



# MICHIGAN

OFFICE OF THE AUDITOR GENERAL

## AUDIT REPORT



THOMAS H. MCTAVISH, C.P.A.  
AUDITOR GENERAL

The auditor general shall conduct post audits of financial transactions and accounts of the state and of all branches, departments, offices, boards, commissions, agencies, authorities and institutions of the state established by this constitution or by law, and performance post audits thereof.

– Article IV, Section 53 of the Michigan Constitution

Audit report information can be accessed at:

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Michigan  
*Office of the Auditor General*  
**REPORT SUMMARY**

*Performance Audit*

Report Number:  
313-2000-12

*Early On*

*Michigan Department of Education*

Released:  
November 2013

*Early On is Michigan's coordinated approach for providing early intervention (EI) services to children from birth to three years old who have disabilities and developmental delays and their families. Using funding from Part C of the federal Individuals with Disabilities Education Improvement Act of 2004 (IDEA-Part C), the Michigan Department of Education (MDE) provides formula grants to intermediate school districts (ISDs) to identify, evaluate, and coordinate EI services across public and private agencies. About one-third of children eligible for IDEA-Part C funded EI services also qualify for EI services funded with State special education funds.*

**Audit Objective:**

To assess MDE's efforts to ensure that ISDs comply with federal standards related to the delivery of Early On services.

**Audit Conclusion:**

We concluded that MDE's efforts to ensure that ISDs complied with federal standards related to the delivery of Early On services were not effective. We noted two material conditions (Findings 1 and 2) and three reportable conditions (Findings 3 through 5).

**Material Conditions:**

MDE did not ensure that ISDs complied with federal regulations by providing Early On-only children access to a comprehensive selection of EI services delivered by qualified personnel. As a result, ISDs were not in compliance with federal regulations and some children eligible for Early On and their families may not have received the most appropriate type and quantity of EI services for their conditions ([Finding 1](#)).

MDE did not ensure that ISDs developed and reviewed individualized family service plans (IFSPs) for children and their families qualifying for Early On-only services according to federal regulations. As a result,

ISDs were not in compliance with federal regulations for IFSPs and affected children and their families may not have received the most appropriate or complete EI services for their conditions ([Finding 2](#)).

**Reportable Conditions:**

MDE did not ensure that ISDs complied with federal regulations and offered a comprehensive array of EI services to Early On children and their families during the ISDs' summer recess. Discontinuing or significantly reducing the amount and type of EI services available during summer recess could result in children decompensating or missing critical opportunities to develop, or timely develop, new skills. In addition, this practice is not in compliance with IDEA-Part C regulations ([Finding 3](#)).

MDE did not ensure that ISDs complied with federal regulations and provided EI services to children in their natural environments or documented acceptable reasons for not doing so. Also, MDE did not ensure that ISDs accurately reported to MDE the primary location that the ISDs planned to deliver each service included on children's IFSPs. As a result, many children did not receive EI services in the setting that, according to

professional literature, promotes optimal childhood development and promotes and enhances children's behavioral and developmental competencies. In addition, MDE reported incorrect percentages of children primarily receiving EI services in the natural environment to the U.S. Department of Education's Office of Special Education Programs (OSEP), which could decrease OSEP's ability to effectively monitor EI service provision on a national level (Finding 4).

MDE did not ensure that ISDs complied with federal regulations and provided or timely provided required EI services. As a result, many children did not receive EI services as expeditiously as possible (Finding 5).

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**Audit Objective:**

To assess the effectiveness of MDE's efforts to ensure that eligible children are identified and evaluated for Early On services.

**Audit Conclusion:**

We concluded that MDE's efforts to ensure that eligible children were identified and evaluated for Early On services were moderately effective. We noted one reportable condition (Finding 6).

**Reportable Condition:**

MDE did not ensure that ISDs made sufficient efforts to publicize their EI programs and to identify, locate, and evaluate all children who were potentially eligible for EI services. As a

result, some ISDs may not have provided or timely provided EI services to eligible children who could have benefitted from receiving the services. This may have resulted in children having decreased long-term developmental and educational gains (Finding 6).

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**Audit Objective:**

To assess the effectiveness of MDE's efforts to ensure that ISDs meet Early On outcome targets.

**Audit Conclusion:**

We concluded that MDE's efforts to ensure that ISDs met Early On outcome targets were moderately effective. We noted one reportable condition (Finding 7).

**Reportable Condition:**

MDE did not ensure that ISDs provided MDE with comprehensive and accurate child outcome data. As a result, MDE was limited in its ability to accurately assess the effectiveness of individual ISDs' EI service delivery systems or reliably demonstrate the overall effectiveness of Early On (Finding 7).

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**Agency Response:**

Our audit report contains 7 findings and 8 corresponding recommendations. MDE's preliminary response indicates that it agrees with all of the recommendations.

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A copy of the full report can be obtained by calling 517.334.8050 or by visiting our Web site at: <http://audgen.michigan.gov>



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AUDITOR GENERAL

November 15, 2013

Mr. Michael P. Flanagan  
Superintendent of Public Instruction  
Michigan Department of Education  
John A. Hannah Building  
Lansing, Michigan

Dear Mr. Flanagan:

This is our report on the performance audit of Early On, Michigan Department of Education.

This report contains our report summary; a description of program; our audit objectives, scope, and methodology and agency responses; comments, findings, recommendations, and agency preliminary responses; and a glossary of acronyms and terms.

Our comments, findings, and recommendations are organized by audit objective. The agency preliminary responses were taken from the agency's response subsequent to our audit fieldwork. The *Michigan Compiled Laws* and administrative procedures require that the audited agency develop a plan to comply with the audit recommendations and submit it within 60 days after release of the audit report to the Office of Internal Audit Services, State Budget Office. Within 30 days of receipt, the Office of Internal Audit Services is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.

We appreciate the courtesy and cooperation extended to us during this audit.

Sincerely,

A handwritten signature in black ink that reads "Thomas H. McTavish".

Thomas H. McTavish, C.P.A.  
Auditor General



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## Description of Program

The Michigan Department of Education (MDE) was established by the Executive Organization Act of 1965 (Act 380, P.A. 1965). MDE is governed by an elected eight-member State Board of Education established by the Michigan Constitution. The principal executive officer is the Superintendent of Public Instruction, who is appointed by the Board. Article VIII, Section 3 of the Michigan Constitution vests in the State Board of Education the leadership and general supervision over all public education.

Executive Order No. 2011-8, effective August 28, 2011, transferred all authority for the Child Development and Care Program and Head Start Collaboration Office from the Department of Human Services to the Michigan Office of Great Start within MDE. The Michigan Office of Great Start created a consolidation of early childhood programs and resources aimed at maximizing child outcomes\*, reducing duplication and administrative overhead, and reinvesting resources from efficiencies into quality improvement and service delivery. Michigan's early intervention (EI) services\* system, known as Early On, is located within the Michigan Office of Great Start. The vision of Early On is to improve the quality of life for children with special needs and their families.

Early On is MDE's system for facilitating implementation of Part C of the Individuals with Disabilities Education Improvement Act of 2004\* (IDEA-Part C). Annually, MDE receives an IDEA-Part C grant from the U.S. Department of Education to direct a Statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides EI services to eligible infants and toddlers (hereinafter referred to as children) from birth to three years old who have disabilities and developmental delays and their families.

Developmental delays can be in the areas of physical, cognitive, communication, adaptive, and social or emotional development. As of July 1, 2010, children with an established condition\* or developmental delay of at least 20% in one or more of the five developmental domains\* or a score of one standard deviation below the mean in at least one of the five developmental domains qualify for Early On. Children eligible for Early On who meet the State's more stringent special education (SE) criteria receive EI services funded with State SE dollars.

\* See glossary at end of report for definition.

Annually, MDE provides formula grants from its IDEA-Part C funding to Michigan's 57 intermediate school districts\* (ISDs) and regional educational service agencies (hereinafter referred to as ISDs) to provide and/or direct the provision of EI services in each of their respective local service areas. This includes identifying children eligible for EI services, assessing each eligible child and family's unique EI service needs, and coordinating the delivery of appropriate EI services to address those needs. MDE provides training and support to, and monitoring of, ISDs directly and through contractual arrangements with others.

In fiscal year 2011-12, MDE distributed \$9.0 million to the 57 ISDs for EI services. Also, MDE expended \$249,000 for various administrative activities related to Early On, which included 11 individuals working part time for Early On.

As of October 3, 2012, MDE reported that 9,458 children and their families were receiving EI services.

\* See glossary at end of report for definition.

## Audit Objectives, Scope, and Methodology and Agency Responses

### Audit Objectives

Our performance audit\* of Early On, Michigan Department of Education (MDE), had the following objectives:

1. To assess the effectiveness\* of MDE's efforts to ensure that intermediate school districts (ISDs) comply with federal standards related to the delivery of Early On services.
2. To assess the effectiveness of MDE's efforts to ensure that eligible children are identified and evaluated for Early On services.
3. To assess the effectiveness of MDE's efforts to ensure that ISDs meet Early On outcome targets.

### Audit Scope

Our audit scope was to examine the program and other records related to Early On. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. Our audit procedures, which included a preliminary survey, audit fieldwork, report preparation, analysis of agency responses, and quality assurance, were conducted from May 2012 through October 2013 and generally covered the period October 1, 2009 through September 30, 2012.

### Audit Methodology

We conducted a preliminary review of Early On to formulate a basis for defining the audit objectives and scope. Our preliminary review included interviewing MDE Early On management and staff to obtain an overall understanding of Early On, including MDE's processes, controls, and monitoring systems. Also, we reviewed applicable laws, rules,

\* See glossary at end of report for definition.

regulations, reference bulletins, manuals, contracts, grant agreements, and Early On State performance plans and annual performance reports. In addition, we examined reports from external audits of Early On and similar programs from other states. Further, we attended a quarterly meeting of the Michigan Interagency Coordinating Council\* (MICC) and reviewed the minutes from MICC meetings.

To accomplish our first objective, we identified key federal standards and interviewed Early On coordinators\* at judgmentally selected ISDs to obtain an understanding of the ISDs' procedures and controls for timely and appropriately processing referrals, making eligibility determinations, completing multidisciplinary evaluations\* and multidisciplinary assessments\*, developing and reviewing individualized family service plans\* (IFSPs), providing EI services in natural environments\*, and preparing transition plans. Also, we reviewed selected case files to determine if the procedures and controls operated as intended.

To accomplish our second objective, we reviewed MDE's vendor contract for Statewide public awareness\* (PA) and child find\* (CF) activities and reviewed the vendor's quarterly performance reports detailing actual PA and CF activities. Also, we reviewed selected ISDs' service area plans identifying their planned PA and CF activities. In addition, we assessed whether ISDs completed their planned PA and CF activities. Further, we examined MDE's monitoring of ISDs that did not meet their child participation goals.

To accomplish our third objective, we reviewed summarized child outcome data. Also, we interviewed Early On personnel at selected ISDs and documented the ISDs' procedures for completing child outcomes summary forms\* (COSFs). In addition, we reviewed selected Early On case files at the ISDs to determine if the required COSFs existed and that current assessments and other available documentation supported the COSF scores.

When selecting activities or programs for audit, we use an approach based on assessment of risk and opportunity for improvement. Accordingly, we focus our audit efforts on activities or programs having the greatest probability for needing improvement as identified through a preliminary review. Our limited audit resources are used, by

\* See glossary at end of report for definition.

design, to identify where and how improvements can be made. Consequently, we prepare our performance audit reports on an exception basis.

### Agency Responses

Our audit report contains 7 findings and 8 corresponding recommendations. MDE's preliminary response indicates that it agrees with all of the recommendations.

The agency preliminary response that follows each recommendation in our report was taken from the agency's written comments and oral discussion subsequent to our audit fieldwork. Section 18.1462 of the *Michigan Compiled Laws* and the State of Michigan Financial Management Guide (Part VII, Chapter 4, Section 100) require MDE to develop a plan to comply with the audit recommendations and submit it within 60 days after release of the audit report to the Office of Internal Audit Services, State Budget Office. Within 30 days of receipt, the Office of Internal Audit Services is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.

COMMENTS, FINDINGS, RECOMMENDATIONS,  
AND AGENCY PRELIMINARY RESPONSES

## DELIVERY OF EARLY ON SERVICES

### **COMMENT**

**Background:** Annually, the Michigan Department of Education (MDE) receives a grant from the U.S. Department of Education (USDOE) funded by Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA-Part C) to facilitate a Statewide comprehensive system of early intervention (EI) services for eligible children from birth to three years old and their families. MDE's comprehensive system includes the expansion and improvement of existing EI services through coordination of State, federal, local, and privately funded referral and service delivery systems and direct provision of required services that are not otherwise available.

Prior to July 1, 2010, children in Michigan with an established condition or any amount of developmental delay were eligible for EI services through the State's comprehensive system. Effective July 1, 2010, Michigan raised its eligibility threshold by requiring children between two months old and three years old to have an established condition or a developmental delay of at least 20% in one or more of five developmental domains or a score of one standard deviation below the mean in at least one of the five developmental domains. Even after raising the threshold, Michigan continues to have one of the lowest eligibility thresholds for EI services in the nation.

State-funded special education (SE) services include many of the same services required by IDEA-Part C. Federal regulations prohibit MDE from using IDEA-Part C grant funds for EI services when children are entitled to receive, or have payment made from, any other source. As a result, children who are eligible for both Early On and SE services receive most of their EI services through SE.

As of October 3, 2012, MDE reported that, of the 9,458 children in Early On, 2,652 (28.0%) were eligible for both Early On and SE and 6,806 (72.0%) were eligible for only Early On.

**Audit Objective:** To assess the effectiveness of MDE's efforts to ensure that intermediate school districts (ISDs) comply with federal standards related to the delivery of Early On services.

**Audit Conclusion: We concluded that MDE's efforts to ensure that ISDs complied with federal standards related to the delivery of Early On services were not effective.** Our assessment disclosed two material conditions\*. MDE did not ensure that ISDs complied with federal regulations by providing Early On-only children access to a comprehensive selection of EI services delivered by qualified personnel (Finding 1). Also, MDE did not ensure that ISDs developed and reviewed individualized family service plans (IFSPs) for children and their families qualifying for Early On-only services according to federal regulations (Finding 2).

Our assessment also disclosed three reportable conditions\* related to delivery of summer EI services, delivery of EI services in natural environments, and the timeliness of EI services delivered (Findings 3 through 5).

## **FINDING**

### **1. EI Services Available for Delivery**

MDE did not ensure that ISDs complied with federal regulations by providing Early On-only children access to a comprehensive selection of EI services delivered by qualified personnel. As a result, ISDs were not in compliance with federal regulations and some children eligible for Early On and their families may not have received the most appropriate type and quantity of EI services for their conditions.

Various sections of Title 34, Part 303 of the *Code of Federal Regulations*\* (CFR) require that the State's comprehensive system of EI services include physical therapy (PT), speech therapy (ST), occupational therapy (OT), speech-language pathology services, nutrition services, health services, nursing services, family training and counseling, special instruction\*, and other services delivered by qualified personnel\* meeting applicable State-approved or recognized certification, licensing, registration, or other comparable requirements. It also requires MDE to ensure that the EI services are available Statewide to meet eligible children's and their families' unique needs and to achieve the desired developmental outcomes established in the children's and their families' IFSPs.

To assess the availability of EI services, we interviewed Early On coordinators and examined selected Early On clinical records at 7 of the State's 57 ISDs. We noted

\* See glossary at end of report for definition.

that the State-funded SE programs at all 7 ISDs that we reviewed provided a comprehensive selection of EI services delivered by qualified personnel to children who were dually eligible for Early On and SE. The type and quantity of services that the ISDs delivered to each child and family were determined by each child's IFSP team based on the child's and family's unique assessed needs. In contrast, 6 (85.7%) of the 7 ISDs significantly limited the type and quantity of EI services available for delivery to Early On-only children and their families. For example, 4 (66.7%) of the 6 ISDs limited the types of EI services that they provided to Early On-only children and their families to family training and counseling, special instruction, and/or social work services. Generally, the ISDs limited the frequency\* of these services to no more than one monthly home visit per child/family and to varying amounts of community playgroup/group therapy sessions. Our review found that these groups were often run by parents and/or other individuals who were not qualified professionals in the discipline specific to the particular group (e.g., speech therapist for communication-related groups). By limiting the type and frequency of the EI services available to Early On-only children and their families, there was an increased risk that Early On-only children and their families did not receive the most appropriate EI services for their unique assessed needs and conditions, a situation which may have negatively impacted the children's long-term growth and development.

MDE informed us that, in the past, there were many EI services available throughout the State with funding sources other than IDEA-Part C. MDE stated that, as these funding sources diminished, the ISDs had to pay for these services with IDEA-Part C funds or other locally derived funding if they wished to continue to provide them. However, MDE stated that the IDEA-Part C funding did not increase to continue these once-available services which, generally, precluded the ISDs from providing them. MDE stated that, alternatively, many ISDs moved to a parent training model of service delivery for Early On-only children and their families. This model often uses nonspecialists to train parents to understand and address their children's developmental delays as opposed to having specialized clinical staff work directly with the children and their families. Although this service delivery model may be appropriate for addressing the unique needs of some children,

\* See glossary at end of report for definition.

particularly those with mild developmental delays, federal regulations require ISDs to offer more specialized and intensive EI services to children and their families who need them.

A common concern expressed by the ISDs that we visited was a lack of funding for EI services. The Early On coordinator at one ISD informed us that the ISD needed additional funding to provide Early On-only children with significant developmental delays with the specialized services (e.g., PT and OT) that they actually needed to best address their developmental delays. This refrain was also echoed at the May 2012 Michigan Interagency Coordinating Council (MICC) meeting in which MICC members discussed a letter sent to MICC by an Early On coordinator that requested assistance in obtaining funding to address "the profound lack of services available (i.e., home visits) for Early On Part C only families." Although MDE recognized a lack of funding as a significant problem confronting Early On, MDE informed us that it has been several years since it has attempted to obtain direct State General Fund support for Early On.

### **RECOMMENDATION**

We recommend that MDE implement measures to ensure that ISDs comply with federal regulations by providing Early On-only children access to a comprehensive selection of EI services delivered by qualified personnel.

### **AGENCY PRELIMINARY RESPONSE**

MDE agrees with the recommendation and will comply.

MDE concurs with the finding that access to EI services of equivalent intensity and duration delivered by qualified personnel does not exist across the State. The statutorily defined EI services are provided according to the IFSP as required by federal statute. Further, MDE concurs with the ISDs' concerns that there are insufficient resources available in the federal award to provide the comprehensive service network needed to address the eligible Part C population, as defined by Michigan. MDE will pursue additional funding for Early On.

As a first step in building awareness within the Legislature, MICC has provided guidance on the distribution of funds to the ISDs over the years in its advisory role to MDE, the lead agency. MICC formed the System of Services Ad Hoc

Committee in November 2012 to study data around Part C Only children to determine if there is a lack of funding and/or services. The Committee continues to meet and address this issue. House Bill 4004, introduced in January 2013, designates an Early On license plate. Revenue from license plate sales would increase funding for the Early On program.

MDE is exploring the following two choices to address access issues:

1. Make all children who currently meet the Early On eligibility definition also eligible for Michigan Mandatory Special Education (MMSE) financial support. This option would increase the State investment in children from birth to three years old threefold. This would require changes to the Michigan Administrative Rules for Special Education (MARSE). This strategy has been adopted by other birth mandate states to enhance the early intervention support to young children, or
2. Through the required mechanisms established in statute and regulation, propose a change in the definition of "developmental delay" to match the definition of eligibility for MMSE, the already-identified State resources available for children with disabilities. As noted in the report summary, "About one-third of children eligible for IDEA-Part C funded EI services also qualify for EI services funded with State special education funds." Therefore, this action would diminish the number of children eligible for services by approximately two-thirds, based on the 2012-2013 enrollment of children from birth to three years old in MMSE (7,428) compared to the total enrolled in Early On (19,492). This approach faces resistance as one recommendation from the Great Start, Great Investment, Great Future Report (May 2013) regarding increasing access to quality programs specifically called to "Increase access to and capacity of Early On."

MDE will explore the need to address a system of payments. Furthermore, MDE informed us that it is in the process of updating personnel standards to ensure that services are delivered by qualified personnel.

MDE also informed us that the USDOE's Office of Special Education Programs (OSEP) is shifting focus from compliance to results-driven accountability, which will allow Michigan to make a similar shift. Furthermore, the implementation of a federally guided process to develop a State Systemic Improvement Plan will provide an opportunity for a more comprehensive analysis of the early intervention system.

## **FINDING**

### **2. IFSP Development and Review**

MDE did not ensure that ISDs developed and reviewed IFSPs for children and their families qualifying for Early On-only services in accordance with federal regulations. As a result, ISDs were not in compliance with federal regulations for IFSPs and affected children and their families may not have received the most appropriate or complete EI services for their conditions.

Various sections of federal regulation 34 *CFR* 303 require MDE to ensure that multidisciplinary teams develop, review, and implement IFSPs for all children and their families eligible for EI services. IFSPs draw together the unique strengths and needs of children and their families to help identify the EI services appropriate to address the identified needs through various means, including multidisciplinary evaluations and assessments. The combination of different clinical perspectives involved in conducting multidisciplinary assessments and developing IFSPs results, in theory, in a more thorough identification of children's developmental delays and the most appropriate EI services needed to address those delays.

We reviewed the clinical assessment and IFSP development and review processes and assessment and IFSP records for approximately 30 randomly selected children at each of 7 ISDs and noted:

- a. Four (57.1%) of the 7 ISDs that we reviewed did not conduct multidisciplinary assessments for children eligible for Early On-only services. In addition, we could not determine whether 1 (14.3%) of the 7 ISDs conducted multidisciplinary assessments because ISD staff provided us with conflicting information about the ISD's assessment practices and did not retain completed assessments. Federal regulation 34 *CFR* 303.321 requires two or

more individuals from separate disciplines or professions or one individual who is qualified in more than one discipline or profession to assess each child. The federal regulation also requires that the assessment(s) include personal observations of children and their families in order to identify the children's strengths and needs and the EI services appropriate to address the needs.

Two (50.0%) of the 4 ISDs informed us that a clinician qualified in only a single discipline or profession conducted its assessments. The ISDs also informed us that they considered the assessments multidisciplinary because the assessing clinicians subsequently discussed their assessments with clinical staff from another discipline. However, this would not satisfy the multidisciplinary requirement because the second clinical staff person did not personally observe the child, a procedure essential for completing a comprehensive assessment.

One (25.0%) of the 4 ISDs informed us that it considered the private physicians who provided the ISD with children's health records (required for eligibility determination) as its second discipline for multidisciplinary assessment purposes. MDE informed us that it concurred with this assessment methodology; however, MDE had not issued any written guidance to ISDs related to its use. This assessment methodology is not in keeping with the intent of the federal regulations to have multiple individuals personally observe the children and their families and assess the children's needs and the EI services appropriate to meet those needs. One ISD informed us that it was aware that MDE had approved the use of this assessment methodology; however, the ISD informed us that it did not believe that the methodology complied with applicable federal regulations.

One (25.0%) of the 4 ISDs informed us that it lacked the necessary funding to conduct multidisciplinary assessments.

- b. Seven (100%) of the 7 ISDs that we reviewed did not use multidisciplinary teams to develop IFSPs for children and their families eligible for Early On-only services. Instead, just the service coordinator\* met with each family and developed an IFSP without any other direct clinical input. Various sections of

\* See glossary at end of report for definition.

federal regulation 34 *CFR* 303 require that an IFSP team consisting of two or more individuals from separate disciplines or professions meet with the parents of each child and others to develop the child's IFSP. These individuals must include the service coordinator and the individual(s) who completed the assessment(s). When one of these individuals is unable to attend the IFSP meeting, the regulations require that arrangements be made for the individual's involvement by telephone conference call, by sending an authorized representative, or by making pertinent records available to the IFSP meeting participants.

MDE informed us that it considered children's physicians as the second discipline on IFSP teams. MDE also informed us that, although the ISDs did not notify the children's physicians of upcoming IFSP team meetings or share the resulting IFSPs with the physicians, the ISDs complied with the federal regulations by making the children's health records available to the IFSP team meeting participants. Although ISDs' use of this practice is permissible in limited circumstances, its standard use is not within the intent of the federal regulations. This is clearly demonstrated in the USDOE's response to comments received related to a proposed change to the definition of the term "multidisciplinary" included in its May 9, 2007 notice of proposed rulemaking to amend regulations governing IDEA-Part C. The USDOE stated in its response:

With respect to IFSP Team meetings, we believe it is important for the parent to be able to meet not only with the service coordinator (who may have conducted the evaluation and assessments), but also with another individual . . . to obtain input from two or more individuals representing at least two disciplines . . .

A commenter to the proposed change to the definition of the term "multidisciplinary" also recognized the importance of having at least two individuals present at the IFSP team meeting. The commenter stated:

. . . permitting one individual, even if that individual is qualified in more than one discipline or profession, to serve as the sole member of the IFSP team (other than the parent) does not reflect best practice.

Because MDE did not ensure that the ISDs utilized multidisciplinary IFSP teams as required by federal standards, the ISDs did not always provide families access to the knowledge and opinions of individuals from differing backgrounds when deciding on the appropriate EI services for their children.

- c. Six (85.7%) of the 7 ISDs that we reviewed did not include the length\*, duration\*, frequency, location, and/or intensity\* of services in many of their IFSPs as required by federal regulation 34 *CFR* 303.344. The incidence of noncompliance varied by requirement and ISD. Without the required information, it would be difficult for service coordinators to meet their federally required responsibility to monitor the timely and appropriate delivery of EI services.
- d. Five (71.4 %) of the 7 ISDs that we reviewed did not complete a total of 10 (6.1%) of the 164 six-month IFSP reviews required by federal regulation 34 *CFR* 303.342(b). The reviews are necessary for determining children's progress toward achieving the results or outcomes identified in their IFSPs and adjusting them as appropriate.

The aforementioned conditions can be attributed, in part, to a lack of written procedural guidance and on-site monitoring of ISDs by MDE.

### **RECOMMENDATION**

We recommend that MDE implement measures to ensure that ISDs develop and review IFSPs for children and their families qualifying for Early On-only services in accordance with federal regulations.

### **AGENCY PRELIMINARY RESPONSE**

MDE agrees with the recommendation and will comply.

MDE informed us that, in 2013, MDE shared a new State IFSP prototype, IFSP checklist, and additional written guidance with the ISDs. In addition, training continues to be provided on the IFSP development and process in the effort of continuous improvement.

\* See glossary at end of report for definition.

## **FINDING**

### **3. Delivery of Summer EI Services**

MDE did not ensure that ISDs complied with federal regulations and offered a comprehensive array of EI services to Early On children and their families during the ISDs' summer recess. Discontinuing or significantly reducing the amount and type of EI services available during summer recess could result in children decompensating or missing critical opportunities to develop, or timely develop, new skills. In addition, this practice is not in compliance with IDEA-Part C regulations.

Federal regulation 34 *CFR* 303.1 requires ISDs to maintain a comprehensive system of EI services for Early On children and to timely deliver the services included in children's IFSPs. The federal regulation does not provide for stopping services unless it is consistent with the assessed needs of the child. As noted in professional literature, child development, including brain development, occurs at a more rapid rate during the first three years of life than at any other time. Therefore, a summer recess of 12 weeks would mean that children may not receive, or may receive significantly reduced, EI services for up to 25% of this critical development period.

As part of its Early On outcome monitoring efforts, MDE annually surveyed the parents of children receiving EI services. In its last five surveys, MDE asked the parents about the amount of EI services their children received from ISDs during the summer in comparison to the amount of EI services they received during the school year. According to the survey results compiled by an MDE contractor, 28.9% and 34.1% of survey respondents in 2010 and 2011, respectively, reported receiving no EI services during the summer. Also, 31.6% and 34.1% of survey respondents in 2010 and 2011, respectively, reported receiving fewer EI services during the summer than during the school year. Similarly, 1 (14.3%) of the 7 Early On coordinators that we interviewed informed us that the coordinator's ISD provided no EI services during half of its summer recess and significantly reduced EI services during the other half. Also, 1 (14.3%) Early On coordinator informed us that the Early On summer services provided by the coordinator's ISD were limited to notifying families of available community playgroups. In addition, 4 (57.1%) Early On coordinators informed us that their ISDs provided the same amount of EI services during summer recess to children eligible for only Early On but significantly reduced the type and amount of EI services available to children who were dually eligible for both Early On and SE.

ISD Early On coordinators informed us that by summer recess most ISD personnel who provide EI services had fulfilled their annual contractual work requirements and, therefore, were not available for work during the summer recess. Consequently, as noted in the preceding paragraph, 6 of the 7 ISDs that we visited either discontinued EI services or greatly reduced their offerings during the summer recess. The remaining ISD hired additional professional staff to maintain its EI service offerings during summer recess.

Federal regulation 34 *CFR* 300.700(e) requires MDE to ensure that, when it identifies noncompliance, the noncompliance is corrected as soon as possible and in no case later than one year after it identifies the noncompliance. Although an MDE survey of ISDs regarding summer services found that ISDs stopped or limited services, MDE had not implemented measures to correct the ISDs' noncompliance. In addition, MDE did not provide ISDs with a written policy or other guidance regarding the ISDs' year-round provision of EI services.

### **RECOMMENDATION**

We recommend that MDE implement measures to ensure that ISDs comply with federal regulations and offer a comprehensive array of EI services to Early On children and their families during the ISDs' summer recess.

### **AGENCY PRELIMINARY RESPONSE**

MDE agrees with the recommendation and will comply.

MDE informed us that, over the years, various ISDs have negotiated with their employee union(s) to adjust the staff work schedule to allow year-round provision of services. MDE also informed us that, in each ISD's annual application for funds, MDE will require a plan of action to support summer service provision.

### **FINDING**

#### **4. Delivery of EI Services in Natural Environments**

MDE did not ensure that ISDs complied with federal regulations and provided EI services to children in their natural environments or documented acceptable reasons for not doing so. Also, MDE did not ensure that ISDs accurately reported to MDE the primary location that the ISDs planned to deliver each service included

on children's IFSPs. As a result, many children did not receive EI services in the setting that, according to professional literature, promotes optimal childhood development and promotes and enhances children's behavioral and developmental competencies. In addition, MDE reported incorrect percentages of children primarily receiving EI services in the natural environment to the USDOE's Office of Special Education Programs (OSEP), which could decrease OSEP's ability to effectively monitor EI service provision on a national level.

Early childhood research indicates that EI services are more effective at improving children's developmental outcomes when the services are delivered during, or as part of, children's daily routines. Consistent with this research, IDEA-Part C requires ISDs to provide EI services, to the maximum extent appropriate, in children's natural environments, including the home and community settings in which like-aged children without disabilities participate. Providing EI services in nonnatural environments is allowed only when it is necessary to meet the unique needs of individual children and their families. When this occurs, IFSP teams must document the family-driven justification in the child's IFSP.

To ensure that Michigan provides EI services to children in their natural environments, OSEP requires MDE to establish a performance target for, and annually report to OSEP on, the percent of Early On children with IFSPs who primarily receive EI services in natural environments. For 2010, 2011, and 2012, MDE's performance target was 93%. Children were considered to have primarily received services in the natural environment when at least 50% of their total service delivery time was scheduled to take place in the home or community settings. To obtain the data necessary for this reporting, MDE required ISDs to input into MDE's data collection system all EI services listed on children's IFSPs, along with the corresponding service settings (i.e., home, community, or other) and the amounts of service delivery. Without verifying the accuracy of this information, MDE calculated the primary service setting for each child and reported it to OSEP.

To determine if ISDs provided EI services in children's natural environments, we interviewed Early On coordinators and reviewed EI case files for approximately 30 children at each of 7 ISDs and noted:

- a. Three (42.9%) of the 7 ISDs that we reviewed routinely documented and/or delivered significant amounts of EI services to dual-eligible children in school-based settings, which typically developing infants and toddlers were not utilizing and, thus, were nonnatural environments. As of MDE's December 2011 count date, the 3 ISDs served a total of 952 dual-eligible children, which comprised 52.5% of the ISDs' total Early On child count. One of the 3 ISDs delivered substantially all of its PT, ST, OT, and teaching services in school-based settings. Also, one of the ISDs alternated its delivery of EI services between children's homes and school-based settings. In addition, all of the most recently documented EI services for 12 (54.5%) of the 22 dual-eligible children tested at one ISD were planned for delivery in school-based settings. The ISDs informed us that they planned the EI services for delivery in nonnatural environments generally for financial reasons rather than to meet children's unique family-driven needs. Consequently, the ISDs did not have and, therefore, generally did not document required family-driven justifications.
  
- b. Six (85.7%) of the 7 ISDs that we reviewed delivered EI services in groups that the ISDs established specifically for Early On children. Generally, the groups were closed for participation to the general public. Because of these conditions, it was unlikely that the groups would have been part of Early On children's day-to-day routines prior to receiving EI services and, consequently, were not delivered in the children's natural environment. One ISD asserted that, because it allowed the siblings of Early On children to participate in their groups, the groups were considered to have been held in a natural environment. However, MDE informed us that it disagreed with this rationale because there was no assurance, and it was unlikely, that like-aged nondisabled children would attend the groups. Because, as noted in Finding 2 of this report, ISDs frequently did not document the location and intensity for EI services, we could not accurately determine the number of children who should have received these EI services in the natural environment but did not.

- c. Two of the 3 ISDs noted in part a. incorrectly reported to MDE that the EI services that the ISDs delivered in school-based settings (i.e., nonnatural environments) were delivered in home and/or community settings (i.e., natural environments). These EI services comprised 50% or more of the EI service time for most of the dual-eligible children at one ISD, which delivered its PT, ST, OT, and teaching services in school-based settings and for some of the dual-eligible children at the other ISD that alternated its delivery of EI services between children's homes and school-based settings. In both of these instances, MDE reported this incorrect information to OSEP. For example, on MDE's December 2011 child count date, dual-eligible children comprised 40.4% of all the Early On children receiving EI services at the ISD that delivered most of its PT, ST, OT, and teaching services in school-based settings, which were nonnatural environments. However, MDE reported to OSEP that 100% of the ISD's Early On children primarily received services in the home or community settings, which were natural environments.

Similarly, the 6 ISDs noted in part b. incorrectly reported to MDE that the ISDs delivered many of the group EI services in community settings when the ISDs should have reported the delivery location as an "other" setting, which, for MDE reporting purposes, was a nonnatural environment.

MDE transitioned to a new data collection system for IDEA near the end of our audit fieldwork. During the transition, which lasted beyond the end of our audit fieldwork, data was not available for us to accurately determine the overall impact of the ISDs' misreporting on the accuracy of MDE's subsequent reporting to OSEP.

The aforementioned conditions can be attributed, in part, to a lack of detailed procedural guidance and on-site monitoring of ISDs by MDE.

## **RECOMMENDATIONS**

We recommend that MDE implement measures to ensure that ISDs comply with federal regulations and provide EI services to children in their natural environments or document acceptable reasons for not doing so.

We also recommend that MDE implement measures to ensure that ISDs accurately report to MDE the primary location that the ISDs plan to deliver each service included on children's IFSPs.

## **AGENCY PRELIMINARY RESPONSE**

MDE agrees with the recommendations and will comply.

Regarding the first recommendation, MDE informed us that, during the Early On Spring 2013 System Updates seminar, a portion of the day was dedicated to reviewing Part C requirements and expectations regarding documentation. MDE, along with a contractor, is in the process of developing an implementation manual. MDE also informed us that this document will assist locals in complying with federal regulations, including the requirement to provide services in a natural environment or document acceptable reasons for not doing so.

Regarding the second recommendation, MDE informed us that additional training of ISD staff and the efforts described in response to the first recommendation to this finding will increase the accuracy of the ISDs' data submissions.

## **FINDING**

### **5. Timeliness of EI Services Delivered**

MDE did not ensure that ISDs complied with federal regulations and provided or timely provided required EI services. As a result, many children did not receive EI services as expeditiously as possible.

IDEA-Part C regulations require that ISDs complete certain designated planning and review procedures within specified time frames. To verify that ISDs meet these time frames, MDE required each ISD to annually review a set number or percentage of applicable Early On cases for compliance and to report the results to MDE. When an ISD self-identified noncompliance, MDE initiated a focused monitoring of the ISD. Generally, this included an on-site visit with a review of noncompliant cases and the issuance of a corrective action plan.

To assess ISDs' effectiveness at meeting the federally required planning and review deadlines, we reviewed EI case files for approximately 30 randomly selected Early On children at each of 7 ISDs and noted:

- a. Five ISDs did not complete a total of 7 (3.4%) of 204 federally required initial evaluations of children within 45 days of receiving the related referrals. The ISDs completed the 7 initial evaluations between 6 days and 381 days (an average of 78 days) late.
- b. Five ISDs did not complete a total of 19 (9.4%) of 203 federally required initial IFSPs within 45 days of receiving the related referrals. The ISDs completed the 19 IFSPs between 2 days and 366 days (an average of 46 days) late.
- c. Six ISDs did not hold a total of 10 (4.9%) of 204 federally required initial IFSP meetings within 45 days of receiving the related referrals. The ISDs held the 10 meetings between 6 days and 381 days (an average of 59 days) late.
- d. Seven ISDs did not timely complete a total of 62 (27.1%) of 229 federally required six-month IFSP reviews to assess the degree of a child's progress toward achieving specified outcomes and to determine if modification of services was needed. The ISDs completed the 62 reviews between 1 day and 364 days (an average of 54 days) late.
- e. Six ISDs did not timely hold a total of 23 (16.2%) of 142 federally required annual IFSP review meetings to evaluate and revise, as appropriate, children's IFSPs. The ISDs held the 23 meetings between 2 days and 202 days (an average of 44 days) late.
- f. Six ISDs did not timely hold a total of 11 (10.3%) of 107 federally required transition conferences at least 90 days prior to the child's third birthday but not more than 9 months prior to the child's third birthday. The ISDs held the 11 transition conferences between 12 days and 52 days (an average of 27 days) late. The transition conference is held to discuss any services the child may receive under Part B of IDEA.

- g. Six ISDs did not complete or timely complete a total of 14 (11.6%) and 12 (9.9%), respectively, of 121 federally required transition plans at least 90 days prior to the child's third birthday but not more than 9 months prior to the child's third birthday. Transition plans support a child in the smooth transition from Early On to preschool and/or other services, as appropriate.

We did not take exception to cases with missed deadlines caused by exceptional family circumstances. Consequently, the exceptions noted in parts a. through g. do not include such cases.

MDE required ISDs to annually self-assess their performance relative to parts a., b., c., f., and g. For 2008, 2009, and 2010, none of the ISDs for which we noted noncompliance in parts a., b., c., f., and g. reported to MDE that they had identified any related noncompliance during their annual self-assessments. Consequently, because the ISDs did not report any noncompliance, MDE did not subject the ISDs to additional review. Although self-monitoring can be an effective part of a comprehensive monitoring process, it should not be relied upon without periodic validation of the reported results. Failure to do so could increase the risk that ISDs may not accurately report noncompliance noted in self-assessments. For example, one of the ISDs noted in this finding informed us that it reviewed more than the minimum required number of cases during its self-assessments but reported to MDE the results for only those cases that did not have exceptions. Given our testing results, MDE should not place reliance on the accuracy of the annual self-assessments.

### **RECOMMENDATION**

We recommend that MDE implement measures to ensure that ISDs comply with federal regulations and timely provide required EI services.

### **AGENCY PRELIMINARY RESPONSE**

MDE agrees with the recommendation and will comply.

New Part C federal regulations were released in September 2011, effective October 2011, which was during the audit period. MDE informed us that it provided guidance to ISDs at that time and further reiterated expectations within the State Plan that was issued in April 2013. Written guidance is available and training

continues to be developed to support the field. MDE informed us that the focus of its expanded monitoring during 2012-2013 included a review of the timeliness requirements for EI services.

## **IDENTIFICATION AND EVALUATION OF CHILDREN FOR EARLY ON SERVICES**

**Audit Objective:** To assess the effectiveness of MDE's efforts to ensure that eligible children are identified and evaluated for Early On services.

**Audit Conclusion:** We concluded that MDE's efforts to ensure that eligible children were identified and evaluated for Early On services were moderately effective. Our assessment disclosed one reportable condition related to public awareness and child find (Finding 6).

### **FINDING**

6. **Public Awareness (PA) and Child Find (CF)**

MDE did not ensure that ISDs made sufficient efforts to publicize their EI programs and to identify, locate, and evaluate all children who were potentially eligible for EI services. As a result, some ISDs may not have provided or timely provided EI services to eligible children who could have benefitted from receiving the services. This may have resulted in children having decreased long-term developmental and educational gains.

Federal regulations 34 *CFR* 303.301 and 303.302 require MDE to establish comprehensive PA and CF systems to inform families and referral sources of available EI services and to timely identify, locate, and evaluate all children potentially eligible for EI services. To meet these requirements, MDE contracted with an agency to conduct various PA and CF activities at a Statewide level. MDE also tasked each local ISD with conducting targeted PA and CF activities in their individual service areas, including identifying and contacting primary referral sources. MDE required the ISDs to identify their PA and CF activities in their annual service area plans.

To help assess the effectiveness of MDE's PA and CF activities, OSEP required MDE to establish performance standards for, and annually report to OSEP on, the percentage of the State's children receiving EI services who are from birth to one year old and from birth to three years old. MDE then established and monitored the same performance standards required by OSEP for each ISD. Although MDE met one of the two Statewide PA and CF performance standards in 2009 and both performance standards in 2010, many ISDs did not individually meet the standards. For example, 24 (42.1%) and 20 (35.1%) of the 57 ISDs did not meet at least one of the two performance standards in each of 2009 and 2010, respectively. Four (7.0%) of these ISDs did not meet any of the four performance standards for the two-year period. Also, as noted in the following chart, there was a wide disparity in individual ISDs' performance relative to the performance standards:

Age of Children	2009				2010		
	Standard Percentage of Children of Applicable Age to Receive EI Services	Range in the Percentage of Children Receiving EI Services		Standard Percentage of Children of Applicable Age to Receive EI Services	Range in the Percentage of Children Receiving EI Services		
		By Individual ISD	As a Percentage of Standard		By Individual ISD	As a Percentage of Standard	
Birth to 1 Year	1.50%	0.4% - 5.6%	26.7% - 373.3%	1.24%	0.4% - 4.2%	32.3% - 338.7%	
Birth to 3 Years	2.60%	1.6% - 7.2%	61.5% - 276.9%	2.70%	1.7% - 6.3%	62.9% - 233.3%	

When an ISD did not meet an established performance standard, MDE required the ISD, together with its Local Interagency Coordinating Council\*, to identify the root cause(s) for the ISD's nonperformance and plan specific actions to improve its performance. Although MDE required ISDs to inform MDE when the ISDs completed this action, MDE did not request and review supporting documentation to determine the sufficiency of the ISDs' root cause analyses or their planned actions to improve performance.

To review ISDs' PA efforts, we visited 7 ISDs, including 5 ISDs that did not meet at least one performance standard in 2009 or 2010. In addition, we requested documentation supporting the completion of the PA activities included in the ISDs' 2009 and 2010 service area plans. Six of the 7 ISDs informed us that they had completed the noted activities; however, none of the 6 ISDs maintained supporting

\* See glossary at end of report for definition.

documentation. The remaining ISD, which did not meet 3 of the 4 performance standards for 2009 and 2010, informed us that it had not updated this section of its service area plan in several years and that it was no longer completing the noted activities.

Because funding is limited for EI services, MDE informed us that it believes that some ISDs may be hesitant to improve their PA and CF systems and thereby artificially limit the number of children and families to whom they provide EI services. To help ensure that all eligible children and their families receive the positive benefits of EI services, MDE should improve its oversight of the ISDs' PA and CF systems.

### **RECOMMENDATION**

We recommend that MDE implement measures to ensure that ISDs make sufficient efforts to publicize their EI programs and to identify, locate, and evaluate all children who are potentially eligible for EI services.

### **AGENCY PRELIMINARY RESPONSE**

MDE agrees with the recommendation and will comply.

MDE informed us that it has established a Statewide comprehensive PA and CF plan to identify, locate, and evaluate infants and toddlers with disabilities. In addition to this regulatory requirement, MDE also informed us that it monitors local CF data and focuses additional technical assistance efforts on ISDs that are not meeting Child Find State Performance Plan targets. This is done through the Support to the Early On Field grant. The PA and CF contractor and MDE utilize data to determine which ISDs receive more in-depth support. MDE will develop a process to monitor for low performance in this area.

## **MEETING EARLY ON OUTCOME TARGETS**

**Audit Objective:** To assess the effectiveness of MDE's efforts to ensure that ISDs meet Early On outcome targets.

**Audit Conclusion: We concluded that MDE's efforts to ensure that ISDs met Early On outcome targets were moderately effective.** Our assessment disclosed one reportable condition related to child outcomes (Finding 7).

## **FINDING**

### 7. Child Outcomes

MDE did not ensure that ISDs provided MDE with comprehensive and accurate child outcome data. As a result, MDE was limited in its ability to accurately assess the effectiveness of individual ISDs' EI service delivery systems or reliably demonstrate the overall effectiveness of Early On.

MDE mandated that ISDs collect child outcome data using the child outcomes summary form (COSF) developed by the Early Childhood Outcomes Center\* in response to OSEP's requirement that states collect child outcome data to support federal funding for EI services. The COSF uses a seven-point scale to evaluate children's functioning related to their social relationships, their ability to acquire and use their knowledge and skills, and their ability to take appropriate actions to meet their needs. ISDs prepare COSFs with information from children's clinical assessments, observations, and children's parents and/or caregivers. MDE requires ISDs to complete an entry COSF for each child who is less than two and a half years old upon entering Early On and an exit COSF for each child who received EI services for at least six months upon exiting Early On. The numerical difference between a child's entry and exit COSF scores represents the benefits (i.e., outcomes) that the child derived from the EI services. MDE requires ISDs to enter their COSFs into an on-line system maintained by an MDE contractor. Annually, MDE's contractor analyzes the information and provides MDE and the ISDs with various summaries and analyses of the data. MDE subsequently reports

\* See glossary at end of report for definition.

the Statewide outcome data to OSEP. Our review of this outcome assessment process disclosed:

- a. MDE did not ensure that ISDs completed entry and exit COSFs for all applicable children. The following chart, compiled from summary data obtained from MDE's contractor, illustrates the magnitude of this problem:

Time Period	Number of Entry COSFs		Percentage of Entry COSFs Not Completed	Number of Exit COSFs		Percentage of Exit COSFs Not Completed
	To Be Completed	Not Completed		To Be Completed	Not Completed	
July 1, 2009 - June 30, 2010	8,640	1,279	14.8%	7,234	3,878	53.6%
July 1, 2010 - June 30, 2011	8,555	1,327	15.5%	7,336	3,384	46.1%

Given the large number and percentage of noncompleted COSFs, it is questionable whether the summary outcome data reported to MDE and OSEP was an accurate representation of the child outcomes achieved by individual ISDs and overall by Early On.

MDE informed us that its contractor attempted to get ISDs to submit missing COSFs by following up with the ISDs. However, the ISDs informed us that the contractor would tell them only how many COSFs they were missing and not the names of the applicable children. Consequently, the information provided by the contractor was of limited use to the ISDs in helping to ensure that ISDs completed all of the required COSFs.

- b. MDE did not ensure that ISDs completed entry and exit COSFs in accordance with the Handbook to Guide the Measurement and Reporting of Child Outcomes for Early On Michigan. We reviewed 260 randomly selected entry and exit COSFs at 7 ISDs and noted that the scores on 13 (7.1%) of the 183 entry COSFs and 9 (11.7%) of 77 exit COSFs that we reviewed were inconsistent with the children's assessments and other available documentation and the Handbook. In all instances, the scores on the 13 entry COSFs understated the children's actual functioning levels and the scores on the 9 exit COSFs overstated the children's actual functioning levels. In all cases, the inconsistent scores would have resulted in the ISDs overstating the benefits (i.e., outcomes) that the children derived from receiving EI services.

To help ensure that ISDs and Early On achieve desired child outcomes, it is important that MDE improve its monitoring of the child outcome assessment process. MDE stated that a lack of staffing prohibited it from adequately monitoring its EI services providers.

### **RECOMMENDATION**

We recommend that MDE implement measures to ensure that ISDs provide MDE with comprehensive and accurate child outcome data.

### **AGENCY PRELIMINARY RESPONSE**

MDE agrees with the recommendation and will comply.

MDE informed us that it has transitioned to capturing COSF data through the Michigan Student Data System (MSDS) beginning with the 2013 Fall General Collection. Data will be uploaded into MSDS by the local ISDs. MSDS contains business rules that will provide warnings if entry and exit COSF ratings are not entered on a child where it would be expected. MDE also informed us that this new process will allow ISDs to identify specific child COSF entry and exit information that may be missing. In addition, MDE informed us that system updates and a child outcomes data reporting webinar were presented to aid in the transition to MSDS.

MDE informed us that the Handbook and COSF rating forms were updated in June 2013. Time lines related to entry, annual, and exit COSF data were also more clearly defined. The expected outcome is improved accuracy. MDE also informed us that child outcomes training has been implemented to support local ISDs.

# GLOSSARY

## Glossary of Acronyms and Terms

child find (CF)	Activities that include referrals to EI service providers, time lines, and rigorous standards for ensuring that children with disabilities who are eligible for EI services are identified, located, and evaluated.
child outcomes summary form (COSF)	A tool developed by the Early Childhood Outcomes Center for collecting data on children's developmental status using a seven-point scale.
children	In this report, infants and toddlers.
<i>Code of Federal Regulations (CFR)</i>	The codification of the general and permanent rules published by the departments and agencies of the federal government.
developmental domains	Physical, cognitive, communication, adaptive, and social or emotional development.
duration	Projecting when a given service will no longer be provided, as when the child is expected to achieve the results or outcomes in the IFSP.
Early Childhood Outcomes Center	A collaborative effort of SRI International, the University of North Carolina's Frank Porter Graham Child Development Institute, RTI International, and the University of Connecticut. The Center was originally funded by OSEP in October 2003. It provides national leadership in assisting states with the implementation of high-quality outcome systems for EI and early childhood SE programs.
early intervention (EI) services	Services designed to meet the developmental needs of a child with a disability and the needs of the family to assist appropriately in the child's development.

Early On coordinator	A person in charge of Early On in a local county or counties.
effectiveness	Success in achieving mission and goals.
established condition	A diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.
frequency	The number of days or sessions that a service will be provided.
individualized family service plan (IFSP)	A written plan of action defining the EI services to be provided to, and the goals to be achieved by, a child and family participating in Early On. The development of the IFSP must include the child's parents and two or more individuals from separate disciplines or professions, with one of the individuals being the service coordinator.
Individuals with Disabilities Education Improvement Act of 2004, Part C (IDEA-Part C)	Federal law that establishes an interagency program for coordinating efforts within and across community and governmental agencies to address the needs of children who are younger than three years and have developmental delays and the needs of their families.
intensity	The determination of whether the service is provided on an individual or a group basis.
intermediate school district (ISD)	An educational agency that helps oversee Early On and SE in local areas. In this report regional educational service agencies are referred to as ISDs.
length	The length of time that a service is provided during each session of that service.
Local Interagency Coordinating Council	A local planning and advisory body for the Early On system.

material condition	A reportable condition that could impair the ability of management to operate a program in an effective and efficient manner and/or could adversely affect the judgment of an interested person concerning the effectiveness and efficiency of the program.
MDE	Michigan Department of Education.
Michigan Interagency Coordinating Council (MICC)	The organization that is authorized and required by IDEA-Part C and charged with advising and assisting MDE in the development and implementation of a Statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides EI services for infants and toddlers with disabilities and their families.
MMSE	Michigan Mandatory Special Education.
MSDS	Michigan Student Data System.
multidisciplinary assessment	Ongoing procedures used by two or more individuals qualified in separate disciplines or professions or an individual qualified in more than one discipline or profession to identify a child's unique strengths and needs and the EI services appropriate to meet those needs.
multidisciplinary evaluation	Procedures used by qualified personnel from two or more separate disciplines or professions or one individual who is qualified in more than one discipline or profession to determine a child's initial and continuing eligibility for EI services.
natural environment	A setting typical for a like-aged child without a disability, which may include the home or community settings.
OSEP	Office of Special Education Programs.
OT	occupational therapy.

outcome	In this report, a benefit that children and their families experience as a result of EI and/or early childhood SE services.
performance audit	An audit that provides findings or conclusions based on an evaluation of sufficient, appropriate evidence against criteria. Performance audits provide objective analysis to assist management and those charged with governance and oversight in using the information to improve program performance and operations, reduce costs, facilitate decision making by parties with responsibility to oversee or initiate corrective action, and contribute to public accountability.
PT	physical therapy.
public awareness (PA)	A program that focuses on the early identification of children with disabilities and provides information to parents of children through specified primary referral sources.
qualified personnel	Personnel who have met State-approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing EI services.
reportable condition	A matter that, in the auditor's judgment, is less severe than a material condition and falls within any of the following categories: an opportunity for improvement within the context of the audit objectives; a deficiency in internal control that is significant within the context of the audit objectives; all instances of fraud; illegal acts unless they are inconsequential within the context of the audit objectives; significant violations of provisions of contracts or grant agreements; and significant abuse that has occurred or is likely to have occurred.
SE	special education.

service coordinator	An individual who assists and enables a child with a disability and the child's family to receive Early On services.
special instruction	The design of learning environments, curriculum, and activities that promote the child's acquisition of skills in a variety of developmental areas to achieve the outcomes in the IFSP and which provide the family with related information, skills, and support.
ST	speech therapy.
USDOE	U.S. Department of Education.



