possible because timeliness cannot be corrected.

### OSEP Response

Because the State reported less than 100% compliance for FFY 2014, the State must report on the status of correction of noncompliance identified in FFY 2014 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2015 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2014 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 2015 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 2014, although its FFY 2014 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2014.

### Required Actions

## Indicator 2: Services in Natural Environments

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)

### Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			88.00%	90.00%	92.00%	92.00%	93.00%	93.00%	93.00%	93.00%
Data		84.20%	88.10%	92.41%	93.31%	94.31%	96.95%	96.63%	96.24%	96.34%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

### FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥	93.50%	93.50%	94.00%	94.00%	94.00%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

### Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	<a href="#">Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</a>	8,453	
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	<a href="#">Total number of infants and toddlers with IFSPs</a>	8,898	

### FFY 2014 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 2013 Data*	FFY 2014 Target*	FFY 2014 Data
8,453	8,898	96.34%	93.50%	95.00%

### Actions required in FFY 2013 response

None

**OSEP Response**

**Required Actions**

## Indicator 3: Early Childhood Outcomes

*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)

**FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

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)? No

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
A1	2008	Target ≥						74.50%	74.80%	74.80%	76.30%	75.00%
		Data					74.00%	76.40%	75.10%	74.90%	76.20%	78.21%
A2	2008	Target ≥						59.40%	59.70%	59.70%	60.80%	60.40%
		Data					59.20%	63.40%	60.90%	59.30%	57.70%	54.19%
B1	2008	Target ≥						79.00%	79.30%	79.30%	79.50%	79.50%
		Data					79.10%	80.70%	78.60%	80.80%	80.90%	80.94%
B2	2008	Target ≥						53.80%	54.20%	54.20%	51.20%	51.20%
		Data					54.00%	58.80%	55.30%	54.70%	53.50%	48.63%
C1	2008	Target ≥						78.30%	78.60%	78.60%	79.50%	78.80%
		Data					78.10%	80.00%	79.00%	79.30%	79.80%	81.10%
C2	2008	Target ≥						59.50%	59.70%	59.70%	60.10%	59.20%
		Data					59.40%	61.70%	58.00%	57.40%	54.30%	52.44%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2014 - FFY 2018 Targets**

FFY	2014	2015	2016	2017	2018
Target A1 ≥	75.30%	75.60%	75.90%	76.20%	76.50%
Target A2 ≥	60.50%	60.60%	60.70%	60.80%	60.90%
Target B1 ≥	79.70%	79.90%	80.10%	80.30%	80.50%
Target B2 ≥	51.80%	52.40%	53.00%	53.60%	54.10%
Target C1 ≥	79.00%	79.20%	79.40%	79.60%	79.80%
Target C2 ≥	59.40%	59.60%	59.80%	60.00%	60.20%

Key:

**Explanation of Changes**

Pre-populated data missing.

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**FFY 2014 SPP/APR Data**

Number of infants and toddlers with IFSPs assessed	4127.00
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**Outcome A: Positive social-emotional skills (including social relationships)**

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	26.00	0.63%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1221.00	29.59%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	619.00	15.00%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1598.00	38.72%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	663.00	16.06%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
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 $(c+d)/(a+b+c+d)$ .	2217.00	3464.00	78.21%	75.30%	64.00%
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 $(d+e)/(a+b+c+d+e)$ .	2261.00	4127.00	54.19%	60.50%	54.79%

**Explanation of A1 Slippage**

Previous data analysis identified that the number of *reported* entry and exit ratings were substantially lower than the *expected* number of entry and exit ratings. The exit data was significantly lower than expected, so the data may not have been a true representation of outcomes.

In 2010 the eligibility criteria changed from any delay to a 20% delay. Since 2010, children new to Part C in Michigan, on average, have had lower child outcomes summary (COS) entry ratings. This has been significant when comparing 2013 and 2012 data to 2009 entry ratings. As a result, Michigan is identifying evidence-based strategies to support children.

System improvements to Michigan's child outcomes measurement, collection, and reporting include:

- Improved provider knowledge and skills due to training and experience,
- Improved data collection systems, and
- Improved guidance to the field on child outcome rating process.

These system improvements may be providing more accurate data on child outcomes. Additionally, statewide efforts have resulted in an increased number of reported entry and exit ratings. The slippage in the data may be due more to the improved accuracy and reporting rate, rather than a reflection of declining outcomes.

Child outcome data collection transitioned from Wayne State University to the Michigan Student Data System in the fall of 2013. As with any transition with data systems, there is a period of adjustment in regards to the collection process. The slippage in the 2014 data may be representative of this transition.

It is anticipated that the selection of social emotional outcomes as the focus of our Indicator 11 State Systemic Improvement Plan work will help address this slippage.

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	24.00	0.58%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1208.00	29.27%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	871.00	21.10%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1700.00	41.19%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	324.00	7.85%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
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 $(c+d)/(a+b+c+d)$ .	2571.00	3803.00	80.94%	79.70%	67.60%
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 $(d+e)/(a+b+c+d+e)$ .	2024.00	4127.00	48.63%	51.80%	49.04%

**Explanation of B1 Slippage**

Previous data analysis identified that the number of *reported* entry and exit ratings were substantially lower than the *expected* number of entry and exit ratings. The exit data was significantly lower than expected, so the data may not have been a true representation of outcomes.

In 2010 the eligibility criteria changed from any delay to a 20% delay. Since 2010, children new to Part C in Michigan, on average, have had lower child outcomes summary (COS) entry ratings. This has been significant when comparing 2013 and 2012 data to 2009 entry ratings. As a result, Michigan is identifying evidence-based strategies to support children.

System improvements to Michigan's child outcomes measurement, collection, and reporting include:

- Improved provider knowledge and skills due to training and experience,
- Improved data collection systems, and
- Improved guidance to the field on child outcome rating process.

These system improvements may be providing more accurate data on child outcomes. Additionally, statewide efforts have resulted in an increased number of reported entry and exit ratings. The slippage in the data may be due more to the improved accuracy and reporting rate, rather than a reflection of declining outcomes.

Child outcome data collection transitioned from Wayne State University to the Michigan Student Data System in the fall of 2013. As with any transition with data systems, there is a period of adjustment in regards to the collection process. The slippage in the 2014 data may be representative of this transition.

It is anticipated that the selection of social emotional outcomes as the focus of our Indicator 11 State Systemic Improvement Plan work will help address this slippage.

**Outcome C: Use of appropriate behaviors to meet their needs**

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	28.00	0.68%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1183.00	28.66%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	772.00	18.71%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1821.00	44.12%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	323.00	7.83%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
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 $(c+d)/(a+b+c+d)$ .	2593.00	3804.00	81.10%	79.00%	68.17%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
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 (d+e)/(a+b+c+d+e).	2144.00	4127.00	52.44%	59.40%	51.95%

**Explanation of C1 Slippage**

Previous data analysis identified that the number of *reported* entry and exit ratings were substantially lower than the *expected* number of entry and exit ratings. The exit data was significantly lower than expected, so the data may not have been a true representation of outcomes.

In 2010 the eligibility criteria changed from any delay to a 20% delay. Since 2010, children new to Part C in Michigan, on average, have had lower child outcomes summary (COS) entry ratings. This has been significant when comparing 2013 and 2012 data to 2009 entry ratings. As a result, Michigan is identifying evidence-based strategies to support children.

System improvements to Michigan's child outcomes measurement, collection, and reporting include:

- Improved provider knowledge and skills due to training and experience,
- Improved data collection systems, and
- Improved guidance to the field on child outcome rating process.

These system improvements may be providing more accurate data on child outcomes. Additionally, statewide efforts have resulted in an increased number of reported entry and exit ratings. The slippage in the data may be due more to the improved accuracy and reporting rate, rather than a reflection of declining outcomes.

Child outcome data collection transitioned from Wayne State University to the Michigan Student Data System in the fall of 2013. As with any transition with data systems, there is a period of adjustment in regards to the collection process. The slippage in the 2014 data may be representative of this transition.

It is anticipated that the selection of social emotional outcomes as the focus of our Indicator 11 State Systemic Improvement Plan work will help address this slippage.

**Was sampling used?** No

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)?** Yes

**Actions required in FFY 2013 response**

None

**OSEP Response**

**Required Actions**

## Indicator 4: Family Involvement

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)

### Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
A	2005	Target ≥			56.00%	60.00%	65.00%	70.00%	58.00%	58.20%	58.40%	58.40%
		Data		56.00%	58.00%	56.00%	58.00%	58.00%	59.00%	62.00%	71.50%	70.08%
B	2005	Target ≥			51.00%	55.00%	60.00%	67.00%	53.00%	53.20%	53.40%	53.40%
		Data		51.00%	54.00%	51.00%	53.00%	53.00%	54.00%	56.00%	64.90%	63.98%
C	2005	Target ≥			73.00%	78.00%	83.00%	89.00%	77.00%	77.20%	77.40%	77.40%
		Data		73.00%	75.00%	72.00%	75.00%	77.00%	78.00%	78.00%	85.60%	84.40%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

### FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target A ≥	58.60%	58.80%	59.00%	59.20%	59.40%
Target B ≥	53.60%	53.80%	54.00%	54.20%	54.40%
Target C ≥	77.60%	77.80%	78.00%	78.20%	78.40%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

The Parent Involvement Committee (PIC) of the Michigan Interagency Coordinating Council (MICC) reviewed the recent Family Survey data in October 2015. The data were shared by the Qualitative Compliance Information Grantee from Wayne State University. The PIC consists of five Governor-appointed MICC parents, one parent alternate, three interagency partners, grantees from Michigan Alliance for Families and *Early On* Training and Technical Assistance, and a member from the Michigan Family Voices organization.

The PIC also reviewed the current improvement activities and was positive about the progress that is being made in Michigan around family outcomes.

Recommendations for targets were developed by MDE with input from our data contractors, MICC Executive Committee and Parent Involvement Committee. Those recommendations were brought to the MICC and a discussion was held. The MICC approved the targets through 2018 at the November 2014 meeting. In November 2015 the MICC reviewed current data in comparison to the previously set targets.

**FFY 2014 SPP/APR Data**

Number of respondent families participating in Part C	2433.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1719.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	2433.00
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	1551.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	2433.00
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	2045.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	2433.00

	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	70.08%	58.60%	70.65%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	63.98%	53.60%	63.75%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	84.40%	77.60%	84.05%

**Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.**

Survey data were collected through multiple modes: online, mail, and telephone interview. The online survey data was stored in a secure server as respondents completed the surveys via the web. Completed mail surveys were processed using data scanning software, also stored in a secure server. Surveys completed by telephone were stored through the computer assisted telephone interview (CATI) software and in a secure server. All completed surveys were then merged into a statistical package database, and several levels of data quality control measures (audit, verification, deduping, etc.) were performed.

This year's data represent the State Part C population well in terms of children's gender and size of peer group. Data were not representative based on child age, ethnicity, and eligibility.

- Children birth to one were over-represented while children two to three were under-represented.
- More families with white children responded to the survey and fewer families with black/African American children or Hispanic children did so compared to the statewide population.
- Over three fifths of the survey respondents had a child eligible for Part C only. This percentage is statistically significantly lower than the percentage of Part C only children in the statewide population. Similarly, a significantly higher percentage of children eligible for Michigan Mandatory Special Education was represented in the survey when compared to the population.

The data were weighted to adjust to each age, eligibility and ethnicity subgroup in order to more closely match the proportion of each group in the full population. The weighted data were not statistically different from the original data. It suggests that even though the un-weighted data are not representative in terms of child age, ethnicity, and eligibility, it did not measurably affect the Indicator 4 results.

Several measures were undertaken this year, and will be used again in future years, to maximize the number of respondents, as well as to ensure adequate representation of child age, ethnicity and eligibility throughout the state. Activities included:

1. Mailing parents a survey notification brochure, sharing the family survey results from last year and explaining the procedures of the current study. In the brochure, the parents were also provided a 1-800 number that they could call to refuse to participate in the study. The parents who refused were removed from subsequent contact lists.
2. Working with local *Early On* Coordinators to ensure the address list is up to date for each family.
3. Offering a toll free phone number with English, Spanish and Arabic speaking interpreters for assistance in responding to

the survey.

4. Offering an online option for completing the survey.
5. Sending post card reminders, approximately two weeks after the survey was sent to families, to those who have not yet completed the survey.
6. 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.
7. For service areas with a lower response rate than the average, surveys were re-mailed and sometimes a second round of reminder postcards were mailed out, as well as increasing call attempts up to 10 times.

**Was sampling used?** No

**Was a collection tool used?** Yes

**Is it a new or revised collection tool?** No



Yes, the data accurately represent the demographics of the State



No, the data does not accurately represent the demographics of the State

**Actions required in FFY 2013 response**

None

**OSEP Response**

**Required Actions**

**Indicator 5: Child Find (Birth to One)**

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			1.20%	1.30%	1.40%	1.50%	1.24%	1.24%	1.24%	1.24%
Data		1.03%	1.08%	1.08%	1.15%	1.24%	1.28%	1.30%	1.32%	1.18%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2014 - FFY 2018 Targets**

FFY	2014	2015	2016	2017	2018
Target ≥	1.24%	1.24%	1.25%	1.26%	1.27%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Recommendations for targets were developed by MDE with input from our data contractors, MICC Executive Committee and Parent Involvement Committee. Those recommendations were brought to the MICC and a discussion was held. The MICC approved the targets through 2018 at the November 2014 meeting.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	<a href="#">Number of infants and toddlers birth to 1 with IFSPs</a>	1,303	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	4/3/2014	<a href="#">Population of infants and toddlers birth to 1</a>	112,448	null

**FFY 2014 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
1,303	112,448	1.18%	1.24%	1.16%

**Actions required in FFY 2013 response**

None

**OSEP Response**

**Required Actions**

**Indicator 6: Child Find (Birth to Three)**

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			2.30%	2.40%	2.50%	2.60%	2.70%	2.70%	2.70%	2.70%
Data		2.20%	2.30%	2.44%	2.67%	2.88%	2.96%	3.00%	2.78%	2.64%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2014 - FFY 2018 Targets**

FFY	2014	2015	2016	2017	2018
Target ≥	2.70%	2.70%	2.80%	2.90%	3.00%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Recommendations for targets were developed by MDE with input from our data contractors, MICC Executive Committee and Parent Involvement Committee. Those recommendations were brought to the MICC and a discussion was held. The MICC approved the targets through 2018 at the November 2014 meeting.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	<a href="#">Number of infants and toddlers birth to 3 with IFSPs</a>	8,898	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2014	7/2/2015	<a href="#">Population of infants and toddlers birth to 3</a>	339,373	

**FFY 2014 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
8,898	339,373	2.64%	2.70%	2.62%

**Actions required in FFY 2013 response**

None

**OSEP Response**

**Required Actions**

## Indicator 7: 45-day timeline

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)

### Historical Data

Baseline Data: 2006

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data			63.10%	87.10%	99.40%	99.50%	100%	100%	97.48%	99.12%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

### FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

### FFY 2014 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 2013 Data*	FFY 2014 Target*	FFY 2014 Data
7,156	8,520	99.12%	100%	95.07%

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)	944
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### Explanation of Slippage

FFY 2014 is the first year for which data for Indicator 7 were collected using the Michigan Student Data System (MSDS), an electronic database. Data for previous years were collected using a self-assessment sampling system. Use of the database, and therefore including all records from all children for the entire reporting period, detects low levels of noncompliance that might be undetectable using a sampling system. Of the 46 local service areas with data reflecting noncompliance, 11 of the local service areas have just one record with noncompliance and an additional 15 local service areas had between two and five records with noncompliance. Only 14 local service areas had more than ten records with noncompliance.

It is also suspected that some of the 420 records with noncompliance reflected in the data may be the result of data errors due to the transition to the new collection system. Local data systems may not be communicating data accurately to MSDS. Local service areas may not be appropriately documenting all exceptional family circumstances or capturing them within their local data system. A significant increase in Child Abuse Prevention and Treatment Act (CAPTA) referrals over the past few years has also challenged the system.

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

- State monitoring
- 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, 2014 - June 30, 2015)

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

Full reporting period is included in the data.

Provide additional information about this indicator (optional)

Data reported for this indicator reflect that a total of 8,520 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 7,156 of the records documented that an initial evaluation and an initial assessment and the initial IFSP meeting were completed within the 45-day timeline. An additional 944 files 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 files with documented exceptional family circumstances (944) was added to the timely files (7,156) resulting in a total of 8,100 files. This number was used as the numerator for the calculation. The resulting percentage compliance is 95.07%.

$$(7,156+944)/8,520=.9507$$

Both the numerator and the denominator include 944 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.

95.07% compliance falls below the target of 100% for this indicator. These data reflect slippage for this indicator from the 99.12% compliance level reported in the FFY 2013 APR.

Forty-five local service areas had a total of 944 records with delays attributable to documented exceptional family circumstances. Reasons for these delays include appointments being cancelled and rescheduled by parents, parents requesting a delay to the evaluation or IFSP meeting to accommodate work schedules, parents requesting a delay to the evaluation or IFSP until after holidays or planned vacations, documented multiple attempts to contact parents for scheduling, and family not being at home at scheduled appointment times.

Forty-six local service areas had 420 instances of untimely completion of initial evaluations, initial assessments, and initial IFSP meetings for which exceptional family services did not exist or were not documented. Reasons for these delays include provider absence, shortage of providers, confusion regarding requirements, and failure to adequately document exceptional family circumstances.

Forty-two of the 46 local service areas were issued Findings of noncompliance and required to develop Corrective Action Plans during FFY 2015 based on this FFY 2014 data. Two local service areas were not issued Findings because the review of more recent data during a verification desk review for a previous Finding indicated 100% compliance. The remaining two local service areas were not issued new Findings, as they had open Findings and Corrective Action Plans for Indicator 7.

**Actions required in FFY 2013 response**

None

**Correction of Findings of Noncompliance Identified in FFY 2013**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

**FFY 2013 Findings of Noncompliance Verified as Corrected**

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

Two local early intervention programs were issued focused monitoring Findings related to Indicator 7 in FFY 2013 as a result of noncompliance identified during desk review verification of self-assessment data. Each local service area developed a Corrective Action Plan in the CIMS system that detailed strategies that the local early intervention program 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 early intervention program to conduct file reviews.

When Corrective Action Plan activities had been completed and progress reports indicated compliance, the local early intervention program was required to make available new files for verification of correction of noncompliance. MDE requested that the service area provide a list of the most recent child records. From that list, MDE selected a random sample for review. For one of the local service areas, verification was conducted through an onsite verification visit. For the other local service area, MDE conducted an onsite verification visit followed by a desk review process.

MDE used an indicator-specific checklist based upon the federal and state standards when reviewing the local program files to verify correction of noncompliance. This ensured that the local program is correctly implementing the specific regulatory requirements. For the first local service area, the record review found ten of the ten records reviewed to be in compliance resulting in a 100% compliance level. For the second local service area the record review conducted during the onsite verification visit found nine of the ten records reviewed to be in compliance, falling short of the required 100% compliance level. One record reflected a remaining issue of noncompliance and further corrective action activities were required. When these corrective action activities were completed, a desk review process was completed on the most recent files available. This file review found five of five files to be in compliance, reflecting a 100% compliance level.

Documentation was also collected from each local early intervention program and from the state technical assistance providers to demonstrate that all corrective action plan activities had been completed.

Each local early intervention program was notified of the verification of correction of noncompliance through a formal letter closing the Corrective Action Plan.

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

Desk review of one local service area revealed nine child records for which the evaluation and the IFSP were not completed within the 45 calendar-day timeline. It was verified during the desk review monitoring activity that an evaluation and an IFSP were 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.

Desk review of another local service area revealed seven child records for which the evaluation and the IFSP were not completed within the 45 calendar-day timeline. It was verified during the desk review monitoring activity that an evaluation and an IFSP were 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.

During the onsite verification visit of one local service area, one file included a CAPTA referral and the 45-day timeline was not met due to an incorrect practice resulting in incorrectly documenting the referral

date. It was verified during the record review that the child did receive an IFSP, but it was not timely. No further child level corrective action was possible as timeliness cannot be corrected.

**OSEP Response**

Because the State reported less than 100% compliance for FFY 2014, the State must report on the status of correction of noncompliance identified in FFY 2014 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2015 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2014 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 2015 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 2014, although its FFY 2014 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2014.

**Required Actions**

## Indicator 8A: Early Childhood Transition

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 SEA and the 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)

### Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		59.28%	73.90%	95.15%	99.20%	99.33%	100%	99.56%	100%	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

### FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

### FFY 2014 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

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
894	906	100%	100%	99.45%

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)	7
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### Explanation of Slippage

The data reflects slight slippage from 100% compliance reported in FFY 2013 to 99.45% compliance for FFY 2014. This slippage was the result of five children in two service areas for whom a transition plan was not completed at least 90 days prior to the child's third birthday, and were not attributable to exceptional

family circumstances.

One of the service areas had two instances of delay to the transition plan. In these two instances the noncompliance was due to staff turnover and new staff not having a complete understanding of the requirements. The other service area had three instances of delay to the transition plan. These three records lacked any documentation of the reasons for the delay to the transition plan.

One local service area was issued a Finding and required to create a Corrective Action Plan during FFY 2015 due to this FFY 2014 data. One of the local service areas was not issued a new Finding, as they had an open Finding and Corrective Action Plan for Indicator 8a.

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



State monitoring



State database

#### Describe the method used to select EIS programs for monitoring.

All local early intervention programs were required to participate in the self-assessment monitoring for this indicator data. Selection of local service areas for verification desk reviews of the reported self-assessment data was random with consideration given to how recently the local service area had participated in any monitoring activity.

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

Data were collected in the Michigan Electronic Grants System *Plus* (MEGS+) through a local self-assessment. All local early intervention programs were required to select a random sample of children's records. All records reviewed were of children enrolled during the period of July 1, 2014 through June 30, 2015. Local early intervention programs were required to sample 10% of their snapshot count, including a minimum of ten records and a maximum of 40 records.

The Michigan Department of Education (MDE) conducted a verification monitoring activity of the local self-assessment data. Seven local service areas were required to submit copies of the records used for self-assessment. MDE reviewed the submitted records to verify accuracy of the self-assessment data. All seven were verified as having reported data accurately.

Data reported for this indicator reflect that a total of 906 files were reviewed for timely transition planning including an IFSP developed with transition steps and services. This number was used as the denominator for calculation of Indicator 8a data. Data reported for this indicator reflect that 894 of the files documented timely transition planning including an IFSP developed with transition steps and services. An additional seven files contained documentation that the 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 files with documented exceptional family circumstance (7) was added to the timely files (894) resulting in a total of 901 files. This number was used as the numerator for the calculation. The resulting percentage of compliance is 99.45%.

$$(894 + 7) / 906 = .9945$$

Both the numerator and the denominator include seven children for whom IFSPs with transition steps and services were not timely, but whose files contained documentation that the delays were attributable to exceptional family circumstances.

99.45% compliance falls slightly below the target of 100% compliance for this indicator.

Five local service areas reported delays attributable to exceptional family circumstances for a total of seven children. Documented reasons for these delays include hospitalization of family members, cancelled appointments due to child or family illness, multiple unsuccessful attempts to contact family to set appointment, parent declined meeting to develop a transition plan, and meetings being rescheduled at parent request.

Two local service areas reported delays that were not attributable to exceptional family circumstances for

a total of five children. One of the service areas had two instances of delay to the transition plan. In these two instances the noncompliance was due to staff turnover and new staff not having a complete understanding of the requirements. The other service area had three instances of delay to the transition plan. These three records lacked any documentation of the reasons for the delay to the transition plan.

One local service area was issued a Finding and was required to create a Corrective Action Plan during FFY 2015 due to this FFY 2014 data. One of the local service areas was not issued a new Finding, as they had an open Finding and Corrective Action Plan for Indicator 8a.

For the local service area with three instances of delayed transition plans, it was confirmed during the self-assessment process that each of the children did have a written transition plan though not at least 90 days prior to the child's third birthday. No further child level correction was possible as timeliness cannot be corrected.

For the local service area with two instances of delayed transition plans, it was confirmed during the self-assessment process that one of the children did have a written transition plan though not at least 90 days prior to the child's third birthday. No further child level correction was possible as timeliness cannot be corrected. During follow-up to the self-assessment it was confirmed that the other child for whom the record did not include a timely transition plan was no longer under the jurisdiction of the early intervention program. Therefore, no further child level correction was possible.

**Actions required in FFY 2013 response**

None

**Correction of Findings of Noncompliance Identified in FFY 2013**

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

**FFY 2013 Findings of Noncompliance Verified as Corrected**

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

One local early intervention program was issued a focused monitoring Finding related to Indicator 8a in FFY 2013 as a result of noncompliance identified during an onsite monitoring visit. The service area developed a Corrective Action Plan in the CIMS system that detailed strategies that the local early intervention program 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 early intervention program to conduct file reviews.

When Corrective Action Plan activities had been completed and progress reports indicated compliance, MDE conducted a desk review during which the local early intervention program was required to make available new files for verification of correction of noncompliance. MDE requested that the service area provide a list of the most recent child records. From that list, MDE selected a random sample of records for review.

MDE used an indicator-specific checklist based upon the federal and state standards when reviewing the local program files to verify correction of noncompliance. This ensured that the local program is correctly implementing the specific regulatory requirements. Documentation was also collected from the local early intervention program and from the state technical assistance providers to demonstrate that all corrective action plan activities had been completed.

The local early intervention program was notified of the verification of correction of noncompliance through a formal letter closing the Corrective Action Plan.

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

It was identified during an onsite monitoring visit that a written transition plan with steps and services had not been developed for one child. The local service area was required to develop an IFSP with a written transition plan, including transition steps and services, for the one impacted child. Documentation of the written transition plan was sent to MDE for verification of child level correction.

### OSEP Response

Because the State reported less than 100% compliance for FFY 2014, the State must report on the status of correction of noncompliance identified in FFY 2014 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2015 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2014 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 2015 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 2014, although its FFY 2014 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2014.

### Required Actions

## Indicator 8B: Early Childhood Transition

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 SEA and the 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)

### Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		100%	100%	100%	100%	100%	100%	100%	100%	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

### FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

### FFY 2014 SPP/APR Data

#### Data include notification to both the SEA and LEA

- Yes
- No

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 2013 Data*	FFY 2014 Target*	FFY 2014 Data
422	422	100%	100%	100%

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 when calculating the FFY 2014 Data)	null
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#### Describe the method used to collect these data

Data were collected in the Michigan Electronic Grants System *Plus* (MEGS+) through a local

self-assessment. All local early intervention programs were required to select a random sample of children's records. All records reviewed were of children enrolled during the period of July 1, 2014 through June 30, 2015. Local early intervention programs were required to sample 10% of their snapshot count or a minimum of ten records, whichever was greater.

Given that Michigan is a birth mandate state and the Part C local lead agency is the ISD, notification from Part C to the SEA and LEA is internal and takes place as the child is identified as eligible for Michigan Mandatory Special Education (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.

**Do you have a written opt-out policy? No**

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

- State monitoring
- State database

**Describe the method used to select EIS programs for monitoring.**

All local service areas were required to participate in the self-assessment monitoring activity.

**Actions required in FFY 2013 response**

None

**Correction of Findings of Noncompliance Identified in FFY 2013**

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

**OSEP Response**

**Required Actions**

## Indicator 8C: Early Childhood Transition

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 SEA and the 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)

### Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		84.40%	85.50%	89.34%	99.70%	99.26%	99.48%	99.77%	99.73%	99.68%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

### FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

### FFY 2014 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

Please explain

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least 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 2013 Data*	FFY 2014 Target*	FFY 2014 Data
418	422	99.68%	100%	99.29%

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 when calculating the FFY 2014 Data)	0
Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B)	1

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

- State monitoring
- State database

**Describe the method used to select EIS programs for monitoring.**

All local early intervention programs were required to participate in the self-assessment monitoring for this indicator data. Selection of local service areas for verification desk reviews of the reported self-assessment data was random with consideration given to how recently the local service area had participated in any monitoring activity.

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

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

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

Data were collected in the Michigan Electronic Grants System *Plus* (MEGS+) through a local self-assessment. All local early intervention programs were required to select a random sample of children's records. All records reviewed were of children enrolled during the period of July 1, 2014 through June 30, 2015. Local early intervention programs were required to sample 10% of their snapshot count, including a minimum of ten records and a maximum of 40 records. These records were reviewed locally to provide data for Indicator 8. All records were included for Indicator 8a. Records of children potentially eligible for preschool special education under Part B (children already found eligible and receiving Michigan Mandatory Special Education while participating in Part C) were included in the data for Indicator 8b and 8c.

The Michigan Department of Education (MDE) conducted a verification monitoring activity of the local self-assessment data. Seven local service areas were required to submit copies of the records used for self-assessment. MDE reviewed the submitted records to verify accuracy of the self-assessment data. Data from five of the seven were verified as having reported data accurately. One local early service area did not include two records in the data for Indicator 8c that should have been included. Both records were compliant. When the two records were added to the numerator and the denominator the resulting compliance level for the local service area remained at 100%. The other local service area had one record that did not have a documented transition conference with all required participants. Data for this local service area were adjusted to reflect this noncompliance.

Data reported for this indicator reflect that a total of 422 files were reviewed for timely transition conferences. This number was used as the denominator for calculation of Indicator 8c data. Data reported for this indicator reflect that 418 of the files documented timely transition conferences. One additional file contained documentation that the delays to the completion of a transition conference was attributable to exceptional family circumstances. The number of files with documented exceptional family circumstances (1) was added to the timely files (418) resulting in a total of 419 files. This number was used as the numerator for the calculation. The resulting percentage compliance is 99.29%.

$$(418 + 1) / 422 = .9929$$

Both the numerator and the denominator include one child for whom the transition conference was not

timely, but whose file contained documentation that the delay was attributable to exceptional family circumstances.

99.29% compliance falls slightly below the target of 100% compliance for this indicator.

One local service area reported delays attributable to exceptional family circumstances for one child. The documented reason for this delay was multiple unsuccessful attempts to contact family to set the appointment.

Two local service areas reported delays that were not attributable to exceptional family circumstances for a total of three children. One of the service areas had two instances of delay to the transition conference. These two records lacked any documentation of the reasons for the delay to the transition conference. The other service area had one instance of noncompliance for transition conference. This record lacked documentation of a transition conference with all required participants.

One local service area was issued a Finding and required to create a Corrective Action Plan during FFY 2015 due to this FFY 2014 data. One of the local service areas was not issued a new Finding, as they had an open Finding and Corrective Action Plan for Indicator 8c.

For the local service area with two instances of delayed transition conferences, it was confirmed during the self-assessment process that each of the children did have a transition conference though not at least 90 days prior to the child's third birthday. No further child level correction was possible as timeliness cannot be corrected.

For the local service area with one instance of noncompliance for transition conference, it was confirmed during the desk review process that the child for whom the record did not include a timely transition conference with all required participants was no longer under the jurisdiction of the early intervention program. Therefore, no further child level correction was possible.

**Actions required in FFY 2013 response**

None

**Correction of Findings of Noncompliance Identified in FFY 2013**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

**FFY 2013 Findings of Noncompliance Verified as Corrected**

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

Two local early intervention programs were issued Findings of noncompliance related to Indicator 8c in FFY 2013. One of the Findings was issued as a result of noncompliance identified based on self-assessment data. The other Finding was issued as a result of noncompliance identified during an onsite monitoring visit. Each local service area developed a Corrective Action Plan in the CIMS system that detailed strategies that the local early intervention program 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 early intervention program to conduct file reviews.

When Corrective Action Plan activities had been completed and progress reports indicated compliance MDE conducted a desk review during which the local early intervention program was required to make available new files for verification of correction of noncompliance. MDE requested that the service area provide a list of the most recent child records. From that list, MDE selected a random sample of records for review.

MDE used an indicator-specific checklist based upon the federal and state standards when reviewing the local program files to verify correction of noncompliance. This ensured that the local program is correctly implementing the specific regulatory requirements. Documentation was also collected from the local early intervention program and state technical assistance providers to demonstrate that all Corrective Action Plan activities had been completed.

Each local early intervention program was notified of the verification of correction of noncompliance through a formal letter closing the Corrective Action Plan.

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

For the local service area in which the noncompliance was identified through self-assessment, it was confirmed during the self-assessment process that the child did have a transition conference though not at least 90 days prior to the child's third birthday. No further child level correction was possible as timeliness cannot be corrected.

For the local service area in which the noncompliance was identified during an onsite monitoring visit, the local service area was required to conduct a transition conference for the one impacted child. Documentation of the transition conference was sent to MDE for verification of child level correction.

### **OSEP Response**

Because the State reported less than 100% compliance for FFY 2014, the State must report on the status of correction of noncompliance identified in FFY 2014 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2015 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2014 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 2015 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 2014, although its FFY 2014 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2014.

### **Required Actions**

## Indicator 9: Resolution Sessions

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 are adopted).

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

### Historical Data

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥										
Data		0%	0%	0%	0%	0%	0%	0%	0%	0%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

### FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥					

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

### Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2015	<a href="#">3.1(a) Number resolution sessions resolved through settlement agreements</a>	n	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2015	<a href="#">3.1 Number of resolution sessions</a>	n	null

### FFY 2014 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
0	0	0%		

**Actions required in FFY 2013 response**

None

**OSEP Response**

The State reported fewer than ten resolution sessions held in FFY 2014. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

**Required Actions**

## Indicator 10: Mediation

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)

### Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥										
Data		0%	0%	0%	0%	0%	0%	0%	0%	0%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

### FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥					

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

 Enter additional information about stakeholder involvement

### Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	<a href="#">2.1.a.i Mediations agreements related to due process complaints</a>	n	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	<a href="#">2.1.b.i Mediations agreements not related to due process complaints</a>	n	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	<a href="#">2.1 Mediations held</a>	n	null

### FFY 2014 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
0	0	0	0%		

**Actions required in FFY 2013 response**

None

**OSEP Response**

The State reported fewer than ten mediations held in FFY 2014. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

**Required Actions**

## Indicator 11: State Systemic Improvement Plan

Monitoring Priority: General Supervision

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

### Reported Data

Baseline Data: 2013

FFY	2013	2014
Target		38.00%
Data	40.44%	41.87%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  
Blue – Data Update

### FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	40.00%	42.90%	46.30%	51.60%

Key:

### Description of Measure

Please see the attached report for information on the Description of Measure.

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

### Overview

There were no changes to the SSIP Phase I report.

### Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

Please see the attached report for information on the Data Analysis.

### Analysis of State Infrastructure to Support Improvement and Build Capacity

## FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

Please see the attached report for information regarding the Analysis of State Infrastructure to Support Improvement and Build Capacity.

### State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

#### Statement

Please see the attached report for information about the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families.

#### Description

### Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Please see the attached report for the Selection of Coherent Improvement Strategies.

### Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

[Michigan Part C Theory of Action Graphic](#) Michigan Part C Theory of Action Graphic

Illustration

 Provide a description of the provided graphic illustration (optional)

### Infrastructure Development

- (a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- (b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- (c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- (d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

Please see the attached SSIP Phase II report for information about the Infrastructure Development. Also, please see the attached Michigan Action Plan for more detailed information about the strategies and how they relate to Infrastructure Development.

### Support for EIS programs and providers Implementation of Evidence-Based Practices

- (a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- (c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

Please see the attached SSIP Phase II report for information about the implementation of Evidence-Based Practices. Also, please see the attached Michigan Action Plan for more detailed information about how the strategies will be implemented.

### Evaluation

- (a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- (c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- (d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

Please see the attached SSIP Phase II report for information about Evaluation. Also, please see the attached Michigan Action Plan for more detailed information about how the strategies will be evaluated.

### Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

Please see the attached SSIP Phase II report for information about Technical Assistance and Support.

### OSEP Response

### Required Actions