

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**

May 2012

School Year 2010-2011



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**

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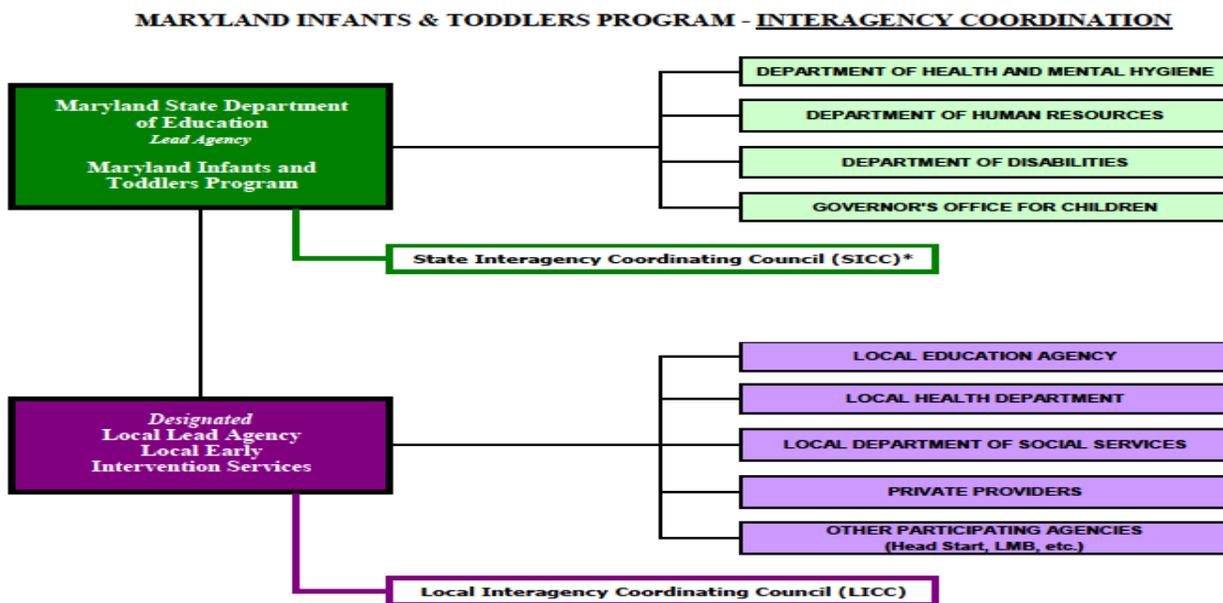
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Introduction

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 13,478 infants and toddlers with disabilities and their families in State Fiscal Year (SFY) 2011. Additionally in SFY 2011, families of 2,589 children with disabilities chose to continue to receive early intervention services and supports beyond age three through the Extended Individualized Family Service Plan (IFSP) Option. Therefore, the total number of children with disabilities and their families receiving early intervention services in SFY 2011 was 16,067.

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 the interagency public and private partners at the State and local levels noted in the chart below, MSDE is committed to further improving the developmental and educational outcomes of infants, toddlers and preschool children with disabilities and enhancing the capacity of families to support the developmental needs of their children.



* Appointment by the Governor

Maryland's Longitudinal Study Results

The Maryland longitudinal study (*The Impact of Early Intervention on Kindergarten Readiness, December 2009*), 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 information includes details and results of the study:

- 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 demonstrated 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 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 and to help families access community resources.

Effective early intervention services based on peer-reviewed research are provided to infants, toddlers and preschool children with disabilities through a family-centered model, which recognizes that supporting and increasing the knowledge of those who spend the most time with very young children improves results for children and their families. Young children with disabilities who receive services in the home and who are included in quality early care and education community programs benefit from their involvement with typically developing peers, and their families gain opportunities and resources to support the growth and development of their children.

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, toddlers and preschool children with disabilities and their families receive the services and supports to which they are entitled and that the 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;
 - Approval of yearly local applications for funding which include the development and implementation of a Comprehensive System for Professional Development (CSPD) plan that impact child and family results;
 - Provision of focused on-site technical assistance with local Infants and Toddlers Programs in need of improvement;
 - Review and approval of local corrective action plans, improvement plans, semi-annual and final program reports to ensure results; and
 - Requirements for local programs to link federal or State funding for the purpose of correcting areas of non-compliance or to improve child and family outcomes.
3. Submission of the State Performance Plan and Annual Performance Report 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 strategies targeted to improve statewide 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 when necessary. 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. 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;
6. Early identification of infants and toddlers (RI):
 - A. Birth to age 3, in need of early intervention services;
7. Timely completion of evaluation and assessment and development of the IFSP (CI);
8. Timely transition planning for children and families as children approach their third birthdays and continue in the early intervention program until their fourth birthday, transition from early intervention to preschool special education and/or transition to other community-based programs such as Head Start (CI); and
9. Identification and correction of non-compliance through a general supervision system which identifies and corrects individual child and systemic local jurisdiction non-compliance, as soon as possible but no later than one year from the date of notification to the local jurisdictions by MSDE (CI).

Performance Results

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 to the 30-day timeline 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 occurred within 30 days.

Referral Date Range	7/1/08 to 6/30/09	7/1/09 to 6/30/10	7/1/10 to 6/30/11
Percentage within timeline or with family-related reason for delay or a service provided less frequently than 1 time per month	96.7%	97.3%	96.7%

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

MSDE's targeted technical assistance focus on the provision of early intervention services in natural environments has resulted in an increased number of infants and toddlers whose primary service setting is the home or a community setting with typically developing peers. 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 does not receive a service in a natural environment, a justification based on the outcomes on the child's Individualized Family Service Plan (IFSP) must be included on the child's IFSP document.

The chart below shows a trend that the Maryland Infants and Toddlers Program is serving an increasing number of eligible young children in the home or in community settings. The State target is 90.5%. For the 10/29/10 snapshot count, 89.6% 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 of 91%.

Snapshot Date	10/26/2007	10/31/2008	10/29/2009	10/29/2010
Percentage of children served in natural environments	91.2%	92.3%	94.1%	96.3%

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 2011 within age expectation on the following child outcomes for typically developing same-aged peers. Data were collected utilizing the Child Outcome Summary (COS) methodology. COS measures the trajectory of child progress in three federal child outcome areas listed in the following table. The COS is used by forty-four other states to measure child outcome performance.

Child Outcome Area	% of children exiting within age expectations	Number of children exiting	State target
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 2011, MSDE compared child outcome 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.

In SFY 2011, MITP changed the testing methodology for measuring and reporting on child outcomes. The COS considers multiple sources of information as opposed to the administration of one or two assessment instruments at entry and exit. The COS includes assessment results, but also gathers input from families, service providers, medical care providers and other caregivers. The COS is completed by IFSP teams 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 above federal child outcomes.

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 2009-2011 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.

Family Outcome Indicators	SFY 2009	SFY 2010	SFY 2011
Families know their rights	83% State Target 75%	87% State Target 76%	93% State Target 78%
Families effectively communicate the needs of their children	81% State Target 73%	83% State Target 74%	93% State Target -76%
Families are able to help their children develop/learn	90% State Target 83%	92% State Target 84%	94% State Target – 86%

The above table shows an increasing trend that families agreed, strongly agreed or very strongly agreed with each of the family outcomes. The State targets were exceeded in SFY 2011 for all three family outcomes and the response rate was 39.7%.

5. Early Identification of Infants and Toddlers in Need of Early Intervention Services (B to 1)

The table below shows an increase in the percentage of children (birth to one year) receiving early intervention services over a three year period on the last Friday in October. The State target is 1.50%. This target was exceeded on the 10/29/10 snapshot count.

Snapshot Date	10/31/08	10/30/09	10/29/10
% of children served	1.33%	1.47%	1.59%
MD Resident Population Birth-to-One	75,362 in 2008	76,511 in 2009	71,523 in 2010

Based on MITP service and federal state residence data.

6. Early Identification of Infants and Toddlers in Need of Early Intervention Services (B to 3)

The table below shows an increase in the percentage of children (birth to three years) receiving early intervention services over a 3-year period on the last Friday in October. The State target is 2.88%. The percentage of children receiving services exceeded the State target for the last three years.

Snapshot Date	10/31/08	10/30/09	10/29/10
% of children served	3.26%	3.11%	3.54%
MD Resident Population Birth-to-Three	224,674 in 2008	231,000 in 2009	217,560 in 2010

Based on MITP service and federal state residence data.

7. Timely Evaluation and Completion of an Initial Service Plan

Starting in SFY 2008, the chart below shows a general 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 for SFY 2011 demonstrates a slight statewide slippage in 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.

Referral Date Range	7/1/07 to 6/30/08	7/1/08 to 6/30/09	7/1/09 to 6/30/10	7/1/10 to 6/30/11
Percentage within the timeline or with family-related reason for delay	94.8%	98.7%	99.1%	98.2%

8. 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 has his or her third birthday. The federal target is 100%. Maryland's trend data demonstrate a general increased ability for local programs to provide timely transition services with a minimal slippage in SFY 2011. The table below shows the percentage of children and families with timely transition planning meetings.

Referral Date Range	7/1/07 to 6/30/08	7/1/08 to 6/30/09	7/1/09 to 6/30/10	7/1/10 to 6/30/11
Percentage of children with timely transition planning meetings or family-related reason for delay	95.0%	96.4%	99.6%	99.4%

9. 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 (100%) from the previous fiscal year (SFY 10) were corrected as soon as possible or within at least 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 when necessary. MSDE closely monitored the correction of noncompliance in each jurisdiction.

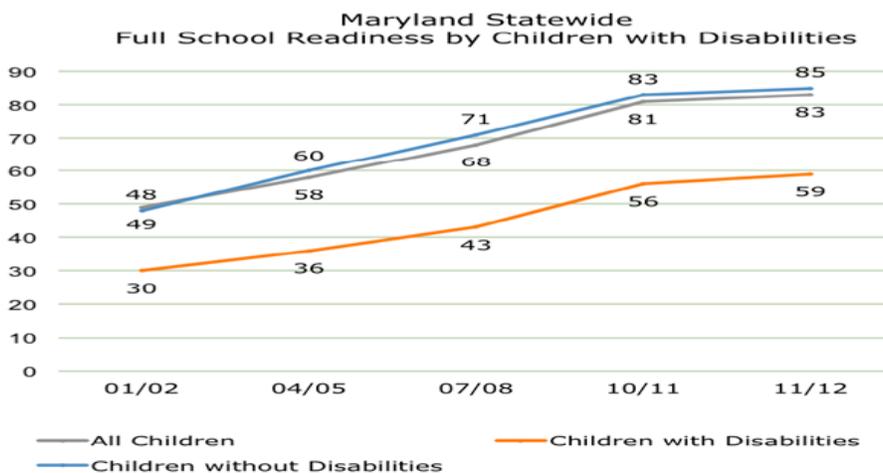
The Extended IFSP Option— Maryland's Birth to Five (Currently Birth to a Child's Fourth Birthday) Initiative for Children With Disabilities

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) and the federal regulations (34 CFR§303.1) published in the federal register in September, 2011 allows States the flexibility to make IFSP services available to children after the age of three. 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 to have their children continue early intervention services through an IFSP or to receive special education and related services through an Individualized Education Program (IEP). Under the Extended IFSP Option, the child's IFSP must include an educational component that promotes school readiness and incorporates pre-literacy, language, and numeracy skills for such children until the child's fourth birthday.

After publically posting the revised policies and procedures and receiving stakeholder comment, the MSDE Extended IFSP Option Policies and Procedures were amended in SFY 2011 with the approval of the U.S. Department of Education, Office of Special Education Programs. The major change was revising the ending age of the Option from the age of kindergarten entry to the child's fourth birthday. This change was implemented on December 1, 2011.

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 FY2011 children receiving preschool special education services improved at a rate greater than their typically-developing peers. However, the data demonstrates an 18 point difference in 2001/2002 which widens to a 27 point difference in 2010/2011. Most recent 2011/2012 data show a slightly less 26 point difference.

A second factor considered in the decision to implement the Extended Option 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.

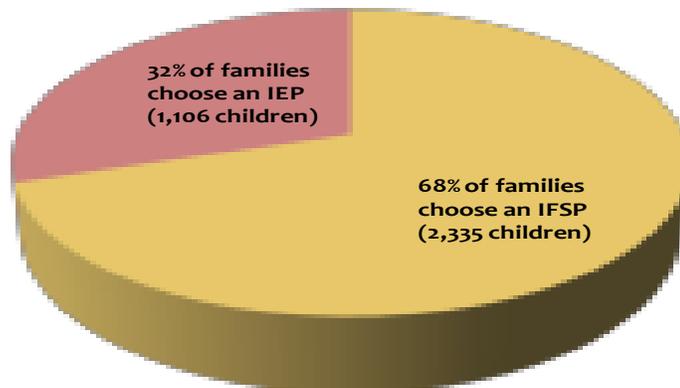
Another factor considered was the location of services provided to three year olds receiving special education services. The annual special education census report for the 2009-2010 school year indicated that only 33% of three year-old children served through an IEP received special education in regular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

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

The table below shows that in SFY 2011, 68 % of families chose to continue with IFSP services, while 32% of families chose to move to services through an Individualized Education Program (IEP).

Family Choice

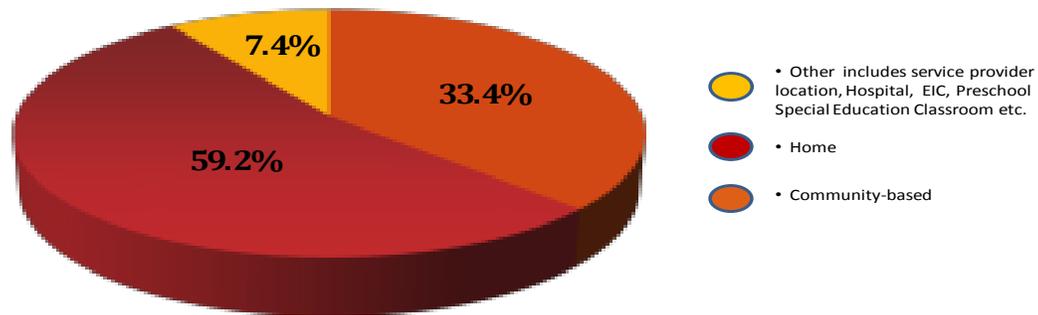


A more updated data report shows that, from the Extended IFSP Option implementation date of 2/1/2010 to 4/30/2012, 3,504 children received services through an Extended IFSP.

In examining location of service data for children receiving Extended IFSP Option services on the last Friday in October in 2011, the following chart indicates that children in the Extended Option received 93% of their services in natural environments, including home and community-based settings

Location of Services

- Total number of 3 and 4 year old children receiving services through an Extended IFSP on October 28, 2011: **1,412**
- Of the **1,412** children, **93%** received services in the Natural Environment (home/community-based)

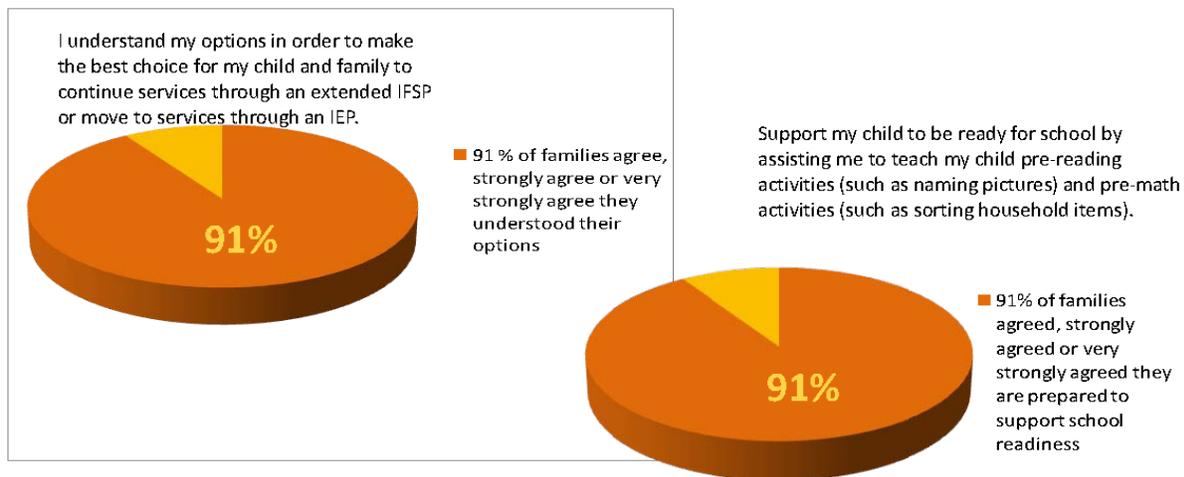


Family outcome results were positive with regard to children receiving services through an Extended IFSP. As part of the SFY 2011 Family Survey completed to report on family outcomes to the U.S. Department of Education, MITP added two additional questions for families participating in the Extended IFSP Option.

The results in the chart below show that 91% of families (N=1,158) agreed, strongly agreed or very strongly agreed 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.” Ninety-one percent of families agreed, strongly agreed, or very strongly agreed 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).”

Extended IFSP Option results: Family Outcomes

FY 2011

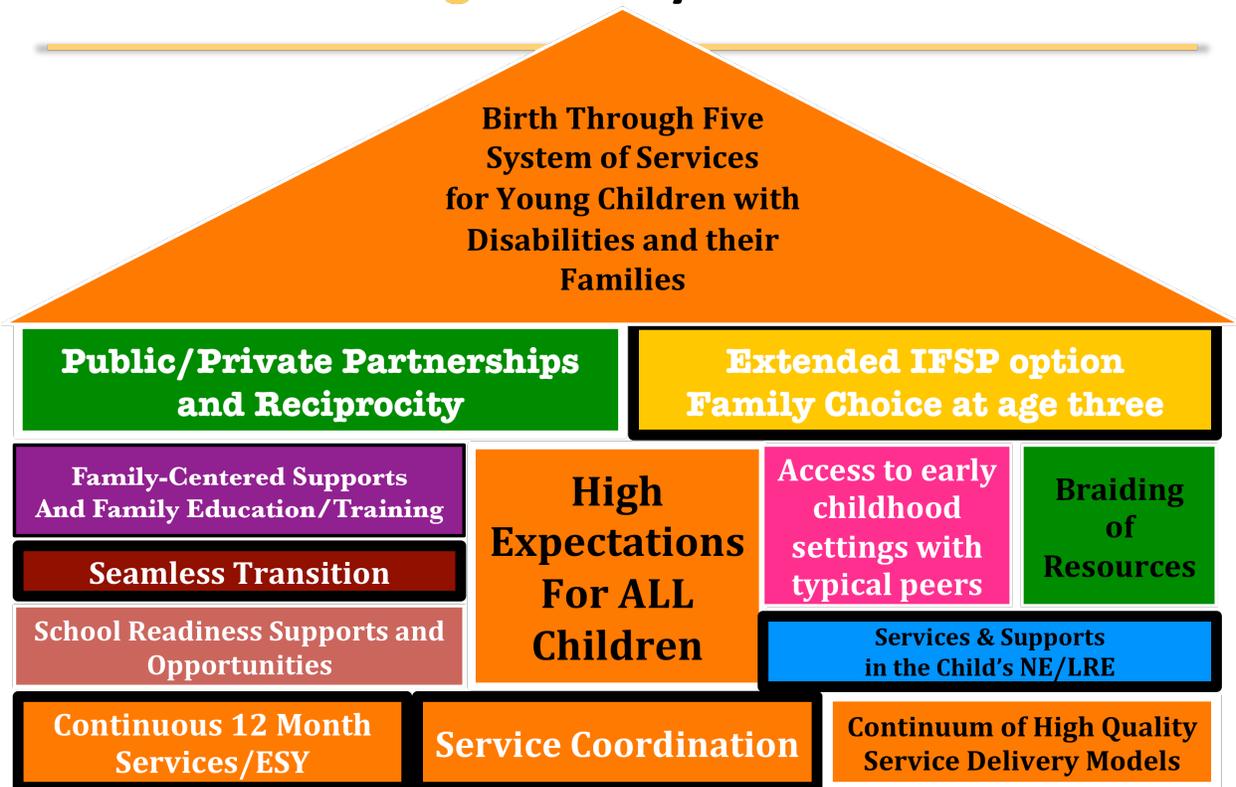


MOVING MARYLAND FORWARD

Building a Birth through Five System of Services

Funding to initially 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. Current funding for the Option includes Part C and Part B federal funding and local funding. Maryland's vision is to assure that all infants, toddlers and young children with disabilities and their families receive high-quality early intervention and special education services with full access, participation, and supports.

Birth Through Five System of Services



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 would not function in programmatic silos. A Preschool Strategic Implementation Plan Task Force consisting of MSDE staff and local stakeholders has been formed and is developing a plan to expand the continuum of service and family support components that are currently provided by local preschool special education programs for children with disabilities three through age five and their families.

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 74% increase in the number of birth to three eligible children receiving early intervention services (9,182 in FY2003 compared to 15,989 in FY2011). 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.

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 was required by the federal government to be liquidated by December 31, 2011, with no provisions for carryover or additional funding.

Over the past several years, the MITP has been able to demonstrate progress on all federal compliance and performance (results) indicators. In SFY 2011, the MITP met or exceeded federal and State targets on five indicators, while targets were not met or slippage occurred on four indicators including child outcomes. 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 young children 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 continuous and comprehensive system of services.
3. MSDE recommends that a portion of any additional State funding target the building of a local, jurisdiction-wide 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 through an IFSP, Extended IFSP, or an Individualized Education Program (IEP). A coordinated birth through five system of services would: incorporate early childhood intervention and education practices based on peer-review research; support access to age-appropriate early childhood curricula; promote a framework for school readiness beginning at birth; provide intra- and interagency professional development and programmatic collaboration between programs and public and private agencies; 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.