

**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 §303.654, 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)<sup>1</sup> under Part C of the IDEA. This certification (including the annual report or APR) is due no later than February 1, 2010.

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

1.  Submitting its own annual report (which is attached); or
2.  Using the State's Part C APR for FFY 2008 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.<sup>2</sup>

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

  
\_\_\_\_\_  
Signature of ICC Chairperson

Jan 7, 2010  
Date

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<sup>1</sup> 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).

<sup>2</sup> 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 1, 2010.

**FFY 2008 (2008-2009)  
State Performance Plan (SPP) and  
Annual Performance Report (APR)**



**Part C**

Maryland State Department of Education  
Division of Special Education/Early Intervention Services  
Early Childhood Intervention & Education Branch

January 29, 2010

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### Attachments:

Family Survey and Cover Letter in English and Spanish  
Table 4 Report of Dispute Resolution under Part C IDEA (2008-2009)  
SICC Certification

# MARYLAND'S FFY 2008 (2008 – 2009) STATE PERFORMANCE PLAN/ANNUAL PERFORMANCE REPORT

## Overview of Development of FFY 2008 State Performance Plan and Annual Performance Report

The Part C Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2008 was developed by the Maryland Infants and Toddlers Program (MITP) staff in the Maryland State Department of Education (MSDE)/Division of Special Education/Early Intervention Services, in collaboration with the State Interagency Coordinating Council (SICC) and local Infants and Toddlers Programs (LITPs). In preparation for submission of the APR in February 2010, MITP collected and analyzed data on Monitoring Priority Indicators #1, 2, 5, 6, 7, 8, 9, 10, 11, 13, and 14 for FFY 2008 (July 1, 2008-June 30, 2009) from the following sources:

- Statewide Part C Database
- LITP Program Reports
- Corrective Action Plans/Improvement Plans
- On-site Monitoring Activities
- Data Validation by State and Local Staff; and
- State-level Complaint Investigation

The State's Part C database is a web-based system specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the State and the U.S. Office of Special Education Programs (OSEP). Data collected at referral and from IFSPs for every eligible child and family is entered into the database by local staff. MSDE and the LITPs generate reports on a regular basis to monitor statewide and local compliance/performance and audit for data validity and reliability.

Data for Indicator #4 was collected through the National Center for Special Education Accountability Monitoring (NCSEAM) Early Intervention Surveys that were sent to all families active in LITPs as of June 30, 2009, and was aggregated for reporting by a contractor with expertise in the development of the NCSEAM survey and the analysis of its results.

Indicator #3 in the State Performance Plan (SPP) has been updated to include progress data for children who received services for at least six months and exited the program between July 1, 2008 and June 30, 2009. The updated information can be found starting on page 16 of the SPP. Entry and exit evaluation and assessment data (Present Levels of Development, or PLOD) were collected from the Part C database, aggregated, and reported by the database developer based on specifications consistent with OSEP reporting requirements. Targets were established for FFY 2009 and FFY 2010.

The State is not required to report on Indicator #12 (Resolution Sessions) because it established Part C policies and procedures related to due process hearing requests.

The status of existing improvement activities and new or revised Improvement activities have been included in the FFY 2008 APR, and will be added to the SPP that is posted on MSDE's website after submission of the APR.

### Stakeholder Input

Throughout FFY 2008, MSDE provided information and preliminary data on the Part C SPP/APR indicators and multiple opportunities for questions, comments, and recommendations from a broad range of stakeholders. Updates on SPP/APR federal reporting requirements and State and local performance data were provided at all SICC meetings in 2008-2009, and special presentations on the statewide data and the draft APR were made in January 2010. At this meeting, discussion groups provided specific input on child

outcome data and target setting and input on ways to increase LITP referral for children birth to one year of age.

In addition to the SICC membership documented in the SPP, representatives of LITPs, local Interagency Coordinating Councils (LICCs), preschool programs, family support services, and other community-based partners attended quarterly meetings of the SICC and assisted with the implementation of improvement activities for selected SPP indicators, as appropriate.

On September 23, 2009 the preliminary SPP/APR data regarding the activities for each indicator and progress and/or slippage were presented at the annual Special Education Leadership Conference in a presentation entitled, "The State of the State." Attendees at this conference included Part C local lead agencies, Part B local directors of special education, SESAC members, and SICC members, advocates, and parents.

### **Public Reporting**

MSDE will make the APR and revised SPP available to the public via <http://marylandpublicschools.org> shortly after submission to the Office of Special Education Programs on February 1, 2010. Copies of the APR and revised SPP will be provided to LITPs, the SICC, and other stakeholders simultaneously.

As required in the Individuals with Disabilities Education Act (IDEA) of 2004, MSDE will report to the public on the performance of LITPs on Part C Indicators # 1, 2, 4, 5, 6, 7 and 8 for FFY 2008 (July 1, 2008-June 30, 2009). Performance data in numbers and percentages will be reported for each LITP, along with the State target, State performance data, and a narrative description of the indicator. State performance data on Part C Indicators # 9, 10, 11, 13 and 14 will also be reported to the public. Part C Indicator # 12 is not applicable to Maryland. State and local performance data for Part C Indicator # 3 will be reported in 2011.

In partnership with the Johns Hopkins University Center for Technology in Education (JHU/CTE), MSDE has developed an accessible, state-of-the art SPP/APR website for local and State performance data. The website can be accessed at <http://www.mdideareport.org> or <http://marylandpublicschools.org>. In addition to the complete SPP/APR, the website includes State and LITP results for all applicable indicators and tools for comparing local performance in relation to the State targets. The public may see progress and slippage through a combination of tables and graphs populated on the website. This site also includes OSEP's annual State determination, and MSDE's annual local Infants and Toddlers Program determinations.

Please contact Dr. Carol Ann Heath, Assistant State Superintendent, Division of Special Education/Early Intervention Services at 410-767-0238 or at [cheath-baglin@msde.state.md.us](mailto:cheath-baglin@msde.state.md.us) for information related to Maryland's SPP/APR.

## Part C State Performance Plan (SPP) for FFY 2005-2010

## Overview of the State Performance Plan Development:

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

**Indicator 3:** 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 USC 1416(a)(3)(A) and 1442)

**Measurement:**

Outcomes:

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

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning =  $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers =  $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it =  $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers =  $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers =  $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$ .

**Summary Statements for Each of the Three Outcomes (use for FFY 2008-2009 reporting):**

**Summary Statement 1:** Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 1:**

Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

**Summary Statement 2:** The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 2:** Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

**Overview of Issue/Description of System or Process**

MSDE has developed an Early Childhood Accountability System (ECAS) for measuring outcomes for infants, toddlers, and preschoolers with disabilities and their families. When the system is fully implemented, MSDE will be able to:

- 1) Meet its annual federal reporting requirements in the Annual Performance Report;
- 2) Evaluate the effectiveness of the State's early intervention and preschool special education systems;
- 3) Improve local service delivery and results; and
- 4) Assist local programs to improve IFSP and IEP decision-making and results for individual children.

With the support of a General Supervision Enhancement Grant, MSDE developed approaches to collect and report child outcome data for the early intervention and preschool special education systems in the State, ensuring collaboration at the State and local levels and building on existing partnerships and initiatives to prepare young children with disabilities to succeed in school and community life. The approaches are being developed and implemented in partnership with the Johns Hopkins University Center for Technology in Education and representatives from LITPs and local school systems, and in consultation with the Early Childhood Outcomes Center. Maryland's ECAS includes specific plans for collecting and reporting outcome data at entry and exit for:

- 1) Infants and toddlers with disabilities based on the collection of present levels of development data from the IFSP process (Part C Indicator #3), and
- 2) Preschool children with disabilities using the Work Sampling System or a comparable early childhood assessment tool.

With input from LITPs, MSDE reviewed current IFSP procedures and practices related to gathering, collecting, and reporting evaluation and assessment data for infants and toddlers as the basis for developing the Birth-Three outcomes measurement system. Over the last few years, MSDE has focused monitoring, training, and technical assistance on ensuring that LITPs are assessing infants and toddlers in all developmental areas during initial evaluation and assessment and are documenting the present levels of development in all areas on the IFSP and the Part C database. MSDE and LITPs monitor database reports to ensure that the present levels of development in all domains for all eligible children are entered into the database, either quantitatively in months of age or, when quantitative data are unavailable, qualitatively, based on the results obtained by using the most appropriate assessment tools and methods. As a result, age-anchored data on present levels of development at initial evaluation and assessment are currently available for most eligible children through the Part C database.

Based on a preliminary review of evaluation and assessment data from the database, discussions with local staff, and consultation with ECO, MSDE decided to use the present levels of development data currently collected when a child is referred to an LITP as the status at entry data to be reported in the Annual Performance Report in February 2007.

There are several advantages to taking this approach:

- 1) Alignment of the outcome system with the IFSP process;
- 2) Ongoing monitoring, training, and technical assistance to ensure compliance and quality IFSP practices will also support the accuracy and quality of the outcome data;
- 3) Current Part C database includes initial present levels of development data and can be extracted electronically to generate outcome data and reports; and
- 4) Part C database can be modified to collect status at exit data.

In FFY 05, MSDE completed the following activities in collaboration with key stakeholders to prepare for the initial collection and reporting of status at entry data from the State Part C database.

### **Alignment of the present levels of development data with the three OSEP child outcomes**

MSDE developed the following protocol for using present levels of development data to determine status at entry data for each of the child outcomes:

- 1) Extract the developmental age level/age range data in months from the social-emotional domain for Outcome A (Positive social-emotional skills).
- 2) Extract the developmental age level/age range data in months from the cognitive and communication domains for Outcome B (Acquisition and use of knowledge and skills). The domain with the lowest age level/age range will be used to establish status-at-entry data for Outcome B.
- 3) Extract developmental age level/age range data in months from the adaptive domain for Outcome C (Using appropriate behavior to meet needs).
- 4) Use the midpoint of an age range (e.g., used 13.5 months for a 12-15 month range) to establish status-at-entry data for all three outcomes.

### **Testing of extraction protocol, quality assurance, and analysis of preliminary data**

Through its GSEG funding and partnership with JHU/CTE, preliminary status-at-entry reports were generated periodically between October 2005 and December 2006 using the extraction protocol for State and local review and analysis. LITPs reviewed individual child records for accuracy, correcting data entry errors and ensuring that quantitative data were entered into the database whenever available. MSDE and the database developer reviewed the local and State results for the accuracy and validity of the protocol. All data entry corrections, record reviews, and programming modifications were completed prior to the generation of the final Status-at Entry report.

Through the review of the draft reports, LITPs and MSDE representatives identified and discussed issues affecting the collection and reporting of outcome data, including the most appropriate multi-domain assessment instruments and methods, the need for consistent data entry and monitoring, and the criteria for determining whether a child's functioning is at age level.

### **Future data validation**

Because the State's birth to 3 outcome measurement system is based on domain-specific assessment results, MSDE identified the need to determine if the State's approach can validly respond to functional child outcomes. To determine if the electronically extracted domain data are consistent with direct responses from providers about a child's functioning in the three outcome areas, MSDE decided to validate its results using the Child Outcomes Summary Form (COSF) developed by the ECO Center.

LITPs will begin using the COSF for validation purposes for children referred beginning 12/4/06. Training provided to local staff on the use of the COSF and current validation procedures and activities are described below.

**Provision of technical assistance and training**

During the reporting period and through calendar year 2006, MSDE provided ongoing training and technical assistance activities and supports to LITP directors and provider teams. Following State-sponsored training for local teams, LITPs provided training to provider teams using State-generated information and materials.

- 1) October 2005 Annual Leadership Conference - MSDE presented overview of the State's outcome measurement system, presented results of local assessment tool survey, and gathered input on implementation issues from LITP directors. Local staff received preliminary status-at-entry data for review and validation.
- 2) June 2006 team training - Local teams reviewed and discussed local implementation steps, proposed validation process, and received and reviewed updated status-at-entry data.
- 3) September 2006 team training- ECO Center and MSDE staff provided Phase I Validation Training on the use of the COSF to local administrator/provider teams. Local teams presented and discussed initial evaluation and assessment results for 3-4 children and determined whether or not children were functioning at age level in the three outcome areas. Local teams completed an informal validation of cases discussed by comparing domain assessment results with results of discussions of functional performance.
- 4) October 2006 Annual Leadership Conference - MSDE disseminated and discussed current local procedures for collecting and validating entry and exit child outcome data in context of federal requirements for SPP/APR reporting. Local staff received final draft of status-at-entry data with instructions for final review and validation.
- 5) November 2006 team training - ECO Center and MSDE staff provided Phase II Validation training on the use of the COSF to local administrator/provider teams. Local teams used the COSF numerical scale to determine the level of functioning of 3-4 children in each of the outcome areas based on their initial evaluation and assessment results. Local teams received updated procedures for implementing the validation process.

**Current Policies and Procedures**

MSDE distributed copies of the local procedures for implementing the 0-3 Child Outcomes System to LITP Directors following the November 2006 Validation training.

**Local Procedures for Implementing the 0-3 Child Outcomes System****Status at Entry Data**

- 1) Local Infants and Toddlers Program (LITP) staff will conduct initial evaluation and assessment for all children referred to the Single Point of Entry, using instruments and procedures that will provide information about the child's developmental status in each domain. Whenever appropriate, LITP staff will use instruments that provide quantitative data to describe the child's developmental age. LITP staff will record accurate results of the evaluation and assessment process (quantitative and qualitative) on Part IIA of the IFSP and enter the data into the Present Levels of Development Screen in the Part C database.
- 2) VALIDATION PROCESS AT ENTRY - For every child referred beginning 12/4/06, LITP staff will complete the Child Outcome Summary Form as soon as possible following initial evaluation and assessment. Following Phase 2 of the statewide Validation training held on November 15-17, 2006, LITP Program Directors will prepare all local staff to use the Child Outcome Summary Forms. LITP staff will enter data from the Child Outcome Summary Forms on the new Validation screen in the Part C Database, which will be available in December 2006.

- 3) LITP Directors will periodically review initial evaluation and assessment results used in creating Child Outcome reports for accuracy and provide requested input to MSDE/MITP staff.

#### Status at Exit Data

- 1) No later than December 4, 2006, LITP staff will begin conducting exit assessments for children who:
  - a) Had an initial IFSP meeting date of 12/1/05 or later; and
  - b) Who are exiting the program after receiving services through an IFSP for at least six months.
- 2) LITP staff will conduct the exit assessment of a child's developmental status no earlier than six months prior to a child's exit from the LITP. The closer the assessment is to the child's exit from the program, the more accurate the reporting of the child's progress in the three outcome areas will be.
  - a) For children who are exiting at age three, the exit assessment may be coordinated with the Transition Planning Meeting;
  - b) For children who are exiting the program for other reasons (moving out of State, no longer eligible), the exit assessment should be completed as soon as possible prior to exit.
  - c) The LITP from which the child is exiting is responsible to conduct the exit assessment.
  - d) Parents should be informed about the purposes of the child outcomes data collection required by the Office of Special Education Programs. Written parent consent is not required if the exit assessment is being conducted for the purposes of reporting on child outcome data. However, if the collection of the outcome information is used for evaluation purposes to determine initial or continuing eligibility, LITPs must provide prior written notice, and if applicable, obtain parent consent for evaluation as required by 34 CFR §303.404(a).

*[Frequently Asked Questions Regarding the SPP/APR:  
Early Childhood Outcomes, September 2006, Office of Special Education Programs]*
- 3) It is recommended that LITPs use the same instrument and procedures at entry and exit to assess a child's developmental status. If it is not appropriate to use the same instrument at exit as was used at entry because of the child's age or circumstances, then the LITP should choose a comparable assessment.
- 4) Exit assessment results, including the name of the assessment instrument used, will be entered on Part IIA of the IFSP form. Part IIA of the IFSP will be revised to capture the type of assessment and the name of the instrument.
- 5) Exit assessment results will be entered into the revised Present Levels of Development screen in the Part C database, which will be available by December 1, 2006.
- 6) VALIDATION PROCESS AT EXIT - LITP staff will complete the Child Outcome Summary Form as soon as possible following the exit assessment for children:
  - a) Who were referred since December 4, 2006;
  - b) Who received services for at least six months; and
  - c) For whom a Child Outcomes Summary Form was completed after initial evaluation and assessment.

Following Phase 2 of the statewide Validation training held on November 15-17, 2006, LITP Program Directors will prepare all local staff to use the Child Outcome Summary Forms. LITP

staff will enter data from the Child Outcome Summary Forms on the new Validation screen in the Part C Database, which will be available in December 2006.

**Entry Data for FFY 2005 (2005-2006)**

Using the approach described above, MSDE is reporting status-at-entry data on infants and toddlers who had initial IFSP meetings between December 1, 2005 and June 30, 2006 (n=4,019). LITPs use a variety of assessment instruments and methods to obtain the present levels of development data when children enter the program. In a survey completed in October 2005, LITPs identified the following multi-domain instruments as the most commonly used for initial evaluation and assessment: Battelle Developmental Inventory (BDI), Early Intervention Developmental Profile (EIDP), Early Learning Accomplishment Profile (ELAP), Hawaii Early Learning Profile (HELP), and Ages and Stages Questionnaire (ASQ). Other instruments may be used based on the age and needs of the child at referral. In 12/06, LITPs began entering the names of assessment instruments used to obtain the recorded results, and this data will be used as part of the validation process for future reporting.

LITPs record quantitative evaluation and assessment results (developmental age in months) on the IFSP and in the Part C database when it is possible to obtain such results. Qualitative results are entered when quantitative results cannot be obtained or to clarify the quantitative results. In this first round of data collection, qualitative data only were available for a limited number of children in domains that were linked to the three outcome areas, and those children are not included in the status at entry data as indicated below.

MSDE extracted, analyzed, aggregated, and generated State and local data for each outcome based on the alignment of developmental domains to the outcomes and a formula based on % delay. Reports were generated using cut points of 19% and 24% delay. These cut points were chosen in conjunction with a consultant with expertise in evaluation and assessment for young children with disabilities.

Using the cut point of 19% delay, MSDE is reporting the following status at entry data:

**0-3 Status-At-Entry Data  
n=4,019**

<b>Child Outcomes</b>	<b>Number/Percent Entering at Age Level</b>	<b>Number/Percent Entering Below Age Level</b>	<b>Quantitative Data Unavailable</b>
<b>Positive social-emotional skills (including social relationships)</b>	<b>2,673 67%</b>	<b>1,080 27%</b>	<b>266 7%</b>
<b>Acquisition and use of knowledge and skills (including early language/communication)</b>	<b>947 24%</b>	<b>2,852 71%</b>	<b>220 5%</b>
<b>Use of appropriate behavior to meet needs</b>	<b>2,237 56%</b>	<b>1,435 36%</b>	<b>347 9%</b>

**Measurement Strategies for Reporting Progress Data**

MSDE will report baseline progress data, targets, and improvement activities to OSEP in the Annual Performance Report in February 2008 for children with initial IFSPs after December 1, 2005 who exited the local early intervention program beginning in December 2006. Local procedures for collecting and reporting status-at-exit data to the State are described above under the heading, **Current Policies and Procedures**.

In subsequent years, MSDE will report baseline data on all eligible children who exit the program after receiving services for at least six months.

To report the required baseline progress data to OSEP, MSDE will extract the exit data from the new Present Levels of Development screen in the Part C database and will compare the entry and exit data for individual children who meet the criteria described above. When OSEP issued new reporting categories for this indicator in Fall 2006, MSDE reviewed its measurement approach and made the short-term and long-term modifications to be able to meet federal requirements and have richer progress data for State and local reporting.

MSDE is currently working with an Evaluation and Assessment (E & A) Consultant to adopt a protocol for measuring progress based on the rate of growth of each child between entry and exit from the program. The protocol will establish a rate of growth on a continuum that is responsive to OSEP’s five progress categories, in a manner similar to the numerical continuum developed by the ECO Center on the COSF. MSDE and the E & A Consultant have done a literature search and are reviewing options for a rate of growth methodology. It is clear in the following example that a rate of growth model will yield more valid progress data than a model based on percent of delay.

*A 12-month old child enters the early intervention system with a developmental age of 6 months in the adaptive domain. The child exits the program at 36 months with a developmental age of 18 months. Using percent delay (50% at both points) to measure progress would inaccurately put this child into reporting category a. (% of children who did not improve functioning). This child has made improvement, having progressed developmentally from 6 months to 18 months, although the child has not closed the gap. The protocol to be developed by MSDE will determine the growth rate that will describe developmental progress in all five categories.*

Progress data obtained by measuring rates of growth in the present levels of development at entry and exit will be validated by the results of the Child Outcome Summary Form, which will be used for children who are referred to LITPs beginning 12/06. The analysis of the results obtained by the growth rate protocol and the Child Outcome Summary Form will be used to determine the most valid approach for measuring child outcomes for the State’s Part C system.

**Progress Data for FFY 2006 (2006-2007)**

FFY 06 Progress data on the three child outcomes appears in the tables below:

<b>A. Positive social-emotional skills (including social relationships):</b>	<b># of Children</b>	<b>% of Children</b>
<b>a. Percent of infants and toddlers who did not improve functioning</b>	9	1.5%
<b>b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</b>	47	8.0%
<b>c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach</b>	18	3.1%
<b>d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers</b>	96	16.4%
<b>e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers</b>	417	71.0%
<b>Total</b>	<b>N=587</b>	<b>100%</b>

<b>B. Acquisition and use of knowledge and skills (including early language/communication):</b>	<b># of Children</b>	<b>% of Children</b>
<b>a. Percent of infants and toddlers who did not improve functioning</b>	2	0.4%
<b>b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</b>	89	16.0%
<b>c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach</b>	87	15.7%
<b>d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers</b>	260	46.8%
<b>e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers</b>	117	21.1%
<b>Total</b>	<b>N=555</b>	<b>100%</b>

<b>C. Use of appropriate behaviors to meet their needs:</b>	<b># of Children</b>	<b>% of Children</b>
<b>a. Percent of infants and toddlers who did not improve functioning</b>	3	0.5%
<b>b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</b>	66	11.9%
<b>c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach</b>	14	2.5%
<b>d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers</b>	116	20.9%
<b>e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers</b>	356	64.1%
<b>Total</b>	<b>N=555</b>	<b>100%</b>

### **Discussion of Progress Data**

During the reporting period, LITP providers conducted initial and exit assessments and entered the results and the assessment tools used into child records in the Part C database according to the policies and procedures established in the previous grant period. In addition, providers completed the Child Outcomes Summary Form at entry and exit and entered the results into child records in the database. No changes to the procedures guiding evaluation and assessment or collection of the entry and exit assessment data were made in 2006-2007.

To obtain progress data, MSDE extracted entry and exit data from the database on children who entered early intervention during 2005-2006 or 2006-2007, were in early intervention for at least six months, and exited the system during 2006-2007. MSDE and consultants from Johns Hopkins University tested sample child entry and exit data from the Part C database, using the Intervention Efficacy Index (Bagnato and Neisworth) and the Proportional Change Index (Wolery), to determine how rates of development could be calculated to report progress data in the five OSEP categories.

After reviewing the tests results against individual child data and the criteria for each OSEP category, MSDE staff and consultants developed formulas for each reporting category using a child's chronological age at entry and exit, developmental age at entry and exit, and the Intervention Efficacy Index (IEI), as appropriate to each reporting category. The IEI, which relates change in child capabilities to time spent in a program, is an index of the average developmental gain for each month in intervention.

The IEI for an individual child is calculated by dividing a child's developmental gain in months by the number of months in intervention. An IEI of 1 would represent the expected growth (one month of developmental gain for each month in intervention). Based on a close review of the OSEP categories and the raw data, MSDE determined that the IEI could be included in the calculations for categories b and c, which describe the rate of progress of children who have improved but have not reached age level. The formulas for each category were tested and refined until the actual rate of developmental progress for each child in the data set matched the criteria for each reporting category.

Recognizing that there is a range in developmental progress in typical children, MSDE determined that a 19% delay would be used as the standard for same –aged peers. All formulas were modified by (.81), which corresponds to the 19% delay figure chosen as the cutpoint for typical development when MSDE reported its entry data in FFY 05.

**Formulas for each reporting category are as follows**

**a) % of children who did not improve functioning**

In this category, MSDE is reporting children whose developmental age (DA) at exit is less than or equal to the child's developmental age at entry based on the formula:

$$\text{Exit DA} \leq \text{Entry DA} (.81)$$

**b) % of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers**

This category includes children whose developmental age at exit is greater than at entry, but the rate of growth is less than expected based on the formula:

$$\text{Exit DA} > \text{Entry DA} (.81) \text{ and the IEI is } \leq .81$$

**c) % of children who improved functioning to a level nearer to same-aged peers, but did not reach it**

This category includes children whose developmental age at exit is greater than at entry, and the rate of growth was typical or greater based on the formula:

$$\text{Exit DA} > \text{Entry DA} (.81) \text{ and the IEI is } > .81$$

**d) % of children who improved functioning to reach a level comparable to same-aged peers**

This category includes children who were not at age level at entry, but at exit their developmental age was equal to or greater than their chronological age (CA) based on the formula:

$$\text{Exit DA} \geq \text{Exit CA} \text{ and } \text{Entry DA} < \text{Entry CA} (.81)$$

**e) % of children who maintained functioning at a level comparable to same-aged peers**

This category includes children who were at age level at entry and exit based on the formula:

$$\text{Exit DA} \geq \text{Exit CA} (.81) \text{ and } \text{Entry DA} \geq \text{Entry CA} (.81)$$

At the Annual Special Education/Early Intervention Leadership Conference in October 2007, MSDE staff and database consultant presented an overview of the methodology, formulas, and sample progress results for FFY 06 to LITP Program Directors and providers in attendance. Local staff reviewed actual child data in each reporting category and discussed issues related to collecting, reporting, and verifying entry and exit assessment data to ensure the validity of the progress data over time.

Following the State/local review of the sample data for accuracy, the database consultant generated the full progress data report for all children in the database who met the criteria for entrance and exit from early intervention. MSDE reviewed individual child data in the final report and verified that the initial child outcome progress results are accurately reported for the FFY 06 period.

At this time, MSDE does not require the use of a single assessment tool and has not developed a recommended list of assessment tools for use by local providers in the evaluation and assessment process and outcome reporting system. In FFY 06, LITPs began entering the names of tools used to conduct entry and exit assessments into the Part C database. MSDE will review the frequency of tools used and begin to analyze the impact on the initial progress results in FFY 08. Based on the results of the final analysis, MSDE will determine if a recommended list of tools should be issued to improve the validity and reliability of the progress data.

The following chart describes the frequency of the most commonly used tools in Maryland’s Part C evaluation and assessment process from which exit data were collected in FFY 06. Maryland was not collecting the names of assessment tools during the time that most children included in the report entered the early intervention system. Comparison of assessment tools used for entry and exit data will be done in future reporting periods.

<b>Tools Used in Exit Assessments (n= 598 children)</b>	<b># of Children</b>	<b>% of Children</b>
ELAP	284	47%
EIDP	214	38%
Preschool Language Scale	160	18%
Ages and Stages	96	16%
REEL	94	16%
Rossetti	83	14%
Peabody	31	5%
Multiple tools	391	65%

When only a single tool was used to conduct exit assessments, the ELAP and the EIDP were used for 86% of the children. Data from the FFY 06 assessment tool report will be reviewed and linked to specific LITPs and outcome results in the first stage of analysis of the impact of the tools used on progress results.

**FFY 07 Changes in Data Collection and Validation and Statewide Training**

In September 2008, LITPs were given a preliminary copy of the child outcome data. Local programs were asked to validate and correct this data in several ways. For example, the preliminary report generated numerous COSF scoring impossibilities. In particular, several children were found to have records that indicated a developmental gain (e.g., a category D) but were said to not have made progress. Local Programs were also asked to enter data for all children with missing evaluation or COSF scores.

Prior to the final analysis of FFY 07 data, DataLab, the MSDE’s database developer, was given a new way to calculate the length of time the child receives services. In the past, DataLab used the evaluation date as the start date for services. However, after discussions at MSDE and with LITPs, it was determined that a better measure of the child’s initiation into early intervention services was the child’s initial IFSP date. Therefore,

for the final data analysis, DataLab was instructed to include only children who were in the program for over six months or longer with the child’s start date being the initial IFSP date.

Technical assistance was provided to LITPs at the annual Special Education Leadership Conference in September 2008 in the form of a Breakfast Round Table. Local Directors were given the opportunity to ask questions about their data from FFY 07 and they were given technical assistances handouts from the ECO website.

**Progress Data for FFY 2007 (2007-2008):**

To determine if the electronically extracted domain data from entry and exit assessment tools (Present Levels of Development – PLOD) are consistent with direct responses from providers about a child’s functioning in the three outcome areas, MSDE decided to validate its results using the Child Outcomes Summary Form (COSF) developed by the ECO Center. For FFY 07, PLOD and COSF data appears in the tables below:

<b>A. Positive social-emotional skills (including social relationships):</b>	<b>PLOD - # of Children</b>	<b>PLOD - % of Children</b>	<b>COSF - # of Children</b>	<b>COSF - % of Children</b>
<b>a. Percent of infants and toddlers who did not improve functioning</b>	15	1.41%	10	1.23%
<b>b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</b>	112	10.52%	68	8.37%
<b>c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach</b>	58	5.45%	117	14.41%
<b>d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers</b>	150	14.08%	267	32.88%
<b>e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers</b>	730	68.54%	350	43.10%
<b>Total</b>	<b>N=1,065</b>	<b>100%</b>	<b>N=812</b>	<b>100%</b>

<b>B. Acquisition and use of knowledge and skills (including early language/communication):</b>	<b>PLOD - # of Children</b>	<b>PLOD - % of Children</b>	<b>COSF - # of Children</b>	<b>COSF - % of Children</b>
<b>a. Percent of infants and toddlers who did not improve functioning</b>	16	1.48%	5	0.62%
<b>b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</b>	208	19.24%	56	6.92%
<b>c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach</b>	242	22.39%	161	19.90%

d. <b>Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers</b>	443	40.98%	369	45.61%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	172	15.91%	218	26.95%
Total	N=1,081	100%	N=809	100%

C. Use of appropriate behaviors to meet their needs:	PLOD - # of Children	PLOD - % of Children	COSF - # of Children	COSF - % of Children
a. <b>Percent of infants and toddlers who did not improve functioning</b>	11	1.04%	8	1.00%
b. <b>Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</b>	168	15.85%	62	7.74%
c. <b>Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach</b>	48	4.53%	95	11.86%
d. <b>Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers</b>	202	19.06%	313	39.08%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	631	59.53%	323	40.32%
Total	N=1,060	100%	N=801	100%

**Discussion of FFY 2007 Progress Data:**

The COSF results will be used to validate the PLOD results. This process will begin in collaboration with John’s Hopkins Center for Technology in Education in February. Preliminarily, there is a large difference between the PLOD results for Social Emotional Development, Category e (68.54%) and the COSF results for the same child outcome and category (43.10%). This may be due to the lack of sensitivity of the evaluation tools in the social-emotional area. This finding and the other results will be examined in more detail.

The number of children statewide who participated in the MITP for 6 months and who exited between 7/1/07 and 6/30/08 was 1,086. The missing data for the three outcomes using the PLOD methodology are as follows:

Social emotional development:	21
Acquisition and use of knowledge and skills:	5
Use of appropriate behaviors to meet needs:	20

Most of the missing data cases are due to situations where an evaluation tool that yields a developmental age could not be utilized because of the age or degree of disability of the children. On the COSF portion of the above chart, there are missing data or impossible exit scores for the 3 child outcomes:

	Positive social-emotional skills	Acquisition and use of knowledge and skills	Use of appropriate behaviors to meet their needs
Impossible scores*	23	23	31
Progress question not answered	14	15	15
Missing data at entry &/or exit	237	239	239
Total	274	277	285

\* Impossible exit scores are those in which the child was rated as functioning at the same or higher level at exit as compared to entry but the answer to the question “Has the child shown *any* new skills or behaviors related to [the three child outcome categories] since the last outcomes summary?” was answered “no”.

The following charts compare the child outcome results using the PLOD methodology for FFY 06 to FFY 07:

A. Positive social-emotional skills (including social relationships):	PLOD - # of Children FFY 06	PLOD - % of Children FFY 06	PLOD - # of Children FFY 07	PLOD - % of Children FFY 07
a. Percent of infants and toddlers who did not improve functioning	9	1.5%	15	1.41%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	47	8.0%	112	10.52%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	18	3.1%	58	5.45%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	96	16.4%	150	14.08%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	417	71.0%	730	68.54%
Total	N=587	100%	N=1,065	100%

B. Acquisition and use of knowledge and skills (including early language/communication):	PLOD - # of Children FFY 06	PLOD - % of Children FFY 06	PLOD - # of Children FFY 07	PLOD - % of Children FFY 07
a. Percent of infants and toddlers who did not improve functioning	2	0.4%	16	1.48%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	89	16.0%	208	19.24%

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	87	15.7%	242	22.39%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	260	46.8%	443	40.98%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	117	21.1%	172	15.91%
Total	N=555	100%	N=1,081	100%

C. Use of appropriate behaviors to meet their needs:	PLOD - # of Children FFY 06	PLOD - % of Children FFY 06	PLOD - # of Children FFY 07	PLOD - % of Children FFY 07
a. Percent of infants and toddlers who did not improve functioning	3	0.5%	11	1.04%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	66	11.9%	168	15.85%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	14	2.5%	48	4.53%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	116	20.9%	202	19.06%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	356	64.1%	631	59.53%
Total	N=555	100%	N=1,060	100%

### FFY 08 Changes in Data Collection and Validation and Statewide Training

In FFY 2008, MSDE continued to collect Present Levels of Development (PLOD) data from IFSPs to report child outcome results. As with previous years, LITPs were given a preliminary copy of the child outcome data in September 2009. Local programs were asked to validate and correct this data in several ways. For example, local programs were asked to investigate outlying Intervention Efficacy Index (IEI) scores. LITPs were also asked to confirm the accuracy of data for children that experienced 2 months or more of developmental progress per 1-month timeframe and children whose developmental level decreased over their time in the program. Finally, LITPs were asked to enter data for all children with missing and available entry or exit developmental evaluation (PLOD) scores.

In July 2009, MSDE created an Assessment Task Force, comprised of national, State, and local experts. The Task Force was charged with examining various assessment tools as well as whether MITP will change the methodology by which child outcome scores are determined. For example, the Task Force has explored

the strategy of Maryland using one or two assessment tools that could be cross walked to the Child Outcome Summary Form (COSF) to obtain child outcome scores for the three OSEP child outcomes. Information gleaned from the Task Force will lead to statewide policy decisions, which are projected to be implemented on July 1, 2010.

Technical assistance was again provided to LITPs at the annual Special Education Leadership Conference in September 2009 in the form of a panel discussion. With assistance from the John’s Hopkins Center for Technology in Education, MSDE presented a crosstab analysis of the FFY 2007 child outcome data. Local Directors were also given the opportunity to ask questions about statewide or local data and data collection practices.

**Progress Data for FFY 2008 (2008-2009)**

Using the approach described above, MSDE is reporting status-at-entry and status-at-exit data on infants and toddlers who exited the program between July 1, 2008 and June 30, 2009 and who participated in the MITP for at least 6 months. LITPs use a variety of assessment instruments and methods to obtain the present levels of development data when children enter the program.

LITPs record quantitative evaluation and assessment results (developmental age in months) at entry and at exit on the IFSP and in the Part C database when it is possible to obtain such results. Qualitative results are entered when quantitative results cannot be obtained or to clarify the quantitative results.

MSDE extracted, analyzed, aggregated, and generated State and local data for each child outcome based on the alignment of developmental domains to the outcomes and a formula based on % delay. Using the cut point of 19% delay, MSDE is reporting the following progress data:

<b>A. Positive social-emotional skills (including social relationships):</b>	<b># of Children</b>	<b>% of Children</b>
<b>a. Percent of infants and toddlers who did not improve functioning</b>	35	1.31%
<b>b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</b>	309	11.54%
<b>c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach</b>	94	3.51%
<b>d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers</b>	487	18.19%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	1752	65.45%
Total	N=2,677	100%

<b>B. Acquisition and use of knowledge and skills (including early language/communication):</b>	<b># of Children</b>	<b>% of Children</b>
<b>a. Percent of infants and toddlers who did not improve functioning</b>	21	0.78%

<b>b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</b>	623	23.03%
<b>c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach</b>	510	18.85%
<b>d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers</b>	1091	40.33%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	460	17.01%
Total	N=2,705	100%

<b>C. Use of appropriate behaviors to meet their needs:</b>	<b># of Children</b>	<b>% of Children</b>
<b>a. Percent of infants and toddlers who did not improve functioning</b>	18	0.68%
<b>b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</b>	468	17.56%
<b>c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach</b>	89	3.34%
<b>d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers</b>	515	19.32%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	1575	59.10%
Total	N=2,665	100%

#### Baseline Data for FFY 2008

The FFY 2008 data results for each subindicator are very consistent with the FFY 2007 data. In particular, the largest percentage difference in the Social-Emotional Skills subindicator was a 4.11% increase in the percentage of children in category d (Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) from FFY 2007 to FFY 2008. All other category differences for “Positive social-emotional skills” were smaller. The largest difference in the Knowledge and Skills subindicator was a 3.79% decrease in the number of children in category c (Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach) from FFY 2007 to FFY 2008. The largest difference in the Appropriate Behaviors subindicator was a 1.71% increase in the number of children in category b (Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers).

The following charts compare the child outcome results using the PLOD methodology for FFY 06 to FFY 08:

<b>A. Positive social-emotional skills (including social relationships):</b>	<b>PLOD - # of Children FFY 06</b>	<b>PLOD - % of Children FFY 06</b>	<b>PLOD - # of Children FFY 07</b>	<b>PLOD - % of Children FFY 07</b>	<b>PLOD - # of Children FFY 08</b>	<b>PLOD - % of Children FFY 08</b>
<b>a. Percent of infants and toddlers who did not improve functioning</b>	9	1.5%	15	1.41%	35	1.31%
<b>b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</b>	47	8.0%	112	10.52%	309	11.54%
<b>c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach</b>	18	3.1%	58	5.45%	94	3.51%
<b>d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers</b>	96	16.4%	150	14.08%	487	18.19%
<b>e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers</b>	417	71.0%	730	68.54%	1752	65.45%
<b>Total</b>	<b>N=587</b>	<b>100%</b>	<b>N=1,065</b>	<b>100%</b>	<b>N=2,677</b>	<b>100%</b>

<b>B. Acquisition and use of knowledge and skills (including early language/ communication):</b>	<b>PLOD - # of Children FFY 06</b>	<b>PLOD - % of Children FFY 06</b>	<b>PLOD - # of Children FFY 07</b>	<b>PLOD - % of Children FFY 07</b>	<b>PLOD - # of Children FFY 08</b>	<b>PLOD - % of Children FFY 08</b>
<b>a. Percent of infants and toddlers who did not improve functioning</b>	2	0.4%	16	1.48%	21	0.78%
<b>b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</b>	89	16.0%	208	19.24%	623	23.03%

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	87	15.7%	242	22.39%	510	18.85%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	260	46.8%	443	40.98%	1091	40.33%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	117	21.1%	172	15.91%	460	17.01%
Total	N=555	100%	N=1,081	100%	N=2,705	100%

C. Use of appropriate behaviors to meet their needs:	PLOD - # of Children FFY 06	PLOD - % of Children FFY 06	PLOD - # of Children FFY 07	PLOD - % of Children FFY 07	PLOD - # of Children FFY 08	PLOD - % of Children FFY 08
a. Percent of infants and toddlers who did not improve functioning	3	0.5%	11	1.04%	18	0.68%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	66	11.9%	168	15.85%	468	17.56%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	14	2.5%	48	4.53%	89	3.34%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	116	20.9%	202	19.06%	515	19.32%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	356	64.1%	631	59.53%	1575	59.10%
Total	N=555	100%	N=1,060	100%	N=2,665	100%

The number of children statewide who participated in the MITP for 6 months and who exited between 7/1/08 and 6/30/09 was 2,709. The missing data for the three outcomes using the PLOD methodology are as follows:

Social emotional development:	32
Acquisition and use of knowledge and skills:	4
Use of appropriate behaviors to meet needs:	44

Most of the missing data cases are due to situations where an evaluation tool that yields a developmental age could not be utilized because of the age of the child or degree of disability of the child.

MSDE has investigated progress data in terms of the Summary Statements, using the ECO Summary Statement calculator, where:

- Summary Statement #1 equals the number of children who enter the program below age expectations in the outcome who increase their rate of growth in the outcome by the time they exit; and
- Summary Statement #2 equals the number of children who are functioning within age expectations in the outcome by the time they exit.

<b>Social Emotional Skills</b>	<b>Summary Statement 1</b>	<b>Summary Statement 2</b>
FFY 2006 (n=587)	67.1%	87.4%
FFY 2007 (n=1,065)	62.1%	82.6%
FFY 2008 (n=2,677)	62.8%*	83.6%*

\*Indicates the State's FFY 2008 Baseline Data.

<b>Acquiring &amp; Using Knowledge &amp; Skills</b>	<b>Summary Statement 1</b>	<b>Summary Statement 2</b>
FFY 2006 (n=555)	79.2%	67.9%
FFY 2007 (n=1,081)	75.4%	56.9%
FFY 2008 (n=2,705)	71.3%*	57.3%*

\*Indicates the State's FFY 2008 Baseline Data.

<b>Taking Appropriate Action to Meet Needs</b>	<b>Summary Statement 1</b>	<b>Summary Statement 2</b>
FFY 2006 (n=555)	65.3%	85.0%
FFY 2007 (n=1,060)	58.3%	78.6%
FFY 2008 (n=2,665)	55.4%*	78.4%*

\*Indicates the State's FFY 2008 Baseline Data.

MSDE is currently investigating the possible reasons why the percentages for both summary statements were considerably higher in FFY 2006. One potential reason is the small sample size in comparison to FFY 2007 and FFY 2008.

With the assistance of Johns Hopkins Center for Technology in Education, MSDE disaggregated data by several factors, including eligibility status, length of time in the program, Medicaid, age at referral, and family outcome sub-indicators.

1) Examination of child outcomes data in relation to eligibility category.

Figure 1: PLOD Categories by Eligibility Status – 3a. Social-Emotional

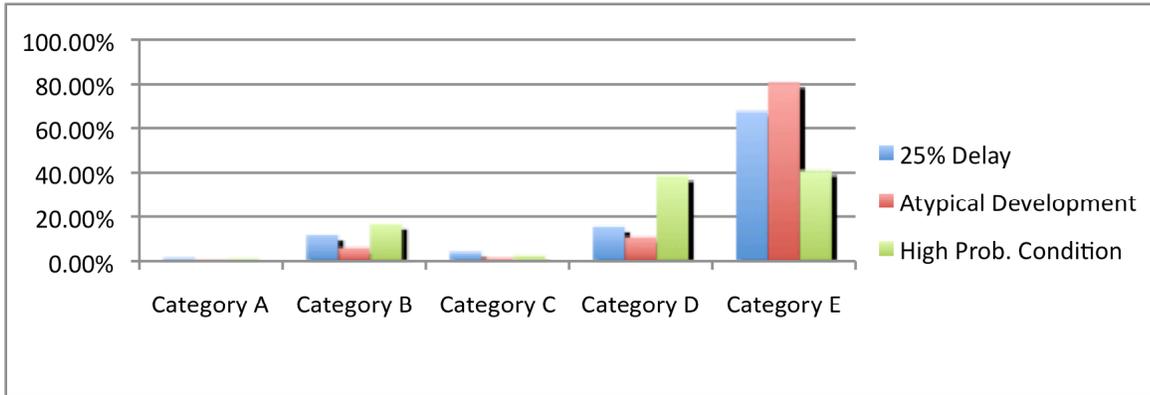


Figure 2: PLOD Categories by Eligibility Status – 3b. Knowledge & Skills

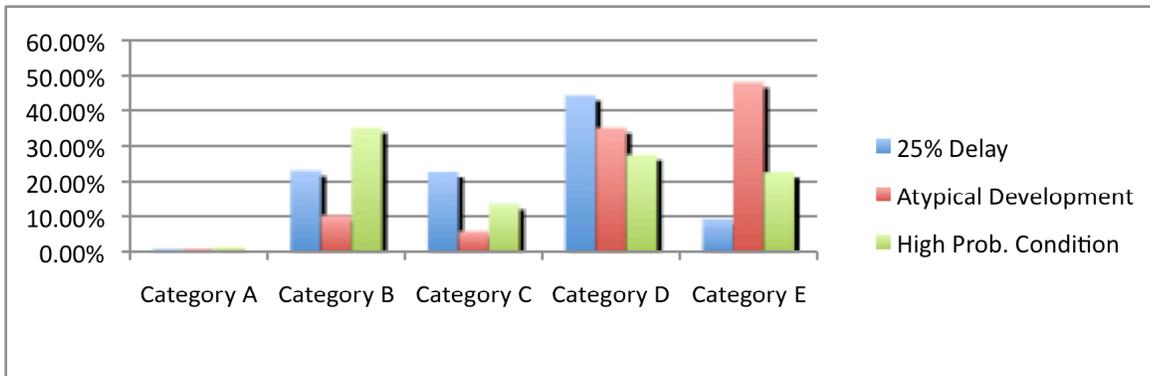
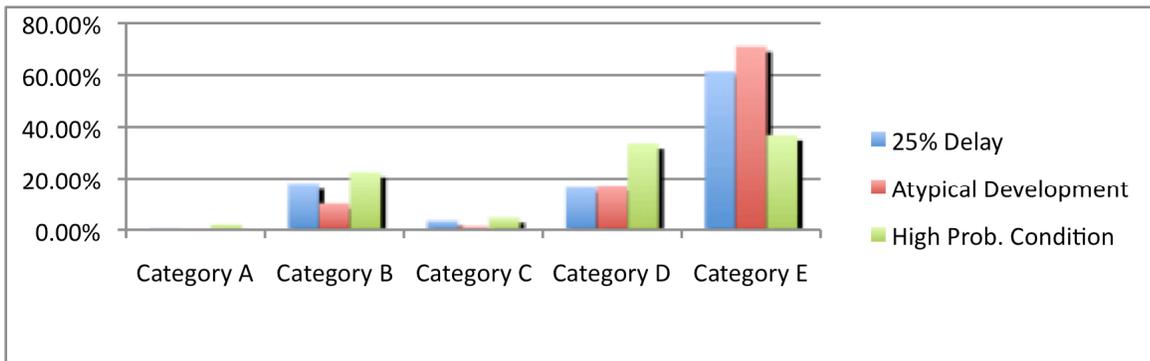


Figure 3: PLOD Categories by Eligibility Status – 3c. Adaptive



In examining the charts disaggregating eligibility status by child outcomes above at least two interesting trends are noted. First, a much larger percentage of high probability condition children were found in Category D (percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) for social-emotional development as compared to the other 2 eligibility categories. Second, over 40% of children entering the program with at least a 25% delay in Knowledge and Skills catch up to their same age peers (Category D).

2) Examination of child outcomes data in relation to length of time in the program.

Figure 4: Plod vs. Length of Time in Program – 3a. Social Emotional

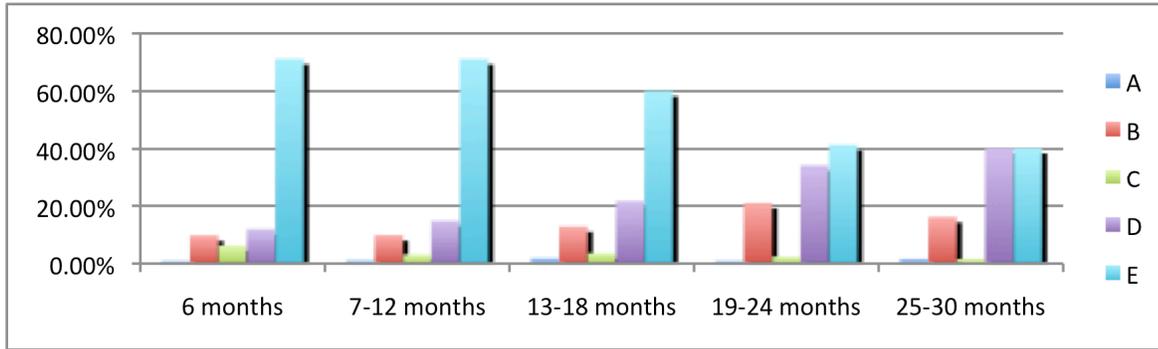


Figure 5: Plod vs. Length of Time in Program – 3b. Knowledge & Skills

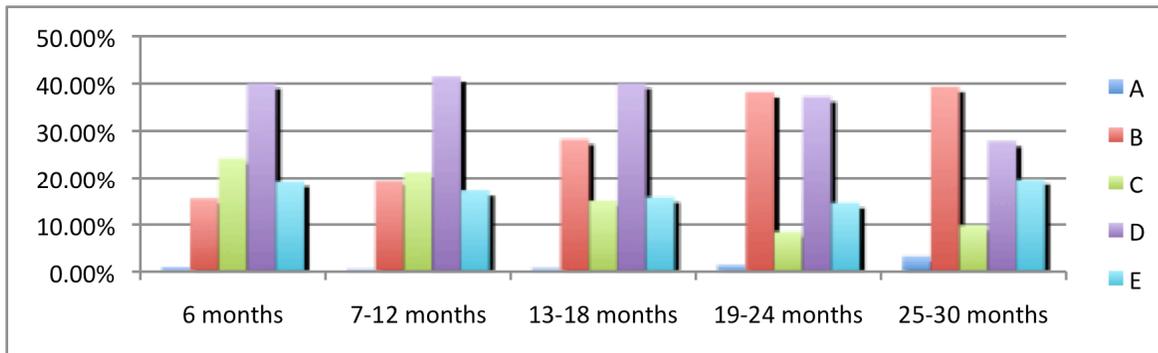
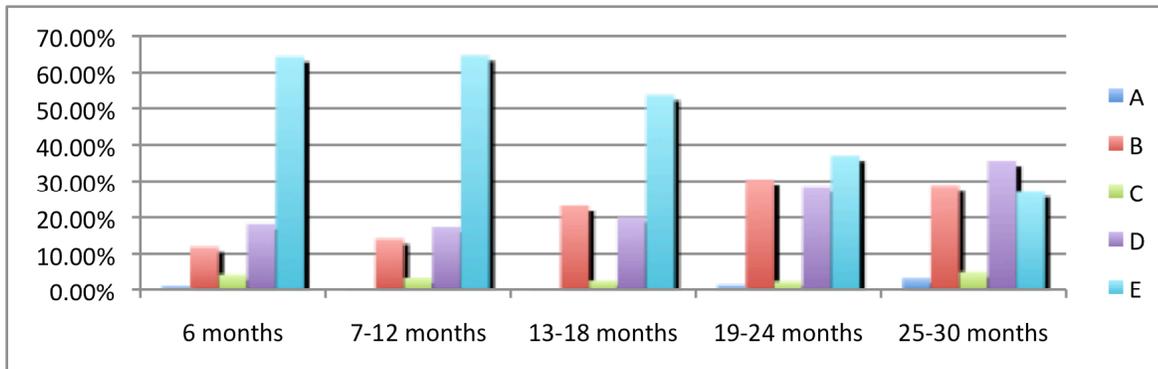


Figure 6: Plod vs. Length of Time in Program – 3c. Adaptive



In examining the charts disaggregating length of time by child outcomes above at least two interesting trends are noted. First, the percentage of children in Category D (percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) increases with length of time in the program for both the social-emotional and adaptive sub-indicators. It appears that children who spent more time in early intervention were more likely to catch up to their peers in social-emotional and adaptive domains than children who spent less time in early intervention. Second, the percentage of children in Category B (percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) appears to increase with length of time in the program. This finding lends support to the notion that children with significant disabilities are being identified early.

3) Examination of child outcomes data in relation to Medicaid vs. non-Medicaid.

Figure 7 – Percentage of Children with and without Medicaid in each Outcome Category – 3a. Social Emotional

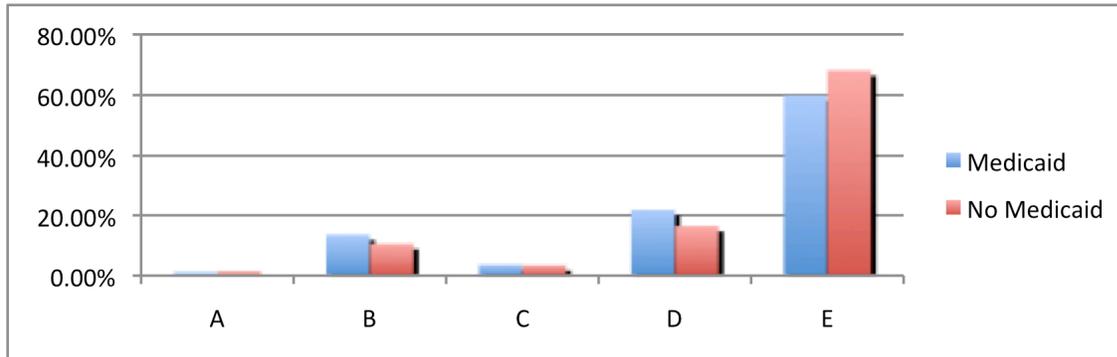


Figure 8 – Percentage of Children with and without Medicaid in each Outcome Category – 3b. Knowledge and Skills

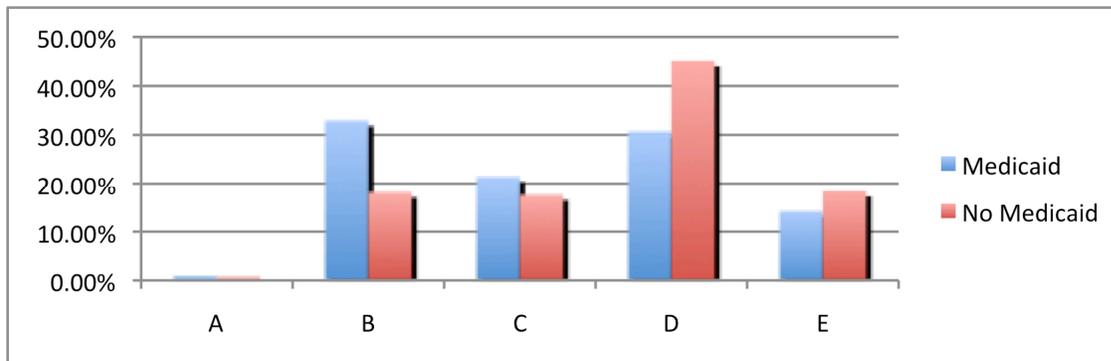
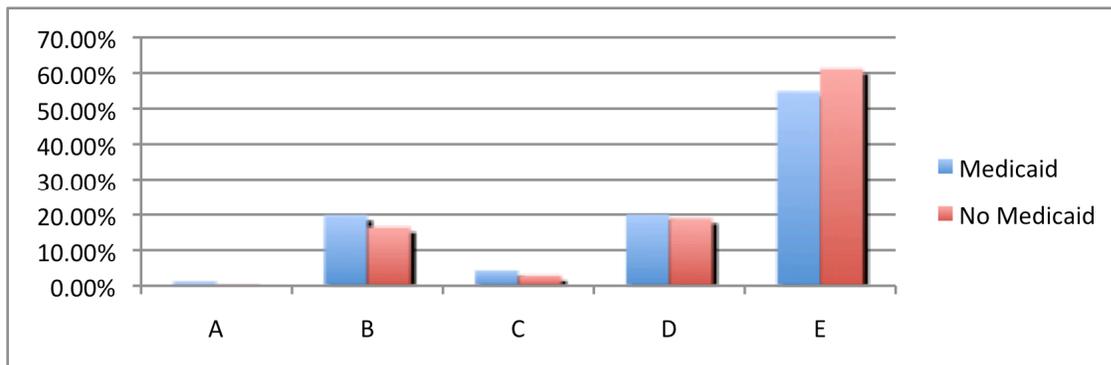


Figure 9 – Percentage of Children with and without Medicaid in each Outcome Category – 3c. Adaptive



In examining the charts disaggregating Medicaid status by child outcomes it does not appear that Medicaid status and the percentage of children in each child outcome category are related for any of the subindicators because there were not large differences in the how the children with Medicaid made developmental progress (as measured by child outcomes category) compared to children without Medicaid.

4) Examination of child outcomes data in relation to age at referral.

Figure 10: PLOD Categories by Age at Referral – 3a. Social Emotional

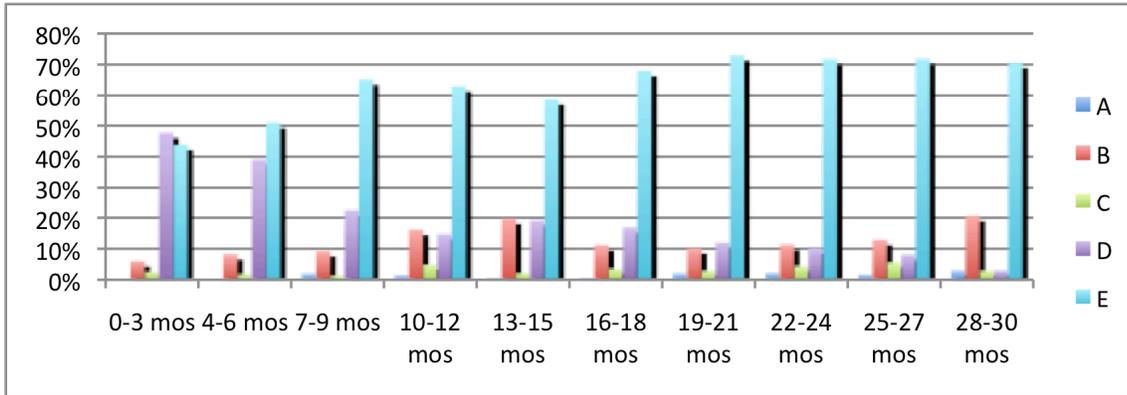


Figure 11: PLOD Categories by Age at Referral – 3b. Knowledge & Skills

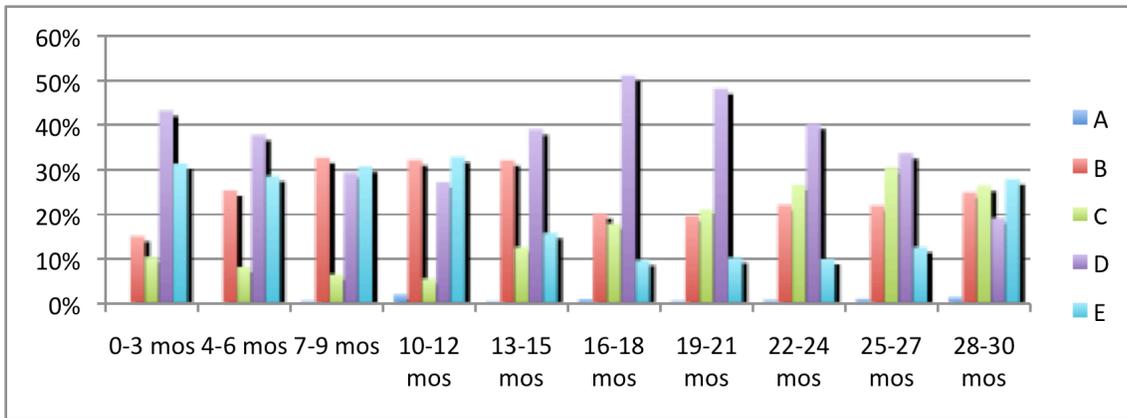
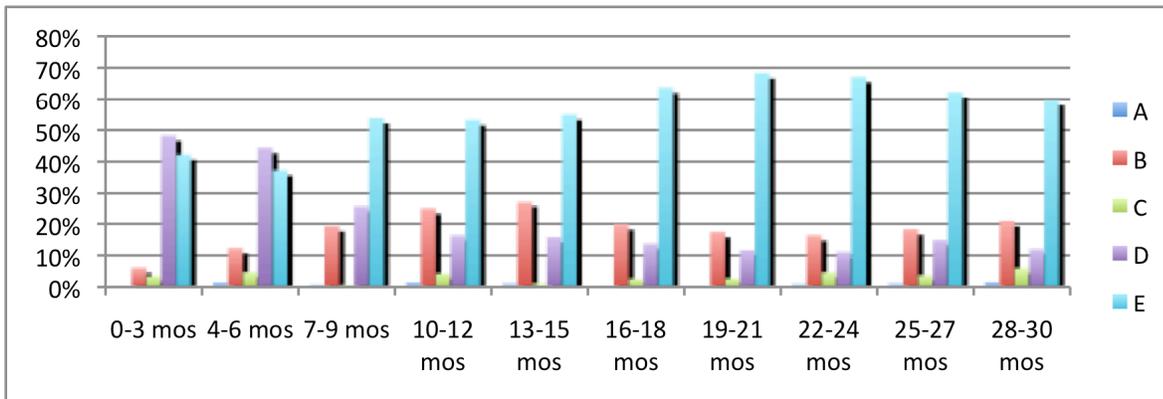


Figure 12: PLOD Categories by Age at Referral – 3c. Adaptive



In examining the charts disaggregating length of time by child outcomes above one very interesting trend stands out. The percentage of children in Category D (percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) decreases as children get older at the time of referral for both of the social-emotional and adaptive subindicators. At least for subindicators 3a (social-emotional) and 3c (appropriate behaviors to meet needs), it appears that children who were behind their peers at referral are more likely to catch up if they are referred earlier than those children referred later.

5) Examination of child outcomes data in relation to family outcomes data.

Figure 13 – Categories by Family Outcome Subindicators – 3a. Social Emotional

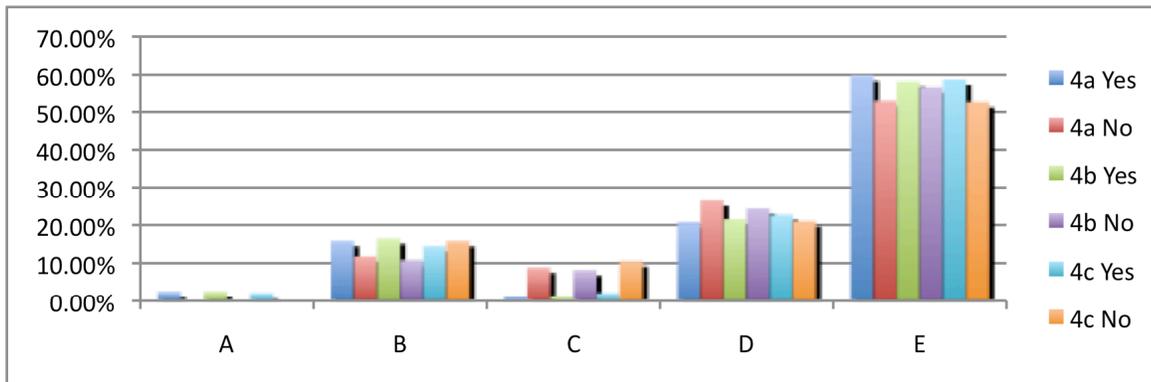


Figure 14 – Categories by Family Outcome Subindicators – 3b. Knowledge and Skills

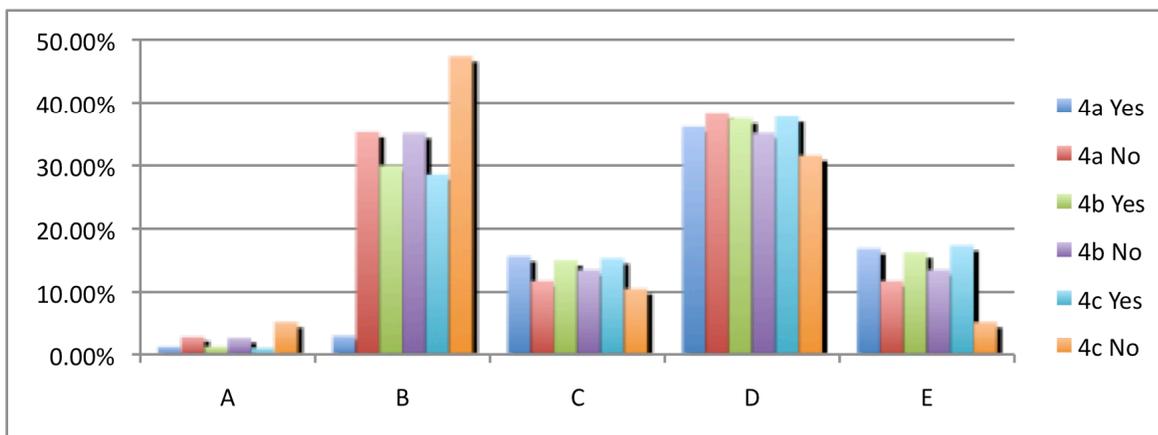
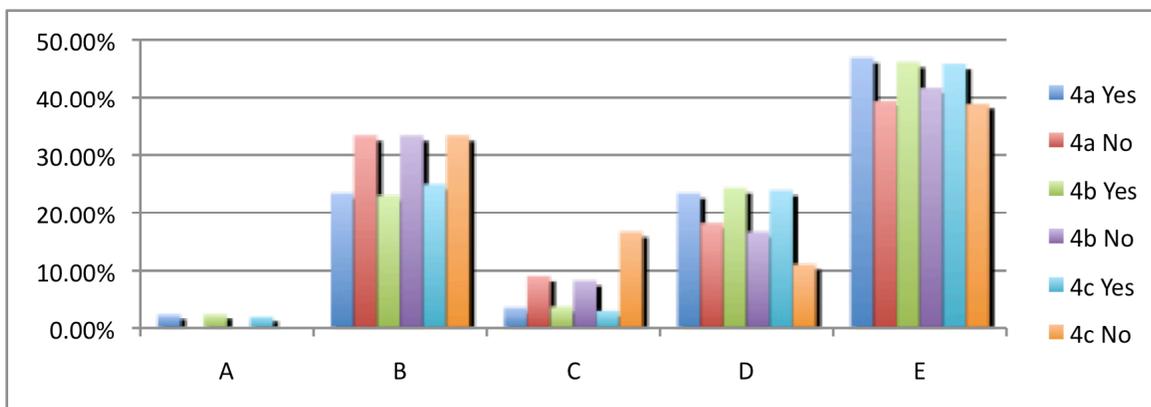


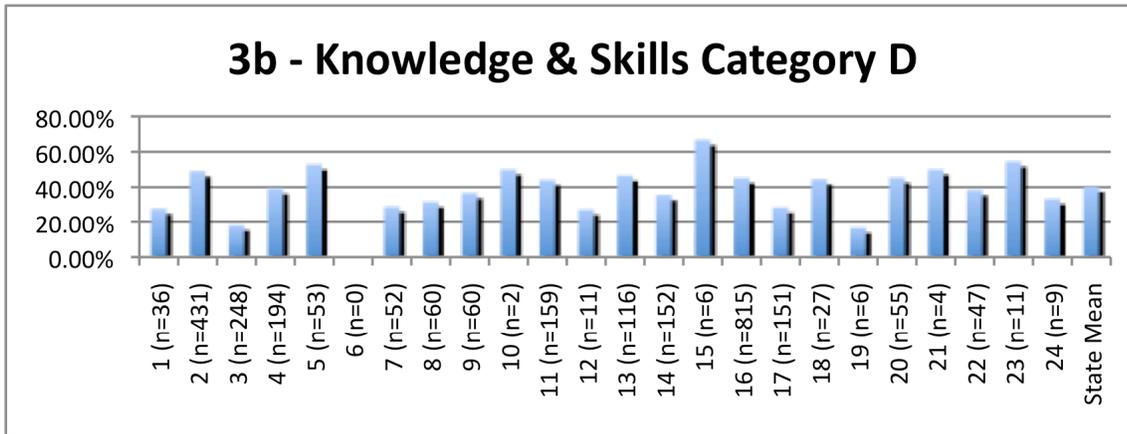
Figure 15 – Categories by Family Outcome Subindicators – 3c. Adaptive



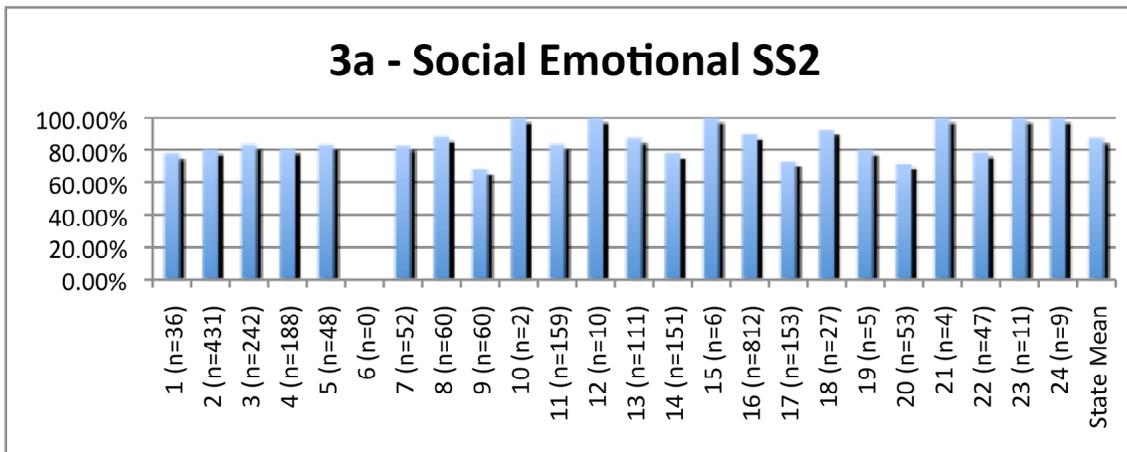
In examining the charts disaggregating length of time by child outcomes above at least two interesting trends stand out. First, for all three subindicators, the percentages of children are higher in Category B (percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) when parents said “no” on the family outcome questions than when parents said “yes” for the family outcome questions. It is possible that parents are less likely to report that early intervention services have helped their family if their children are not making much progress in the program. Second, it appears that the converse relation appears in Category E (percent of infants and toddlers who maintained

functioning at a level comparable to same-aged peers) for all three subindicators, and Category D (percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) for the Adaptive subindicator. Parents of children in these categories were at least a little more likely to answer “yes” to one of the 3 family outcome questions.

MSDE examined the local jurisdiction data for each child outcome category (A,B,C,D,E) in each child outcome subindicator to look for outliers that may have skewed the FFY 2008 data. For example, MSDE compared the percentage of children in category A for social-emotional development for each of the 24 local jurisdictions in Maryland. The examination of this data found no significant outliers. The examination process was also completed for each category in each subindicator and no significant outliers were found. An example of the chart used for this analysis is provided below:



MSDE also examined the local jurisdiction data in terms of Summary Statements. In particular each subindicator was broken down by jurisdiction’s Summary Statement percentage. An example of the charts used by MSDE to examine this data is provided below. Again, MSDE found no significant outliers that would affect the setting of targets for any subindicator.



After examination of the FFY 2008 data, as well as the trend data from FFY 2006, FFY 2007, and FFY 2008, MSDE was able to set measurable and rigorous targets for FFY 2009 and FFY 2010. For FFY 2009, the targets set are equal to the baseline data for FFY 2008. MSDE feels justified to set targets at baseline for the first fiscal year because of several factors:

- 1) The total number of children included in the analysis for each fiscal year has increased substantially. For this reason it is difficult to get an idea of the true baseline for each subindicator.

- 2) An analysis of the trend data does not support a trend toward greater percentages for each summary statement. If anything, the percentages for summary statements for a few of the subindicators have been decreasing over time (e.g., Summary Statement #1 for Knowledge and Skills). It is believed that this trend is most likely due to regression to the mean as the State continues to increase the number of children included in its child outcomes data analysis. It is expected that as the State gets closer to the true population of infants and toddlers in MITP the percentages for each Summary Statement has leveled out and thus, targets should be set on the FFY 2008 data since it is closer to the actual population data in Maryland.
  
- 3) As mentioned in the FFY 08 Changes in Data Collection and Validation and Statewide Training discussion above, MSDE has created an Assessment Task Force to examine its method of obtaining assessment data for children. Maryland’s child outcome data could be substantially different if measurement methodology is changed by MSDE after the recommendations of the Assessment Task Force are considered.

MSDE took the information presented above to the State Interagency Coordinating Council (SICC) and the following Measurable and Rigorous Targets were developed with stakeholders. Following an MSDE presentation to the SICC on all SPP/APR indicators, two discussion groups were formed. The first group discussed activities to increase LITP referrals for children birth to 1 year of age. The second group discussed child outcome data and target setting.

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	
<b>2006 (2006-2007)</b>	
<b>2007 (2007-2008)</b>	
<b>2008 (2008-2009)</b>	<p><b><u>Baseline Data</u></b></p> <p>62.8% of children who entered the program below age expectations in Social-Emotional Skills increased their rate of growth in Social-Emotional Skills by the time they exited.</p> <p>83.6% of children were functioning within age expectations in Social-Emotional Skills by the time they exited.</p> <p>71.3% of children who entered the program below age expectations in Acquiring and Using Knowledge and Skills increased their rate of growth in Acquiring and Using Knowledge and Skills by the time they exited.</p> <p>57.3% of children were functioning within age expectations in Acquiring and Using Knowledge and Skills by the time they exited.</p> <p>55.4% of children who entered the program below age expectations in Taking Appropriate Action to Meet Needs increase their rate of growth in Taking Appropriate Action to Meet Needs by the time they exited.</p> <p>78.4% of children were functioning within age expectations in Taking Appropriate Action to Meet Needs by the time they exited.</p>

FFY	Measurable and Rigorous Target
<p><b>2009</b> <b>(2009-2010)</b></p>	<p>62.8% of children who enter the program below age expectations in Social-Emotional Skills increase their rate of growth in Social-Emotional Skills by the time they exit.</p> <p>83.6% of children are functioning within age expectations in Social-Emotional Skills by the time they exit.</p> <p>71.3% of children who enter the program below age expectations in Acquiring and Using Knowledge and Skills increase their rate of growth in Acquiring and Using Knowledge and Skills by the time they exit.</p> <p>57.3% of children are functioning within age expectations in Acquiring and Using Knowledge and Skills by the time they exit.</p> <p>55.4% of children who enter the program below age expectations in Taking Appropriate Action to Meet Needs increase their rate of growth in Taking Appropriate Action to Meet Needs by the time they exit.</p> <p>78.4% of children are functioning within age expectations in Taking Appropriate Action to Meet Needs by the time they exit.</p>
<p><b>2010</b> <b>(2010-2011)</b></p>	<p>63.8% of children who enter the program below age expectations in Social-Emotional Skills increase their rate of growth in Social-Emotional Skills by the time they exit.</p> <p>84.6% of children are functioning within age expectations in Social-Emotional Skills by the time they exit.</p> <p>72.3% of children who enter the program below age expectations in Acquiring and Using Knowledge and Skills increase their rate of growth in Acquiring and Using Knowledge and Skills by the time they exit.</p> <p>58.3% of children are functioning within age expectations in Acquiring and Using Knowledge and Skills by the time they exit.</p> <p>56.4% of children who enter the program below age expectations in Taking Appropriate Action to Meet Needs increase their rate of growth in Taking Appropriate Action to Meet Needs by the time they exit.</p> <p>79.4% of children are functioning within age expectations in Taking Appropriate Action to Meet Needs by the time they exit.</p>

**Improvement Activities/Timelines/Resources:**

In the next reporting period, MSDE will continue training, technical assistance, and quality assurance activities to ensure that the State’s Birth to 3 Child Outcomes system will produce valid and reliable data.

Improvement Activities	Timelines	Resources
<p><b>Revised Task:</b> MSDE and ECO Center staff will provide follow-up statewide team training on the use of the COSF, on functional assessment and performance, and on statewide assessment practices to facilitate best practices on evaluation and assessment.</p> <p><b>Accomplished Task:</b> MSDE provided a Child Outcome training session for LITP Directors at the September 2008 Special Education Leadership Conference. The focus of this training was the correction of FFY 2008 PLOD completion errors and data entry errors.</p>	<p>2007-2010</p>	<p>MSDE ECO Center LITPs</p>
<p>MSDE will develop improvement activities with stakeholders, including strategies for ongoing data validation and professional development</p> <p><b>Accomplished Task:</b> Because of the wide range of evaluation tools utilized statewide, MSDE created an Assessment Task Force, comprised of national, State, and local experts in July 2009. The Task Force was charged with examining various assessment tools as well as whether MITP will change the methodology by which child outcome scores are determined. For example, the Task Force has explored the strategy of Maryland using one or two assessment tools that could be cross walked to the Child Outcome Summary Form (COSF) to obtain child outcome scores for the three OSEP child outcomes. Information gleaned from the Task Force will lead to statewide policy decisions to be implemented on July 1, 2010.</p>	<p>2007-2011</p>	<p>MSDE LITPs SICC</p>
<p>MSDE will provide online course instruction on the Birth - 3 Outcomes System to participants in State’s Part C Early Intervention Leadership Academy, and will post materials related to the Birth - 3 Outcomes System on the Early Childhood Gateway</p> <p><b>Accomplished Task:</b> A four week course on Child Outcomes was provided to the on-line Early Intervention Leadership Academy from October 23, 2007 to November 19, 2007. This course was also provided to a different cohort of course participants in the fall of 2008 and 2009.</p>	<p>2007-2011</p>	<p>MSDE JHU/CTE</p>

Improvement Activities	Timelines	Resources
<p>MSDE will work with ECO and other external consultants to review and incorporate current information, technical assistance, and research related to the effectiveness of early intervention and the reporting of child outcomes data.</p> <p><b>Revision:</b> In July 2009, MSDE created an Assessment Task Force, comprised of national, State, and local experts. The Task Force was charged with examining various assessment tools as well as whether MITP will change the methodology by which child outcome scores are determined. For example, the Task Force has explored the strategy of Maryland using one or two assessment tools that could be cross walked to the Child Outcome Summary Form (COSF) to obtain child outcome scores for the three OSEP child outcomes. Information gleaned from the Task Force will lead to statewide policy decisions to be implemented on July 1, 2010.</p>	<p>2007-2011</p>	<p>MSDE ECO Center Other external consultants</p>
<p>MSDE will provide technical assistance to LITPs to support ongoing local training of providers and families in the purpose and procedures for the State’s Birth - 3 Child Outcomes system.</p> <p><b>Accomplished Task:</b> IFSP Regional Training was provided in November 2007, with Follow-up Training in April, 2008. This training was provided by Barbara Hanft, a national expert on early intervention. Information on developing functional Child Outcomes was provided.</p> <p><b>Revision:</b> Updated or revised training on child outcome data collection methodology will occur in May, 2010.</p>	<p>2007-2011</p>	<p>MSDE LITPs</p>
<p>MSDE will implement the validation study to compare the database results with the COSF results, including record reviews and focus groups/ interviews with families and providers.</p> <p><b>Accomplished Task:</b> With assistance from the John’s Hopkins Center for Technology in Education, MSDE presented a crosstab analysis of the FFY 2007 child outcome data in September 2009. Differences between COSF and PLOD data were examined. Local Directors were also given the opportunity to ask questions about statewide or local data and data collection practices.</p>	<p>2008-2010</p>	<p>MSDE JHU/CTE LITPs</p>

Improvement Activities	Timelines	Resources
<p>MSDE and LITPs will review reports from the Part C database to identify and resolve issues related to the accuracy and reliability of the present levels of development data.</p> <p><b>Accomplished Task:</b> In April 2008, MSDE provided LITPs with an updated copy of their Child Outcome data. LITPs were asked to validate the accuracy of the data by comparing the Child Outcome report with individual child records as well as with information in the Part C database. This activity will be repeated for FFY 2009.</p>	<p>2007-2011</p>	<p>MSDE LITPs</p>
<p><b>New Activity:</b> MSDE will analyze progress data using variables in assessment tools, child demographics, and developmental profiles to determine patterns in practice and results.</p>	<p>2008-2011</p>	<p>MSDE JHU/CTE External Consultants</p>
<p><b>New Activity:</b> MSDE will support implementation of statewide and local improvement strategies focusing on recommended assessment tools, professional development, EI practice, and setting targets for progress data.</p>	<p>2008-2011</p>	<p>MSDE JHU/CTE External Consultants LITPs</p>
<p><b>New Activity:</b> Based on results of the validation study, recommendations of the Assessment Task Force and analysis of progress results in 2008-2009, MSDE will decide on the appropriate methodology that yields the most accurate and reliable child outcome progress data, revise/establish implementation procedures, and provide training and technical assistance to LITPs in order to sustain valid results.</p>	<p>2010-2011</p>	<p>MSDE JHU/CTE External Consultants LITPs SICC</p>

**Part C State Annual Performance Report (APR) for FFY 2008 – INDICATOR #1**

**Overview of the Annual Performance Report Development:**

Data for this indicator were collected through the Part C database, verified by Local Infants and Toddlers Programs (LITPs), validated by MSDE, and reviewed by the SICC.

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

**Indicator 1:** Percent of infants and toddlers with IFSPs who receive the early intervention services on their Individualized Family Service Plans (IFSPs) in a timely manner.

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

**Measurement:**  
 Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.  
 Account for untimely receipt of services, including the reasons for delays.

FFY	Measurable and Rigorous Target
<b>2008 (2008-2009)</b>	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.

**Actual Target Data for FFY 2008:                    96.7% (8,701/9,001)**

To report the percentage of infants and toddlers with IFSPs who received early intervention services on their IFSPs in a timely manner between 7/1/2008 and 6/30/2009, the Maryland State Department of Education (MSDE) generated a report from the statewide Part C database comparing the IFSP meeting date and the actual service initiation date for all services on initial IFSPs and any service added during the time period at subsequent IFSP meetings. The State’s criteria for timely service delivery is the following: *not later than 30 days from the date of the IFSP*. The target data reported for this indicator includes data for all 24 LITPs in Maryland. MSDE and the LITPs verified family-related reasons or IFSP team decision-making for the legitimate initiation of services outside the 30-day timeline and the report was modified based on the results of State and local reviews and LITP data verification.

Number of eligible children	Number/Percent of children with actual timely service initiation dates	Number/Percent of child unavailable, family-related reasons, & IFSP team decisions validated by LITPs	Total number of children within timeline plus children not within timeline because of family reasons	Percent of children with timely actual service initiation dates
9,001*	7,281 (80.9%)	1,420 (15.8%)	8,701	96.7%

- Reflects data from all 24 local jurisdictions

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage That Occurred for FFY 2008:****State monitoring and technical assistance activities:**

MSDE continued to monitor the implementation of the timely service requirement through the data system and by data verification done by MSDE and LITPs. The timely service indicator for actual service initiation dates is included in the data profiles distributed to all LITPs semiannually. For this indicator, MSDE required LITPs that did not attain compliance of 100% or compliance of 95%, to develop and implement improvement plans or corrective action plans (CAP), respectively, with strategies to:

- Achieve 100% compliance;
- Collect and validate actual service initiation dates for all IFSP services and the reasons why any service was not delivered in a timely manner;
- Add this information to the MSDE data system; and
- Monitor compliance with this requirement on an ongoing basis.

LITPs were required to develop and include corrective action or improvement plans, after notification in writing from MSDE, in semiannual and final program reports submitted to and reviewed by MSDE. This notification was provided to LITPs in March 2009 (data from 7/1/2008 – 12/31/2008) and September 2009 (data from 1/1/2009 – 6/30/2009) in the form of a local data report which included whether any corrective action or improvement plans were required to be developed and submitted to MSDE. LITPs were required to submit monthly data reports to MSDE for corrective action plans. LITPs were required to submit data reports to MSDE for improvement plans when correction of non-compliance was achieved.

MSDE required all LITPs to track and monitor their compliance with timeliness of service initiation and to implement corrective action or improvement plan strategies, as necessary. MSDE and LITPs analyzed data on late service initiation to distinguish family-related, individual child, and IFSP decision-making, e.g. services provided 2 times per year, from late service initiation reasons that were the responsibility of the LITP.

A CAP was ended by MSDE when a LITP demonstrated two consecutive months of 95% compliance and MSDE verified that correction of 95% or more had occurred. If correction of 100% was not achieved, MSDE required continued correction through an improvement plan. MSDE monitored the identified LITP with a CAP on a monthly basis and did focused monitoring by telephone or during a site visit when adequate progress was not made.

An improvement plan was ended by MSDE when a LITP achieved 100% compliance for at least a two week period and MSDE verified that the correction had occurred. MSDE monitored programs with improvement plans on a monthly basis and did focused monitoring by telephone or during a site visit.

LITPs were required to report to MSDE when correction of non-compliance occurred which was subsequently verified by MSDE. Upon verification of correction of non-compliance by MSDE, LITPs were notified in writing that the improvement or corrective action plans ended.

MSDE provided statewide technical assistance to LITPs related to timeliness of service initiation. Specifically, MSDE provided a session at the September 2008 Annual Leadership Conference titled “Primary Service Provider and Teaming Model Best Practices: Panel Presentation.” The panel included LITP administrators, service providers, and parents and provided various perspectives to facilitate a better understanding of teaming models and the primary service provider model. Both models are used by many LITPs as a framework for providing services to children and their families and both models have the added benefit of maximizing local service provider resources. These service delivery models are individualized for all children and families.

MSDE also provided statewide technical assistance on timely service initiation at service coordinator resource group meetings held four times during the year. During these meetings, service coordinators from different jurisdictions shared procedures or had questions answered by MSDE staff related to the provision of timely service provision.

The statewide training and general supervision described above along with additional State funding and additional local staffing has contributed to more children receiving timely services and, when it occurs, timely correction of non-compliance for this indicator. Other factors that contributed to more timely service delivery and timely correction of non-compliance were changes made to the data system that are described in the next section.

**Data collection, reporting, and analysis:**

The percentage of children having timely service initiation includes children who had actual initiation of a new service between 0 and 30 days after parental signature of the IFSP. Also included in the percentage of children having timely service initiation are those children whose service initiation date exceeded 30 days from the parental signature on the IFSP because of family choice, child unavailability (e.g., child illness or hospitalization), or IFSP team decision making (e.g. physical therapy service two times per year).

For calculation purposes, the children with service initiation after 30 days with the above reasons are added to the numerator *and* the denominator. If the reason for untimely initiation of a service was related to a systemic issue (e.g., scheduling problems or staff unavailability), the service was considered untimely and the child whose service was untimely was not included in the State's percentage of children receiving timely services.

In early September 2009, MSDE notified local programs that data analysis for the FFY 2008 SPP/APR for this indicator would be conducted on November 15, 2009. Jurisdictions were required to input missing data, actual service initiation dates, and reasons for untimely service initiation into the State tracking system by November 15, 2009.

On November 23, 2009, MSDE re-ran the child-level and summary actual service initiation reports and validated data. The data validation included contacting jurisdictions about justifications for late services that were unclear. Also, the predefined report includes all services that are untimely and MSDE staff must distinguish between those services that are untimely due to family related reasons and those that are late due to systemic reasons. Untimely services are added up and are reported above. For FFY 2008, statewide and local data reports were run on 9/15/08 and 3/15/09. For FFY 2009, statewide and local data reports were run on 9/15/09 and will be run again on 3/15/10.

During the FFY 2008 reporting year, MSDE made changes to the Part C database in order to capture the services that had not been initiated and would never be initiated. In particular, some services are added to the IFSP but never actually start due to family reasons, such as parents changing their mind about wanting a specific service, families moving out of the local jurisdiction, or providers being unable to make contact with families despite repeated efforts to do so, that are documented in the early intervention record. MSDE has increased the ability of LITPs to report on these services by adding a "Reason No Actual Service Initiation Date Entered" data field. This data field will also reduce the amount of data validation required by MSDE since MSDE no longer has to request information about why these service entry dates were not entered.

Additionally, the database structure was modified to more reliably link actual service initiation dates with appropriate IFSP meetings. Child level and summary reports were developed and included in the list of predefined reports that can be run by MSDE staff for every LITP. Reports may also be run by local program directors/data managers for their individual jurisdiction. The number of missing actual service initiation dates that required action by local data managers was reduced substantially from 1,788 children in FFY 2007 to 281 children in FFY 2008.

**Addressing system capacity issues:**

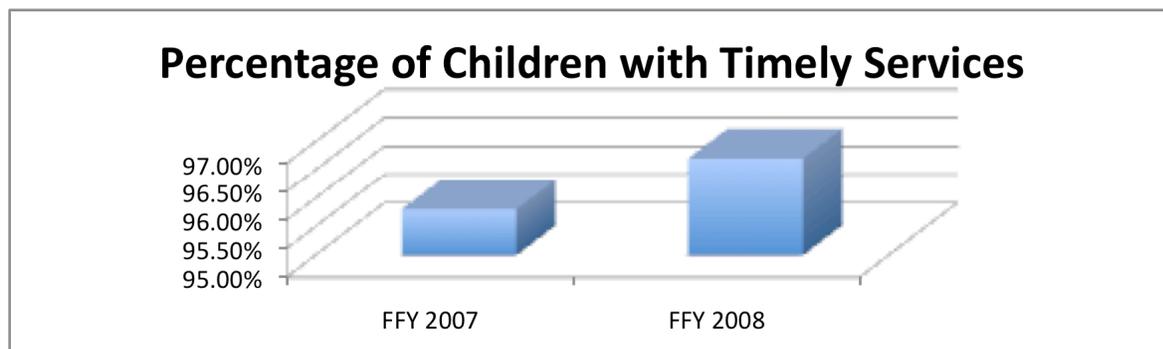
During the reporting year, LITPs made progress toward rectifying staff shortage issues. For FFY 2008, there was a significant increase in State funding. In particular, State General Funds increased from \$5,810,782 in FFY 2007 to \$10,389,104 in FFY 2008, a 78.8% increase. This increase in funding was extremely important considering that the number of children served increased from 6,991 in FFY 2007 to 7,315 in FFY 2008 (4.6% increase).

The increase in State funding has also been extremely beneficial in the ability of LITPs to move closer to achieving full compliance and meeting State targets. In particular, the additional funds have enabled MITP to increase the total number of service provider FTEs from 717.89 in FFY 2007 to 746.70 in FFY 2008. In addition, the additional funding has enabled MITP to increase the number of service coordinators from 564 in FFY 2007 to 585 in FFY 2008. Despite the increase in State funding, staffing issues were still the most prevalent reasons for missing timelines. Several local jurisdictions were temporarily prevented from hiring staff for vacant positions because of hiring freezes.

**Explanation of Progress or Slippage:**

The following table illustrates the percentage of infants and toddlers with IFSPs who received the early intervention services on their IFSPs in a timely manner for FFY 2007 and FFY 2008 (prior to FFY 2006, MSDE reported projected timely services, so a comparison to FFY 2006 data are not useful):

FFY	2007	2008
Percentage of children with timely services	95.8%	96.7%



When comparing FFY 2008 results (96.7%) to FFY 2007 results (95.8%), there is an improvement of 0.9% in the percentage of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. Fifteen of the 24 LITPs either made progress or maintained their current level of compliance with this indicator. Eight of 24 LITPs achieved the State target (100%) for this indicator and twelve others exceeded 95% compliance.

In FFY 2008, 7,281 children (80.9%) had service initiation within 30 days; 317 (3.5%) had service initiation beyond 30 days of the IFSP because of family reasons; 695 children (7.7%) had service initiation dates beyond 30 days because the child was not available; 393 children (4.4%) had service initiation dates beyond 30 days because of IFSP team decisions based on the needs of the child and family; and 15 children (0.2%) had service initiation beyond 30 days of the IFSP because of agency closings due to inclement weather.

The non-compliance figure of 3.3% (300 children) was primarily related to staffing shortages due to funding and vacant staff positions. Several local jurisdictions were temporarily prevented from hiring staff for vacant positions because of hiring freezes. During the reporting period, there were 346 services that were provided after Maryland’s 30-day timeline and that were not a result of the child being unavailable, parent request, IFSP team decisions, or weather-related agency closings. Most of the 346 missed

timelines were due staffing issues (178 or 51.4%) or administrative/scheduling errors (151 or 43.6%). Other reasons included holiday breaks (8 or 2.3%), interpreter delays (3 or 0.9%), transportation issues (2 or 0.6%), waiting for a program to begin (2 or 0.6%), Medical Assistance becoming inactive and thus necessitating a change in provider (1 or 0.3%), and changing location (1 or 0.3%).

Missed timelines due to systemic reasons were also examined in relation to the number of days past the 30-day timeline. Most of the missed timelines occurred between 31-45 days after parent signature (170 or 49.1%), followed by 46 to 60 days (92 or 26.6%), 61 to 75 days (41 or 11.8%), 76 to 90 days (14 or 4.0%) and over 91 days (29 or 8.4%). Staff shortages (10 of 29) or administrative scheduling delays (19 of 29) accounted for all twenty-nine (100%) reasons for taking over 90 days to received services.

**Correction of FFY 2007 Findings of Noncompliance (if State reported less than 100% compliance):**

Level of compliance (actual target data) State reported for FFY 2007 for this indicator: 95.8%

1. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	<b>22</b>
2. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	<b>22</b>
3. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>

**Correction of FFY 2007 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

4. Number of FFY 2007 findings not timely corrected (same as the number from (3) above)	<b>0</b>
5. Number of FFY 2007 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>0</b>
6. Number of FFY 2007 findings <u>not</u> verified as corrected [(4) minus (5)]	<b>0</b>

At the child level, the state reviewed the records of all 300 children whose services were not provided within Maryland’s 30-day timeline in FFY 2008 and verified that the services were eventually provided, although late, as documented on the IFSP.

At the local program level, twenty-two instances of non-compliance, less than 100% compliance, were identified in FFY 2007 for this indicator and all were corrected within 12 months or less or prior to notification. The correction of noncompliance was confirmed through local and MSDE data analyses. Following each incidence of noncompliance, data analyses were conducted to confirm that jurisdictions were correctly implementing the statutory/regulatory requirements consistent with timely provision of services. MSDE found that all incidences of noncompliance were corrected with 100% compliance achieved. This was accomplished through the local implementation of changed practices and processes included by local programs in Improvement Plans or Corrective Action Plans. See Indicator #9 for a detailed explanation of MSDE’s general supervision procedures.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:****New/Revised Improvement Activities:**

In FFY 2007 – 2010, MSDE will complete and fully implement modifications to the Part C database to refine data collection, reporting, and analysis related to timely service provision (e.g., electronic reports with reasons for and comparisons of untimely actual service initiation dates), and a change in the database structure which would more closely align the addition of services to IFSP meeting dates. It is expected that these changes to the database will decrease the amount of validation required by MSDE for each monitoring period.

**Revised Activity:** To improve the timeliness and accuracy of data entry, MSDE and the database contractor are in the process of modifying the data system so that local service coordinators will be able to enter actual service initiation dates directly without submitting paperwork to local data entry staff. Service coordinators will also be able to do data reports that will assist them in keeping track of service initiation dates for children/families in their caseloads. MSDE will provide training to LITP directors/data managers/service coordinators on the database changes mentioned above. In addition, MSDE intends to create a predefined report that summarizes all of the reasons for late services. The current report provides data at the child level.

**New Resources:** For FFY 2008, MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 78.8% increase in State funds. Funds were allocated to local programs based on child count. This allowed LITPs to hire additional staff or contract for additional staff. Stakeholders are currently advocating to the State government that the total State allocation of \$10,389,104 should not be reduced in State FY 2011. For the grant period of 7/1/2009 to October 30, 2011, LITPs have been allocated \$7,505,513 in ARRA I and II funds which have enabled many of these programs to hire additional staff or maintain current levels of staffing so that early intervention services are initiated in a timely manner.

Part C State Annual Performance Report (APR) for FFY 08 – Indicator #2

**Overview of the Annual Performance Report Development:**

Data for this indicator were collected through the Part C database, verified by LITPs, validated by MSDE, and reviewed by the SICC.

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

**Indicator 2:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

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

**Measurement:** Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
<b>2008 (2008-2009)</b>	<b>90% of infants and toddlers with IFSPs will primarily receive early intervention services in the home or community-based settings.</b>

**Actual Target Data for FFY 2008:** 92.3% (6,751/7,315)

To report on the percentage of infants and toddlers who receive early intervention services primarily in natural environments, MSDE generated a report from the statewide database, which calculated the frequency of services delivered in all settings for all eligible children with IFSPs on 10/31/08. Infants and toddlers were considered to receive service primarily in the natural environment if greater than half of their early intervention services were provided in a home or community-based setting. In addition, MSDE reviewed a report of children referred during FFY 2008 and examined all services that were not provided in natural environments to determine the presence of justifications on IFSPs and to determine if justifications were based on the needs of the child.

**Number and Percent of Children Whose Primary Setting is a Natural Environment (n=7,315)**

Home	Community Setting	Total in NE	Total in Other	Percent in NE
<b>6,139</b>	<b>612</b>	<b>6,751</b>	<b>564</b>	<b>92.3%</b>

Out of 7,315 active eligible children, 6,751 children received services primarily in the natural environment. There were 564 children who received the majority of their services in non-natural environments.

## Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

### State monitoring and technical assistance activities:

MSDE reports 618 data for this indicator in the APR for all 24 LITPs. During this reporting period, MSDE continued to monitor the progress on this indicator by including the percentage of children primarily receiving services in natural environments (NE) on local data profiles distributed to LITPs two times annually, in October and April. Also included on the profiles are the percentage of services not provided in the natural environment, for children referred during FFY 2008, that have a justification on the IFSP and whether these justifications were based on the needs of the child.

If the data for a local Infants and Toddlers Program (LITP) were below the State target, the LITP was required to develop an Improvement Plan for the NE indicator. For LITPs who had a NE Improvement Plan, a progress report (including data, strategies and activities) was submitted along with their semiannual and final program reports. If justifications were missing in the database for services not provided in the NE, LITPs were required to review the early intervention record and enter justifications as they appeared on the IFSP. Technical assistance was provided to local programs to understand and develop appropriate justifications if services were not provided in the NE. Additional training/technical assistance is necessary in FFY 2009 in three jurisdictions who continue to have difficulty with documenting justifications based on the needs of the child.

In FFY 2008, MSDE staff through the local application process and sub-recipient monitoring visits, reviewed LITP contracts with private agencies providing early intervention services. A specific area of focus was the provision of services by the private agencies in a natural environment unless the needs of the child justified the provision of service in a setting that is not a natural environment. Five local sub-recipient monitoring visits were held in FFY 2008. Of the 5 subrecipient monitoring visits made to LITPs, private agency contracts were reviewed and were found to include a clause reflecting federal and State regulations pertaining to the provision of service in the natural environment. MSDE staff will continue sub-recipient monitoring to focus on the provision of services in the natural environment by private agencies.

During FFY 2008, in order to ensure individualized decision-making regarding settings and to increase services in the natural environment, MSDE and contractors provided training, consultation, and technical assistance to local LITP directors, service providers, stakeholders and parents via the following forums:

- Service Coordinators' Resource Group Training/Technical Assistance Quarterly Sessions – Topics throughout the year focused on supporting children and families in natural environment. The fall 2008 sessions focused on "Successful Local Models that Support Strong Partnerships with Families, Childcare or Early Education Providers." Specific presentation titles included Parent/Infant Toddler Groups in Natural Environments, Including Fathers in EI, Building Bridges Model: Community Family Inclusion, Tiny Tot Literacy Group, Teachable Moments, and Play Based Assessments.
- Early Intervention Leadership Academy (EILA) – A month-long focus on evidence-based practices with a strong emphasis on supporting child and family outcomes in natural environments.
- Annual Special Education/Early Intervention Services Leadership Conference – Conference sessions included "Meeting the Challenge! Addressing Challenging Behaviors in Young Children," "Promoting Social and Emotional Foundations in Early Learning," "Primary Service Provider and Teaming Model Best Practices" and "Addressing the Social and Behavioral Challenges of Students with Autism Spectrum Disorders: Applying Evidence-Based Interventions in Inclusive Settings."
- A one-day statewide conference "Building Collaborative Partnerships: Can We Build It, Yes We Can" with over 100 participants, including infants and toddlers providers, preschool general and

special education providers, and other early childhood partners, with a focus on supporting the inclusion of young children with disabilities and their families in community settings.

- Promoting Social Emotional Foundations of Early Learning (SEFEL) Statewide Trainings – One statewide train-the-trainer 4-day training was held with approximately 40+ participants who work with the birth-to-three year old children. In addition, Family Support Parent Coordinators participated in a train-the-trainer session to support parent training efforts using the SEFEL parent training “Positive Solutions for Families.” Local parent SEFEL training was initiated in several jurisdictions and will continue to be supported by MSDE. Through analysis of local NE data in conjunction with local SEFEL parent training sites, MSDE will monitor potential increases in the provision of services in natural environments in local jurisdictions.
- Family Outcomes Regional Technical Assistance/Training in May 2009 - Four statewide regional trainings were conducted around family outcomes data sharing/analysis and to discuss local best practices. Implementing services in natural environments was discussed as an important factor for promoting more positive family outcomes. The documents developed by the Workgroup on Principles and Practices in Natural Environments – OSEP TA Community of Practice – Part C Settings were provided to every participant with an emphasis on family benefit when providing early intervention services in natural environments.

In addition, the online Maryland Early Childhood Gateway continues to be a statewide resource incorporated into the statewide and local training efforts around supporting young children in natural environments. The Maryland Early Childhood Gateway website provides a wealth of information for providers, families, and other stakeholders. This website includes information on evidence-based practices for providing early intervention services in the natural environment through the Evaluation and Assessment in the NE and IFSP Development and Implementation in the NE sections of the IFSP tutorial. Information about this website is available at every statewide meeting and was specifically distributed in FFY 2008 via the following forums:

- Service Coordinators’ Resource Group Training/Technical Assistance Quarterly Sessions – Early Childhood Gateway (ECG) reminders and updates regarding new postings of content, resources, navigation upgrades and solicitation of input for new content and navigation features;
- Early Intervention Leadership Academy (EILA) – ECG site is referenced and content incorporated in all five course offerings;
- Annual Special Education/Early Intervention Services Leadership Conference – Roundtable Discussions included EC Gateway Expansion /Enhancements;
- Kennedy Krieger’s Center for Autism and Related Disorders: Professional Classroom Immersion Training Program and Local Technical Assistance – ECG content and resources were referenced in both programs during implementation and follow-up;
- Promoting Social Emotional Development Statewide Trainings – ECG content and resources were highlighted at the onset of each training;
- State Interagency Coordinating Council (SICC) – Reminders about the ECG resources available through the distribution of fliers, posters and magnet clips during meetings; and
- Family Support Services statewide meetings – ECG flyers were distributed 3x this year.

Additionally, in June 2009, The Maryland Infants and Toddlers Program Physician’s Guide for Referring Children with Developmental Disabilities to Maryland’s System of Early Intervention Service was updated and revised. This guide provides information about referring children to Maryland’s system of early intervention services, the physician’s role in early intervention and best practices regarding **family centered practices in natural environments**. This guide has been distributed throughout Maryland to hospitals, health departments, local infants and toddlers programs, SICC members, primary care practices, the Maryland Preemies Network and the members of Maryland’s American Academy of Pediatrics.

**Data collection, reporting and analysis:**

The percentage of children served in the natural environment includes children in which the majority of services are provided in a natural environment. Justifications for services that are not provided in the natural environment are entered into the Part C database. Twice a year, MSDE reviews the actual justifications of children referred during the six-month period and verifies that justifications are based on the needs of the child. This information is provided to local jurisdictions along with their local profiles given out in the fall and spring each year.

Prior to the submission of 618 data reported in this indicator, MSDE runs an audit report and reviews the settings that are entered under the “Other” category. When settings in the “Other” category appear to be community-based settings, MSDE contacts LITPs and clarifies the definition of NE settings and includes them in the appropriate category.

In Maryland, determined by a snapshot count on 10/31/08, there are:

- 9 small counties (serving <90 children)
- 10 mid-size counties (serving 100 - 400 children); and
- 5 large counties (serving 700 or more children).

Of the 24 LITPs, 19 programs met or exceeded the State target of 90%. Nine LITPs supported all children in the natural environment (2 mid-size counties and 7 small counties). Another five jurisdictions supported at least 95% of children in the natural environment (1 large county and 4 mid-size counties). Five LITPs did not meet the State target. Of the five LITPs that did not achieve the State target, the following patterns emerged:

- 1 large county missed the target by 2.6%, but the 6/30/09 data shows a significant improvement as this county is now above the state target.
- 1 large county missed the target by 4.3%, but the 6/30/09 data shows a significant improvement to 4.6% above the state target.
- 1 very small county (about 11 children) missed the target by 18.2%, but clearly wrote justifications based on child need for two out of the eleven children who received services in a more structured, intensive learning environment in preparation for transition. The 6/30/09 data indicates this jurisdiction is now serving 100% of children in the natural environment.
- 1 large urban jurisdiction missed the target by 9.1%, a 1% slippage over the past year although the 6/30/09 data shows a 3% improvement.
- 1 mid-size county (about 100 children) missed the target by 1.9%, and has made almost a 10% improvement in services in the natural environment over the past year.

The jurisdiction above with slippage and the jurisdiction above that continues to miss the target have been identified for specific technical assistance to improve services in natural environments and to improve justifications based on the needs of the child.

For all children referred in FFY 2008, a database generated report documented all justifications for not providing services in the natural environment. Each justification was reviewed and analyzed to determine if it was based on the needs of the child. This review indicated that 81.5% of children or 241 out of 296 children had justifications based on child need and 86.3% of services or 402 out of 466 services had justifications based on the needs of the child. Maryland is now using a higher standard when reviewing justifications based on the needs of the child as OSEP provided information that justifications needed to reflect evidence-based practices. All justifications not based on the needs of the child occurred in three jurisdictions with the majority of the justifications not based on the needs of the child occurring in a large urban jurisdiction with a substantial number of families experiencing poverty. In this jurisdiction, both staff members and parents continue to report concerns about providing services in the natural environment due to potential neighborhood violence. Many parents elect to obtain therapy services from private agencies that are not natural environments because these agencies are located in safe neighborhoods and provide reliable transportation for families.

In the above jurisdiction, it is important to note that in the past private agencies have only provided services in non-natural environments. Recently, however, some of the private agencies have added home visits to their list of settings where services are provided. While this may not immediately result in an increase in the percentage of children served primarily in the natural environment (because many children will continue to access the majority of their services in a non-natural environment), it is worth acknowledging the addition of home-based services for children previously not receiving services in the home and the generalization of learning to home and community settings. Also, during service provision by the private agencies referenced above, parents are full participants in the early intervention activities. Techniques used to involve parents include modeling of early intervention strategies, parental role-playing, and other techniques. Parents are commonly provided workbooks to take home that describe the strategies with drawings and narratives. Service providers also discuss with parents ways to incorporate intervention strategies into home and community activities.

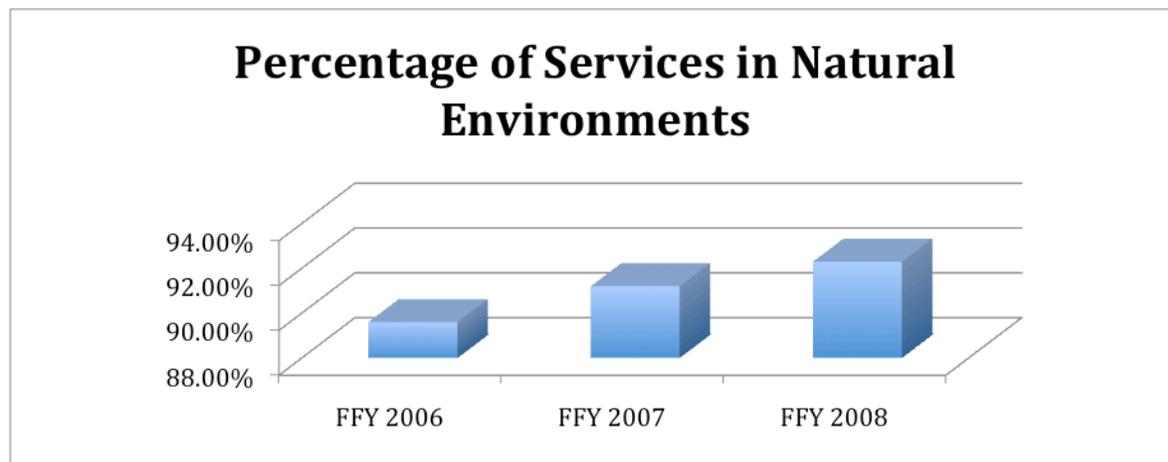
**Addressing system capacity issues:**

Overall, LITPs have increased service collaborations with child care, Early Head Start, Judy Centers, library and other community programs, and have been able to train paraprofessionals to provide special instruction under the supervision of a special educator. Several LITPs continue to struggle to provide service in the natural environment due to increased referrals, job recruitment/retention issues, safety issues and parental preference.

**Explanation of progress or slippage:**

The following table illustrates the percentage of infants and toddlers with IFSPs who primarily received early intervention services in the natural environment for FFY 2006, FFY 2007 and FFY 2008:

FFY	2006	2007	2008
Percentage of services in natural environments	89.6%	91.2%	92.3%



In FFY 2008 the State met its target of 90% and improved from the previous year by 1.1%. This increase in serving children in natural environments may be due to a variety of factors. During FFY 2008 there was increased state funding for the Local Infants and Toddlers Programs which may have impacted these positive results. In addition, there is a clear system in place for monitoring the NE data, through local target setting and local improvement plans. An emphasis on increasing the inclusion of infants and toddlers with disabilities in community programs and on IFSP decision making that supports the provision of services in the NE has continued through a variety of statewide and local training and technical assistance efforts. Maryland’s Early Childhood Gateway at [www.mdecgateway.org](http://www.mdecgateway.org) continues to be a widely promoted statewide resource with tutorials on evaluation/assessment and IFSP development and implementation with specific lessons on how to incorporate functional practices in the natural environment.

**Revisions, with Justification, to Proposed Targets /Improvement Activities/  
Timelines/Resources for FFY 2009:**

**New/Revised Improvement Activities:**

1. In FFY 2007 - FFY 2010, MSDE will require a LITP to complete improvement plans when the State target is not met or when justifications for not providing service in natural environments are not based on the needs of the child. LITPs will report their progress in semiannual and final program reports.

**Revised Activity:** In FFY 2009 – FFY 2010 MSDE will require more rigorous improvement plan strategies particularly with regard to writing justifications based on the needs of the child when services are not provided in the natural environment.

2. In FFY 2007 – FFY 2010 MSDE will encourage and assist LITPs to build inclusive opportunities in communities through capacity-building activities such as training on how to identify and organize community resources and how to foster interagency collaboration.

**Revised Activity:** In FFY 2009, to improve individualized decision-making and services to children in natural environments, specific statewide training on fostering interagency collaboration will be conducted.

3. In FFY 2007 - FFY 2009, MSDE, Mid-South Technical Assistance Center staff and LITP staff from a large urban jurisdiction will develop and implement strategies to improve the percentage of services provided in natural environments considering challenges encountered in an urban environment.

**Revised Activity:** In FFY 2009 - FFY 2010, direct technical assistance will be provided to the LITP of a large urban jurisdiction and participating private agencies on providing services in a natural environment and writing justifications based on the needs of the child when services are not provided in a natural environment. This technical assistance will also be provided to at least two other LITPs who have had challenges with justifications based on the needs of the child.

4. **New Improvement Activity:** In FFY 2009 – FFY 2010, MSDE staff will provide training to LITPs regarding the use of “child unavailable” as a valid justification for not providing services in natural environments when services are provided in non-natural environments due to unsafe neighborhoods.

5. **New Improvement Activity:** In FFY 2009, MSDE will develop and disseminate a Parent Information Series to include the following components: A Family Guide to Early Intervention Services in Maryland *Ages Birth through Two*, A Family-Friendly Resource to Understanding Your Parental Rights, Stepping Ahead To Success – A Family Guide to Understanding the Transition Process & Planning for Young Children (Birth through Five, and A Family Guide to Next Steps – When Your Child in Early Intervention Turns 3 – Families Have a Choice.

**New Resources:** For FFY 2008, MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 78.8% increase in State funds. Funds were allocated to local programs based on child count. This allowed LITPs to hire additional staff or contract for additional staff. Stakeholders are currently advocating to the State government that the total State allocation of \$10,389,104 should not be reduced in State FY 2011. For the grant period of July 1, 2009 to October 30, 2011, LITPs have been allocated \$7,505,513 in ARRA I and II funds which are being utilized by many programs to hire additional staff or maintain current levels of staffing so that early intervention services are provided, to the extent appropriate, in the natural environment.

**Part C State Annual Performance Report (APR) for FFY 2008 – Indicator #4**

**Overview of the Annual Performance Report Development**

Data for this indicator were collected through the distribution of family surveys, compiled and aggregated by an MSDE contractor, and analyzed by MSDE staff to develop State and local program improvement activities.

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

**Indicator 4:** 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 USC 1416(a)(3)(A) and 1442)

**Measurement:**

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

FFY	Measurable and Rigorous Target
<b>2008 (2008-2009)</b>	<p><b>75% of families participating in Part C report that early intervention services helped the family know their rights.</b></p> <p><b>73% of families participating in part C report that early intervention services helped the family effectively communicate their children’s needs</b></p> <p><b>83% of families participating in part C report that early intervention services helped the family help their children develop and learn</b></p>

Actual Target Data for FFY 08: Part C Early Intervention Family Survey Report for Data Collected in 2009

**Indicator #4A:** Percent of families participating in Part C who report that early intervention services have helped the family:

A. Know their rights.

Standard: A .95 likelihood of a response of “agree,” “strongly agree” or “very strongly agree” with this item on the NCSEAM survey’s Impact of EI Services on Your Family scale: “Over the past year, Early Intervention services have helped me and/or my family: know about my child’s and family’s rights concerning Early Intervention services.”

**Percent at or above indicator 4A standard (539): 83% (Standard Error [SE] of the mean = 0.8%)**

**Indicator #4B:** Percent of families participating in Part C who report that early intervention services have helped the family:

B. Effectively communicate their children’s needs.

Standard: A .95 likelihood of a response of “agree,” “strongly agree” or “very strongly agree” with this item on the NCSEAM survey’s Impact of EI Services on Your Family scale: “Over the past year, Early Intervention services have helped me and/or my family: communicate more effectively with the people who work with my child and family.”

**Percent at or above indicator 4B standard (556): 81% (SE of the mean = 0.9%)**

**Indicator #4C:** Percent of families participating in Part C who report that early intervention services have helped the family:

C. Help their children develop and learn.

Standard: A .95 likelihood of a response of “agree,” “strongly agree” or “very strongly agree” with this item on the NCSEAM survey’s Impact of EI Services on Your Family scale: “Over the past year, Early Intervention services have helped me and/or my family: understand my child’s special needs.”

**Percent at or above indicator 4C standard (516): 90% (SE of the mean = 0.7%)**

Number of Valid Responses: 2,017  
Measurement reliability: 0.92 – 0.95

Mean Measure: 679  
Measurement SD: 173

With regard to the percentages of families who reported that early intervention services helped them for each sub indicator, the numerators are the numbers of families who agreed, strongly agreed, or very strongly agreed with related items on the survey, and the denominators are the number of valid survey responses.

4A.	Know their rights:	1,674/2,017	83%
4B.	Effectively communicate their children’s needs	1,634/2,017	81%
4C.	Help their children develop and learn	1,815/2,017	90%

On August 27, 2009, in preparation for sending out the Early Intervention Family Survey, a dynamic report was created for local infants and toddlers programs titled “**Family Survey Address Validation**” to assist local programs to validate family addresses. On September 3, 2009, Maryland submitted a data file (N =

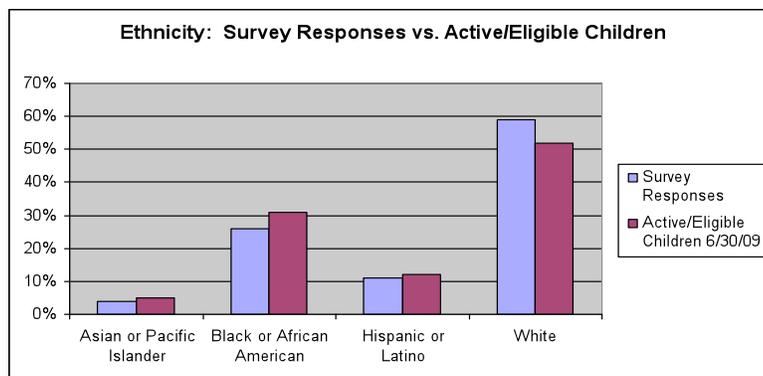
7,123) to the survey vendor, Avatar International, Inc., with all active eligible children as of 6/30/09. All addresses were again validated by Avatar International, Inc. using United States Postal Service software. On October 15, 2009, 6,813 surveys were either directly mailed to families with active eligible children as of 6/30/09 or directly mailed to local jurisdictions for hand delivery to all families with active eligible children as of 6/30/09. For families who indicated in the Part C database that Spanish was their primary language, the survey was sent to the family in Spanish. In addition, one jurisdiction piloted the option for families to complete the survey on-line. The majority of the data from the on-line survey was invalid due to the inaccurate input of the survey number. Further investigation will be completed to understand and rectify the issues with the on-line survey option in order to offer this option in the future.

With input from local jurisdictions including family support providers and service coordinators, Maryland decided this year to only use a one-page survey. This survey included 22 questions specific to the impact of early intervention services on the family. For the past three years, Maryland has used a 2-page survey which also included information on the quality of early intervention services. The decision was made to use a one-page survey as many local early intervention providers suggested that a shorter survey would be easier for families to complete and, therefore, improve response rates.

An additional method used to improve response rates was to allow local jurisdictions in Maryland to determine how surveys would be distributed to families. This year only four jurisdictions chose to have surveys mailed directly to families by the vendor, Avatar International, Inc., using an address file provided by the MITP from the data system. A total of 2,681 surveys were directly mailed to families with a response rate of 19.9%. Twenty jurisdictions chose to deliver the family surveys by hand. A total of 4,132 surveys were hand delivered to families with a response rate of 35.9%. The overall response rate for both methods was 29.6%.

**Extent to which Results are Representative:**

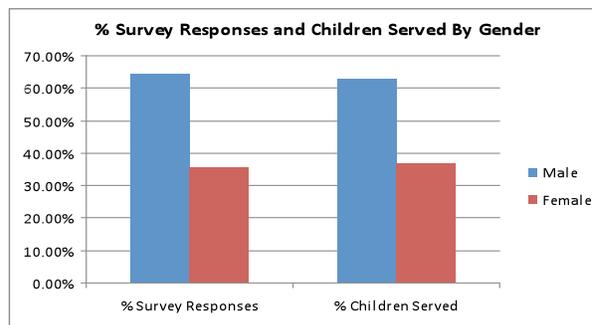
Race/Ethnicity	Percentage of Children Active/Eligible 6/30/09	Percentage of Family Survey Responses	Number of Children Active/Eligible 6/30/09	Number of Family Survey Responses
American Indian	0%	0%	0	0
Asian/Pacific Islander	5%	4%	356	81
Black/African American (Not Hispanic)	31%	26%	2208	524
Hispanic/Latino	12%	11%	855	222
White (Not Hispanic)	52%	59%	3704	1190
Total	100%	100%	7123	2017



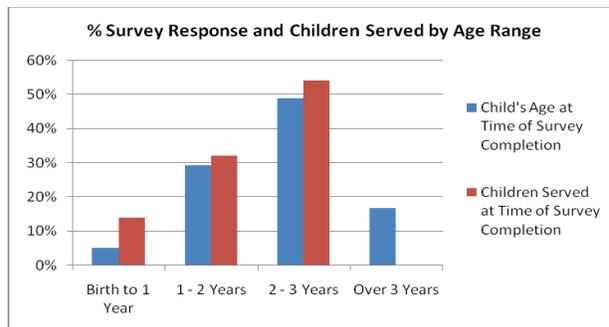
The above graph and chart indicate the extent to which the survey results were representative of the children who were active and eligible on 6/30/09. The number of Asian/Pacific Islander's served stayed the same this

year, but the percentage of survey responses from Asian/Pacific Islander families dropped by 1%. The number of Black/African American’s served increased by 1% this year and the family survey responses from this group were underrepresented by 5%. This was a significant improvement over last year as survey responses from African American’s were underrepresented by 11%. The number of Hispanic/ Latino’s served this year increased by 2% and the family survey responses were underrepresented by 1%. This was an improvement over FFY 2007 as this group was underrepresented by 2% last year. There continues to be overrepresentation by White families with regard to the family survey, but the percentage of overrepresentation dropped from 13% in FFY 2007 to 7% in FFY 2008. While the family survey results are not completely representative of the active/eligible children served there has been overall improvement in ethnic representativeness. This may be the result of requiring local improvement plans focusing on both response rates and representativeness.

The graph below compares the number of survey responses from families whose children are male/female with the percentage of children served who are male/female. The family survey responses are representative with regard to gender of the children served in the program in FFY 2008.



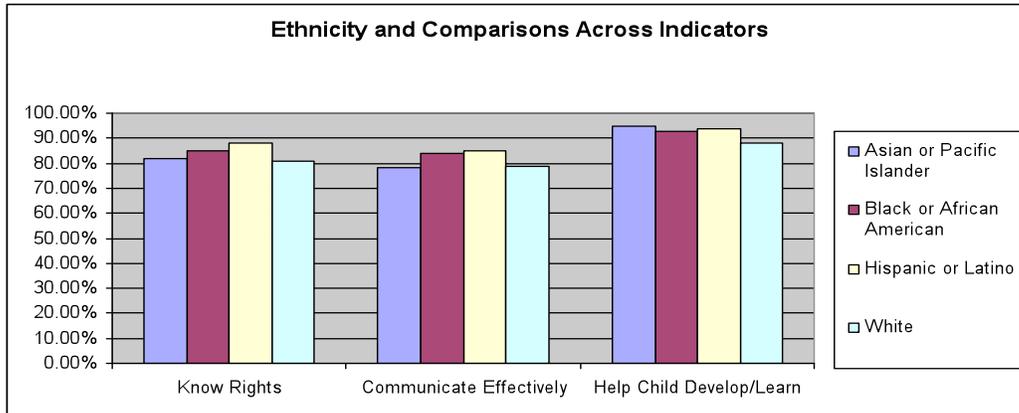
The chart below compares the percentage of survey responses by age range compared to the percentage of children served by age range. The family survey data are basically representative for both the 1 to 2 year and the 2 to 3 year age range. Maryland’s data indicates that families in the birth-to-one age range typically respond at a lower rate. An additional 17% of survey responses were from families with children over the age of three who exited the early intervention program prior to or at age 3.



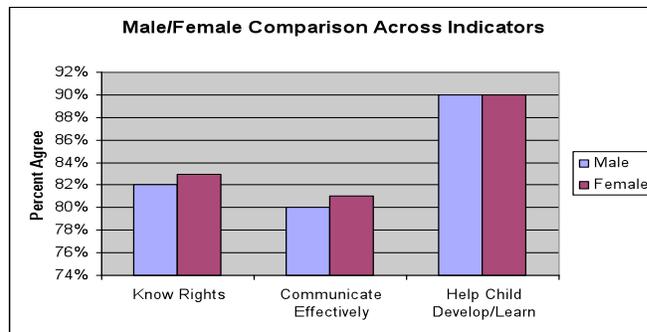
Finally, one very small jurisdiction (serving less than 10 children) had no responses to the family survey. While this had very little impact on overall statewide representativeness, this jurisdiction will be required to complete improvement plans for each of the 3 indicators as well as improvement plans for response rate and representativeness to ensure survey responses in the future.

**Demographic Information and Comparisons Across Indicators**

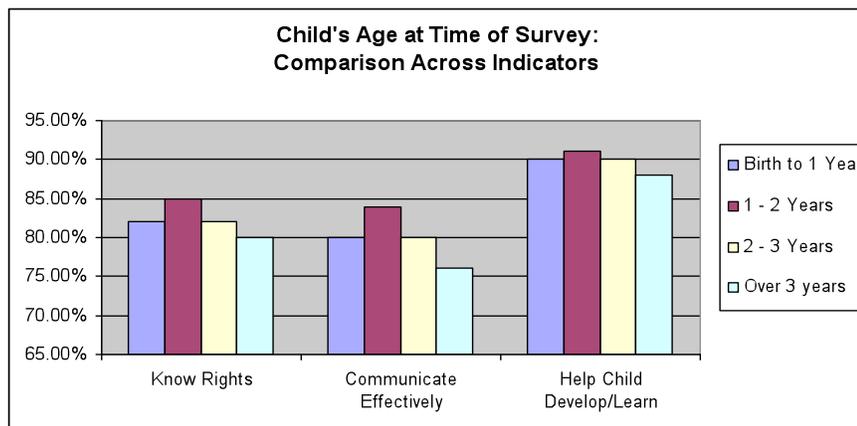
The graph below depicts comparisons across Indicators 4a, 4b and 4c by ethnic group. This data indicate minimal differences by ethnic group with regard to family benefit on any of the three indicators.



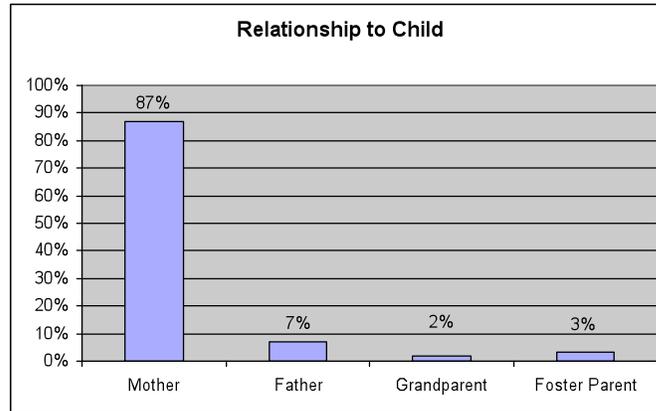
The graph below depicts comparisons across Indicators 4a, 4b and 4c by gender. Once again, this data indicate minimal differences by gender with regard to family benefit on the three indicators.



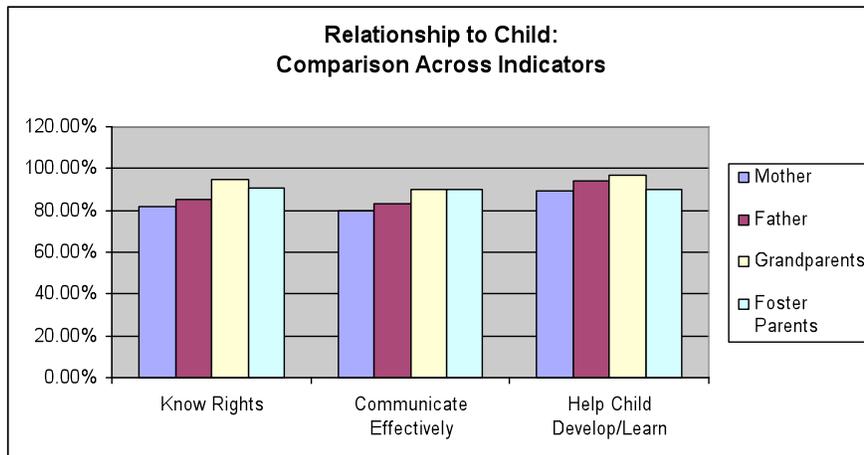
Differences are noted when comparing age ranges at the time of survey completion across the three family survey indicators. The graph below depicts a lower percentage for all three indicators for families of children who are over the age of three and no longer in the program. These are families who reflected back on their experience in early intervention and indicated not as much family benefit as those families currently in the program. This was particularly significant with regard to Indicator 4b (families who report that early intervention services have helped the family effectively communicate their children’s needs) which depicts 5% lower than the statewide average of 81% on this indicator.



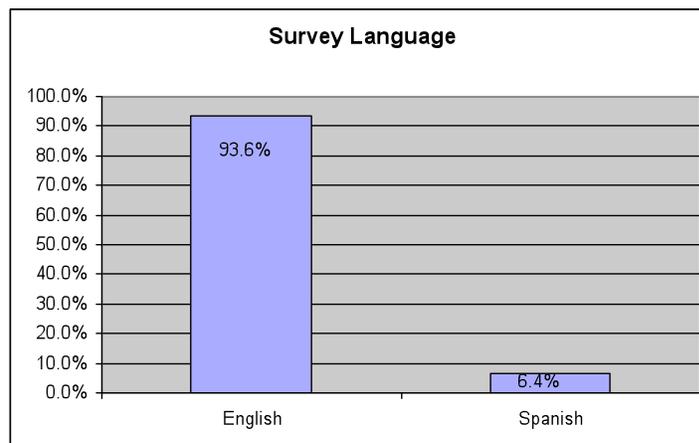
The graph below depicts who completed the family survey (i.e., mother, father, grandparent, or foster parent) with mothers making up the overwhelming majority of survey responses.

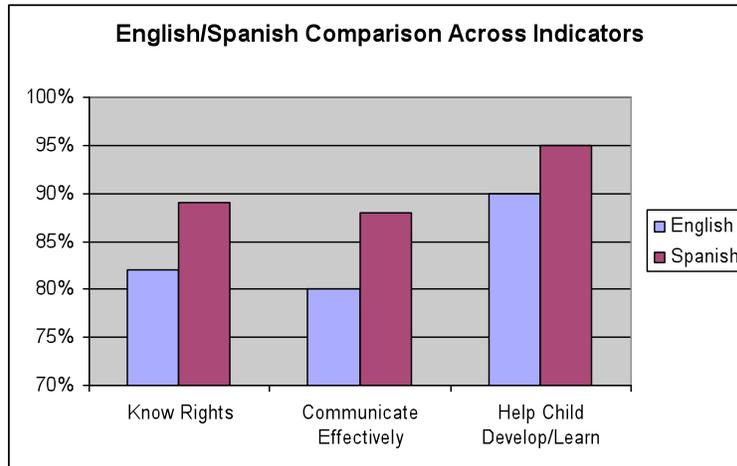


This graph compares the relationship to the child across the three family survey indicators. Little differences exist in the percentages of family benefit based on who completed the survey.

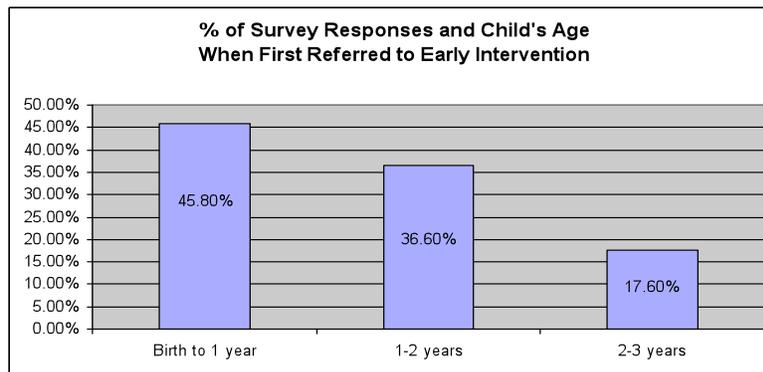


The first graph below indicates the number of surveys completed in English and in Spanish. The second graph compares surveys completed in English and Spanish across all the indicators. This data indicate a 5 – 8% higher response for those families who completed the survey in Spanish.

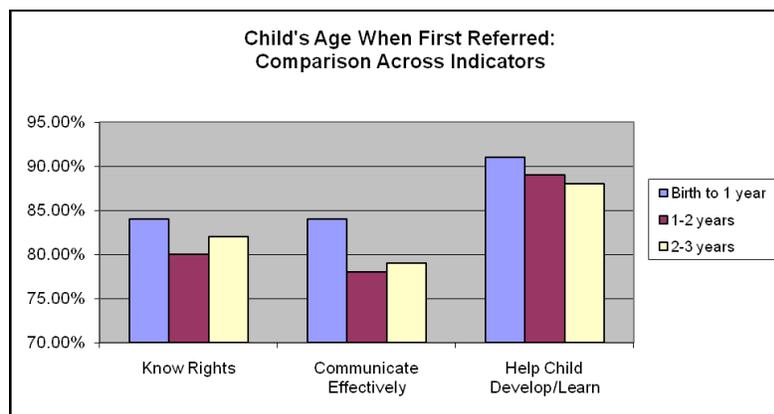




The graph below indicates the number of surveys completed based on the child’s age when first referred to early intervention. The longer a child and family received early intervention services the more family surveys responses were received.



The following graph compares the child’s age when first referred across the three family benefit indicators. The data suggest the most family benefit occurs for children/families who receive early intervention services before the child is one year of age.



Through review and analysis of demographic information related to the family survey, several trends emerge which could impact positively on family outcomes. The first is in direct reference to the graphs above suggesting that the most family benefit occurs for children who are referred prior to age one. This suggests the continuation of statewide and local outreach efforts to improve early referral to the early intervention system. Specific activities to increase birth to 1 referral rates are discussed in Indicator #5. Additionally, as

data trends emerge over time, further exploration needs to occur at the local level in order to correlate best practices with positive family outcomes. In FFY 2009 the relationships between statewide and local family outcome data and child outcome data will be explored.

### **Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:**

#### **State monitoring and technical assistance activities:**

Improvement activities during FFY 2008 continued to link the purpose and usefulness of the survey results to local improvement efforts. MSDE required all jurisdictions to complete a local improvement plan which included:

- Steps to improve the response rate and representativeness of responses to the statewide Family Survey, such as identifying ways that family support staff and service coordinators can assist families to complete the survey; and
- Steps to involve local stakeholders to understand the purpose of the survey and the importance of family benefit.

In addition, if the jurisdiction was below the state target on Indicator 4a, 4b, or 4c the jurisdiction was required to complete an improvement plan that included a discussion of the data and **specific steps to increase the benefit of early intervention services for the family**. MSDE reviewed each local grant application to ensure an improvement plan regarding the family survey response rate was in place and included steps for improvement. If a jurisdiction needed to submit an improvement plan regarding their indicator data, the improvement plan was reviewed and technical assistance was provided as needed.

During February of 2009 each local Infants and Toddler Director was asked to complete a survey to provide input on the preferred timeline for conducting the early intervention family survey in order to maximize response rates. The overwhelming consensus was to continue implementing the family survey during the fall of each year.

During May/June of 2009 four regional training/technical assistance sessions (Eastern Shore, Western, Southern and Central) were held throughout the state and focused on family outcome results. Each session was attended by a team of participants from the jurisdictions in that region with the following participant outcomes:

- Participants will analyze and discuss statewide and local family outcomes data.
- Participants will receive individualized family outcome activities based on local results in order to assist with local improvement planning around family outcomes.
- Participants will understand local best practices around family outcomes (including response rates, representativeness and significant gains in indicator results), to assist with local improvement planning through the grant application process.
- Participants will have an understanding of additional resources available to assist with local improvement planning around family outcomes.
- Participants will provide feedback on the DRAFT copies of the Child and Family Outcomes Brochure and the Family Survey FAQ.

Participation in the regional training/technical assistance helped local jurisdictions to write improvement plans to promote meaningful improvement in response rates, representativeness and indicator results. Both the Child and Family Outcome Brochures and the Family Survey Frequently Asked Questions were completed in June/July of 2009 and distributed to the local infants and toddlers directors as well as family support coordinators and parent-to-parent networks throughout the State.

As in the past, MSDE continued collaboration with parent-to-parent networks throughout the State by providing training and technical assistance to local Family Support Network, Preschool Partners, and Partners for Success coordinators and by continuing to develop working relationships with the Parents' Place of Maryland, the Maryland Developmental Disabilities Council, and local agencies that provide specific

support group activities. On March 17, 2009 MSDE co-sponsored a statewide training which included information on the child find process and outreach strategies, the role of parent-to-parent networks in supporting families of children with special health care needs, updates on waivers in Maryland, and an update on the family survey and parent survey in Maryland. This training was for all stakeholders involved in parent-to-parent networks in Maryland and attendance was excellent with over 75 participants.

On March 18, 2009, Family Support Services Training-of-Trainers was held using the Center for Social Emotional Foundations in Early Learning (CSEFEL) Parent Modules Positive Solutions for Families. This training was conducted for parents of children with disabilities who work for their local early intervention/preschool program or local school system as a local family support coordinator. The outcome of the training-of-trainers was to support and encourage local family support coordinators to train parent groups to understand how to teach social and emotional foundations to young children through the CSEFEL Parent Modules Positive Solutions for Families.

MSDE Division of Special Education/Early Intervention Services collaborated with the MSDE Division of Library Services to create and distribute statewide brochures "Parent Involvement in Planning Your Child's IFSP or IEP is Essential" and "Are you Concerned About Your Child?" These family-friendly brochures are now available at all local libraries throughout the state and are used at all events to outreach to the community regarding early intervention and special education supports and services.

The family outcome results and the family survey process were on the agenda at several other statewide meetings including:

- The Statewide Service Coordinators Resource Group on October 23, 2008;
- The Statewide Family Support Services Coordinators on October 29, 2008; and
- The Statewide Interagency Coordinating Council on February 5, 2009.

Additionally, MSDE provided technical assistance to local jurisdictions regarding the family survey data through phone consultation, on-site visits and local presentations to early intervention staff.

**Addressing system capacity issues:**

For FFY 2008, there was a significant increase in State funding for the first time in years. In particular, State General Funds increased from \$5,810,782 in FFY 2006 to \$10,389,104 in FFY2007, a 78.8% increase. The increase in State funding has been extremely beneficial in allowing LITPs to focus on improving child and family outcomes. Specifically, the additional funding has enabled LITPs to increase the number of service providers and the number of service coordinators.

**Explanation of progress or slippage:**

This year Maryland experienced significant progress in both response rates and in the family outcome data. The overall response rate increased from 22.2% to 29.6%; a significant increase of 7.4%. Possible reasons for the increase in response rate could be attributed to the shorter survey used this year, local emphasis on increasing survey responses by requiring local improvement plans, and statewide emphasis on increasing survey response rates through distribution of the Child and Family Outcome Brochure and the Family Survey Frequently Asked Questions.

The chart below illustrates the percentage/number of family survey responses over the past three years.

FFY	2006	2007	2008
Percentage/number of early intervention family survey responses	23% 1476/6395	22.2% 1570/7078	29.6% 2017/6813

Maryland is now well above the FY 2008 targets on all three of the family outcome indicators. Indicator 4a (know your rights) increased from 78% to 83%. This represents a significant gain of 5%. Indicator 4b (communicate effectively) increased from 75% to 81%, representing a significant gain of 6%. Indicator 4c (help my child develop and learn) increased from 86% to 90%. This represents a significant gain of 4%.

Possible reasons for the increase in family outcome data could be attributed to a stronger focus on family outcomes, an increase in state funding allowing the hiring of increased numbers of service providers and service coordinators, and the anticipation of the implementation of the Extended IFSP Option in Maryland. The following table illustrates the family outcome data for FFY 2006, FFY 2007, FFY 2008 and FFY 2008 State Target:

FFY	2006	2007	2008	2008 Target
Percentage of families who report EI services have helped them to know their rights	76%	78%	83%	75%
Percentage of families who report EI services have helped them effectively communicate their child's needs	74%	75%	81%	73%
Percentage of families who report EI services have helped them to help their child develop and learn	81%	86%	90%	83%

**Revisions, with Justification, to Proposed Targets / Improvement Activities Timelines / Resources for FFY 08:**

**Revised/New Improvement Activities:**

1. In FFY 2008 – FFY 2010, MSDE will collaborate with local stakeholders to further analyze the methods of survey distribution in order to decide on future methods of survey distribution.

**Revised Activity:** For FFY 2009 – FFY 2010, Maryland will continue to refine methods of survey distribution to specifically improve response rates and will strongly consider, with stakeholder input, requiring the hand delivery of all surveys. Further investigation will be completed with stakeholders to understand and rectify the issues with the on-line survey option in order to move forward with this option in Maryland.

2. In FFY 2007 – FFY 2010 MSDE will develop a framework for local improvement planning linked to the local application.

**Revised Activity:** For FFY 2009 – FFY 2010 increased rigor on the extent to which local family survey data are representative (i.e., ethnicity, gender, age of child) will be expected in local improvement plans.

3. In FFY 2008 – FFY 2010, MSDE will implement targeted state level and local level activities to achieve real and meaningful improvement based on analysis of State and local data. Specifically, professional development opportunities to facilitate the sharing of best practices by local jurisdictions to increase survey response rate, representativeness of responses and significant percentage increases across indicators.

**Revised Activity:** For FFY 2009 – FFY 2010 child and family outcome data will be linked, analyzed and shared with local programs as appropriate, in order to implement targeted state level and local level activities to achieve real and meaningful improvement.

4. In FFY 2008 – FFY 2010, MSDE will collaborate with parent-to-parent networks in the State through joint training and technical assistance efforts targeted at families and family support providers. Specific training efforts will include the provision of statewide training on the Positive Solutions for Families – Parent Modules developed by the Center on Social and Emotional Foundations for Early Learning (CSEFEL).

**Revised Activity:** For FFY 2009 – 2010, MSDE will continue the training-of-trainers model using the Positive Solutions for Families – Parent Modules developed by the Center on Social and Emotional Foundations for Early Learning (CSEFEL) and expand to include other parent training networks

throughout the state, specifically Parents' Place of Maryland and Family Navigators. Attempt to identify jurisdictions that have provided the Positive Solutions for Families – Parent Modules and compare family outcome data with jurisdictions who have not provided this type of parent training.

5. **New Improvement Activity:** Maryland begins implementation of the Extended IFSP Option on February 1, 2010. In FFY 2009 MSDE will consult with national experts regarding the family/parent survey in order to revise the current family survey to include additional questions for families who have children over the age of three.
6. **New Improvement Activity:** In FFY 2009 MSDE will revise the MITP Individualized Family Service Plan (IFSP). The revised IFSP will incorporate family-friendly language throughout the document as well as include data fields necessary for implementation of the Extended IFSP Option.
7. **New Improvement Activity:** To enhance the understanding of parents, LITPs, and the Office of Administrative Hearings, MITP adopted the Part B parent complaint procedures and in January, 2010 distributed a Part C and Part B revised Parent Rights Document. A more parent-friendly version of this document will be developed in the spring of 2010.
8. **New Improvement Activity:** In FFY 2009 MSDE will develop and disseminate a Parent Information Series to include the following components: A Family Guide to Early Intervention Services in Maryland *Ages Birth through Two*, A Family-Friendly Resource to Understanding Your Parental Rights, Stepping Ahead To Success – A Family Guide to Understanding the Transition Process & Planning for Young Children (Birth through Five, and A Family Guide to Next Steps – When Your Child in Early Intervention Turns 3 – Families Have a Choice.

**New Resources:** For FFY 2008, MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 78.8% increase in State funds. Funds were allocated to local programs based on child count. This allowed LITPs to hire additional staff or contract for additional staff. Stakeholders are currently advocating to the State government that the total State allocation of \$10,389,104 should not be reduced in State FY 2011. For the grant period of 7/1/2009 to October 30, 2011, LITPs have been allocated \$7,505,513 in ARRA I and II funds which has enabled many LITPs to hire additional staff or maintain current levels of staffing so that family outcome results are maintained or improved.

**Part C State Annual Performance Report (APR) for FFY 2008 – Indicator #5**

**Overview of the Annual Performance Report Development**

Data for this indicator were collected through the Part C database, verified by LITPs, validated by MSDE, and will be reviewed by the SICC.

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 5:** Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

Measurement: **Percent = [(# of infants and toddler birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to national data.**

FFY	Measurable and Rigorous Target
<b>2008 (2008-2009)</b>	The percent of infants and toddlers birth to one with IFSPs will be equal to or greater than 1.50% of the infants and toddlers of the same age in the general population.

**Actual Target Data for FFY 08: 1.33% (1,005/75,362)**

Based on the data provided by OSEP on www.ideadata.org, Maryland served 1.33% of its 2008 resident birth to one population in the reporting period.

Compared to national data, Maryland served 0.29% more children birth to one than the national baseline of 1.04% and ranked 17<sup>th</sup> (tie) among the 50 states, the District of Columbia, and Puerto Rico. When the number of at-risk infants and toddlers are excluded (7 states), Maryland ranks 10<sup>th</sup> of 45 States and territories in the number of children under the age of one receiving services.

Birth-One Population Served	2008 Resident Population	Percent Served
1,005	75,362	1.33%

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 08:**

**State monitoring and technical assistance activities:**

MSDE continued to monitor the local implementation of child find requirements through the data system, and technical assistance (TA) was provided as needed. For example, MSDE provided TA via telephone to several local directors and at statewide service coordinator meetings on the clarification of the Maryland high probability eligibility definition for several medical conditions including prematurity/low birth rate, prenatal exposure to illegal drugs, unilateral hearing loss and exposure to lead. Clarification via the same venues was also provided on the Maryland eligibility definition for atypical development, especially with children exhibiting atypical social-emotional behavior.

During the reporting period, a member of the State SICC presented information, “Assessing Infants & Toddlers Born Prematurely: Should We Correct Age?” from the Neonatal Intensive Care Unit (NICU) Follow-up Clinic at the University of Maryland Hospital in Baltimore. The following points were shared:

- The increased survival of infants born prematurely; and
- The increased rate of prematurity in Maryland.

During this presentation it was reported that several families with infants born prematurely and referred to LITPs received the results of evaluation and assessment without having the chronological age of their children adjusted for prematurity. These families also reported to the SICC member that adjusted age was not considered at the IFSP development meeting held with staff from the LITPs. This resulted in these families receiving conflicting evaluation and assessment results on their children from the NICU follow-up clinic and the LITP. In the view of the SICC member, several children/families also had IFSPs with inappropriate outcomes and strategies as a result of adjusted age not being considered.

Additionally, this presentation summarized research data on the impact of prematurity on child development and summarized evidence to support full correction of prematurity, at a minimum, for 12 months. The above anecdotal and research information was presented to local Infant and Toddler Directors at the Annual Special Education and Early Intervention Leadership Meeting held in September, 2009.

As a result of the above presentations, a survey was developed by MSDE staff and the SICC and sent to local jurisdictions. Results were received from all 24 local ITP programs in October, 2009 and included the following information:

- 54% (13 of 24) of the local programs adjust for prematurity;
- 4 of 13 local programs who adjust for prematurity do so for eligibility purposes;
- 13 of 13 local programs who adjust for prematurity do so to interpret evaluation data for parents;
- 8 of 13 local programs who adjust for prematurity do so for IFSP development purposes;
- 3 of 24 local programs report that there is no consistent policy for adjustment of prematurity within their jurisdiction; and
- 19 of 24 local programs request technical assistance on issues related to adjustment for prematurity.

MSDE is creating a task force of national, state and local experts to review the above information on adjustment for prematurity. The task force will initially meet in February 2010 and will develop recommendations for a statewide policy on adjustment for prematurity and a plan for local technical assistance.

LITPs were required to develop improvement plans in their Semi-Annual and Annual Reports if the previous 6-month data for the Birth - 1 child find indicator was below the State target. All LITPs were required to include Public Awareness Plans in their local applications, which included trend and referral source data, and data disaggregated by race/ethnicity groups. Strategies to improve participation of any underserved groups were also included in the Improvement Plans. MSDE staff reviewed these plans and provided technical assistance as necessary. LITPs were required to report child find data in their semiannual and final program reports, which included explanations of increases or decreases in percentages served, disaggregated by race/ethnicity groups.

Local program improvement strategies utilized to increase the number of children (birth to one) with IFSPs included:

- monthly/quarterly updates to local health departments, local boards of education, local departments of social services, Judy Center steering committees, and other advisory committees/ agencies/civic clubs;
- annual mailings with information about LITPs to all pediatricians and all hospitals with NICUs;
- onsite presentations to pediatric and family physician offices, support groups/parent play groups, child care providers, foster parents, local homeless shelters, and local hospitals;
- inviting a prominent local pediatrician to be a participant on the Local Interagency Coordinating Council (LICC) and discussing data and strategies for improved public awareness with LICC members;
- the distribution of a Family Support Services Newsletter to families and all partner agencies;
- websites and literature written in Spanish and English;

- an annual personal thank you note to every medical office that sent in an ITP referral during the previous year; and
- collaboration with the local public libraries to distribute brochures and provide the space for family story time.

MSDE reviewed research on the demographic factors that included child identification in the early intervention system and the recommended practices for states to improve child find outcomes and revise State targets.

### **Interagency Child Find Activities**

MSDE and the Department of Health and Mental Hygiene (DHMH) continued to implement mechanisms to exchange data from the Part C and Universal Newborn Hearing Screening databases to ensure that infants diagnosed with hearing loss are referred to LITPs. Joint meetings were held to review LITP release of information forms and the State Interagency Agreement for Part C.

MSDE ensured that LITPs and local Departments of Social Services continued to jointly implement local policies and procedures to ensure that infants and toddlers who are homeless and victims of child abuse and neglect or drug involvement are screened and, when appropriate, referred to LITPs.

In June, 2009, MSDE and the SICCC completed a revision of the *Maryland Infants and Toddlers Program Physician's Guide for Referring Children with Developmental Disabilities to Early Intervention Services*. The guide was distributed to pediatricians in the State of Maryland utilizing a list from the Maryland Chapter of the American Academy of Pediatrics. It was also distributed throughout Maryland to hospitals, health departments, local infants and toddlers programs, private early intervention agencies and providers, and the Maryland Premies Network.

Also, the SICCC, at the request of DHMH, considered new research on the link between low levels of lead exposure and development and discussed lowering the lead level for automatic eligibility under the high probability condition criteria. After the issue was researched by an ad hoc committee of the SICCC, the SICCC voted to recommend that the lead level of 20 ug/dL be maintained as a high probability condition, and that the local ITP programs strengthen collaborative efforts with local health departments on this issue. MSDE accepted the SICCC recommendation.

In November 2009, MSDE requested staff from the University of Maryland Medical System, Department of Neonatology to review the list (not all-inclusive) of diagnosed physical or mental conditions with a high probability of developmental delay on the Maryland IFSP. As a result of the review, MSDE added the following conditions to the list: Chronic Lung Disease, Periventricular Leukomalacia and Surgical Necrotizing Enterocolitis. Minor editorial changes were also made.

An additional review of the list is being done by staff from DHMH, the Department of Genetics, regarding a condition currently on the high probability list – Prematurity with birth weight of less than 1200 grams. Increasing the birth weight to 1,500 grams is being considered. A research summary on this topic was discussed at a meeting of staff from the University of Maryland Medical System, Department of Neonatology, and MSDE held in November, 2009.

MSDE collaborated with the Maryland Chapter of the American Academy of Pediatrics (MCAAP) and the Department of Health and Mental Hygiene (DHMH) on the ABCD Screening Academy project to implement primary care pilot programs for developmental screening. Four physician practices in the Baltimore metropolitan area trained their staff to administer developmental screening tools; an ITP referral and physician feedback form was collaboratively developed and plans were developed to expand the developmental screening training and the use of the referral/feedback form to the entire state. Staff from MSDE continued to participate on a committee consisting of staff from DHMH and the MACAAP to train primary health care providers statewide on developmental screening. LITP directors are encouraged to participate in the trainings when they are held in their local jurisdictions.

MSDE and DHMH collaborated on the continued implementation of the Autism Screening Pilot Project to improve early identification of autism by pediatricians and facilitate referrals for early intervention.

MSDE Division of Special Education/Early Intervention Services collaborated with the MSDE Division of Library Services to create and distribute statewide brochures “*Parent Involvement in Planning Your Child’s IFSP or IEP is Essential*” and “*Are you Concerned About Your Child?*” These brochures are now available at all local libraries throughout the state and are used at all events to outreach to the community regarding early intervention and special education supports and services.

**Explanation of Progress or Slippage:**

The following table illustrates the percentage of birth-to-one eligible children with an active IFSP via the Maryland data system statewide snapshot count on the last Friday in October for FFY 2006, FFY 2007 and FFY 2008:

FFY	2006	2007	2008
Percentage of Eligible Children Birth-to-One With Active IFSPs (Snapshot Count)	1.34%	1.25%	1.33%
Resident Population – Birth-to-One (Snapshot Count)	74,094	78,060	75,362
FFY	2006	2007	2008
Children Referred Birth-To-One (Annual Count)	4,045	4,173	4,184

The above table shows the percentage of birth-to-one year old children receiving early intervention services statewide decreased slightly by 0.01% from 1.34% (based on a snapshot count on the last Friday in October) in FFY 2006 to 1.33% in FFY 2008. However, there is an increase of 0.08% in FFY 2008 compared to FFY 2007. The State resident population of birth-to-one year old children increased by 1.7% from FFY 2006 to FFY 2008. Even though the State resident population of children birth-to-one year of age and the statewide number of referrals of children birth-to-one year of age have modestly increased from FFY 2006 to FFY 2008, the percentage of children birth-to-one year of age, based on a snapshot count, has essentially remained the same.

One factor that may have impacted the percentage of children birth to one year of age served is the increasing percentage of children in this age range determined ineligible. The number of children birth-to-1 year of age found ineligible in FFY 2008 is 676 which is 16.2% of the total referrals for this age group. The number of children birth-to-1 found ineligible may be related to the lack of a consistent state practice in adjusting for prematurity and an outdated list of high probability medical conditions that provide eligibility for children regardless of whether a child presents with a 25% delay or atypical behavior in one or more areas of development.

There are other factors that may have negatively impacted the attainment of the State target for this indicator. First, the basis on which the State target for this indicator was established in the SPP changed. Prior to the submission of the FFY 2005 APR, MSDE used the number of live-births in the State to determine the percentage of children served, rather than the current OSEP requirement to use the U.S. Census residence figures. Second, the ‘*MITP Physician Guide*’ had not been distributed to pediatricians and other primary care or specialty providers for about 8 years. Revision of this publication was completed and it was distributed in June, 2009. It is hoped that its completion will result in an increase of referrals for children birth to one.

It should also be noted that there is a large amount of variation in the number of children birth to one served each month. The chart below represents birth to one snapshot counts for the last Friday in each month for FFY 2008.

Month	Jul08	Aug08	Sep08	Oct08	Nov08	Dec08	Jan09	Feb09	Mar09	Apr09	May09	Jun09
# served	1062	1041	1044	1005	1001	1004	983	1039	1084	1104	1170	1117
% served	1.41%	1.38%	1.39%	1.33%	1.33%	1.33%	1.30%	1.38%	1.44%	1.46%	1.55%	1.48%

Note that depending on the month examined, the number of children birth to one served varies from 983 to 1,170, and the percentage of children birth to one served varies from 1.30% to 1.55%, which is greater than the State target.

As noted above, the State struggles to meet the State target for this indicator. As a result, all LITPs were required to include a public awareness plan in the annual application for FFY 2008 federal and State funding. Additionally, the LITPs who did not attain the State target on 10/31/08 were required to develop an improvement plan to increase the percentage of birth to one year olds served. Local strategies included LITPs attending local health fairs, speaking to parent groups, meeting with primary health care provider groups, and speaking to staff from local departments of social services.

The performance of a LITP on this indicator was monitored by MSDE in October and in April when county data profiles were distributed. LITPs who failed to attain the State target were required to submit improvement plans with strategies and timelines for completion of strategies. LITPs reported progress on attaining the State target when semiannual and annual reports were submitted 5/1/09 11/1/09 respectively.

For this indicator and related requirements, there were no findings of non-compliance identified through the State data system or through on-site monitoring.

**Revisions, with Justification, to Proposed Targets/Improvement Activities/ Timelines/Resources for FFY 2009:**

**New/Revised Improvement Activities:**

1. In FFY 2008 - FFY 2010, LITPs will be required to develop Improvement Plans if they do not meet the State target for the percentage of the birth-one population served and to report on the status of the Improvement Plans in semiannual and final program reports. This activity is required because as a state, Maryland has struggled to meet the state target for percentage of infants and toddlers served birth to one.

**Revised Activity:** In FFY 2009, more rigorous improvement plan strategies will be required for specific jurisdictions who continue to fall below the state target for the percentage of the birth-one population served.

2. In FFY 2008 – FFY 2010, MSDE and the SICCC will review and analyze research on the demographic factors that influence child identification in the early intervention system and the recommended practices for states to improve child find outcomes and revise State targets based on research.

**Revised Activity:** In November 2009, MSDE requested staff from the University of Maryland Medical System, Department of Neonatology to review the list (not all-inclusive) of diagnosed physical or mental conditions with a high probability of developmental delay on the Maryland IFSP. As a result of the review, MSDE added the following conditions to the list: Chronic Lung Disease, Periventricular Leukomalacia and Surgical Necrotizing Enterocolitis. Minor editorial changes were also made.

An additional review of the high probability list is being done by staff from DHMH, the Department of Genetics, regarding a condition currently on the high probability list – Prematurity with birth weight of less than 1200 grams. Increasing the birth weight to 1,500 grams is being considered. A research summary on this topic was discussed at a meeting of staff from the University of Maryland Medical System, Department of Neonatology, and MSDE held in November, 2009.

3. Beginning in FFY 2006 – FFY 2010, MSDE will collaborate with the State Department of Health and Mental Hygiene on initiatives, such as the ABCD Screening Academy and Autism Screening Pilot Project, to standardize developmental screening by pediatric primary health care providers and improve communication, referral, and feedback between physicians, families, and LITPs.

**Revised Activity:** In FFY 2009-2010 LITP directors are encouraged to participate in the developmental screening trainings when they are held in their local jurisdictions. The ITP referral and physician feedback form continues to be distributed statewide.

4. **New Improvement Activity:** In FFY 2009 – FFY 2010, MSDE will conduct focused monitoring with LITPs who are not making adequate progress on this indicator with input from local programs who are making progress and/or who achieved the State target. This activity will be initiated in February, 2010.
5. **New Improvement Activity:** In FFY 2009 – FFY 2010, MSDE will assist LITPs who will be impacted by military Base Realignment and Closure (BRAC) prepare for an increase in the number of children who will require early intervention services. This activity was initiated in July, 2009 with additional financial support provided by ARRA I and ARRA II funds.
6. **New Improvement Activity:** In FFY 2009 – FFY 2010, MSDE will more closely analyze current statewide and local public awareness activities and revise existing strategies or develop new strategies. MSDE has revised a contract with Maryland Public Television, increasing the time for television spots promoting the MITP to 30 seconds.
7. **New Improvement Activity:** In FFY 2009, in collaboration with local Departments of Social Services, local LITPs will outreach to low income pregnant mothers by attending and supporting WIC sponsored baby showers.
8. **New Improvement Activity:** In FFY 2009 – FFY 2010, MSDE will provide training on best practices related to evaluation and assessment of children birth to one. In the summer and fall of 2009, an Assessment Task Force consisting of national, State and local experts developed a resource list of developmental assessment tools including uses, e.g. eligibility determination, early intervention program development and federal accountability; psychometrics including validity and reliability; and other test characteristics. The results of this task force were presented to early intervention and preschool special education leadership staff at the Maryland Special Education/Early Intervention Leadership Conference. The task force will re-convene in the spring of 2010.

**Part C State Annual Performance Report (APR) for FFY 2008 – Indicator #6**

**Overview of the Annual Performance Report Development**

Data for this indicator were collected through the Part C database, verified by LITPs, validated by MSDE, and will be reviewed by the SICC.

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 6:** Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

Measurement: **Percent = [(# of infants and toddler birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to national data.**

FFY	Measurable and Rigorous Target
<b>2008 (2008-2009)</b>	The percent of infants and toddlers birth to three with IFSPs will be equal to or greater than 2.88% of the infants and toddlers of the same age in the general population.

**Actual Target Data for FFY 08: 3.26% (7,315/224,674)**

Based on data provided by OSEP on www.ideadata.org, Maryland met its target of 2.88% of its 2008 resident birth to three population in the reporting period.

Compared to national data, Maryland served 0.60% more children birth to three than the national baseline of 2.66% and ranked 16<sup>th</sup> among the 50 states, the District of Columbia, and Puerto Rico. When the number of at-risk infants and toddlers are excluded (6 states), Maryland ranks 12<sup>th</sup> of 45 States and territories in the number of children under the age of three receiving services.

Birth-Three Population Served	2007 Resident Population	Percent Served
7,315	224,674	3.26%

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:**

**State monitoring and technical assistance activities:**

MSDE continued to monitor the local implementation of Child Find requirements through the data system and technical assistance (TA) was provided as needed. For example, MSDE provided TA via telephone to several local directors and at statewide service coordinator meetings on the clarification of the Maryland high probability eligibility definition for several medical conditions including prematurity/low birth rate, prenatal exposure to illegal drugs, unilateral hearing loss and exposure to lead. Clarification via the same venues was also provided on the Maryland eligibility definition for atypical development especially with children exhibiting atypical social-emotional behavior.

During the reporting period, a member of the State SICC presented information, “Assessing Infants & Toddlers Born Prematurely: Should we Correct Age?”, from the Neonatal Intensive Care Unit (NICU) Follow-up Clinic at the University of Maryland Hospital in Baltimore. The following points were shared:

- The increased survival of infants born prematurely; and
- The increased rate of prematurity in Maryland.

Anecdotally, the SICC member reported on how several families with infants born prematurely and referred to local Infants and Toddlers Programs received the results of evaluation and assessment without age adjusted for prematurity being considered. These parents also reported that adjusted age was not considered in IFSP development. This resulted in these several parents receiving conflicting information from the NICU follow-up clinic and, in the view of the SICC member, inappropriate IFSP outcomes and strategies for several families.

Following this discussion, research data on the impact of prematurity on development was presented and summarized. It was concluded that evidence appears to support full correction of prematurity at the minimum for 12 months. The above anecdotal and research information was presented to local Infant and Toddler Directors at the Annual Special Education and Early Intervention Leadership Meeting held in September, 2009.

As a result of the above presentation, a survey was developed by MSDE staff and the SICC and sent to local jurisdictions. Results were received from all 24 local ITP programs in October, 2009 and included the following information:

- 54% (13 of 24) of the local programs adjust for prematurity;
- 4 of 13 local programs who adjust for prematurity do so for eligibility purposes;
- 13 of 13 local programs who adjust for prematurity do so to interpret evaluation data for parents;
- 8 of 13 local programs who adjust for prematurity do so for IFSP development purposes;
- 3 of 24 local programs reports that there is no consistent policy for adjustment of prematurity within their jurisdiction; and
- 19 of 24 local programs request technical assistance on issues related to prematurity adjustment.

MSDE is creating a task force of national, state and local experts to review the above information on adjustment for prematurity. The task force will initially meet in February 2010 and will develop recommendations for a statewide policy on adjustment for prematurity and a plan for local technical assistance.

LITPs were required to develop improvement plans in their Semi-Annual and Annual Reports if the previous year data for the 0-3 child find indicator was below the State target. All LITPs were required to include Public Awareness Plans in their local applications, which included trend and referral source data, and data disaggregated by race/ethnicity groups. Strategies to improve participation of any underserved groups were also included. MSDE staff reviewed these plans and provided technical assistance as necessary. LITPs were required to report child find data in their semiannual and final program reports, which included explanations of increases or decreases in percentages served.

Local program improvement strategies utilized to increase the number of children (birth to three) with IFSPs included:

- monthly/quarterly updates to local health departments, local boards of education, local departments of social services, Judy Center steering committees, and other advisory committees/ agencies/civic clubs;
- annual mailings to all pediatricians and all hospitals with NICUs about the local ITP program;
- onsite presentations to pediatrician and family physician offices, support groups/parent play groups, child care providers, foster parents, local homeless shelters, and local hospitals;
- inviting a prominent local pediatrician to be a participant on the Local Interagency Coordinating Council (LICC) and discussing data and strategies for improvement with LICC members;
- the distribution a Family Support Services Newsletter to families and all partner agencies;
- websites and literature in Spanish and English;

- an annual personal thank you note to every medical office that sent in an ITP referral during the previous year; and
- collaboration with the local public libraries to distribute brochures and provide the space for family story time.

MSDE reviewed research on the demographic factors that included child identification in the early intervention system and the recommended practices for states to improve child find outcomes and revise State targets.

#### **Interagency Child Find Activities:**

MSDE and DHMH continued to implement mechanisms to exchange data from the Part C and Universal Newborn Hearing Screening databases to ensure that infants diagnosed with hearing loss are referred to LITPs. Joint meetings were held to review LITP release of information forms and the State Interagency Agreement for Part C.

MSDE ensured that LITPs and local Departments of Social Services continued to jointly implement local policies and procedures to ensure that infants and toddlers who are victims of child abuse and neglect or drug involvement are screened and, when appropriate, referred to LITPs.

In June, 2009, MSDE and the SICCC completed a revision of the *Maryland Infants and Toddlers Program Physician's Guide for Referring Children with Developmental Disabilities to Early Intervention Services*. The guide was distributed to pediatricians in the State of Maryland utilizing a list from the Maryland Chapter of the American Academy of Pediatrics. It was also distributed throughout Maryland to hospitals, health departments, local infants and toddlers programs, private agencies and providers, and the Maryland Premies Network.

Also, the SICCC, at the request of DHMH, considered new research on the link between low levels of lead exposure and development and discussed lowering the lead level for eligibility under the high probability condition criteria. After the issue was researched by an ad hoc committee of the SICCC, the SICCC voted to recommend that the lead level of 20 ug/dL be maintained as a high probability condition, and that the local ITP programs strengthen collaborative efforts with local health departments on this issue. MSDE accepted the SICCC recommendation.

In November 2009, MSDE staff requested staff from the University of Maryland Medical System, Department of Neonatology to review the list (not all-inclusive) of diagnosed physical or mental conditions with a high probability of developmental delay on the Maryland IFSP. As a result of the review, MSDE added the following conditions to the list: Chronic Lung Disease, Periventricular Leukomalacia and Surgical Necrotizing Enterocolitis. Minor editorial changes were also made.

An additional review of the list is being done by staff from DHMH, the Department of Genetics, regarding a condition currently on the high probability list – Prematurity with birth weight of less than 1200 grams. Increasing the birth weight to 1,500 grams is being considered. A research summary on this topic was also received from the University of Maryland Medical System, Department of Neonatology.

MSDE collaborated with the Maryland Chapter of the American Academy of Pediatrics (MCAAP) and the Department of Health and Mental Hygiene (DHMH) on the ABCD Screening Academy project to implement primary care pilot programs for developmental screening. Four physician practices in the Baltimore metropolitan area trained their staff to administer developmental screening tools; an ITP referral and physician feedback form was collaboratively developed and plans were developed to expand the developmental screening training and the use of the referral/feedback form to the entire state. Staff from MSDE continued to participate on a committee consisting of staff from DHMH and the MCAAP to train primary health care providers statewide on developmental screening. LITP directors are encouraged to participate in the trainings when they are held in their local jurisdictions.

MSDE and DHMH collaborated on an Autism Screening Pilot Project to improve early identification of autism by pediatricians and appropriate referrals to early intervention.

MSDE Division of Special Education/Early Intervention Services collaborated with the MSDE Division of Library Services to create and distribute statewide brochures *“Parent Involvement in Planning Your Child’s IFSP or IEP is Essential”* and *“Are you Concerned About Your Child?”* These brochures are now available at all local libraries throughout the state and are used at all events to outreach to the community regarding early intervention and special education supports and services.

**Explanation of Progress or Slippage:**

The following table illustrates the percentage of birth-to-three eligible children with an active IFSP via the Maryland data system statewide snapshot count on the last Friday in October for FFY 2006, FFY 2007 and FFY 2008:

FFY	2006	2007	2008
Percentage of Eligible Children Birth-to-Three With Active IFSPs	3.03%	3.05%	3.26%
Resident Population – Birth-to-Three	221,978	229,364	224,674

In FFY 2008, MITP served 3.26% of children birth-three living in the State, which exceeds the target of 2.88%.

All LITPs were required to include a public awareness plan in the annual application for FFY 2008 Part C and State funding. Additionally, the LITPs who did not attain the State target in the semi-annual LITP profiles were required to develop an improvement plan to increase the percentage of birth to three year olds served. Local strategies included LITPs attending local health fairs, speaking to parent groups, meeting with primary health care provider groups, and speaking to staff from local departments of social services. In addition, in FFY 2008 the *‘MITP Physician Guide’* was rewritten and redistributed throughout the state to pediatricians and other pediatric primary care providers.

It appears that the impact of public awareness activities have helped MITP achieve the state target again this year. In fact, the number of children birth to three served in Maryland increased from 6,991 in FFY 2007 to 7,315 in FFY 2008 (a 4.6% increase in number of children served). The increase in number of children served, coupled with a decreasing population in Maryland (from 229,364 children in FFY 2007 to 224,674 children in FFY 2008) resulted in the percentage of children served age birth to three increasing from 3.05% in FFY 2007 to 3.26% in FFY 2008.

For this indicator and related requirements, there were no findings of non-compliance identified through the State data system or through on-site monitoring.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:**

**New/Revised Improvement Activities:**

1. In FFY 2008 – FFY 2010, MSDE and the SICC will review and analyze research on the demographic factors that influence child identification in the early intervention system and the recommended practices for states to improve child find outcomes and revise State targets based on research.

**Revised Activity:** In November 2009, MSDE requested staff from the University of Maryland Medical System, Department of Neonatology to review the list (non-inclusive) of diagnosed physical or mental conditions with a high probability of developmental delay on the Maryland IFSP. As a result of the review, MSDE added the following conditions to the list: Chronic Lung Disease and Surgical Necrotizing Enterocolitis. Minor editorial changes were also made.

An additional review of the high probability list is being done by staff from DHMH, the Department of Genetics, regarding a condition currently on the high probability list – Prematurity with birth weight of less than 1200 grams. Increasing the birth weight to 1,500 grams is being considered. A research summary on this topic was discussed at a meeting of staff from the University of Maryland Medical System, Department of Neonatology, and MSDE held in November, 2009.

2. Beginning in FFY 2006 – FFY 2010, MSDE will collaborate with the State Department of Health and Mental Hygiene on initiatives, such as the ABCD Screening Academy and Autism Screening Pilot Project, to standardize developmental screening by pediatric primary health care providers and improve communication, referral, and feedback between physicians, families, and LITPs.

**Revised Activity:** In FFY 2009 – FFY 2010 LITP directors are encouraged to participate in the developmental screening trainings when they are held in their local jurisdictions. The ITP referral and physician feedback form continues to be distributed statewide.

3. **New Improvement Activity:** In FFY 2009 – FFY 2010, MSDE will conduct focused monitoring with LITPs who are not making adequate progress on this indicator with input from local programs who are making progress and/or who achieved the State target. This activity will be initiated in February, 2010.
4. **New Improvement Activity:** In FFY 2009 – FFY 2010, MSDE will assist LITPs who will be impacted by military Base Realignment and Closure (BRAC) prepare for an increase in the number of children who will require early intervention services. This activity was initiated in July, 2009 with additional financial support provided by ARRA I and ARRA II funds.
5. **New Improvement Activity:** In FFY 2009 – FFY 2010, MSDE will more closely analyze current statewide and local public awareness activities and revise existing strategies or develop new strategies. MSDE has revised a contract with Maryland Public Television increasing the time for television spots promoting the MITP to 30 seconds.
6. **New Improvement Activity:** In FFY 2009, in collaboration with local Departments of Social Services, local LITPs will outreach to low income pregnant mothers by attending and supporting WIC sponsored baby showers.
7. **New Improvement Activity:** In FFY 2009 – FFY 2010, MSDE will provide training on best practices related to evaluation and assessment of children birth to three. In the summer and fall of 2009, an Assessment Task Force consisting of national, State and local experts developed a resource list of developmental assessment tools including uses, e.g. eligibility determination, early intervention program development and federal accountability; psychometrics including validity and reliability; and other test characteristics. The results of this task force were presented to early intervention and preschool special education leadership staff at the Maryland Special Education/Early Intervention Leadership Conference. The task force will re-convene in the spring of 2010.

**Part C State Annual Performance Report (APR) for FFY 2008 – Indicator #7**

**Overview of the Annual Performance Report Development**

Data for this indicator were collected through the Part C database, verified by LITPs, validated by MSDE, and reviewed by the SICC.

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 7:** Percent of eligible infants and toddlers with IFSPs for whom an evaluation and 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)

**Measurement:**

Percent = [(# of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline) divided by the (# of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

FFY	Measurable and Rigorous Target
<b>2008 (2008-2009)</b>	100% of eligible infant and toddlers with IFSPs receive an evaluation and assessment and an initial IFSP meeting conducted within Part C’s 45-day timeline.

**Actual Target Data for FFY 2008: 98.7% (6,969/7,063)**

To report the target data for this indicator, MSDE generated State and local reports throughout the reporting period from the statewide Part C database. The reports are based on the calculation of the number of days between the date of referral and the date of the initial IFSP meeting for each child referred in a selected period. The number/percent of meetings held within the timelines and the reasons why IFSPs were not held within timelines are provided. For this calculation, the referral date is considered Day #1 and an untimely IFSP meeting would be any meeting held on Day #46 or later. When the date of an untimely IFSP meeting (46 days or later from the referral date) is entered into the database, a prompt appears requesting that the reason for the late meeting be entered. Summary and individual child record data generated by the 45 day timeline is validated by State and LITP staff. In particular, questionable and missing/not entered reasons for late meetings are confirmed by LITPs and the included in the reported data.

Referral Range	Number/Percent within 45 days	Number/Percent delayed due to family-related reasons	Total Number/Percent in compliance with timeline
7/1/08 – 6/30/09 (n = 7,063)	5,798 82.1%	1,171 16.6%	6,969 98.7%

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 07:****State monitoring and technical assistance:**

MSDE continued to monitor the implementation of the 45-day timeline requirement by LITPs through the data system. Data profiles were provided by MSDE to all 24 LITPs semiannually. Based on data results, LITPs were required to correct non-compliance through corrective action plans when compliance of 95% was not achieved or to implement improvement plans when 95% compliance, but not 100% compliance, was achieved. All LITPs were required to report progress or slippage in Semiannual and Final program reports submitted to and reviewed by MSDE.

A CAP was ended when a LITP demonstrated two consecutive months of 95% compliance and MSDE verified that correction of 95% or more had occurred. If correction of 100% was not achieved, MSDE required continued correction through an improvement plan. MSDE monitored LITPs with CAPs on a monthly basis and did focused monitoring by teleconference, with input from LITPs that had achieved 100% compliance, when adequate progress was not made.

An Improvement Plan was ended when a LITP achieved 100% compliance for at least a two week period and MSDE verified that the correction had occurred. MSDE monitored programs with Improvement Plans on a monthly basis and did focused monitoring by teleconference, with input from LITPs that had achieved 100% compliance.

MSDE required all LITPs to track and monitor their compliance with the 45-day timeline and to implement improvement strategies, as necessary. MSDE and LITPs continued to analyze data on missed initial IFSP timelines to distinguish family-related reasons from program, individual child, or systemic reasons.

Technical assistance on achieving compliance in this indicator and related IFSP decision-making issues was provided to LITPs using several different methods, including phone conversations, site-visits, and service coordination resource group meetings.

During the reporting period, MSDE provided TA to several jurisdictions to help monitor the children referred by demonstrating the use of a locally saved “45-Day Timeline Monitoring Report”. This dynamic report was created by MSDE and is different from the predefined “45-Day Summary with Reasons” report because the dynamic monitoring report allows for LITPs to see all their referrals within a given time period, not just referrals that already have completed initial IFSPs. Thus, LITPs can run this report on a regular basis to see which children have not received an IFSP. Because this dynamic report can be exported into Excel, there exists the capability to calculate timelines, so LITPs know the timelines of which children are pending. The technical assistance in using this report was conducted both onsite and over the telephone.

Additional technical assistance in FFY 2008 was provided at the September 2008 Annual Leadership Conference. Specifically, LITP personnel were given the opportunity to discuss strategies being used throughout the state to meet the 45-day timeline requirement. One specific strategy included assigning “back-up” assessment team staff in case of last minute provider emergencies and/or illness.

**Data collection, reporting and analysis:**

Compliance on the 45-day timeline indicator was tracked by MSDE and LITPs throughout the reporting period. Reasons for untimely meetings were identified and strategies for correction and improvement were implemented. Reasons for meetings not held within timeline were tracked in the database.

During the reporting period, MSDE made changes to the predefined report to create a report that summarizes the data in a way consistent with the data submitted for federal reporting. Specifically, the report now sums the meetings that occurred within the 45-day timeline with those that were late due to

non-systemic reasons (e.g., parent request, child/family unavailable, etc.). The new column “Timely or Valid Reason” gives LITPs a more accurate picture of their jurisdictions data without having to calculate this information in post-hoc fashion.

**Addressing system capacity issues:**

MSDE provided technical assistance to LITPs, which helped them to analyze service delivery models as a possible systemic barrier to meeting timelines. This was helpful when local resources were limited or LITPs were having difficulty filling vacant speech language pathology, teacher, physical therapy and occupational therapy positions.

During the reporting year, LITPs made progress toward rectifying staff shortage issues. For FFY 2008, there was a significant increase in State funding for the first time in years. In particular, State General Funds increased from \$5,810,782 in FFY 2006 to \$10,389,104 in FFY2007, a 78.8% increase. This increase in funding was extremely important considering that the number of children referred increased from 11,578 in FFY2007 to 12,578 in FFY2008 (8.6% increase).

The increase in State funding has been extremely beneficial in the ability of LITPs to move closer to achieving full compliance. In particular, LITPs were able to increase the number of initial evaluations available for new referrals, thereby reducing the average number of days it took for the initial evaluation and assessment from 40.41 days in FFY 2007 to 37.45 days in FFY 2008. Despite the increase in State funding, staffing issues were still prevalent reasons for missing timelines. Several local jurisdictions were temporarily prevented from hiring staff for vacant positions because of hiring freezes.

**Explanation of Progress or Slippage:**

The following table illustrates the percentage evaluation, assessments and initial IFSP meetings conducted within 45 days of the referral for FFY 2006, FFY 2007 and FFY 2008:

FFY	2006	2007	2008
Percentage of timely evaluations, assessments and IFSP meetings	93% (3,044/3,287)*	94.8% (6,799/7,172)	98.7% (6,969/7,063)

\*FFY2006 was reported in six-month intervals.

When comparing FFY 2008 results (98.7%) to FFY 2007 results (94.8%), there is an improvement of 3.9% in the percentage of eligible infants and toddlers for whom an evaluation, assessment, and IFSP were completed within 45 days of the referral or had a valid reason for missed timelines. Twenty-two of the 24 LITPs either made progress or maintained their current level of compliance with this indicator. This progress is noteworthy since the number of children referred increased by 8.6% from 11,578 in FFY2007 to 12,578 in FFY2008.

Several major reasons for systemic untimely meetings were noted. Most of the 94 missed timelines were due to limited appointments and staffing issues (34 or 36.1%) or administrative/scheduling errors (28 or 29.8%). Other reasons included interpreter delays (16 or 17.0%), provider scheduling conflict (6 or 6.49%), provider illnesses or death in the family (4 or 4.3%), provider going to the wrong address (3 or 3.2%), provider vacation (2 or 2.1%) and lost paperwork (1 or 1.1%). Of the 94 missed timelines for systemic reasons, 64 were reportedly due to a late evaluation and assessment. Several local jurisdictions reported that they were temporarily prevented from hiring staff for vacant positions because of hiring freezes.

Missed timelines due to systemic reasons were also examined in relation to the number of days past the 45-day timeline. Most of the missed timelines occurred between 46 and 60 days after referral (61 or 64.9%), followed by 61 to 90 days (28 or 29.8%), 91 to 120 days (2 or 2.1%), and over 120 days (3 or 3.2%). Staff shortages and administrative scheduling delays accounted for four of the five (80%)

reasons for taking over 90 days to complete the IFSP. The other reason for taking over 90 Days was an interpreter delay.

Progress on this indicator was accomplished through several strategies, including utilization of a predefined report to monitor 45-day timelines as well as the addition of the 45-day monitoring report. Both database reports allowed LITPs to more closely monitor compliance for the 45-day timeline. In particular, the new 45-day monitoring report allows jurisdictions to run a report on a regular basis to determine which children have been referred but do not yet have an IFSP developed. Other contributing factors included the general supervision practices utilized by MITP and additional State funding.

Compared to performance on this indicator in FFY 2007, only two LITPs regressed, seven LITPs had the same results as the previous year (100% compliance), and fifteen LITPs improved. Eleven LITPs exceeded 95% compliance, twelve LITPs achieved 100% compliance, and only one LITP achieved less than 95% compliance. Of note is that:

- 8 of 9 small jurisdictions met the State Target of 100%.
- 1 mid-size jurisdiction improved their compliance by over 10% to exceed 95% compliance.
- 1 large jurisdiction improved their compliance by over 15% to exceed 95% compliance.

**Correction of FFY 2007 Findings of Noncompliance (if State reported less than 100% compliance):**

Level of compliance (actual target data) State reported for FFY 2007 for this indicator: 94.1%

7. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	<b>27</b>
8. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	<b>27</b>
9. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>

**Correction of FFY 2007 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

10. Number of FFY 2007 findings not timely corrected (same as the number from (3) above)	<b>0</b>
11. Number of FFY 2007 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>0</b>
12. Number of FFY 2007 findings <u>not</u> verified as corrected [(4) minus (5)]	<b>0</b>

At the child-level, the state reviewed the records of all 94 children whose evaluation, assessments, and IFSPs were not provided within the 45-day timeline in FFY 2008 and verified that the services were eventually provided, although late, as documented on the IFSP.

At the local program level, twenty-seven instances of noncompliance, less than 100% compliance, were identified in FFY 2007 for this indicator and all were corrected within 12 months or less or prior to notification. The correction of noncompliance was confirmed through local and MSDE data analyses. Following each incidence of noncompliance, data analyses were conducted to confirm that jurisdictions were correctly implementing the statutory/regulatory requirements consistent with timely evaluation, assessment, and IFSP development. MSDE found that all incidences of noncompliance were corrected

with 100% compliance achieved. This was accomplished through the local implementation of changed practices and processes included by local programs in Improvement Plans or Corrective Action Plans. See Indicator #9 for a detailed explanation of MSDE's general supervision procedures.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 08:**

#### **New /Revised Improvement Activities:**

In FFY 2007-FFY2010, MSDE will require Corrective Action Plans (CAP) as part of enforcement actions when an LITP does not attain substantial compliance. A LITP that does not meet the State target of 100%, but has attained substantial compliance, will be required to implement an improvement plan.

**Activity Revision:** In FFY 2009 to FFY 2010, MSDE will require more rigorous/specific CAP strategies.

**Activity Revision:** In FFY 2008 to FFY 2010, MSDE will require more rigorous/specific Improvement Plan strategies.

**New Improvement Activity:** In FFY 2009 – FFY 2010, MSDE will provide training on best practices related to evaluation and assessment of children birth to three. In the summer and fall of 2009, an Assessment Task Force consisting of national, State and local experts developed a resource list of developmental assessment tools including uses, e.g. eligibility determination, early intervention program development and federal accountability; psychometrics including validity and reliability; and other test characteristics. The results of this task force were presented to early intervention and preschool special education leadership staff at the Maryland Special Education/Early Intervention Leadership Conference. The task force will re-convene in the spring of 2010.

**New Resources:** For FFY 2008, MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 78.8% increase in State funds. Funds were allocated to local programs based on child count. This allowed LITPs to hire additional staff or contract for additional staff. Stakeholders are currently advocating to the State government that the total State allocation of \$10,389,104 should not be reduced in State FY 2011. For the grant period of July 1, 2009 to October 30, 2011, LITPs have been allocated \$7,505,513 in ARRA I and II funds which are being utilized by many programs to hire additional staff or maintain current levels of staffing so that evaluations and assessments and initial IFSP meeting are completed within timelines.

**Part C State Annual Performance Report (APR) for FFY 08 – Indicator #8**

**Overview of the Annual Performance Report Development**

Data for this indicator were collected through the Part C database, verified by LITPs, validated by MSDE, and reviewed by the SICC.

**Monitoring Priority: Effective General Supervision Part C / Effective Transition**

**Indicator 8:** Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services;
- B. Notification to LEA, if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

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

**Measurement:**

- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.**
- B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.**
- C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.**

**Account for untimely transition conferences, including reasons for delays.**

FFY	Measurable and Rigorous Target
<b>2008 (2008-2009)</b>	100% of all children exiting Part C receive timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday, including: <ul style="list-style-type: none"> <li>A. IFSPs with transition steps and services;</li> <li>B. Notification to LEA, for children potentially eligible for Part B; and</li> <li>C. Transition conference, for children potentially eligible for Part B.</li> </ul>

**Actual Target Data for FFY 08:** Data reported for Indicator 8A were based on a review of 998 Early Intervention records, 27.9% of all 3,581 children who transitioned at age three between 7/1/08 and 6/30/09. This sample size has a 2.6% margin of error with a 95% confidence level. Data were collected from all 24 jurisdictions. To report the target data for Indicator 8B and 8C, MSDE generated State and local reports throughout the reporting period from the statewide Part C database, and validated data in conjunction with LITPs.

The data for Indicator 8B were obtained from the Part C database’s transition report, specifically the number of transition planning meetings held for children turning three years of age between 7/1/08 and 6/30/09. It is State and local policy to invite Part B staff to these meetings and to provide Part B staff at the time of invitation with the names, addresses, phone numbers, and birth dates of children potentially eligible for preschool special education services.

The reports for Indicator 8C are based on the calculation of the number of days between the date of the transition planning meeting and the child’s third birthday. The number/percent of meetings held within the timelines and the reasons why meetings are not held within timelines are provided. When the date of an untimely transition planning meeting (date later than 90 days before the child’s third birthday) is entered into the database, a prompt appears requesting that the reason for the late meeting be entered.

- A. During the reporting period, 989, or **99.1%**, of the records reviewed by MSDE and LITPs had transition steps and services (989/998).

Transition Date Range	Number of Records Reviewed / Percent of All Records Reviewed	Number/Percent of Reviewed Records with Transition Outcomes
7/1/08 – 6/30/09	998* 27.9%	989 99.1%

\* Includes data from all 24 jurisdictions.

- B. Between 7/1/08 and 6/30/09, local school systems were notified of **99.4%** of the children, potentially eligible for Part B, who transitioned during the time period (3,561/3,581).

Transition Date Range	Number of Children Turning 3 Potentially Eligible for Part B Services with Children Referred after 34.5 Months Removed	Number of Children Potentially Eligible for Part B with LEA Notification	Percentage of Children with LEA Notification
7/1/08 – 6/30/09	3,561	3,581	99.4%

- C. Between 7/1/08 and 6/30/09, **96.4%** of children who transitioned had a transition planning meeting within the timelines or there was a documented family-related reason for the delay (3,188/3,306).

Transition Date Range	Number of Children Turning 3 with Children Referred after 31.5 Months* and Children Whose Families Declined to Participate Removed	Number/Percent Within Timelines	Number/Percent Delayed Due to Family-Related Reasons	Total Number/Percent in Compliance with Timelines
7/1/08 – 6/30/09	3,306	2,884 87.2%	304 9.2%	3,188 96.4%

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 08:****State monitoring and technical assistance activities:**

MSDE continued to monitor the transition planning requirement through the data system. Data profiles were provided by MSDE to all 24 LITPs semiannually. Based on data results, LITPs were required to correct non-compliance for this indicator when compliance was not achieved.

All LITPs were required to report progress or slippage in the Semi-annual and Final program reports. MSDE required all LITPs to track and monitor their compliance with the transition requirements and to implement improvement strategies, as necessary. MSDE and LITPs continued to analyze data on missed transition timelines to distinguish family-related reasons from program, individual child, or systemic reasons. Reasons for untimely meetings were reviewed to make sure that there was not a systemic cause for untimely meetings.

In FFY 2008, MSDE continued to provide technical assistance to LITPs to assist in analyzing transition models to determine possible systemic issues or child specific issues making transition compliance difficult. One example was to reduce unnecessary testing being done by Part B staff to determine Part B eligibility if testing had already been updated by Part C staff. Part of this technical assistance included a panel presentation entitled “Collaborative Partnerships that Support Families and Children for a Successful Transition From Part C to Part B Preschool” at the September 2008 Annual Leadership Conference. Participants of this session were provided with several examples of how jurisdictions formed collaborative partnerships between Part C and Part B 619 programs. These collaborations have enabled the presenting jurisdictions to enhance the quality of the transition process as well as increase the level of compliance on transition subindicators.

MSDE has also been providing ongoing technical assistance and guidance on developing functional outcomes for transition. During the transition outcome monitoring site-visits, MSDE examined the quality of transition outcomes and provided feedback when outcomes did not have a functional component.

MSDE continued to require jurisdictions to develop and implement a Corrective Action Plan (CAP) as part of enforcement actions when an LITP does not attain substantial compliance (95%) for a six-month period. A CAP was ended when a LITP demonstrated two consecutive months of substantial compliance and MSDE verified that the correction had occurred. MSDE monitored LITPs with CAPs on a monthly basis and conducted focused monitoring visits, with input from LITPs that have achieved the State target or substantial compliance, when adequate progress was not made.

MSDE continued to require jurisdictions to develop and implement Improvement Plans when data compliance for a six-month period was at least 95%, but less than 100%. An Improvement Plan was ended when a LITP achieved 100% compliance for at least a 2-week period and the MSDE verified that the correction had occurred. MSDE monitored programs with Improvement Plans on a monthly basis and conducted focused monitoring visits, with input from LITPs that have achieved the State target or substantial compliance, when adequate progress was not made.

**Data collection, reporting, and analysis:**

MSDE and LITPs conducted record reviews to determine the percentage of children exiting Part C with transition steps and services.

Transition compliance data was tracked by MSDE and LITPs throughout the reporting period. Reasons for untimely meetings were identified and strategies for correction and improvement were implemented. Family factors resulted in 304 (9.2%) of missed timelines. Several situations were noted as family reasons for missed timelines including parent preference to have a later meeting, child unavailability (e.g., family/child illness), and parents originally declining then changing their mind about having a transition planning meeting within 90 days of the child's third birthday.

Two hundred and sixty four children were referred after 31.5 months of age. These children were not included in the denominator for 8C because the timeline for eligibility determination and IFSP development would occur beyond the 90 day period before the third birthday of the children.

Reasons for meetings not held were also tracked in the database. Children whose parents declined to participate in a transition-planning conference were not included in the numerator or denominator for 8c. These children were included in the denominator for 8b, because the State does not have an “Opt-Out Policy”. Only eleven parents declined to participate in a transition-planning meeting.

During FFY 2007, collaboration with Part B was initiated to create a unique identifier that would allow for more accurate tracking of children transferring from Part C to Part B or other community programs. This is intended to ensure the data are accurate and reliable across systems and is also part of a longitudinal study being planned for the birth-through-21 population. For the calendar year 2007, unique identifiers were assigned to 10,334 children. All children referred to the MITP between January 1, 2007 and December 31, 2007, were assigned unique identifiers. Beginning February 1, 2010, MSDE will be asking LITPs to verify the child’s first name, middle name, last name, and date of birth for all children who received services in MITP during calendar year 2008. Upon completion of this verification, unique identifiers will be assigned to the 13,932 children who received services in 2008. Also, as part of this collaboration, MITP and preschool special education staff from MSDE continued to meet to discuss refinements of the State policies for transition from Part C. Topics included definition of LEA notification and responsibilities of LITP and preschool special education staff.

**Addressing system capacity issues:**

During the reporting year, LITPs made progress toward rectifying staff shortage issues. For FFY 2008, there was a significant increase in State funding for the first time in years. In particular, State General Funds increased from \$5,810,782 in FFY 2006 to \$10,389,104 in FFY2007, a 78.8% increase. This increase in funding was extremely important considering that the number of children transitioning at age 3 increased from 3,334 in FFY 2007 to 3,389 in FFY 2008 (1.6% increase). Despite the increase in State funding, staffing issues were still prevalent reasons for missing timelines. Several local jurisdictions were temporarily prevented from hiring staff for vacant positions because of hiring freezes.

The increase in State funding has also been extremely beneficial in the ability of some LITPs to move closer to achieving full compliance and meeting State targets. In particular, the additional funds have enabled MITP to increase the number total service provider FTEs from 717.89 in FFY 2007 to 746.70 in FFY 2008. In addition, the additional funding has enabled MITP to increase the number of service coordinators from 564 in FFY 2007 to 585 in 2008. The additional 21 service coordinators have been beneficial for helping families plan for the transition out of the Infants and Toddlers Program and into Part B or community programs.

**Explanation of Progress or Slippage:**

The following table illustrates the percentage of IFSPs for transitioning children with transition steps and services for FFY 2006, FFY 2007 and FFY 2008:

FFY	2006	2007	2008
8a. Percentage of IFSPs with transition steps and services	99.0%	99.1%	99.1%

The following table illustrates the percentage of transitioning children, potentially eligible for Part B, in which Part B was notified for FFY 2006, FFY 2007 and FFY 2008:

FFY	2006	2007	2008
8b. Percentage of potentially eligible children whose LEA was notified	98.2%	99.9%	99.4%

The following table illustrates the percentage of transitioning children who had timely transition conferences or valid reasons for delay for FFY 2006, FFY 2007 and FFY 2008:

FFY	2006	2007	2008
8c. Percentage of timely transition planning meetings	93%	95.0%	96.4%

For sub-Indicator 8A, 18 jurisdictions achieved the State target of 100%. Four large jurisdictions achieved percentages between 94.8% and 97.8%. Two other jurisdictions, one with 14 children transitioning and one with 52 children transitioning, had achieved percentages of compliance of 92.8% and 96.0%, respectively. Of the six jurisdictions that did not meet the state target, four exceeded 95% compliance. Noncompliance in the two jurisdictions that failed to meet 95% compliance was a result of one or two children. In particular, one jurisdiction had transition steps and services included in the IFSP for 13 of 14 transitioning children (92.8%) and the other had transition steps and services included in the IFSP for 37 of 39 transitioning children (94.8%). Neither incidence of noncompliance appeared to be systemic. **However, all jurisdictions were required to achieve 100% compliance and to correct noncompliance when 100% compliance was not achieved.** When compared to FFY 2007 data, the compliance rate for sub-Indicator 8A remained the same, 99.1%.

For sub-Indicator 8B, 18 jurisdictions achieved the State target of 100%. Six local education agencies were not notified of 20 potentially eligible children. All six jurisdictions that did not meet the State target of 100% exceeded 95% compliance. **All jurisdictions were required to achieve 100% compliance and to correct noncompliance when 100% compliance was not achieved.** When compared to FFY 2007, the compliance percentage decreased slightly from 99.9 to 99.4%. For the 20 potentially eligible children not included in the numerator, there was no documentation of a transition planning conference. Five of these 20 children, however, were reported to have been found Part B eligible. Because the State's procedure is that Notification to LEA occurs during the transition planning conference, these children were not included in the numerator, but they were still included in the denominator. The decrease in compliance is mainly a result of 2 jurisdictions as they were responsible for 15 of the 20 cases of failing to notify the LEA of these potentially eligible children.

For sub-Indicator 8C, nine jurisdictions achieved the State target of 100%, six of which achieved 100% compliance in FFY 2007 and FFY 2008. In FFY 2008, 11 jurisdictions achieved a compliance percentage of at least 95.0% but less than 100%. The remaining four jurisdictions had a compliance percentage that ranged from 86.7% to 93.6%. **All jurisdictions were required to achieve 100% compliance and to correct noncompliance when 100% compliance was not achieved.** Thirteen jurisdictions improved their compliance with the largest gain being 10.4 percentage points. Four jurisdictions decreased their compliance with the largest loss being 9.1 percentage points. When compared to FFY 2007, the compliance percentage increased from 95.0% to 96.4%.

State data indicates greater than 99% compliance for sub-Indicators 8A and 8B, and greater than 96% compliance in subindicator 8C. Progress in the area of transition was assisted by efforts at the State level to provide on-site technical assistance during the monitoring of transition outcomes. Another factor contributing to the progress was the closer collaboration of the LITPs, the Part B local early childhood special education programs and community-based programs such as Head Start and child care programs. Local jurisdictions have refined the process of transitioning children from Part C to Part B or

other community programs. This was accomplished by local training, in part utilizing the web-based Early Childhood Gateway transition from Part C tutorial.

**Correction of FFY 2007 Findings of Noncompliance (if State reported less than 100% compliance):**

Level of compliance (actual target data) State reported for FFY 2007 for this indicator: 8a – 99.1%, 8b – 99.9%, 8c – 95.0%

	8a	8b	8c
1. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	7	9	30
2. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	7	9	30
3. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0	0	0

**Correction of FFY 2007 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

4. Number of FFY 2007 findings not timely corrected (same as the number from (3) above)	0	0	0
5. Number of FFY 2007 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0	0	0
6. Number of FFY 2007 findings <u>not</u> verified as corrected [(4) minus (5)]	0	0	0

All incidences of noncompliance identified in FFY 2007 were corrected at the program level. In particular, all seven program-level instances of non-compliance, less than 100% compliance, for Sub-Indicator 8A were corrected within one year. All nine program level instances of non-compliance, less than 100% compliance, for Sub-Indicator 8B were corrected within one year. All thirty program-level instances of non-compliance, less than 100% compliance, for Sub-Indicator 8C were corrected within one year. The correction of noncompliance was confirmed through local and MSDE data analyses. Following each incidence of noncompliance, data analyses were conducted to confirm that jurisdictions were correctly implementing the statutory/regulatory requirements consistent with timely transition planning. MSDE found that all incidences of noncompliance were corrected with 100% compliance achieved. This was accomplished through the local implementation of changed practices and processes included by local programs in Improvement Plans or Corrective Action Plans. See Indicator #9 for a detailed explanation of MSDE’s general supervision procedures.

It should be noted that data for transition indicators 8a, 8b, and 8c are collected after children turn 3 and have transitioned out of the Maryland Infants and Toddlers Program and thus, are no longer in the jurisdiction of the EIS program. As a result, correction of noncompliance at the child-level is not always possible. For FFY 2008, 109 children whose transition planning conference was untimely eventually had

a conference. There were an additional 11 children who did not have transition planning conferences due to parent refusal.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:**

#### **New/Revised Improvement Activities:**

1. In FFY 2007-FFY2010, MSDE will require Corrective Action Plans (CAP) as part of enforcement actions when an LITP does not attain substantial compliance. A LITP that does not meet the State target of 100%, but has attained substantial compliance, will be required to implement an improvement plan.

**Activity Revision:** In FFY 2009 to FFY 2010, MSDE will require more rigorous/specific CAP strategies.

**Activity Revision:** In FFY 2009 to FFY 2010, MSDE will require more rigorous/specific Improvement Plan strategies.

2. In FFY 2007 – FFY 2010, MSDE will implement a unique identifier so that children can be more easily followed when transitioning from Part C to Part B or other community resources.

**Activity Revision:** In FFY 2009, MSDE will continue to implement a unique identifier (State Assigned Student Identifier or SASID) for all children who receive early intervention services in Maryland once their first, middle, and last name, and date of birth, are verified. MSDE will continue to provide technical assistance/training to LITPs regarding the unique identifier.

3. **New Improvement Activity:** In FFY 2009, MSDE will engage in on-site monitoring to determine the presence and quality of transition steps and services in the IFSPs of transitioning children. Emphasis will be placed on the functionality of these outcomes.
4. **New Improvement Activity:** In FFY 2009, MSDE will modify State transition policies and procedures and require local lead agencies and local education agencies to modify policies and procedures accordingly.
5. **New Improvement Activity:** In FFY 2009 – October 30, 2010, Maryland will implement an Extended IFSP Option for families according to 20 U.S.C. 1434 Section 635(c). This expansion of IFSP services will give families more service delivery options and continued service coordination and family support at age 3.

**New Resources:** For FFY 2008, MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 78.8% increase in State funds. Funds were allocated to local programs based on child count. This allowed LITPs to hire additional staff or contract for additional staff. Stakeholders are currently advocating to the State government that the total State allocation of \$10,389,104 should not be reduced in State FY 2011. For the grant period of 7/1/2009 to October 30, 2011, LITPs have been allocated \$7,505,513 in ARRA I and II funds which have enabled many of these programs to hire additional staff or maintain current levels of staffing so that IFSPs reflect quality transition outcomes and timely transition planning.

**Part C State Annual Performance Report (APR) for FFY 2008 – Indicator #9**

**Overview of the Annual Performance Report Development**

Data for this indicator were collected through the Part C database, onsite visits, record reviews, and complaint investigations. Data was verified by LITPs, validated by MSDE, and reviewed by the SICC.

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 9:** General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects non-compliance as soon as possible but in no case later than one year from identification.

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

**Measurement:**

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

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

States are required to use the “Indicator C 9 Worksheet” to report data for this indicator (see Attachment A).

FFY	Measurable and Rigorous Target
2008 (2008-2009)	Maryland’s general supervision system (including monitoring, complaints, hearings, etc.) will identify and correct 100% of non-compliance as soon as possible but in no case later than one year from identification.

**Actual Target Data for FFY 2008:** 100% (95/95) of FFY 2007 findings were corrected and verified within 12 Months of notification of local program non-compliance.

**Describe the process for selecting EIS programs for Monitoring:**

**FFY 2007**

FFY 2007 findings of non-compliance corrected in FFY 2007 or in FFY 2008 (within 12 months of LITP notification) include findings identified through State-level monitoring and complaint investigations. The total number of findings reported includes findings identified from 7/1/07 to 6/30/08.

- For Indicators 1, 7, 8B, and 8C there were two reporting periods – 7/1/07 to 12/31/07 and 1/1/08 to 6/30/08, and there were two notification dates – 3/08 and 10/08.
- For indicators 2, 5 and 6, there were two reporting snapshot dates – 10/26/2007 and 6/30/2008, and there were two notification dates – 3/08 and 10/08.
- For sub-Indicator 8A, there was one reporting period – 7/1/07 to 6/30/08 and there was one notification date 10/08.

If an LITP demonstrated non-compliance in one or more indicators in the first six-month period and was required to develop and implement a corrective action plan (CAP) or an improvement plan, the LITP data for the second six-month period did not result in an additional CAP or improvement plan for the one or more indicators that the LITP is in the process of correcting.

Data for Indicator 8A were obtained via record reviews done between 8/1/2008 and 10/30/2008 for children transitioning in FFY 2007 (7/1/2007 – 6/30/2008).

Child outcome progress data was collected from evaluation and assessment developmental age scores provided on IFSPs on children who have been participating in the program for at least 6 months between 7/1/2007 and 6/30/2008. This information was provided to the Johns Hopkins Center for Technology for analysis and, after preliminary results were provided to MSDE staff, additional investigation occurred. Child outcome progress data was shared with LITP in September, 2008.

For Indicator 4, family surveys were mailed from the vendor (Avatar) to families or LITPs on October 15 and surveys were returned to the vendor in October and November. Every LITP was required to do an improvement plan as part of their local application funds to increase response rate and to involve local stakeholders to understand the purpose of the survey, to analyze local results, and to begin to consider targeted local improvement activities.

For Indicators 2, 5 and 6, LITPs were required to do improvement plans if State targets were not met. The improvement plans included outcomes, strategies and activities to:

- Achieve State targets for these performance indicators; and
- Monitor compliance with these indicators on an ongoing basis.

LITPs were required to report progress on achieving State targets in semiannual and final program reports.

For compliance indicators, MSDE required LITPs that did not attain the State target of 100% or compliance of 95%, to develop and implement improvement plans or corrective action plans, respectively, with strategies to:

- Achieve 100% compliance for all compliance indicators; and
- Monitor compliance with these indicators on an ongoing basis.

LITPs were required to report to MSDE when correction of non-compliance occurred which was subsequently verified by MSDE. Upon verification of correction of non-compliance by MSDE utilizing the State data system, LITPs were notified in writing that the improvement or corrective action plans ended.

**Correction of FFY 2007 Findings of Noncompliance Timely Corrected (corrected within one year from identification of the noncompliance):**

1. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007 through June 30, 2008) (Sum of Column a on the Indicator C 9 Worksheet)	<b>95</b>
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet)	<b>95</b>
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>

**Correction of FFY 2007 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

4. Number of FFY 2007 findings not timely corrected (same as the number from (3) above)	<b>0</b>
5. Number of findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>0</b>
6. Number of findings <u>not</u> yet verified as corrected [(4) minus (5)]	<b>0</b>

**Summary of Correction of Findings:**

Note that jurisdictions were notified for all incidences of identified noncompliance. The process of data entry can take weeks so data cannot be analyzed for correction until approximately 2 months after the date in question. As a result, many jurisdictions had corrected noncompliance prior to receiving notification of noncompliance. For example, noncompliance could have occurred for a jurisdiction in the time period of January 1, 2008 to June 30, 2008. Data analysis to determine compliance was completed on September 15, 2008 and the jurisdiction was notified of the noncompliance on October 1, 2008. However, correction of noncompliance for most jurisdictions occurred between July 1, 2008 and October 1, 2008 (notification date). The data analysis for the period after July 2008 was not completed until after October 1, 2008. This means that all counties were notified of their noncompliance but may have already corrected the noncompliance.

The correction of noncompliance was confirmed through local and MSDE data analyses. Following each incidence of noncompliance, data analyses were conducted to confirm that jurisdictions were correctly implementing the relevant statutory/regulatory requirements. MSDE found that all incidences of noncompliance were corrected with 100% compliance achieved. This was accomplished through the local implementation of changed practices and processes included by local programs in Improvement Plans or Corrective Action Plans.

**Indicator #1 - Timely Service Delivery (Details of Correction are in Indicator #1)**

Of the 22 findings of non-compliance for Indicator #1 in FFY 2007:

- 20 were corrected prior to notification
- 1 was corrected within 2 months
- 1 was corrected within 6 months

Of the 300 child-level incidences of noncompliance in FFY 2008:  
Although late, services were eventually provided for all 300 children whose services were not provided within Maryland's 30-day timeline.

**Indicator #7 – 45-Day Timeline (Details of Correction are in Indicator #7)**

Of the 27 findings of non-compliance for Indicator #7 in FFY 2007:

- 24 were corrected prior to notification
- 1 was corrected within 4 months
- 1 was corrected in 6 months
- 1 was corrected in 7 months

Of the 94 child-level incidences of noncompliance in FFY 2008:  
Although late, evaluation, assessments, and IFSPs not provided within the 45-day timeline were completed for all 94 children.

**Indicator #8A – Transition Steps and Services (Details of Correction are in Indicator #8A)**

Of the 7 findings of non-compliance for Indicator #8A in FFY 2007:

- 7 were corrected prior to notification

For FFY 2008, transition steps and services for the 9 child-level incidences of noncompliance could not be corrected, since these children were no longer located within the jurisdiction of the EIS programs.

**Indicator #8B – Notification to the LEA (Details of Correction are in Indicator #8B)**

Of the 9 findings of non-compliance for Indicator #8B in FFY 2007:

- 8 were corrected prior to notification
- 1 was corrected within 1 month

For FFY 2008, correction of noncompliance at the child-level for the 20 incidences of noncompliance could not occur because these children were no longer located within the jurisdiction of the EIS programs.

**Indicator #8C – Timely Transition Planning Meetings (Details of Correction are in Indicator #8C)**

Of the 30 findings of non-compliance for Indicator #8C in FFY 2007:

- 29 were corrected prior to notification
- 1 was corrected within 1 month

Of the 118 child-level incidences of noncompliance in FFY 2008:  
Although late, Transition Planning Meetings were eventually held for 109 of the children whose meetings were not held in a timely manner. Correction of noncompliance at the individual level could not occur for the other 9 children because these children were no longer located within the jurisdiction of the EIS programs.

During FFY2007, the State did not identify any other related findings.

**State Monitoring and TA:**

During the FFY 2008 reporting period, MSDE monitored all 24 LITPs through data extracted from the statewide Part C database for federal/State priority indicators, verified accuracy and completeness of the data collaboratively with LITPs, and issued State/local data profiles displaying trend data, current percentages of performance/compliance for each indicator, and number of State-level complaints received. Through local data profiles, MSDE notified LITPs when Corrective Action Plans were required (did not achieve 95% compliance) for Indicators 1, 7, 8A, 8B and 8C. LITPs were also notified when Improvement Plans were required (did achieve 95% compliance but did not achieve 100% compliance) for Indicators 1, 7, 8A, 8B and 8C. For all incidences of noncompliance, LITPs were notified that

correction was to occur within 1 year of notification. LITPs were also notified when Improvement Plans were required (did not achieve the State targets) for Indicators 2, 4, 5 and 6.

Jurisdictions were considered to have corrected noncompliance when data demonstrated at least two weeks of compliance for a given indicator. Data were analyzed in two-week intervals for each incidence of noncompliance until correction of noncompliance (100% compliance) was found to occur. For findings of non-compliance identified through State-level complaint investigations, MSDE requires LITPs to implement child-specific and systemic corrective action plans, and to integrate the corrective and improvement activities related to the complaint into existing local improvement plans and CAPs, when appropriate. Since no written complaints were received in FFY 2007, no correction of noncompliance was needed in FFY 2008.

MSDE reviewed the local CAP reports submitted by LITPs and ran independent data reports to verify local data on the percentage of compliance for the periods following the implementation of the Corrective Action Plans (CAPs). CAPs were required for jurisdictions that did not meet at least substantial compliance in compliance indicators. LITPs with CAPs were required to submit an initial report indicating improvement strategies to correct noncompliance and then submit monthly reports until substantial compliance was attained for 2 consecutive months. When MSDE verified that the LITP with a CAP reached or exceeded 95% compliance for two successive months, MSDE notified the LITP in writing that the CAP was closed. The LITPs that did not attain 100% compliance were required to continue implementing the CAP strategies in the form of an Improvement Plan, as it was required that all jurisdictions achieve and maintain 100% compliance. The Improvement Plan required less frequent reporting to MSDE. Improvement Plans were ended with LITPs attained 100% compliance for a two-week period of time. If adequate progress was not demonstrated by a LITP with a CAP or an Improvement Plan, a focused monitoring visit was made by MSDE to the local jurisdiction. In addition, all LITPs were required to report on their performance in both compliance and performance indicators in semi-annual and final program reports for each reporting period.

Timely data entry and reporting are critical factors when using an online database to identify and correct noncompliance. If timely data entry was identified as an issue for an LITP with a CAP, MSDE notified the LITP that available data was not sufficient to track progress and LITPs implemented strategies to improve the timeliness of data entry.

In FFY 2008, MSDE provided technical assistance through statewide meetings, individual on-site meetings, and phone consultation on request or when indicated through review of current data or other sources of information.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2008:**

**Explanation of Progress or Slippage:**

The following table illustrates the percentage correction of noncompliance that occurred in a timely manner for FFY 2006, FFY 2007 and FFY 2008:

FFY	2006	2007	2008
Percentage of timely correction	100%	100%	100%

When compared to FFY 2007, the percentage of correction in FFY 2008 remained consistent at 100%.

The continued compliance in this indicator can be, at least in part, attributed to MSDE’s filling of vacant positions. In February 2008, MSDE filled one vacant State-level position to assist with monitoring/TA responsibilities. Additionally, MSDE filled the Infant and Toddler Program Director position in January

2009, which had remained vacant since July 2008. The additional positions will increase MSDE’s capacity to work more closely with LITPs to validate and track data, and provide technical assistance as needed.

**New/Revised Improvement Activities:**

1. In FFY 2007 - 2010, MSDE will refine its cycle of identification to ensure that data obtained through an online database is used effectively in identification of noncompliance and in documenting progress and correction.

**Activity Revision:** MSDE revised its cycle of identification to align the identification of noncompliance with the release of statewide data and Local Profiles. In FFY 2008, this cycle of identification was also aligned with local reporting requirements (Semi-Annual and Annual Reports).

2. **New Improvement Activity:** In FFY 2009 – 2010, MSDE will explore strategies internally and with local jurisdictions to expedite the assignment of surrogate parents which has been cited as one reason for delayed 45-day timeline compliance.

**New Resources:** For FFY 2008, MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 78.8% increase in State funds. Funds were allocated to local programs based on child count. This allowed LITPs to hire additional staff or contract for additional staff. Stakeholders are currently advocating to the State government that the total State allocation of \$10,389,104 should not be reduced in State FY 2011. For the grant period of 7/1/2009 to October 30, 2011, LITPs have been allocated \$7,505,513 in ARRA I and II funds which have enabled many of these programs to hire additional staff or maintain current levels of staffing to support overall program improvement efforts.

**INDICATOR C-9 WORKSHEET**

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	16	22	22
	Dispute Resolution: Complaints, Hearings	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
5. Percent of infants and toddlers birth to 1 with IFSPs  6. Percent of infants and toddlers birth to 3 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	18	27	27
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services;	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	7	7	7
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B; and	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	9	9	9
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: C. Transition conference, if child potentially eligible for Part B.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	17	30	30
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
	Dispute Resolution: Complaints, Hearings	0	0	0
<b>Sum the numbers down Column a and Column b</b>			95	95

Percent of noncompliance corrected within one year of identification = **100%**

**Part C State Annual Performance Report (APR) for FFY 2008 – Indicator #10**

**Overview of the Annual Performance Report Development**

Data for this indicator was collected through the Complaint Investigations Branch database, and verified by Part C staff.

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 10:** Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

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

**Measurement:** Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

FFY	Measurable and Rigorous Target
<b>2008 (2008-2009)</b>	100% of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

**Actual Target Data for FFY 2008: 100% (2/2)**

**Data Collection, reporting and analysis:**

Two written signed complaints were received by MSDE. There were 2 reports involving 2 LITPs issued by the Investigation Branch of the Division of Special Education and Early Intervention Services. One report included findings. There were no complaints with findings in FFY 2007. See table below.

FFY	Total number of written, signed complaints filed	Complaints with reports issued	Reports with findings of non-compliance	Reports within timelines	Reports within extended timelines	Complaints pending	Complaints pending a due process hearing	Complaints withdrawn or dismissed
<b>2008 (2008-2009)</b>	2	2	1	2	0	0	0	0

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 08:**

As described in the Part C SPP, the Complaint Investigation Branch within MSDE's Division of Special Education/Early Intervention Services has the responsibility for investigating Part C complaints with the consultation and assistance of State Part C staff. Systemic findings of non-compliance identified through complaint investigations are incorporated into the Part C monitoring process. Complaint findings are taken into consideration when decisions are made about the level of monitoring and degree of State technical assistance and intervention for individual LITPs.

MSDE will continue its collaborative approach to ensure that complaint investigations are thorough and timely.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:**

1. MSDE amended COMAR 13A.13.01.00 in July, 2009 for the purpose of adopting the mediation and due process procedures in 34 CFR 300.506 through 300.512 and developing procedures that meet the requirements of Sec. 303.425.
2. MSDE adopted Part B mediation and due process procedures in order to provide consistent information and practice for families with children with disabilities, birth through 5 years of age. A second reason was to facilitate coordination within the MSDE Division of Special Education and Early Intervention Services and between the Division and the State Office of Administrative Hearings.
3. MSDE conducted regional trainings to local ITPs on the amended procedures in January 2010.
4. MSDE has amended and distributed, in January 2010, the Part B Parent Rights Document in order to incorporate the Part C parental rights.

**Part C State Annual Performance Report (APR) for FFY 2008 – Indicator #11**

**Overview of the Annual Performance Report Development**

Data for this indicator was provided by the Office of Administrative Hearings, and verified by Part C staff.

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 11:** Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

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

**Measurement:** Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

FFY	Measurable and Rigorous Target
2008 (2008-2009)	100% of fully adjudicated due process hearing requests are fully adjudicated within the timeline.

**Actual Target Data for FFY 2008: No fully adjudicated hearing requests**

**Data collection, reporting and analysis:**

One hearing request was filed. The hearing request was resolved between the family and the LITP without a hearing. See table below.

FFY	Total number of hearing requests filed	Hearings fully adjudicated	Decisions within timeline – Part B Procedures	Resolved without a hearing
2008 (2008-2009)	1	0	0	1

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:**

MSDE will continue to work with the Office of Administrative Hearings to ensure that Part B policies, procedures, and timelines are followed when parents file a request for due process under Part C of IDEA.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:**

- New Improvement Activity:** MITP amended Code of Maryland Regulations (COMAR) 13A.13.01.00 in July, 2009 for the purpose of adopting the mediation and due process procedures

in 34 CFR 300.506 through 300.512 and developing procedures that meet the requirements of Sec. 303.425.

2. **New Improvement Activity:** MITP adopted Part B mediation and due process procedures in order to provide consistent information and practice for families with children with disabilities, birth through 5 years of age. A second reason was to facilitate coordination within the MSDE Division of Special Education and Early Intervention Services and between the Division and the State Office of Administrative Hearings.
3. **New Improvement Activity:** MSDE conducted regional trainings to local ITPs on the amended procedures in January 2010.
4. **New Improvement Activity:** MSDE has amended and distributed, in January 2010, the Part B Parent Rights Document in order to incorporate the Part C parental rights.

**Part C State Annual Performance Report (APR) for FFY 2008 – Indicator #12  
Overview of the Annual Performance Report Development.**

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 12:** 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)

**Measurement:** Percent = (3.1(a) divided by 3.1) times 100.

FFY	Measurable and Rigorous Target
2008 (2008 – 2009)	Requests that went to resolution sessions were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

**Actual Target Data for FFY 2008: Not applicable in Maryland for FFY 2008.**

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:**

Not applicable in Maryland for FFY 2008.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:**

1. **New Improvement Activity:** MITP amended COMAR 13A.13.01.00 in July 2009 for the purpose of adopting the mediation and due process procedures in 34 CFR 300.506 through 300.512 and developing procedures that meet the requirements of Sec. 303.425.
2. **New Improvement Activity:** MITP adopted Part B mediation and due process procedures in order to provide consistent information and practice for families with children with disabilities, birth through 5 years of age. A second reason was to facilitate coordination within the MSDE Division of Special Education and Early Intervention Services and between the Division and the State Office of Administrative Hearings.
3. **New Improvement Activity:** MSDE conducted regional trainings to local ITPs on the amended procedures in January 2010.
4. **New Improvement Activity:** MSDE has amended and distributed, in January 2010, the Part B Parent Rights Document in order to incorporate the Part C parental rights.

**Part C State Annual Performance Report (APR) for FFY 2008 – Indicator #13  
**Overview of the Annual Performance Report Development****

Data for this indicator was provided by the Office of Administrative Hearings and verified by Part C staff.

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 13:** Percent of mediations held that resulted in mediation agreements.

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

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

FFY	Measurable and Rigorous Target
2008 (2008-2009)	No target required because fewer than 10 mediation sessions were requested.

**Actual Target Data for FFY 2008: No mediation sessions were held.**

During the reporting period, 6 requests for mediation were submitted, but none were held. Issues were resolved prior to mediation being held.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:**

Not applicable

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:**

- New Improvement Activity:** MITP amended COMAR 13A.13.01.00 in July 2009 for the purpose of adopting the mediation and due process procedures in 34 CFR 300.506 through 300.512 and developing procedures that meet the requirements of Sec. 303.425.
- New Improvement Activity:** MITP adopted Part B mediation and due process procedures in order to provide consistent information and practice for families with children with disabilities, birth through 5 years of age. A second reason was to facilitate coordination within the MSDE Division of Special Education and Early Intervention Services and between the Division and the State Office of Administrative Hearings.
- New Improvement Activity:** MSDE conducted regional trainings to local ITPs on the amended procedures in January 2010.
- New Improvement Activity:** MSDE has amended and distributed, in January 2010, the Part B Parent Rights Document in order to incorporate the Part C parental rights.

**Part C State Annual Performance Report (APR) for FFY 08 – Indicator #14  
Overview of the Annual Performance Report Development**

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 14:** State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

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

**Measurement:** State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count and settings and November 1 for exiting and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the “Indicator 14 Data Rubric” for reporting data for this indicator (see Attachment B).

FFY	Measurable and Rigorous Target
<b>2008 (2008-2009)</b>	<b>100% of State reported data (618, State Performance Plan, and Annual Performance Report) are timely and accurate.</b>

**Actual Target Data for FFY 08: 100%**

To calculate the percentage of State-reported data that is timely and accurate for FFY 2008, MSDE used the rubric recommended by OSEP for Indicator 14, which combines the timeliness of 618 and APR submission with the accuracy of data reported in the SPP/APR. The completed rubric has been inserted on the following page. With electronic edits built into the Part C database and systematic procedures for data verification and validation, MSDE has met the target for this indicator.

- a. For the reporting period, all Part C 618 data tables and the Part C SPP were submitted on the due dates.
- b. All State-reported data are accurate, including data reported through 618 tables, the State Performance Plan, and Annual Performance Report.

<b>Indicator 14 - SPP/APR Data</b>			
<b>APR Indicator</b>	<b>Valid and reliable</b>	<b>Correct calculation</b>	<b>Total</b>
<b>1</b>	1	1	2
<b>2</b>	1	1	2
<b>3</b>	1	1	2
<b>4</b>	1	1	2
<b>5</b>	1	1	2
<b>6</b>	1	1	2
<b>7</b>	1	1	2

Indicator 14 - SPP/APR Data			
8A	1	1	2
8B	1	1	2
8C	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	1	1	2
13	1	1	2
		<b>Subtotal</b>	30
<b>APR Score Calculation</b>	<b>Timely Submission Points</b> (5 pts for submission of APR/SPP by February 1, 2010)		5
	<b>Grand Total</b>		35

Indicator 14 - 618 Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Date Note Requests	Total
<b>Table 1 – Child Count Due Date: 2/1/09</b>	1	1	1	1	4
<b>Table 2 – Settings Due Date: 2/1/09</b>	1	1	1	1	4
<b>Table 3 – Exiting Due Date: 11/1/09</b>	1	1	1	N/A	3
<b>Table 4 – Dispute Resolution Due Date: 11/1/09</b>	1	1	1	N/A	3
				<b>Subtotal</b>	14
				<b>Weighted Total</b> (subtotal X 2.5; round ≤ .49 down and ≥ .50 up to whole number)	35

Indicator # 14 Calculation					
			A. APR Total	35	
			B. 618 Total	35	
			C. Grand Total	70	
Percent of timely and accurate data = (C divided by 70 times 100)			70 / (70) X 100 =		100%

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 08:**

**618 Data Accuracy**

Part C 618 data for Tables 1, 2, and 3 are collected through the statewide web-based Part C data system. LITPs enter data into individual child records in the database from referral and intake forms and the statewide IFSP document. Predefined reports with child-level and summary data for each of the 618 tables have been programmed into the database.

During FFY 2008, the following procedures were in place to ensure the accuracy of 618 data collection and reporting:

- MSDE provides an online data dictionary with definitions of data fields. The Data Specialist provides regular updates to LITP program and data managers when new data fields and reports are added to the database.
- MSDE and LITPs generate individual child and aggregate data reports throughout the reporting period to track changes and verify data accuracy. Electronic data edits have been programmed into the database to prohibit the entry of out-of-range data or inconsistent cross-field relationships.
- Prior to data collection for the annual 618 data reports, MSDE’s Data Specialist requests that all LITPs run local audit reports developed to identify inconsistent or incomplete data, correct data errors, and enter missing data.
- Following the local auditing and verification, MSDE runs statewide audit reports and notifies LITPs of inconsistent or missing data and provides a final timeline for the data entry and correction before generating the final 618 data tables.
- Prior to the submission of the 618 data tables, the Part C Section Chief for Program Improvement and the Data Specialist compare the current State and local data with the previous year’s submission, identify significant increases or decreases, and contact the LITP Program and Data Managers for clarification, when necessary. This information is used to respond accurately to data that WESTAT flags for explanation after the data tables are submitted to OSEP.
- Year-to-year comparisons of 618 data are provided to LITPs and are used as part of State monitoring for relevant indicators.
- Data for 618 Table 4 is collected and reported through a Part C/Part B database which tracks compliance and corrective action data on all State-level complaint investigations and findings.

**SPP/APR Data Accuracy**

MSDE developed the web-based Part C data system to increase local and state data accuracy and assist with overall Part C general supervision. Through its online data system, MSDE and LITPs monitored and adjusted data accuracy and performance against the priority Indicators on a regular basis, and adjusted strategies for improvement and correction based on current data analysis. During FFY 2008, MSDE generated and disseminated semi-annual data profiles, which include trend and current data on federal/State compliance indicators.

In addition to the procedures described above, MSDE ensured the accuracy of the SPP/APR data through the following:

- MSDE provided the OSEP measurement criteria for all monitoring indicators to the database developer to ensure that child-level and summary reports provide accurate data for federal, State, and local reporting.
- MSDE generated reports from the Part C database to report actual target data for Indicators 1, 2, 3, 5, 6, 7, 8b, 8c, and 9. Throughout the reporting period, MSDE and LITPs generated child-level and summary data and analyzed the data for inconsistencies and trends. Prior to the submission of SPP and APR data, MSDE generated child-level data reports for the compliance indicators and requested that LITPs validate the accuracy of data through review of the database and paper early intervention records. MSDE integrated data collected from onsite monitoring and complaint investigations to further validate the electronic results. Based on the results of State and local validation, MSDE modified the electronic data reports to accurately and reliably report SPP/APR data.
- For indicator 3, MSDE developed formulas for each of the OSEP progress categories, using assessment data entered into the Part C database after each child enters and exits the local early intervention system. The formulas were tested multiple times using individual child data and were refined, as needed, to ensure that children met the criteria in each OSEP progress category.
- To report data for Indicator 4, MSDE selected the NCSEAM Early Intervention Family Survey, which has been calibrated using a valid and reliable measurement scale and has been piloted with documented results that are accurate and consistent across states. To aggregate and analyze data for Indicator 4, MSDE contracted with a vendor that was involved in the development and the pilot of the NCSEAM Family survey, and worked closely with the vendor to understand and analyze the results and to plan targeted improvement activities.
- For Indicator 7, MSDE made changes to the predefined report to create a report that summarizes the data in a way consistent to the data submitted for federal reporting. Specifically, the report now sums the meetings that occurred within the 45-day timeline with those that were late due to non-systemic reasons (e.g., parent request, child/family unavailable, etc.). The new column “Timely or Valid Reason” gives LITPs a more accurate picture of their jurisdictions data without having to calculate this information in post-hoc fashion.
- For sub-Indicator 8A, MSDE and LITPs determined the presence of transition outcomes in early intervention records of 27.9% of the 3,581 children who turned three years of age during the reporting period.
- For sub-Indicator 8C, MSDE made changes to the predefined report to create data that is closer to what MSDE submits for federal reporting. In particular, percentage of timely meetings was computed after removing children whose parents request no Transition Planning Meeting and those that were referred to the program too late to have a timely Transition Planning Meeting.

- To report data on Indicator 10, MSDE maintains a database which tracks compliance and corrective action data on all State-level complaint investigations and findings. Data for Indicators 11 and 13 come directly from the Office of Administrative Hearings, which conducts Part C mediation and due process hearings. All data from these sources are verified before it is reported in the submitted SPP or APR.
- MSDE provides ongoing technical assistance and clarification through statewide meetings, onsite visits, and phone consultations on all aspects of data entry and reporting, especially those related to the federal/State monitoring priorities.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 09:**

**New Activity:** To improve data accuracy, MSDE has contracted with the Johns Hopkins Center for Technology to:

- Structure MD IFSP online data tracking system applications so that providers can utilize the web application;
- Modify existing data system architecture to allow for tracking of children birth to kindergarten age;
- Modify Part C reports to include children participating in the Extended IFSP Option;
- Redesign the Part C database application so that the IFSP and reporting layers are both in ASP.NET (most recent version);
- Migrate Part C data from the MS SQL 2000 database to the MS SQL 2005 database;
- Preserve the legacy Part C data in the new application environment; and
- Redesign and modify the hard copy and on-line version of the Maryland IFSP in order to collect data for the Extended IFSP Option, verify child name and date of birth and quantify progress on child and family outcomes on the IFSP. The revised IFSP paper copy will be used by local programs starting on 2/1/2010. The web-based version of the IFSP will be available for local programs on 3/31/2010.

**New Resources:** For FFY 2008, MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 78.8% increase in State funds. Funds were allocated to local programs based on child count. This allowed LITPs to hire additional staff or contract for additional staff. Stakeholders are currently advocating to the State government that the total State allocation of \$10,389,104 should not be reduced in State FY 2011. For the grant period of 7/1/2009 to October 30, 2011, LITPs have been allocated \$7,505,513 in ARRA I and II funds which have enabled many of these programs to hire additional staff or maintain current levels of staffing to support overall program improvement efforts.