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

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 extensively 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.

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 <u>Part C comprehensive general supervision system</u> 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.

<u>Data Collection</u> 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.

<u>Fiscal management</u> 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 <u>Effective Dispute Resolution System</u> 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.

<u>Mediations</u> 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.

<u>Complaints</u> 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.

<u>Due Process Hearings</u> 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 <u>monitoring system</u> 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/Annual Performance Report 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
Early On: www.1800EarlyOn.org
Early On Training and Technical Assistance: www.eotta.ccresa.org

Technical Assistance System:

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

Technical Assistance (TA) is provided by a statewide contractor, *Early On* Training and Technical Assistance, at Clinton County Regional Educational Service Agency. Technical assistance is a component of the comprehensive system of personnel development provided by this same contractor. The contractor provides TA to local early intervention systems through a variety of methods including guidance documents, phone contacts, email, and onsite meetings. A 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.

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.

Stakeholder Involvement:

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.

Reporting to the Public:

How and where the State reported to the public on the FFY 2012 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 2012 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 2012 APR in 2014, 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 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

and

Early On: www.1800EarlyOn.org.

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

Key: ☐ Gray – Data Prior to Baseline ☐ Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Total number of infants and toddlers with IFSPs	8,984	587

Explanation of Alternate 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, 2013 through June 30, 2014. Local early intervention programs were required to sample 10% of their snapshot count or a minimum of ten records, whichever was greater. Half of these records were used for reviewing Indicators 1 and 7. The other half were used for reviewing Indicator 8. A desk review of selected local service areas was completed by MDE to verify accurate reporting of self-assessment data. Corrections to the data were made for any identified discrepancies.

FFY 2013 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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
586	587	100%	100%	99.83%

Explanation of Slippage

The data reflects slight slippage from 100% compliance reported in FFY 2012 to 99.83% compliance for FFY 2013. This slippage was the result of one child for whom services were not initiated within the 30-day timeline and for whom there is no documentation of exceptional family circumstances.

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)	

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, 2013 through June 30, 2014. Local early intervention programs were required to sample 10% of their snapshot count or a minimum of ten records, whichever was greater. Half of these records were used for reviewing Indicators 1 and 7. The other half were used for reviewing Indicator 8. A desk review of selected local service areas was completed by MDE to verify accurate reporting of self-assessment data. Corrections to the data were made for any identified discrepancies.

Data reported for this indicator reflect that a total of 587 files were reviewed for timely start of services. This number was used as the denominator for calculation of Indicator 1 data. Data reported for this indicator reflect that 577 of the files documented that all services were initiated within the 30-day timeline. An additional nine files contained documentation that the delays to the initiation of services were attributable to exceptional family circumstances. The number of files with documented exceptional family circumstances (9) was added to the timely files (577) resulting in a total of 586 files. This number was used as the numerator for the calculation. The resulting percentage compliance is 99.83%. (577+9)/587=.9983

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

99.83% compliance falls slightly below the target of 100% for this indicator. This also reflects slight slippage for this indicator from the 100% compliance reported in the FFY 2012 APR.

One local service area initiated services for one child later than the 30-day timeline and had no documentation regarding the reason for the delay. Five local service areas had a total of nine records with delays to the start of services which 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, documented multiple unsuccessful attempts to contact parents for scheduling, parent cancelling appointment due to power outage, and family not being at home at scheduled appointment time.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

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 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

Two local early intervention programs were issued focused monitoring findings related to Indicator 1 in FFY 2012 as a result of noncompliance identified during a desk review. Each of these service areas 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 programs to conduct file reviews.

When corrective action plan activities had been completed and progress reports indicated compliance, MDE required the early intervention program to submit new files for verification of correction of noncompliance. MDE requested that the service area identify a random sample of 10% of the most recent local child count or a minimum of ten records, whichever was greater, and submit them to MDE.

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.

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 LEA corrected each individual case of noncompliance

For one of the local service areas it was verified during the desk review that all services on the IFSP were provided to all children. All services were initiated, though not all timely. No child level correction is possible because timeliness cannot be corrected.

For the second local service area it was verified that the child was no longer under the jurisdiction of the early intervention program thereby preventing child level correction of this instance of noncompliance.

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

Key: ☐ Gray – Data Prior to Baseline   ☐ Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	93.00%	93.50%	93.50%	94.00%	94.00%	94.00%

Targets: Description of Stakeholder Input

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 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	8,655	
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Total number of infants and toddlers with IFSPs	8,984	

FFY 2013 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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
8,655	8,984	96.24%	93.00%	96.34%

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

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)

Historical Data

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

Key: Gray – Data Prior to Baseline   Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target A1 ≥	75.00%	75.30%	75.60%	75.90%	76.20%	76.50%
Target A2 ≥	60.40%	60.50%	60.60%	60.70%	60.80%	60.90%
Target B1 ≥	79.50%	79.70%	79.90%	80.10%	80.30%	80.50%
Target B2 ≥	51.20%	51.80%	52.40%	53.00%	53.60%	54.10%
Target C1 ≥	78.80%	79.00%	79.20%	79.40%	79.60%	79.80%
Target C2 ≥	59.20%	59.40%	59.60%	59.80%	60.00%	60.20%

Targets: Description of Stakeholder Input

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.

FFY 2013 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	2,803

Does the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? No

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

	Number of Children
a. Infants and toddlers who did not improve functioning	16
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	471
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	797
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	951
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	568

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 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).	1,748	2,235	76.20%	75.00%	78.21%
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).	1,519	2,803	57.70%	60.40%	54.19%

Explanation of A2 Slippage

Data analysis has identified that the number of *reported* entry and exit ratings are substantially lower than the *expected* number of entry and exit ratings. The exit data is significantly lower than expected, so the data may not be 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. The slippage in the data may be due more to the improved accuracy than a reflection of declining outcomes.

Slippage in this Indicator led to selection of social and emotional outcomes as the focus of our Indicator 11 State Systemic Improvement Plan work.

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

	Number of Children
a. Infants and toddlers who did not improve functioning	14
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	467

	Number of Children
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	959
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,084
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	279

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 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).	2,043	2,524	80.90%	79.50%	80.94%
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).	1,363	2,803	53.50%	51.20%	48.63%

Explanation of B2 Slippage

Data analysis has identified that the number of *reported* entry and exit ratings are substantially lower than the *expected* number of entry and exit ratings. The exit data is significantly lower than expected, so the data may not be 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 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. The slippage in the data may be due more to the improved accuracy than a reflection of declining outcomes.

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children
a. Infants and toddlers who did not improve functioning	12
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	454
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	867
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,132
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	338

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 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).	1,999	2,465	79.80%	78.80%	81.10%
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	1,470	2,803	54.30%	59.20%	52.44%

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
program (d+e)/(a+b+c+d+e).					

Explanation of C2 Slippage

Data analysis has identified that the number of *reported* entry and exit ratings are substantially lower than the *expected* number of entry and exit ratings. The exit data is significantly lower than expected, so the data may not be 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 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. The slippage in the data may be due more to the improved accuracy than a reflection of declining outcomes.

Was sampling used?   No

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

Actions required in FFY 2012 response table

The State must report progress data and actual target data for FFY 2013 in the FFY 2013 APR.

Responses to actions required in FFY 2012 response table

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

Key: Gray – Data Prior to Baseline   Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target A ≥	58.40%	58.60%	58.80%	59.00%	59.20%	59.40%
Target B ≥	53.40%	53.60%	53.80%	54.00%	54.20%	54.40%
Target C ≥	77.40%	77.60%	77.80%	78.00%	78.20%	78.40%

Targets: Description of Stakeholder Input

The Parent Involvement Committee (PIC) of the Michigan Interagency Coordinating Council (MICC) reviewed the recent Family Survey data in October 2014. 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.

FFY 2013 SPP/APR Data

Number of respondent families participating in Part C	2,660
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,864

A2. Number of responses to the question of whether early intervention services have helped the family know their rights	2,660
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	1,702
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	2,660
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	2,245
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	2,660

	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	71.50%	58.40%	70.08%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	64.90%	53.40%	63.98%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	85.60%	77.40%	84.40%

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 were saved securely after the respondents submitted. The mailed survey was scanned through software and the answers to the survey were exported into Statistical Package for the Social Science (SPSS) database. These data went through four rounds of checking, auditing, and verification by comparing the data to the scanned image. The telephone interviewer recorded the responses while they talked through the survey with the respondents.

This year's data represent the State Part C population well in terms of children's gender and age. Children receiving Part C-only services and African-American children were under-represented in the sample whereas children eligible for Michigan Mandatory Special Education and White children were over-represented. The data were weighted on eligibility and ethnicity to reflect the non-representativeness. The weighted data were not statistically different from the original data. It suggests that even if the sample is not representative in terms of eligibility and ethnicity, it does not measurably affect the Indicator 4 results.

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

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

The annual Part C/Early On Family Survey was adapted in FFY 2012 to include the "Impact of Early Intervention Services on Your Family" scale from the National Center for Special Education Accountability Monitoring (NCSEAM) and some demographic items. Data for the NCSEAM survey items were analyzed using Rasch analysis to fulfill SPP/APR reporting requirements.
This report summarizes the data collected by the state of Michigan Part C/Early On Qualitative Compliance Information Project (QCIP) for FFY 2013. It presents the findings from the Early On QCIP annual survey to the system's participants. The Family Survey was distributed in March 2014. Out of 6,474 families who received the survey, a total of 2,660 families completed and returned the survey which provides a response rate of 41.1 percent. Rasch analysis was used to generate an Impact on Family Scale (IFS) for all 2,660 respondents.

Actions required in FFY 2012 response table

4A, 4B, 4C: In the FFY 2013 APR, the State must report whether its FFY 2103 data are from a group representative of the population, and, if not, the actions the State is taking to address this issue.

Responses to actions required in FFY 2012 response table, not including correction of findings

The survey responses returned are representative of the entire Michigan Part C/*Early On* population based on child gender and age. However, African American children were under-represented in the sample (14.1% survey vs. 16.8% statewide) and White children were over-represented (74.9% survey vs. 72.6% statewide).

Also, children receiving Part C-only services were under-represented (59.4% survey vs. 64.2% statewide), whereas children also eligible for Michigan Mandatory Special Eduction were over-represented (40.6% survey vs. 35.8% statewide).

To determine if the difference made a significant impact on the findings related to Indicator 4, weights were applied to adjust the sample size for the subgroups of ethnicity and eligibility. Weights are commonly used to adjust survey results for under and over representation of specific subgroups in a sample. Weighting provides an estimate of the results that would be found if the distribution of the ethnicity and eligibility in the sample were identitical to the distribution in the overall population. The result of weighting is the same as if one duplicated each Impact on the Family Scale score by as many times as the weight and then computed the average score.

Weights were calculated by dividing the proportion of each of the subgroups in the Part C population by the corresponding proportion in the sample. The results after weighting are presented in Table 1, APR Indicator 4, as an attachment. There is virtually no difference in the scoring after weighting. It suggests that even if the sample is not representative in terms of ethnicity and eligibility, it does not measurably affect the Indicator 4 results.

Many strategies have been utilized to increase the number of responses from minorities, including the availability of Spanish and Arabic interpreters, a toll-free number for English and non-English respondents, targeted follow up mailings, telephone interviews, and the option to complete the survey on-line. Further strategies will be examined for future improvement.

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

Key: ▢ Gray – Data Prior to Baseline   ▢ Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	1.24%	1.24%	1.24%	1.25%	1.26%	1.27%

Targets: Description of Stakeholder Input

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 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 1 with IFSPs	1,329	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and toddlers birth to 1	112,871	

FFY 2013 SPP/APR Data

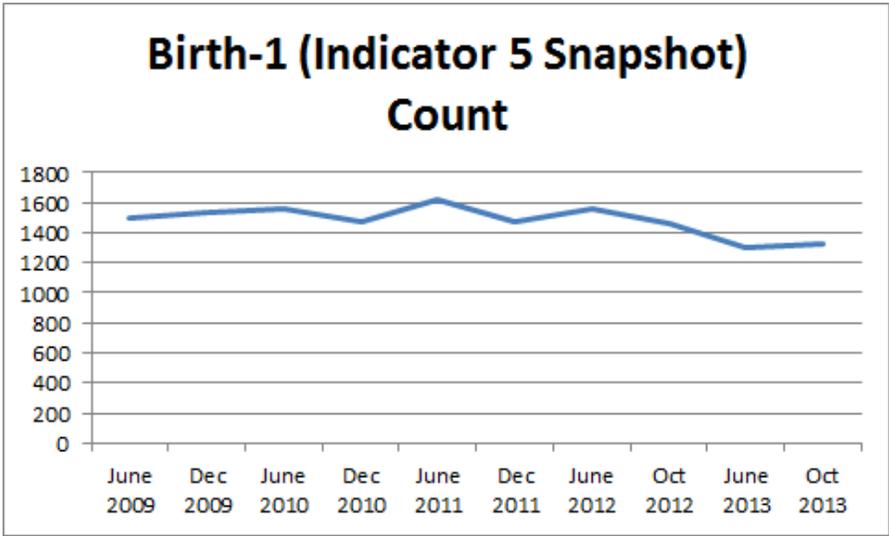| Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
1,329	112,871	1.32%	1.24%	1.18%

Explanation of Slippage

There has been a confluence of changes in the *Early On* (Part C) system that may have contributed to the decrease in the number of children served. We have identified the following (listed chronologically) as possible contributors:

- Every year since at least 1990 there has been a decrease in the state birth count reported by the Michigan Department of Community Health.

- In the summer of 2010, the developmental delay eligibility requirement for *Early On* was increased to 20% delay.
- In the summer of 2011, the first of two changes was made to the Allocation Formula for distributing *Early On* funds to local service areas. The new formula eliminated the 'number of children served' as a factor.
- In the fall of 2012, the statewide data tracking and collection system – MICIS – was eliminated. The Michigan Student Data System (MSDS) became the new collection tool. Each service area was required to purchase or develop their own child tracking system.

An additional possibility is as follows:

- An increase in prevention-focused Evidence-Based Home Visitation programs (EBHV) in Michigan has created additional community-based resources. EBHV programs provide voluntary, prevention-focused services in the homes of pregnant women and families with children aged birth to five. These EHBV programs connect trained professionals with vulnerable and at-risk mothers and families to nurture, support, coach, educate and offer encouragement with the goal that all children will grow and develop in a safe and stimulating environment. The use of developmental screeners by EBHV programs supports early identification of developmental concerns and appropriate referrals, however, many children who score in the 'monitoring' range on the screening tools might not be referred to Part C as they may have been in the past, because of on-going monitoring performed by home visitors. Also, parents of children meeting the Part C eligibility requirements may be declining Part C services because they feel their needs are being met by the home visitation program, or they do not wish to have multiple programs in their home. These may have led to a decrease in referral to Part C, as early support is provided to the parents and children, thus changing the trajectory of the child's development and reducing the need for Part C services. *Early On* will work with the Michigan Home Visiting Initiative to further explore and understand whether EBHV is impacting *Early On* referrals.

Actions required in FFY 2012 response table

None

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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

Key: ☐ Gray – Data Prior to Baseline ☐ Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	2.70%	2.70%	2.70%	2.80%	2.90%	3.00%

Targets: Description of Stakeholder Input

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 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 3 with IFSPs	8,984	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and toddlers birth to 3	340,863	

FFY 2013 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
8,984	340,863	2.78%	2.70%	2.64%

Explanation of Slippage

There has been a confluence of changes in the *Early On* (Part C) system that may have contributed to the decrease in the number of children served. We have identified the following (listed chronologically) as possible contributors:

- Every year since at least 1990 there has been a decrease in the state birth count reported by the Michigan Department of Community Health.

- In the summer of 2010, the developmental delay eligibility requirement for *Early On* was increased to 20% delay.
- In the summer of 2011, the first of two changes was made to the Allocation Formula for distributing *Early On* funds to local service areas. The new formula eliminated the 'number of children served' as a factor.
- In the fall of 2012, the statewide data tracking and collection system – MICIS – was eliminated. The Michigan Student Data System (MSDS) became the new collection tool. Each service area was required to purchase or develop their own child tracking system.
- In the summer of 2013 additional changes were made to the Allocation Formula and the MARSE. The MARSE change has caused some children to leave *Early On* at age 2.5 to enroll in a 619 program.

An additional possibility is as follows:

- An increase in prevention-focused Evidence-Based Home Visitation programs (EBHV) in Michigan has created additional community-based resources. EBHV programs provide voluntary, prevention-focused services in the homes of pregnant women and families with children aged birth to five. These EHBV programs connect trained professionals with vulnerable and at-risk mothers and families to nurture, support, coach, educate and offer encouragement with the goal that all children will grow and develop in a safe and stimulating environment. The use of developmental screeners by EBHV programs supports early identification of developmental concerns and appropriate referrals, however, many children who score in the 'monitoring' range on the screening tools might not be referred to Part C as they may have been in the past, because of on-going monitoring performed by home visitors. Also, parents of children meeting the Part C eligibility requirements may be declining Part C services because they feel their needs are being met by the home visitation program, or they do not wish to have multiple programs in their home. These may have led to a decrease in referral to Part C, as early support is provided to the parents and children, thus changing the trajectory of the child's development and reducing the need for Part C services. *Early On* will work with the Michigan Home Visiting Initiative to further explore and understand whether EBHV is impacting *Early On* referrals.

-

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

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

Key: ⬜ Gray – Data Prior to Baseline   🟨 Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
562	567	97.48%	100%	99.12%

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)	

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, 2013 through

June 30, 2014. Local early intervention programs were required to sample 10% of their snapshot count or a minimum of ten records, whichever was greater. Half of these records were used for reviewing Indicators 1 and 7. The other half were used for reviewing Indicator 8. A desk review of selected local service areas was completed by MDE to verify accurate reporting of self-assessment data. Corrections to the data were made for any identified discrepancies.

Data reported for this indicator reflect that a total of 567 files were reviewed for timely completion of an initial evaluation and an intial assessment and an initial IFSP meeting. This number was used as the denominator for calculation of Indicator 7 data. Data reported for this indicator reflect that 531 of the files documented that an initial evaluation and an intial assessment and the initial IFSP meeting were completed within the 45-day timeline. An additional 31 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 (31) was added to the timely files (531) resulting in a total of 562 files. This number was used as the numerator for the calculation. The resulting percentage compliance is 99.12%. (531+31)/567=.9912

Both the numerator and the denominator include 31 children for whom completion of the initial evaluation, initial assessment and initial IFSP meeting was not timely, but whose files contained documentation that the delays were attributable to exceptional family circumstances.

99.12% compliance falls slightly below the target of 100% for this indicator. Although the target was not met, these data reflect progress for this indicator from the 97.48% compliance level reported in the FFY 2012 APR.

Three local service areas had instances of untimely completion of initial evaluations, initial assessments and initial IFSP meetings. In one of these local service areas, delays for two children were due to a misunderstanding of the timeline requirement. In a second local service area, the delay was due to inability to contact the parent of one child, however the child's record did not include documentation of attempts to do so. The third local service area had two instances of delay. One delay was due to conducting the initial IFSP meeting for one child without the required participants. The other instance of delay was due to lack of coordination between local education agencies within the local service area for a child who moved within the local service area between the referral and the completion of the IFSP, and exceptional family circumstances were not documented.

Fifteen local service areas had a total of 31 records with delays which had documented exceptional family circumstances. Documented reasons for these delays include appointments being cancelled and rescheduled by parents, parent request for delaying the IFSP meeting until after scheduled medical appointments, parent declining timely appointments, child hospitalization, child movement between foster care settings during the 45-day time period, documented multiple unsuccessful attempts to contact parents for scheduling, difficulty contacting parents for reasons such as disconnected phone service, parents canceling appointments due to child illness, parents rescheduling appointments due to work or vacations, difficulty contacting birth parent of child in foster care, parents not providing consent (desiring additional time to make decision), and family not being at home at scheduled appointment time.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

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

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 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

One local early intervention program was issued a focused monitoring finding related to Indicator 7 in FFY 2012 as a result of noncompliance identified during a desk review. 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 programs to conduct file reviews.

When corrective action plan activities had been completed and progress reports indicated compliance, MDE required the early intervention program to submit new files for verification of correction of noncompliance. MDE requested that the service area identify a random sample of 10% of the most recent local child count or a minimum of ten records, whichever was greater, and submit them to MDE.

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.

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 LEA corrected each individual case of noncompliance

It was verified during the desk review that an initial evaluation, an initial assessment, and an initial IFSP were provided to all children. All components of the eligibility determination, assessment, and IFSP processes were provided, though not all timely. No child level correction is possible because timeliness cannot be corrected.

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

Key: Gray – Data Prior to Baseline   Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 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 <u>services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.</u>

◉ 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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
550	550	100%	100%	100%

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, 2013 through June 30, 2014. Local early intervention programs were required to sample 10% of their snapshot count or a minimum of ten records, whichever was greater. Half of these records were used for reviewing Indicators 1 and 7. The other half were used for reviewing Indicator 8. A desk review of selected local service areas was completed by MDE to verify accurate reporting of self-assessment data. Corrections to the data were made for any identified discrepancies.

Data reported for this indicator reflect that a total of 550 files were reviewed for timely transition planning including an IFSP developed with transtion steps and services. This number was used as the denominator for calculation of Indicator 8a data. Data reported for this indicator reflect that 544 of the files documented timely transition planning including an IFSP developed with transtion steps and services. An additional six files contained documentation that the delays to the completion of transition planning including an IFSP developed with transtion steps and services were attributable to exceptional family circumstances. The number of files with documented exceptional family circumstances (6) was added to the timely files (544) resulting in a total of 550 files. This number was used as the numerator for the calculation. The resulting percentage compliance is 100%. (544+6)/550=1.0000

Both the numerator and the denominator include six 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.

100% compliance meets the target of 100% for this indicator.

All delays in completion of transition plans were due to exceptional family circumstances. Four local service areas reported delays due to exceptional family circumstances for a total of six children. Documented reasons for these delays include family unable to keep appointments due to health issues and hospitalizations, inability to contact parent, family unavailable for a period of time, and family moved during transition window.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	3	1	0

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

Two local early intervention programs were issued findings in September 2012 (FFY 2012) based on FFY 2011 data reported through self-assessment collected July 1, 2012. In addition, two local early intervention programs were issued focused monitoring findings related to Indicator 8a in April 2013 (FFY 2012) as a result of noncompliance identified during a desk review. Each of these service areas 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 programs to conduct file reviews.

When corrective action plan activities had been completed and progress reports indicated compliance, MDE required the early intervention program to submit new files for verification of correction of noncompliance. MDE requested that the service area identify a random sample of 10% of the most recent local child count or a minimum of ten records, whichever was greater, and submit them to MDE.

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. Three of the local early intervention programs deomonstrated compliance. One local early intervention program did not yet demonstrate compliance.

The local early intervention programs which demonstrated compliance were notified of the verification of correction of noncompliance through a formal letter closing the corrective action plan. The local early intervention program which did not yet demonstrate compliance was notified of the uncorrected non-compliance through a formal letter included in the CIMS system.

Additional technical assistance was provided to the local early intervention program that had uncorrected noncompliance. This local early intervention program was also required to report on additional activities being completed to work toward compliance.

When the additional corrective action plan activities had been completed and progress reports indicated compliance, MDE again required the early intervention program to submit new files for verification of correction of noncompliance. MDE requested that the service area identify a random sample of 10% of the most recent local child count or a minimum of ten records, whichever was greater, and submit them to MDE.

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. The local early intervention program demonstrated compliance.

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 LEA corrected each individual case of noncompliance

Child level compliance for the findings that resulted from review of data submitted through *self-assessment* was verified within the self-assessment. Local service areas confirmed that a transition plan with steps and services was written within an IFSP for all toddlers, unless the toddler was no longer under the jurisdiction of the early intervention system. In some circumstances, completion of the transition plan did not meet the timeline. No child level correction is possible because timeliness cannot be corrected and child level correction cannot be completed for toddlers who have left the jurisdiction of the early intervention system.

Child level compliance for *focused monitoring* findings was verified during the desk review. MDE confirmed that a transition plan with steps and services was written within an IFSP for all toddlers, unless the toddler was no longer under the jurisdiction of the early intervention system. In some circumstances, completion of the transition plan did not meet the timeline. No child level correction is possible because timeliness cannot be corrected and child level correction cannot be completed for toddlers who have left the jurisdiction of the early intervention system.

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

Key: Gray – Data Prior to Baseline   Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
313	313	100%	100%	100%

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, 2013 through June 30, 2014. Local early intervention programs were required to sample 10% of their snapshot count or a minimum of ten records, whichever was greater. Half of these records were used for reviewing Indicators 1 and 7. The other half were used for reviewing Indicator 8.

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

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

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

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

Key: Gray – Data Prior to Baseline   Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 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

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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
312	313	99.73%	100%	99.68%

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

◉ State monitoring
◯ State database that includes data for the entire reporting year

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, 2013 through June 30, 2014. Local early intervention programs were required to sample 10% of their snapshot count or a minimum of ten records, whichever was greater. Half of these records were used for reviewing Indicators 1 and 7. The other half were used for reviewing Indicator 8. A desk review of selected local service areas was completed by MDE to verify accurate reporting of self-assessment data. Corrections to the data were made for any identified discrepancies.

Data reported for this indicator reflect that a total of 313 files were reviewed for timely transition conferences for children potentially eligible for Part B preschool services. This number was used as the denominator for calculation of Indicator 8c data. Data reported for this indicator reflect that 312 of the files documented timely transition conferences for children potentially eligible for Part B preschool services. This number was used as the numerator for the calculation. The resulting percentage compliance is 99.68%. 312/313=.9968

No files contained documentation that the delays to the completion of transition conferences for children potentially eligible for Part B preschool services were attributable to exceptional family circumstances.

99.68% compliance falls slightly below the target of 100% for this indicator.

The delay reflected in the data for this indicator is due to one local service area having conducted the conference for one child without all required participants in attendance.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

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

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

One local early intervention program was issued a finding based on FFY 2011 data reported through self-assessment collected July 1, 2012. In addition, three local early intervention programs were issued focused monitoring findings related to Indicator 8c in FFY 2012 as a result of noncompliance identified during a desk review. Each of these service areas developed a corrective action plan in the CIMS system that detailed strategies 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 programs to conduct file reviews.

When corrective action plan activities had been completed and progress reports indicated compliance, MDE required the early intervention program to submit new files for verification of correction of noncompliance. MDE requested that the service area identify a random sample of 10% of files from the most recent local child count or a minimum of ten records, whichever was greater, and submit them to MDE.

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.

The local early intervention programs were notified of the verification of correction of noncompliance through a formal letter closing the corrective action plan.

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

Child level compliance for the finding that resulted from review of data submitted through *self-assessment* was verified within the self-assessment. The local service area confirmed that a transition conference was not conducted, however the toddler was no longer under the jurisdiction of the early intervention system. Child level correction is not possible because child level correction cannot be completed for toddlers who have left the jurisdiction of the early intervention system.

Child level compliance for *focused monitoring* findings was verified during the desk review. MDE confirmed that a transition conference was conducted for all toddlers potentially eligible for Part B preschool services, unless the toddler was no longer under the jurisdiction of the early intervention system. In some circumstances, the transition conference was not conducted within the transition timeframe. No child level correction is possible because timeliness cannot be corrected and child level correction cannot be completed for toddlers who have left the jurisdiction of the early intervention system.

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

Key: ☐ Gray – Data Prior to Baseline   ☐ Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥						

Targets: Description of Stakeholder Input

N/A

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2014	3.1 Number of resolution sessions	0	
EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2014	3.1(a) Number resolution sessions resolved through settlement agreements	0	

FFY 2013 SPP/APR Data

3.1 Number of resolution sessions	3.1(a) Number resolution sessions resolved through settlement agreements	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
0	0	0%		

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

Michigan Part C has never had resolution sessions equal to or greater than ten, so setting a target or baseline is not required according to instructions.

The data for FFY2013 are also 0%.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

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

Key: Gray – Data Prior to Baseline   Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥						

Targets: Description of Stakeholder Input

N/A

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/5/2014	2.1.a.i Mediations agreements related to due process complaints	0	
EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/5/2014	2.1.b.i Mediations agreements not related to due process complaints	0	
EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/5/2014	2.1 Mediations held	0	

FFY 2013 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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
0	0	0	0%		

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

Michigan Part C has never had mediations equal to or greater than ten, so setting a target or baseline is not required according to instructions.

The data for FFY2013 are also 0%.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

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.

Baseline Data

FFY	2013
Data	40.44%

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	38.00%	40.00%	42.90%	46.30%	51.60%

Description of Measure

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

Baseline data correction made on 4/14/15 due to error in calculation. Corrected from 39.8% to 40.44%.

Targets: Description of Stakeholder Input

Please see the attached report for information on the Description of Stakeholder Input.

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

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.

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

Illustration

☐ **Provide a description of the provided graphic illustration (optional)**

Certify and Submit your SPP/APR

This indicator is not applicable.

ANNUAL REPORT CERTIFICATION OF THE
INTERAGENCY COORDINATING COUNCIL
UNDER PART C OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

Under IDEA Section 641(e)(1)(D) and 34 CFR §303.604(c), the Interagency Coordinating Council (ICC) of each jurisdiction that receives funds under Part C of the IDEA must prepare and submit to the Secretary of the U.S. Department of Education (Department) and to the Governor of its jurisdiction an annual report on the status of the early intervention programs for infants and toddlers with disabilities and their families operated within the State. The ICC may either: (1) prepare and submit its own annual report to the Department and the Governor, or (2) provide this certification with the State lead agency's Annual Performance Report (APR)[1] under Part C of the IDEA. This certification (including the annual report or APR) is due no later than February 2, 2015.

On behalf of the ICC of the State/jurisdiction of _____ Michigan, _____
I hereby certify that the ICC is: [please check one]

1. [ ] Submitting its own annual report for FFY 2013 (which is attached); or

2. [X] Using the State's Part C APR for FFY 2013 in lieu of submitting the ICC's own annual report. By completing this certification, the ICC confirms that it has reviewed the State's Part C APR for accuracy and completeness.[2]

I hereby further confirm that a copy of this Annual Report Certification and the annual report or APR has been provided to our Governor.

_____   _____ 2-2-2015 _____
   Signature of ICC Chairperson   Date

_____
Nicole Sodergren
_____
50249 Aldwych, Macomb, MI 48044
_____
nsodergren@misd.net
_____
 Address or e-mail
 586-322-1700
_____
 Daytime telephone number

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1 Under IDEA Sections 616(b)(2)(C)(ii)(II) and 642 and under 34 CFR §80.40, the lead agency's APR must report on the State's performance under its State performance plan and contain information about the activities and accomplishments of the grant period for a particular Federal fiscal year (FFY).

2 If the ICC is using the State's Part C APR and it disagrees with data or other information presented in the State's Part C APR, the ICC must attach to this certification an explanation of the ICC's disagreement and submit the certification and explanation no later than February 2, 2015.

Michigan Part C *Early On*®

State Systemic Improvement Plan (SSIP)
Phase I

Michigan's State Systemic Improvement Plan (SSIP)
Part C
Table of Contents

Supporting Documents are included with hyperlinks throughout the report, rather than being included as Appendices.

SSIP Overview

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* collaborates extensively with the Michigan Department of Community Health (DCH), the Michigan Department of Human Services (DHS), and the Michigan Interagency Coordinating Council (MICC), the state interagency coordinating council. Effective April 10, 2015, DCH and DHS will be combined to form the Michigan Department of Health and Human Services.

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. As of October 2013, the number of children served was 17,781, and the snapshot count was 8,984.

A Project Manager was selected to organize, coordinate, and facilitate Phase I of the SSIP. Forty-nine stakeholders formed the SSIP Committee and participated in various stages during the first phase of the SSIP. Representation from the following perspectives included: MICC members; parents; service providers from urban and rural districts; *Early On* Coordinators from urban and rural districts; Part C contractors responsible for public awareness, comprehensive system of personnel development (CSPD), and data collection; interagency partners; experts in the field of social and emotional development; North Central Regional Resource Center (NCRRC) staff; a Race to the Top Early Learning Challenge (RTT-ELC) MDE state-level staff member; a representative from the Early Childhood Investment Corporation (ECIC) (a public-private nonprofit entity focused on systems that support positive child outcomes); a Part B, Section 619 representative; representatives from the Office of Special Education (OSE) with knowledge of policy and programs; representatives from the Michigan Association of Intermediate School Administrators Early Childhood Committee (MAISA) and the Michigan Association of Administrators of Special Education (MAASE); a developmental pediatrician (who is also an MICC member); a representative from higher education (offering preservice education and training for young children with disabilities); the Head Start State Collaboration director; an intermediate school district (ISD) special education director; a representative from the Autism Alliance of Michigan; the Part C contractor responsible for family engagement; the SSIP leads for Part B; and state Part C staff. [Participant List]

The committee began meeting in April 2014 and met regularly through March 2015. In addition to the SSIP Committee, a Core team consisting of a subset of the SSIP

Committee was established to assist the Project Manager in planning, preparing, executing the meetings, assisting with follow up after the meetings, and developing the final report.

A timeline was developed so that important steps throughout Phase I were carried out in an orderly and timely manner.

The SSIP Committee engaged in dialogue about the SIMR on a regular basis. In March 2015, the final decision on the SIMR was made:

> **To increase the social and emotional outcomes for infants and toddlers in targeted service areas as measured by Indicator 3a, Summary Statement 2, by 11.2 percentage points by 2018.**
>
> **Baseline data for Indicator 3a, Summary Statement 2, FFY 2013, for the targeted service areas are 40.4 percent, and by 2018 the data for these areas will reflect an increase to 51.6 percent.**

The SIMR will measure Summary Statement 2, which is the greatest area of need for improvement. The most recent data for Summary Statement 1 showed slight improvement which led the SSIP Committee to agreement around targeting efforts towards Summary Statement 2.

Michigan selected four service areas to pilot improvement strategies during the next two phases of the SSIP, based on multiple data sources that relate to the SIMR. Factors for selection included Annual Performance Report (APR) data for Indicators 1-8 with special attention paid to Indicator 3a. Data from years 2009-2013 were considered along with both Summary Statements. Federal Fiscal Year (FFY) 2013 data show a slight increase in outcomes for Summary Statement 1; therefore, those service areas that did not meet the targeted percentages for Summary Statement 2 consistently were given greater consideration.

In addition, the reporting rate for Child Outcome Summary (COS) data was considered. Those service areas with a higher COS reporting rate were considered to be more reliable.

Peer group size and geographic location around the state were considered. While a large sample size is needed to show statewide improvement by 2018, the SSIP Committee felt it was also important to study a smaller service area so that when the improvement strategies are scaled up statewide, information will be learned about what works for both large urban areas as well as small rural areas of the state.

The Michigan Mandatory Special Education Act is a state law passed in 1971, ensuring special education to resident children with disabilities from birth to age 26. Services provided under this act are known as Michigan Mandatory Special Education (MMSE). Michigan is a "birth mandate" state, and as such provides support and/or services to individuals from birth to age 26 who meet the eligibility

definitions put forth in Michigan Administrative Rules for Special Education (MARSE) under the Michigan Compiled Laws at no cost to the family. MMSE eligibility criteria are narrower than those for *Early On* and thus any child birth to age three who qualifies under MMSE is also eligible for *Early On*.

The percent of children eligible for MMSE was considered. Since the disaggregated data showed that those children eligible for MMSE were least likely to meet their targets for Indicator 3a, Summary Statement 2, consideration was given to service areas who serve a substantial percentage of children who are MMSE eligible so that improvement strategies implemented have a greater likelihood of improving their results.

The disaggregated data also pointed out that a large percentage of African American males were not meeting the child outcomes targets. Service areas that serve a high population of African American males were selected so that targeted improvement strategies may assist this population to improve their outcomes.

The SSIP Core team also considered several additional factors displayed by local data systems beyond those mentioned above: Special Education eligibility percentage, large recent count changes, and values for Indicators 1, 7, 8a, and 8c. Those service areas with more orderly data were chosen because their data are likely more reliable.

Fifty percent of the targeted service areas selected are Pathways to Potential communities, where specialized outreach to low-income families occurs. This factor was considered because of their focus on working with the entire family and engaging community partners in efforts to help families.

Consideration was given to those service areas who have participated in professional development opportunities related to child outcomes and social-emotional development, such as:
- Child Outcomes training,
- Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T) training,
- Social Emotional Webinar series participation, and
- Book Study participation.

Service areas with basic knowledge and training about the importance of social and emotional development were selected because of their willingness to seek out learning opportunities, as well as their possession of basic knowledge about social-emotional development.

Michigan selected the following as the Theory of Action, which is explained in more detail throughout Component 5 of the SSIP narrative.

If Michigan…
- Implements messaging about social and emotional development,
- Promotes the use of evidence-based practices,

- Provides professional development including training and coaching, and
- Improves data collection, reporting, and effective use of data,

…then there will be increasing social and emotional outcomes for all infants and toddlers and accelerated improvement of those in targeted service areas across the state of Michigan.

Component #1: Data Analysis

1(a) How Key Data Were Identified and Analyzed

Broad Data Analysis:
Michigan began conducting a broad data analysis with a meeting on April 23, 2014. Twenty-one stakeholders were present for this initial review of all data. Data 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 (QCIP) at Wayne State University (WSU), 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. A fourth data source, U.S. Census data, was also reviewed.

Public Sector Consultants (PSC), contractor for the state Continuous Improvement Monitoring System (CIMS), provided trend data for APR Indicators 1, 4, 7, and 8. 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).

The first data reviewed were the 618 data from MSDS. MSDS data are used for SPP/APR reporting for Indicators 2, 5, and 6. MSDS data can be found at: www.earlyondata.com. MSDS data revealed a declining trend in the number of infants and toddlers served, which could be due to a number of reasons:
- A change in the data system from Michigan Compliance Information Systems (MiCIS) to MSDS in October 2012.
- Michigan changed the funding formula (2011 and 2013) to make funding per Individualized Family Service Plan (IFSP) more equitable, but eliminated the factor of providing a small amount of funding per IFSP written, that some believe was an incentive to find and serve more children.
- The eligibility definition changed from "any delay" to a 20 percent delay in one or more domains (any delay for birth to two months of age), in September 2010.

Self-assessment data are used for SPP/APR reporting for Indicators 1, 7, and 8. Data were collected in the MEGS+ through a local self-assessment. All local early

intervention programs were required to select a random sample of children's records. Local early intervention programs were required to sample 10 percent of their snapshot count or a minimum of ten records, whichever was greater. Half of these records were used for reviewing Indicators 1 and 7. The other half were used for reviewing Indicator 8. A desk review of selected local service areas was completed by MDE to verify accurate reporting of self-assessment data. Corrections to the data were made for any identified discrepancies.

According to U.S. Census data, the birth rate in Michigan declined (143,800 in 1992; 129,500 in 2002; 112,700 in 2012). However, since Michigan met its APR targets for Indicators 5 and 6 for FFY 2012, this was not considered to crucially impact data for the SSIP.

PSC provided a data resource related to Compliance Indicators used within CIMS. This resource showed trend data on the SPP/APR Compliance Indicators as well as family outcome trend data, which the stakeholders reviewed and discussed.

Child and family outcome data collected for Indicators 3 and 4 were reviewed. The QCIP at WSU completes the analysis for both Indicators. Family outcome data have improved over the past four years. More families strongly agree that *Early On* has helped their child and family participate in the community; know about community services; and know where to go for help and support to meet their family's needs. All targets were met and since this area had been a primary focus since 2010, the stakeholders felt Michigan is on track to continue with improvements in this area.

Based on the FFY 2012 WSU data analysis, child outcomes were an area of concern. Child outcome targets were not met for three of the six measures. There is a downward trend for Summary Statement 2 for Indicators 3a, 3b, and 3c. Especially concerning was Indicator 3a which showed the percent of progress within age expectations declined across three years (2009-2012), from 63.4 percent to 57.7 percent. However, when compared nationally, Michigan's child outcomes were above the average (see pages 10 and 11 of Michigan Part C Systemic Improvement Plan presentation).

The consensus following the broad data analysis meeting was that the SIMR should focus on child outcomes, particularly looking at improving social and emotional development for infants and toddlers.

Focused Data Analysis:
An official SSIP Committee was formed in May 2014, consisting of more than 40 stakeholders. A SSIP Project Manager was selected, a timeline of activities and meeting dates was established, and a website was created: www.michigan.gov/ssip. The committee met regularly through March 2015 and had stated purposes and objectives for each meeting, which included broad and in-depth data analysis, broad and in-depth infrastructure analysis, root cause analysis, narrowing and refining the SIMR, developing coherent improvement activities, developing a theory of action, and submitting the plan for Phase I to OSEP by April 1, 2015.

The SSIP Committee requested additional disaggregated data from WSU for a more focused data analysis. WSU disaggregated the child outcomes data by ethnicity/race, gender, geographic region of the state, and duration of time enrolled in *Early On*. The SSIP Committee met in May 2014 to review the disaggregated data and asked for additional data from WSU around eligibility for MMSE, as Michigan is a birth mandate state, and the eligibility criteria for MMSE is more restrictive than the Part C eligibility criteria. The data were reviewed at the June meeting, and to dive deeper, WSU was requested to cluster the disaggregated data. In July, the cluster data were reviewed and confirmed what previously was hypothesized; that African American males, in urban settings, eligible for MMSE were least likely to achieve growth similar to same age peers when considering the social and emotional child outcome measures.

A Root Cause Analysis meeting was held in October with 39 stakeholders. During the meeting participants answered a triggering question, "**In light of the review of the data and infrastructure analysis, what are the contributing factors to the low performance of social and emotional development for infants and toddlers in *Early On*?"** Participants generated 79 responses/contributing factors related to the triggering question. Then each statement was organized into clusters and participants voted on their top five responses/contributing factors. Those with the highest number of votes were mapped into a flow chart which showed the deepest drivers. The deepest driver, or the factor most likely to impact the system, was: *Lack of understanding about the importance of nurturing social and emotional development among policymakers, the general public, parents, and some providers*. It was cycled with: *Professional preparation programs rarely include inter-professional education for understanding social and emotional development performance indicators resulting in lack of whole child approach in a parent andragogy*. Many other items were mapped that the SSIP Committee considered when developing improvement activities.

The Root Cause Analysis meeting provided an opportunity to reflect more deeply on the data as well as state infrastructure, and enabled the committee to identify contributing factors to low percentages of achievement on social and emotional outcomes for infants and toddlers. The summary from the Root Cause Analysis meeting can be found at:
http://www.michigan.gov/documents/mde/Part_C_State_Systemic_Improvement_Plan_-_Root_Cause_Analysis_473135_7.pdf.

1(b) How Data Were Disaggregated

WSU disaggregated data by special education eligibility, ethnicity/race, gender, geographic region of the state, and duration of time in *Early On*. The disaggregated data were then clustered and evaluated by WSU and shared with the committee.

The cluster data confirmed what previously was hypothesized; that African American males living in urban settings and eligible for MMSE were least likely to achieve growth similar to same-age peers in the area of social and emotional child outcomes.

In reviewing the data regarding eligibility, the committee looked at disaggregated data on children who were eligible for MMSE and children who were Part C only eligible.

For Summary Statement 2, approximately 70 percent of the children below age expectations (categories A, B, and C) were those in the subset eligible for MMSE. When comparing children eligible for Part C only and MMSE, there is a statistically significantly higher percentage of Part C only children who reach age expectations (categories D and E).

For ethnicity/race, the percentage of White children was statistically significantly higher ($p<.05$) than those reported for African-American children and higher than Hispanic or Latino and Multi-racial children in developing more like same-age peers for Indicator 3a for both Summary Statements.

When considering gender, the percentage of females who displayed more positive outcomes was higher than males for Summary Statement 1 and significantly higher than males for Summary Statement 2.

Consideration of geographic density of population based on similar-sized service areas found that for Indicator 3a, Summary Statement 2, the percentages of growth from infants and toddlers in metro areas and urban centers were statistically significantly lower ($p<.05$) than the percent of children in the other areas (rural, small sized cities, and medium sized cities).

Duration for children in the program for 6-12 months, 12-24 months, and 24-36 months was considered when disaggregating duration of time in *Early On*. For both Indicator 3a Summary Statements, those children in the program for the shortest duration (6-12 months) achieved growth similar to same age peers at a statistically significantly higher rate than the other two categories. It is suspected this is because those children in the program for a longer duration have greater needs and were identified sooner.

A cluster analysis was also done. The cluster analysis showed demographic characteristics that contributed to lower performance percentages which are: male, African-American, eligible for MMSE, and live in urban areas. The cluster that performed higher is females, White, Part C only, living in rural areas, small-size cities or medium-size cities.

Data suggest that in order to improve Summary Statement results, different reporting categories could be targeted. The reporting categories are:

   A. Did not improve functioning.
   B. Improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.
   C. Improved functioning to a level nearer to same-aged peers but did not reach it.
   D. Improved functioning to reach a level comparable to same-aged peers.

E. Maintained functioning at a level comparable to same-aged peers.

Summary Statement 1's results would increase if more children fell into categories C and D. Summary Statement 2's results would increase if more children fell into categories D and E.

1(c) Data Quality

The data analysis uncovered a lack of standardization in several areas that were theorized to impact outcomes:
- The lack of a consistent measurement tool used across the state,
- The way the decision tree (ECO Center, revised 2012) is applied and used varies across providers and service areas,
- The use of parent involvement related to use of the decision tree varies, and
- The way the data are input varies across the state.

In addition, there are multiple data systems in use by local service areas. These variations may account for some under identification or other discrepancies.

Michigan has approved seven assessment tools that can be utilized by service areas. There is not one standard tool that all use. Discrepancy occurs in conjunction with the decision tree, family input, and professional expertise to make decisions about progress.

The DECA-I/T is sensitive enough to detect social and emotional delays and could be used in addition to an approved evaluation tool. Trainings on the DECA-I/T have been conducted around the state for service areas, but it is not used everywhere.

As part of the improvement strategy, one area that will be addressed is improving data collection, reporting, and effectively using the data. For the targeted service areas in the pilot, an SSIP team will work with the local service areas to explore and suggest improvements to the local data system. A greater description can be found under Component 4 where improvement strategies are discussed.

1(d) Considering Compliance Data

Compliance Indicator (1, 7, and 8) data comes from the annual service area self-assessment process. For FFY 2012, data were:
- Indicator 1 - 100%
- Indicator 7 - 97.5%
- Indicator 8a - 100%
- Indicator 8b - 100%
- Indicator 8c - 99.73%

The SSIP committee reviewed and concurred that Michigan was on track with the Compliance Indicators and the strength of these data did not present any potential barriers to improvement.

However, the data collection mechanism is slated to change from self-assessment to collection within MSDS in 2015-2016, and Michigan expects both the number of children enrolled and those meeting the required expectations of each compliance indicator to decline. A plan is in place to continue training service areas to improve the accuracy of the MSDS compliance data submissions, and to compare self-assessment data against MSDS for the first collection year in order to validate the expectations.

1(e) Stakeholder Involvement in Data Analysis

Staff from NCRRC provided support and technical assistance for the Data Analysis meetings. Contractors utilizing data from the MSDS, QCIP, and CIMS were in attendance and offered their expertise to the stakeholders. Also participating were MICC members, parents, service providers from urban and rural districts, *Early On* Coordinators from urban and rural districts, other Part C contractors, interagency partners, a representative from MAASE, and state Part C staff.

Michigan's Part B SSIP leads facilitated the Root Cause Analysis meeting. Additional stakeholders were invited to the Root Cause Analysis meeting and from that group, several individuals remained on the SSIP Committee, while others assisted by reviewing documents and providing expertise as needed. Representation from the following perspectives included: MICC members; parents; service providers from urban and rural districts; *Early On* Coordinators from urban and rural districts; Part C contractors; interagency partners; data contractors; experts in the field of social and emotional development; a RTT-ELC MDE state-level staff member; a representative from ECIC; a Part B, Section 619 representative; representatives from OSE with knowledge of policy and programs; representatives from MAISA and MAASE; a developmental pediatrician (who is also an MICC member); a representative from higher education; the Head Start State Collaboration director; an ISD special education director; a representative from the Autism Alliance of Michigan; and state Part C staff.

A Core team was also established to facilitate work outside of the larger committee meetings. The Core team supported the Project Manager and helped to plan and carry out SSIP Committee meetings. Membership consisted of MDE *Early On* staff, *Early On* Training and Technical Assistance (EOT&TA) leadership, the 618 data contractor, a parent, a service provider, and a developmental pediatrician.

Component #2: Analysis of State Infrastructure to Support Improvement and Build Capacity

2(a) How Infrastructure Capacity Was Analyzed

Michigan engaged in multiple ways to analyze the state infrastructure. In May, state staff visited local service areas in five regions around the state during System Update Meetings and involved the field in the SOAR Activity (Strengths, Opportunities, Aspirations, and Results). This information was used to understand what the field felt were *Early On*'s strengths, opportunities for improvement, what

they wanted for the system, and what results they would like to see. Results showed the field is able to collaborate internally and externally with other systems, but feel that more funding is needed for services. Striving for a more fluid and unified system would better help families have the confidence to utilize services and resources. The field would like to see an improvement in longitudinal data and more children reaching their functional outcomes while in *Early On*.

The SSIP Committee conducted a broad infrastructure analysis and a focused infrastructure analysis in August and September 2014. The committee used a tool developed by the Early Childhood Technical Assistance Center (ECTA) to critically assess governance, fiscal, quality standards, data, accountability and monitoring, professional development, and technical assistance. For each system component, the committee determined the strengths of each, as well as identified systemic issues that may present a barrier to the performance around social and emotional issues.

The Root Cause Analysis helped to bridge the information from the data analysis and infrastructure analysis. There were clusters of information that overlapped such as system alignment, professional development, data quality, and resources.

The SOAR activity aligned with the Root Cause Analysis by pointing to the need for more resources, families better engaging with the system, improved longitudinal data, and additional professional development opportunities.

The Infrastructure Analysis ECTA tool showed that Governance and Data were the two greatest areas of need for improvement. The development of improvement strategies took into consideration the need for:
- Implementing messaging about social and emotional development,
- Promoting the use of evidence-based practices,
- Providing professional development including training and coaching, and
- Improving data collection, reporting, and effective use of data.

Data analysis showed that African American male children, eligible for MMSE, and living in urban settings were least likely to achieve growth similar to same age peers when considering the social and emotional child outcome measures. These data fed into the selection of sites where the improvement strategies will be targeted. Criteria for selection were:
- Disaggregated APR data for Indicator 3a,
- APR data for Indicators 1-8,
- Child Outcomes reporting rate,
- Peer group size,
- Geographic location,
- Percent of children eligible for MMSE,
- Percent of African American male children,
- Data system orderliness,
- Child Outcomes training participation,
- DECA-I/T training participation,
- Pathways to Potential communities,

- Social Emotional Webinar series participation, and
- Book Study participation.

2(b) Description of the State Systems

The SSIP Committee looked at governance, fiscal, quality standards, data, accountability and monitoring, and professional development and technical assistance. For the complete analysis document, please visit: [Broad Infrastructure Analysis Guide](#).

2(c) Systems Strengths and Areas for Improvement

<u>Governance</u>
Strengths of the *Early On* system include the people in the system (contractors, state staff, the field), a participatory [MICC](#), including a strong parent voice, an updated State Plan, and a good system framework. MICC members attend regular meetings and take on important initiatives such as fiscal issues, service provision, addressing additional supports for infants and toddlers with feeding difficulties, improving family outcomes, improving communication with Head Start, and revisiting eligibility requirements for *Early On*. The infrastructure is in place statewide for LICCs, and there are strong partnerships with Great Start Collaboratives and Parent Coalitions at the local level. Michigan has a Great Start Operations Team of managers in state government and ECIC working to tie all the early childhood activities together and mechanisms for state agency deputy-level professionals to discuss barriers to more effective and collaborative practices across systems.

MDE's organizational structure includes Deputy Superintendents who report directly to the State Superintendent. The Office of Great Start (OGS) Deputy Superintendent who oversees *Early On*, is very supportive and works both within MDE so cross-office communication is improved, as well as working across agencies.

The report titled *Great Start, Great Investment, Great Future* was released in 2013, providing a blueprint for OGS including recommendations and principles for moving the state forward. *Early On* ties into the priorities within the report, and thus within the priorities for OGS. The new structure has helped elevate early childhood initiatives and has facilitated cross-office special projects regarding the responsibility of young children with disabilities.

Parents are an integral part of our infrastructure at the state level. There are five Governor-appointed parents on the MICC and two parent alternates. They form the [Parent Involvement Committee (PIC)](#), which is a standing committee of the MICC, and meet every six weeks. The Michigan Alliance for Families (MAF), also our Parent Training and Information Center (PTI), is a member of the PIC, and a contractor that helps to support parents of children in *Early On,* as well as parents of children eligible for special education. MAF has parent mentors statewide to support parents of children in *Early On* and Special Education. EOT&TA provides

membership to the PIC so that communication is consistent with training opportunities for parents as well as professionals. Interagency team members also are members of the PIC.

Michigan recently updated the draft State Plan which helps provide a framework for the system.

Early On Public Awareness supports public engagement and child find by providing statewide outreach to families and professionals so that families with children who may be eligible for *Early On* know that services are available. These activities assist Michigan in meeting SPP/APR targets for the identification of eligible children. Promotion of *Early On* through a unified campaign informs the general public by stating "If you suspect your infant or toddler has a delay in development, *Don't Worry, but Don't Wait. Call 1-800-EarlyOn.*" Marketing strategies include social media (Facebook and Twitter), outreach to primary referral sources (physicians, child care providers, parents) digital and print ads, billboards, and more. The *Early On* Michigan website features valuable information which draws the public to *Early On*, especially if there is a concern about the development of a young child. Additionally, ISDs utilize campaign resources for local outreach, engagement, and child find. All of these avenues will be tapped when implementing messaging about social and emotional development.

Fiscal
Strengths include dedicated people who attempt to fairly allocate funds for Michigan. The Comparing Early Childhood Systems: IDEA Early Intervention Systems in Birth Mandate States report was developed comparing the five birth mandate states' structures. One recommendation in the report is to expand state funding for Part C. The Financial Support Ad Hoc Committee of the MICC completed its charge around this topic in November 2014, and made a recommendation to the MICC to move forward with seeking state funds to support *Early On* services.

As a birth mandate state, special education services are available to children who meet eligibility criteria beginning at birth. Children eligible for Part C may also therefore, be found eligible for MMSE. When this is the case, some of the services on the children's IFSP may be financially supported with special education funding. A new section, Part 10, was added to MARSE on October 18, 2011. Part 10 more closely aligns MARSE with Part C of IDEA in order to ensure appropriate support for infants and toddlers and their families.

The *Early On* Michigan Foundation was created in 2011 to strengthen the *Early On* system by establishing other viable funding sources. Activities have included public awareness about the need for additional funding, gaining support for house and senate bills to create a fundraising license plate, and broadening the board to include strategic partners. In 2013, new board membership included representation from a marketing firm and Michigan's Children, a statewide advocacy organization advancing public policy to benefit children from birth to adulthood. The *Early On* Foundation and Michigan's Children have been successful

at raising the visibility of *Early On* and have created a coalition of partners to advance state funding as a priority for *Early On* Michigan.

The Michigan Office of the Auditor General recommended *Early On* serve all eligible infants and toddlers with appropriate levels of service provision, which set into motion a variety of approaches to secure additional funds to be used for early intervention services.

Quality Standards

MDE contracts with Clinton County Regional Education Service Agency's (RESA) Office of Innovative Projects to conduct personnel development activities. EOT&TA assists service areas in complying with the federal regulations and state policy related to *Early On* Michigan through in-service training and technical assistance. EOT&TA provides support, information, and training related to *Early On* processes, child development, developmental assessment of infants and toddlers, early intervention strategies, evidence-based practices, and state and national initiatives. Personnel development and resources are offered through face-to-face training on core early intervention topics, webinars, communities of practice, technical assistance to service areas, the *Early On* Conference, System Update meetings for *Early On* Coordinators, and the website.

Michigan developed Personnel Standards which highlight requirements needed to provide early intervention services to infants, toddlers and their families. In order to fulfill new requirements of the Personnel Standards, MDE has directed EOT&TA to develop five online modules to prepare personnel to support families with infants and toddlers in *Early On*, called the *Essentials of Early On*. They include:
1. *Early On* 101
2. IFSP Process
3. Procedural Safeguards
4. Facilitating Smooth and Effective Transitions
5. Foundations for Early Intervention
   a. Empathetic Communication
   b. Child Development
   c. Effective Home Visiting

The Child Outcomes Handbook outlines how providers measure and report child outcomes.

A companion piece to the State Plan, the *Early On Implementation Manual*, an online resource, is currently under development. This document is being developed with broad stakeholder input including state staff, technical assistance providers, agency partners, local administrators, local providers, and parents. The manual is designed to provide guidance to local service areas about all requirements of the *Early On* system. Each section first addresses why the requirement is important, followed by the statute, rules, and regulations in which the requirement is found. Guidance is then provided regarding what must take place to meet the requirement along with recommendations for implementation. Each section concludes with

resources and forms related to the topic being addressed. Sections of the document will become available on the EOT&TA website as they are completed.

Data
Strengths include contracted staff to analyze the data provided through MSDS, local self-assessment, and other sources. The Center for Education Performance and Information (CEPI) staff who support MSDS have worked with OGS to improve the data business rules and data accuracy. CEPI hosts the *Early On* Public reports*.

WSU has a state-of-the-art online and phone survey laboratory, along with protocols for follow-up and accessibility to surveys that has resulted in the 41 percent response rate to the family survey used for reporting Indicator 4. PSC's CIMS application provides formalized communication between the state and local districts for identification of determinations and subsequent completion activities. The Office of Innovative Projects analyzes MSDS reports for creation of 618 tables and APR data; they also create and maintain the service area profiles and 618 public reporting at www.earlyondata.com.

Monitoring and Accountability
Strengths include our partnership with OSE and use of CIMS. This system is used by the state to promote positive outcomes and ensure compliance with IDEA and MARSE.

CIMS was designed to help locals analyze and interpret data and keep track of all monitoring activities in a single location. CIMS reflects the priorities of IDEA and the SPP and is aligned with the School Improvement Framework. MDE uses CIMS for Part B and Part C monitoring; it acts as a central data reporting and communication hub for accountability. Service areas understand their performance on SPP Indicators through CIMS and communicate corrective action steps to designated MDE consultants via CIMS as well.

When non-compliance is identified, service areas are directed to follow up with their assigned EOT&TA Technical Assistance (TA) Specialist who support them in understanding root causes, development of corrective action plans, and implementation of change.

Professional Development and Technical Assistance
A key strength is the relationship-based approach to professional development. Each service area is assigned a Technical Assistance (TA) Specialist who serves as a resource on all areas of implementation of IDEA Part C. TA Specialists support compliance and the use of evidence-based practices. Additionally, TA Specialists host "*Early On* Coordinator Community of Practice" meetings where the service area level administrators are able to gather regularly and discuss current issues and requirements.

Another strength is the wealth of resources available through EOT&TA's website. A training calendar, registration, online training, tools for professional development, policies, regulations, and more are available at http://eotta.ccresa.org.

Another strength of Michigan's early intervention professional development system is the *Early On* Center for Higher Education, a sister project of EOT&TA. The *Early On* Center for Higher Education is Michigan's preservice initiative to support the development of highly qualified early intervention personnel to work with infants and toddlers, birth to three with disabilities and/or special needs, and their families. The *Early On* Center for Higher Education works with faculty at two-year and four-year colleges and universities to strengthen learning experiences for students so they are knowledgeable of *Early On* Michigan and competent in their future work with families of infants and toddlers. Currently the *Early On* Center for Higher Education is working to develop a voluntary credential for early intervention personnel that goes beyond the requirement stated in the new Personnel Standards.

A book study, *The Early Intervention Workbook: Essential Practices for Quality Services*, with Lynda Cook Pletcher and Naomi Younggren, took place and was sponsored by EOT&TA. The book provided foundational information about early intervention and gave service areas the opportunity to examine their service delivery system within a best practice framework.

In addition to looking at strengths for each component, the SSIP Committee discussed areas for improvement within each component of the state infrastructure. The two areas of greatest need include governance and data.

Governance- Factors contributing to low performance:
- High level of local control makes standardization difficult,
- The dual system (MMSE and Part C only)—policy direction is lacking around MMSE,
- LICC/Great Start Collaborative and how they function or don't function. There is concern that LICCs get lost in the Great Start Collaboratives and there's no accountability for LICCs,
- Fiscal monitoring for Part C needs to be increased, and
- There is a desire to connect birth-3 data to reading scores.

Data- Factors contributing to low performance:
- Practices in the field contribute to the accuracy or inaccuracy of the data.
- The inability to make changes quickly in MSDS and align manuals/rules is a barrier.
- Data from MSDS is not real time; the data report is received three to four months after each count date.
- With the decommissioning of MiCIS, local districts are struggling with data tracking. As result Michigan has a variety of vendors and it is challenging to inform the vendors of changes, etc.
- There are some data fields not collected that would be helpful to the system. Due to the Headlee amendment pertaining to an unfunded mandate, unless the fields are required federally, MDE cannot require it from the local service areas unless the state pays for the cost of collecting and reporting the data. This somewhat limits data collection capabilities. Gaps exist in what can be

asked such as: the number of children evaluated for *Early On* that were not found eligible, which would help determine the amount of staff time spent on evaluations that did not result in eligibility, and the diagnosis of the child.

- Longitudinal data are needed. A way to track a child who is not eligible for MMSE at transition, but at a later age is eligible for special education, is desired. It will be vital to start building reports that link *Early On* enrollment, length of service, and outcomes to the MSDS Longitudinal Data System.
- There is a need for increased data sharing across agencies and within the early childhood and health systems to ensure services are not duplicated but are appropriate for each child. However, this requires interagency agreements, MOUs, data sharing agreements, etc. that are constricted by the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).
- The state does have a means of accessing Medicaid data, but that is only for the children enrolled in Medicaid and does not account for the rest of the population enrolled in *Early On*. There have been attempts to share data with public health agencies such as DCH for the use of Early Hearing Detection and Intervention (EHDI), birth defects, and Children's Special Health Care Services (CSHCS) with varying degrees of success.
- There is a need for training the field how to collect and enter data correctly and interpret their own data and plan accordingly using data based decisions.

Building on the strengths as well as factors contributing to low performance identified during the infrastructure analysis, the existing initiatives and resources are tied to the improvement strategies. Promoting the use of evidence-based practices and providing professional development including training and coaching can be provided by the CSPD grantee, EOT&TA. Improving data collection, reporting, and effective use of data will be addressed with the help of the data contractors and state team. The Root Cause Analysis uncovered the need for broad public awareness and messaging about the importance of social and emotional development. EOT&TA will help with this activity. For detailed information about improvement strategies, see Component 4.

2(d) State-level Improvement Plans and Initiatives

During the September SSIP Committee meeting, participants developed a list of state initiatives and resources. Initiatives refer to special opportunities to increase knowledge, and resources are static items that contribute to Michigan's early childhood system. These multiple initiatives are aligned to achieve common goals and leverage available resources.

Michigan's early learning initiatives address the needs of infants and toddlers with disabilities and their families and are described below.

The Book Study with Lynda Cook Pletcher and Naomi Younggren took place and was sponsored by EOT&TA. Nine service areas took part in the book study, including one of the service areas targeted for the SSIP pilot, discussing the book: *The Early Intervention Workbook: Essential Practices for Quality Services*. The

book provided foundational information about early intervention and gave service areas the opportunity to examine their service delivery system within a best practice framework. All service areas that participated were in the process of making changes in their local system and used the book study as an opportunity to change to better serve children and families.

Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T) Trainings

The DECA-I/T is a standardized, norm-referenced, strength-based assessment that assesses protective factors and screens for social and emotional risks in very young children. Just like the preschool version, the DECA-I/T is completed by parents and caregivers of infants and toddlers.

The partnership with state-level mental health services for children and youth led the MICC to investigate increasing the capacity to identify and serve infants and toddlers with social-emotional needs, particularly as the Child Abuse Prevention and Treatment Act (CAPTA) expectation for referral began to be fully implemented. As a result, the DCH-Mental Health identified the DECA-I/T to appropriately detect and serve children, and has provided annual training and support in the use of this tool.

DCH has offered DECA-I/T Trainings around the state for many years. The focus is on giving the field a more specialized evaluation tool to evaluate and identify social and emotional delays in infants and toddlers. This ties into the SIMR because there is concern that infants and toddlers are not being routinely evaluated and identified for social-emotional delays. It is possible that the standard evaluation tool is not sensitive enough to detect social-emotional delays, or is under-utilized.

Department of Human Services – (CAPTA)

The CAPTA law requires children with substantiated cases of abuse or neglect to be referred to *Early On*. *Early On* personnel struggle with how to reach the parents, get parental consent, and work with vulnerable families. Children who have been involved in a substantiated case of abuse or neglect are at a substantial risk of experiencing subsequent development problems, including social emotional concerns. MDE and DHS continue to engage in a collaborative effort to identify and support infants and toddlers with developmental delays in this population of children. This requires an effective child find system which includes a focus on CAPTA referrals, training for professionals in child welfare and early intervention service providers, and technical assistance to local service areas to ensure proper evaluation and supports for these children and families.

The *Essentials of Early On*

The *Essentials of Early On* is a web-based training series designed to support the basic core knowledge and understanding of IDEA Part C Rules and Regulations, Michigan State Plan, and policy issues as related to *Early On* in Michigan. Furthermore, it promotes use of evidence-based practices related to home visiting, child development, and family-centered practice.

This training series was developed to support the implementation of the Personnel Standards and improve the qualifications of personnel providing service coordination, evaluations, and home visits for *Early On*. The *Essentials of Early On* includes five online training modules:

1. *Early On* 101
2. IFSP Process
3. Procedural Safeguards
4. Facilitating Smooth and Effective Transitions
5. Foundations for Early Intervention
   a. Empathetic Communication
   b. Child Development
   c. Effective Home Visiting

Increasing the qualifications of personnel is one piece of improving our outcomes for infants and toddlers.

Michigan Home Visiting Initiative

Michigan's early childhood home visiting programs provide voluntary, prevention-focused family support services in the homes of pregnant women and families with children aged zero to five. The programs promote positive outcomes in child health and safety, healthy development, and reduce family violence for those at-risk. Early identification of children in need of the expertise of *Early On* and connecting families to community resources will benefit the SSIP work.

Social & Emotional Webinar Series

The Social & Emotional Webinar & Coaching Call Series is sponsored by *Early On* and DCH, Division of Mental Health Services to Children and Families. The series includes six foundational webinars on typical and atypical social and emotional development of infants and toddlers, covering topics such as temperament, attachment, nurturing environments and more, using the National Center on the Social and Emotional Foundations for Early Learning (CSEFEL) standardized modules. Additionally, several coaching calls occur between webinars to provide a peer-to-peer learning community for sharing successes, barriers, and ideas for using information from the webinars.

Personnel gain a deeper understanding of foundational knowledge regarding social and emotional development when working with infants, toddlers, and families in the home or care-giving setting. This training series supports social and emotional development by giving practitioners opportunities to increase skills in this area. This training, and other similar trainings, is critical in addressing our identified focus area of social emotional health.

2(e) Representatives Involved

Representation included the following perspectives: MICC members, parents, service providers from urban and rural districts, *Early On* Coordinators from urban and rural districts, Part C contractors, interagency partners, data contractors, experts in the field of social and emotional development, a representative from the

MAASE, a developmental pediatrician, a representative from the Autism Alliance of Michigan, and state Part C staff.

A Core team was also established to work in between the larger committee meetings. The Core team supports the project manager and helps to plan and carry out SSIP Committee meetings. Membership consists of MDE *Early On* staff, EOT&TA leadership, the 618 data contractor, a parent, a service provider, and an expert in social and emotional development.

2(f) Stakeholder Involvement in Infrastructure Analysis

Throughout the Infrastructure Analysis work, both internal and external stakeholders participated. Representation included all perspectives listed above.

Component #3: State Identified Measurable Result (SIMR)

3(a) SIMR Statement

Michigan's SIMR is:

> **To increase the social and emotional outcomes for infants and toddlers in targeted service areas as measured by Indicator 3a, Summary Statement 2, by 11.2 percentage points by 2018.**
>
> **Baseline data for Indicator 3a, Summary Statement 2, FFY 2013, for the targeted service areas are 40.4 percent and by 2018 the data for these areas will reflect an increase to 51.6 percent.**

Michigan selected four pilot service areas, based on criteria decided upon by the SSIP Core team and SSIP Committee. Factors for selection included:
- Disaggregated APR data for Indicator 3a,
- APR data for Indicators 1-8,
- Child Outcomes reporting rate,
- Peer group size,
- Geographic location,
- Percent of children eligible for MMSE,
- Percent of African American male children,
- Data system orderliness,
- Child Outcomes training participation,
- DECA-I/T training participation,
- Pathways to Potential communities,
- Social Emotional Webinar series participation, and
- Book Study participation.

The SIMR will measure Summary Statement 2. FFY 2013 data show that Michigan is making improvements in Summary Statement 1 and more focus should be on Summary Statement 2, where data show a downward trend. The four service areas selected are Macomb, Kent, Kalamazoo, and Marquette-Alger. They represent

multiple geographic regions and peer groups (urban, metro, and small city) around the state. The large urban areas contain the most children and have the most potential for improving performance statewide. However, since Michigan will be scaling up statewide, some smaller areas whose data reflected lack of progress were considered and one was selected so that strategies can be tried with smaller service areas, as well as large urban areas, to see what works.

By improving results of a targeted population of infants and toddlers in social and emotional outcomes, results will improve on a statewide basis by 6.7 percentage points over five years, which would meet the state target of 60.9 percent for Indicator 3a, Summary Statement 2. By implementing strategies in targeted service areas and evaluating the success of the strategies, the activities can be scaled up and shared statewide. **A [presentation](#) showing projected improvement for selected target areas outlines the research behind the projections and rationale for targets.**

3(b) Data and Infrastructure Analyses Substantiating the SIMR

The SIMR aligns with SPP/APR Indicator 3a, which measures the percent of infants and toddlers with IFSPs who demonstrate improved positive social-emotional skills. The SSIP Committee engaged in many steps prior to selecting the SIMR. A thorough data analysis was done over many months to look at all available data. Addressing social and emotional development rose to the top at the very first data analysis meeting. The committee reviewed disaggregated data around special education eligibility, ethnicity/race, gender, geographic region of the state, and duration of time in *Early On*. Initial strategies for improving results that emerged from the data analysis meetings were:
  - Improving social emotional development for infants and toddlers,
  - Professional development for staff (in addition to the *Essentials of Early On*) that includes content about helping parents understand their child's social/emotional development, and
  - Identifying a standard tool for evaluating a child's social/emotional competence and vulnerabilities, provide trainings on the tool, and linking the results and progression measured with the tool to improved growth.

Cluster data were reviewed and confirmed what previously was hypothesized; that African American males, in urban settings, eligible for MMSE were least likely to meet their social and emotional child outcomes.

Broad, as well as, in-depth Infrastructure Analyses were completed over many months. The result of these analyses aligned with many things the committee discovered through the indicator data analysis. While our system is one with many strengths, addressing issues within governance and data were needed. Both analyses pointed to improving practices around collecting child outcome data. During the June SSIP Committee meeting, the group was presented with [Child Outcomes 101](#); learning how the data were collected, what tools were used, how the scores were determined, and how parents were involved. The discussion that

occurred revealed there is variance across the state in the way child outcome scoring is carried out.

In October, 39 stakeholders participated in a Root Cause Analysis. The following triggering question was used, "In light of the review of the data and infrastructure analysis, what are the contributing factors to the low performance of social and emotional development for infants and toddlers in *Early On*?" The deepest root causes were the lack of understanding about the importance of nurturing social and emotional development among policymakers, the general public, parents, and some providers, and professional preparation programs rarely include inter-professional education for understanding social and emotional development performance indicators resulting in lack of a whole child approach in a parent andragogy. A cycle indicates mutual influence and addressing this cycle will likely have an impact on everything that is connected to it in the influence map. Additional factors include a lack of adequate funding, inequities in intensity of services, and lack of uniform coaching to build the confidence and competence of the parent/guardian.

The Root Cause Analysis pointed out that the general public does not understand the importance of social and emotional development. In addition, more could be done at the university level with preservice staff to increase understanding its importance. Improvement strategies will target these issues.

Positive aspects of the infrastructure have the capacity to support improvement of results related to the SIMR. State initiatives that would help support the SIMR include the Book Study with Lynda Cook Pletcher, the DECA-I/T trainings, working with DHS around CAPTA issues, the *Essentials of Early On* trainings, the Michigan Home Visiting Initiative, and the Social Emotional webinar series. These initiatives were explained in greater detail in Component 2(d) of the Infrastructure Analysis.

Resources include working within the Pathways to Potential (P2P) communities through activities funded through RTT-ELC. Michigan's successful application for RTT-ELC funds identified the importance of providers of early care and education having a firm knowledge in social-emotional health, and strategies for supporting young children in this development. The Department of Human Services has been implementing P2P in communities with significant percentages of families accessing public support programs. P2P places a human services enrollment specialist in a community school, with the expectation that families in need can meet with the specialist during the time children are in class. Building on these established sites and relationships, the RTT-ELC funds will place a social emotional specialist to work with the community of child care providers in order to strengthen their skills and knowledge.

3(c) SIMR as Child-Family-Level Outcome

Improving social and emotional development for infants and toddlers in targeted service areas is a child-level outcome. A family-level component will also be incorporated through specific improvement strategies so that families understand

social and emotional development and can implement activities to help their child in this domain.

Targeted areas will experience an accelerated rate of improvement over four years, given levels (intensive and moderate) of intervention. Refinement of interventions should begin to yield incremental positive externalities on other service areas, via:
- Use of formative information for professional development, technical assistance, and coaching;
- Data reporting improvement;
- Scaling up – replicate discovery process for other service areas; and
- Learning from the practices of service areas that are achieving successful results.

The criteria used to select the pilot service areas were:
- Geographic representation,
- Demographic representation,
- Performance data and quality, and
- Professional development history.

3(d) Stakeholder Involvement in Selecting the SIMR

The following stakeholders participated throughout the selection process of the SIMR: MICC members; parents; service providers from urban and rural districts; *Early On* Coordinators from urban and rural districts; Part C contractors; interagency partners; data contractors; experts in the field of social and emotional development; NCRRC staff; a RTT-ELC MDE state-level staff member; a representative from the ECIC (a public-private nonprofit entity focused on systems that support positive child outcomes); a Part B, Section 619 representative; representatives from OSE with knowledge of policy and programs; representatives from MAISA and MAASE; a developmental pediatrician (who is also an MICC member); a representative from higher education (offering preservice education and training for young children with disabilities); the Head Start State Collaboration director; an ISD special education director; a representative from the Autism Alliance of Michigan; and state Part C staff.

3(e) Baseline Data and Targets

Baseline data were determined, with the help of the QCIP at WSU, by looking at Indicator 3a, Summary Statement 2 data for the selected service areas. Targets were set through 2018.

Baseline data 2013	Target 2014	Target 2015	Target 2016	Target 2017	Target 2018
40.4%	38.0%	40.0%	42.9%	46.3%	51.6%

Many factors were considered in target setting including exit child outcome scores, past performance on Indicator 3a, Summary Statement 2, size, geographic location and anticipated intense and moderate intervention strategies. The following table

includes the targets for the pilot project, including individual targets for each of the service areas in the pilot project. The targeted interventions are anticipated to have a "ripple effect" on the statewide data.

	FFY2013 Ind 3 actual exit COS submitted *(Ind 3A-SS2 denominator)*		FFY 2013 *(Ind 3A-SS2 numer- ator)*	Ind 3A-SS2 Results FFY 2013	*Projected Ind 3A-SS2 Results* FFY 2014	*Projected Ind 3A-SS2 Results* FFY 2015	*Projected Ind 3A-SS2 Results* FFY 2016	*Projected Ind 3A-SS2 Results* FFY 2017	*Projected Ind 3A-SS2 Results* FFY 2018
Across 4 Target Areas	**915**	Percent share across 4 areas (weights)	**370**	**40.4%**	**38.0%**	**40.0%**	**42.9%**	**46.3%**	**51.6%**
Macomb	366	40.0%	89	24.3%	21.0%	24.0%	28.0%	33.0%	41.0%
Kalamazoo	73	8.0%	18	24.7%	23.0%	26.0%	30.0%	35.0%	43.0%
Kent	449	49.1%	248	55.2%	53.2%	54.2%	56.2%	58.2%	60.9%
Marquette-Alger	27	3.0%	15	55.6%	54.6%	55.6%	56.6%	58.6%	60.9%

Component #4: Selection of Coherent Improvement Strategies

### 4(a) How Improvement Strategies Were Selected

The SSIP Committee took into consideration the results of all activities, including the SOAR activity, data analysis, infrastructure analysis, root cause analysis, the birth to three initiatives and resources, and the SIMR discussions. At the November 2014 meeting, members engaged in a gallery walk to revisit each component. The Core team acted as guides at each station and discussed information and answered questions. Each exhibit had a one page write up for members to keep and reflect on during development of improvement strategies. These documents are posted on the website: www.michigan.gov/ssip. Next, the committee engaged in an activity called "Focusing Four," a consensus building process which began with the following question, "What improvement strategies might help Michigan increase social and emotional outcomes for infants, toddlers and their families?" Twenty-four possible improvement strategies were brainstormed, clarified, advocated for, and voted on. All of the activities were cross-walked with the Root Cause Analysis for consistency.

The Core team met and reviewed the improvement strategies and placed them into four broad strategies for the SSIP.

Broad strategies include:
- Implement messaging about social and emotional development,
- Identify and promote the use of evidence-based practices,
- Provide professional development including training and coaching, and
- Improve data collection, reporting, and effective use of data.

Stages: For each of the broad strategies, Michigan will engage in each of the following four stages. The following graphic represents the utilization of these stages which are represented in greater detail in the Theory of Action section.
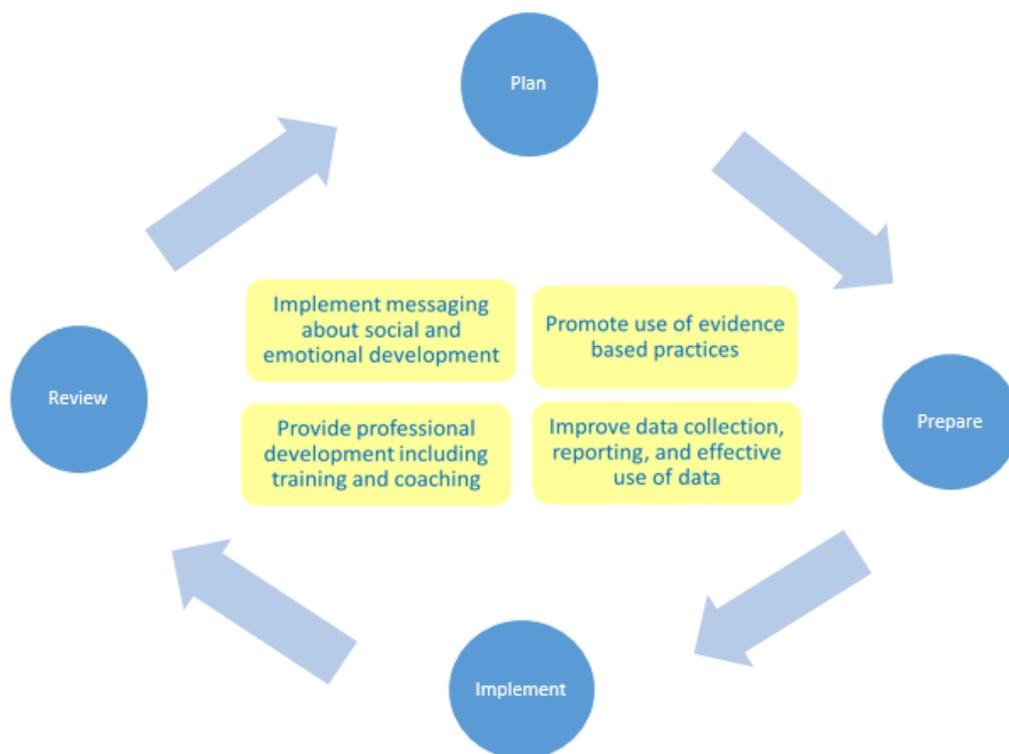
1. Discovery and Design Stage (Plan)
2. Training and preparation for implementation (Prepare)
3. Implementing improvement strategies (Implement)
4. Ongoing reflection and continuous feedback loop, including data reviews on a regular basis (Review)

The Discovery and Design Stage is what Implementation Science describes as the Exploration Stage. The SSIP team will take the time to explore what to do, how to do it, and who will do it, in order to save time and money and improve the chances for success. The team will begin with the targeted service areas, and will work with the service area staff to learn what is working well and where improvements can be made. One facet includes the broad strategy of improving data collection, reporting data accurately, and effectively using the data. Several elements necessary for effective collection of child outcome data will be explored so that the team can understand the process used in each service area. Information is needed about how COSs are completed and reported, what types of qualitative data can be gathered, what instruments are used to collect information, if and how the decision tree, family input, and professional expertise are being used. This will be more developed as Phase II of the SSIP begins, when SSIP teams are formed, and specific professional development and technical assistance needs are determined. It is likely that among the targeted service areas, the TA will vary according to

need. The Core team likened it to an IFSP; but in this case a Service Area Technical Assistance Plan (SATAP). The SATAP would be individualized and tailored to the needs of the service area, just like an IFSP is tailored to suit each individual child and family.

The SSIP team will additionally select high performing service areas to explore and learn what is working well and leading to successful child outcomes.

Based upon the needs identified in the SATAP, specific TA will occur with the selected areas. According to 303.112, service areas are charged to provide early intervention services founded on scientifically-based research. Therefore, TA will be focused on research-based strategies related to social-emotional development and skill acquisition in young children. In addition, research-based techniques will be used for professional development and training model implementation within the service areas incorporating elements of coaching and universal design for learning with providers and administrators to ensure optimal carryover of the techniques.

Early On Public Awareness will aid public engagement by providing statewide outreach to families and professionals about the importance of social and emotional development for infants and toddlers. Marketing strategies will include social media (Facebook and Twitter), outreach to primary referral sources (physicians, child care providers, parents) digital and print ads, billboards, and more. The *Early On Michigan website* will feature valuable information about the importance of social and emotional development.

The Data Flow Chart for Indicator 3 shows possible steps where data inconsistencies may occur. Since Child Outcome Summary Form (COSF) data entered into MSDS form the backbone for Indicator 3 data, this will be an area of exploration within each service area.

Data Flow Chart for Indicator 3

Service area creates IFSPs that specify MMSE eligibility and services. At the initial IFSP an entry COSF is required. Services listed on the IFSP are provided and when the child exits the program, an Exit COSF measures whether improvement occurred. The IFSPs, COSFs, eligibility, services and other demographic data are entered into their local data system. The local data is submitted to the state via MSDS. MSDS statewide data is given to WSU which creates outcome indicator values. Each stage can be evaluated for quality strengths and weaknesses.
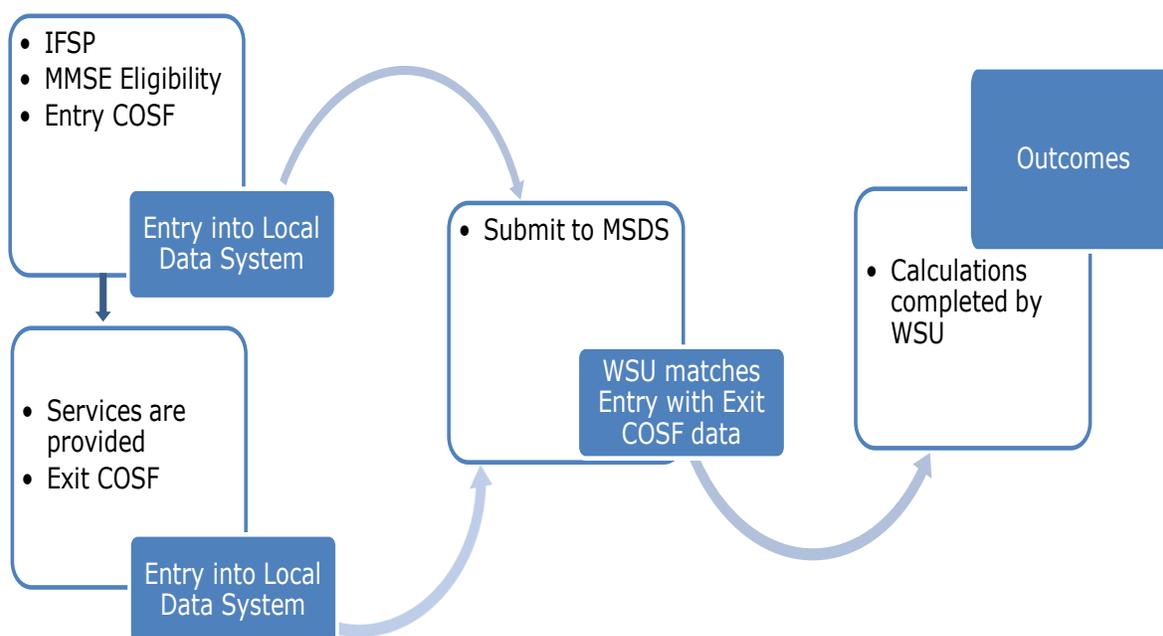
After the Discovery and Design Stage, the second stage will begin which is training and preparation for implementation. Once staff are adequately trained, the service area's infrastructure has been developed, evidence-based strategies have been identified, and a plan is in place, the implementation stage will begin. Ongoing reflection and data review are part of each stage and adjustments will be made so that the strategies are most effective. The Office of Special Education Programs (OSEP) Implementation Stages guidance document will be utilized so that all steps are followed in proper sequence.

4(b) How Improvement Strategies are Sound, Logical and Aligned

The improvement strategies were developed based upon the data analysis, infrastructure analysis, root cause analysis, and the SIMR discussion. There is current state capacity to implement the improvement strategies because they are aligned with many current state initiatives already in place. In targeted service areas, intense training and coaching will be given to the service providers so that

they understand how to work with families to improve their child's social and emotional development, how to correctly use a measurement tool, collect and input the data, and how social and emotional development fit into each of the other developmental domains. By engaging the family in the most effective ways, family outcomes may also increase.

During the Infrastructure Analysis, many state initiatives and resources were identified and the improvement strategies will align. The *Essentials of Early On*, currently in place, will be a component to the improvement strategies because each service area will be required to participate in the trainings. Each module has reference to child and family outcomes. The overall knowledge of service providers will increase around IDEA requirements, including social and emotional development.

All of the targeted service areas have participated in DECA-I/T trainings and data will be gathered to see what successes they have had related to implementing the DECA-I/T. This information will be used to scale up to other areas of the state. The DECA-I/T is easy to use, comprehensive, research-based, nationally standardized, reliable and valid, and meets or exceeds standards for high quality. It is also strength-based and builds the skills that are critical to a child's healthy growth and development. Furthermore, the DECA-I/T offers solutions that lead to significant, positive change.

One of the goals of the RTT-ELC grant is to involve more early learning and development providers in efforts to identify and promote children's physical and social-emotional health. The strategies and activities in the RTT-ELC project have a focus on targeted communities with large populations of children with high needs. The work will take place in P2P communities which is an opportunity for collaboration since half of the targeted service areas are P2P communities. By collaborating with both RTT-ELC and P2P, resources will be maximized. The goal is to gain leverage to support the SSIP work with the involvement in these larger scale initiatives.

Over the last year there has been a joint effort between MDE and DCH to provide webinars on typical and atypical social and emotional development of infants and toddlers. The topics included temperament, attachment, nurturing environments and more, using the National CSEFEL training modules. CSEFEL is a national resource center that disseminates research and evidence-based practices to early childhood programs across the country. These training modules focus on the Pyramid Model for supporting social emotional competence in infants and young children. This model is a positive behavioral intervention and support framework early educators can use to promote infant's and toddler's social and emotional development, and prevent and address challenging behaviors. The Pyramid Model organizes evidence-based practices that include universal promotion practices for all children, practices for children who need targeted social-emotional supports, and individualized behavior support practices for children with significant social skill deficits or persistent challenging behavior. Additionally, several coaching calls

occurred between webinars to provide a peer-to-peer learning community for sharing successes, barriers, and ideas for using information from the webinars.

Several early childhood organizations recently and prospectively have identified themes around social and emotional development for their annual conferences. This includes the Michigan Division for Early Childhood (DEC) and Michigan Association of Infant Mental Health (MIAIMH). This is another avenue for implementing statewide messaging about the importance of social and emotional development.

4(c) Strategies that Address Root Causes and Build Capacity

The Root Cause Analysis uncovered the need for educating the general public about the importance of social and emotional development and working with universities to intentionally embed social and emotional development within preservice curricula. One of the deepest drivers identified was to educate the general public and this will be addressed through expanded messaging. Improvement strategies will focus on implementing messaging about social and emotional development. To address concerns regarding assuring foundational knowledge of early intervention staff, the Early On Center for Higher Education will be engaged in designing specific activities that embed social emotional development in post-secondary curriculum.

The January 2015 SSIP Committee meeting included a presentation that summarized the plan for the improvement strategies from a culmination of work done through data analysis, infrastructure analysis, and root cause analysis. January 2015 presentation.

The improvement strategies are based on an implementation framework (plan, prepare, implement, review) and will support systemic change by starting with targeted service areas. The framework lends itself to constant review and evaluation to make adjustments if a particular strategy is not successful. By starting small with each strategy, as success is experienced, it will be scaled up to other service areas across the state.

4(d) Strategies Based on Data and Infrastructure Analysis

During the Focusing Four Consensus Building Activity in November 2014, the data, infrastructure, and root cause analyses drove the selection of the improvement strategies. Through the Gallery Walk, participants revisited all the work that had been accomplished leading up to this point. They also were equipped with the Influence Map when they suggested improvement strategies. The list of 24 activities was generated from information learned during the data, infrastructure, and root cause analyses.

In order to increase the social and emotional outcomes for infants and toddlers in targeted service areas by 2018, the improvement strategies address the needs within and across the system. *Early On* will collaborate with many statewide initiatives and resources, such as *Early On* Michigan Foundation, Michigan's

Children, Michigan DEC, 32p Block grant, RTT-ELC, P2P Communities, MAF, MDE's OSE and OGS, Michigan Department of Health and Human Services, and the Michigan Home Visiting Initiative.

Michigan's Children is a statewide independent advocacy organization working to ensure public policies are made in the best interest of children. *Early On* is working with Michigan's Children to obtain state funding for Part C. If successful, additional funds would be available to support infants, toddlers, and their families who have social and emotional delays.

The SSIP has afforded opportunities to establish connections across the educational arena, both internal to the MDE and external. The Office of Special Education is one such connection. The Part C SSIP project manager has worked collaboratively with the Part B SSIP Leads to ensure continuity and alignment. The SIMR for Part B is focused on improving reading. Foundations of early literacy development begin in infancy, with positive interactions between caregivers and babies; and research indicates a strong correlation between social-emotional outcomes and early learning. This connection, as well as many others, will be critical to the overall success in Michigan.

MDE, OGS has made early intervention a priority. In May 2013, OGS released a report titled, "Great Start, Great Investment, Great Future: The Plan for Early Learning and Development in Michigan." This plan was developed with the help of nearly 1,400 stakeholders from across the state. Implementation of this plan will enhance the coordination of Part C with the overall early childhood system, leading to improved interventions for children at risk and the identification of eligible children in need of *Early On* support. Specific outcomes that tie into *Early On* are:
- Children are healthy, thriving and developmentally on track from birth to third grade.
- Children are developmentally ready to succeed in school at the time of school entry.

32p Block grant
OGS manages the 32p Block Grant funds used for the work of Great Start Collaboratives and Parent Coalitions, as well as providing funding of early childhood programs for children from birth through age eight. Needs identified in a required community needs assessment are to be addressed with the awarded funds. These funds are a potential resource for the improvement of social-emotional development in young children, a major component of a Great Start system.

Michigan Home Visiting Initiative
The Michigan's early childhood home visiting programs provide voluntary, prevention-focused family support services in the homes of pregnant women and families with children aged zero to five. The programs are designed to promote positive outcomes in child health and safety, healthy development, and reduce family violence for those at-risk. Early identification of children in need of the expertise of *Early On* and connecting families to community resources will benefit the SSIP work.

Other initiatives and resources including the *Early On* Michigan Foundation, RTT-ELC, Michigan DEC, MAF, and P2P have been discussed previously in the report.
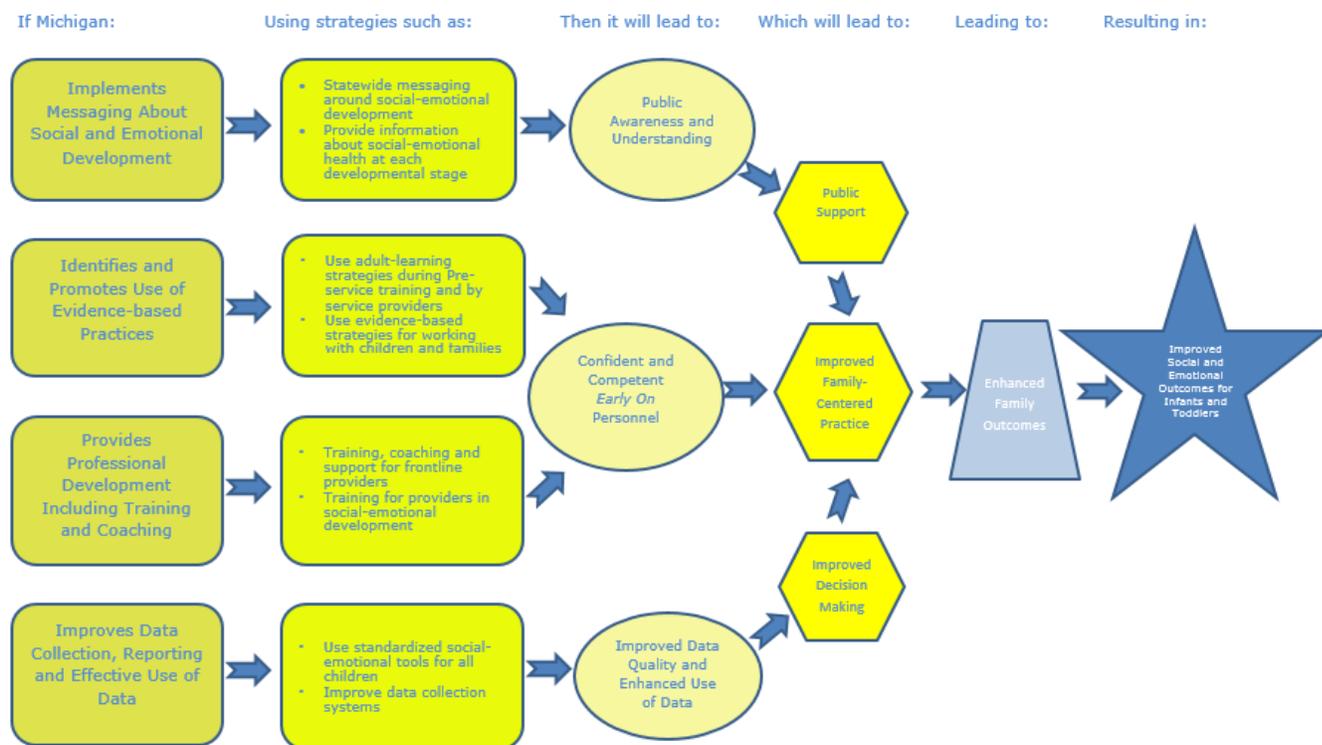
By implementing evidence-based practices, early intervention service providers in the targeted service areas will be more highly trained in understanding social and emotional development. The service providers will also be better equipped to work with vulnerable families of infants and toddlers with social and emotional delays. Utilizing the model of plan, prepare, implement, and review, Michigan will be able to constantly improve practices and scale up the pieces that are most successful.

4(e) Stakeholder Involvement in Selecting Improvement Strategies

Stakeholders involved in the selection of improvement strategies included: MICC members, parents, service providers from urban and rural districts, *Early On* Coordinators from urban and rural districts, Part C contractors, interagency partners, data contractors, experts in the field of social and emotional development, MAASE, a developmental pediatrician (who is also an MICC member), a representative from ECIC, the Head Start State Collaboration director, and state Part C staff.

Component #5: Theory of Action

5(a) Graphic Illustration

If Michigan…
- Implements messaging about social and emotional development,

- Identifies and promotes the use of evidence-based practices,
- Provides professional development including training and coaching, and
- Improves data collection, reporting, and effective use of data,

Using strategies such as…
- Statewide messaging around social-emotional development,
- Providing information about social-emotional health at each developmental stage,
- Using adult learning strategies during preservice training and by service providers,
- Using evidence-based strategies for working with children and families,
- Training, coaching and support for frontline providers,
- Training for providers in social-emotional development,
- Using standardized social-emotional tools for all children, and
- Improving data collection,

Then it will lead to…
- Public awareness and a greater understanding of social-emotional development and the important role it plays in a child's growth, and
- Confident and competent *Early On* personnel who have a solid foundational understanding about social-emotional development as well as how to work with families to bolster their child's development in this domain,

Which will lead to…
- Public support,
- Improved family-centered practices, and
- Improved decision-making,

Leading to…
- Enhanced family outcomes,

Resulting in…
- Improved social and emotional outcomes for infants and toddlers.

The steps and strategies listed above will be implemented in the targeted service areas with support from MDE, EOT&TA, WSU, members from the SSIP Core team, and the local service areas. In order to be successful, changes at the state level will include increased funding to support additional public awareness materials, more intense training and coaching, and teaming with the Center for Higher Education to address the preservice needs. The goal is that these efforts will lead to increasing social and emotional outcomes for all infants and toddlers and accelerate the improvement of those in targeted service areas across Michigan.

5(b) How Improvement Strategies Will Lead to Improved Results

The following strategies explain the rationale underlying the Theory of Action.

1. **Implement messaging about social and emotional development:**
   - **Statewide messaging around social-emotional development**
   - **Provide information about social–emotional health at each developmental stage**

During the Root Cause Analysis, the deepest driver was: Lack of understanding about the importance of nurturing social and emotional development among policymakers, the general public, parents, and some providers. Therefore, statewide messaging and public awareness about the importance of social-emotional development is needed to educate the general public about this domain. If the public understands the importance of having a secure attachment and the long-term benefits it reaps, such as more positive interactions with peers and adults, improved communication skills, higher scores on language and cognitive measures, decreased feelings of fearfulness and defensiveness, as well as decreased levels of the stress hormone cortisol, then the child will perform better in school and have a more positive outlook on life. Including a family component is necessary so that parents understand the importance of developing a strong emotional bond with their child and the long term benefits that may result because of it.

Furthermore, a focus for Michigan is improving third grade reading levels. Infants and toddlers with strong social and emotional skills will fare better in school because they will have higher self-esteem and better ability to deal with stress.

2. **Identify and promote the use of evidence-based practices:**
   - **Use adult-learning strategies during preservice training and by service providers**
   - **Use evidence-based strategies for working with children and families**

3. **Provide professional development including training and coaching:**
   - **Training, coaching, and support for frontline providers**
   - **Training for providers in social emotional development**

The rationale for both strategies 2 and 3 tie into the second deepest driver identified during the Root Cause Analysis, which is: Professional preparation programs rarely include inter-professional education for understanding social and emotional development performance indicators resulting in lack of whole child approach in a parent andragogy.

A focus will be around working with the Center for Higher Education, which is part of Michigan's CSPD, to include the social-emotional domain as part of the curriculum. In addition, an infrastructure will be identified and maintained so that providers would receive training around social and emotional development which would help with identification and service delivery.

Before implementing a strategy, it will be researched to assure that it is evidence-based and produces positive results.

By providing professional development including training, coaching and support for the front line providers, they will be better equipped to work with the vulnerable families of infants and toddlers with social and emotional needs. The training will include strategies for working with the parents as well. In addition, all providers will receive training around social and emotional development which will increase identification and improve service delivery.

The result will be a confident and competent field of *Early On* personnel who are well versed in family-centered practices.

4. **Improve data collection, reporting, and effective use of data:**
   - **Use standardized social/emotional tools for all children**
   - **Improve data collection systems**

The Infrastructure Analysis identified data as one area that needs improvement. To address data concerns, an SSIP team will begin with the targeted service areas, and will work with the service area staff to learn what is working well and where improvements can be made. To learn what is occurring around data collection and reporting, the team will explore how COSs are completed and reported, what types of qualitative data are available, what instruments are being used to collect information, if and how the decision tree, family input, and professional expertise is being used.

Currently there are seven state-approved assessment and evaluation tools being used to measure social and emotional development. By selecting and promoting state identified tools that are sensitive enough to pick up social and emotional delays, more children with delays will be identified. Goals for improving social/emotional development would be listed on the IFSP and services would be received, therefore the child's social and emotional developmental needs would be addressed and would improve.

Improving data collection and reporting is the first step in understanding and trusting the data. By doing so, the valid and reliable data will be used for learning and understanding what types of additional improvement activities are needed to meet child outcomes.

By implementing the above strategies, the SIMR will: **Increase the social and emotional outcomes for infants and toddlers in targeted service areas as measured by Indicator 3a, Summary Statement 2, by 11.2 percentage points by 2018.**

5(c) Stakeholder Involvement in Developing the Theory of Action

Both internal and external stakeholders were involved in developing the Theory of Action. The following stakeholders participated in the development: MICC members, parents, service providers from urban and rural districts, *Early On* Coordinators from urban and rural districts, Part C contractors, interagency partners, data contractors, experts in the field of social and emotional development,

MAASE, a developmental pediatrician (who is also an MICC member), a representative from ECIC, the Head Start State Collaboration director, and state Part C staff.