

**Nancy S. Grasmick**  
**State Superintendent of Schools**

200 West Baltimore Street • Baltimore, MD 21201 • 410-767-0100 • 410-333-6442 TTY/TDD

March 1, 2011

The Honorable Martin O'Malley  
Governor of Maryland  
State House  
100 State Circle  
Annapolis, Maryland 21401

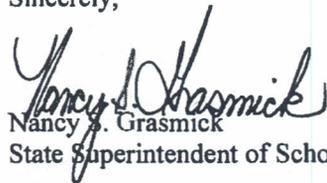
Dear Governor O'Malley:

In accordance with the requirement of Education Article § 8-416(e)(2), the Maryland State Department of Education (MSDE) is submitting a *Report on the Effectiveness of the State's Early Intervention System under the Individuals with Disabilities Education Act (IDEA)* for the period covering 2009-2010.

This report specifically addresses the provision of a statewide community-based interagency system of comprehensive early intervention services to eligible infants and toddler's birth through age three and their families.

Should you have questions or need additional information, please contact Dr. Carol Ann Heath, Assistant State Superintendent, Division of Special Education/Early Intervention Services at 410-767-0238 or by email [cheath-baglin@msde.state.md.us](mailto:cheath-baglin@msde.state.md.us). You may also contact Marcella Franczkowski, Chief, Early Childhood Intervention, and Education Branch. Ms. Franczkowski can be reached at 410-767-0261 or by email [mfranczkowski@msde.state.md.us](mailto:mfranczkowski@msde.state.md.us).

Sincerely,



Nancy S. Grasmick  
State Superintendent of Schools

Attachment

c: Carol Ann Heath  
Marcella Franczkowski  
Renee Spence  
Alice Harris

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# **The Maryland Infants and Toddlers Program**

**A Report on the Effectiveness of the State's Early  
Intervention System Under the Individuals with  
Disabilities Education Act**

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**February 2011**



*Prepared by the:*

**MARYLAND STATE DEPARTMENT OF EDUCATION  
Division of Special Education/Early Intervention Services**

*Submitted by the:*

**MARYLAND STATE DEPARTMENT OF EDUCATION  
Division of Special Education/Early Intervention Services  
*in collaboration with the*  
STATE INTERAGENCY COORDINATING COUNCIL**

**The Maryland Infants and Toddlers Program: A Report on the Effectiveness of the State's  
Early Intervention System Under the Individuals with Disabilities Act  
February 2011**

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*James H. DeGraffenreidt, Jr.*  
President, State Board of Education

*Nancy S. Grasmick*  
State Superintendent of Schools

*Carol Ann Heath*  
Assistant State Superintendent  
Division of Special Education/Early Intervention Services

*Marcella Franczkowski*  
Branch Chief  
Early Childhood Intervention and Education Branch

*Kelli Nelson*  
Chair, State Interagency Coordinating Council

*Martin O'Malley*  
Governor

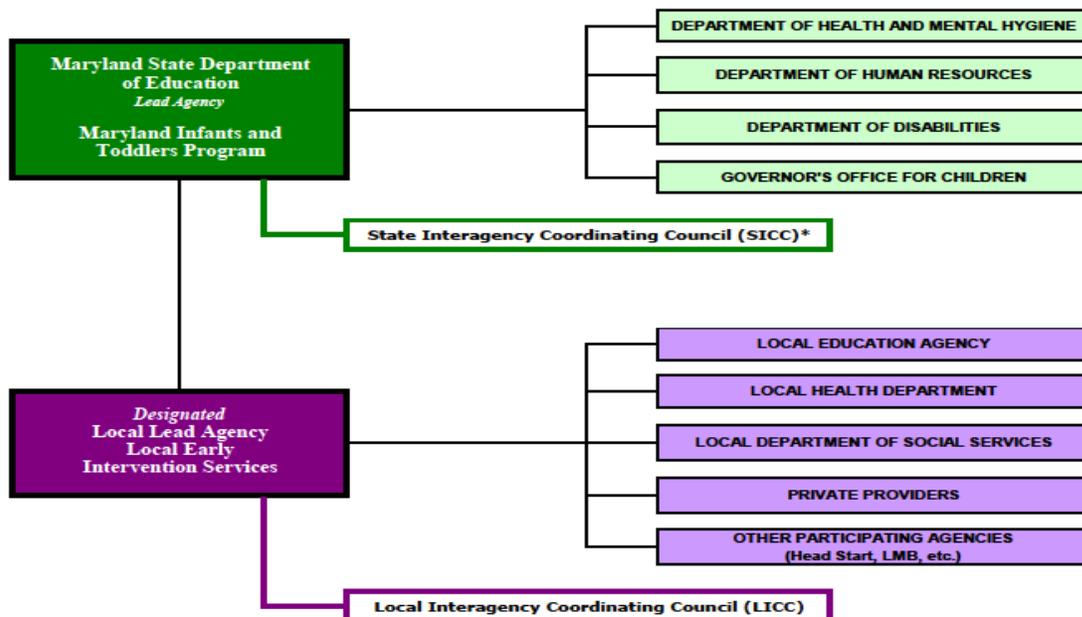
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## **Introduction**

The Maryland State Department of Education (MSDE), Division of Special Education/Early Intervention Services (DSE/EIS) and the State Interagency Coordinating Council (SICC), consistent with COMAR 13A.13.01.13(9), are pleased to submit this report on the effectiveness of the Maryland Infants and Toddlers Program as required by the Maryland Infants and Toddlers Act of 2002, enrolled as HB 371/SB 419. The Maryland Infants and Toddlers Program (MITP) within the Early Childhood Intervention and Education Branch of the Division of Special Education/Early Intervention Services, is a critical component of the State's focus on early childhood and school readiness, providing early intervention services and supports to over **14,636** infants and toddlers (birth to 3 years of age) with disabilities and their families annually. In addition, beginning February 1, 2010, families of 1,325 eligible children chose to continue to receive early intervention services and supports beyond age three through the Extended Individualized Family Service Plan (IFSP) Option (*see page 9*).

The MSDE administers this complex, interagency system of early intervention services through a comprehensive system of monitoring, training, technical assistance, and coordination of federal, State, and local funding sources. The MSDE implements an effective system of general supervision and data collection to ensure that infants and toddlers with disabilities and their families receive the services and supports to which they are entitled under Part C of the Individuals with Disabilities Education Act (IDEA). The MSDE also provides training and technical assistance to 24 local Infants and Toddlers Programs, the Maryland School for the Deaf and the Maryland School for the Blind to improve results for young children and their families. With its interagency public and private partners at the State and local level noted in the chart below, MSDE is committed to further improving the developmental outcomes of infants and toddlers with disabilities and enhancing the capacity of families to support the developmental needs of their children.

**MARYLAND INFANTS & TODDLERS PROGRAM - INTERAGENCY COORDINATION**



\* Appointment by the Governor

Longitudinal Study measuring the impact of early intervention services provided by local Infants and Toddlers Programs on kindergarten readiness was completed by the MSDE and the John's Hopkins Center for Technology in Education. The following chart includes details and results of the study.

### **Maryland's Longitudinal Study Results**

In collaboration with the Johns Hopkins University/Center for Technology in Education, MSDE conducted a longitudinal study, *The Impact of Early Intervention on Kindergarten Readiness (December 2009)*. The research focused on the impact of the level of service provided to 5,942 infants and toddlers enrolled in early intervention services, on their later performance using the State's Maryland Model for School Readiness (MMSR) Kindergarten Assessment. The results demonstrate that the greater the intensity of early intervention services, the better prepared children are for kindergarten.

### **Program Overview**

The interagency service delivery component of Maryland's family-centered early intervention system includes local lead agencies, local school systems, health departments, and departments of social services, and other public and private agencies. Under COMAR 13A.13.01, each local Infants and Toddlers Program:

- Has a local lead agency designated by the local governing authority;
- Has a single point of entry for referrals by parents, physicians, and other primary referral sources;
- Provides early intervention services to support the developmental needs of eligible infants, toddlers and preschool children and support services to their families through an Individualized Family Service Plan (IFSP); and
- Provides a service coordinator for each eligible child and family to monitor the delivery of services.

Effective early intervention to infants and toddlers with disabilities are provided through an evidence-based family-centered model, which recognizes that supporting and increasing the knowledge of those who spend the most time with very young children enhances the impact of early intervention. Young children with disabilities who receive services in the home and who are included in quality early care and education programs benefit from their involvement with typically developing peers, and their families have increased opportunities and resources to support their growth and development.

### **Federal and State Monitoring of Program Performance: A Framework for Assessing Program Effectiveness**

In 1980, Maryland began providing special education services to infants and toddlers with disabilities. The passage of Part H in 1986 (now Part C of IDEA) mandated the provision of interagency and family-centered services for children from birth to age three with disabilities. Since the implementation of the Maryland Infants and Toddlers Act of 2002, MSDE has been conducting a Continuous Improvement Monitoring process to assess the effectiveness of

Maryland's early intervention system under Part C of IDEA. The purpose of Continuous Improvement Monitoring is increased accountability at the State and local levels to ensure that infants and toddlers with disabilities and their families receive the services and supports to which they are entitled and that children and families are benefiting from participation in early intervention.

To ensure the effectiveness of the Maryland Infants and Toddlers Program, MSDE conducts the following ongoing general supervision activities:

1. Implementation of a statewide on-line and off-line web-based data collection and reporting system, which allows real-time tracking of program performance at the State and local levels.
2. Comprehensive monitoring of local Infants and Toddlers Programs, including:
  - Data collection and analysis on performance in federal/State priority areas;
  - Development and dissemination of semi-annual profiles of local data documenting compliance and performance;
  - State approval of a yearly local application including the development and implementation of a Comprehensive System for Professional Development (CSPD) plan to impact child and family results;
  - Provision of intensive technical assistance and on-site activities with local Infants and Toddlers Programs in need of improvement;
  - State review and approval of local corrective action plans, improvement plans, semi-annual and final program reports to ensure results; and
  - Requiring local programs to link federal or State funding to correct areas of non-compliance or to improve child or family outcomes.
3. Submission of the State Performance Plan and Annual Performance Plans to the United States Department of Education (USDE) to document the State's actual accomplishments in each federal monitoring indicator (14 Indicators).
4. Implementation of State and local activities targeted to improve program performance.

## **Performance Measures**

The measures of effectiveness for the Maryland Infants and Toddlers Program include USDE compliance indicators (CI) with federal targets of 100%, and USDE results indicators (RI) with targets set by MSDE with input from stakeholders, including the State Interagency Coordinating Council (SICC). When targets for compliance and performance indicators are not met, local Infants and Toddlers Programs are required to develop and implement corrective action or improvement plans. These plans are submitted to and reviewed by MITP monitoring staff and technical assistance is provided as needed. MSDE closely monitors the correction of noncompliance in each jurisdiction.

The MSDE continuously monitors the performance of local Infants and Toddlers Programs on the following indicators:

1. Timely initiation of early intervention services (CI);

2. Delivery of services in natural environments (home or community settings with typically developing children), unless the needs of the child cannot be met in those settings (RI);
3. Child outcomes (RI):
  - A. Social-emotional development including social relationships;
  - B. Acquisition and use of knowledge and skills including early language/communication, literacy and numeracy; and
  - C. Use of appropriate behaviors to meet their needs including eating, drinking and dressing.
4. Family outcomes (RI):
  - A. Know their rights while participating in the early intervention program;
  - B. Can effectively communicate the needs of their children; and
  - C. Are able to help their children develop and learn;
5. Early identification of infants and toddlers (RI):
  - a. Birth to age 1, in need of early intervention services;
  - b. Birth to age 3, in need of early intervention services;
6. Timely completion of evaluation and assessment and development of the IFSP (CI);
7. Timely transition planning for children and families as children approach their third birthday and transition from early intervention to preschool special education or other community-based programs (CI); and
8. Identification and correction of non-compliance through a general supervision system which identifies and corrects individual child and local jurisdiction non-compliance, as soon as possible but no later than 1 year from the date of notification to the local jurisdictions (CI).

## **Performance Results**

On November 29, 2010 through December 2, 2010, the USDE conducted a visit to the MSDE to verify the effectiveness of the State's systems for general supervision, data collection and financial management under Part C of IDEA. Initial reports indicate that the visit was very successful for the Maryland Infants and Toddlers Program. The visit ended on a high note with OSEP's Associate Division Director reporting that "Maryland is driving national initiatives for OSEP" in its implementation of a comprehensive and coordinated birth through five system of early intervention and special education services. Maryland's Part C program was commended for their strong partnership and support to the local jurisdictions in the building of a seamless infrastructure with the Extended IFSP Option serving as a catalyst. The USDE will be developing and sharing an official report with the MSDE on the verification visit in the next several months.

### **1. Timely Implementation of Early Intervention Services**

Beginning in SFY 2007, MITP has been required to report data on the timely initiation of early intervention services. The State standard requires services to be initiated within 30 days of the completion of the IFSP; exceptions include documentation of family-related reasons for the missed timelines or the service is provided less frequently than once a month. The federal target for the timely implementation of early intervention services is 100%. Maryland's data demonstrates increased compliance for this indicator. The table below shows the percentage of children for whom early intervention service initiation occurs within 30 days.

<b>Referral Date Range</b>	<b>7/1/07to 6/30/08</b>	<b>7/1/08 to 6/30/09</b>	<b>7/1/09 to 6/30/10</b>
Percentage within timeline or with family-related reason for delay or a service provided less frequent than 1 time per month	<b>95.8%</b>	<b>96.7%</b>	<b>97.3%</b>

**2. Delivery of Services in Natural Environments (home or community settings with typically developing children)**

MSDE's targeted focus on the provision of early intervention services in natural environments has resulted in an increased numbers of infants and toddlers whose primary service setting is the home or a community setting with children without disabilities. Under federal requirements, all eligible children must be served in natural environments, unless early intervention cannot be achieved satisfactorily in those settings. If a child will not receive a service in a natural environment, a justification based on the needs of the child must be included on the child's Individualized Family Service Plan (IFSP).

The chart below shows a trend that the Maryland Infants and Toddlers Program is serving an increasing number of eligible infants and toddlers in the home or community settings. The State target is 90.5%. For the 2009 snapshot count, 82.3% of the children who did not receive services in the natural environment had justifications on their service plan (IFSP) based on the needs of the child. Other justifications were based on the needs of the parents. The table below shows the percentage of children served primarily in natural environments based on a snapshot count on the last Friday in October. Performance on this indicator exceeded the State target.

<b>Snapshot Date</b>	<b>10/27/2006</b>	<b>10/26/2007</b>	<b>10/31/2008</b>	<b>10/29/2009</b>
Percentage of children served in natural environments	<b>89.6%</b>	<b>91.2%</b>	<b>92.3%</b>	<b>94.1%</b>

**3. Child Outcomes - Comparing Progress at Entry and Exit at Age Three**

The chart below shows the percentage of young children with disabilities, ranging from mild to severe, who exited the program during SFY 2010 within age expectation on the following child outcomes for typically developing same-aged peers. Data were collected from program entry and exit evaluations/assessments in all areas of development including social-emotional, cognitive,

communication, motor development and adaptive development on infants and toddlers who received early intervention services for at least a 6-month period of time. The progress in the developmental areas was measured and the results were statistically cross walked to the federal child outcomes.

<b>Child Outcome Area</b>	<b>% of children exiting within age expectations</b>	<b>Number of children exiting</b>	<b>State target</b>
Positive social-emotional development	81.3%	N= 2,859	83.6%
Acquisition and use of knowledge and skills	55.8%	N= 2,902	57.3%
Use of appropriate behaviors to meet their needs	75.8%	N= 2,829	78.4%

In SFY 2010, MSDE compared actual performance data to the State targets for each child outcome area. The statewide performance for the three child outcomes was slightly less than the State targets. For SFY 2011, MITP is changing the testing methodology for measuring and reporting on child outcomes. The methodology currently utilized, beginning on 7/1/2010, is the Child Outcome Summary Form (COSF) that considers multiple sources of information as opposed to the administration of one or two assessment instruments at entry and exit. The COSF includes assessment results, but also gathers input from families, service providers, medical care providers and other caregivers. The COSF is also currently completed by the IFSP team at entry into the early intervention program and at exit from the program. Developmental progress is measured and the results are cross-walked to the federal child outcomes. The COSF methodology is used to measure developmental progress in 44 other states and territories.

#### **4. Outcomes for Families Participating in the Infants and Toddlers Program**

The following chart shows the percentage of families with young children receiving early intervention services during SFY 2008-2010 that agreed, strongly agreed or very strongly agreed with the federal family outcome indicators. The information was obtained by having the families complete a survey that was provided to them by an early intervention service provider or mailed to them by a local Infants and Toddlers Program. There were English and Spanish versions of the survey and cover letter.

<b>Family Outcome Indicators</b>	<b>SFY 2008</b>	<b>SFY 2009</b>	<b>SFY 2010</b>
Families know their rights	<b>78%</b> Response Rate 22.2%	<b>83%</b> Response Rate 29.6%	<b>87%</b> State Target – 76% Response Rate 41.7%
Families effectively communicate the needs of their children	<b>75%</b> Response Rate 22.2%	<b>81%</b> Response Rate 29.6%	<b>83%</b> State Target – 74% Response Rate 41.7%
Families are able to help their	<b>86%</b>	<b>90%</b>	<b>92%</b>

children develop/learn	Response Rate 22.2%	Response Rate 29.6%	State Target – 84% Response Rate 41.7%
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The above table shows an increasing trend that families agreed, strongly agreed or very strongly agreed with each of the family outcomes. In addition, the response rate to the survey has increased each year with a 40% increase in SFY 2010. The State targets were exceeded in SFY 2010 for all three family outcomes.

## 5. Early Identification of Infants and Toddlers in Need of Early Intervention Services

Trend data from a snapshot count on the last Friday in October indicates that Maryland continues to serve an increasing percentage of infants and toddlers birth to one year of age and birth to 3 years of age. The trend data demonstrates an increase in the percentage of children served over a 3-year period. For children birth to one year of age, the State target is 1.50%, but was established when the USDOE required states to determine the percentage of children served based on the birth rate as opposed to state residence data. The table below shows the percentage of the total population of children birth to one in Maryland receiving services through the Maryland Infants and Toddlers Program.

### 5.A

Snapshot Date	10/26/07	10/31/08	10/29/09
% of children served	1.25%	1.33%	1.47%
MD Resident Population Birth-to-One	78,060 in 2007	75,362 in 2008	76,511 in 2009

*Based on MITP service and federal state residence data.*

The trend data for children birth to three years of age demonstrates an increase in the percentage of children served over a 3-year period. For children birth to three years of age the State target is 2.88%. The table below shows the percentage of the total population of children birth to three in Maryland receiving services through the Maryland Infants and Toddlers Program. Performance on this indicator exceeded the State target.

### 5.B.

Snapshot Date	10/26/07	10/31/08	10/29/09
% of children served	3.05%	3.26%	3.11%
MD Resident Population Birth-to-Three	229,364 in 2007	224,674 in 2008	231,000 in 2009

*Based on MITP service and federal state residence data.*

## 6. Timely Evaluation and Completion of an Initial Service Plan

Starting in SFY 2007, the chart below shows an increase in the ability of local Infants and Toddlers Programs to complete timely evaluations and assessments and, in collaboration with families, complete timely Individualized Family Service Plans (IFSPs). Meetings may

appropriately occur beyond the 45-day timeline if there are documented family-related reasons for the missed timelines. The federal target for this indicator is 100%. Maryland's data demonstrates increased compliance for this indicator. The table below shows the percentage of children for whom evaluation and assessment and an initial IFSP meeting were conducted within the 45-day timeline.

<b>Referral Date Range</b>	<b>7/1/06 to 6/30/07</b>	<b>7/1/07 to 6/30/08</b>	<b>7/1/08 to 6/30/09</b>	<b>7/1/09 to 6/30/10</b>
Percentage within the timeline or with family-related reason for delay	<b>93.0%</b>	<b>94.8%</b>	<b>98.7%</b>	<b>99.1%</b>

**7. Timely Transition Planning (For children and families preparing to exit the early intervention program at age three)**

Preparing families and children for transition from early intervention to preschool requires collaboration between families, local Infants and Toddlers Programs and local school systems. Federal regulations require that a transition planning meeting between the family and representatives from the local early intervention and school systems be held no later than 90 days before a child's third birthday, so that there is no interruption in services when a child reaches age three. The federal target is 100%. Maryland's trend data demonstrate an increasing ability of local programs to provide timely transition services. The table below shows the percentage of children and families with timely transition planning meetings.

<b>Referral Date Range</b>	<b>7/1/06 to 6/30/07</b>	<b>7/1/07 to 6/30/08</b>	<b>7/1/08 to 6/30/09</b>	<b>7/1/09 to 6/30/10</b>
Percentage of children with timely meetings or family-related reason for delay	<b>93.0%</b>	<b>95.0%</b>	<b>96.4%</b>	<b>99.6%</b>

**8. Identification and Correction of Noncompliance (Incidents when children/families did not receive timely evaluation, IFSP development, service initiation or transition planning meetings in SFY 2010).**

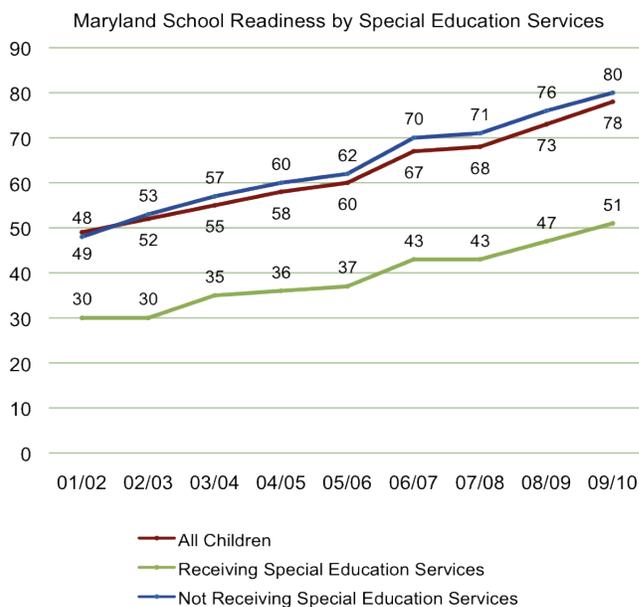
All incidents of non-compliance from the previous fiscal year were corrected as soon as possible or within at least within 12 months. When noncompliance was demonstrated, local Infants and Toddlers Programs were required to develop and implement corrective action or improvement plans. These plans were submitted to MSDE and reviewed by MITP monitoring staff and technical assistance was provided as needed. MSDE closely monitored the correction of noncompliance in each jurisdiction.

## The Extended IFSP Option— Maryland's Birth to Five Initiative for Children With Disabilities

Through the American Recovery and Reinvestment Act (ARRA), incentive grant funding was made available to States seeking to extend early intervention services through an Individualized Family Service Plan (IFSP) to children beyond age three. Maryland recognized the opportunity to create a seamless Birth through Five Early Childhood Intervention and Special Education System of Services for its youngest children with disabilities and their families and applied for this grant. In July 2009, the Maryland State Department of Education (MSDE) received \$14,382,810 from the U.S. Department of Education, Office of Special Education Programs (OSEP) and was only one of two States to receive the incentive grant to create the Extended IFSP Option.

The Individuals with Disabilities Education Act of 2004 (IDEA 2004) allows States the flexibility to make IFSP services available to children after age 3. Parents of children who previously received early intervention services *and* who are determined eligible for services under Part B Section 619 (preschool special education) may choose the continuation of services through an IFSP. Under the Extended IFSP Option, Maryland's early intervention service plan must include an educational component that promotes school readiness and incorporates pre-literacy, language, and numeracy skills for such children until they enter, or are eligible under State law to enter, kindergarten [20 USC 1435 §635(c)(1) and the MSDE Policies and Procedures for the Extended IFSP Option for Age 3 to Kindergarten Age, 7/1/09].

Several factors were considered in moving forward with the Extended IFSP Option in Maryland. The school readiness data below demonstrates a continued achievement gap between preschool children with disabilities who are “fully ready” for school as compared to their same age peers.



- Since 2001, the Maryland Model for School Readiness (MMSR) Kindergarten Assessment results indicate the existence of an achievement gap between preschool children with disabilities who are “fully ready” for school as compared to their same-aged typically developing peers.

- In SFY 2010 children receiving preschool special education services did not improve at the same rate as their typically-developing peers. Data demonstrates an 18 point difference in 2001/2002 which widens to a 29 point difference in 2009/2010.

A second factor considered in the decision included the results of a statewide early intervention family survey. The results revealed: 87% of families report that early intervention services helped their family know their rights; 83% of families report that early intervention services helped their family effectively communicate their child's needs; 92% of families report that early intervention services supported their family to help their child develop and learn.

Another factor considered was the location of services provided to three year olds receiving special education services. The annual special education census report for the 2009-2010 school year indicated that only 33% of three year-old children served under an IEP received special education in regular early childhood settings with their typical peers.

Beginning on February 1, 2010, children enrolled in a local infants and toddlers program, with a third birthday of February 1, 2010 or later and who were found eligible for preschool special education and related services, had the opportunity by parent choice to continue services through an IFSP or to receive special education and related services through an Individualized Education Plan (IEP). Informed family choice is built upon knowledge of the similarities and differences between the early intervention and preschool special education service delivery systems.

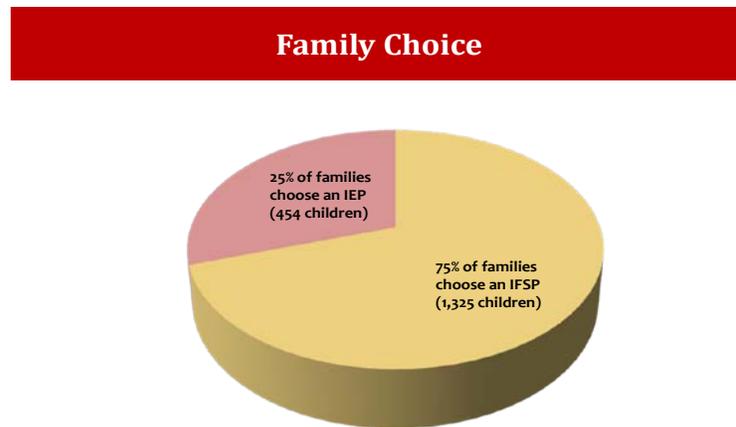


The results revealed that 96% of families felt that early intervention services supported them to teach their child school readiness skills. The Extended IFSP Option can decrease the widening school readiness gap at kindergarten age between children with disabilities and children without disabilities by providing more individualized services in community and home based early intervention settings for children/families, continuing more comprehensive service coordination and focusing on school readiness outcomes, including pre-literacy, numeracy and language.

Components of the established birth to three early intervention system available under the Extended IFSP Option that most influenced families' decisions to continue services for their child under an Extended IFSP include: a) comprehensive service coordination; b) continuous year-round services; c) intensive family support and training; and d) delivery of services in a natural environment. Children served under an Extended IFSP can continue to receive services in individualized community and home based settings, as well as settings for children served under an IEP that comprise the local least restrictive environment continuum. The emphasis remains on providing opportunities for children with disabilities to access and participate in regular early childhood settings with their typically developing peers, to support individual child progress and promote school readiness outcomes, including pre-literacy, numeracy and language.

## **Implementation Results**

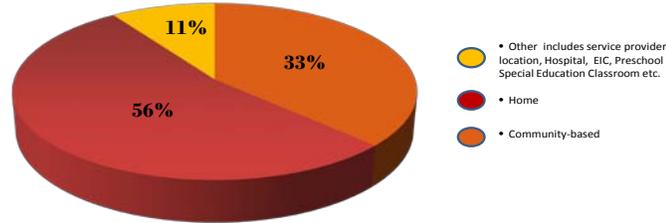
Since February 1, 2010, 1,237 children have received services through an Extended IFSP. Approximately 75 % of families are choosing to continue with IFSP services, while 25% of families are choosing to move to services through an Individualized Education Program (IEP).



In examining location of service data, the following visual indicates that children in the Extended IFSP Option receive 89% of their services in natural environments, including home and community-based settings. Last year 33% of three-year-old children receiving services through an IEP received services in the least restrictive environment.

## Location of Services

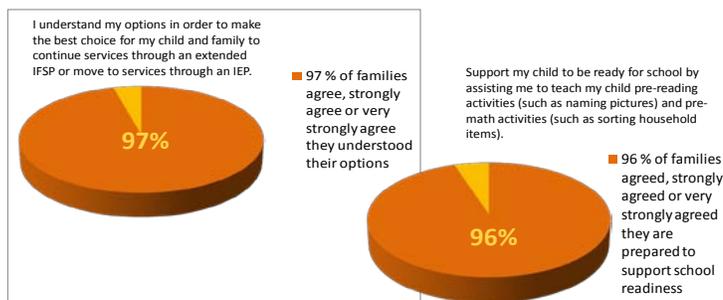
- Total number of 3 year old children receiving services through an Extended IFSP on November 29, 2010: **1,102**
- Of the 1,102 children, **89%** received services in the Natural Environment (home/community-based)



Family outcome results are also positive with regard to children receiving services through an Extended IFSP. As part of the SFY 2010 Family Survey, completed to report on family outcomes to the U.S. Department of Education, MITP added two additional questions for families participating in the Extended IFSP Option.

The results indicate that 97% of families agree, strongly agree or very strongly agree that early intervention services have helped me and/or my family understand my options in order to make the best choice for my child and family to continue services through an Extended IFSP or move to services through an IEP. In addition, 96% of families agree, strongly agree, or very strongly agree that early intervention services have helped me and/or my family support my child to be ready for school by assisting me to teach my child pre-reading activities (such as naming pictures) and pre-math activities (such as sorting household items). The pie charts below visually depict the Family Survey results.

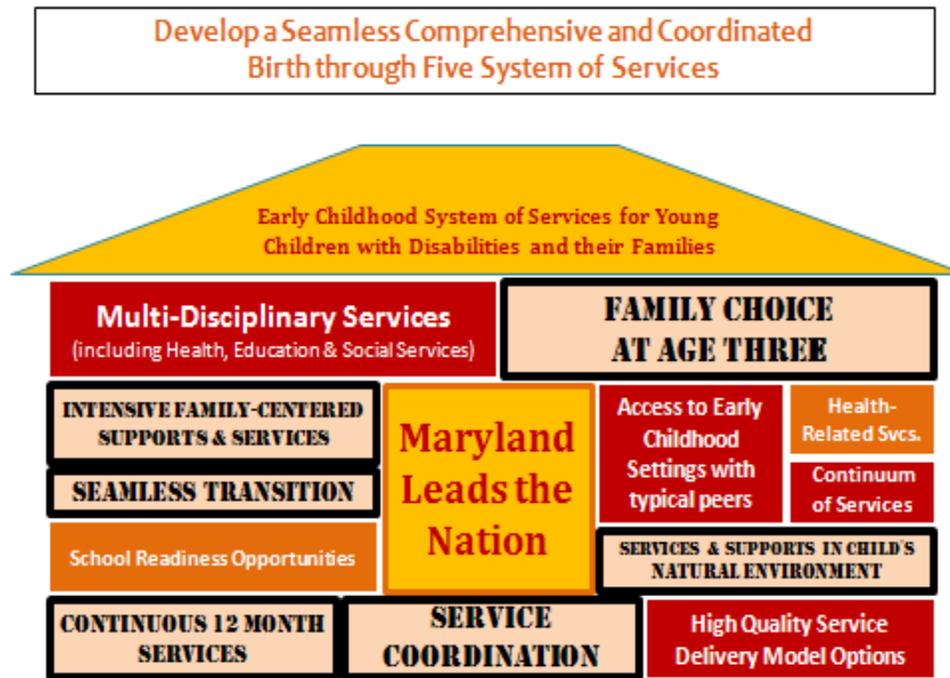
## Family Survey Results



## MOVING MARYLAND FORWARD

### Building a Birth through Five System of Services

Funding to support the Extended IFSP Option was the result of the federal ARRA Program and served as a catalyst in building Maryland's birth through five seamless, comprehensive system of coordinated services. Maryland's vision is to assure that all infants, toddlers, and young children with disabilities and developmental delays, and their families receive high-quality early intervention and special education services with full access, participation, and supports.



With additional fiscal support, Maryland's vision to build a seamless, comprehensive, coordinated birth through five system of services will be fully realized; Infants and Toddlers Programs and preschool special education services will not become separate systems, functioning in silos.

### Alignment with the State's "15 Strategic Policy Goals"

Several MITP strategies are in alignment with the Governor's priorities as established in the State's Policy Goals. The following represent these strategies:

- Provide professional development to improve school readiness outcomes for children in need of early intervention and special education services across systems, agencies and providers. (*Goal #2: Improving Student Achievement and School, College and Career Readiness in Maryland by 25% by End 2015*)

- Support parent leadership and family engagement offering family support and parent training: building families' capacity to support school readiness. (*Goal #2: Improving Student Achievement and School, College and Career Readiness in Maryland by 25% by End 2015*)
- Develop and implement a statewide, integrated data system to monitor child progress and support programmatic decision-making. (*Goal #2: Improving Student Achievement and School, College and Career Readiness in Maryland by 25% by End 2015*)
- Provide access to the general education curriculum and ensure full participation with typically developing peers through private and public community partnerships. (*Goal #2: Improving Student Achievement and School, College and Career Readiness in Maryland by 25% by End 2015*)
- Build training modules for service providers to support the writing and implementation of educational outcomes for young children. (*Goal #2: Improving Student Achievement and School, College and Career Readiness in Maryland by 25% by End 2015*).
- Through the role of the service coordinators, encourage families to participate and take advantage of all food supplement programs, including the Women, Infants & Children (WIC) program and Food Stamps Program. (*Goal #12: End Childhood Hunger in Maryland by 2015*)
- Providers and service coordinators have the knowledge and resources to help families access follow-up medical care for mothers and their children. (*Goal #14: Reduce Infant Mortality in Maryland by 10% by End 2012*)

## **SUMMARY**

Since FY 2003, there has been a 59% increase in the number of children eligible for and receiving early intervention services (9,182 in FY2003 compared to 14,636 in FY2010). This does not include the additional 1,325 children receiving early intervention services under the Extended IFSP Option since February 1, 2010.

While the number of children and families served by local infants and toddlers programs has increased, federal and State funding to local programs has not increased. The IDEA Part C federal award decreased by 3.62% for SFY 2011 and the level of State funding has remained consistent since SFY 2009. For SFY 2011 local governments contributed more than 70% for early intervention in Maryland.

The Maryland Infants & Toddlers Act of 2002 established a state funding formula to provide support based on the annual cost per child and the number of children and families served annually. The formula was designed so state funding would never exceed 20% of the overall Program cost. Currently, state funding represents 14% of the overall Program cost.

Additionally, from July 1, 2009 through September 30, 2011, a temporary infusion of federal funds was awarded through the ARRA (ARRA I & II, ARRA Extended IFSP Option incentive grant). However, the ARRA funding expires on September 30, 2011, with no provisions for carryover.

The MITP has been able to demonstrate progress on all federal compliance and performance indicators. However, while the MITP has exceeded targets for several indicators, a number of indicators did not meet the State and/or federal targets established. To ensure that the local Infants and Toddlers Programs have the capacity to comply with federal and State requirements as well as to provide high quality services and supports to produce positive results for infants and toddlers with disabilities and their families, increased fiscal support is essential.

## **RECOMMENDATIONS**

1. MSDE recommends that the State funding formula established in the Infants and Toddlers Act of 2002 be continued as a **mandatory mechanism** for directing State funds to local Infants and Toddlers Programs based on the number of children and families served, and that State funding meets the 20% share of the total cost of the Program.
2. With the federal ARRA funding ending on September 30, 2011, the Maryland Infants and Toddlers Program requires additional funding to expand on what is recognized as a national exemplar birth-through-five system of services.
3. MSDE recommends that a portion of any additional State funding target the building of a local, statewide infrastructure to support a birth through five seamless, comprehensive system of coordinated services. The targeted funding would serve as the catalyst for a local jurisdiction to integrate service delivery models for infants, toddlers, and preschool children served under an IFSP, Extended IFSP, and Individualized Education Program (IEP). A coordinated birth through five system of services would: incorporate evidence-based early childhood intervention and education practices; support access to age-appropriate early childhood curricula; promote a framework for school readiness beginning at birth; provide intra- and interagency professional development; assure that families/parents are provided with intensive support and training needed to support their child and strengthen family cohesiveness; and maximize the use of federal, State, and local funding to ensure sustainability of the local birth through five system of services.
4. Local school systems are responsible for providing special education and related services to 3 through 5 year olds with disabilities served on an Individualized Education Plan (IEP). Currently, there is no dedicated State funding of COMAR 13A.05.02.01, requiring funds for preschool special education services. Essential to building a birth through five system of services, funding should be included.
5. At this time, there is no mechanism in place to identify exactly what State and local dollars are used to help support children in the preschool special education system. Only federal dollars are restricted to the Program. Therefore, the SICC strongly urges budget language that would improve the reporting requirement of local school systems, targeted at identifying and reporting all dollars allocated to support preschool children with disabilities, ages three through five.